

Suffolk County Council
Endeavour House,
8 Russell Road,
Ipswich
IP1 2BX

28th March 2019

Dear Colleague,

Commissioning Intentions 2019-2020 Public Health Suffolk

1.1. This letter sets out the commissioning intentions for Public Health Suffolk in 2019-2020. The proposals reflect the Council's budget decisions, but we will continue to work with our partners to deliver these plans. During 2018-19, Public Health has worked with providers to deliver the savings required for this year and plan for those required in future years, including developing transformational approaches to meet predicted future demand. We have also strengthened our joint work with partners through the Alliances to ensure transformation work benefits the whole Suffolk system.

Background to Public Health duties and funding

1.2. The Health and Social Care Act 2012 gave Suffolk County Council (SCC) a duty to improve the health of their population. There was a requirement to appoint a Director of Public Health (DPH) as a statutory chief officer with a leadership role spanning health improvement, health protection and public health support to NHS commissioning. The DPH in Suffolk also has responsibility for localities and communities (including community safety), libraries, arts and museums and the Most Active County programme.

1.3. The Department of Health (DH) gives SCC a ring-fenced grant to use to fulfil the new duties. There are a number of mandated prescribed functions:

- Steps must be taken to protect the health of the local population
- SCC needs to ensure NHS commissioners receive the specialist public health advice they need
- SCC is required to commission the following services:
 - Sexual health services with appropriate access
 - The National Child Measurement Programme (NCMP)
 - NHS Health Check assessments
 - 0-5 public health services (including Health Visitors)

1.4. Public Health Suffolk (PHS) is also responsible for commissioning a range of other services including drug and alcohol services, school nursing services and lifestyle services such as smoking cessation services and weight management services.

Outcomes for 2018/19

- 1.5. The Public Health (PH) ring fenced grant for 2018/19 was £30.8 million and for 2019-2020 is £29.2 million. The PH team also had additional funding of £7.7 million from SCC to support libraries, arts and museums, promoting physical activity and supporting those experiencing domestic abuse which will reduce to £6.7 million for 2019/20 as physical activity and domestic abuse support move to the public health ring fenced grant. Work has also been supported by external bids for funding specific projects, for example in 2017-18 PH attracted almost £1 million in external funding for projects such as the Syrian refugee support programme.
- 1.6. Since 2015/16 the Department of Health have decreased the PH grant each year. The PH team have also contributed to local authority savings by absorbing within the PH grant (and team) various SCC functions that influence PH outcomes such as the work of the Localities and Partnerships team.
- 1.7. PH are on track to deliver the 2018/19 planned savings of £1.2 million. These savings have been from the restructure of the PH team implemented in April 2018 and the ongoing work with providers to meet the required reduction in contract budgets through transformation of services to maximise cost effectiveness, integration and use of digital innovation. Good outcomes have been retained for service users, but we continually monitor the effect that these reduced contract budgets have on outcomes.
- 1.8. Where possible, PH has maintained supportive services that continue to address health inequalities and meet the needs of the most vulnerable in Suffolk, for example drug and alcohol recovery outreach services (DAROS) and the supporting treatment accommodation and recovery in Suffolk service (STARS) were re-tendered in 2018. We will use 2019-20 to further evaluate such services to inform cost effectiveness and decisions for future commissioning. However, where needs have changed or there has been strong evidence of limited impact, services have been decommissioned. For example, the HIV Social Support Service delivered by the Terence Higgins Trust was decommissioned at the end of 2018 and services more appropriate to those living with long term conditions are now being delivered by other providers.
- 1.9. There were two major procurements during 2018-19. The healthy child services for 0-19 year olds (up to age 25 years for young people with special needs) were procured for the whole of Suffolk. The new Suffolk wide services will start in April 2019, provided by SCC Children and Young People Services. The second procurement process was for outreach services supporting those experiencing domestic abuse and the new service started in October 2018, provided by Anglia Care Trust.

Commissioning services that produce the required outcomes, are effective and value for money

- 1.10. Public Health Suffolk follows Suffolk County Council's Procurement Regulations. This means that for services of a significant value and where there is a mature and identifiable market, we will run open competitions which will follow these regulations (<http://www.suffolk.gov.uk/business/supplying-us/>). PH commissions services that improve health and reduce health inequalities for people in Suffolk. If disinvestment is required, then decisions will be backed by an understanding of the impact of the intervention on the public's health (including health inequalities) and the health burden that the intervention addresses and the likely impact of decommissioning the intervention, including taking account of equality and diversity.

- 1.11. All financial commitment will be underpinned by a process of:
- The assessment of needs, including identification of the current level of service provision, outcomes being achieved and, any gaps or inequity of provision;
 - Co-production with service users and stakeholders;
 - Use of research and evidence to identify clinical effectiveness and good practice;
 - Alignment with national and local policy and guidance.
 - Where possible, extensive market engagement as part of any procurement process to ensure that commissioned services offer best value and meet the diverse needs of the Suffolk population.
- 1.12. We ensure that improvements in quality and innovation are embedded into our contracts. Value for money is considered as a matrix of cost, quality standards and the likely health and economic benefit of having a service, or a particular model of service delivery in place.
- 1.13. We adhere to the principles within the SCC Commissioning and Procurement Good Practice Guide (2013). We will also consider how to improve the economic, social and environmental well-being (Social Value) of Suffolk through our commissioning and, take account of the evidence supporting “Value Added” when prioritising.
- 1.14. All our contracts are monitored on a monthly / quarterly basis for activity, demographic reach, effectiveness and service user outcomes.
- 1.15. As sustainable transformation partnerships (STPs), integrated cares systems (ICSs) and Alliances build across Suffolk, North East Essex and Norfolk and Waveney, we will ensure that our commissioning contributes to achieving SCC, NHS and other partners strategic priorities alongside the key public health ambitions and population outcome targets.

Plans for 2019/20

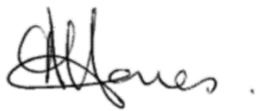
- 1.16. In 2019-20 savings of £1.3million are required from a further reduction of the PH grant to £29.2 million and additional reductions for the SCC core funded part of the PH budget. Plans are in place to achieve this saving, although it has been agreed that £1 million will be drawn from the ring-fenced PH reserve. We are working with partners to ensure that there will be a reduced call on reserves for 2020-21. Confirmed Funding beyond 2019-20 is not yet known at a Local Authority level although there is national consultation on the future funding of local authorities including the PH elements.
- 1.17. Drug and alcohol services provided by Turning Point and sexual health services provided by Cambridge Community Services have performed well, meeting key performance indicators (KPIs). Extension letters were issued to both providers and these have been acknowledged. The extension period runs from 1st April 2020 to 31st March 2022 for Turning Point and from 1st May 2020 to 30th April 2022 for Cambridge Community Services. The original contracts made provision for this if mutually agreeable.
- 1.18. We will be extending primary care contracts until April 2020 for sexual health services and health checks. The smoking cessation services currently commissioned directly by PH from primary care partners will be moving over to our OneLife Suffolk service from 1st April 2019 to improve integration with the specialist services. OneLife will manage and administer the primary smoking cessation contracts on our behalf.
- 1.19. The Partnership Agreement which enables infrastructure support to the voluntary and community sector (VCS) comes to an end in April 2019. PH intends to extend the Partnership Agreement for one further year. A competitive process will be completed during 2019 and a new contract will be in place by April 2020. Co-design of the new

service will include VCS organisations, colleagues from District and Borough councils, the CCG's and members of the VCS to ensure that the service meets the changing needs of the sector. There has been a marked improvement in performance over the past year, with the current provider achieving a good standard in the agreed KPIs

- 1.20. As our work with partners progresses, we envisage that future PH service development will align to STP/ICS and Alliances. Although this presents challenges with Suffolk being part of Norfolk and Waveney STP and Suffolk and North East Essex STP, we are committed to take this partnership working forward. The agreement to recruit a joint Director of Public Health between the Council and the Ipswich and East and West Suffolk CCGs is further evidence of our commitment to an increased focus on joint work, including joint commissioning in line with the NHS long term plan and opportunities offered through the new GP contract.
- 1.21. For all commissioning, service transformation, and procurement, equality impact assessment is undertaken to identify issues that could adversely affect health inequalities and the protected groups identified in the Equality Act. We also encourage all providers to embrace the workplace and wellbeing of staff and support prevention work across the system. Additionally, we ensure that our service specifications and contract monitoring comply with SEND legislation to provide for children, young people and adults with special educational and disability needs.

I would be happy to respond to any queries you may have relating to this letter.

Yours sincerely,



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