

REPORT FOR: **CABINET**

Date of Meeting:	20 November 2014
Subject:	Update on Major Public Health Contracts and Proposed Future Procurement Activities
Key Decision:	Yes
Responsible Officer:	Dr Andrew Howe, Director of Public Health
Portfolio Holder:	Councillor Anne Whitehead, Portfolio Holder for Public Health, Equality and Wellbeing Councillor Sachin Shah, Portfolio Holder for Finance and Major Contracts
Exempt:	No
Decision subject to Call-in:	Yes
Wards affected:	All
Enclosures:	Appendix A – A list of contracts consisting of substance misuse, sexual health, smoking cessation and school nursing contracts managed by H&BJPHS Joint Public Health Services (H&BJPHS). Appendix B – Equalities Impact Assessment

Section 1 – Summary and Recommendations

<p>This report sets out the major procurement activities that the Harrow and Barnet Joint Public Health Service (H&BJPHS) plans to undertake over the next 12 months.</p>

Cabinet is requested to:

1. Authorise the procurement of Substance Misuse Services.
2. Authorise the procurement of School Nursing Services.
3. Authorise the procurement of a Smoking Cessation Service.
4. Approve the extension of the Contraception and Sexual Health Service (CaSH) contracts until March 2017, as set out in paragraph 3.6.
5. Approve Public Health Service's participation in collaborative procurements, where appropriate and repeat the negotiation and direct award of Genitourinary Medicine contracts for 2015/2016 and 2016/2017.
6. Delegate authority to award contracts, as set out in the recommendations 1-5 above, to the Director of Public Health, following consultation with the Corporate Director of Community Health and Wellbeing, Chief Financial Officer and the Portfolio Holders for Finance and Major Contracts and Public Health, Equality and Wellbeing.
7. Note that it is the officers' intention to conduct a negotiated procurement process with one bidder in the event the Council only receives one bid for any of the services being procured within this report.

Reason: (For recommendation)

The majority of Public Health services are mandated and the contracts listed in Appendix A will be funded wholly from the Public Health budget allocation.

The contracts in question have individual contract values in excess of £500,000 and therefore cabinet approval is required to:

1. procure a new service
2. extend existing contracts and
3. to enter any collaborative arrangements with other London boroughs.

Section 2 – Report

1. Introductory paragraph

1.1 Following the Cabinet meeting on 14 February 2013 which considered arrangements with regard to the transfer of contracts and staff for the public health services from the NHS to the Council, officers have reviewed options for commissioning the public health services. It was agreed as part of the transfer that these services would be extended until 2015.

1.2 It should be noted that this report will refer to Harrow and Barnet Joint Public Health Service (H&BJPHS) throughout as established in the Inter Authority

Agreement between the London Borough of Barnet and Harrow Council. The monitoring and procurement of contracts is undertaken by the H&BJPHS Team with the support of the host borough Harrow Council; however each borough is accountable for their own contracts.

- 1.3 As part of the Public Health England (PHE) Requirements laid out in the Health and Social Care Act 2012, local authorities are responsible for commissioning health and social care services for residents.

The following contracts were transferred to the Council from the NHS in 2013:

- Alcohol and Substance Misuse Services
- Contraceptive and Sexual Health Services
- Genitourinary Medicine (GUM) Services
- School Nursing Services
- Smoking Cessation Services

2. Substance Misuse Services

- 2.1 H&BJPHS is committed to fulfilling the requirements of the National Drugs Strategy (2010), The Government Alcohol Strategy (2012), Hidden Harm – Responding to the Needs of Children of Problem Drug Users (2003) and the Public Health Outcome Framework: Improving Outcomes and Supporting Transparency (2013).

- 2.2 H&BJPHS Substance Misuse Services specialise in delivering drug and alcohol treatment, crime reduction interventions for drug and alcohol offenders and targeted services for young people affected by substance misuse. Together these services minimise the impact that substance misuse has on individuals and community, ultimately making a positive contribution to addressing health inequalities and crime reduction priorities of the Safer Community Boards in each borough. Also, the new service specification will ensure the provider will develop and deliver psycho-educational programmes on specific substances (for example: cannabis; volatile substances; legal highs and alcohol and associated issues) and assessment will only be undertaken by trained, competent workers who have knowledge of legal highs.

- 2.3 It was agreed as part of the transfer that these services would be extended; this enabled H&BJPHS to undertake needs assessments, review provision, develop a service specification based on local needs and to assess value for money.

- 2.4 Following recommendations from the recent Substance Misuse Needs Assessment, the procurement of a new service model will:

- comply with procurement regulations
- deliver improved outcomes for service users by reducing levels of harm caused to health, meet the needs of diverse communities and address health inequalities
- reduce drug and alcohol related crime and anti-social behaviours
- ensure young people have the best opportunity to stay safe, achieve and make a positive contribution

- improve harm reduction outcomes for service users in relation to Hepatitis B, C and HIV testing and Hepatitis B vaccination
- improve joint working with statutory and voluntary services i.e. Children and Families' and Safeguarding services

The new service model will be delivered via:

- Prescribing organisation (or a consortium) to deliver clinical review, detoxification/rehabilitation. (community and inpatient), harm reduction
- Recovery organisation (or a consortia) to deliver a recovery-focused programme supporting treatment leavers with life skills, access to employment, training and education (ETE) in order to sustain long-term recovery from substance misuse.

2.5 The existing contracts for Substance Misuse Services were previously extended following the transition of Public Health to the Local Authority and they will expire on 30th September 2015. Procurement will include services for adults in both boroughs and for young people in Harrow. Barnet's young persons' service contract for substance misuse was recently procured on the 1st July 2013 and is due to expire 31st March 2016 and therefore not included in this procurement.

2.6 Officers seek authority to tender a new Substance Misuse treatment and recovery pathway for both boroughs. The proposed initial contract term of the Substance Misuse Service procurement will be two and a half years, commencing 1 October 2015 to 31 March 2018; with an option to extend for up to a maximum of two further years (up to March 2020), subject to performance and funding availability.

Based on current spend the estimated aggregate value of the proposed contract for two and a half years is in the region of (£11million) plus two years (£10million.) = £21million. Harrow: (£10million) Barnet: (£12million). All the above figures are subject to funding.

The evaluation criteria will be Quality 60% and Price 40%.

2.7 The Alcohol and Substance Misuse indicative procurement project timetable is as follows:

Issue Invitation to Tender	25 th November 2014
Deadline for TUPE confidentiality undertaking	2 nd December 2014
ITT Bidders Clarification question deadline	10 th December 2014
ITT Council's response to Clarification question deadline	15 th December 2014
Deadline for Tender Submissions	13 th January 2015
Tender Evaluation	January 2015 – February 2015
Evaluation summary and recommendation Dependant on bid outcome, evaluation and recommendation may conclude	February - April 2015

earlier allowing for earlier award of contract (allowing more time for sourcing suitable premises)	
Successful Supplier Notified	April(March) – beginning of May 2015
Contract Award	beginning of May 2015 (may be March 2015 if earlier award)
Contract Transition Period(allowing for possible TUPE and sourcing of suitable premises)	May(March) - September 2015
Contract handover	September 2015
Contract Start	01/09/2015 for the Harrow drug and alcohol awareness and brief intervention for young people service. 01/10/2015 Adult Service

- 2.8 Sourcing a suitable community estate and obtaining the appropriate planning status is an integral part of contract transition. Planning status required for the delivery of core services is estimated to take up to six months. Such time is built into the timetable above and supports the request of delegated authority to award contracts. In addition, it enables smooth contract transition ensuring on time contract start. Earlier contract award would also allow for the contract to be handed over on time and for the contract start for the Harrow drug and alcohol awareness and brief intervention for young people service to start on time at the beginning of the academic year.

3. Genitourinary medicine (GUM) and Contraception and Sexual Health (CaSH) Services

- 3.1 Members should note that Genitourinary Medicine Services (GUM) and Contraception and Sexual Health services (CaSH) are mandatory services. The GUM service is provided as part of a national open access service which means that residents are entitled to attend the service of their choice, in any part of the country, without the need for a referral from GP or other health professional. This open access service puts the Council under significant financial pressure as the level of activity is unpredictable.
- 3.2 In economic terms alone, sexual health and reproductive services take up around one third of the current public health budget. The sexual health strategy suggests an expansion of services into primary care and community settings with the expectation that it would be cost beneficial in reducing referrals to GUM services and the over reliance on acute hospital services.
- 3.3 Future commissioning of GUM and sexual health services are likely to be complex. Given the number of providers and open access nature of the services London borough lead commissioners collaborated, identified resident activity, recognised interdependencies and achieved short to medium term financial control by successfully negotiating a reduction in tariff. The avoided cost against the recommended non-mandatory Department of Health tariff for

2013/14 was 10% in the first year followed by 6% in the second year. In addition the price achieved for 2014/15 was overall 1.5% lower.

- 3.4 In recognition of the boroughs interdependencies and the existence of similar interdependencies with all major GUM providers the Joint Public Health Service is committed to working with the West London Alliance (WLA) to develop the plan for future commissioning of GUM. The commissioning strategy which currently involves 20 boroughs is anticipated to conclude at the end of October 2014.
- 3.5 Furthermore the GUM commissioning strategy takes into account all the links between GUM and CaSH service and whether the commissioning strategy should include CaSH as part of its commissioning intentions. In addition, the London Sexual Health Programme developed a set of currencies and tariffs to promote the delivery of integrated sexual health care in London. It is likely that there will be a recommendation to implement an integrated tariff for CaSH services. This recommendation is currently going through governance clearance process with anticipated approval obtained in March 2015. If approved then the timetable for implementation is April 2016. The integrated tariff charge may potentially give rise to a higher cost for Harrow. The sexual health commissioning strategy explores the impact of the integrated tariff and seeks to offset any rise to cost of CaSH, if GUM and CaSH are commissioned together. It should be noted that the integrated tariff seeks to encourage a consistent and equitable approach to cross-charging and billing for out of area service users from both a commissioning and provider perspective.
- 3.6 The outcome of the commissioning strategy will potentially be a procurement of a massive scale and complexity project which will require time to achieve its objectives. For this to materialise appropriate extension to the contractual term is sought as per the table below:

Contract Title	Short Description of contract	Current Provider	Current contract expiry	Proposed Contract term extension	Estimated Contract Value for the term of the extension
Family Planning - CaSH Services Barnet	Family Planning Services - block contract for CaSH services (part of contract with School Nursing and Smoking Cessation as well as new children services)	Central London Community Health (CLCH)	March 2015	24 months from March 2015 to March 2017	In the region of £1.8 million
Family Planning - CaSH Harrow	Community Services - Block contract	North West London Hospitals - Community Services (NWLH)	March 2015	24 months from March 2015 to March 2017	In the region of £1.4 million
GUM Services	Chelsea & Westminster North West London Hospital Trust West Middlesex University Hospital Ealing Hospital Trust Imperial College Hospital Trust Central North West London Trust Royal Free Hospital and Barnet Chase Farm Hillingdon Guy's and St. Thomas Barts Healthcare St. George's Kings College Hospital		March 2015	24 months from March 2015 to March 2017	In the region of £15 million across all providers

3.7 A five year sexual health strategy has been developed for Harrow and Barnet Councils which is yet to be approved by the Health and Wellbeing Board (HWBB). It should be noted that the sexual health strategy will be considered by the HWBB at its meeting on 6th November. In addition to the recommendation for collaborative commissioning of GUM services, it also suggests an expansion of sexual health and family planning services into primary care and community settings - especially in deprived areas of the borough. There is an expectation that developing new contracts with GP and

pharmacy services would provide easily accessible services in the community and will also be cost beneficial in medium to long run by reducing pressures on GUM and CaSH services.

- 3.8 Enhancing our sexual health services in primary care will reduce the cost of care services and increase HIV prevention. Increased access to HIV awareness and testing will support earlier diagnosis rather than the current later diagnosis resulting in higher cost secondary care services. Improved and easily accessible sexual health and reproductive services which are closer to home will encourage individuals to seek medical care promptly. This in turn will minimise the risk of onward transmission of infections, late diagnosis and unintended pregnancies.
- 3.9 It is proposed that the procurement of additional primary care and community services would be carried out in a phased manner combined with a robust awareness and rigorous monitoring of the overall activity and epidemiology to ensure we do not increase activity while trying to reduce the expenditure.
- 3.10 The contracts for the CaSH services expire March 2015 and the proposal to redesign the sexual health service model requires time to develop. Therefore, members are requested to note the above and approve the extension of the CaSH contract until March 2017.
- 3.11 Extending the CaSH contracts will enable us to carry out a review of current outreach support for young people, which is currently provided through the community CaSH service in Harrow. Such review will consider the clinical requirement of such an outreach service especially within school and colleges settings. It will also allows us to fully review the needs and service development for outreach which will support cost savings in the long run through more focused delivering through the most appropriate provider.

4. Smoking Cessation Services

- 4.1 Local Authorities are also responsible for delivering the government's priority to reduce smoking in the population. The government targets to reduce smoking rates are as follows:
 - To reduce adult smoking rates to 10% or less by 2020.
 - To halve smoking rates for routine and manual workers, pregnant women and in the most disadvantaged areas by 2020.
 - To reduce the smoking rate among 11-15 year olds to 1% or less, and the rate among 16-17 year olds to 8% by 2020.
- 4.2 Seven out of ten smokers say they would like to quit smoking. Smokers are four times more likely to quit with the help of the NHS Stop Smoking Services. Therefore it is important for smokers living and working in the boroughs to have access to high quality smoking cessation services, offered through a variety of locations and settings.
- 4.3 Barnet Stop Smoking Service (SSS) provides one to one support and advice from trained advisors to people who want to give up smoking. The service particularly targets hard to reach groups, such as Black and Minority Ethnic (BME) groups, pregnant women and young people. The service provides

training, support and advice to GP Practices, Pharmacies, Hospitals, Community Provider services, Community and Voluntary sector, and other organisations, to enable them to deliver smoking cessation services in line with NCSCT Standards.

- 4.4 These services are predominantly delivered by NHS primary care services (GPs and Pharmacists) and community services in both boroughs. In Harrow, the Public Health Service delivers clinic-based services in local general practices; whereas in Barnet, the community service is delivered by Central London Community Healthcare (CLCH). The current Smoking Cessation service contract with CLCH for Barnet only, expires on 31 July 2015.
- 4.5 Officers are seeking authority to tender for Barnet's Smoking Cessation Service. Officers are reviewing the smoking cessation provision in Barnet and will be developing a service specification in order to procure a new service which will commence 1 August 2015 in accordance with the Contract Procedure Rules.
- 4.6 The proposed initial contract term of the Smoking Cessation Service will be 3 years, commencing 1 August 2015 to 31 August 2018; with an option to extend for up to a maximum of one additional year up to August 2019, subject to performance and funding availability.

Based on current spend the estimated aggregate value of the proposed contract during the three period is in the region of (£900k) plus one year (£200k) = £1.1million. All the above figures include a year on year reduction and are subject to funding.

Contract Title	Short Description of contract	Current Provider	Current contract expiry	Current Annual Contract Value
Smoking Cessation	Barnet Stop Smoking Service	Central London Community Health (CLCH)	30 July 2015	£369,117

5. School Nursing Services

- 5.1 Harrow took over commissioning responsibility for School Nursing Services in April 2013. The SNS cover both State Funded Schools and schools which are academies. The current provider offers a range of health and development reviews, screening tests, health promotion and so on. Following a recent review carried out by the Council a number of recommendations were reported including improving links and communications with schools and GPs. The procurement arose out expiration of existing contracts for all three boroughs. The WLA initiative offers a chance to bring together a robust approach to improving health in Harrow and a greater step change to the delivery of the Healthy Child Programme 0-19. A common specification emerged out of a wider consultation by the Department of Health (DH) in defining a national service requirement. In addition, WLA consultation took place with all boroughs which involved Health and Social Care agencies. This specification will be used by the participating boroughs. This will allow for an

approach reflecting local priorities with key performance indicators in the contract documentation such as tackling childhood obesity and dental health.

- 5.2 The procurement of School Nursing Services (SNS) will enable updates in the service provision, which will bring them in line with the National Specification.
- 5.3 The Public Health Outcomes Framework indicator number 11 and NHS Outcomes Framework indicator number 12 clearly define a range of outcome measures that are significant to the school aged population. All of these outcomes will be met with the new provision.
- 5.4 School nursing teams lead and contribute to improving the outcomes for children and young people but are not solely responsible for achieving these and there needs to be a partnership approach, to which the new service provision intends to fulfil.
- 5.5 The existing contracts for School Nursing were previously extended following transition of Public Health to the Local Authority and will expire on 30th September 2015. As explained in paragraphs 6.1 and 6.2 these contracts are subject to procurement regulations and therefore officers seek authority to tender the School Nursing Services. This is a collaborative procurement for Harrow, Barnet and Hounslow under the auspices of the West London Alliance (WLA) with Harrow Council as the procurement lead.
- 5.6 The proposed initial contract term for the SNS procurement will be three years, commencing 1 September 2015 to 31 August 2018 with an option to extend up for up to a maximum of two years, subject to performance and funding availability. Based on current spend, the aggregate estimated contract value between all members is in the region of £9 million (i.e. Barnet, Harrow and Hounslow) and in the region of £13 million when including the extension option. The Harrow and Barnet estimated aggregate value of the proposed contract for three years is (£5 million) plus two years (£3 million.) = £8 million. Harrow: (£3 million) Barnet: (£5 million) Total = £ 8 million. All the above figures are subject to funding availability.

The evaluation criteria will be Quality 60% and Price 40%.

- 5.7 The School Nursing Services indicative procurement project timetable is:

Issue Invitation to Tender	25 th November 2014
ITT Bidders Clarification question deadline	16 th December 2014
Deadline for Tender Submissions	23 rd January 2015
Tender Evaluation	January 2015 – February 2015
Evaluation summary and recommendation Dependant on bid outcome, evaluation and recommendation may conclude earlier allowing for earlier award of contract (allowing more time for contract transition)	February - April 2015
Successful Supplier Notified	April(March) – beginning May 2015

Contract Award	beginning of May 2015 (may be March 2015 if earlier award)
Contract Transition Period(allowing for possible TUPE)	May - September 2015
Contract handover	July 2015
Contract Start	1 st September 2015

6. Legal Implications

- 6.1 The *Health and Social Care Act 2012* (“the Act”) introduced changes by way of a series of amendments to the *National Health Service Act 2006*. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.
- 6.2 Secondary legislative provision, such as the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* require local authorities to provide certain public health services. The public health services which local authorities must provide are:
1. The National Child Measurement Programme
 2. Health checks
 3. Open access sexual health services
 4. Public health advice service to Clinical Commissioning Groups
- 6.3 The majority of the contracts identified within this report each have an estimated value in excess of the relevant threshold under the Public Contract Regulations 2006 (“the EU Procurement Regulations”) in relation to services contracts. Currently all these public health services are classified as Part B Services under the EU Procurement Regulations and as such are not subject to the full application of the EU Procurement Regulations. The public health services contracts are however, subject to the overriding EU Treaty principles of equal treatment, fairness and transparency in the award of contracts.
- 6.4 The estimated value of both the Substance Misuse Services and the School Nursing Services is over £500k and therefore classed as High Value Contracts under the Contract Procedure Rules (CPRs) and the Council’s Financial Regulations. A competitive tendering exercise will be carried out in accordance with the CPR’s. The open procedure will be followed for both procurements as it is a limited market (for some services very limited).A market engagement event will take place prior to the tenders being issued, with a bidders’ day currently scheduled to take place in November 2014. It should be noted that a neighbouring authority with services not dissimilar to Harrow recently carried out a soft market testing exercise which generated interest from twenty-eight organisations from which seven responses were received for their substance misuse service. It appears that there are a number of providers who may be interested in participating in the tender,

including the possibility of consortium bids. Similarly, for the School Nursing Services their soft market testing exercise generated interest from one organisation and one response received. As other local authorities are tendering for the same services; this may impact on the number of responses received. Should the Council receive only one bid for any of the services; officers intend to retain the right to conduct a negotiated procurement with that one bidder.

7. Financial Implications

7.1 The allocation of grant for Harrow for 2014/15 is £9,146,000 and for Barnet for 2014/15 is £14,335,000

7.2 The amount of the public health grant allocated to the contracts referred to in this report through the agreement of the commissioning intentions is detailed per borough below:

Services	Harrow Current Annual Contract Value	Barnet Current Annual Contract Value
Alcohol & Substance Misuse	£2,590,285	£2,933,115*
Sexual Health	£2,190,173.79	£4,060,102.40
School Nursing	£725,000	£1,084,000
Smoking Cessation	In house service	£369,117
Total	£5,505,458.79	£8,446,334.40

*excludes £133,158 for the Young Person drug and alcohol treatment service and IT Services for Case Management System £28,290.00 contract as it not included in this procurement

7.3 The grant is a ring-fenced allocation for the provision of both mandatory and discretionary public health services. In this respect, the impact of changes in expenditure arising from the procurement exercises will need to be contained within the annual grant amount.

8. Performance Issues

8.1 Substance Misuse Services

8.1.1 H&BJPHS substance misuse services are subject to robust monitoring processes for service delivery and quality. The proposed transition to a new service pathway will be closely managed to ensure there is no disruption to service users. The Senior Commissioning Manager, H&BJPHS Drug & Alcohol Programme Board and Performance Board will continue to ensure appropriate monitoring arrangements are maintained during transition. The principal focus of monitoring will be how successful bidder(s) deliver performance for the key Public Health Outcome Framework indicator: Numbers of Successful Drug (Opiate and non-Opiate) Completions (PHOF 2.15). It is equally imperative that we contribute to reduce the Number of Alcohol Related Hospital Admissions (PHOF 2.18). Local indicators around safeguarding, criminal justice, employment and harm reduction in relation to infectious disease will also continue to be closely monitored during transition.

8.1.2 Current Performance - Q1 2014/15:

Harrow

Opiate (such as heroin) performance at 11.7% remains in the top quartile range for comparator Local Authorities of 11.0 -15.9%. However, non-opiate performance at 42.9% has dropped and now sits below the top quartile range for comparator Local Authorities of 48.66% - 55.32% (latest completion period 1.1.13 - 31.12.13).

Harrow's successful completion of treatment for alcohol performs higher at 50% than the national average of 39%.

Barnet

Opiate performance at 9.2% is below the top quartile range for comparator Local Authorities of 11.0 -15.9%. Non-opiate performance at 23.7% sits well below the top quartile range for comparator Local Authorities of 41.86% - 55.42% (latest completion period: 1.1.13 - 31.12.13).

Barnet's successful completion of treatment for alcohol performs lower at 31.5% than the national average of 39%.

The proposal will have a positive impact on the assessments of various regulators such as Ofsted and CQC as the re-tendering process gives the opportunity to shape local services to local need and address any gaps in current service provision to local residents.

8.3 Sexual Health Services

8.3.1 A brief snap shot of the local epidemiology indicates key priority areas and groups:

- In 2012, the highest rates of STIs were seen in the 1st and 2nd most deprived areas of Harrow.
- The majority of screening for sexually transmitted infections was carried out in GUM clinics with a small number of tests performed in primary care and family planning services (especially for chlamydia).
- In 2012, individuals from white ethnic background had the highest numbers of acute STIs, while individuals from black ethnic background had the highest rates (per 100,000 populations).
- 44% of all acute STIs in 2012 were seen among young people (15-24 years old)
- Individuals from black African background have the highest rates of HIV infection, which is disproportionate to their population size.
- The main route of HIV infection in Harrow is heterosexual exposure (sex between men and women 75%) with a further (20%) attributed to men who have sex with men (MSM).
- Between 2009 and 2011, 51% of HIV diagnoses were made at a late stage of infection. 58% of the heterosexuals and 41% of MSM were diagnosed late.
- The under 18 conception and abortion rates in Harrow have dropped significantly in the past few years. However, the total numbers of abortions in Harrow are higher compared to London and England. Similarly the GP prescription rate for long acting reversible

contraceptives in Harrow is lower compared to London and England.

8.3.2 The expected benefits of the improved commissioning of sexual health services are:

- To provide a sustainable and robust open access sexual health and reproductive services within the available financial resources.
- To prevent and reduce the transmission of STIs among Harrow residents.
- To increase the uptake of contraception and reduction of unintended pregnancies throughout the borough by providing more choice in different healthcare settings.
- To promote the welfare of children and reduce the risks of child sexual exploitation (CSE) in Harrow.
- To reduce the stigma associated with HIV and STIs and expand sexual health promotion and reduce sexual health inequalities among vulnerable groups.

8.3.3 Detailed performance measures and monitoring arrangements will be defined later, once the commissioning strategy and collaborative commissioning arrangements are in place as described in section 3 above.

8.4 School Nursing Services

8.4.1 Following the independent School Nursing Services (SNS) review, the capacity of the SNS in both boroughs has increased. This has come about through implementing some quick wins and putting in a place two separate funded provider development programmes. This encompasses close working between officers and the providers with the aim to improve systems and planning in order to increase productivity and performance in key areas.

8.4.2 Contracts are monitored on a quarterly basis and service KPIs along with quality measurements are in place. The key areas for SNS are: Safeguarding, National Child Measurement Programme, Health Assessments and Targeted work with vulnerable groups. Achieving Immunisations take up has been a key target and the NHSE holds the commissioning responsibility for this activity. Whilst these are critical areas for the SNS, it is apparent that there is relatively little time spent on public health and health promotion with children and young people, their families and the school staff. Similarly dental health and CAMHS remain low priorities and the WLA procurement offers the opportunity to expand the list of KPIs in line with borough priorities through the specification and new contract.

8.4.3 Key Performance Indicators and performance

SNS is monitored against the following quality metrics:

- All new entrants into the school shall be seen by the Service by the end of their second term at the latest. Both providers have performed within the required threshold.
- All children in Reception Class will receive a health assessment within the first year. This remains a challenge for the Harrow provider. Current performance is 82% against a 95% threshold.
- 100% of families transferring into the area, whose children attend state schools shall have contact made by a health professional within 15 days. The target continues to be exceeded for both providers

- All children with a Child Protection Plan will have a Written Care Plan. Both providers continue to exceed the threshold for this target.
- Percentage of initial and review Child Protection Conferences attended by school nurses. Both providers continue to exceed this target.
- Percentage of core groups attended by school nurses. Both providers continue to exceed the required threshold.

In addition the service is also monitored via qualitative reports on the indicators such as children and young people's views and satisfaction with the service.

8.4.4 The service is also required to report on the participation in the annual National Child Measurement Programme for both Reception and Year 6. The Barnet provider had challenges with these KPIs and with closer officer support the performance has improved and is within the threshold. The extra staffing capacity will sustain this performance in the future.

8.5 Smoking Cessation Service

The Quit target for the Barnet Stop Smoking Service for 2013/14 was 570; CLCH failed to deliver this target as they only achieved 326 quits in this period. Performance for quarter 1 of 2014/15 suggests that the annual target of 1124 is unlikely to be met as the provider only delivered 130 quits against a target of 215 for that period.

The re-procurement of this service will enable the Local Authority to achieve its Quit targets. As part of the tendering process, bidders will be asked to demonstrate how the annual target will be achieved. Monitoring arrangements will be established with the successful bidder to ensure that the service achieves the following outcomes:

- Increases the number of people quitting smoking
- Maximises accessibility to the service
- Delivers a quality service in line with evidence base and NICE and DH guidelines
- Raises awareness of healthier lifestyles and helping to identify people at risk of disease/ illness because of lifestyle issues.
- Increases the number of eligible population aged 40 – 74 accessing Health Checks at community events.

9. Environmental Impact

9.1 The H&BJPHS seek to minimise its environmental impact by implementing energy and carbon reduction via its procurement process. Through the evaluation exercise as part of the procurement and contract monitoring, providers will be required to pay due regard for the environmental impact during service delivery. They will need to implement measures to mitigate the environmental impact.

10. Risk Management Implications

Substance Misuse Services

10.1 It is important to note that sourcing suitable community premises may not be feasible within the procurement timescales. In addition the premises need to meet all legal and planning regulations in order to deliver core services. An

example where delay may occur and affect the procurement timetable may be the need of a D1 planning status for the treatment services. Whilst the new provider develops their own property strategy to locate within the Community we will work with the outgoing and incoming providers to ensure that services aren't disrupted.

- 10.2 Due to the nature of the service, possible re-location of the new service is likely to meet local opposition. H&BJPHS will need to work with the local press and politicians to ensure the establishment of the new service is managed effectively. Services Users will be updated via Barnet Service User Steering Group and Harrow Providers' Service User Groups.

11. Equalities implications

- 11.1 The Council will need to comply with the Equality Act 2010 in the provision of Public Health Services and the NHS Constitution when making decisions affecting the delivery of public health in its area. An initial equalities implications assessment carried out on all the above public health services have indicated that the re-procurement will not have an adverse effect on any part of residents. The proposed re-procurement will deliver better value for money whilst achieving better outcomes for services users and the whole community.

12. Council Priorities

- 12.1 The services set out in this report contribute to the delivery of the following Council's priorities by ensuring the health and wellbeing of local residents. These services ensure that vulnerable residents have access to the information, support, diagnose and treatment they require to achieve optimum health. The service user's engagement in these services also has a positive impact on the family and the wider community.

Making a difference for the vulnerable
Making a difference for communities
Making a difference for local businesses
Making a difference for families

For example drug and alcohol dependency goes hand in hand with poor health, homelessness, family breakdown and offending - all of which are associated with significant burden to public services and ultimately the tax payer. Drug and alcohol treatment provides a positive return on investment both financially and socially by reducing costs to health, criminal justice and other sectors and reducing harms to individuals, families and communities. Analysis shows that for every £1 spent on drug treatment in the last 8 years, a £3.20 saving has been made.

Section 3 - Statutory Officer Clearance

Name: Donna Edwards on behalf of the
Chief Financial Officer

Date: 22 October 2014

Name: Sarah Inverary on behalf of the
Monitoring Officer

Date: 21 October 2014

Section 4 – Performance Officer Clearance

Name: Martin Randall on behalf of the
Divisional Director
Strategic

Date: 21 October 2014
Commissioning

Section 5 – Environmental Impact Officer Clearance

Name: Venetia Reid-Baptiste on behalf of the
Corporate Director
(Environment &
Enterprise)

Date: 21 October 2014

Ward Councillors notified: NO

Section 6 - Contact Details and Background Papers

Contact: Katerina Athanasiadou
Commercial Business Specialist
Commercial, Contracts and Procurement
Resources Division on behalf of the Harrow and Barnet Joint
Public Health Service
Katerina.Athanasiadou@harrow.gov.uk

Background Papers:

1. Cabinet Paper 14th February 2013 – Key 9.
<http://modern.gov:8080/documents/g61076/Public%20reports%20pack%20Thursday%2014-Feb-2013%2019.30%20Cabinet.pdf?T=10>
2. Cabinet Paper 13th December 2012 – Key 9.
<http://modern.gov:8080/documents/g61074/Public%20reports%20pack%20Thursday%2013-Dec-2012%2019.30%20Cabinet.pdf?T=10>
3. Public Health Outcome Framework 2013: Department of Health - Improving outcomes and supporting transparency (available at)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263662/2901502_PHOF_Improving_Outcomes_PT2_v1_1.pdf

**Call-In Waived by the
Chairman of Overview
and Scrutiny
Committee**

NOT APPLICABLE

[Call-in applies]