

Nottingham City Council

Commissioning and Procurement Executive Committee

Minutes of the meeting held at Loxley House, Station Street, NG2 3NG, on 15 November 2022 from 10.03 am - 10.15 am

Membership

Present

Councillor Adele Williams (Chair)
Councillor Toby Neal
Councillor Linda Woodings

Absent

Councillor Cheryl Barnard
Councillor Sally Longford

Colleagues, partners and others in attendance:

Uzmah Bhatti	- Senior Public Health Manager
Tammy Coles	- Public Health Principal
David Johns	- Consultant in Public Health
Mark Leavesley	- Governance Officer
Steve Oakley	- Head of Contracting and Procurement
Jessica Tomlinson	- Public Health Commissioning Lead
Ceri Walters	- Head of Commercial Finance

Call-in

Unless stated otherwise, all decisions are subject to call-in. The last date for call-in is 25 November 2022. Decisions cannot be implemented until the working day after this date.

34 Apologies for Absence

Councillor Barnard – other Council business
Councillor Longford - personal

35 Declarations of Interests

None.

36 Minutes

The Committee agreed the minutes of the last meeting held on 11 October as a correct record and they were signed by the Chair.

37 Commissioning of substance misuse treatment and recovery services for Nottingham

Councillor Woodings, Portfolio Holder for Adult Social Care and Health, introduced the report.

Tammy Coles, Public Health Principal, presented the report, and stated the following

- i. in line with NICE and Department of Health guidance, prescribing opioid substitution therapy (OST) is a recommended option for maintenance therapy in the management of opioid dependence. The guidance recommends that when a person starts OST, they should take each dose under the supervision of a nurse, doctor or community pharmacist for a minimum of 3 months;
- ii. Nottingham City Council commissions community pharmacists to deliver supervised consumption for opioid substitution therapy, and there are over 50 branches across the city providing this service;
- iii. a recent report was approved by this Committee for the recommissioning of an alcohol and drug treatment and recovery system, but community pharmacy provision was not initially identified as being in scope for this recommissioning. However, a strategic commissioning review has identified the benefits of including community pharmacy provision as part of the re-commissioned system of community treatment and recovery services, and this paper requests approvals to align and include community pharmacy services accordingly;
- iv. 'supervised consumption' reduces drug use, injecting, mortality, and offending. It maintains a service user's tolerance for opioids, reducing withdrawal symptoms and cravings for opioids. It gives people the stability to focus on broader recovery by helping them come off opioids and OST medication altogether. It also reduces the risks of overdose or under dosing, diversion of controlled medicines and accidental poisonings of children and vulnerable adults;
- v. pharmacists have expertise in the use and interaction of medicines. They contribute to the treatment and care of patients through liaison with prescribers. In the treatment and management of drug use they play a key role in the assessment of appropriate levels of supervised consumption, the provision of take-home naloxone, and provision of needle exchange services.

Resolved to approve

- (1) the inclusion of community pharmacy supervised consumption and other appropriate pharmacy led alcohol and drug use interventions in the scope of the re-commissioning of community alcohol and drug services, within existing delegated approvals for developing the service model, and within the procurement process, up to a maximum total cost of £2,689,709;**
- (2) a 3-month extension to the existing community pharmacy supervised consumption contracts, from 1 April 2023 to 30 June 2023, up to a maximum total cost of £65,606.**

Reasons for recommendations

Recommendation 1 - This is to enable the procurement processes to align and maximise the opportunities for multidisciplinary working across the proposed new integrated service model. This will optimise outcomes for service users, their families, and communities.

Recommendation 2 – to extend these contracts by 3 months during Quarter 1, 2023/24 to align with the timescales for the procurement of new alcohol and drug use treatment and recovery services.

Other options considered

Do nothing and let the service provision end on 31 March 2023 - This is not a viable option because there is a clear need for this service in the city to continue to ensure the continuity of positive outcomes for people who use opioids. Discontinuation of this service could result in an increase in overdose, accidental poisoning, and diversion of medication. All of these aspects would increase the burden on other departments and organisations such as HM Corner's Office, Nottinghamshire Police, Community Protection and local businesses.

A separate procurement exercise for supervised consumption in community pharmacy would miss the opportunity to align this provision with other community treatment and recovery provision and would not be consistent with the findings of the strategic commissioning review.

38 Adjustment of 'Giving Nottingham Children the Best Start in Life' contract value

Councillor Woodings, Portfolio Holder for Adult Social Care and Health, introduced the report.

Uzmah Bhatti, Senior Public Health Manager, presented the report, and stated the following:

- i. Nottingham City Council (NCC) Public Health Department has commissioned Nottingham CityCare Partnership Children in Care to deliver the 'Giving Nottingham Children the Best Start in Life' service in partnership with the NCC Early Help Team. The contract period runs for 5 years (1 April 2018 to 31 March 2023) with an option to extend for two further two-year periods (1 April 2023 to 31 March 2025 and 1 April 2025 to 31 March 2027);
- ii. the Public Health Grant has received an uplift for contracts containing staff on 'Agenda for Change' (AfC) since 2020. At the time, it was unclear if this was a one-off uplift or would be applied each year. As a result, a fixed increase was agreed with CityCare;
- iii. clarification of the process has led to a reassessment of the situation and, as a result, NCC have applied the NHS Pay Award Revenue Finance and Contracting Guidance and re-calculated an updated contract value for 2022/23 based on annual AfC increases (minus efficiency) since 2019/20;
- iv. the new contract value for 2022/23 is £10,058,270, an increase of £756,627. This new value will be applied for the remainder of the contract (a total cost of £3,783,135), funded from the Public Health Grant;
 - i. it is proposed that the contract value is increased annually by the net uplift figure published within the NHS Pay Award Revenue Finance and Contracting Guidance (which considers the AfC increase minus efficiencies). It is not possible to know this number in advance, but an estimate of 4% has been used to provide

an estimate of the additional cost over the remainder of the contract (£1,708,483). This again will be funded from the Public Health grant.

Resolved

- (1) to approve use of £3,783,135 from the Public Health grant to cover an increase of £756,627 per annum in the 'Best Start in Life' contract from 2022/23 until 2026/27, should Nottingham City Council enact the option to extend its contract (by 2+2 years);**
- (2) to delegate authority to the Director of Public Health to implement future 'Agenda for Change' uplifts, for the remainder of the contract, in accordance with NHS published figures, up to a maximum value of £1,708,483.**

Reasons for recommendations

A new contract value has been established for the 'Giving Nottingham Children the Best Start in Life' service using NHS Pay Award Revenue Finance and Contracting Guidance since 2018/19 (see appendix 1a); an increase of £756,627 per annum from 2022/23. This totals £3,026,508 when applied till the end of the contract in March 2027 and will be funded through the Public Health Grant.

Each year the NHS Pay Award Revenue Finance and Contracting Guidance outlines the net uplift after considering a Cost uplift factor and NHS efficiency factor. This formula has been used to establish a new contract value for 2022/23 and is recommended to be applied each year for the remainder of the contract.

As the NHS net uplift value changes each year, the amount of additional funding that will be added to the contract each year till March 2027, is unknown. Using an estimate of 4% (based on 2021/22), it is estimated a total £1,708,483 from the public health grant will be required to meet Agenda for Change responsibilities and maintain service provision between 2022/23 to 2026/27.

Other options considered

Do nothing - This would transfer the financial burden of the additional pay costs to the service provider and risk a reduction in service provision to meet the costs of delivering the Healthy Child programme.