

Decision Pathway – Report Template



PURPOSE: Key decision

MEETING: Cabinet

DATE: 02 July 2019

TITLE	Public Health Commissioning Intentions 2019 to 2021		
Ward(s)	All		
Author: Christina Gray	Job title: Director of Public Health		
Cabinet lead: Cllr Asher Craig	Executive Director lead: Jacqui Jenson		
Proposal origin: BCC Staff			
Decision maker: Cabinet Member Decision forum: Cabinet			
Purpose of Report: This report sets out recommendations relating to the de-commissioning and redesign of Public Health Services.			
Evidence Base: We have reviewed the need, evidence, and best practice in relation to these services, and have consulted widely on these proposals. The following services are public health services which the local authority is required to provide and these must be delivered to national quality standards. We are proposing some minor changes to Drug and Alcohol – Shared Care and Supervised Consumption, Sexual Health Services and Health Checks as follows: -			
<ul style="list-style-type: none"> • To cease payments to Primary Care to give out condoms (we will still provide free condoms just not make a payment to give them out). • To cease payments to GPs for sending invitations for teen health checks and to reduce the costs of the Chlamydia screening programme through improved targeting, in total achieving a saving of £10,500. • Approval of a 6 month extension (to 31st March 2020) for NHS Health Checks services delivered by community organisations (£37,544) and by GPs and Pharmacists (£250,000) to enable the Health Check programme to be redesigned. 			
For those services which we are proposing to decommission, the evidence is summarised below:			
<ul style="list-style-type: none"> • Alcohol Brief Intervention services delivered in primary care: These interventions are evidence based, but they are delivered by many front line staff and services, and no other payments are made for these. We therefore recommend ceasing payments to primary care for this service. • Adult weight management: Although for some people a referral to Slimming World/ Weight Watchers is effective in reducing weight, this type of approach does not address the issue at a population level and to scale in the way we need. • Children and families weight management: Although for some children and families a personalised service is effective, this type of approach does not address the issue at a population level and to scale in the way we need. A population-wide and multi-faceted approach is needed to reduce obesity across the whole of the population, taking account of the need to safeguard and promote the welfare of children and comply with section 11 of the Children Act 2004. 			

- **Stop Smoking Services:** Since legislation has been introduced there has been a significant reduction in tobacco use in the general population. Alternative products, such as nicotine patches and e-cigarettes are also available over the counter. However, smoking remains higher in the specific population groups, therefore we propose to decommission the current services (value £598,400) and to re-invest up to £200,000 in targeted interventions. This reinvestment has been separately costed and is taken into account in the full savings total.

Cabinet Member / Officer Recommendations:

That Cabinet: -

1. Approve the decommissioning of services for : -
 - a) Payments for to Primary Care providers for Alcohol Brief Interventions
 - b) Adult weight management on referral services delivered by Slimming World and Weight Watchers
 - c) Children and families weight management services – Alive and Kicking
 - d) Support to Stop Smoking services delivered in primary care and by community organisations
2. To approve the changes to the Drug and Alcohol Services, Sexual health services and Health checks as set out in the report
3. Delegate Authority to the Executive Director for People in consultation with the Cabinet Member Communities to : -
 - a) recommission a new targeted support service to stop smoking service for Bristol from 1st April 2020 to a value of up to £200,000
 - b) procure and award a contract to Primary care for sexual health services for up to four years, at a value of up to £339,500 per annum
 - c) procure and award a contract for Primary Care Drug and Alcohol Services for a period of 3.8 years from 1st April 2020, at a value of up to £1,398,800 per annum.

Corporate Strategy alignment:

These proposals are aligned with the following corporate priorities:

1. Public Health Bristol: Vision and Priorities 2017 to 2019 - the Public Health vision is to improve and protect the health and wellbeing of people in Bristol, and to reduce health inequalities within the population.
2. BCC Corporate Strategy 2018 – 23:
 - Empowering and Caring: Work with partners to empower communities and individuals, give children the best start in life
 - Fair and Inclusive: Improve economic and social equity
 - Well Connected: Take bold and innovative steps to make Bristol a joined up city, linking up people with jobs and with each other.
 - Wellbeing: Create healthier and more resilient communities where life expectancy is not determined by wealth or background

City Benefits:

This proposal ensures the continued provision of high quality public health services for which the Council has a statutory responsibility to provide, utilising an approach which will provide best value for the tax-payer and the best service for the population. The proposal focusses on improving health and reducing health inequalities within the population of Bristol.

Consultation Details:

An open public consultation was held between 21st March 2019 to 2nd May 2019 which received 303 on line responses and a number of additional responses by email/ letter. A summary of the consultation and our response can be found in Appendix B.

Background:

This paper sets out proposals to identify savings of £719,955, with full year effect to be achieved by 2020/21.

The Public Health Grant for Bristol for 2019/20 will be £31.628 million. This is a reduction of 2.7% from 2018 – 19. A further reduction in the grant is expected in 2020 – 2021.

To address this deficit during 2018/19 public health staffing levels were reduced producing a saving of £1.1 million.

Although these final recommendations (to value of £719,995) are less than we had initially proposed in the consultation, we are confident that the shortfall can be addressed by exploring other efficiencies including freezing staff posts, further reducing central running costs and looking closely at purchasing costs for prescribed drugs.

Following assessment of need, review of the evidence, and consideration of consultation feedback these proposals for the redesign of Public Health services are presented to Cabinet for approval.

Revenue Cost	£31,628,000	Source of Revenue Funding	<i>Public Health Grant</i>
Capital Cost	£0	Source of Capital Funding	<i>N/A</i>
One off cost <input type="checkbox"/>	Ongoing cost <input type="checkbox"/>	Saving Proposal <input checked="" type="checkbox"/>	Income generation proposal <input type="checkbox"/>

Required information to be completed by Financial/Legal/ICT/ HR partners:

1. Finance Advice: This report is proposing to save £0.355m in 2019/20, which is a part year effect as the contracts in question will be either decommissioned or recommissioned at a lesser contract value from 30th September 2019 or in the case of Sexual Health Services, 31st March 2020. The full year effect of these savings from 2020/21 is £0.720m.

At a national level the Public Health grant has reduced over the last five year with notional grant for 2020/21 assuming the same level of funding as 2019/20. The report indicates that these proposals are the first of further intended proposals to save an overall total of £2.0m from the Public Health Grant in light of the falling grant agreement year on year.

The contracts, totalling £2.918m, are contained within the Public Health Grant cost centre, where grant funding for 19/20 totals £31.628m, a reduction of 2.7% from 18/19.

Finance Business Partner: *Neil Sinclair, 20th May 2019.*

2. Legal Advice:

The National Health Service Act 2006 provides that each local authority must take such steps as it considers appropriate for improving the health of the people in its area and this report sets out how this is to be achieved.

Consultation has taken place in relation to the decision to be taken. The responses to the consultation must be taken into account by Cabinet when taking the decision. Cabinet should also be satisfied that proper consultation has taken place in that (i) proposals were consulted on are at a formative stage (ii) sufficient reasons have been given for the proposals and (iii) adequate time has been allowed for consideration and response. Appendix B of this report clearly sets out the process that was undertaken and how responses have been taken in to consideration by officers when developing their proposals for final decision.

Equalities

The Public Sector Equality duty requires the decision maker to consider the need to promote equality for persons with “protected characteristics” and to have due regard to the need to i) eliminate discrimination, harassment, and victimisation; ii) advance equality of opportunity; and iii) foster good relations between persons who share a relevant protected characteristic and those who do not share it.

The Equalities Impact Check/Assessment is designed to assess whether there are any barriers in place that may prevent people with a protected characteristic using a service or benefiting from a policy. Cabinet must take into consideration the information in the assessment before taking the decision.

A decision can be made where there is a negative impact if it is clear that it is necessary, it is not possible to reduce or remove the negative impact by looking at alternatives and the means by which the aim of the decision is being implemented is both necessary and appropriate.

Cabinet should also be satisfied that the need to safeguard and promote the welfare of children has been considered in order to comply with Section 11 Children Act 2004.

Commissioning new services, or extending existing contracts, will need to comply with the relevant procurement regulations. Any direct awards will need to be justified in both value for money and procurement terms.

Legal Team Leader: Sarah Sharland, Team Leader, Litigation, Regulatory and Community Team, Legal Services

3. Implications on IT:

There are no identifiable IT implications arising from this report.

IT Team Leader: Ian Gale, Head of IT, Resources

4. HR Advice: The proposals are currently focused on re-commissioning of some Public Health services, and will have no HR implications for Bristol City Council employees. There may be an impact on providers if they do not get their contracts renewed or contracts are given to new providers. If this is the case we would support and advise on any HR issues that may arise from them should they require it.

HR Partner: Lorna Laing, People & Culture HR Business Partner – Adults, Children & Education

EDM Sign-off	Jacqui Jenson	22 nd May 2019
Cabinet Member sign-off	Cllr Asher Craig	23 rd May 2019
For Key Decisions - Mayor's Office sign-off	Mayor Rees	3 rd June 2019

Appendix A – Further essential background / detail on the proposal	NO
Appendix B – Details of consultation carried out - internal and external <ul style="list-style-type: none"> • Consultation report attached 	YES
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment <ul style="list-style-type: none"> • Risk assessment attached 	YES
Appendix E – Equalities screening / impact assessment of proposal <ul style="list-style-type: none"> • EqIA for each service attached 	YES
Appendix F – Eco-impact screening/ impact assessment <ul style="list-style-type: none"> • There are no significant environmental impacts related to this report and a full Eco IA is not required. 	NO
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Exempt Information	NO
Appendix J – HR advice	NO
Appendix K – ICT	NO