

Health Scrutiny Panel

26 November 2015

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| Report title | Public Health Community Services | |
| Cabinet member with lead responsibility | Councillor Sandra Samuels Cabinet Member for Public Health and Wellbeing | |
| Wards affected | All | |
| Accountable director | Ros Jervis – Service Director Public Health and Wellbeing | |
| Originating service | Public Health | |
| Accountable employee(s) | Juliet Grainger Commissioning Manager 01902 551028 Juliet.grainger@ Wolverhampton.gov.uk | Michelle Smith Commissioning Officer 01902 550154 Michelle.marie- smith@wolverhampton.gov.uk |

Report to be/has been considered by

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Consider the engagement plan for Public Health Community Services and offer comments.

Recommendations for noting:

The Panel is asked to note:

1. The procurement approach set out for the re-commissioning of Public Health Community Services post April 2016.

Executive Summary

Public Health's Contracting Strategy 2014 report to Cabinet Resources Panel in December 2014 outlines the proposals for how inherited Public Health contracts would be commissioned, procured and managed post March 2016.

Public Health Community Services have been categorised into seven programmes:

| No | Service | Provider | Expiry date |
|----|---|----------|-------------|
| 1 | Sexual Health Primary Care (phase 2 of sexual health model) | GP | 31.05.2016 |
| 2 | NHS Health Checks | GP | 31.03.2016 |
| 3 | Shared Care Substance Misuse | GP | 31.03.2016 |
| 4 | Smoking Cessation | GP | 31.03.2016 |
| 5 | Nicotine Replacement Therapy (NRT) | Pharmacy | 31.03.2016 |
| 6 | Needle Exchange | Pharmacy | 31.03.2016 |
| 7 | Supervised Consumption | Pharmacy | 31.03.2016 |

The current arrangements for these services come to an end in March or May 2016. Under our financial regulations and contract procedure rules we are obliged to re-commission for these services.

Re-commissioning these services also provides us with an opportunity to update services and align service specifications to reflect new national standards, guidance and best practice. It also enables us to ensure services are fit for purpose in meeting local needs, and ensure delivery against our Public Health priorities.

The development of a new model for sexual health services (service no. 1) has been widely consulted and developed with the public, service users and stakeholders and will be procured as a separate tender process to provide an extended sexual health offer within a number of GP practices.

Engagement with service providers for the remaining public health community services (services 2-7) has been an on-going over during the last two years. Formal engagement with current providers started 12th October and ran for four weeks until 8th November 2015. Going forward, these services will be procured under a Public Health Framework Agreement.

1.0 Purpose

- 1.1 This report aims to update the Health Scrutiny Panel on the engagement activity for the re-commissioning of the city's Public Health Community Services. It will outline the plan for engagement and present the engagement paper in appendix 1, which has been made available to service providers and stakeholders.
- 1.2 The report also provides an overview of how Public Health intends to re-commission these services under a Community Services model.

2.0 Background and overview

- 2.1 There are several drivers which require us to commission for enhanced community services to improve the health and wellbeing of residents in Wolverhampton which include statutory duties, the requirements of the public health grant, the procurement procedure rules and corporate priorities.
- 2.2 In line with the transfer of public health responsibilities to the Local Authority from Primary Care Trusts the table below outlines services currently commissioned in the community known as Local Enhanced Service agreements.

| No | Service | Current Provider | Expiry date | Q3 14/15 – Q2 15/16 Activity | Contract spend based on activity £ |
|----|---|------------------|-------------|---|------------------------------------|
| 1 | Sexual Health Primary Care (phase 2 of sexual health model) | GP | 31.05.2016 | 2237 (insertions/removals/refits/reviews) | 67,178 |
| 2 | NHS Health Checks | GP | 31.03.2016 | 2056 (health checks) | 51,400 |
| 3 | Shared Care Substance Misuse | GP | 31.03.2016 | 829 (quarterly reviews) | 88,703 |
| 4 | Smoking Cessation | GP | 31.03.2016 | 323 (4 week quits) | 17,765 |
| 5 | Nicotine Replacement Therapy (NRT) | Pharmacy | 31.03.2016 | Breakdown unavailable | 31,240 |
| 6 | Needle Exchange | Pharmacy | 31.03.2016 | 23,495 packs issued 4645 returned | 28,140 |
| 7 | Supervised Consumption | Pharmacy | 31.03.2016 | 68,596 supervisions | 180,132 |

- 2.3 Public Health is responsible for re-commissioning these services to ensure interventions which will reduce inequalities across the local population. They are targeted either towards specific population groups, or designated geographical areas.
- 2.4 In accordance with Public Health's Contracting Strategy (2014-2017) and corporate procurement regulations the seven services listed above are to be re-commissioned in line with the Council's Contract Procedure Rules. Approvals have been gained from Cabinet Resources Panel in order to proceed with our contracting and procurement activity.

3.0 Procurement Strategy

- 3.1 Primary care sexual health services (service 1) will provide an extended sexual health offer within a number of GP practices across the city. This forms phase 2 of the integrated sexual health model which has previously been reported to the Health Scrutiny Panel. Contract duration is in line with the contract for the main sexual health specialist service, which is 1st June 2016, for three years.
- 3.2 Services 2-7 listed above will be procured via an open tendering process. This will enable six key public health services to be tendered simultaneously as individual 'service lots'.
- 3.3 Dividing the tender into lots will reduce costs to bidders and the Council when compared to separate exercises being undertaken. The resulting contract will be established for two years, during which time the contract will be reviewed and future procurement process determined.
- 3.3 Evaluation of service providers' suitability will be based on the Council's standard tender questionnaire in addition to specific competence requirements.
- 3.4 Needle Exchange (service no. 6) will be subject to a competitive evaluation process. This is a direct response to significant and on-going concerns regarding needle litter from members of the public and several Councillors.

3.5 Timetable

| Action | Timescale |
|--|--------------------------------|
| Review and redesign service specifications | June – September 2015 |
| Commence provider engagement | June – September 2015 |
| Service specification development with providers | 12th October—8th November 2015 |
| Engagement event with providers | 5th November 2015 |
| Marketplace event with providers | 26th November 2015 |
| Tender opportunity published | 1st December 2015 |
| Tender return date | 15th January 2016 |
| Review tender submissions | February 2015 |
| Contracts awarded | February 2016 |
| Public Health Community Services commence | 1 st April 2016 |
| Sexual Health Community Services commence | 1 st June 2016 |

4.0 Engagement Activity

- 4.1 The substantial redesign and remodelling of sexual health services (service no. 1) has been consulted widely with the public, workforce and stakeholders during a three month engagement period in November 2014 to January 2015.
- 4.2 Health Scrutiny Panel received the engagement plan for the re-commissioning of sexual health services on 11 December 2014. The engagement ran between 1 November 2014 and 31 January 2015 and covered a wide range of groups including young people, General Practitioners (GP's), pharmacists, existing workforce, stakeholders, and the general public. A further report was taken back to Health Scrutiny in May 2015 to report on the outcomes of the engagement and next steps.
- 4.3 Based on the engagement feedback, particularly from GP's it was felt that further development work was needed in order that an effective primary care sexual health offer could be established in partnership with GP's. In order to do this, the decision was made to commission in two phases. Phase 1 included Contraceptive and Reproductive Services, Genito-Urinary Medicine (GUM), HIV prevention and Chlamydia Screening Programme. Phase 2, comprises GP's delivering sexual health services which is a component of the Public Health Community Services portfolio.
- 4.4 Engagement with providers on the remaining community service programmes (services 2-7) commenced on 12th October 2015 and was held for four weeks (until 8th November) to ensure services were shaped in conjunction with current and prospective service providers, that they were fit for purpose and secure buy in from the provider market.
- 4.5 On-going engagement on needle exchange services during the past two years has provided us with feedback regarding suggestions on how to improve needle equipment return rates and reduce litter in hotspot geographical areas. As a result of this we have engaged with service providers and service users regarding minor changes to way needle exchange services are delivered in community pharmacies. This process has been supported by the Local Pharmaceutical Committee (LPC), PACT residents meetings, the specialist treatment service Recovery Near You, St Georges Hostel, The Good Shepherd soup kitchen and the Service User Involvement Team.
- 4.6 Current providers have been informed of the intention to re-commission services and associated contracting processes. Public Health representatives have presented at the Local Pharmaceutical Committee, the Local Medical Committee and at Clinical Commissioning Group (CCG) meetings. Service specifications have been distributed to these groups with the opportunity to comment and revise.
- 4.7 Market engagement events with existing and potential providers have been arranged during November 2015 (5th November and 26th November) and the outcome of the events and responses received will be incorporated into service specifications where appropriate. A summary report pulling all information from the events and activities will be made available in December 2015.

5.0 Anticipated improvements to service delivery:

Specific

- 5.1 In response to feedback during consultation it was proposed that a lead provider for primary care sexual health services to work closely with GP's and Practice Nurses would deliver a consistent and high quality sexual health offer within GP practices, that includes health prevention and promotion. The approach needs to be coordinated, flexible, innovative and work very closely with the integrated sexual health service which was tendered in August 2015.
- 5.2 As a result of great levels of previous engagement with service stakeholders we have proposed to improve the way the needle exchange service operates. This is a direct response to significant and on-going issues with needle equipment wastage and litter severely affecting residents living in the areas where the services have been offered. Therefore we are proposing:
- To cease giving out universal packs with pre-determined equipment
 - To offer a bespoke service whereby clients would only select the equipment they need based on their personal requirements by picking and mixing the products they require, alongside access to health promotion advice and the treatment services offer.

We anticipate this will help to:

- Reduce the amount of unused equipment wasted and disposed of in public areas
- Will offer an improved service with higher levels of engagement between the pharmacist and client.

General

- 5.3 Service specifications have been revised in accordance with national research, new standards and local need. Revisions are intended to deliver a continued focus on quality of care, service user experience, service outcomes, improved data collection and increasing the uptake of each service and ensuring greater coverage across the city.

6.0 Potential risks and benefits

- 6.1 Procurement of these services is the best way to ensure service models are aligned to achieving improvements to public health outcomes, to secure value for money and ensure quality and consistency of services. However we are not able to currently predict the level of interest in applications to deliver the services.
- 6.2 These unknown effects have been counterbalanced by stakeholder engagement and communications which have set out the rationale for change, i.e. to increase performance activity and improve services to ensure greater fit with local needs.

7.0 Financial implications

7.1 The Public Health grant for 2015/16 is £19.3 million excluding Health Visitor transfer in year and the amount of grant allocated for 2016/17 will be determined in the Spending Review in November 2015. These contracts will be funded from Public Health contracts budget then set for 2016/17. There are no savings reflected in the contract value specified but quality and output improvements will be specified. The pricing reflects current activity tariffs which may increase to achieve performance improvements in nationally monitored smoking quit rates and NHS health check attendances.
[GS/13112015/I]

8.0 Legal implications

8.1 These arrangements are consistent with the proper administration of the Council's financial affairs and procurement procedures, contained within the Council's constitution and comply with the Public Contract Regulations and other legislative requirements.
[RB/11112015/M]

9.0 Equalities implications

9.1 An initial equalities impact screening analysis has been carried out and has not highlighted any adverse impacts however it may be necessary to conduct a full equalities impact assessment should adverse equalities impacts be identified during the engagement process.

10.0 Environmental implications

10.1 The future delivery of needle exchange services in the City have been revised due to hotspots being identified where a sustained and disproportionate level of needle litter is being found. A pilot is underway in one of the current delivery pharmacies to evaluate the success of a new model aimed at reducing needle litter and paraphernalia in the community. This has informed the service specification for needle exchange services available under the framework.

11.0 Human resources implications

11.1 There are no human resources implications.

12.0 Corporate landlord implications

12.1 There are no corporate landlord implications.

13.0 Schedule of background papers

13.1 Cabinet Resources Panel Public Health Contracting Strategy – 09.12.2014.

13.2 Cabinet Resources Panel Strategic Procurement – award of contracts for works, goods and services – 15.09.2015.