

## NOTTINGHAM CITY COUNCIL PUBLIC HEALTH COMMISSIONING FRAMEWORK

### Purpose

To inform Nottingham City Council's Public Health Commissioning Intentions for the financial year 2023-24 using the ring-fenced Public Health grant.

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### **Background to Public Health Duties and Funding**

The Health and Social Care Act 2012 gave local authorities responsibility for improving the health of their local populations. The Act also says that local authorities must employ a Director of Public Health (statutory officer), a leadership role which encompasses health improvement; health protection; and public health support to NHS commissioning bodies.

To fulfil these duties, local authorities receive a ring-fenced public health grant through the Department of Health and Social Care (DHSC). Mandatory public health functions include:

- Steps must be taken to protect the health of the local population
- NHS commissioners must be provided with the specialist public health advice they need
- A range of services must be arranged or provided: 0-5 public health services (Health Visiting), the National Child Measurement Programme (NCMP), open-access sexual and reproductive health services, and NHS Health Checks.

Nottingham City Council Public Health is also responsible for commissioning drug and alcohol services, sexual health services, school-based health provision (excluding vaccination programmes), and lifestyle services such as smoking cessation, weight management, and suicide prevention programmes.

### **Commissioning: Process, National Context, Local Context, Principles**

#### Process

##### *Introduction*

Commissioning is the strategic activity of identifying need, allocating resources and procuring a provider to best meet that need, within available means.

Commissioning is an on-going process and follows a four-stage cycle (as illustrated in figure 1): analyse, plan, do, review.

These stages are inter-dependent, with each stage building on the previous one. Strategic commissioning should be firmly based in engagement and co-production with communities where possible, and be based on evidence of need, for example, through health needs assessments. Commissioning intentions should be guided by available resources and strategic priorities. In public health terms, it is important that equity of provision and tackling inequalities are built into the approach.

Public health contracts should focus on delivering improved outcomes (positive changes in people's lived experience) and use key performance indicators to understand progress and impact.

Figure 1:



### Health Economics

The commissioning process involves the application of health economics to make the most of available budgets. Health economics is the systematic and rigorous examination of the problems faced in promoting health for all, allocating health care resources under conditions of scarcity and uncertainty. Resources are available (through work carried out by Public Health England/OHID) to help local commissioners achieve value for money by estimating the return on investment (ROI) and cost-effectiveness of public health programmes, including those which can be used to estimate the value of investing in prevention and early diagnosis. Nottingham City Public Health Commissioning will make best use of the tools available to:

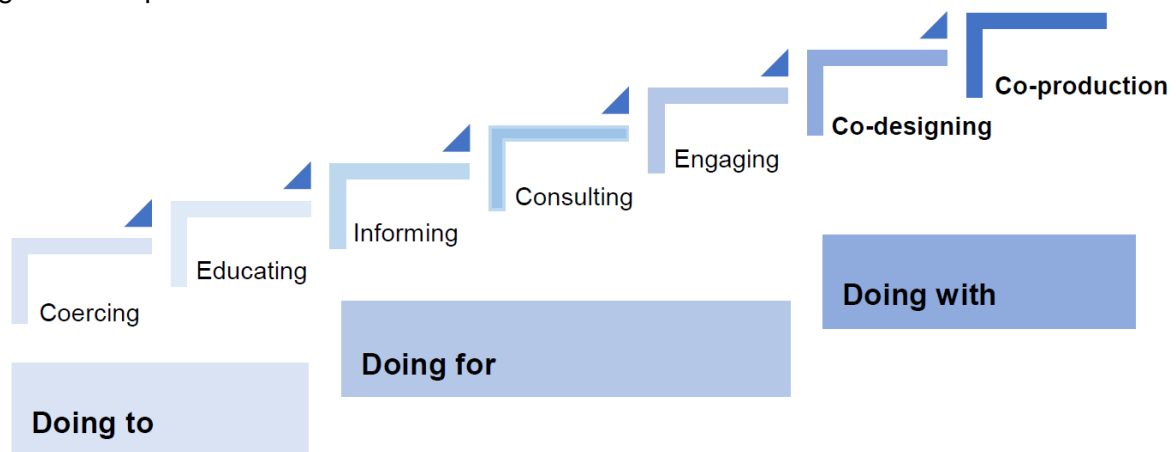
- assess which interventions provide the best value for money, by calculating their costs, benefits and ROI
- make the most of our Public Health budget by supporting decisions on how to split resources across different public health programmes
- compare costs, savings and outcomes
- assess the available economic evidence within public health topic areas

### Co-production

A good commissioning processes relies on co-production. Co-production means to work in equal partnership with people with lived experience in the development or design of new or

existing services. Good commissioning has the voice of citizens at its heart - they know what works well for them and their communities and, importantly, how it can be improved. Because commissioning is a cycle, it can be challenging to include citizens from the 'beginning' – there is rarely a blank slate. However, we will involve citizens at the outset of the project and ensure people with lived experience are involved at every stage. We will strive towards working more co-productively in our commissioning of services (Figure 2). We will work with people who have experience of health conditions and services (currently and/or in the past), to co-design services and work together to achieve informed and improved outcomes. In applying co-production principles, we will recognise each other's strengths, listen, discuss, and problem solve together.

Figure 2: Co-production ladder



### Principles

Good commissioning should:

- Enable the people of Nottingham to thrive
- Be evidence-based
- Seek best practice and innovation
- Reduce health inequalities
- Be data-informed
- Be co-produced
- Have a focus on prevention and early intervention, and tackle root causes of disadvantage rather than treat symptoms
- Have a strengths-based approach
- Be part of one system working together for and with the people and act as one workforce
- Drive best value and social value

Strategic collaborative commissioning enables providers, partners, and Nottingham citizens to achieve better outcomes through:

- A strong focus on outcomes and better value: Effective commissioning focuses on holistic outcomes for local people in order to drive collective use of resources (workforce, funding, skills base, community assets, evidence-base) to ensure the best start in life and early intervention when there are difficulties.
- A system view: Effective commissioning focuses on root causes, prevention, nature of demand and local capacity / resources at individual, neighbourhood, place and system levels

- More connected and resilient communities in local areas: Effective commissioning understands variation in needs and resources at different scales, from the local neighbourhood to broader geography, so support is tailored to different communities, geographies and cohorts of need.
- Co-producing and connecting vision, strategy and delivery: Effective commissioning works with local people, providers and partners to set out ambitious visions / strategies then supports people and organisations to make the future a reality through clear plans and metrics.
- More effective partnerships and delivery across systems: Effective commissioning can bridge divides and remove barriers created between organisations by setting common goals, driving cultural change in local areas, and stimulating innovation and the shift to more future-focused, preventative and inclusive solutions and support.

Characteristics of high-quality commissioned public health services:

- Equity of access and usage: Providers and commissioners ensure equity of access and usage regardless of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.
- Well-led: Promoting a culture that is open, transparent and committed to learning and improvement.
- Resourced sustainably: Resources are used responsibly, providing fair access.

### Commissioning: National Context

#### *Best Value*

Authorities are under a general Duty of Best Value to “make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness”<sup>1</sup>. The Duty of Best Value is important because it makes clear that councils should consider overall value – including social value – when considering service provision, and not necessarily just focus on lowest cost<sup>2</sup>.

- *Economy* - strategic allocation of resources and ensuring that this is appropriate given the council’s priorities and overall levels of affordability, noting the council is also under a duty to set a balanced budget each year. For Public Health this means the strategic allocation of the ring-fenced public health grant and other grant funds to eligible service provision to support delivery of key outcomes, in line with population need, this commissioning framework and national guidance.
- *Efficiency* - ensuring the council uses its resources well and productively, minimises waste and duplication and seeks to continuously improve the way its services are managed and delivered. For Public Health this means service models and commissioned services are reviewed to ensure that the council uses its resources well and productively, minimises waste and duplication and seeks to continuously improve to deliver on improved outcomes. Investment in the public health workforce is maximised to ensure delivery of statutory duties, including public health expertise.
- *Effectiveness* - ensuring the council secures improvements for its residents, partners and stakeholders and seeks to continuously improve the outcomes it secures for

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<sup>1</sup> Section 3 of the Local Government Act 1999 (as amended by s137 of the Local Government & Public Involvement in Health Act 2007).

<sup>2</sup> Best Value Statutory Guidance (2011, Department for Communities and Local Government)

local place. For Public Health this means ensuring investment of public health funds delivers improvements in key public health outcomes, supported and informed by evidence and quantitative and qualitative intelligence.

### *Integration with Health*

There is a continued momentum (described in the Health and Care Act 2022) for collaborative commissioning between organisations, to continue to strive for better joined-up support and outcomes. A high-quality public health system is collaborative; maximises investment in the public health system; ensures an assets-based approach, co-produces interventions with local communities; and has citizens at the heart of high-quality functions and services. The integration of public health and healthcare can cover a wide range of activities, including community engagement and health promotion, as well as considerations for how we commission services in a planned way. Local authorities must seek to understand the role of partners across ICBs in supporting effective and efficient health systems, multi-sectoral planning and population health, and proactively seek opportunities for joined up commissioning with Health partners, from co-ordinated approaches to service planning to full joint commissioning of services where appropriate, to ensure real sustainable system changes that genuinely benefit peoples' health.

### *National Policies and Guidance*

Policies and guidance which inform the commissioning process within Public Health:

- National Health Service Act 2006
- Health and Social Care Act 2012
- Health and Care Act 2022
- PHE Strategy 2020-2025 (or if UKHSA/OHID successors)
- NICE guidance
- Public Health Outcomes Framework

### Commissioning: Local Context

#### *Local Systems*

In addition to the national context outlined above, local, place-based public health systems should take account of community resilience and assets; local services, policies and strategies when designing and delivering population health interventions. In line with the council's constitution, the strategic focus for the activities of the Public Health Team are shaped by the democratically approved Joint Health and Wellbeing Strategy, Integrated Care Strategy and Strategic Council Plan.

#### *Cultural Competency*

Many local and national reports have concluded that Black Asian and Minority Ethnic<sup>3</sup> communities are disproportionately experiencing poor health outcomes, lack of engagement with health services and a feeling of being left outside of the commissioning process. To address this, Nottingham City Integrated Care Partnership (ICP) has prioritised reducing the health inequalities outcomes for Black Asian and Minority Ethnic communities and addressing structural racism. The ICP has formed a Black Asian and Minority Ethnic Health Group, who have co-designed and adopted a self-assessment tool known as a Race Health

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<sup>3</sup> When using the terms 'Black Asian and Minority Ethnic communities' we recognise that they are not one homogenous group.

Inequities Maturity Matrix to reduce poor health inequality outcomes for Black Asian and Minority Ethnic communities.

As an ICP partner, Nottingham City Public Health Commissioning Team will work with together, with Public Health and with ICP colleagues, to objectively assess the position of all of our services and areas of work in relation to the Race Health Inequities Maturity Matrix principles, as part of our commissioning process. Using these principles, we will work to -

- Review the commissioning processes to address structural racism, strengthening engagement and involvement of Black Asian and Minority Ethnic communities.
- Understand the contribution of community organisations in the commissioning of services to meet the health and wellbeing needs of Black Asian and Minority Ethnic communities.
- Transform engagement and communications with Black Asian and Minority Ethnic communities to improve access to and experience of using services.

### *Local Strategies*

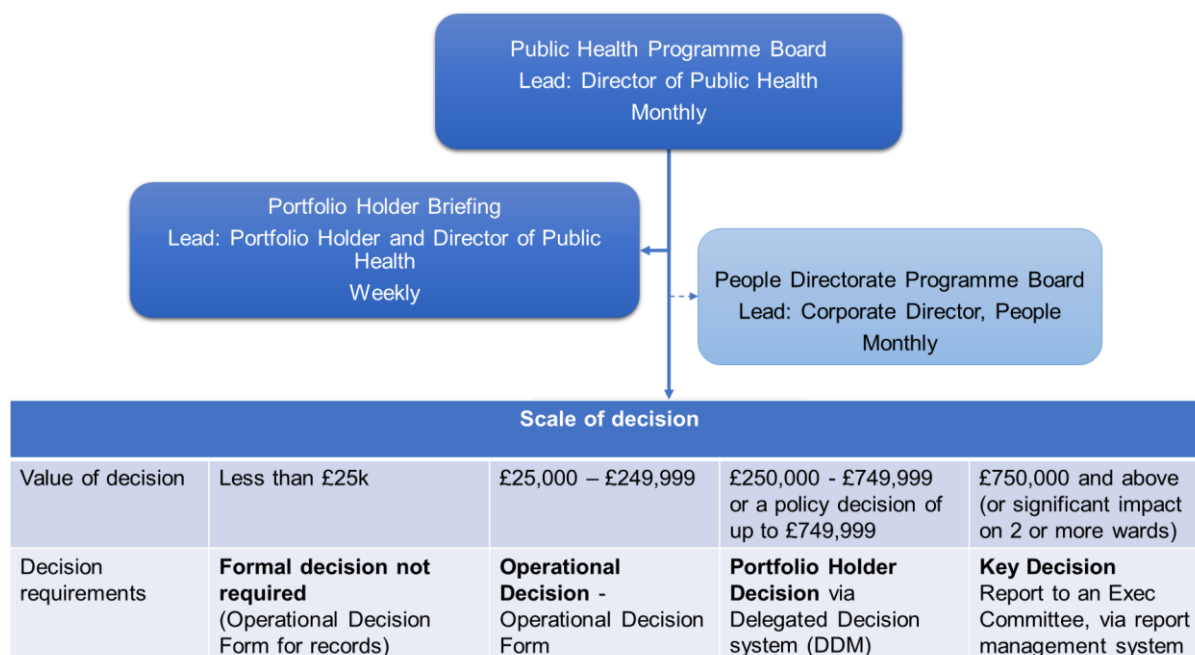
Local Strategies that will inform Public Health Commissioning practice:

- Joint Health and Wellbeing Strategy 2022 - 2025
- Nottingham City Strategic Council Plan 2021-23
- Nottingham City Council's Procurement Strategy (2018-2023)
- All Nottingham Joint Strategic Needs Assessments
- Nottingham & Nottinghamshire ICS inequalities strategy
- Nottingham City Safeguarding Policy 2022/23
- Nottingham City's Mental Health and Wellbeing Strategy 2019-2023
- Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019-2023
- Nottingham City's Tobacco Control Strategy
- Nottingham and Nottinghamshire Sexual Health Framework for Action
- Nottingham and Nottinghamshire Violence against Women and Girls Strategy 2021-2025
- Nottingham City Safe Accommodation Strategy 2021-2024
- Nottingham Homelessness Prevention and Rough Sleeping Strategy 2019-2024

### **Nottingham City Council's Public Health Commissioning Plan**

#### Governance - Decision Making

Decision-making within Public Health is in line with corporate processes and expert assurance/oversight within the Public Health team. All decisions are taken to the Public Health Programme Board before going through formal decision-making processes.



### Nottingham City Council Public Health Commissioning Roles and Responsibilities

| Role  | Commissioning responsibility   |
|---|--|
| <b>Portfolio holder<sup>4</sup></b>                 | <ul style="list-style-type: none"> <li>• Strategic responsibility for public health, political leadership</li> <li>• Strategic decisions below the level of Key Decision</li> <li>• Accountable for performance and management of public health</li> <li>• Working relationships with officers and other key stakeholders (including external), consideration of any advice provided.</li> <li>• Supporting open and transparent Overview and Scrutiny.</li> </ul>   |
| <b>Director of Public Health<sup>5</sup></b>        | <ul style="list-style-type: none"> <li>• Strategic leadership of public health agenda</li> <li>• Expert advice to elected members and officers</li> <li>• Ensuring the Council acts lawfully and with financial propriety</li> <li>• Implementing and managing policy in accordance with the overall framework set by Councillors</li> <li>• Advice on key decisions</li> </ul>  |
| <b>Consultant in Public Health/ Head of Service</b> | <ul style="list-style-type: none"> <li>• Operationalisation of strategic plan</li> <li>• Working with system partners to look for integration opportunities</li> <li>• Expert advice</li> </ul>  |
| <b>Public Health Manager</b>                        | <ul style="list-style-type: none"> <li>• Well-trained and informed experts in their subject area</li> <li>• Provide subject expertise to the Strategic Commissioning Review</li> <li>• Provide expert content for the relevant documentation required in the Strategic Commissioning Review process.</li> <li>• Expert role – lead Steering Group</li> <li>• Work with Commissioning to ensure smooth and seamless pathways between commissioned services</li> </ul> |

<sup>4</sup> Guided by Article 4, NCC Constitution

<sup>5</sup> Guided by Article 5, NCC Constitution

|   |   |
|---|---|
| <b>Public Health Commissioning</b>  | <ul style="list-style-type: none"> <li>• Develop Public Health knowledge within allocated team</li> <li>• Oversee/manage the Strategic Commissioning Review process.</li> <li>• Project management role – lead Project Group.</li> <li>• Ensure appropriate planning, timescales, governance routes and documentation are in place.</li> <li>• Work with internal experts (Procurement, Legal, Contracting, Equalities, Information Governance) to ensure compliance with relevant policies / procedures / legislation, and that appropriate documentation is in place.</li> <li>• Work with PH Managers to ensure smooth and seamless pathways between commissioned services</li> <li>• Link to Nottingham City Council’s Commissioning Centre of Excellence to share learning and best practice in commissioning</li> </ul> |
| <p>In addition to these roles, Nottingham City Public Health invest public health grant funding to buy functions and support from within other areas of Nottingham City Council. Where the public health grant is invested in internal council services, these investments are supported by service level agreements that demonstrate the contribution to improving outcomes.</p> |   |
| <b>Procurement</b>  | <ul style="list-style-type: none"> <li>• Specialist procurement advice to ensure that contracts are awarded in line with internal and national legal requirements.</li> <li>• Lead the procurement of public health commissioned services within agreed timescales services, including the full tender process</li> <li>• Manage the procurement planner – Public Health commissioning to input</li> </ul>  |
| <b>Contracting</b>  | <ul style="list-style-type: none"> <li>• Day to day management of public health contracts, prioritised based on risk , contract value and clinical responsibility, including mobilisation, contractual changes and exit processes.</li> <li>• Monitoring of performance of contracts on a regular basis, to be agreed by contract but no less than quarterly</li> <li>• Quality assurance, including visits to services to be agreed by contract</li> <li>• Payment to providers on the basis set out within the contracts.</li> <li>• Recommendations and support to develop service specifications/input into project group meetings.</li> </ul>  |
| <p>Many public health functions are provided by externally commissioned services, managed through contractual arrangements with the service providers. Public health services should focus on delivering improved outcomes and use key performance indicators to understand progress and impact.</p>  |   |
| <b>Commissioned providers</b>   | <ul style="list-style-type: none"> <li>• Deliver high-quality services as specified in the contracts, which contribute to improving the health of Nottingham citizens and reducing health inequalities</li> <li>• Measure and monitor quality consistently</li> <li>• Be continuously involved in raising standards</li> <li>• Feedback from citizens and stakeholders to inform quality improvement</li> <li>• Develop a culture of transparency</li> </ul>  |

### Public Health Strategic Commissioning Intentions

Strategic commissioning in the context of Public Health relates to all of the activities involved in assessing and forecasting need, linking investment to agreed outcomes, identifying and considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Our commissioning intentions describe how we intend to shape local services to meet the needs of our population, and the services we want to buy.



## Our key areas of commissioning activity for 2023-24 will be

- Implementation of re-modelled Substance Use services
- Commissioning approach for ringfenced grants
- Re-commissioning of the Integrated Sexual Health Services
- Commissioning a new Integrated Wellbeing Service

### Public Health Commissioning Forward Plan

| Theme  | Service   | Activity  | Budget (total)  | Timeframe   |
|--|---|---|---|---|
| <b>Health Protection: Sexual Health Services</b>       | C-Card Scheme   | Procurement of a C-Card scheme across Nottingham City.  | £99,230   | Expected to commence summer 2023 for 2 years.                                   |
| <b>Inclusion Health: Alcohol and Drug Use</b>          | Substance Use services  | Contract award and implementation of re-modelled substance use services.  | Combined value of up to £102,274,281                        | New services to commence October 2023 for up to 9 years                         |
| <b>Inclusion Health: Alcohol and Drug Use</b>          | Substance Use services  | Agreed commissioning approach for ringfenced grants [SSMTRG, RSDATG, IPS]   | SSMTRG = £1,913,552<br>RSDATG = £948,674<br>IPS = £158,265  | In year 2023/24   |
| <b>Health Improvement: Oral Health</b>                 | Oral Health Promotion   | Commissioning of Oral Health Promotion service  | Up to £650,000  | New service in place from October 2023 for up to 5 years                        |
| <b>Inclusion Health: Vulnerable Populations</b>        | Into the Mainstream -Refugees/asylum seekers  | Commissioning review of public health support for people seeking asylum   | £51,939   | New service in place April 2024 for 4 years                                     |
| <b>Health Protection: Sexual Health Services</b>       | Integrated Sexual Health Services   | Re-commissioning of the Integrated Sexual Health Services - competitive tender with negotiation.  | £3,767,342  | New service in place April 2024 for up to 8 years                               |
| <b>Health Improvement: Healthier lifestyles</b>        | Integrated Wellbeing Service  | Commissioning a new Integrated Wellbeing Service to include smoking cessation; adult and children's weight management; physical activity; NHS Health checks; mental wellbeing support /signposting; and alcohol consumption | Up to £17,000,000 (TBC)                                     | New service in place April 2024 for up to 10 years.                             |
| <b>Health Protection: Infection Prevention Control</b> | Infection Prevention Control service for residential homes in Nottingham City Council | Commissioning review to inform commissioning intentions March 2024 onwards, plus use of Covid Outbreak Management Funding   | £197,905<br>Plus £120,000 Covid Outbreak Management Funding | Current contract ends on 31/03/24 (+1)<br><br>Expected new service for 5 years. |

**Report authors:**

Lisa Lopez, Public Health Commissioning Lead

Jessica Tomlinson, Public Health Lead Commissioning Officer

Cara Squires, Public Health Lead Commissioning Officer

Nancy Cordy, Senior Public Health Strategy and Service Improvement Manager