

Appendix 3: LBB Public Health Commissioning Intentions for 2013/14

Public Health service and budget proposal for financial year 2013-2014.

Summary

1. A number of Public Health responsibilities are transferring to Local Authorities on 1st April 2013 some of which will be mandatory duties. Barnet Council has agreed that the transfer of responsibilities will be on an 'as is' basis to minimise all risks inherent in the transfer and to ensure continuity of service for 2013-14. The budget proposals in this paper derive from this principle while accommodating new and additional Public Health requirements. This paper and the accompanying appendices set out proposals for the Public Health budget allocation for 2013-14 together with the detail of current contracts and services that will fall within the remit of the Local Authority. This information is provided to support decision making for Public Health commissioning intentions for 2013–14.

Key Messages

2. The ring-fenced Public Health Grant for Barnet Council will allow mandatory requirements to be met, core services to continue and the introduction of some new services. The budget proposal is detailed in the table below this text.
3. The Commissioning Intentions support the four main themes of the Barnet Health and Wellbeing strategy which recognise that through the life course there are positive and negative effects on health and well-being. The following table shows where the Public Health commissioning intentions support delivery of the key themes of the Health and Wellbeing strategy.

Table 1: Planned Public Health spend mapped to 4 key themes of the H&WB Strategy

	Preparation for Healthy Life	Well-Being in the Community	How we Live	Care when Needed
Sexual Health	✓		✓	
School Nursing including National Childhood Measurement Programme	✓			
Drugs	✓	✓	✓	✓
Alcohol	✓	✓	✓	✓
Health Checks			✓	✓
Smoking cessation	✓	✓	✓	✓
Healthy eating	✓	✓	✓	
Lifestyle Interventions	✓	✓	✓	✓

4. For example, smoking is an issue that runs through each of the four key themes. Smoking in pregnancy is a risk factor for infant mortality, low birth weight babies and continued smoking increases the risk of a child having respiratory problems, glue ear and makes them more likely to become smokers themselves. Both physical and mental wellbeing depend on a broad range of factors including where we live and the environment we live in. Simply put 'feeling good about where you live' is a key factor in 'feeling good about yourself.' Feeling good about oneself is key to making lifestyle changes which will bring about improvements in health like giving up smoking. Tobacco use is the most important preventable risk factor for death from cancer and cardiovascular disease and it is the highest underlying cause of death in Barnet. Stopping smoking once diagnosed with a chronic disease is often associated with a better prognosis.
5. All services contribute to the overarching outcomes of improving infant mortality, mortality from cancer and mortality from cardiovascular diseases (including heart disease and stroke). It should be noted that the major services commissioned specifically by the Public Health team include: improving recovery outcomes for drug and alcohol users (building on year on year improvement in outcomes in Barnet); reducing the number of people who smoke (again building on previous good performance and targeting the single biggest preventable killer); and increasing access to NHS Health Checks (a statutory service).
6. Endorsement of the commissioning priorities in this paper will ensure that service delivery continues to improve Public Health outcome indicators as outlined in the Public Health Outcome Framework and the Barnet and Harrow Public Health Team 'Target Operating Model', and supports delivery of the Barnet Health and Wellbeing Strategy.
7. As part of the due diligence process in respect of Public Health contracts, much work is being undertaken within the NHS to disaggregate contracts and to determine the likely costs of provision in 2013-14. However, there remain some areas of uncertainty and risk affecting the costs of contracts in 2013-14. For example there are some risk areas with potential for cost increases. Genito Urinary Medicine represents the highest area of spend and is an open access service. Due to the nature of the service and expectation of confidentiality there are currently fewer mechanisms for commissioners to challenge provider data. Current guidance for the NHS explicitly instructs commissioners to take provider data in this area 'on trust'. Agreeing a common approach to commissioning with other boroughs is critical to ensuring we achieve the preferred outcome which is a capped contract arrangement with additional requirements for reporting to ensure that the LA has a clear picture of activity and cost pressures in this area.
8. The additional requirements for 2013-14 can be met within the overall budget figure quoted above. The identified additional requirements are: the 0.5% contribution to pan London working costs associated with

commissioning and contracting, and infection control. It will also be possible to add substantial investment in new areas. These would allow for delivery of wider aspects of the Health and Wellbeing strategy and are outlined in the table below in the 'Proposals for new investment in 2013-14' section.

9. The table below lists the current contracts and services that fall within the Local Authority Public Health remit from 1st April 2013. The proposed areas for efficiencies are within Drug and Alcohol services where 5% contract efficiencies will be sought. If 3% efficiencies are achieved it will generate contract efficiencies of approximately 82k. Review of contracts to date suggests that there may be scope for further efficiencies by going to procurement but these are unlikely to be realised in 13/14.

Barnet Council Public Health Budget proposal for 2013-14

Current 2012-13 Budget	Proposed 2013-14 Budget	Explanatory notes
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Mandatory Services

Health checks GP LES & Risk management activities/ drugs	150,000	500,000	Figure based on national calculator costs of implementation and an enhanced programme offering. This represents a large increase in investment compared to 2012-13. The final cost will depend on negotiations with providers on the unit cost of the health check element of the budget.
HiV Pan-London Prevention	52,527	52,527	This is subject to discussion at a Pan London level and final agreement
GUM	3,350,016	3,350,016	This service is currently being reviewed. It is unclear whether this will result in revised costs. The contract is currently managed by the Acute Commissioning Vehicle.
Family Planning	942,153	942,153	This service is currently being reviewed. It is unclear whether this will result in revised costs. The contract is currently managed by the Acute Commissioning Vehicle.
Commissioning Support Unit contract management cost for GUM		6,000	Negotiations are in hand with the CSU to manage this contract. Notional figure indicated.
Contraceptive Implants (Implanon) LES	17,000	17,000	Breakdown of costs across the 3 LES not clear. This will be addressed during year one 2013/14 in conjunction with the CCG.
Sexual Health LES			
Intrauterine Contraceptive Device (IUCD)LES			
Integrated Sexual Health Tariff		225,000	While the Tariff has yet to be agreed across London it is highly likely that costs in this area will increase

National Child Measurement included within the School Nursing contract	1,147,544	1,147,544	This contract value is high and is being investigated. It is likely that more support and activity could be delivered for this cost. The cost of HPV administration is currently included in this value and will need to be disaggregated.
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Total Cost of Mandatory Services 6,240,240

Discretionary Services

Barnet Drug and Alcohol Service	1,332,316	1,292,347	Aiming for 5% efficiencies. The figure assumes achievement of 3% efficiencies which is £82,059
Westminster Drugs Project	1,082,000	1,049,540	
Equinox Nth - Inpatient detoxification	137,000	132,890	
Haringey Advisory Group for Alcohol	164,000	159,080	
Illy - Case management system	20,000	20,000	Drug & Alcohol monitoring/ reporting
Homeless Action in Barnet (Alcohol)	35,000	35,000	
Smoking cessation at Royal Free Trust	39,754	39,754	Contracting process to consider decommissioning this service due to value for money considerations.
Smoking Cessation service with CLCH	333,332	333,332	
Smoking cessation GP LES & Smoking cessation Pharmacy contract	174,000	135,000	Budget for this year appears overstated; reduced for next year to match anticipated spend in 12/13
North 51 - Quit manager system	10,000	10,000	
Nicotine Replacement Therapy Primary Care	165,000	165,000	

Additional resource to reduce smoking in pregnancy to 7.5%	20,000	Initial work identified this figure but detailed work and discussions are in hand to identify the actual cost of this initiative
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Total cost of Discretionary Services 3,391,943

Additional Responsibilities 2013-14

0.5% for Pan London work	56,180	Work is in hand to identify the most efficacious way to deploy this resource.
West London Alliance Subscription	25,000	This is to support the development of Public Health Procurement Hub as previously agreed through the West London Alliance
Procurement costs	70,000	It is anticipated that a number of contracts will benefit from retendering with efficiencies arising but this will require additional resources to undertake all of the work required in 2013-14.

Total cost of additional responsibilities 151,180

Proposals for new investment in 2013-14

Weight management	200,000	Support for new healthy lifestyles initiatives
Childhood Obesity	150,000	To support the National Child Measurement Programme in schools as well as wider local initiatives
Parenting Support	100,000	
Support for first time mothers including breast feeding and mental health issues	75,000	
Local Health & Wellbeing Initiatives	250,000	

Later Years		100,000	
Local Sexual Health Promotion, Smoking Cessation and Drug awareness/ prevention work with Young People		175,000	Models such as Clinic in a Box and SRE work in schools provide potential models
Unemployment and Health including Learning Disability and Mental Health		100,000	
Housing and Health		60,000	
Total value new investment		1,210,000	

Staffing contribution	1,241,000	1,241,000	This is an approximate figure pending calculation of the final contribution to Harrow Council; it will not be any higher than this figure.
Overheads contribution			
Non pay contracts		120,000	This will cover expenditure to support staff - training, travel, journal and professional memberships and provide additional contracted staff capacity where required to ensure successful transition
Total contribution to Public Health Team		1,361,000	

Total cost of responsibilities 13-14

12,354,363

This represents commissioning intentions to date; work is in hand to identify further appropriate investment

Department Health allocation to Barnet Council

13,799,000

