

Cabinet Meeting on Wednesday 21 July 2021

Public Health Contracting Plans



Cllr Julia Jessel, Cabinet Member for Health and Care said,

“The Council commissions services that improve people’s lives, often at moments of great individual stress. We place great emphasis on providing the best possible support while securing value for money for taxpayers.

This decision will allow us to maintain our work promoting good sexual health and supporting those with alcohol and drug dependencies, while offering a range of healthy living advice to people including giving up smoking, preventing diabetes and staying active later in life.”



Cllr Johnny McMahon, Cabinet Support Member for Public Health and Integrated Care said,

“The commissioning plans build on our commitment to work with partners in the NHS, as well as the wider public and third sectors in order to achieve the best possible outcomes for Staffordshire residents and ensure that public money is used efficiently and effectively. I look forward to seeing improved services and vaccination programmes in the coming years.

Report Summary:

The paper updates Cabinet on forthcoming commissioning plans for Public Health services and seeks authority to delegate the authority to award and authorise entering into contracts during the financial years 2021/22 and 2022/23 to be delegated to the Cabinet Member for Health and Care in consultation with the Cabinet Support Member for Public Health and Integrated Care and the Director for Health and Care.

Recommendations

I recommend that Cabinet:

- a. Note the forthcoming plans for sexual health, drug and alcohol and lifestyle services as detailed in this report; and

- b. Delegate authority to award and enter into relevant contracts for the services detailed in this report in the financial years 2021/22 and 2022/23 to the Cabinet Member for Health and Care in consultation with the Cabinet Support Member for Public Health and Integrated Care and the Director for Health and Care.

Local Members Interest
N/A

Cabinet – Wednesday 21 July 2021

Public Health Contracting Plans

Recommendations of the Cabinet Member for Health and Care

I recommend that Cabinet:

- a. Note the forthcoming plans for commissioning sexual health, drug and alcohol and lifestyle services as detailed in this report; and
- b. Delegate authority to award and enter into relevant contracts for the services in the financial years 2021/22 and 2022/23 to the Cabinet Member for Health and Care in consultation with the Cabinet Support Member for Public Health and Integrated Care and the Director for Health and Care.

Report of the Director for Health and Care

Reasons for Recommendations:

1. Public health outcomes are achieved in a variety of different ways. Staffordshire County Council (the Council) encourages people to help themselves by providing information, advice and guidance through a range of online tools. The Supportive Communities programme embraces the resources and skills of the voluntary sector to offer support. We are increasingly working with partners in a collective approach to tackle the root causes of issues like obesity.
2. The Council also commissions some specialist public health services, some of which are mandated by the grant conditions (such as sexual health services, NHS Health Checks and specialist children's programmes, while others are largely discretionary (such as drugs/alcohol, physical activity and stop smoking services). Specialist services are required where specific professional and evidence-based interventions are necessary. There are three public health services for adults:
 - a. Sexual health;
 - b. Drug and alcohol; and
 - c. Lifestyle services.
3. The Public Health Ring Fenced Grant (PHRFG) comes from HM Government with an expectation that these services are commissioned and is the principal funding source. There is also some additional HM Government funding for HIV prevention, drug treatment and weight management. Planned expenditure of the PHRFG is set out in Table 1. All Medium-Term Financial Strategy (MTFS) targets for adults' public health services have been achieved in previous years.
4. This report summarises commissioning plans for adults' public health services for the next two financial years. The aim is to improve the quality of and access to

services. The plans have been developed with partners and are likely to be well received by stakeholders and residents.

Table 1: Public Health Ring Fenced Grant (PHRFG) planned expenditure

Expenditure (£m)	2021/22	2022/23	2023/24	2024/25	2025/26
Sexual health	6.4	6.4	6.4	6.4	6.4
Drug and alcohol	4.7	4.7	4.7	4.7	4.7
Lifestyle services	1.6	1.6	1.6	1.6	1.6
Total adult specialist services	12.7	12.7	12.7	12.7	12.7
Healthy Child Programme	10.2	10.2	10.2	10.2	10.2
Other public health initiatives	17.1	17.1	17.1	17.1	17.1
Total PHRFG	40.0	40.0	40.0	40.0	40.0
Additional HM Government funding for adults' public health services	2.8	1.8	1.8	1.8	1.5

5. There are a range of safeguards in place to mitigate the potential risks of reduced income or price rises in future years. For example, contracts contain clauses linking their value with the income the Council receives, to ensure that any loss of grants do not create financial pressures. Similarly, spending plans contain contingency budgets to allow for inflationary or other pressures.

Sexual health

6. The commissioning plan is to re-procure sexual health services. These include sexual health clinics to diagnose and treat sexually transmitted infections (STIs) and offer family planning advice and interventions, as well as contraception available through pharmacies and GP practices.

7. There were over 25,000 visits to sexual health clinics in Staffordshire for STI testing and treatment in 2019/20 and more than 13,000 women accessed family planning advice and interventions. Face to face visits reduced during 2020/21 as a result of the Covid pandemic and were replaced by nearly 14,000 visits to an online service and 6,000 telephone appointments.

8. Sexual health services are currently provided by a range of providers as set out in Table 2. These operate well and a procurement is necessary as contracts end in March 2022.

9. The procurement will be informed by the output of a joint networking event with partners as well as a client survey and recovery and learning from the Covid pandemic. A Prior Information Notice (PIN) and market testing questionnaire went out to the market in March 2021 and have received a positive response. The procurement process is due to start in Summer 2021.

10. For sexual health services North and South Staffordshire will be consolidated into a single contract. This will be for 3+2+2 years to allow the provider time to grow the service and respond to unpredictable levels of demand and customer preferences following changes in behaviour due to the Covid pandemic. The Council is preparing

the procurement alongside colleagues from Stoke-on-Trent and Telford & Welkin Councils to explore the benefits of scale offered by commissioning services on a larger geographic footprint. This could improve pathways for patients and include a more attractive package for potential providers. Staffordshire would be the lead commissioner as the partner with the largest financial contribution.

Table 2: Sexual health service providers

No.	Contracts	Area	Provider	Contract value (£m)	Contract end
1	Sexual health clinics	North Staffordshire	Midlands Partnership NHS Foundation Trust (MPFT)	1.385	31/03/2022
2		South Staffordshire	MPFT	3.495	31/03/2022
3	Emergency hormonal contraception	Whole county	Lloyds Pharmacy	0.135	31/03/2022
4	Long acting reversible contraception	Whole county	71 GP practices	0.697	31/03/2022
	Sub-total			5.712	
	Other Costs				
5	Stafford Civic Centre Clinic Accommodation	Stafford, Cannock, South Staffordshire and Surrounds	Stafford Borough Council	0.064	
6	Staffordshire Residents Out of Area	Out of County	Various	0.520	Under open access guidelines
7	HIV pre-exposure prophylaxis	Whole county	MPFT	0.129	Annually confirmed in PHRFG
	Total			6.425	

11. The total value of sexual health clinic contracts from April 2022 will be £5.073m. This represents the £4.880m of the sexual health clinic contracts (rows 1 and 2) as outlined in Table 2, plus continuation of £0.129m (row 7) additional funding from Department of Health and Social Care in 2021/22 for HIV prevention through pre-exposure prophylaxis, and the £64k cost of the primary clinic in Stafford (row 5) which is contracted separately.

12. Emergency hormonal contraception will be procured in a separate lot, in parallel with sexual health clinics. For long acting reversible contraception a range of procurement options are being considered.

Drug and alcohol

13. Drug and alcohol services were last recommissioned during 2019/20, with a new contract, provided by charity Humankind and partners, commencing in April 2020. The services have been implemented and are operating well, which is especially impressive as they were mobilised during the high point of the first wave of the Covid pandemic. The eligibility criteria for the services have been expanded to include lower level problem drinkers, as there appears to be an increased demand from this group since the start of the COVID pandemic.
14. Services are designed to improve health, reduce offending and ensure safeguarding. Around 3,000 people are treated each year, around half have problems with opiates (mainly heroin) and half have problems with alcohol. Services include medication (such as methadone), therapy (such as residential rehabilitation) and practical support (help finding housing, employment etc.).
15. Additional funding (around £1.2m) has been made available by Public Health England (PHE) from 2021/22 for regional consortia to commission inpatient detoxification services. The Council is leading the West Midlands consortium and we will be procuring services during 2021/22, which will improve quality and access for Staffordshire residents. The Council is entering into an agreement with the West Midlands consortium detailing the responsibilities of the members of the consortium and the Council as the lead authority.
16. A further £440,000 has been provided by PHE in 2021/22 for services to reduce drug-related deaths and drug-related offending. This is for one year in the first instance, with the possibility of future funding depending on the outcome of the next spending review. The Council is considering its options in respect of providing these services, on the basis that at this stage the funding is only available for the financial year 2021/22.

Lifestyle Services

17. Lifestyle services include stop smoking, weight management, physical activity, falls prevention, social isolation and NHS health checks. Table 1 shows the number of people who engaged in each element of the service and the number who achieved a successful outcome in 2019/20.

Table 3 Lifestyle contract, activity and outcomes 2019/20

Intervention	Activity	Successful outcomes*
Malnutrition	12	8
Weight Management	536	152
Stop Smoking	338	135
Physical Activity	683	357
Falls Prevention	263	226
Social Isolation	531	370
NHS Health Checks	6914	3669
Total	9277	4917
*Outcome Definitions - all measured at 12 weeks from initial assessment		
Malnutrition - Service users who demonstrate stable weight (for those whose prior to initial assessment measure shows weight loss) or have gained weight (for those whose prior to initial assessment weight was stable)		
Weight Management - Obese service users that achieve 5% reduction in body weight		
Stop Smoking - Service Users who successfully stop smoking (self-report following Russel Standard definitions: Microsoft Word - russellstandardclinicalversion2.doc (ncsct.co.uk))		
Physical Activity - Service users who increase their physical activity from being sedentary to active (International Physical Activity Questionnaire)		
Falls Prevention - Service Users who action 100% of their at-risk indicators following a multifactorial falls risk assessment		
Social Isolation/Loneliness - Service users who reduce their loneliness or social isolation score		
NHS Health Check - the number of NHS Health Checks completed out of those invited.		

18. During the Covid pandemic the services have been provided remotely (phone, online, postal) and where this has not been possible staff have been diverted to other efforts in support of the pandemic response.
19. The impact of the COVID pandemic and the service changes have affected results in different ways – we have adapted services to be responsive to these changes. For example, provision of social isolation interventions has increased, whereas delivery of Falls Prevention and Physical Activity have reduced – primarily as they are not suited to remote delivery methods.
20. The main contract is provided by Everyone Health and runs until the end of March 2023. Therefore, a re-procurement will be conducted during the financial year 2022/23.

Other public health initiatives

21. In addition to the main specialist service areas outlined above, the PHRFG is provided by Government to achieve a range of health and wellbeing outcomes, as defined in the Grant Conditions, including:

Approx. likely spend

- Physical activity	£4.2m
- Health at work	£200k
- Public Mental Health	£700k
- Community safety, violence prevention & social exclusion	£800k
- Fluoridation	£250k
- Accidents prevention	£2.2m
- Staffing	£2m
- Yet to be committed	£1.2m

22. As mentioned earlier in the report, there are many ways of achieving Public Health outcomes. Therefore, in order to achieve these diverse goals, the Public Health and Prevention team works alongside colleagues across the Council and external partners to identify and support those initiatives that are best able to deliver the results we require, particularly those that impact early on large numbers of people.

23. A key aspect of our commissioning approach is to focus on the delivery outcomes, not just funding activities.

24. This paper has primarily focussed on commissioned contracts. However, the aspirations for the wider Public Health approach includes a number of other issues, that will be based on the annual Joint Strategic Needs Assessment (JSNA) – such as projects developed with the third sector (e.g. Community Help Points) that are responsive to issues emerging from the COVID pandemic like social isolation.

Resource and Value for Money Implications

25. All the commissioning plans are funded through the PHRFG or other dedicated HM Government funding. There is no impact on the Council's MTFS.

26. The PHRFG has not been confirmed beyond 2021/22: it is unlikely that it would be withdrawn without an alternative source of funding, however there is a risk that the Council could be left with unfunded contracts. This will be mitigated by ensuring suitable break clauses that could be invoked in the event that funding is discontinued.

Legal Implications

27. The commissioning plans do not have any significant legal implications. Services will be commissioned in accordance with national guidelines and the procurement will be undertaken in accordance with the Council's internal Procurement and Financial Regulations and the Public Contract Regulations 2015. Contracts will be awarded after the completion of the procurement process.

28. Any decisions to extend and vary any existing contracts or new contractual arrangement will be made in accordance with the Council's internal Procurement and Financial Regulations and the Public Contract Regulations 2015, and authorised in accordance with the Council's Constitution.

List of Background Documents/Appendices:

None.

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