

## PUBLIC HEALTH PROCUREMENT UPDATE

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Kelly O'Neill, Interim Director of Public Health
<b>Papers with report</b>	Appendix - Report to the Families, Health and Wellbeing Select Committee, April 2022
<b>Ward</b>	All

### 1. Scope of the PH Integrated Contracts:

In April 2022 the committee received a report setting out prospective procurement plans for the integrated Public Health Grant (PHG) funded contracts. The April paper stated the following contracts were in scope:

- Universal 0-19 Healthy Child Programme
- Integrated Sexual and Reproductive Health
- Integrated Community Substance Misuse (Drugs and Alcohol)
- Stop Smoking

As the programme of activity commenced, further contracts have been included in scope, where there are synergies in commissioning. These include:

- Weight Management
- NHS Health Checks
- Child Integrated Therapies Service
- Multi-Agency Psychological Service (for Children)

This paper provides an update of the activity between May 2022 and November 2022 for the procurement of new contracts.

### 2. PH Grant Funding: Investment into borough residents health:

Each year DHSC allocates a public health grant (PHG) to each local authority, and it is the responsibility of the Director of Public Health (DPH) to invest in services/ programmes that prevent ill health, promote healthier lives and address health disparities.

There are stated conditions on how the public health grant can be spent, this is referred to as prescribed and non-prescribed functions and the allocation of spend is monitored annually by the Office for Inequalities and Disparities (OHID). Annually the DPH must provide assurance to OHID that the terms of the public health grant are met and demonstrate how investment has achieved health improvements for borough residents. These improvements are focused on two primary outcomes; increased healthy life expectancy and tackling health inequalities, and are measured through data and evaluation, for example, through the Public Health Outcome Framework (PHOF).

The PH Grant allocation that funds these contracts with an agreed contract value uplift for 2022/23:

- Integrated sexual health services - £3.398M
- NHS Health Checks - £280K
- Weight Management - £25K (plus £5K for child weight management)
- Substance Misuse services (Drugs and Alcohol) - £3.025M
- 0-19 Health Child Programme - £4.879M
- Stop Smoking services £137.6K
- Multi-Agency Psychology service - £360K
- Children’s Integrated Therapies service - £2,284,182K

### 3. Timeline: Contract procurement process:

Cabinet agreed an 18-month extension for all stated contracts to assure a comprehensive pre-procurement process to determine options for commissioning and procurement within 6 months of the extension agreement. The ambition being to leverage and maximise available resources; financial, staffing, relational and community, to bring about improvements in outcomes for citizens at place.

In summary the pre-procurement process has included:

Action	WEEK																										
	June		July				August					September					October					November				December	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
Task Group Check-in	█		█		█		█		█		█		█			█		█		█		█		█			
Each service area - Rapid HNA	█	█	█	█	█	█	█	█	█	█	█	█	█	█													
Engagement activity – existing and new							█	█	█	█	█	█	█	█	█	█	█	█	█	█							
Current specification review																	█	█	█	█	█	█					
Summary of Findings																							█	█			
Members Briefing Paper																								█	█		
Specialist Procurement Advice																									█	█	
Develop Procurement Timetable																										█	

A lead for each contract area was identified in June, and they (or a deputy) have been attending two-weekly check in meetings where progress as set out in the Gantt chart above has been overseen. There has been very occasional cancellation of the 2 weekly check-ins to allow for progress to be made between meetings.

The most important areas of activity have been to:

- Carry out a rapid health need assessment (HNA) that looks at changed needs of the eligible population for each service since the start of the original contract, impact and outcomes, and determine any changes required that need to be factored into a commissioning process
- Aggregation of information from recent service user engagement, and the start of new opportunities for engagement particularly to determine users views on access to, experience of and benefit from the service.
- Currently specification reviews are in progress accounting for information from the HNA and engagement.

At this stage of the process (week 24), each service area is summarising the headlines from their work and assimilating this into procurement options for each contract.

To ensure the most responsible and effective procurement process is recommended specialist procurement advice is being sought.

A briefing paper setting out this pre-procurement phase and planned next steps will be prepared for Members in December. This briefing paper will inform the annual procurement plan. A timetable for each contract will be developed, led by the lead commissioner for each contract and supported by officers in business intelligence, engagement, procurement, legal and finance that sets out the procurement plans for each contract, with the tender timescales based on contract risk stratification. The aim is to provide assurance that procurement processes will achieve improved services, based on eligible population need, in budget, compliant with procurement rules, and to commence new services for the end of the extension period.

#### **4. Appendix: April Select Committee Paper**



Select Committee  
Paper\_Integrated PH