

<b>13th March 2014</b>	<b>ITEM: 11</b>
<b>Thurrock Health and Well-Being Board</b>	
<b>PUBLIC HEALTH COMMISSIONING INTENTIONS</b>	
<b>Report of:</b> Debbie Maynard – Head of Public Health	
<b>Accountable Director:</b> Roger Harris - Director of Adults, Health and Commissioning	
<b>This report is</b> Public	
<b>Purpose of Report:</b> The purpose of this report is to provide the Health and Wellbeing Board with details around the plans for commissioning public health services for 2015/16 and to update the Board on the proposals for the additional public health grant funding	

## **EXECUTIVE SUMMARY**

The 2013/14 budget allocation for public health that transferred to Thurrock was £7,414k, this represented a shortfall of 12.7% from the actual spend of the previous year's services with our providers. This ring fenced budget was largely used to fund a programme of commissioned public health services for the Thurrock population. In line with the funding received the public health were reduced, however, this only had a limited impact on service delivery and was largely achieved through efficiencies within the providers themselves.. Following a review of services in 2013/14, the public health team served notice on three services on 30 September 2013 which will take effect from 1<sup>st</sup> April 2015. See **Appendix 1** attached

On the 22 December 2013 we were notified by Public Health England that we had won our appeal to receive an additional £1,124m which was the 12.7% shortfall. The new public health grant for Thurrock for 2013/14 is now £8,538m.

This paper details the commissioning of the 2015/16 public health services, and outlines the future proposals for the use of the additional £1,124m ring-fenced PHG received in December 2013.

The governance process for public health commissioning is reported to the Public Health Strategy Board (PHSB). The PHSB reports quarterly to the HWBB

### **1. RECOMMENDATIONS:**

- 1.1 For the Health and Well-Being Board to note the contents of this report and support the process for undertaking the service reviews agreed by the Public Health Strategy Board in September 2013

1.2 For the Health and Wellbeing Board to support the proposals for use of the additional PHG.

## 2. INTRODUCTION AND BACKGROUND:

2.1 The 2013/14 budget allocation for public health that transferred to Thurrock was £7,414m. This was topped up in December 2013 by a further £1,124m this ring fenced budget was largely used to fund a programme of commissioned public health services.

2.2 The public health services commissioned in 2013/14 are sexual health services, 5 – 19 (school nursing) service, drug and alcohol service, adult weight management, children’s weight management, NHS health checks and smoking and tobacco control services, these services are currently commissioned with North East London Foundation Trust, we also have a range of smaller services with Southend Hospital, Basildon and Thurrock Hospital and we also hold contracts for Sexual Health, Smoking Cessation and Health Checks with Thurrock GPs, and pharmacists.

In partnership we reviewed the public health services in 2013/14 and felt that we needed a different model of care for three of the current services in line with the priorities of the HWB, JSNA and the Annual Public Health Report. We issued our notice of de-commissioning to our providers on 30 September 2013 after seeking approval from the PHSB.

**2.3 Public Health Contracts Prioritisation Exercise.** The services we have served notice to our provider NELFT on 30 September 2013 are listed below

- Children’s Weight Management Services – current concerns that the service is not offering a full 0 – 19 year service with psychology input and school engagement, which was requested in January 2013. Provider has been piloting a new model but numbers are very low,
- Adult Weight Management Services, low uptake and high numbers of drop outs throughout the current programme. therefore not representing good value for money and little evidence of quality outcomes
- 5 – 19 Service, the service is not currently offering a public health preventative service

The Public Health Strategy Board approved these recommendations on the 9 September 2013.

There is also a project plan attached at **Appendix 2** which lists the process for undertaking further reviews and benchmarking across the whole of the public health services in 2014/15

**2.4 Public Health Grant £1,124k.** The Directors Board have agreed in principle how the remainder of the £1,124k should be used to benefit the community of Thurrock. The proposals recommended are around preventative programmes to support the health and wellbeing of the local population. A table is attached as **Appendix 3**.

The proposals have been identified to support the prevention agenda across the council's directorates and identify new funding to support prevention where there are identified gaps, i.e. emotional wellbeing, early years prevention and prevention in housing, environment and planning. The grant also supports the development of Local Area Co-ordinators and community infrastructures.

### 3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

- 3.1 **Public Health Contracts.** We are now advising relevant key Boards of the decision to re commission the three services to get engagement to influence the new models in preparation for tendering for a new service for 1 April 2015.
- 3.2 A project plan has been approved by the PHSB to undertake benchmarking, value for money exercises, consultation, tendering, procurement and reporting progress to various Boards of the council and partners. The timeline for the service reviews, benchmarking procurement and contracting is attached as appendix 1 – this was presented to Scrutiny Committee and agreed on 11<sup>th</sup> February.2014.

As part of the reviews efficiencies will be sought. The services will be provided within the current financial envelope – with efficiencies also being sought..

- Adult Weight Management / Children's Weight Management  
The process is being managed through the Healthy Weight work stream which reports into the PHSB. A Healthy Weight Stakeholder Engagement Conference is planned for 6 December 2013, over 400 people have been invited to attend, plus a consultation pack has been produced to hold group sessions with a range of stakeholder and partners and surveys have been sent to GPs, Schools and the community to consult on the needs of a new service.
- 5 – 19 (School Nursing) Service  
Letters were sent to all schools in Thurrock, presentation to the Head teachers forum, plus a survey requesting details around what is currently working well and where schools would like to see change being captured. Visits to schools are planned in January / February 2014. Site visits to other local authorities.

There are concerns being raised for ensuring that safeguarding is paramount in the new services. Draft service specifications will be shared with the safeguarding leads to ensure that any new service robust around safeguarding.

- 3.3 **Public Health Grant.** The Public Health Grant will be monitored by Public Health England so an audit of how the funding has been used will need to be provided to ensure that the ring-fenced PHG has been used appropriately.

A request for a 1500 worded audit of the use of the PHG and the first year working with local authorities will be submitted to Public Health England by 31 March 2014.

#### **4. REASONS FOR RECOMMENDATION:**

- 4.1 Public Health is now the responsibility of Thurrock Council. The commissioning of public health services for 2014/15 has been agreed to ensure that the services are shaped to deliver tailored services for the local residents of Thurrock using best practice and benchmarked for value for money
- 4.2 Obesity is a priority identified in the HWB priorities in Thurrock for the next 3 years. By undertaking the re commissioning exercise for Adult and children's weight management and school nursing services we will ensure that we provide more local tailored services to ensure that we half the rise in obesity in Thurrock.
- 4.3 The proposals set out in the PHG paper for the additional funding will ensure that public health prevention is embedded within the council's vision for improving the health and wellbeing of the population of Thurrock.

#### **5. CONSULTATION (including Overview and Scrutiny, if applicable)**

Full consultation plans have been planned as part of the reviews, see attached appendix 1 to show timelines for each consultation.

#### **6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

The actions being taken as part of the service reviews to benchmark and review the three services will contribute to the delivery of the corporate priority to 'to improve health and wellbeing of Thurrock people.

#### **7. IMPLICATIONS**

##### **Financial**

Implications verified by: **Mike Jones**  
Telephone and email: **01375 652772**  
**mxjones@thurrock.gov.uk**

There are no financial decisions that relate to this report. The new services will not exceed the current budget. Efficiencies will be sought as part of the new services.

##### **Legal**

Implications verified by: **Michael Henson-Webb**  
Telephone and email: **0208 7243800**

**Michael.Henson-Webb@bdtlegal.org.uk**

There are no legal considerations arising from this report. Full tendering and procurement policies will be adhered to.

**7.3 Diversity and Equality**

Implications verified by: **Samson DeAlyn**  
Telephone and email: **01375652472**  
**Sdealyn@thurrock.gov.uk**

Each service review will take into account the diversity needs of the local populations. As part of the review consultation with a range of groups will be completed to inform the new pathways.

**7.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

None

**BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):**

**APPENDICES TO THIS REPORT:**

- Appendix 1 – PHSB Paper for 2014/15 Commissioning Intentions
- Appendix 2 – Service Review Gantt Chart
- Appendix 3 – Public Health Grant April 2015

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