

**Report to the Cabinet Member for Health and Wellbeing and the Deputy Leader
of the County Council**

Report submitted by: Director of Public Health and Wellbeing

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Part I

Electoral Divisions affected:
All

Transforming Public Health Services in Lancashire

Contact for further information:

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Executive Summary

The transformation programme within Lancashire County Council presents new opportunities to develop a whole systems approach to wellbeing and enable our population to be healthy and resilient. Integration of various functions related to the public health and wellbeing was outlined in the service offer presented to the Cabinet on the 8th January 2015. This paper describes the key proposed changes to the current public health service contracts and seeks authorisation to commence procurement of these services, with completion by the end of March 2016.

This is deemed to be a Key Decision and the provisions of Standing Order No 25 have been complied with.

Recommendation

The Cabinet Member for Health and Wellbeing is asked to:

- (i) Approve the commencement of the procurement of public health services as set out in the report.

The Deputy Leader of the County Council is asked to:

- (ii) Approve the financial provision for Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) and potential redundancies resulting from the procurement of public health services as set out in the report.

Background and Advice

The County Council is responsible for a broad range of wellbeing and preventative services that includes the public health service contracts that were transferred to the Authority in April 2013. However the way these services are commissioned is in general not joined up. Very few services have been commissioned on a Lancashire wide basis with the exception of drug and alcohol services. There are multiple providers and contractual arrangements along with different pathways, criteria and entry point to services. This can result in a complex, disjointed and confusing system, which may result in the people who need help the most not being able to access it very easily, or having to deal with a variety of different agencies without a holistic approach to the person and the underlying issues that may be at the root of the problems they are facing.

A recent report from the King's Fund illustrated that behavioural risk factors are often clustered together with more than one third of adults in England having two risk factors and a further third having three or more.¹ The report therefore recommends that commissioning organisations responsible for prevention should adopt a more integrated approach to public health services instead of dealing with individual risk factors in isolation as is currently the case.

Following the transfer of the public health function from the NHS to the County Council, all public health contracts were extended up to 31/3/2016, to enable a comprehensive review and re-design to be undertaken. The service areas include:

- Children and young people 5-19 years (The authority will also be responsible for Health Visiting services covering the 0-5 age group from October 2015)
- National Child Measurement programme
- Oral health improvement and dental epidemiology
- Tobacco control
- Healthy Weight, nutrition and physical activity
- Mental Wellbeing
- Sexual Health
- NHS Health Checks
- Substance misuse – drugs and alcohol

These services include a number of clinical elements e.g. Genito-Urinary Medicine (GUM); substitute prescribing for substance misuse; detox; school nursing, and other related services. They are currently provided by a range of NHS, third sector and other not-for-profit, private, and public sector providers. It includes contracts with primary care providers (GPs and pharmacies) e.g. coils and implants; emergency hormonal contraception; needle exchange; supervised consumption; nicotine replacement therapy; and Health Checks.

The current provision in Lancashire varies according to the commissioning decisions made by the previous Primary Care Trusts. The review of these services against the nationally defined Public Health Outcomes Framework and the County Council's intention to address inequalities based on Sir Michael Marmot's review as set out in

¹ Buck D, Frostini F, (2012) Clustering of unhealthy behaviours over time; implications for policy and practice. Kings Fund

the service offer, has led to adopting the following principles for the service redesign and procurement:

1. Family and individual centred services.
2. Based on needs according to the proportionate universalism approach as recommended by Lancashire Fairness Commission
3. Evidence informed.
4. Outcomes focussed and not just paying for the activity.
5. Develop and mobilise community assets through peer support networks and the third sector.
6. Promote innovation, particularly in enabling a channel shift towards digital and online access where appropriate.
7. Address inequalities in service provision across Lancashire.
8. Where possible, benchmarked tariff against national best practice and value for money.
9. Where relevant, integrate with other related services in order to avoid duplication and inefficiencies.
10. Where appropriate and feasible, reduce the number of lots during procurement to enable reduction of management overheads.

The Cabinet Member for Health and Wellbeing has already approved the procurement of Wellbeing workers, Sexual Health services and NHS Health Checks programme. The forthcoming 12 months will involve the re-design and tendering of the majority of the remainder of the Public Health contracts which range from health improvement services for lifestyle behaviour change to specialist treatment services. Letters of notice are being issued to all our existing providers. The number of contracts and complexity of the current commissions will be reduced in order to address inequity of provision across Lancashire, improve quality and achieve best value for money. They will also be joined up with the wider wellbeing and prevention activities across the organisation as part of a life course approach to Starting Well; Living Well; and Ageing Well.

Robust needs analysis will continue to inform redesign and ensure that services meet local needs, reflect local assets and are based on sound evidence of what is effective. There will also be an explicit focus on reducing health inequalities by investing resources proportionate to the need across various communities.

A result of the 2013 NHS restructure is that a number of responsibilities for health improvement service pathways – e.g. sexual health - are now split between different commissioning organisations. We are working in close collaboration with other parts of the NHS system to jointly agree and develop pathways. In addition, cross boundary working is also taking place where service provision is currently shared with neighbouring authorities.

Key actions to be undertaken in all the commissions include:

- Requiring all providers to adopt the principles of Making Every Contact Count. This is an approach that maximises the potential for providing brief interventions by skilling up workers in front line services in opening up health and wellbeing conversations, giving simple advice, empowering healthy

choices and referral or signposting to health improvement services. There is also the opportunity to embed this way of working across all the County Council's front line services, in addition to making it a requirement of all third party contracts.

- Requiring the providers of health improvement services to undertake a simple holistic assessment of the client in relation to wellbeing and other health behaviours in addition to the presenting problem.
- Development of integrated pathways between health improvement services with supported access for those who need it, ensuring that the interdependencies between services are clearly indicated and providers report on referrals to those key service links.
- Co-location of services and neighbourhood delivery wherever possible to develop seamless provision that is better accessible by the service user.
- Development of digital approaches to information and access to health improvement services which will provide a single portal for health improvement information and link to services for clients. Innovation will be included as part of the procurement award criteria.
- Providers will be required to work collaboratively to facilitate better integration between services.
- Inclusion of standardised KPIs in all health improvement service contracts regarding brief interventions, referrals and signposting, online collaboration with other services, and mechanisms to capture and report on the outcomes, including service user experience.
- Requirement for all provider organisations to be exemplars for health through development of a healthy settings approach, and to provide training for partners to support development of expertise and more effective referrals across services
- Assessment of opportunities to procure services jointly where possible along with NHS and other partner organisations.

The benefits for a service user of integrating or improving access to services include:

- Being treated holistically rather than in isolation of other issues that might be affecting them
- A more joined up system and pathways between services so that service users will have better access to our services and the option to be supported to access other services where needed.
- Improved access within the community and outside of 9-5 hours.
- Consistency of health messages.
- Web based information to help people to navigate the services more easily.

Whilst most of the Public Health contracts fall into one of the service areas listed above, there are some which are unique in that they provide infrastructure support for building health improvement capacity in other organisations and services. These contracts are currently only delivered in East Lancashire and include activities such as:

- Training and developing skills for health improvement in partners and communities
- Settings based approaches
- Health education, and resources to support effective delivery on the ground of health promotion activities

- Community capacity building, peer to peer approaches, participatory appraisal, health literacy

These services are currently being reviewed to inform options for future provision to provide valuable capacity to support Public Health across the whole of the authority rather than one locality.

The following table provides an overview of key changes and procurement activities being planned during 2015/16.

Table 1: Key procurements to be completed by April 2016

Service area	Key proposed changes and procurement activities
Children, Young People and Families	<p>Integrate children's public health services (including infant feeding support) with early years and youth offer and redesign the wellbeing, prevention and early help offer within the County Council.</p> <p>Procure school nursing services across Lancashire to include the nationally defined standards for the healthy child programme.</p> <p>Align the services provided by Home Start schemes across Lancashire with the Home Start schemes already supported by the authority in order to avoid duplication.</p> <p>Childhood accident prevention scheme is currently delivered through a NHS provider in East Lancashire only. However, Lancashire Fire and Rescue Service is already providing a similar service across the rest of Lancashire. Consolidation and integration of these two schemes is being planned.</p> <p>A separate contract for an Emotional Health Team exists in East Lancashire only. This will be included as part of the wider review of mental health services across the authority in partnership with the NHS.</p> <p>A separate children and families partnership service operates in East Lancashire only. It is proposed that this service is integrated with in-house</p>

	<p>provision to provide the augmented capacity in East Lancashire for supporting vulnerable children and families.</p> <p>Existing college nurse provision, jointly funded by 3 FE colleges in East Lancashire will be scoped and developed as a Lancashire wide offer in partnership with FE colleges where there is a need.</p> <p>Specialist breast feeding practitioner support, Oral health (smile 4 life) programme and provision of vitamin D exist as separate services. They will be integrated with the rest of the children's public health services.</p>
Substance misuse	<p>Procure East Lancashire adult substance misuse service. The services in the rest of Lancashire have only been re-commissioned recently.</p> <p>Procure Lancashire wide young people's substance misuse services.</p>
Tobacco control	<p>Procure a single Lancashire wide stop smoking service which includes strengthened support for pregnant women along with embedded smoke free homes and cars initiatives within the service.</p>
Physical activity, Nutrition and Healthy Lifestyles	<p>Redesign and develop services to work in partnership with the district councils' leisure offer, environmental health, planning and licensing regimes.</p> <p>Adopt a settings/place based approach to promote physical activity and address the 'obesogenic' environment.</p> <p>Partnership arrangements with schools, other educational settings, workplaces, and community groups in addressing obesity.</p>

Consultations

An equality analysis on the service offers was presented to the Cabinet in January 2015. Ongoing engagement with service users, providers and stakeholders is in place to inform the development of service specifications and the key performance

indicators. All equality analysis will be subject to ongoing review and further development where appropriate.

Implications:

This item has the following implications:

Financial

The services covered in this paper are funded by the ring fenced public health grant from Public Health England (PHE). Savings and efficiencies generated from the consolidation and integration of public health services will be utilised in line with PHE's grant conditions and as reported to the Cabinet in January 2015 to achieve the County Council's overall responsibilities to improve public health and wellbeing.

TUPE

There are possible TUPE implications with new providers or when services are brought to be delivered in-house. The Authority will therefore need to include financial provision for this and potential redundancies in 2016/17 so that efficiencies can be made from 2017/18 onwards. Currently available information suggests this to be in region of £430,000. However, this does not include information from all the services. Readiness of new providers to manage TUPE and changes to the estate will be assessed during the tendering process. Where services are being integrated with in-house service provision, our staffing structure might need to be amended accordingly.

Risk management

The following risks and mitigating actions have been identified:

Risk	Mitigating action(s)
Disruption to existing services due to unforeseen delay in the tendering process or in the transition between incumbent and new providers.	<p>We are aiming to complete the tendering process by December 2015 ready for mobilisation of new providers (where relevant) to be completed by 31st March 2016.</p> <p>Additional procurement capacity is currently planned to be in place by end of May 2015.</p> <p>We will monitor the risk of any delay and bring forward options to address this risk if necessary. This might include the need for possible extension of current contracts for a short period of time to enable continuity of service provision and transition to the new providers.</p>
Fragmentation of clinical pathways commissioned by other NHS bodies from existing providers (e.g school nursing and	<p>Ongoing engagement with NHS organisations is in place to ensure pathways remain in place for other clinical services delivered by current providers.</p> <p>Where necessary, a formal partnership agreement</p>

immunisation; sexual health and cervical screening; substance misuse and prison healthcare)	will be developed with other commissioning organisations in order to provide continuity of care for service users.
Reputational risk to the Authority resulting from the loss of business to the existing providers.	All our existing providers are being notified in advance that their services will be tendered during 2015/16. They will have an opportunity to submit bids for the services they provide. We are also encouraging providers to work in collaboration with each other and to consider partnership bids in order to develop a resilient market.

List of Background Papers

Paper	Date	Contact/Directorate/Tel
Service offer presented to the Cabinet on the 8 th January 2015.	8 th January 2015	Dr. Sakthi Karunanithi/Director of Public Health and Wellbeing/01772 537065

Service offer Equality Analysis presented to the Cabinet on the 8th January 2015.

Reason for inclusion in Part II, if appropriate

N/A