



**COUNCILLOR
JANETTE WILLIAMSON**

CABINET
5 SEPTEMBER 2016

**PROPOSED PUBLIC HEALTH
COMMISSIONING INTENTIONS FOR
2016/17**

Councillor Janette Williamson Cabinet Member - Public Health, said:

“We are now seeing the benefits of public health being part of Wirral Council in terms of focusing our work on prevention and providing people with the tools and resources to improve their health and wellbeing.

It has never been more important to work in partnership in commissioning services across the health and social care sector. We will continue to draw on public health skills across the board as part of our commitment to help people lead healthier lives.”

REPORT SUMMARY

- The aim of this report is to seek agreement from Cabinet to progress Public Health’s proposed commissioning plans for 2016/17.
- The commissioning proposals in this report link to the delivery of the Wirral Plan 2020 pledges for Healthy Lives, and in also to the statutory responsibilities of the local authority in respect of public health
- The proposed actions affect all Wards within the Borough.
- The decisions requested are key decisions.

RECOMMENDATION/S

1. Cabinet are requested to note the contents of this report and agree to the schedule of commissioning and contracting activities within the report and set out in Table 2 and Appendix 1.
2. It is requested that Cabinet agrees provision is made to meet contracts totalling £20,671,175 (£2,953,025 per annum) for an initial 5 year contract (2017-22) with an option of two one-year extensions for the delivery of reproductive and sexual health services.
3. It is requested that Cabinet agrees provision is made to meet contracts totalling £2,202,185 (£440,437) per annum) for an initial 3 year contract (2017-20) with the option of two one-year extensions for the delivery of information and advice services

1.0 BACKGROUND AND KEY ISSUES

1.1 The Health and Social Care Act (2012) gave Wirral Council statutory duties across three “domains” of Public Health, as described in the Public Health Outcomes Framework. These duties cover the following components:

- Health improvement –including reducing lifestyle related ill-health and inequalities in health, and addressing the underlying determinants of health;
- Health protection – ensuring that comprehensive plans are in place across the local authority, NHS and other agencies to respond to infectious disease outbreaks and other public health emergencies;
- Health service improvement - providing NHS Commissioners, including Clinical Commissioning Groups (CCGs), with expert advice and support to improve and evaluate the quality and efficiency of health services.

1.2 The Public Health grant awarded to the council is designed to deliver the responsibilities set out in the Public Health Outcomes Framework. It requires that the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy should both inform and influence the commissioning plans of the Council and so influence how the Public Health grant is attributed.

1.3. Those responsibilities are delivered through a combination of external contracts, internal investment, small grants and running costs.

1.4 This paper is intended to provide transparency in relation to our commissioning intentions that are delivered through external contracts, categorised as shown in Table 1.

Table 1 – Public Health Contractual Investments (2016/17)

Category	Current Expenditure (2016/17)
Drug and alcohol	£7,967,291
Smoking Cessation	£702,337
Sexual Health	£3,003,025
Children aged 0-19	£7,334,802
Weight Management	£200,000
Health Checks	£360,029
Mental Health	£15,000
Miscellaneous	£517,437
Infection Control	£227,787
TOTAL	£20,338,936

1.5 Services are delivered by a range of providers. Currently (as at 30/04/2016) Public Health directly manages 109 contracts (with 107 providers – Appendix 1 illustrates Public Health contracts by provider for 2016/17). These contracts are proactively managed through the commissioning process.

2.0 COMMISSIONING

2.1 All Public Health contracts are subject to on-going evaluation as part of a clearly defined commissioning cycle approach (in line with the Commissioning Framework developed as part of the Councils Transformation programme), which is designed to maximise return on investment and improve outcomes. This methodology ensures that Public Health services (and contracts) are consistently and routinely tested against a range of criteria.

2.2 The main strategic criteria against which contracts are tested include the following:

- Evidence base (e.g. academic research, engagement feedback, Joint Strategic Needs Assessment);
- Performance of targets (e.g. financial and activity based) and outcomes against plans and benchmarking information;
- Value for money;
- National policy and technical guidance (e.g. Public Health Outcomes Framework);
- Strategic direction (e.g. Corporate Plan strategic aspirations [narrowing the gap in life expectancy], Health and Wellbeing Board Strategy, delivery of Public Health outcomes through council services);
- Legal & contractual frameworks (e.g. incorporate national updates to contract templates used for NHS providers).

2.3 The output from this approach provides the intelligence to inform the development of commissioning/contracting options for approval by Elected Members and Cabinet.

3.0 CONTRACTING PROPOSALS (Please refer to Appendix 1)

3.1 Public Health's proposed commissioning plans for 2016/17 are set out and summarised in Table 2

Table 2 – Summary of Commissioning Plans 2016/17

Action	Financial Value	Number of Contracts
Contracts subject to no changes	£15,943,306	62
Contracts being retendered in-year	£4,211,902	40
Decommissioning and rationalisation of contracts	£183,728	7
TOTAL	£20,338,936	109

Contracts subject to no changes

- 3.2 62 Public Health contracts (with the value of £15,943,306) will not be subject to any change during 2016/ 2017. This is because the contracts are in term, or are being extended for a further year. 56 of the contracts relate to the Health Check contracts with GP practices. These (56 in total, with a value of £360,029) will be extended for the 2017/2018 financial year during which the programme will be retendered.
- 3.3 All contracts will be subject to the service specifications (which underpin the contracts) being reviewed and renegotiated with providers as part of the 2016/17 contract negotiations. The updated specifications (e.g. performance metrics) are designed to ensure that the contracts reflect the commissioning intentions of public health and maximise performance in terms of outcomes and value for money.

Contracts forming part of retendering in-year

- 3.4 A significant number of contracts will be retendered during the 2016/2017 financial year. These services account for £4,211,902 (40 contracts). It is anticipated that the retendered contracts will be operational by April 2017. Those contracts will therefore continue during the recommissioning process so that there is no loss of service to residents. The future contract values will be determined by the commissioning process.
- 3.5 Services to be recommissioned will include services to support victims of rape and sexual abuse (£50,000) services to support the drug and alcohol treatment system (£177,412) infection control services (£227,787) and children's resilience services (£363,241).
- 3.6 Wirral Council is mandated to commission reproductive and sexual health services, these mandated services include:
- preventative action to reduce the spread of sexually transmitted infections (STIs) including HIV;
 - treatment services for STIs (but not HIV);
 - contraception and reproductive health promotion and provision;
 - specialist counselling for sexual health.

Four reproductive and sexual health services are currently commissioned as follows:

- Wirral NHS Community Trust provides an integrated Reproductive and Sexual Health service, sub-contracting some elements to Wirral University Teaching Hospital NHS Trust and Wirral Brook;
- Terence Higgins Trust provides specialist outreach, prevention and promotion to high risk groups in order to prevent the spread of HIV in Wirral;
- Sahir House provide non-clinical support for people living with HIV/AIDS;
- Community Pharmacies provide emergency hormonal contraception.

It is necessary to re-commission the services highlighted in order to comply with the Public Contract Regulations and Wirral Council Contract Procedure rules, as a result of the full term conclusion of applicable contracts.

- 3.7 Work is currently progressing to develop a whole system approach to commissioning an effective and efficient sexual health service to deliver:
- better outcomes for residents;
 - strengthened clinical pathways;
 - a re-focus on prevention of infection;
 - Seamless but affordable choice in birth control and contraception;
 - more timely prevention, identification and treatment of HIV and sexually transmitted infections.
- 3.8 It is proposed to re-commission reproductive and sexual health services for an initial term of five years (1st April 2017 to 31st March 2022) with the option of two further one year extensions at a maximum value of £20,671,175 (£2,953,025 per annum).
- 3.9 It is requested that Cabinet agrees provision is made to meet contracts totalling £20,671,175 (£2,953,025 per annum) for an initial 5 year contract (2017-22) with the option of two one- year extensions for the delivery of reproductive and sexual health services.

New Services to be commissioned in year:

- 3.10 Work is currently progressing within the Healthy Wirral Programme to develop a model to promote neighbourhood connectivity. A key element of this model is the development of an integrated and coherent information and advice offer for local people.
- 3.11 A review of Information and advice services commissioned by Wirral Council and Wirral Clinical Commissioning Group indicated that the services provided by community and voluntary groups in order to support people with social, emotional or practical needs are not systematically connected to health and social care services. Stakeholder feedback reported that health and social care professionals and the general public feel overwhelmed when asked to identify social interventions available to help them self-care.
- 3.12 It is proposed to commission a new information and advice service model using technology and face to face support as appropriate. This will be jointly commissioned with Wirral Clinical Commissioning Group for an initial term of 3 years with an option for two further one year extensions.
- 3.13 The overall value consists of a contribution from Wirral Clinical Commissioning Group and £2,202,185 (£440,437 per annum) by Wirral Council and is based on the respective values of current service provision.
- 3.14 It is requested that Cabinet agrees provision is made to meet contracts totalling £2,202,185 (£440,437 per annum for an initial 3 year contract (2017-20) with the

option of two one- year extensions for the delivery of information and advice services.

- 3.15 It is recommended that the Director of Public Health be authorised to secure these services within the Council's Contract Procedure Rules, and to take appropriate action in respect of ensuring their effective implementation.

Contracts to be evaluated and reviewed during 2016/17

- 3.16 Contracts with a value of £183,728 will be reviewed as part of normal business during the year. The outcomes of the review and evaluation will determine future commissioning intentions. These are listed in Appendix 1.

4.0 RELEVANT RISKS

- 4.1 It is necessary to recommission the services highlighted in order to comply with the Public Contract Regulations and Wirral Council Contract Procedure rules. It is as a result of the full term conclusion of a number of Public Health contracts.
- 4.2 There is always a risk of disruption to service provision during service redesign, recommissioning and commencement of new services. In order to mitigate against this and minimise disruption, adequate time to plan for and implement the mobilisation of the new service are built in to the procurement process between contract award and commencement.
- 4.3 The procurement process is also subject to scrutiny and at risk of legal challenge. Particular regard is given to Contract Procedure Rules and relevant legislation at all stages of the process and the public health team works closely with the procurement team to ensure compliance.
- 4.4 In the current challenging financial climate the level of impact of any future reductions in budget or policy implications may have on the amount of funding available for public health. The value of the Public Health Grant for 2018 onwards is not yet known. It is important to acknowledge that the Council will need to review all financial allocations in order to achieve a balanced budget over the next few years. Therefore there is a risk associated with commitment to contracts for 5 years, in advance of funding settlements. This will be mitigated by the insertion of appropriate termination clauses in relevant contracts.

5.0 OTHER OPTIONS CONSIDERED

N/A

6.0 CONSULTATION

- 6.1 The following consultation has taken place in order to inform the recommissioning of reproductive and sexual health services:

As part of Wirral Sexual Health Needs Assessment 2014 – 2015:

- An open access online survey.

- An on-site service user survey, that looked into users' experience of Sexual Health Wirral
- Structured one-to-one interviews and focus groups with actual or potential service users to give first-hand insights into the issues people face, their beliefs and attitudes and suggestions for future improvements
- Two stakeholder event days to capture the views of professionals from Wirral sexual health services providers, the voluntary sector and several other organisations involved in relevant areas of work.
- A market engagement event was held in March 2016 in order to discuss proposed service design with prospective providers.

The following consultation has taken place in order to inform the commissioning of information and advice services:

- Research carried out over a 12 week period. This involved Insight and ethnography work with local communities and research with Local people about what issues they are facing in the community and barriers they are facing in accessing services in the community.
- A market engagement event was held in February 2016 in order to discuss proposed service design with prospective providers.
- A commissioner consultation event was held in May 2016 in order to discuss proposed joint commissioning and service design with co-commissioners.
- A market engagement event was held in May 2016 in order to further discuss proposed service design and outline the key service principles and vision with prospective providers.

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

7.1 There is currently no significant Voluntary, Community and Faith group involvement in the delivery of sexual health services. The re-tender will present the opportunity for greater involvement.

7.2 There is currently Voluntary and Community group involvement in the delivery of information and advice services. Although the recommissioning of an integrated service will present opportunities for involvement, the retender will allow competition from a broader provider base and this can present a risk to current providers.

8.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

8.1 There is currently allocated funding for the services highlighted. The tendering exercises will enable more integrated and cost effective models to be developed. Transfer of Undertakings (Protection of Employment) Regulations 2006 (T.U.P.E.) will be applicable.

9.0 LEGAL IMPLICATIONS

9.1 Required Standing Financial Instructions will be followed.

10.0 EQUALITIES IMPLICATIONS

Each area of re-commissioning will have an equalities impact to support the recommissioning process.

11.0 CARBON REDUCTION IMPLICATIONS

11.1 There are no carbon reduction implications based on the content of this report.

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 There are no planning or community safety implications based on the content of this report.

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APPENDICES

Appendix 1 – Public Health contracts by provider 2016/17 (including commissioning intentions)

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
PROPOSED PUBLIC HEALTH CONTRACTING ARRANGEMENTS FOR 2015/16	December 2014