

# Report to Scrutiny

Scrutiny Commission: Health and Wellbeing  
Date of scrutiny committee: 15<sup>th</sup> October 2013

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## **Public Health Commissioning and Contracting**

Lead director: Rod Moore, Divisional Director of Public  
Health

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## Useful information

- Ward(s) affected: All wards
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- Report version number: 5.0

## 1. Summary

1.1 This report provides details of the commissioning, contract management and procurement arrangements for the Public Health responsibilities that were transferred to the Local Authority in April 2013.

## 2. Main report:

### 2.1 Transfer of Public Health Duties

2.1.1 The Health and Social Care Act (2012) lays out specific responsibilities of the Local Authority with regard to public health and the Director of Public Health (DPH). Some responsibilities are mandatory either as a mandate of the Secretary of State for Health or as part of a universal system.

2.1.2 Other responsibilities are to be applied in relation to local need following assessment. Prevention of ill health is important for the population and quality of life and will also drive future reductions in adult social care as well as NHS care. Public health is a vital part of the work of the Health and Wellbeing Board and the implementation of the Health and Wellbeing Strategy.

2.1.3 A number of new responsibilities of the local authority are mandatory;

- Commissioning of open access sexual health services
- Health protection (duty on DPH to ensure plans in place to protect health of population) including community infection prevention and control and the local authority role in dealing with health protection incidents, outbreaks and emergencies.
- Public Health advice, analysis and support to NHS commissioners
- Implementing the National Child Measurement Programme
- Commissioning NHS health checks for 40-74 year olds
- Joint Strategic Needs Assessment
- Pharmaceutical Needs Assessment
- Clinical governance arrangements
- Community acquired infection, prevention and control

2.1.4 Other commissioning responsibilities are as follows;

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19

(including Healthy Child Programme 5-19) and from 2015/16 all public health services for children and young people 0-19 years.

- interventions to tackle obesity, such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions (e.g. diabetes, chronic obstructive pulmonary disease)
- local initiatives on workplace health
- local initiatives to reduce excess deaths as a result of seasonal mortality
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks.

## **2.2 Commissioning for Public Health**

2.2.1. Some £16.3m commissioned spend was transferred to the City Council on 1st April and commissioning activity is now entirely within the processes and procedures of the City Council. The transferred commissioned activity is now subject to a programme of review and re-procurement which will reflect mandatory requirements (as indicated above), City Council priorities and partnership priorities as set out in the Leicester Health and Wellbeing Strategy, *Closing the Gap*. Decisions on policy and direction of commissioning are taken by the Executive with advice and options being developed by the Director of Public Health. Currently the Lead Member for Health and the Executive are in the process of considering a range of issues in relation to the future use of the ring-fenced budget and thus future commissioning priorities.

## **2.3 Contracting for Public Health**

2.3.1 As indicated above the transfer of Public Health Services in April 2013 resulted in the Local Authority assuming responsibility for approximately £16.3m worth of Public Health contracted spend. Services are delivered by a wide range of organisations within different sectors of the Health and Social Care market.

2.3.4 Resources have been committed (initially for 2013/14 & 2014/15) within the Public Health budget for Contract Management and Procurement support in the Contracting and Assurance Service. The officers will act as the lead and/or main liaison point Public Health Services with specialist input as agreed from relevant Public Health team members.

2.3.5 In recognition of the higher spend/higher risk activity formal agreements for 12/13 have been established with the City Clinical Commissioning Group (CCG) and West Leicestershire CCG to manage the University Hospitals Leicester and Leicestershire Partnership Trust contracts respectively on behalf of the

Authority.

2.3.6 The monitoring of these agreements will be led by the Head of Contract and Assurance reporting to the Divisional Director of Public Health.

2.3.7 All services have been issued with a formal contract or for internal services a Service Level Agreement to extend the current arrangements until March 2014. Within the agreement, service objectives and targets have been set by the relevant Public Health lead.

2.3.8 Quantitative reporting systems are being established to be able to report performance against targets to inform the contract management framework being developed. This will ensure that there is a comprehensive approach to evidencing the quality and performance of services. This framework will provide the foundation for a consistent approach to contract compliance and thus further improve the quality of services procured.

2.3.9 Appendix A provides a summary of Public Health Services detailing current procurement activity and those where future commissioning considerations are under review. This will form a Public Health Procurement Plan that will be incorporated into the Corporate Procurement Plan.

### **3. Details of Scrutiny**

3.1 This report is for the Scrutiny Commission: Health and Wellbeing.

### **4. Financial, legal and other implications**

#### 4.1 Financial implications

4.1.1 There are no direct financial implications, as this report provides details of the contract management and procurement arrangements for the Public Health Contracts.

Yogesh Patel, Accountant (37 x 4011)

#### 4.2 Legal implications

4.2.1 Since the focus of this report is on public health contract management, assurance and monitoring, there is no legal implication. All public health contracts will be managed and monitored in accordance with existing contractual terms and conditions.

Adeola Sonola, Legal Services (37 1417)

### 4.3 Climate Change and Carbon Reduction implications

4.3.1 There are significant synergies between the Public Health responsibilities outlined in the report and the City Mayor's priority for addressing climate change. These include the areas of: air quality, healthy diet and the expected health impacts of a changing climate – particularly in relation to the increasing risks of heatwaves. Effective joint working between health and environmental officers is already underway in the field of healthy diet via the Food Plan Board and there is potential for similar joint working in other areas. Council commissioning and contract compliance monitoring systems can help to ensure climate change implications are properly addressed in each commissioned service.

Duncan Bell, Senior Environmental Consultant, Environment Team. Ext. 37 2249.

### 4.4 Equality Impact Assessment

4.4.1 Our public sector equality duty focuses on how we understand and meet the needs of service users and whether service changes have any impact, particularly negative, on those needs continuing to be met. Therefore, equality impact assessments of proposed service changes and their likely effect on service users will be undertaken, where required.

Irene Kszyk, Corporate Equalities Lead

### 4.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

4.5.1 No other implications

## **5. Background information and other papers:**

5.1 None

## **6. Summary of appendices:**

6.1 Appendix A. Summary of Public Health Commissioning and procurement time table and activity.