

Nottingham City Council Delegated Decision



Nottingham
City Council

Reference Number:

3320

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Strategy and Resources

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Subject:

Locally Commissioned Public Health Services (LCPHS)

Total Value:

£325,945 x 3 years - total £977,835 (Type: Revenue)

Decision Being Taken:

1. Approve ongoing spend through the LCPHS sexual health contracts with GPs and community pharmacies at an annual value of up to £325,945 for 3 years commencing from 1 April 2019. (Total value of £977,835 over the life of the contract)
2. Approval to renew/reprocure contracts with GPs and community pharmacies through two accreditation processes.
3. Approval to delegate authority to the Head of Contracting and Procurement to award the outcome of the accreditation processes and delegate authority to the Provider Performance and Development Manager to sign the new contracts.

Reasons for the Decision(s) Under the provisions of the Health and Social Care Act (2012) Nottingham City Council (NCC) has a statutory responsibility to provide, or secure the provision of, open access sexual health services in its area including i) preventing the spread of sexually transmitted infections (STIs), ii) treating, testing and caring for people with STIs and partner notification, iii) contraceptive services including advice on preventing unintended pregnancy and iv) sexual health promotion. LCPHS replaced the NHS Locally Enhanced Services upon transition on public health services to local authorities. These contracts will end in March 2019 and need to be renewed.

LCPHS are part of the wider sexual health system in the city, these services fill gaps created by barriers in access to services in other parts of the system for young and vulnerable citizens and include a range of primary care based sexual health services aimed at high risk groups who may not access Integrated Sexual Health Clinics. These services are listed along with budget breakdown in the table in attachment 1. GPs and community pharmacies are key providers of demand led primary care services. There is good evidence that open access to sexual health services is vital in addressing identified public health need in a population. LCPHS enable front line providers with well established relationships with citizens to help address high rates of sexually transmitted infections in the city and reduce onward transmission and reinfection. The current contracts are due to expire in March 2019 with no option to extend. These contracts are usually directly awarded to GPs and community pharmacy providers based on an accreditation type procurement process. Due to the administration based complexities in establishing these multiple contracts with individual GP practices and pharmacy providers it is deemed to be more efficient and better for continuity in services for citizens to adopt a minimum cycle of 3-year contracts.

Briefing notes documents: Breakdown of LCPHS finance.docx

Other Options Considered: To not renew these contracts is likely to lead to an increase in STIs, partner infections and reinfections, late diagnosis as well as unplanned pregnancies, abortions and possible outbreaks often amongst the most vulnerable citizens. Citizens accessing services via primary care are those unlikely to engage with sexual health clinics. Sexual health clinics are also currently facing challenges due to increased demand and recent budget cuts creating a further barrier for such citizens. Absence of LCPHS would add to inequalities in sexual health outcomes due to inequity of access. There is a risk that not renewing these contracts may destabilize the sexual health services in the city by making it challenging to manage demand caused by the abovementioned impacts.

Background Papers: None.

Published Works: The Health and Social Care Act (2012), The NHS Act 2006, NHS Constitution, Overarching Summary Sexual Health Equality Impact Assessment (EIA) can be found at <http://www.nottinghaminsight.org.uk/d/aAXJNF5>

Affected Wards: Citywide

Colleague / Councillor Interests:

None.

Consultations:

Date: 30/09/2018

Other:Service providers including primary care colleagues and other system wide providers. VCS providers.

In August 2018, a meeting took place between NCC public health and primary care colleagues, this highlighted the ongoing complex sexual health needs of citizens and the system pressures creating barriers to open access sexual health services for high risk patients. The discussions and actions falling out of this meeting reinforced the ongoing need for LCPHS. In September 2018, NCVS engaged in dialogue with provider networks to explore any issues or comments fed to them via service users. Feedback further supported the requirement for LCPHS to reduce barriers to access to sexual health and contraception services.

Those not consulted are not directly affected by the decision.

Crime and Disorder Implications:

Open access to sexual health services provides opportunities for identification and protection of vulnerable people who may be at risk of child sexual exploitation, trafficking for sex and modern slavery as well as those having undergone female genital mutilation (FGM) with responsibility of care for females at risk of FGM.

Equality:

EIA not required. Reasons: An overarching EIA was conducted earlier in 2018 to summarize the impact of the proposed budget reductions in the sexual health services system. That EIA identified LCPHS as a mitigating factor for vulnerable young citizens, BME citizens, citizens from deprived areas and those at risk of teenage pregnancy. Equalities colleagues advise that a further EIA is not required as the attached EIA encompasses the wider impacts of the effect of service reductions in equality groups.

Social Value Considerations:

LCPHS services are provided by community pharmacy providers and GPs under NHS contracts, due to the requirements of accreditation, there is little flexibility in this and where possible within the wider sexual health services system, local providers have been commissioned.

Regard for NHS Constitution:

Local authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making this decision relating to public health functions, we have properly considered the NHS Constitution where applicable and have taken into account how it can be applied in order to commission services to improve the health of the local community.

Decision Type:

Portfolio Holder

Subject to Call In:

Yes

Call In Expiry date:

21/11/2018

Advice Sought:

Legal, Finance, Procurement, Equality and Diversity

Legal Advice:

This report does not raise any significant legal issues. The services described are subject to the 'light touch' regime in the Public Contracts Regulations 2015. That regime gives greater flexibility to design the procurement procedure to be followed and in this case the proposal is to operate an accreditation system for providers. Advice provided by Andrew James (Team Leader Contracts and Commercial) on 25/10/2018.

Finance Advice:

The value of this decision to re-procure Locally Commissioned Public Health Services for a contract period of 3 years is £977,835. The annual cost of £325,945 will be funded from the Public Health Grant received by the local authority included in the Council's Medium Term Financial Plan (MTFP).

The contract value is determined by activity levels and an agreed cost of drugs and should the cost of the contract increase, a further decision through the appropriate governance process will be required.

Value for money will be delivered through; commissioning services that meets the needs of local people, an accreditation process allowing GPs and pharmacies the option of providing services in their localities and the contract being activity driven with an agreed pricing for the cost of drugs, therefore the council only paying for services delivered within the scope of the contract.

Advice provided by Darren Revill (Senior Commercial Business Partner) on 19/10/2018.

Equality and Diversity Advice:

The previous overarching EIA accurately reflects the equality considerations as to any adverse impacts for specific communities. Advice provided by Adisa Djan (Equalities and Diversity Consultant) on 15/10/2018. Advice provided by Adisa Djan (Equalities and Diversity Consultant) on 26/10/2018.

Procurement Advice:

Procurement have been involved in discussions regarding the procurement of contracts to deliver Locally Commissioned Public Health Services with GPs and community pharmacies through two accreditation processes. The Procurement Team will manage the procurement processes in accordance with the Light Touch Regime of the Public Contract Regulations 2015.

Advice provided by Nicola Harrison (Procurement Lead Officer) on 23/10/2018. Advice provided by Nicola Harrison (Procurement Lead Officer) on 01/11/2018.

Signatures

Sam Webster (PH for Adult Social Care and Health)

SIGNED and Dated: 14/11/2018

Alison Challenger (Director of Public Health)

SIGNED and Dated: 06/11/2018