

## CABINET MEETING – 9 JUNE 2022

### EXECUTIVE SUMMARY SHEET – PART I

**Title of Report:**

Proposed commissioning intentions for Public Health Services in General Practice from 1<sup>st</sup> January 2023 to 31<sup>st</sup> March 2027

**Author(s):**

Executive Director of Health, Housing and Communities

**Purpose of Report:**

To seek Cabinet's approval to the proposed commissioning intentions for Public Health Services in General Practice from 2023 to 2027 as set out in this report.

**Description of Decision:**

Cabinet is requested to authorise the Executive Director of Health, Housing and Communities, in consultation with the Executive Director of Corporate Services and the Portfolio Holder for Health and Social Care, to undertake all necessary steps to:

- (i) extend the Council's existing contracts with General Practices in Sunderland for a period of 3 months between 01<sup>st</sup> January 2023 and 31<sup>st</sup> March 2023; and
- (ii) establish joint commissioning arrangements with Sunderland Clinical Commissioning Group (SCCG) / its successor NHS commissioning body to enable Public Health Services in General Practices to be commissioned via the local Quality Premium Scheme for a period of up to 4 years from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2027 on terms to be approved by the Executive Director of Health, Housing and Communities.

**Is the decision consistent with the Budget/Policy Framework?** **\*Yes**

**If not, Council approval is required to change the Budget/Policy Framework**

**Suggested reason(s) for Decision:**

The proposal to implement these commissioning intentions aims to ensure that the wide range of public health interventions that can be provided in both effective and accessible ways by General Practices in Sunderland are maintained into the coming years. It will also help to ensure that they are fully and effectively integrated within the local health and care system to deliver improved public health outcomes deliver local Health and Wellbeing Board Priorities, the objectives of Sunderland's City Plan and local Public Health outcomes.

**Alternative options to be considered and recommended to be rejected:**

There are 2 potential alternative options as follows:

- (i) Do not extend the existing contracts and establish joint commissioning arrangements with SCCG / its successor NHS commissioning body to commission Public Health Services in General Practice in Sunderland via the local Quality Premium Scheme. The proposal has been designed to help maintain and improve service delivery and to improve integrated delivery of services to local residents, as a result it is not recommended to implement alternative commissioning intentions.
- (ii) Recommission contracting arrangements with General Practices on a standalone basis outside of a joint commissioning approach with SCCG. This is not

recommended as the proposed new joint commissioning arrangements would offer ways to improve the delivery of these services and help improve public health outcomes.

**Impacts analysed;**

**Equality**

X

**Privacy**

N/A

**Sustainability**

N/A

**Crime and Disorder**

N/A

**Is the Decision consistent with the Council's co-operative values? Yes**

**Is this a "Key Decision" as defined in the Constitution? Yes**

**Is it included in the 28 day Notice of Decisions? Yes**

## **CABINET – 9 JUNE 2022**

### **PROPOSED COMMISSIONING INTENTIONS FOR PUBLIC HEALTH SERVICES IN GENERAL PRACTICE FROM 1<sup>ST</sup> JANUARY 2023 TO 31<sup>ST</sup> MARCH 2027**

#### **Report of the Executive Director of Health, Housing and Communities**

#### **1. Purpose of the Report**

- 1.1 To seek Cabinet's approval to the proposed commissioning intention for Public Health Services in General Practice from 2023 to 2027 as set out in this report.

#### **2. Description of Decision (Recommendations)**

Cabinet is requested to authorise the Executive Director of Health, Housing and Communities, in consultation with the Executive Director of Corporate Services and the Portfolio Holder for Health and Social Care, to undertake all necessary steps to:

- (i) extend the Council's existing contracts with General Practices in Sunderland for a period of 3 months between 01<sup>st</sup> January 2023 and 31<sup>st</sup> March 2023; and
- (ii) establish joint commissioning arrangements with Sunderland Clinical Commissioning Group (SCCG) / its successor NHS commissioning body to enable Public Health Services in General Practices to be commissioned via the local Quality Premium Scheme for a period of up to 4 years from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2027 on terms to be approved by the Executive Director of Health, Housing and Communities.

#### **3. Introduction/Background**

- 3.1 As Sunderland continues to experience poor health outcomes around sexual health, substance misuse and tobacco related harms, it remains imperative to ensure that Public Health Services such as those undertaken by General Practice are sustained. Doing so will help to deliver local Health and Wellbeing Board Priorities, the objectives of Sunderland's City Plan and local Public Health outcomes.
- 3.2 General Practices offer accessible points of contact with the health and care system throughout local communities. As such, they provide significant opportunities for the delivery of public health interventions for residents close to their homes.
- 3.3 There is a long-established history of provision of public health services through General Practices, covering interventions to help with outcomes such as reducing prevalence of smoking, reducing unplanned pregnancies and helping to prevent cardiovascular diseases.
- 3.4 Within Sunderland, the Council currently commissions most General Practices for the delivery of elements of its range of public health services through the Public Health Services in Primary Care framework. These arrangements have been in place since 1<sup>st</sup> January 2018 and are due to expire on 31<sup>st</sup> December 2022.
- 3.5 Delivery via General Practices has proved a successful way to make a wide range of health improvement opportunities available for local residents. As a result, a new collaborative commissioning approach has been researched and developed to

enable the continuation and further improvement of service delivery following the end of the existing framework.

- 3.6 This approach also aims to achieve greater integration and alignment of delivery with other areas of the local health and care system and continue to improve accessibility and equity.

#### **4. Current Position – General Practice**

- 4.1 The Council currently commissions the following services from General Practices in Sunderland:

- (i) NHS Health Checks – a holistic check to assess risk of developing cardiovascular diseases such as stroke or coronary heart disease. This is identified as a mandatory public health service.
- (ii) Smoking Cessation Services – these aim to provide behavioural support and access to appropriate smoking cessation medications for those that wish to give up smoking tobacco.
- (iii) Long-Acting Reversible Contraception (LARC) – LARC is deemed the most reliable form of contraception and once administered is effective for an extended period. It can also be reversed as required.

- 4.2 In each case, provision of services via General Practices offers good levels of accessibility for residents in their local communities as well as the potential to integrate the interventions with delivery of wider health care.

- 4.3 Each participating practice can apply to deliver one or more services where they have appropriately trained and competent staff available. Current contracts with General Practices are in place until 31<sup>st</sup> December 2022.

- 4.4 Each one is funded on the basis of activity carried out; for example, per NHS Health Check completed, per smoking quitter or per LARC product fitted / removed. This helps to ensure payments to participants reflect both the overall level of activity carried out and the available eligible population within each practice. In total and across all practices during the 2021/22 period, payments totalled approximately £170,000. It should be noted however that the NHS Health Check programme was de-prioritised during the Covid-19 pandemic following notification to do so from the Department of Health and Social Care. As such, activity has not yet returned to pre-pandemic levels.

#### **5. Integrated Commissioning and the Quality Premium – Proposed Approach for Contracting from 1<sup>st</sup> April 2023**

- 5.1 In addition to the services commissioned by the Council, SCCG also commissions a 'Quality Premium' scheme which is a scheme of indicators designed to improve quality in key clinical areas.

- 5.2 The Quality Premium has been developed by SCCG in consultation with local clinicians and their practices and provides a coordinated and consistent offer for those that wish to participate in the services it offers. It combines an element of funding that is released to practices where identified quality thresholds are met, as well as an element that is paid on a block basis. The scheme is reviewed and refreshed annually to enable services to be added or, if required, removed.

- 5.3 Currently, the Quality Premium includes a wide range of schemes such as initiatives to help diagnose and follow up cancers earlier, identify respiratory diseases earlier and proactively work with patients who have poorly controlled diabetes.
- 5.4 The Quality Premium also includes a Quality Premium Plus element which currently comprises services such as Learning Disability Health Checks. This element is funded on a simple activity-based model.
- 5.5 The scheme offers a simple and integrated method for practices to deliver improvements in key clinical areas therefore helping to ensure that the services can be implemented successfully. Additionally, it allows elements to be reviewed and amended or new elements to be added as required.
- 5.6 Discussions have taken place between the Public Health team and SCCG to identify whether offering local public health services within the Quality Premium provides a viable opportunity to integrate them more closely with its other components. Potentially, doing so would offer the following benefits:
- (i) An integrated mode of contracting with General Practices for local services, whether commissioned by the Council or SCCG; this would be simpler both for practices and the commissioning authorities.
  - (ii) Scope for practices to have input to the development of the services to ensure that they can be delivered effectively and outcomes can be met.
  - (iii) Potential to increase preventative interventions that can contribute to other priorities such as early identification of cancer and respiratory diseases.
  - (iv) Access to an annual review process which allows elements to be adjusted or added in response to need.
- 5.7 In order to achieve this, the Council would need to enter into an integrated commissioning arrangement with SCCG / its successor NHS commissioning body whereby direct commissioning and contracting arrangements would be passed from the Council to SCCG. This joint arrangement with SCCG for the commissioning of the relevant public health services is permitted pursuant to Section 75 of the National Health Service Act 2006 (a "Section 75 Agreement"). These arrangements would define the services to be commissioned and delivered by SCCG on behalf of the Council via the Quality Premium, outline measures to monitor and assure performance and allow the funding for the commissioning of the services to be transferred to SCCG and defrayed to practices in line with the defined requirements of the services.
- 5.8 As described above, the Quality Premium Plus element of the scheme also enables an approach that is based on activity and therefore offers both value and incentive for practices to actively participate.
- 5.9 The Quality Premium scheme runs from 1<sup>st</sup> April each year. As such, a break in service could emerge when the existing contracts held by the Council cease on 31<sup>st</sup> December 2022. As a result it will be necessary to make an extension of the existing contracts for 3 months to synchronise arrangements with the next available entry point to the Quality Premium on 1<sup>st</sup> April 2023.

- 5.10 It is therefore proposed that the Council makes an extension to the existing contracts with General Practices to cover the period from 1<sup>st</sup> January 2023 to 31<sup>st</sup> March 2023. At the same time, it is proposed that the Council enters into an integrated commissioning arrangement with SCCG / its successor NHS commissioning body to enable the subsequent delivery of the public health services outlined above via the Quality Premium Plus scheme from 1<sup>st</sup> April 2023 and for the period up to 31<sup>st</sup> March 2027, subject to ongoing review and evaluation.

## **6. Reasons for the Decision**

- 6.1 The proposal to implement these commissioning intentions aims to ensure that the wide range of public health interventions that can be provided in both effective and accessible ways by General Practices in Sunderland are maintained into the coming years. It will also help to ensure that they are fully and effectively integrated within the local health and care system to deliver improved public health outcomes.

## **7. Alternative Options**

- 7.1 Potential alternative options to implementing the commissioning intentions are:
- (i) Do not extend the existing contracts and establish joint commissioning arrangements with SCCG / its successor NHS commissioning body to commission Public Health Services in General Practice in Sunderland via the local Quality Premium Scheme. The proposal has been designed to help maintain and improve service delivery and to improve integrated delivery of services to local residents, as a result it is not recommended to implement alternative commissioning intentions.
  - (ii) Recommission contracting arrangements with General Practices on a standalone basis outside of a joint commissioning approach with SCCG. This is not recommended as new joint commissioning arrangements would offer ways to improve the delivery of these services and help improve public health outcomes.

## **8. Impact Analysis**

- 8.1 A summary impact analysis for the proposed extensions is provided below.

- 8.2 By their nature, the services outlined here aim to reduce inequalities by providing accessible interventions to those that are most likely to experience disadvantage.

**(a) Equalities** - An equality impact assessment has been carried out in respect of the proposals. A copy of the assessment is included in Appendix 1. The key findings are as follows:

- (i) It is anticipated that the proposal will have a positive impact people of all ages, for example by reducing smoking in pregnancy, reducing unplanned pregnancies, preventing early onset of cardiovascular disease and preventing illnesses related to smoking.
- (ii) It is anticipated that the proposal will have a positive impact on pregnancy and maternity as it will help reduce tobacco use during pregnancy. It will also help women to plan pregnancies by offering wider access to effective long term contraception.

- (iii) Evidence shows that the most deprived wards in Sunderland have the highest smoking, cardiovascular disease and teenage pregnancy rates, it is anticipated that the contract will enable targeting of preventative interventions within these areas. This will have a positive impact on changing behaviour and preventing ill-health.
- (b) **Co-operative Values** – Implementation of the contracts via the Quality Premium will support the aim of reducing health inequalities in Sunderland by continuing to offer support to those communities that have highest levels of need in an accessible way.
- (c) **Financial Implications** – The cost of the services will be met from within the annual public health revenue grant.
- (d) **Legal Implications** – The proposals in this report will require the Council to negotiate and enter into a Section 75 Agreement with the SCCG. The Council is permitted to enter into a Section 75 Agreement with SCCG for the joint commissioning on its behalf of the specified public health services given the improvements that are likely to lead from the proposed joint commissioning approach as described in paragraph 5.6 above. The terms of the proposed agreement will cover the agreed aims and outcomes of the joint commissioning, the commissioning budget, contract monitoring, governance and information sharing.
- (e) **Policy Implications** – The scheme aims to support the shared values within the Sunderland Healthy City Plan, in particular, focusing on prevention, tackling health inequalities, equity and working collaboratively.
- (f) **Health & Safety Considerations** – There are no current identified Health & Safety Considerations associated with the proposal, however, should these emerge as part of work streams undertaken these shall be fully considered.
- (g) **Procurement** – Corporate Procurement have been consulted regarding the alternative approach to implementing the contract. All commissioning activity will be undertaken in consultation with the Corporate Procurement team.

