

Barnet Public Health commissioning Intentions for 2013-14

1. A number of Public Health functions and responsibilities are transferring to Local Authorities on 1st April 2013; some functions are mandatory duties that LBB is obliged to provide.
2. LBB has decided to develop a joint public health service with Harrow Council. LBB will host the public health service; however, at least in the interim, LBB will manage most of its own contractual arrangements.
3. A guiding principle for the development of the shared service and underpinning the development of commissioning intentions for public health is the drive to release efficiency savings; with an initial ring-fenced public health budget, efficiency savings will deliver greater investment in public health programmes.
4. There are a number of areas, including mandatory services such as 'NHS Health Checks', where historically Barnet has under-invested and the intention is to release efficiencies that will allow LBB to meet all its public health mandatory responsibilities.
5. However, in the busy transition period and because of the long-lead times required to negotiate NHS contracts, LBB will need to assess how achievable changing contracts will be for 2013/14. It may be necessary to minimise risks to public health delivery to allow public health contracts to extend past the 1st April transfer date whilst options are analysed and commissioning decisions made.
6. Assessing the commissioning possibilities will be made on a contract-by-contract basis; LBB does not intend to develop a single transfer order for all contracts as this increases the financial risk to LBB.
7. Pending receipt of detailed contract and budget information from North Central London NHS Trust this paper sets out the probable Department of Health allocation for the Council and outlines the current Public Health services that will become a Local Authority responsibility from April 2013.
8. The Department of Health (DH) estimate for Barnet council for financial year 2013-14 is £11,236k. The Secretary of State has indicated that it will not be less than this figure at current prices. The DH grant will be deployed to cover Public Health staff costs and commissioned services. It is not yet clear whether it will be sufficient to cover all contractual obligations
9. Additional responsibilities for 2013-14
The Council may, if it wishes, take on additional responsibilities. It is likely that all councils in London will make a contribution for pan London working. The current proposal is for this to be at half of one per cent of the Department of Health estimate which would equal £56,180 for Barnet. Additionally some of the budget will need to be deployed to cover the cost of procurement and contract management activities by the West London Alliance and the Commissioning Support Unit (for example, to manage the GUM and family planning contract). This cost is likely to be in the region of £30k to £35k.

10. Next steps

The following activities will be undertaken to develop detailed proposals for Public Health commissioning intentions for 2013-14:

- Confirm contract register: values, specifications
- Categorise contracts by type and risk: identifying big block contracts that may require disaggregation, LES', contracts requiring S76 agreements
- Obtain new contractual values if any contracts require dis-aggregation
- Reconcile with 2010/11 Return and planned expenditure for 2012/13 (this will be dependent on commissioning intentions); Identification of service budgets and out turn positions on budgets for 2011-12 and anticipated out turn for 2012-13
- Identify historic performance, trends
- Identify where savings can be made
- Provide recommendations for commissioning (e.g. novate, transfer, decommission, vary, tender)
- If required identify with DPH/Barnet prioritisation / decommissioning strategy
- Identification of any additional responsibilities to be included within the 2013-14 budget
- Identification of actual staff costs and recharges by Harrow Council (this will give the net budget figure remaining for deployment on commissioned services).

If, from the above work, it appears there will be pressure on the overall budget then priorities for service delivery and for efficiency savings will be identified.

It is intended that the work above will be completed by the time the Department of Health announce the actual Public Health ring fence grant which is currently scheduled for early December 2012.

11. The following Public Health services were delivered in 2012-13 in Barnet:

- Sexual Health, Family Planning & Genito-Urinary Medicine (GUM)
- Drug and Alcohol services
- School Nursing and the National Child Measurement Programme
- NHS Health Checks
- Smoking cessation
- A number of Health improvement initiatives
- Long Term Conditions – a number of services commissioned from the voluntary sector.
- Physical Activity and obesity – assessment with view to service delivery in 2013-14

These services support the local Joint Strategic Needs Assessment and the Barnet Health and Wellbeing Strategy.