Doncaster
Metropolitan Borough Council

20 June, 2017

To the Chair and Members of the Cabinet

Public Health Commissioning Strategy 2017/18 to 2020/21

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball Cabinet Member for Public Health, Leisure and Culture	All	Yes

EXECUTIVE SUMMARY

1. The public health commissioning strategy 2017/18 to 2020/21 outlines how the council can discharge its duty to commission a range of public health services within the budgetary framework of the Council and the terms of the public health grant in order to improve health and reduce health inequalities

2. Between 2013/14 and 2016/17 the size of the Doncaster public health grant has increased from just under £20 million to £25 million. However, this increase has not matched the cost of the additional responsibilities transferred to the council.

3. In 2015 the Department of Health announced a 6.2% in year cut to the size of the grant and subsequently a year on year real terms reduction of 3.9% was announced every year until 2020/21. Despite these national reductions the council has managed within the grant limits and created a wider determinants fund.

4. This public health commissioning strategy identifies the challenges and the overall approach the council needs to take in meeting the national reductions in the grant. Despite the approaches in the previous public health commissioning strategy unless additional action is taken the council is predicted to overspend against the public health grant by of £850,000 in 2018/19, £1,427,000 in 2019/20 and £2,045,000 by 2020/21.

5. This strategy shows how the principles and approach of the corporate commissioning strategy have been taken into account and describes the strategic commissioning objectives for the public health team, the scale of the changes envisaged, the procurement forward plan and a description of the risks and mitigation plans for this strategy. The changes to individual services are informed by the views of service users and providers.

6. This strategy highlights four public health services that require re-commissioning in 2017/18 for 2018/19 start. The services are 0-5 services, infection prevention and control services, specialist smoking cessation services and healthy living for Black and Minority Ethnic (BME) women in Doncaster.

7. However, even if these services are re-commissioned with a reduced financial envelope the council will still face an overspend against the public health grant of £282,000 in 2018/19, £690,000 in 2019/20 and £1,138,000 by 2020/21. This gap can be bridged in 2018/19 by using one-off public health contingency but the council will need to make further commissioning decisions in 2018 to reduce this predicted overspend.

8. This commissioning strategy also needs to be seen in the light of the Doncaster Place Plan and a move to more integrated commissioning and provision of services for local people.

EXEMPT REPORT

9. The report does not contain exempt information

RECOMMENDATIONS

The recommendations to the decision makers are:

10. Recommendation 1: CABINET is ASKED to APPROVE the public health commissioning strategy for 2017/18 to 2020/21;

11. Recommendation 2: CABINET is ASKED to APPROVE the procurement of the following first four public health services in 2017/18 so that they can start in 2018/19:
    - 0-5 services including health visiting, smoking in pregnancy, healthy start vitamin distribution and targeted services for vulnerable families;
    - Infection prevention and control;
    - Doncaster smoke-free services;
    - Healthy living for BME women in Doncaster.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

12. Public health services contribute to protecting and improving the health of the citizens of Doncaster and reducing health inequalities. Public health services provide both universal and targeted support and increasingly need to integrate with other services as well as becoming an extension of the community rather than a replacement for the community. The paragraphs below provide some examples of health outcomes observed in Doncaster.

13. Life expectancy in Doncaster has improved over the past decade, so that life expectancy for men is now 77.5 years and 81.6 years for women (based on 2012-14 data). However, there is still much to do to narrow the gaps in life expectancy with those of England as the gap is 2 years for men and 1.5

years for women. Within Doncaster the gap is greater at 10.7 years for men and 7.1 years for women between the most and least deprived parts of the Borough.

14. There has been a steady reduction in smoking prevalence among adults in Doncaster (Figure 1). The outcomes of the Doncaster Stop Smoking service compares favourably with national and regional quit rates (Table 1). In 205/16 there were 1,338 people who quit smoking through this service.

Figure 1: Smoking Prevalence among adults aged 18 years and older in Doncaster compared to England: 2010-2015

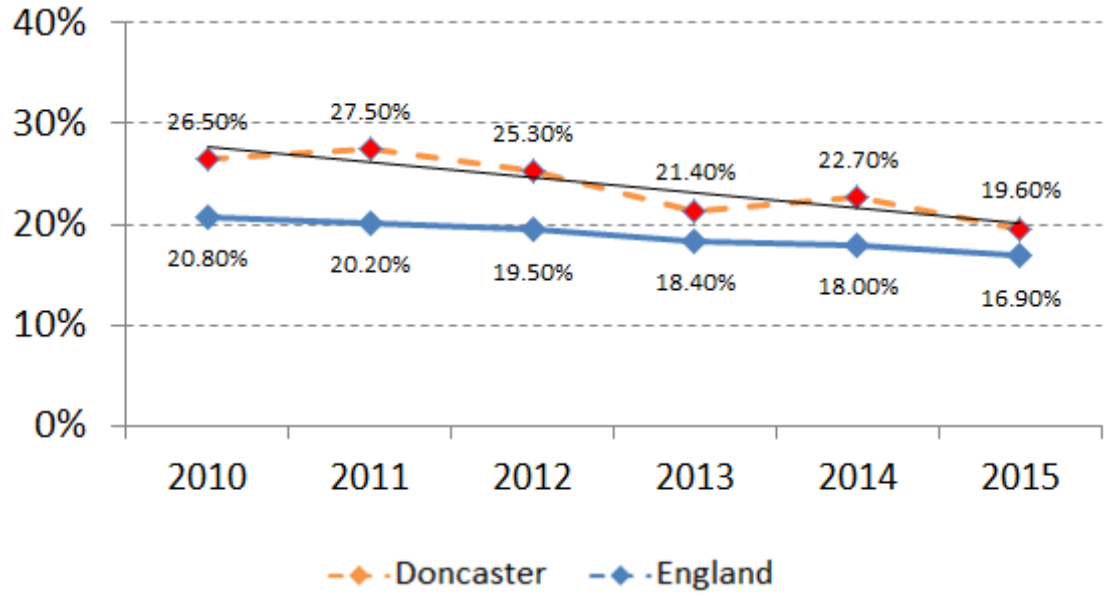
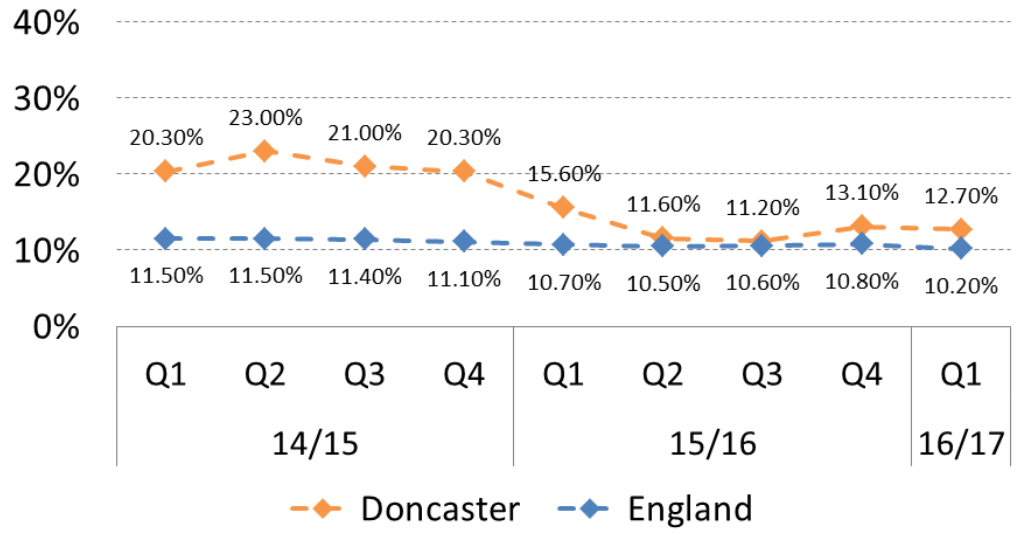


Table 1: Quit rates: Total and Carbon Monoxide (CO) validated (2015/16)

Local Authority	Quit rate per 100,000 population	CO validated quit rate per 100,000 population
Rotherham	618	426
Doncaster	607	401
Barnsley	573	393
Sheffield	326	234
Yorkshire and Humber	388	284
England	440	314

15. Smoking status at delivery has now fallen below 20% (Figure 2)

Figure 2: Mothers smoking status at delivery: 2014/15 to 2016/17



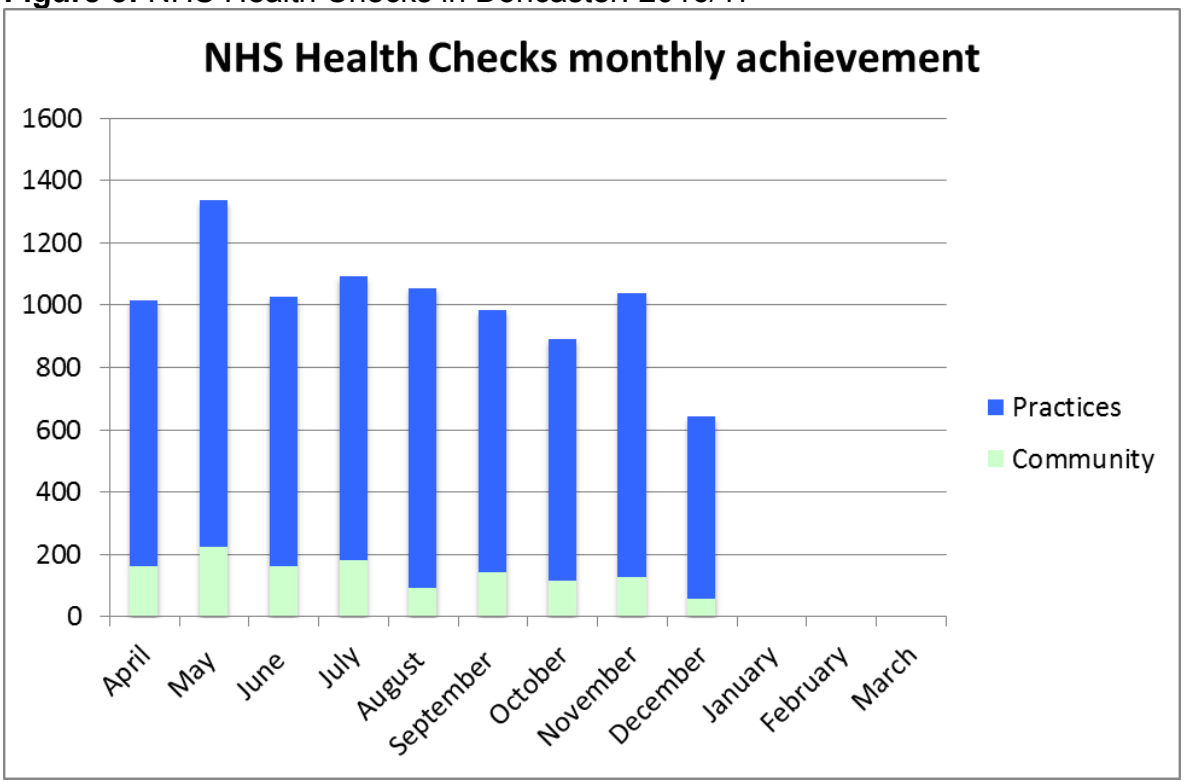
16. Substance misuse outcomes overall have improved with the successful treatment completions for people using alcohol and non-opiates among the highest in the country. (Table 2)

Table 2: Substance misuse outcomes in Doncaster: 2015/16 and 2016/17

	Baseline: 01/04/2015 to 31/03/2016			Latest Figures: 01/04/2016 to 31/03/2017			
	Number in treatment	Number of successful completion	Successful completion as a % of all in treatment	Number in treatment in the last 12 months	Number of successful comp in the last 12 months	Successful completion as a % of all in treatment	
Doncaster			Local			Local	Comparator LAs
Alcohol	**397**	**245**	**61.71%**	**320**	**190**	**59.38%**	**40.09%**
Alcohol and non-opiate	**89**	**52**	**58.43%**	**68**	**34**	**50.00%**	**46.07% - 57.22%**
Non-opiate	**84**	**50**	**59.52%**	**73**	**34**	**46.58%**	**49.55% - 66.67%**
Opiate	**1407**	**76**	**5.40%**	**1391**	**61**	**4.39%**	**7.37% - 12.01%**
Total	**1977**	**423**	**21.40%**	**1852**	**319**	**17.22%**	

17. The number of NHS Health Checks in Doncaster continues to increase with 20% of the eligible population being offered a test every 5 years (Figure 3).

Figure 3: NHS Health Checks in Doncaster: 2016/17



18. In 2015 there were 3,562 new births and there were 18,800 children aged 0-5. The performance of the Doncaster 0-5 (health visiting) services for 16/17 is shown below (Table 3).

Table 3: Health visiting in Doncaster 2016/17

Indicator	Target	2016/17			
		Q1	Q2	Q3	Q4
Number visited within 14 days		860	691	741	591
% visited within 14 days	80%	98%	88%	91%	86%
Number visited within 21 days		774	857	894	741
% visited within 21 days	95%	98%	97%	98%	94%
Number visited within 6-8 weeks		821	1003	1003	938
% visited within 6-8 weeks	95%	98%	95%	95%	97%
Number visited by 12 months		876	817	840	809
% visited by 12 months	80%	95%	91%	93%	95%
Number visited by 15 months		821	889	843	843
% visited by 15 months	95%	95%	95%	95%	94%
Number visited by 2.5 years		873	815	839	867
% visited by 2.5 years	90%	92%	91%	93%	95%

19. Healthy Living for Black and Minority Ethnic (BME) Women in Doncaster Service.

The Healthy Living for BME Women in Doncaster service provides an opportunity for women to access health and other advice and guidance relating to the wider determinants of health which they may not otherwise be able to get. Over the year 2016/17, the service has supported 471 women, of which 123 were new to the service. Over 20 different ethnicities are represented. Due to cultural reasons the provision of ESOL training is key to ensuring many of the women are able to access the Centre; during the year 97 women enrolled and so far 51 have received their accreditation. Sessions to support women that are not at the entry level for ESOL are held to help them become ESOL ready. Whilst the women are in the Centre there are opportunities for them to access other health promotion activities, this includes topics such as substance misuse, nutrition as well as more sensitive topics such as sexual health and screening. The women have also been able to access the NHS Health Checks service at the Centre. They are also informed how to register with a GP, understand the appointment systems and learn which service they require when (Choose Well). The confidence the women gain from accessing the service has helped some become champions within their communities, acting as the messenger and being able to support others; for example 4 of the champions have been trained by SY Fire to deliver top 10 tips on how to keep your home safe from fire which has resulted in fire alarms being fitted in homes and two are supporting women to access the Respect Yourself website. As well as accessing health information there have been 114 referrals over the year to other services including computer classes, domestic violence services and housing issues. Outreach sessions are alos delivered in Hexthorpe to engage the Roma community.

20. Sexual Health

Key outcomes of Sexual health services as of February 2017 were as follows:

<u>Chlamydia</u>

- % under 25s screened for chlamydia = 89% (target 75%)
- % chlamydia test results notified within 10 days of test date = 98% (target 90%)
- % chlamydia positive clients treated within six weeks of test date = 99% (target 95%)
- Partner notification ratio (Ratio of all contacts of chlamydia index case whose attendance at a sexual health service was documented as verified by a HCW, within four weeks of the test date) = 0.7 (target 0.4)

<u>HIV</u>

- % all clients offered HIV test = 95% (target 98%)
- % accepted HIV test = 67% (target 75%)

21. The proposal for re-commissioning 0-5 services should mean citizens see a more integrated and holistic approach focussed on delivering the healthy child programme in partnership with other agencies as well as an increased focus on the first 1001 days. Citizens should see no difference in infection control services and the healthy living for BME women service. Finally for smoking cessation citizens will see an increased focus on more targeted interventions including those with existing health conditions and those least able to support themselves to quit smoking.

BACKGROUND

22. The public health role of Local Authorities has expanded since the function transferred from the NHS to the local authority on 1 April 2013. The details of these initial responsibilities were set out in a number of documents, including in December 2011, the publication by the Department of Health of a series of factsheets collectively known as 'Public Health in Local Government' (gateway Reference 16747). The factsheets described: the Public Health leadership role for local government, detailed the new public health functions of local government, the role of the Director of Public Health, commissioning responsibilities, public health advice to NHS commissioners, professional appraisal and support and capacity building.[1]

23. The Council's public health duty is to take such steps as it considers appropriate for improving the health of the people in its area. The factsheets suggest that an obvious way in which local authorities will fulfil this duty will be commissioning a range of services from a range of providers from different sectors, working with clinical commissioning groups and representatives of the NHS England to create as integrated a set of services as possible. However, local authorities can fulfil this duty in a wide range of ways, including the way they operate the planning system, policies on leisure, key partnerships with other agencies for example on children's and young people's services, and through developing a diverse provider market for public health improvement activities.

24. The public health services are sub-divided into mandated (or prescribed) and non-mandated (or non-prescribed) services, as outlined below:[2]

Prescribed functions (mandated services):

1) Sexual health services – sexually transmitted infections (STI) testing and treatment
2) Sexual health services – Contraception
3) NHS Health Check programme
4) Local authority role in health protection
5) Public health advice to NHS Commissioners
6) National Child Measurement Programme

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[1]The new public health role of Local Authorities. Department of Health (2012). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127045/Public-health-role-of-local-authorities-factsheet.pdf.pdf

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499614/PH_allocations_and_conditions_2016-17_A.pdf

7) Prescribed Children's 0-5 services

Non-prescribed functions (non-mandated services):

8) Sexual health services - Advice, prevention and promotion
9) Obesity – adults
10) Obesity - children
11) Physical activity – adults
12) Physical activity - children
13) Treatment for drug misuse in adults
14) Treatment for alcohol misuse in adults
15) Preventing and reducing harm from drug misuse in adults
16) Preventing and reducing harm from alcohol misuse in adults
17) Specialist drugs and alcohol misuse services for children and young people
18) Stop smoking services and interventions
19) Wider tobacco control
20) Children 5-19 public health programmes
21) Other Children's 0-5 services non prescribed
22) Health at work
23) Public mental health
24) Miscellaneous, which includes:
    - Nutrition initiatives
    - Accidents Prevention
    - General prevention
    - Community safety, violence prevention & social exclusion
    - Dental public health
    - Fluoridation
    - Infectious disease surveillance and control
    - Environmental hazards protection
    - Seasonal death reduction initiatives
    - Birth defect preventions
    - Other public health services

The Public Health Grant

25. The Public Health Grant is committed according to the Council's budget book. In general terms, the investment is split across 3 areas, firstly services commissioned through contracts, secondly public health advice and corporate recharges, and finally the wider determinants fund (i.e. realigned services) and contingency. The Local Authority Circular Gateway 18552 stipulates the conditions for the grant, and the monitoring arrangements.

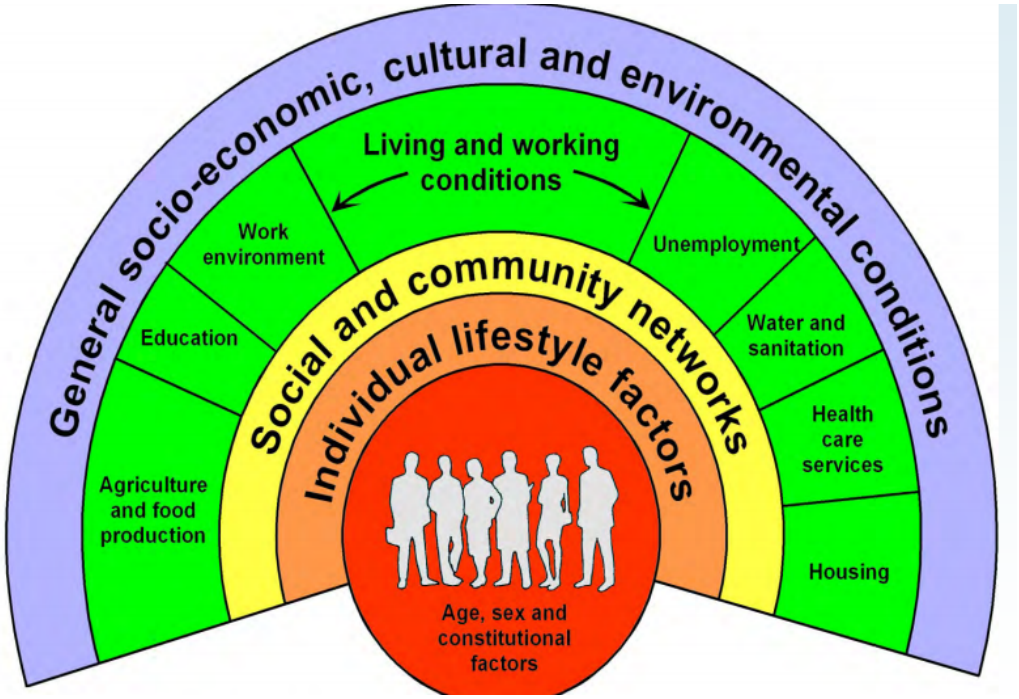
26. The first area of investment is in the public health commissioned services provided by external bodies. This investment is directly linked to individual contracts and although the contract can be negotiated in year with mutual consent by both parties, this is increasingly difficult due to the financial challenges all organisations face.

27. The second area of investment includes the staff salaries and expenditure that is not linked to a contract but is used over the course of the year to improve health and reduce health inequalities.

28. The third area of investment includes both the wider determinants fund where the public health grant is used to resource activity (commissioned or provided) by another part of the Council that meets the Public Health Grant conditions and a small contingency for activity based contracts, which may over perform over the course of the financial year.

    Wider determinant of health is a term used to capture interventions that promote healthy living and working conditions e.g. housing, work environment, food, education green space, active transport, etc. (Figure).

    Figure 6: Wider determinants of health



    Source: Dahlgren and Whitehead 1991

The wider determinants financial values for 2017/18 are summarised below.

- Doncaster Culture and Leisure Trust (DCLT) & Supporting people mental health & substance misuse contracts for Adult Health and Wellbeing Directorate;
- Aiming higher & Integrated Family Support Service early years' service for Learning and Opportunities;
- Food control, Air pollution & General Public Health for Regeneration and Environment Directorate.

Table 4: Allocation of Wider Determinants Funds within DMBC Directorates

Row Labels	Sum of Directorate Totals	
Adults, Health & Wellbeing	£	1,563,540.00
Learning & Opportunities: Children & Young People	£	1,619,280
Regeneration & Environment	£	1,987,200.00
Grand Total	**£**	**5,170,020.00**

29. This Public Health Commissioning Strategy explicitly addresses the first and third areas of expenditure although the expenditure on staff costs is directly related to the commissioning activity proposed.

Use of the Public Health Grant since 2013

30. The table below shows how the Public Health grant has been allocated to date (Table 5). There was a significant increase in the grant in 15/16 and 16/17 as a result of the novation (the transfer of a new contract) of public health 0-5 services to the local authority. This increase masks the true cost of the services £6.725m in 2015 and 2016/17 but a grant increase of only £4.857m.

Table 5: Public Health Grant 2013/14 to 2016/17

	£ 000s	£ 000s	£ 000s	£ 000s
Year	**13/14**	**14/15**	**15/16**	**16/17**
Public Health Grant	19,943	20,198	22,184	25,055
Public Health other income	326	326	468	605
Commissioned Services				
Sexual Health	3,089	3,170	2,393	2,314
NHS Health Check programme	569	510	329	475
Health protection	129	73	182	60
National Child Measurement Programme	68	0	76	68
Obesity	667	840	711	257
Physical Activity	62	62	265	61
Substance Misuse	7,733	6,958	7,300	6,122
Smoking and Tobacco	1,407	1,300	1,369	949
Children 5-19 public health programmes	1,218	1,891	2,096	1,948
Children 0-5 Health Visiting	0	0	3,148	6,741
Other public health services	892	264	261	108
Sub-total Commissioned Services	**15,836**	**15,068**	**18,130**	**19,103**
Central and Support Services				
Public Health Advice (including Salary costs)	1,912	1,647	1,567	1,117
Parked Cut – use of ear marked reserves				-261
Support services	354	296	296	360
Sub-total Central and Support Services	**2,266**	**1,943**	**1,863**	**1,216**
Contingency Used	516	100	0	0
Wider Determinants fund	1,325	3,676	4,019	5,341
Total Spend	**19,943**	**20,787**	**23,986**	**25,660**

31. In Doncaster, the public health grant is also supplemented by additional income from outside bodies, other local and regional funding streams including the Better Care Fund, grants from the Police and Crime Commissioner and Public Health England, finally the public health team generates income through secondments or supplying public health expertise to external bodies.

32. In 2013 the wider determinants fund was created from the public health grant. This has been used to realign public health services previously delivered by the council that meet the criteria for public health grant.

National Public Health Grant Reductions

33. On 4th June 2015, the Chancellor of the Exchequer announced a £200m reduction in non-NHS Department of Health spending, which was translated into an in-year reduction in the Local Authority public health grants. The 2015/16 in year cut for Doncaster was confirmed at £1.464m or 6.2% (Letter from DOH 4th November 2015).

34. The Comprehensive Spending Review (CSR) on 25th November 2015 also announced a further reduction in the size of the public health grant. At a national level this is an average real terms saving of 3.9% each year to 2020/21. This is based on a revised baseline that makes the 2015/16 in-year cut a recurrent saving. This is a cash reduction of 9.6% over that period and at a national level this was phased at 2.2% in 2016/17, 2.5% in 17/18, 2.6% in the following 2 years and flat cash in 2020/21. The 2015/16 reduction amounted to £1.463m, a 16/17 reduction of £0.576m, 17/18 £0.618m and 18/19 an assumed reduction of £0.635m and predicted in 19/20 a further reduction of £0.618m

35. There have been no decisions about when a revised funding formula and a 'pace of change' adjustment might be brought in. In addition, the spending review has committed to retain the public health grant for 2016/17 and 2017/18, and from 2019/20 the public health grant will be replaced by a model based on retained business rates subject to legislation. Finally no further information was provided about the health premium incentive scheme.

36. As a response to the 2015 in-year reduction a set of savings proposals were identified but a budget shortfall of £2.109m was predicted for 2016/17.This was subsequently addressed through a set of low risk and high risk proposals. The budget saving was made but there are now no tier 2 weight management services in the borough, still no public mental health services, and no specialised oral health promotion services. The growth funding and wider determinants funding was untouched by the in-year reduction but the staffing level of the public health function was reduced by 25%. Some of the savings proposals were not able to be implemented due to a range of reasons including the practicalities of service changes e.g. substance misuse in Mexborough, sexual health 'spokes', others took longer than anticipated to release savings as services needed to 'wind down' and ensure those people using the services were effectively discharged and other savings although made had to be reinstated as the lack of funding and

service created a major risk for the Borough e.g. infection prevention and control service.

37. To date, the 2016/17 position for the public health grant is a balanced position but this has required a higher use of reserves from the public health grant than anticipated (£261k). The use of reserves was appropriate as budget reductions are built into future reductions in contract values.

Strategic Commissioning Objectives

38. The strategic commissioning objectives of this public health strategy are:

    1) To improve and protect the health and wellbeing of Doncaster people and improve the health of the poorest fastest.

    2) To improve the quality and effectiveness of commissioned public health services in line with available resources.

    3) To undertake the tender exercises for the proposed public health services.

    4) To align the commissioning of public health services with the commissioning of other services by DMBC or partners through the implementation of the Doncaster Place Plan.

    5) To maintain a wider determinants fund for use across the council's public health duties.

    6) To develop the public health commissioning workforce.

Public health commissioning intentions 2017/18 to 2020/21

39. The challenges for 2017/18 to 2020/21 are to maintain effective, well led and high quality commissioned public health services as they integrate further with other local service deliverers, transforming them to be an extension of the community not a replacement for the community in the face of continuing reductions to the public health grant.

40. The commissioning intentions are one way the council and partners respond to the Health and Wellbeing strategy and the challenges outlined in the most recent Director of Public Health annual report. These are:

    - Improving children's health and wellbeing
    - Making the link between education, work and health
    - Increasing healthy life expectancy and reducing preventable health conditions
    - Reducing inequalities in health between and within Doncaster communities

Public health grant 2017/18 to 2020/21

41. The national reductions in the size of the public health grant have been notified as 2.6% a year; a real terms saving of 3.9% a year. If no changes are made to the current commissioning portfolio there will be an overspend against the public health grant of £850,000 in 2018/19, £1,427,000 in 2019/20 and £2,045,000 by 2020/21.

42. This strategy proposes a pragmatic and phased approach to achieving a break even position on the public health grant. Whilst the national reductions in the public health grant have been mitigated to some extent by judicious commissioning by ensuring where any services tendered in the last 3 years have had built in reductions in contract values, there are still a number of significant commissioning decisions required. To support this approach there is a £500k public health contingency fund.

43. In 2017 four of the public health commissioned services require procurement as the existing contracts expire. These services are:
    - 0-5 public health services including Health Visiting, Smoking in Pregnancy, Healthy Start vitamin distribution and targeted services for vulnerable families;
    - Infection prevention and control services
    - Doncaster Smoke-free Services
    - Healthy Living for BME women in Doncaster.

    If these services are procured within the expected financial envelopes then the overspend against the reduced public health grant can be brought down to £282,000 in 2018/19, £690,000 in 2019/20 and £1,138,000 by 2020/21.

44. In addition to the services being re-commissioned in 2017/18 a further key decision will be required by cabinet, in due course, to agree where future service changes may be required.

Public Health Services for re-commissioning in 2017/18 for start in 2018/19

(a) <u>0-5 Public Health Services</u>

The Description of Service Area:

45. The aims and objectives of this service are that all children and their families receive the Healthy Child Programme (0-5), consisting of universal access and early identification of additional and/or complex needs. This includes:

    - support families to give children the best start in life based on current evidence of the first 1001 Critical Days: The Importance of the Conception to Age Two Period as a foundation on which to build support in the early years and beyond
    - provide expert advice and support to families to enable them to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health

- enable children to be ready to learn at 2, ready for school by 5 and to achieve the best possible educational outcomes

46. Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development - physical, intellectual and emotional – are set in place during pregnancy and in early childhood.

47. All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the Healthy Child Programme via 5 mandated universal checks and assessments. The Healthy Child Programme promotes child development and aims to improve child health outcomes.

48. Smoking remains the leading cause of preventable death and disease in England. Smoking in pregnancy is a major contributor to higher infant mortality in the routine and manual socio-economic group. Doncaster has chosen to incorporate smoking cessation services for pregnant and post natal women into the 0-5 Healthy Child pathway. This integrated model sees specialist stop smoking advisors sitting alongside and working with Health Visiting teams

The Outcomes

49. The expected outcomes of 0-5 services are:
    - Reduction in infant mortality
    - Reduction in smoking status at time of delivery
    - Increased breast feeding prevalence at 6-8 weeks after birth
    - Increased percentage of children achieving a good level development at the end of reception.

The Proposed Actions

50. The service will lead and co-ordinate local delivery of the Healthy Child Programme 0-5 requirements using the 4-5-6 model for Health Visiting, with a focus on the 6 High Impact Areas to support delivery (as detailed in Public Health Commissioning Strategy).

51. The universal Healthy Child Programme will be delivered through assessment of need by appropriately qualified staff; health promotion; engagement in health education programmes; involvement in key public health priority interventions and communities; and delivery of evidence-based assessments and interventions.

52. The service approach should be to build on resilience, strengths and protective factors to improve autonomy and self-efficacy based on best evidence of child and adolescent development, recognising the context of family life and how to influence the family to support the outcomes for children

The Financial Impacts

53. The financial impacts of the 0-5 services are shown below.

Table 6: 0-5 Public Health Services

Public Health Services	2017/18	2018/19	2019/20	2020/21
0-5 Services	£6,771,000	£6,264,675	£6,108,562	£5,956,349

(b) Infection Prevention and Control Service

The Description of Service Area:

54. For the citizens of Doncaster, the Infection Prevention and Control Service means that the health of our residents in care homes are protected from infections by ensuring that there is appropriate service in place for preventing infections, and where there are any infections these are promptly controlled. The objectives of the service are:

- To provide expert proactive and reactive infection prevention and control (IPC) knowledge skill and experiential support to community health and social care providers.
- To provide training and support to develop a group of IPC champions across the care homes. To support and enable healthcare workers to audit health and social care providers to ensure compliance with Care Quality Commission (CQC) requirements in relation to infection prevention and control and requirements in DMBC and Doncaster Clinical Commissioning Group (CCG) contracts and service specifications.
- To provide specialist infection prevention and control guidance to care homes and specialist training for DMBC contract monitoring officers.
- To support Public Health England (PHE) to provide the local level response to outbreaks on infectious disease under the direction of Public Health England Health Protection Teams.
- To conduct Post Infection Review (PIR) for specified cases and to ensure the learning from these processes is embedded.
- To provide advice on anti-microbial resistant organisms to community health and social care providers within the scope of this contract.
- To work with commissioners to provide the information required to scope the need for IPC services in the community.

Outcomes

55. The service will contribute to the following key outcomes for the people of Doncaster:
    - Reduced incidence of bloodstream infections from bacteria called Methicillin Resistance Staphylococcus Aureus (MRSA);
    - Reduced incidence of Clostridium Difficile Infections (CDI);

- Reduced number of outbreaks of infectious disease in health and social care settings in the community (care homes);
- Better training & education, audit, surveillance (e.g. CDI, MRSA) in the community including care homes.

The Financial Impacts

56. The financial impacts of infection prevention and control service are shown below.

Table 7: Infection Prevention and Control costs

Public Health Services	**2017/18**	**2018/19**	**2019/20**	**2020/21**
Infection Prevention and Control	72,600	70,000	70,000	70,000

(c) <u>Doncaster Smoke-free services</u>

The Description of Service Area

57. The average national adult smoking prevalence is 16.9%, whereas the Doncaster smoking prevalence is 19.6%. Smoking related mortality is also higher in Doncaster than the national average. An effective Doncaster smoke free service will reduce smoking prevalence and decrease smoking related mortality.

58. The Provider will provide evidence based stop smoking support to people who are motivated to quit tailored to their level of addiction, quitting and medical history, personal factors and socio-economic classification. There is currently little evidence that smokeless tobacco and niche tobacco products are used significantly within Doncaster however the provider should assume that where clients use these products the appropriate level of support should be provided. The service should respond to the increasing use of electronic cigarettes by providing appropriate support to individuals who choose to change their behaviour by using these products.

59. The Commissioners will allow the main provider to use sub-contractors to deliver stop smoking support, subject to their having achieved the appropriate levels of competence. The provider will remain responsible for clinical and financial governance and quality assurance of any sub-contractors.

Outcomes

60. The expected outcomes of Doncaster Smoke Free Service are:
    - All clients to be offered individualised support commencing within 5 working days
    - A quit rate of a minimum of 50% measured at 4-weeks for support with medication

- A quit rate of a minimum of 40% measured by self-report at 4 weeks for support without provision of medication
- Behaviour change at 6-months. 50% of those reported as quit at 4-weeks to remain abstinent.
- Client reported satisfaction rates to exceed 80%.
- Containing prescribing costs within a fixed prescribing budget
- Meeting the activity targets for quitting smoking, see below table.

Table 8: Activity Schedule: activity per annum with regard to seasonal variation above

	2017/18	**2018/19**	**2019/20**	**2020/21**
Quits with medication	1670	1670	1670	1670
Quits initiated no medication*	4500	4500	4500	4500

*Text, internet, quit kit, e-cigarette etc. self-validated by sampling

The Financial Impacts

61. The financial impacts of the Stop Smoking Service are shown in the table below.

Table 9: Financial investment for Doncaster Stop Smoking Service

	Finance schedule (indicative breakdown based upon available budget), the final schedule will be based upon the tenderers bid.			
Service Costs	2017/18	2018/19	2019/20	2020/21
Service costs (90%)		£413,790	£363,105	£354,024
Quality premium (10%)	£447,342	£41,379	£40,345	£39,336
Medication Costs	£235,353	£235,630	£235,630	£235,630
Total	£682,695	£649,420	£639,080	£628,990

(d) Healthy Living for BME Women in Doncaster

The Description of Service Area and Proposed Activities

62. BME Women experience poor health inequalities and often excluded from services that seem alien and intimidating due to unfamiliarity; cultural and religious reasons; language barriers; and little knowledge of the service provision available.

63. The service will provide BME women across Doncaster with support around their health but is expected to concentrate this support in the most deprived areas where BME women are more vulnerable to poorer health outcomes.

The service will work in, with, and for women in these communities to improve:

- general health outcomes
- access to services
- support for wider social and well-being needs

64. A community centred approach such as this again links to NICE Guidance PH9; Community Engagement where it is suggested that although community engagement approaches are used to inform (or consult with) communities they may have a marginal impact on their health, it does acknowledge that these activities may have an impact on the appropriateness, accessibility and uptake of services. They may also have an impact on people's health literacy (their ability to understand and use information to improve and maintain their health (NICE guidelines (PH9) 2008).

65. The guidance also advocates that a robust system of evaluation be built into the cycle of delivery. Therefore a detailed data collection system with clear milestones will be required to record the progress of each client clearly. It is expected that evaluation will be a constant process which listens to and considers feedback from the client group as well as other partner organisations. This will ensure the Healthy Living service evolves continuously to meet the changing population and needs of BME women.

Outcomes

66. The expected outcomes of the services are:
    - Improve the health and reduce inequalities of BME women across Doncaster
    - Improve the health literacy of BME women
    - Improve knowledge of Public Health messages
    - Improve social inclusion of BME women
    - Increase number of opportunities across Doncaster for BME women to actively participate in self-help activities

The Financial Impacts

67. The financial impacts of this service are shown in table below.

Table 10: Financial investment of Healthy Living for BME Women in Doncaster

Public Health Services	2017/18	2018/19	2019/20	2020/21
Healthy Living for BME Women in Doncaster	£50,790	£50,790	£50,790	£50,790

Impact on Public Health Grant

68. If the four services outlined above are recommissioned then the likely impact on the public health grant is shown below in table 7. The overspend in 18/19 can be met (one-off) from the public health contingency leaving a final contingency of £220k.

Table 11: Anticipated Public Health Budget: 2017/18 to 2020/21

	2017/18	2018/19	2019/20	2020/21
	£000's	£000's	£000's	£000's
Public Health Grant	24,437	23,802	23,184	22,566
Public Health Other income	528	528	528	528
Total PH income	**24,965**	**24,330**	**23,712**	**23,094**
Expenditure: Commissioned Services				
Sexual Health	2,297	2,272	2,272	2,272
NHS Health Check programme	475	475	475	475
Health protection	80	80	80	80
National Child Measurement Programme	68	68	68	68
Obesity	170	170	170	170
Physical Activity	76	76	76	69
Substance Misuse	5,832	5,832	5,832	5,832
Smoking and Tobacco	948	894	878	862
Children 5-19 public health programmes	1,926	1,867	1,821	1,821
Children 0-5 Health visiting	6,526	6,037	5,886	5,739
Other public health services misc H&WB	106	106	106	106
Sub-total Commissioned Services	**18,504**	**17,877**	**17,664**	**17,494**
Expenditure: Central and Support Services				
Public Health Advice (including Salary costs) 6% vacancy factor built in for 14/15 onwards	1,211	1,211	1,211	1,211
ear marked reserve (parked cut)	-273	0	0	0
Support services	353	354	357	357
Sub-total Central and Support Services	**1,291**	**1,565**	**1,568**	**1,568**
Expenditure (wider determinants)				
Realignment	4,907	4,907	4,907	4,907
Growth	263	263	263	263
Sub-total wider determinants	**5,170**	**5,170**	**5,170**	**5,170**
Total Expenditure (commissioned + central & support + Wider determinants)	**24,965**	**24,612**	**24,402**	**24,232**
shortfall i.e. income against expenditure	0	282	690	1,138

Possible Public Health Services for re-commissioning in 2018/19 for start in 2019/20

69. In order to meet the predicted overspend against the public health grant in 2018/19 and following years cabinet will need to take another Key Decision in order to reduce public health commissioning expenditure. Possible areas to recommission or decommission include
    - NHS health checks
    - Obesity services including tier 3 weight management
    - Substance misuse services
    - Children's 5-19 public health programmes
    - Integrated sexual health services for adults
    - Psychosexual health service

OPTIONS CONSIDERED

70. **Option 1.** Do nothing. In this option there is no agreed public health commissioning strategy and there will almost certainly be an overspend against public health grant.

71. **Option 2.**

    Recommendation 1: CABINET is ASKED to APPROVE the public health commissioning strategy for 2018/19 to 2020/21;

    Recommendation 2: CABINET is ASKED to APPROVE the procurement of the following first four public health services in 2017/18 so that they can start in 2018/19:
        - 0-5 services including health visiting, smoking in pregnancy, healthy start vitamin distribution and targeted services for vulnerable families;
        - Infection prevention and control;
        - Doncaster smoke-free services;
        - Healthy living for BME women in Doncaster.

REASONS FOR RECOMMENDED OPTION

72. Option 2 is the preferred option as the council needs to not only set but also deliver a balanced budget. The commissioning strategy provides the council with a coordinated approach that not only will ensures the best chance of improving health and reducing health inequalities, minimizing risks and gives information to the public, current and future providers on the likely changes.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

73. The impacts of the Public Health Commissioning Strategy on the Council's

key outcomes are outlined in the table below.

	Outcomes	Implications
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	Effective delivery of public health commissioned services would support this priority
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	Effective delivery of public health commissioned services would support this priority
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	Effective delivery of public health commissioned services would support this priority.
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	Effective delivery of public health commissioned services would support this priority
	Council services are modern and value for money.	Effective delivery of public health commissioned services would support this priority
	Working with our partners we will provide strong leadership and governance.	Effective delivery of public health commissioned services would support this priority

RISKS AND ASSUMPTIONS

74. Substantial change in size or status of ring-fenced grant. This option assumes that the public health grant continues to be ring fenced and there are no additional reductions in the size of the grant. A reduction in the grant

will require additional savings and if the ring fence is removed the Council may choose to use the entire grant differently. Risk rating = Likelihood 4 x Impact 4 = 16 (Medium risk)

75. Public Health failure to deliver the commissioning strategy and the council requirement to fulfill its health improvement duty under the health and social care act (2012). In particular its obligation to deliver the national healthy child programme and the associated mandated reviews and assessments. Risk rating = Likelihood 3 x Impact 5 = 15 (Medium risk)

76. Insufficient volume in contracts. As reductions in investment in any programme are almost entirely related to staff costs there is a possibility that waiting lists will be generated for public health commissioned services. A reduced and remodelled approach to public health services has the best chance of avoiding this. Demand management strategies will be optimised but with many of these preventative services reducing demand for these services will increase future care costs borne by other parts of the Council especially Adult social care. Across all service areas the use of web-based services will be explored in order to reduce unnecessary face-to-face contacts. However, evidence from performance of substance misuse and sexual health services showed an increase in face-to-face contacts. Risk rating = Likelihood 4 x Impact 4 = 16 (Medium risk)

77. There are also a number of cross cutting issues that can impact on this strategy. These include:

- The development of the Doncaster approach to joint or more integrated commissioning both within DMBC and across the Team Doncaster partnership.
- The development of the Doncaster approach to more integrated provision of services as described in the Doncaster Place Plan including work on ‘complex dependencies’.
- The challenges faced by providers to continue to delivery services given the budget reductions to date.
- The capability and capacity of the staff in the public health directorate to deliver this strategy.
- The availability of information and evidence to inform the strategy.

Risk rating = Likelihood 4 x Impact 4 = 16 (Medium risk)

LEGAL IMPLICATIONS

Procurement Legal Implications

78. Section 12 of the Health and Social Care Act 2012 places a duty on Councils to improve public health of the people who live in their areas.

79. Section 1 of the Localism Act 2011 gives a Local authority’s a general power of competence to do anything that individuals generally may do.

80. The Public Health Services will be commissioned in accordance with the light touch regime contained within the Public Contracts Regulations 2015.

81. Legal will provide advice and assistance to support the Public Health Commissioning Strategy.

Equality Legal Implications

82. The Equality Act 2010 introduced a public sector equality duty which requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination, harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

83. A 'protected characteristic' is defined in the Act as: age; disability; gender reassignment; pregnancy and maternity; race (including ethnic or national origins, colour or nationality); religion or belief; sex; sexual orientation; marriage and civil partnership.

84. A due regard statement will be completed in the run up to the procurement processes and an Officer's Decision Record (ODR) will be completed to allow the decision maker to have full knowledge and understanding of the legal duties in relation to the public sector equality duty and consciously apply the law to the facts when considering and reaching decisions where equality issues arise.

85. Legal advice and assistance will be required as procurement programme progresses.

FINANCIAL IMPLICATIONS

86. The Public Health function transferred to the council with effect from the 1st April 2013. The council has approved a budget of £25m in respect of Public Health services for 2017/18. Within this £25m various budget lines have been allocated in line with this commissioning strategy. This can be broken down as follows:
    - Commissioned services: £18.6m
    - Central and support services: £1.2m
    - PH outcome related re-alignment: £5.2m

87. In addition to the approved £25m budget there is a carry forward from financial year 2016/17 of approx. £0.77m and following a drawdown of £0.27m there will be £0.5m which will be used to help with the budget setting process.

88. The budget for 2017/18 has been balanced however there still remains a challenge to balance the budget for financial years 2018/19 onwards this is due to a reduction in grant allocation of around 2.6% per annum (circa £0.6m)

89. This commissioning strategy aims to address this budget shortfall through the re-procurement of the services mentioned in the report.

90. The overall commissioning / contract budget will need to be managed by the Public Health service to ensure that expenditure remains within the funding available.

HUMAN RESOURCES IMPLICATIONS

91. There are no Human Resources implications to the recommendations. Human Resources will support Public Health colleagues when and where required to deliver the commissioning strategy.

TECHNOLOGY IMPLICATIONS

92. In implementing the recommended options detailed in this report, the Commissioner should consider the existing areas of transformation across the organisation including: Adults Transformation Programme and the Doncaster Integrated People Solution and how these commissioned services may impact on these areas of transformation.

93. Consideration should also be given to the vast technology toolkit available to the Council and how value for money can be demonstrated in using existing solutions in whole or part. Where opportunities are identified, a business case should be submitted to the ICT Governance Board with requirements to allow consideration to be given of the suitability of any in-house technical solutions, including but not limited to Case Management Systems and website development, including full transaction ability.

94. As the report identifies, in commissioning services, full consideration and compliance must be given to the statutory obligations of the Council in respect of the Data Protection Act 1998, NHS Confidentiality Code of Practice & Caldicott principles and approved processes must be in place in advance of service commissioning through guidance from the Council's Data Protection Officer.

95. Provision should also be made in the commissioning of services, for the ownership, protection/security of all data and information collected from the service by the provider and ensures this is compliant with ICO regulations. Guidance should be specifically sought from Information Governance & Data Protection Officers. Provision must also be made for the transfer/and or disposal of any data collected on behalf of the commissioners during and at the end of the commissioned services.

EQUALITY IMPLICATIONS

96. A Due Regard Statement has been completed and it is separately attached to the commissioning strategy.

97. The Public Health commissioning strategy will proceed but for each area of

commissioning activity a separate due regard statement will be developed as part of the process. If the strategy is implemented effectively then the strategy should reduce health inequalities.

CONSULTATION

98. Consultation with staff group; service users and wider stakeholders is in progress. Full analysis and results of the consultation will be shared on completion.

BACKGROUND PAPERS

99. Public Health Commissioning Strategy
100. Due Regard statements

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