

NOTTINGHAM CITY COUNCIL

COMMISSIONING AND PROCUREMENT SUB-COMMITTEE

MINUTES of the meeting held at LB 31 - Loxley House, Station Street, Nottingham, NG2 3NG on 15 March 2017 from 14.01 - 14.05

Membership

Present

Councillor Alex Norris (Chair)
Councillor Nicola Heaton (Vice Chair)
Councillor David Mellen
Councillor Dave Trimble

Absent

Councillor Jon Collins
Councillor Jane Urquhart

Colleagues, partners and others in attendance:

Katy Ball - Director of Procurement and Children's Commissioning
Alison Challenger - Director of Public Health
Kate Morris - Governance Officer
Steve Oakley - Head of Contracting and Procurement
Christine Oliver - Head of Commissioning

Call-in

Unless stated otherwise, all decisions are subject to call-in and cannot be implemented until 23 March 2017

66 APOLOGIES FOR ABSENCE

Councillor Jon Collins - Council Business
Councillor Jane Urquhart - Work Commitments

Jules Sebelin – Business Development Manager, Nottingham Community and Voluntary Service

67 DECLARATIONS OF INTERESTS

None.

68 MINUTES

The minutes of the meeting held on 15 February 2017 were confirmed as a correct record and signed by the Chair.

69 VOLUNTARY AND COMMUNITY SECTOR UPDATE

An update document was submitted by Jules Sebelin, Business Manager at Nottingham Community and Voluntary Services and is appended to these minutes.

RESOLVED to note the content of the update.

70 RECHARGE TO THE NHS FOR MEDICINE PRESCRIBED THROUGH PUBLIC HEALTH SERVICES - KEY DECISION

Alison Challenger, Director of Public Health introduced a report on the Recharge to the NHS for medicines prescribed through Public Health Services. She highlighted the following points:

- (a) the Council commissions public health services through Nottingham City Clinical Commissioning Group (CCG) to uphold its responsibility to provide public health services. These services range from drug and alcohol services and smoking cessation to sexual health services and they all involve prescription of medication to service users;
- (b) establishing a pooled budget arrangement through a Section 75 agreement transfer of funds to Nottingham City CCG for a 2 year period starting in April 2017 will allow the Council to carry out a comprehensive assessment of the medicines used within public health services and a greater degree of governance, monitoring and efficiency to be achieved.

RESOLVED to:

- (1) approve the spend of £1,096,000 in order to meet the prescribing costs of public health services for 2016/2017;**
- (2) approve the development of a Section 75 agreement with Nottingham City CCG as lead commissioner who will continue to administer the scheme on behalf of Nottingham City Council as part of a pooled budget arrangement;**
- (3) approve up to £1,096,000 for 2017/18 and up to £1,096,000 to support integration and efficiencies.**

Reasons for decision

The Council has a responsibility to commission public health services which involves the prescription of medications to service users. Whilst the responsibility and funding lies with the Council the costs associated with prescribing these medications are borne by Nottingham City CCG. These costs relate to payments made to community pharmacies where the prescription is dispensed and the cost of the prescription medication themselves. Nottingham City CCG has to be reimbursed for these costs.

Rather than seek annual approval for the cost of reimbursing the CCG, setting up a Section 75 agreement will allow the Council to cover the costs of prescribed medications through the Public Health Grant. As well as covering costs the setting up a Section 75 agreement with the CCG will allow the Council to monitor the service delivery and ensure that services are procured in the best way to meet the needs of citizens. The Section 75 agreement will also allow the Council to have greater insight into how the budget is spent and how efficiencies can be achieved leading to better value for money.

Other options considered

One alternative option would be to continue with the block payments that are currently used. This was rejected due to need for greater understanding of service uptake, actual usage of medicines and prescribing trends. A pooled budget will enable a better system of review and allow for potential sharing efficiencies across the wider medicines management system.

A further option is for the Council to administrate and manage the scheme directly with the NHS providers. This option was rejected as it would require additional staff to be and it would create two schemes requiring practitioners to retrieve funding from two different commissioners (the Council and the Provider) which would add complexity and deter engagement and the provision of public health services would be adversely impacted.