

For General Release

REPORT TO:	CABINET 13 July 2015
AGENDA ITEM:	Appendix 1 to item 14.1
SUBJECT:	Primary care-delivered public health services
LEAD OFFICER:	Mike Robinson, Director of Public Health
CABINET MEMBER:	Cllr Woodley, Cabinet member for Families Health and Social Care
WARDS:	All

CORPORATE PRIORITY/POLICY CONTEXT

The proposed procurement strategy addresses the following outcomes and actions in Croydon’s Corporate Plan 2013-15:

- B1 – A place where people manage their own lives successfully:
 - B1.5 – To work with young people to reduce risk-taking behaviours, targeting reductions in alcohol and drug abuse, teenage pregnancy, crime and antisocial behaviour
 - B1.7 – To provide high-quality information and advice through work with the voluntary sector and NHS as part of early intervention/prevention strategy.
- B2 – A place where people take responsibility for their health and wellbeing

The proposed strategy will also contribute to the corporate outcome of Independence in the following ways:

- To help families be healthy and resilient and able to maximise their life chances and independence
- To help people from all communities live longer, healthier lives through positive lifestyle choices

The NHS Health Checks programme is a mandatory service under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (the 2013 Regulations).

AMBITIOUS FOR CROYDON & WHY ARE WE DOING THIS:

Provision of these services will contribute to achievement of the following priorities:

‘Ambitious for Croydon’ priorities:

- The council will fight for the very best hospital and health care services for Croydon.
- Through the health and well-being board we will seek to address the inequalities that blight our borough.

The services to be delivered through this proposed process are strongly evidence-based, with many demonstrating robust invest-to-save economic elements.

In addition to the outcomes expected from these services, the proposed procurement strategy will provide a robust route by which to contract with a large number of providers, including GP practices and pharmacies, enhancing service provision across the borough while maintaining the high quality of services.

FINANCIAL IMPACT

The total estimated cost of all the services to be commissioned under the proposed procurement strategy is £1.491m per annum. However, all of the services are paid for on a cost and volume basis and actual spend is therefore dependent on need, demand and provider performance.

The full cost of the services will be met from the Public Health grant.

Although no direct savings relating to service provision are proposed, indirect savings will be made through improved efficiency in contract management and reduced transactional costs associated with payment of invoices. Opportunities for further savings will also be considered alongside reviews and developments of other public health service areas, of which primary care services are a component part. In addition, funding levels will be reviewed once further details of the reduction in the public health grant announced by the Chancellor on 4 June are known.

FORWARD PLAN KEY DECISION REFERENCE NO.: This is not a key decision

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below

1. RECOMMENDATIONS

The Cabinet is recommended to

1.1 Approve the proposed procurement strategy for delivery of the following services in primary care and/or other community settings:

- Long Acting Reversible Contraception provision
- Shared care (substance misuse)
- NHS Health Check invitations
- NHS Health Checks delivery
- Alcohol Identification and Brief Advice (IBA)
- Chlamydia screening
- Smoking cessation services
- Specialist sexual health services
- Needle and syringe programme
- Supervised administration of methadone and buprenorphine (SAM/SAB)

2. EXECUTIVE SUMMARY

2.1 A number of public health services for which commissioning responsibility transferred to the Council in April 2013 are currently delivered by primary care providers (GP practices and pharmacies) across the borough. There are no signed contracts in place for these services and, although each service is carefully managed, there is little strategic oversight across all services and all providers.

2.2 The proposed strategy recommends using a Dynamic Purchasing System (DPS) to create a list of providers that are qualified to deliver public health services in primary care-type settings. Providers admitted to the DPS will be given the opportunity to tender for public health services through the DPS system, including the NHS Health Checks programme, sexual health services, substance misuse provision including alcohol IBA and smoking cessation support.

- 2.3 The estimated total spend associated with the services to be commissioned through the DPS is £1.491m per annum. Although no direct savings relating to service provision are proposed, indirect savings will be made through improved efficiency in contract management and reduced transactional costs associated with payment of invoices. Opportunities for further savings will also be considered alongside reviews and developments of other public health service areas, of which primary care services are a component part. This will be subject to review once further details of the reduction in the public health grant announced by the Chancellor on 4 June are known.

3. DETAIL

3.1 Background

- 3.1.1 A number of public health services for which the Council has commissioning responsibility are currently delivered by GP practices and pharmacies, most of which have been in place prior to the transfer of public health to the local authority in April 2013. Although the Public Health Services Contract was shared with all providers and specifications have been agreed, contracts have not been formally signed.

3.2 Current service provision

- 3.2.1 The services currently delivered under existing arrangements are:
- Long Acting Reversible Contraception provision (GP practices)
 - Shared care (substance misuse) (GPs)
 - NHS Health Check invitations (GPs)
 - NHS Health Checks delivery (GPs and pharmacies)
 - Alcohol Identification and Brief Advice (IBA) (GPs and pharmacies)
 - Chlamydia screening (GPs and pharmacies)
 - Smoking cessation services (GPs and pharmacies)
 - Specialist sexual health services (pharmacies)
 - Needle and syringe programme (pharmacies)
 - Supervised administration of substitute therapies (SAM/SAB) (pharmacies)
 - Prescribing Hub (substance misuse) (GPs)
- 3.2.2 The total budget for these services is approximately £1.4m per annum; almost all of this spend being based on unit costs and total volume. Actual spend in 2014/15 was slightly less than this, due to an underspend in specialist sexual health pharmacy services as a consequence of delays in the roll-out of training for oral contraception provision and further expansion of the service. In addition, there was an underspend in the Health Checks budget due to lower take-up than projected.
- 3.2.3 Each of the service areas detailed above is currently managed by a different person or team within the Council's Public Health division or Drug and Alcohol Action Team (DAAT), with little strategic oversight of the groups of providers or services. This leaves a risk of duplication between service areas and missed opportunities to share good practice and systems.

3.2.4 At present, equipment and devices for all the services detailed in except the NHS Health Checks, Specialist sexual health services in pharmacies and nicotine replacement therapy for smoking cessation are ordered either through the prescription system or directly through Croydon Council. This increases transactional costs for the Council and also risks increased expenditure on prescriptions where activity is then not undertaken (e.g. where a LARC device is ordered through prescription but the patient then fails to attend for its fitting).

3.3 Future service provision (April 2016 onwards)

3.3.1 It is proposed that all providers of public health services in primary care-type settings will be assessed to be added to the DPS for public health services; formal contracts will then be in place between Croydon Council and providers on the DPS for the services they deliver. These contracts will be based on the standard Public Health Services Contract.

3.3.2 No change is proposed to the type of services to be delivered in these community settings, with the exception of the Prescribing Hub for drug misuse, for which the pilot is ending. It is proposed that this provision will be transferred to other existing services (Shared Care in primary care and the 'Turning Point' service). Therefore the following services will be provided through the DPS:

- Long Acting Reversible Contraception (LARC) provision
 - Fitting and removal of LARC, including intra-uterine devices and systems and the contraceptive implant.
- GP shared care (substance misuse)
 - Embedding the substance misuse recovery model in Primary Care for opiate users in partnership with specialise treatment service whilst meeting the patient health care needs.
- NHS Health Checks invitations
 - Identification of the eligible population from GP practice list and systematic inviting of all eligible patients on a 5-year call-recall basis.
- NHS Health Checks delivery
 - Provision of NHS Health Checks to eligible patients, including full vascular risk assessment, communication of cardiovascular risk score, provision of lifestyle advice and referral on to other services where appropriate.
- Alcohol Identification and Brief Advice (IBA)
 - Completion of alcohol screening tool, provision of brief advice and referral to alcohol treatment services as applicable.
- Chlamydia screening for 15-24 year olds
 - Provision of self-sampling kits to young people, returning of kits to Terrence Higgins Trust for testing and results and notification.
- Smoking cessation services
 - Behavioural support to stop smoking, including supply of nicotine replacement therapy via a voucher scheme.
- Specialist sexual health services
 - Provision of a number of sexual health services for young people, including emergency hormonal contraception, chlamydia screening, chlamydia treatment, oral contraception, pregnancy testing, condoms (via the C-card scheme) and general contraceptive and sexual health advice.
- Needle and syringe programme

- Provision of clean injecting equipment and encouragement of exchange of used needles and syringes.
 - Pharmacy-based administration of Opiate Substitute Therapies (OST)
 - The service provides supervised administration of methadone and buprenorphine (SAM/SAB) to support the treatment of those with an opiate addiction by the gradual withdrawal of, or in exceptional circumstances through maintenance therapy with, a non-progressive quantity of substitute medication.
- 3.3.3 Three of the services (Smoking cessation, Alcohol IBA and NHS Health Checks) are being reviewed as part of the plans for a new integrated service which is intended to cover smoking, alcohol IBA, weight management, physical activity and NHS Health Checks. The value of these services delivered by GP practices and pharmacies forms almost half of the total budget for this proposal; however, this may be subject to change should recommendations for the integrated service result in plans to decrease the amount of activity taking place in these settings. The recommendations for the integrated service are due to be finalised by July; should this result in any changes to the elements included in this proposal, amendments will be made prior to procurement.
- 3.3.4 Future service providers may no longer be limited to GP practices and pharmacies; if other organisations are able to meet the criteria to become a provider then they will be admitted to the DPS and have the opportunity to be called off to provide services.
- 3.3.5 It is proposed that, where feasible, providers become responsible for ordering equipment/devices directly and the costs either be incorporated into the unit costs paid to providers or be reimbursed on a tariff basis, as is currently the case for the NHS Health Checks consumables, nicotine replacement therapy and some elements of specialist sexual health provision in pharmacies. These costs are included in the financial envelope detailed in section 5 of this report making up the total estimated contract. The exception will be smoking cessation, for which pharmacotherapy costs other than nicotine replacement therapy are excluded; this medication will continue to be provided on prescription via GPs with costs recharged to Croydon Council via Croydon CCG and the costs of this are excluded from the financial envelope detailed in section of this report. Where it is not possible to do this, existing arrangements (e.g. provision of devices through prescriptions, for which the council is recharged via the CCG) will be retained.

3.4 Contract term

- 3.4.1 The proposed term for procurement of services through the Dynamic Purchasing System is 5 years. The DPS allows for the addition of new providers to the system over its term, which is of particular benefit where services are sought across the whole primary care system (e.g. for the NHS Health Checks programme to invite all eligible 40-74 year olds) as long as new providers meet the same criteria as the original admitted providers.

3.4.2 The proposed term for the services called off from the DPS will be up to 5 years and running no later than the end date of the DPS (31 March 2021). The Public Health Services Contract will be used to call off services from the DPS (which will have an overarching Framework Contract) and has a break clause allowing three months notice to be given by either party for termination. This allows increased flexibility should a significant change in service provision be required.

3.5 Preferred procurement process

3.5.1 The procurement process will be procured in compliance with the Public Contracts Regulations 2015.

3.5.2 It is recommended that the Council use a DPS for the procurement of public health services in primary care, for the reasons outlined above. Providers will be able to apply to join the DPS at any point once it is open and their applications must be assessed within 10 working days of submission. An electronic system will be used to manage receipt and notification of applications, audit trail and contracts; the options for providers of this system are being explored and are likely to be in the range of £10,000-£30,000 cost. In addition, there are ongoing resource implications associated with the management of the DPS; the roles and responsibilities to support its management are being explored and will be detailed at Award report stage.

3.5.3 Providers will be admitted to the DPS if they meet core criteria that are relevant to all the services listed under 3.3.2. These are likely to include the following indicative high-level criteria, all of which would be pass/fail criteria; however, the criteria may be amended once service specifications have been finalised:

- Provider premises or service delivery points are within the borough of Croydon and meet appropriate and necessary clinical standards for whichever service they are intended for;
- Services are provided in an environment that is appropriate for the provision of public health services;
- Registration with the Care Quality Commission (CQC) or General Pharmaceutical Council (GPC) where required;
- Adequate insurance/professional indemnity provision;
- Evidence of staff training and competency in safeguarding children and vulnerable adults;
- Evidence of relevant continuing professional development of staff providing the service(s);
- The provider has a nominated service lead for communication between the council and the provider;
- An electronic patient record system is in place that meets information governance standards;
- An electronic data monitoring system is/will be in place that is suitable for providing performance data to the commissioner;
- A system is in place to ensure the service user's NHS record is updated where appropriate;
- Policies and processes are in place for dealing with serious untoward incidents, infection control, maintenance and proper storage of equipment, health and safety, information governance and equality and diversity;
- All staff delivering services have had an enhanced DBS check satisfactorily completed.

3.5.4 The services that will be procured under the DPS will each have their own specification and criteria against which providers on the DPS will be assessed. Examples of likely criteria for each service are detailed below; however, these may be amended once service specifications have been finalised:

3.5.4.1 Smoking cessation services:

- All interventions must be delivered by a stop smoking advisor who has received stop smoking service training that meets the standards published by the National Centre for Smoking Cessation Training (NCSCT) for one-to-one and/or group support;
- Providers will deliver services that meet or exceed the minimum quality standards for service providers e.g. success rates, biochemical validation of quitters etc. as outlined in the Department of Health's Stop Smoking Service and Monitoring Guidance 2011-12 as well as any locally agreed standards e.g. targeting of priority populations, delivery of minimum levels of activity in order to retain provider status, annual attendance at training update events etc.

3.5.4.2 NHS Health Checks invitations:

- Access to GP patient lists and history through which the eligible population can be identified.

3.5.4.3 NHS Health Checks delivery:

- Use of point of care testing equipment for cholesterol and blood glucose;
- Availability of private consultation area;
- Member(s) of staff delivering the service are trained in vascular risk assessment and adhere to the requirements of the NHS Health Check programme standards 2015.

3.5.4.4 Long Acting Reversible Contraception:

- Member of staff delivering the service must either hold a Letter of Competence for the method being fitted/removed or hold the Diploma of the Faculty of Sexual and Reproductive Healthcare;
- Member of staff delivering the service must have fitted at least 12 devices in the preceding year (unless newly qualified);
- Availability of a private consultation area.

3.5.4.5 Chlamydia screening:

- Competent in Fraser guidelines;
- You're Welcome compliant;
- Staff delivering the service are trained in the chlamydia screening process;
- At least one person is available to deliver the service during opening hours.

3.5.4.6 Specialist sexual health service for young people:

- Completion of all specialist sexual health training as detailed in the service specification in order to achieve accreditation under the appropriate PGDs;
- Availability of private consultation area;
- Competent in Fraser guidelines;
- You're Welcome compliant;
- Availability of a private consultation area and a toilet for patient

- use;
 - Accredited pharmacists available to deliver the service at least 5 days per week;
 - Staff delivering the service demonstrate regular updates in line with CPD and specification requirements.
- 3.5.4.7 Alcohol identification and brief advice (IBA):
- All staff delivering the service will have successfully completed the specified online IBA e-learning for pharmacy staff and renewed this at least annually;
 - Minimum of one registered pharmacist and one other member of the pharmacy team must be trained to deliver alcohol IBA. At least one of these trained staff must available to deliver the service during operational hours.
- 3.5.4.8 GP shared care:
- To be a registered GP practice within the London Borough of Croydon;
 - GP to have completed the Royal College of GPs (RCGP) Certificate in the Management of Drug Misuse Part 1;
 - Compliance with all relevant NICE guidance and the local recovery treatment model for substance misuse.
- 3.5.4.9 Needle exchange:
- Minimum of 6 day opening;
 - Staff are competent in the provision of harm reduction advice, provision of information via the National Needle Exchange database and able to refer into substance misuse treatment services as appropriate.
- 3.5.4.10 Supervised administration of methadone and buprenorphine (SAM/SAB)
- Registered pharmacy premises within the London Borough of Croydon;
 - Staff delivering the service must be registered pharmacists.
- 3.5.5 The method of contract award will be dependent on the service and the optimum number of access points for the expected levels of activity. For example, for services such as NHS Health Checks and smoking cessation, it is likely that all providers meeting the criteria will be contracted to deliver the service at the stipulated prices; activity levels by provider will then be determined by demand. However, for other services such as specialist sexual health provision, the number of providers may be limited based on geographical locations determined by sexual health needs. Due to the nature of the services and the limited opportunities for competition between providers, prices will be fixed by the Council.
- 3.5.6 An event, arranged jointly by the Public Health Commissioning and Strategy, Communities and Commissioning teams, will be held for potential providers to explain the DPS process, the services being commissioned and answer their queries regarding the process. This is of particular importance as most GP and pharmacy providers will not have had to go through a formal procurement process before; this event will therefore help to mitigate the risk that current or potential future providers do not apply or fail in their application.
- 3.5.5 The process will follow the following indicative timetable:

13 th July 2015	Strategy to Cabinet
August	Provider information event
September	Place OJEU notice
September	Services tendered
November	Evaluation of tenders
December	Providers admitted to DPS
7 th January 2016	Award report to CCB
8 th February	Award report to Informal Cabinet
22 nd February	Award report to Cabinet Meeting
1 st March	Key decision implementation date
8 th March	Place contract award notice / award contracts (Or provide preliminary agreements to providers pending accreditation until training is completed where applicable)
March 2016	Mobilisation / Implementation of services
1 st April 2016	Contract start date
April 2016 onwards	Continued review of new applications to join DPS

3.6 Sourcing/delivery options considered

The project team have considered a number of routes to market including:

3.6.1 Direct award:

Directly awarding contracts to existing GP practice and pharmacy providers was considered; however, it was considered that this would not be fair and transparent as, for some services, there are other providers in the market that are/could be capable of delivering the services above.

3.6.2 Framework:

A framework approach was considered; however this was rejected as it did not provide the flexibility for new providers to be admitted during its term. In the case of the NHS Health Checks programme, where access to GP lists is essential in order to identify the eligible population, precluding a newly opened practice would unnecessarily disadvantage the patients of that new practice.

3.6.3 Open or restricted tender:

The option to go out to tender for the provision of these services was rejected due to the need for a large number of providers spread across the borough for many of the public health services. In addition, as a number of public health services to be commissioned have similar criteria against which potential providers will be assessed, the establishment of a framework or dynamic purchasing system was deemed more efficient than the separate tendering of each service.

3.7 Social value

3.7.1 Delivery of the proposed services will demonstrate social value benefits through improving access to public health services, reducing health inequalities and improving the health and wellbeing of the population of Croydon. For certain services such as NHS Health Checks, this will also include a focus on improving workplace health. Providers admitted onto the DPS will be expected to participate in the Value Croydon programme and adhere to key priorities within the borough's emerging social value framework, including ensuring all staff engaged in delivering the service(s) are paid the London Living Wage.

3.8 Contract management

- 3.8.1 Subject to the proposals for and completion of the public health team restructure due in Autumn/Winter 2015, it is proposed that contract management will be undertaken by Public Health Commissioning within the Integrated Commissioning Unit (ICU).
- 3.8.2 The proposed arrangements will be coupled with greater strategic oversight of the contracts held with primary care providers.
- 3.8.3 Almost all of the services procured under the DPS will be tendered through the DPS on a cost and volume or payment by results basis will be and demand-led. The appointed providers will therefore be monitored at least quarterly, or monthly where appropriate.
- 3.8.4 As well as monitoring individual provider performance on each contract, their overall performance across all the services they deliver will be monitored. In addition, performance for each service area will be monitored across all providers and shared with public health service leads to feed in to their strategic oversight of the service area.

4. CONSULTATION

- 4.1 The proposed approach to streamline the commissioning of public health services from primary care providers was first given approval for further development by the Public Health Management Team on 19 March 2015. Service leads from all the areas of public health that currently have services delivered in primary care have been kept updated throughout, with a small number directly involved in working up proposals.
- 4.2 The proposed arrangements were presented to and discussed with the Croydon Local Pharmaceutical Committee (LPC), a body that represents all local NHS pharmacy contractors within Croydon, at their meeting on 11 May 2015. The LPC supported the principles of the procurement approach and the aim to simplify contract management arrangements. No concerns were raised.

- 4.3 The Croydon Local Medical Committee, that represents all GPs and GP practices in Croydon, will be consulted prior to procurement.
- 4.4 The CCG was consulted via a report presented to its Senior Management Team on 5 May 2015 as the proposed approach provides opportunities for further joint work within the Integrated Commissioning Unit. The CCG raised some useful ideas for consideration that may further reduce transactional costs and improve service quality, such as looking at their payment process and making use of their expertise on safeguarding. These will be investigated further once approval to proceed is obtained.
- 4.5 Service user engagement will be undertaken prior to the implementation of any proposed change to the services to be provided. At present, this is limited to the proposed changes to the provision for substitute prescribing through the Prescribing Hub.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

1 Revenue and Capital consequences of report recommendations

	Current year	Medium Term Financial Strategy – 3 year forecast		
	2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000
Revenue Budget available				
Expenditure	0	1,491	1,491	1,491
Income				
Effect of decision from report				
Expenditure	0	1,491	1,491	1,491
Income				
Remaining budget	0	0	0	0

2 The effect of the decision

The proposed strategy will bring together the separate commissioning of several public health services into a single system, while still maintaining the specialisms and separate budgets of the constituent services. At present, no direct savings are proposed as a result of this as activity for most services is not expected to decrease; however, this will be kept under review. In addition, the ongoing contract management and oversight should be more efficient.

The breakdown of estimated annual cost by service area is currently as

follows:

Service	Annual cost (£)
Long Acting Reversible Contraception	350,000
Specialist sexual health services	211,000
Chlamydia screening	25,000
Shared care (substance misuse)	10,000
Needle exchange	17,000
Supervised administration of substitute therapies (SAM/SAB)	127,000
Supplies/equipment costs for needle exchange and SAM/SAB	31,250
Alcohol Identification and Brief Advice (IBA)	30,000
Smoking cessation services	350,000
NHS Health Check (invitations and delivery)	340,000

3 Risks

Due to the demand-led nature of the many of the services, there is a risk of spend above estimate should demand increase through increased need, greater awareness of the service or changes in population demographics. This can be mitigated by introducing caps on activity for certain services, for each provider, or across groups of providers, for services where this appropriate. However, this would also have to be balanced against the risk that caps on activity may result in the creation of greater cost pressures elsewhere in the system (e.g. transfer of activity for sexual health from primary care to the integrated sexual health services, or resultant increases in unplanned pregnancies).

There is also a risk of spend below estimate should fewer providers be willing to deliver the service than hoped or should demand be lower than expected. This can be mitigated by holding the planned provider event to encourage current and new providers and through delivery of high quality services in areas where high levels of need.

There is a risk that the planned level of funding may not be available if the public health grant is reduced. The proposed funding will therefore be subject to review once further details of the reduction in the public health grant announced by the Chancellor on 4 June are known.

4 Options

Alternative options include appointing one or more providers through an open or restricted tender process to deliver the services; however, this does not allow for the flexibility in number of providers for each service or reduce the duplication resulting from providers having to demonstrate compliance with the core requirements for multiple services if delivering more than one.

An option to deal with potential under/overspend would be to use block contract arrangements rather than cost and volume/payment by results; however, the demand-led nature of the services and the variation in activity at different times of the year makes this option less attractive and likely to result in poorer value for money, particularly if the risk of overspend is

mitigated with caps on activity for services where this is appropriate.

5 Future savings/efficiencies

No direct savings relating to service provision are proposed at present as activity for most services is not expected to decrease. However, significant savings have already been identified out of most of these service areas in areas other than primary care and opportunities for further savings from primary care delivery will be considered alongside planned reviews and developments of whole public health service areas, of which primary care services form a component part. For example, primary care expenditure on smoking cessation, NHS Health Checks and alcohol IBA will be reviewed as part of the work to develop a new integrated lifestyle service, as detailed in section 3.3.3 of this report.

In addition to future review of direct costs associated with the primary care services, the primary purpose of this proposal is to incur efficiencies and streamline the contracting and performance management arrangements for these services. The indirect savings associated with the proposed arrangements therefore relate to reduced staff time to manage these services and lower transactional costs. For example, within sexual health primary care services alone there are currently approximately 1200 invoices processed and paid per annum; this approach will reduce it to approximately 252 for sexual health, and no more than around 520 across all services included under this proposal.

Once the procurement process is complete, it should also reduce the administrative burden on providers.

6 Approved by: Lisa Taylor, Head of Finance and Deputy S151 Officer

6 COMMENTS OF THE BOROUGH SOLICITOR AND MONITORING OFFICER

- 6.1 The Solicitor to the Council comments that the proposed tender process as in this report appears to be in accordance with the requirements of the Council's Tenders and Contracts Regulations and the Council's Constitution, and fulfils the Council's duty of Best Value, under the provisions of the Local Government Act 1999.
- 6.2 Approved by: Gabriel Macgregor, Head of Corporate Law on behalf of the Council Solicitor and Monitoring Officer.

7 HUMAN RESOURCES IMPACT

- 7.3 There are no immediate human resources considerations that arise from the recommended strategy for Croydon Council employees.
- 7.4 Approved by: Michael Pichamuthu on behalf of the Director of Human Resources

8 EQUALITIES IMPACT

- 8.3 An initial Equalities Analysis was undertaken to assess the impact the change in contracting arrangements would have on protected groups compared to non-protected groups. This identified that, as the procurement approach is not proposing any changes to services that will be commissioned and the change would not have an impact on any protected groups, a full analysis was not required.
- 8.4 An Equalities Analysis relating to the substance misuse procurement was undertaken in March 2013 and refreshed in March 2015. No adverse effects on protected groups were identified as a result of the proposed changes; however, some positive effects were identified relating to gender-specific and LGBT-specific groups, including:
- Bi-monthly facilitated groups which are LGBT-specific
 - Weekly women-only groups;
 - Developing dual diagnosis groups in partnership with Mind;
 - Weekly peer-led women-only groups

These findings remain relevant for the proposed change to the substitute prescribing provision that is currently delivered the Prescribing Hub.

- 8.5 Equalities Analyses will be kept under regular review. Further Equalities Analyses will be undertaken should any other changes to services be proposed in the future.

9 ENVIRONMENTAL IMPACT

- 9.1 The environmental impact of the proposed contract award is limited; however, the provision of services closer to people's area of residence is likely to have a positive environmental impact as it will contribute towards a reduction in car, motorcycle and taxi journeys among service users.

10 CRIME AND DISORDER REDUCTION IMPACT

- 10.1 Evidence has shown that the effective identification of drug using offenders and the delivery of treatment for them can have a significant impact on reducing individuals offending behaviour. The specialised substance services will support substance misusing offenders to break the cycle of drugs and crime and support them to become drug free and live independently from crime.
- 10.2 There is a significant relationship between high risk alcohol consumption and crime and disorder. The Alcohol IBA service should therefore also have a positive impact on crime and disorder reduction.

11 REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

- 11.1 All of the services to be commissioned through these proposed arrangements are important in addressing health needs and improving public health outcomes. In addition, the Health Checks service is a statutory public health service under the 2013 Regulations.
- 11.2 The proposed Dynamic Purchasing System provides the best option for procuring these services as it provides a flexible approach that allows new providers to be added to the system during its term. This reduces the risk of excluding a new GP practice, pharmacy or other provider that may be best placed to deliver services to their registered patients or local community.

12 OPTIONS CONSIDERED AND REJECTED

- 12.1 Continuing the current arrangements was considered but rejected as formal contracts need to be put in place with providers now that public health has completed its transition and is firmly embedded within the Council.
- 12.2 Directly awarding contracts to existing providers was considered as, for some services, GP practices are the only provider that is able to provide the service as no other organisation has access to patient medical records. These contracts could detail all the services providers expressed an interest in delivering and for which they meet the criteria, with potential future awards to new providers should there be the need. However, this option was rejected as, for most public health services, it was considered that there was a market beyond the current providers. A more transparent procurement process was therefore deemed more appropriate.
- 12.3 A standard framework agreement was considered as this would remove the need for an ongoing system for receiving and assessing applications; the framework could be refreshed at one or more key points within its term.

However, this option was rejected because, if a new GP practice or pharmacy was to become established, it may be detrimental to the health outcomes of their patients or local residents if they were precluded from delivering services until a set review point.

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BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972

There are no background papers