

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Health and Wellbeing (Public Health)
Date:	20 September 2013
Title:	Public Health Strategic Procurement Plan and Approvals
Decision Reference:	5128
Report From:	Director of Public Health

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1. Executive Summary

- 1.1. The Public Health responsibilities, supported by staff, assets and contracts successfully transitioned into Hampshire County Council (the County Council) from Hampshire Primary Care Trust, a National Health Service commissioner (NHS) with effect from 1 April 2013.
- 1.2. A review of services is on-going. Contractual measures were put in place for all contracts that had an expiry date before 1 April 2013 to enable continuation of services over this period. In light of the County Council's strategic Category Management approach to procurement, Public Health services under review have initially been categorised into seven programmes. They are:
 - A: School Nursing
 - B: Sexual Health
 - C: Health Checks
 - D: Substance Misuse (Drugs and Alcohol)
 - E: Smoking Cessation
 - F: Weight Management
 - G: Dental Services
- 1.3. A planned and phased approach to procuring these programme based services as multiple lots under a main 'category' will further streamline their re-commissioning and revised contracting. This is intended to maximise economies of scale, reduce costs and improve efficiencies throughout the supply chain while improving outcomes for the residents of the County.

- 1.4. The services will be evaluated in order to ensure that future procurements are the best use of resources to optimise outcomes for the residents of Hampshire. This will be managed by phasing the re-procurement and letting of contracts over a three and half year period and aligned with the Transformation to 2015.
- 1.5 This report seeks support for implementing the Strategic Procurement Plan, authority to put in place Single Tender Approvals for Public Health contracts from 1 April 2014 as set out in Exempt Appendix 4 and to go out to tender for School Nursing Services and Sexual Health Services commencing 1 April 2014.
- 1.6 A further report will be brought to the Executive Member for each of the other tenders included in the strategic procurement plan going forward.

2. Background

- 2.1 The County Council became responsible for local public health leadership from 1 April 2013, supported by delivery of a number of specified public health functions. These functions were transferred by the Health and Social Care Act 2012 from Hampshire PCT (Public Health) which ceased to exist after 31 March 2013. The transfer from Hampshire PCT to the County Council was one of the more complex transfers in the local area given the wide geographical coverage and number of providers. Other Hampshire PCT responsibilities were split across 5 Clinical Commissioning Groups and NHS England.
- 2.2 The new Public Health responsibilities are outlined in Appendix 1.
- 2.3 The new duty for the County Council was supported by the transfers of staff, assets and contracts through a Department of Health Transfer Scheme. A number of temporary arrangements were put in place for agreements that came to an end on 31 March 2013 under a delegated power from Hampshire County Council Cabinet dated 25 March 2013 to ensure all services continued uninterrupted by the transition to 31 March 2014.
- 2.4 The commissioning of Public Health services was previously executed as part of the business delivery of the Hampshire PCT Annual Operating Plan to achieve identified in-year outputs and outcomes. The Public Health functions and commissioned services are focused to deliver against outcomes as set out in the Public Health Outcomes Framework (Appendix 2). These include nationally mandated functions through services that deliver them locally.
- 2.5 The services were commissioned by Hampshire PCT through a range of contractual mechanisms including:
 - Being part of large block contracts with NHS acute and/or community providers against agreed service specifications
 - Schedules to main primary care contracts held between NHS Hampshire and GP Practices and Pharmacies (known as Locally Enhanced Services (LESs) Agreements)
 - Standalone contracts with non-NHS provider organisations
 - Section 256 funding/partnering agreements.

- 2.6 The above mechanisms not only ensured service delivery in the County but also outside of Hampshire for those residents accessing these services.
- 2.7 A list of the current range of public health contracts is set out in Appendix 3.
- 2.8 The majority of these contracts have historically been with NHS providers and part of the complex NHS commissioning arrangements. Most of these agreements were entered into on an annual rolling basis being renewed each year as part of the NHS contractual updates, therefore these contracts are only for one year to 31 March 2014. This reflects custom and practice of NHS contracting and not the overall commissioning of services for which plans and agreements run over periods of 2-4 years.
- 2.9 The majority of the contracts that have transferred are due to expire by the end of March 2014. This represents a significant procurement challenge to the County Council if it is to manage to discharge its duty of best value, maintain and improve quality standards, develop service delivery and innovate. From this perspective, the County Council is still in the transitional phase for discharging this new function.
- 2.10 This report sets out the planned approach to moving these transitional arrangements into mainstream council business processes and to enable development of the market.

3. Opportunities for improved outcomes and efficiencies

- 3.1 A strategic, planned and phased approach to procuring Public Health services will allow for the maximisation of best value and improvement of health and wellbeing for residents of Hampshire as set out in this report. The requests for Single Tender Approval and tenders support this plan going forward as outlined below.
- 3.2 Many of the contracts have been within the NHS and updated and renewed on an annual basis, for example some 450 individual Locally Enhanced Services (LESs).
- 3.3 The opportunity to aggregate services into lots will enable a more flexible approach and is expected to result in reduced procurement costs for the County Council, for current providers and also lever new potential bidders. Increased economies of scale and leverage will contribute to managing service costs and improve service outcomes. This is consistent with the County Council 'category management' approach to procurement.
- 3.4 The alignment of contract end dates is critical for the success of a strategic and aggregated services procurement plan. The Single Tender Approvals are an important part of this overall plan in providing a suitable platform to maximise the benefits outlined here and provide sufficient time to undertake full evaluations of these new services to the County Council ensuring that:
 - (a) the required amount of planning, preparation, consultation and decision making is undertaken to help ensure all procurement activity is in line with best practice
 - (b) sufficient time is allowed to engage with potential providers to undertake soft market testing to understand today's and future market places tailoring

our procurements to bring about innovative solutions embracing new technologies and maximise the wellbeing of residents in Hampshire

(c) service specifications are fit for purpose and remain or are developed to be fit for purpose throughout the contractual terms

(d) procurement timelines are fit for purpose and provide adequate time for quality responses and are not solely based on the minimum statutory requirements

(e) include a service user focus and engagement.

- 3.5 To achieve the above strategic approach and ensure that there is a joined up approach to procuring services some of the single tender approval requests will necessarily span a longer period than would usually be the case. The supporting rationale on a service by service basis are documented below.
- 3.6 It must also be noted that some services are provided from within NHS Hospitals intentionally to strategically provide joined up pathways for service users e.g. Alcohol Specialist Services; or where there are no suitably positioned alternative providers as previously identified in the commissioning of these services.
- 3.7 The overall aim of this approach is to allow time and scope for all services to be fully evaluated, to enable greater engagement with the market and service users and achieve efficiencies through application of the category management approach and aggregation of services by lots where this is feasible.

4. Public Health Services

- 4.1 Public Health services are part of the delivery of evidence based care pathways and partnership strategies. Many of these strategies have been jointly agreed and led by NHS Hampshire Public Health and the County Council. These include Hampshire Smoke Free Tobacco Control Strategy, Hampshire Healthy Weights Strategy and Hampshire Alcohol Strategy 2012-15. The priorities that fall out of these are consistent with and designed to deliver the outcomes set out in the Hampshire Health and Wellbeing Strategy and the Children's Trust Children and Young People's Plan. All are informed by the Hampshire Joint Strategic Needs Assessment. Public Health services and the budget for their commissioning are subject to the NHS Constitution, including those commitments for continuity of service.
- 4.2 The full list of nationally mandated functions and services that support them being delivered locally is set out at Appendices 1 and 3.
- 4.3 This report is seeking approval for a number of Single Tender Approvals as outlined above and approvals to go out to tender for two categories. This approach will ensure continuity of services and align contract end dates to achieve the ambition of tendering as complete categories.
- 4.4 All the proposed contracts are included in the baseline budget for 2013/14 agreed by Cabinet on the 25 March 2013 and the Public Health Grant report to Cabinet on the 22 July 2013. They do not represent the commissioning of additional services.

- 4.5 As part of the development of the procurement timetable and therefore underpinning this report, the services have been split into three broad groups:
- (a) the services for which a tender exercise needs to commence immediately include School Nursing planned to commence procurement in 1 April 2014 and Level 3 Integrated Sexual Health Services from October 2014.
 - (b) the services that need to be procured as of April 2014 but where the services are of a nature, and have historically been delivered in such a way that further evaluation needs to be carried out in order to assess potential service delivery options and to assess the market. These include all the LES agreements (some 450 individual contracts) for Sexual Health, Health Checks and Smoking Cessation.
 - (c) the third area is for services that require extensions by single tender approval because there needs to be adequate time to assess and evaluate the impact of these services due to their nature. This would include Weight Management, alcohol misuse services and Public Health Dental Services.

5. School Nursing (category A)

- 5.1 This is part of the Children's 5-19 years Public Health services function that transferred to local authorities and delivers the mandated requirement for delivering the National Childhood Weighing and Measuring Programme (NCMP) for children in school years R and Year 6. It should also be providing the breadth of public health nursing to support healthy child development through school years including mental public health and wellbeing.
- 5.2 The service is currently being delivered via two main contracts with NHS Foundation Trusts, one covering the north of the County and one covering the rest of the County.
- 5.3 Both of the above benefitted from the interim arrangements that needed to be put in place due to Hampshire PCT not renewing the contracts before 1 April 2013 and therefore transferred via the transfer order. Both are due to expire on 31 March 2014.
- 5.4 A review of these services is under way to inform the re-commissioning of these essential services for school aged children in line with the national 'Call to Action' School Nursing Model of services as part of the Healthy Child Programme. This has been identified in the Children and Young People's plan as an action for 2013-15.

Single Tender Approval

- 5.5 This paper seeks approval to put into place Single Tender Approvals to extend both School Nursing services that have a combined annual value of £3,522,000.
- 5.6 To successfully re-procure a school nursing function for the children of Hampshire an 18 month procurement timetable is required including evaluation, preparation, consultation and mobilisation as set out in section 3 of this report.

5.7 The current expiry date of 31 March 2014 does not provide sufficient time to meet these requirements and achieve the service quality and coverage improvements needed.

5.8 A Single Tender Approval is therefore sought to extend the existing contract with the current NHS Foundation Trust providers for a further 12 months to 31 March 2015 in order to undertake full procurement and ensure continuity of service during this period. The value of the extension is £3,522,000.

Full Tender Approval

5.9 Seeking approval to spend and approval to go out to tender for these services that have a combined value of £17,609,000 over the full term of the proposed contract period.

5.10 The total contract term of 5 years to include extensions (e.g. 3 years plus two possible extension periods of one year) is required to ensure the County Council maximises the opportunity to reduce costs, improve efficiencies throughout the supply chain, provide the service providers and the County Council with stability to help maximise a continuous development and improvement programme. It is anticipated that a contract term of this nature will incentivise the market place and encourage innovation and also provide enough flexibility to minimise risk to the County Council of not providing the opportunity to develop and test the market.

6. Sexual Health (category B)

6.1 The commissioning of Sexual Health Services is a mandated part of the transferred functions to the local authority. The responsibility comprises comprehensive and accessible Sexual Health Services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and disease prevention). This also contributes to the Children and Young People's Plan to reduce teenage conceptions.

6.2 This category of inter-connected services is comprised of six elements, each with its own contract(s): Level 3 Integrated Sexual Health Services, Long Acting Reversible Contraception (LARC), GP Chlamydia Locally Enhanced Service, Pharmacy Emergency Hormonal Contraception (EHC), Pharmacy Chlamydia Kits and Condoms Locally Enhanced Service and Pharmacy Chlamydia Treatment Locally Enhanced Service.

6.3 Level 3 Sexual Health Services are currently delivered as an integrated service by an NHS provider Trust under a contract that is due to expire 31 March 2015.

6.4 The scale and complexity of these level 3 services requires an extension to explore new contractual arrangements whilst ensuring service continuity.

6.5 Further, it also brings it into line with the financial year and the other local commissioners Portsmouth City Council and Southampton City Council with whom the current service has been co-commissioned. This provides scope to explore commissioning these services on a collaborative basis and scale which may provide further efficiencies in procurement and facilitate improved service delivery by providers and access for users of these services.

- 6.6 This service requires an 18 month procurement timetable and an additional transition (mobilisation) period should a new provider(s) be awarded the contract. The complexity, scale and opportunity around these services mean that current expiry date is not sufficient to meet these requirements.
- 6.7 Alongside the contract expiry date 31 March 2015 for the Level 3 services above sit some 450 individual LESs which expire 31 March 2014 as set out below.
- 6.8 The GP and pharmacy (primary care) providers across Hampshire provide the LARC, EHC, condom distribution and chlamydia testing kits and treatment primarily through individual contracts with each provider (except in North Hampshire). The currently contracted NHS Trust supports the primary care delivered services by providing the chlamydia kits and condoms. These are all due to expire 31 March 2014.
- 6.9 For LARC in North Hampshire, the GPs have formed a limited company, an "Alliance" as a vehicle to deliver combined services and Hampshire PCT had entered a 3 year contract for the delivery of a range of services that included LARC that runs until 31 March 2015. Currently the County Council is contracting with this Alliance for the delivery of LARC.
- 6.10 All the above services have been combined in one category to maximise opportunity and to lever and incentivise the market. This also provides opportunities to bundle services into lots, gain further efficiencies and improve the coordinated delivery of services currently delivered through multiple contracts.

Single Tender Approval

- 6.11 A Single Tender Approval is sought:
- (a) to extend the existing integrated sexual health services contract for a further 12 months to 31 March 2016 in order to have time to undertake a full procurement. The value of the extension for 12 months is £7,488,837; and
- (b) to extend all LES services for a further 24 months to 31 March 2016 in order to align them with the procurement of the Level 3 Integrated Sexual Health Services and include them as lots within a single category procurement. The total combined value of all LESs extension for 24 months is £4,051,800. The breakdown by groups of LESs is set out in Exempt Appendix 4.
- 6.12 For the LES agreements, the current service delivery model is based on delivery through primary care, largely GP practices and some pharmacies. This has ensured the required comprehensive and even geographical coverage for access to these services to date.
- 6.13 In the timescales currently available and based on the learning from previous tenders there are no alternative service delivery models that can provide the coverage, continuity and the clinical quality and safety required to deliver this complex suite of interrelated services.
- 6.14 Alternative delivery models do need to be considered and market stimulation will be needed if these models are to be adequately tested and the potential efficiencies and cost savings are to be achieved without compromising the clinical quality and safety and population coverage.

- 6.15 Time is required to allow the County Council to fully evaluate the current services and market, to stimulate the market and give it time to develop. This timescale will enable contract end dates to be aligned within the category so that the potential to procure can be tendered as several lots within a category as one single tender. This also provides the opportunity to improve the coordination of service currently delivered through multiple contracts.

Full Tender Approval

- 6.16 A request is made to obtain approval to go out to tender for the contract for the Level 3 Integrated Sexual Health Services and the LESs for a further 3 years with an option for two possible extensions of one year with effect from 1 April 2016. The maximum contract value of these aggregated services over 5 years will be £47,573,400.
- 6.17 The total contract term of 5 years to include extensions is required to ensure the County Council maximises the opportunity to reduce costs and improve efficiencies throughout the supply chain and provide the service providers and the County Council with stability to help maximise a continuous development and improvement programme. A contract term of this nature will incentivise the market place and encourage innovation and also provide enough flexibility to combine services that are currently commissioned separately.

7. Health Checks (category C)

- 7.1 The NHS Health Checks are the local delivery of a national programme which offers a free health assessment to apparently healthy adults between 40-74 years. It is a mandated Public Health service for which the local authority is responsible for local commissioning.
- 7.2 This service is currently commissioned from GP practices across Hampshire with a supporting contract with the Hampshire and Isle of Wight Practitioner and Patient Services Agency (PPSA). The latter provides a list of residents for each GP practice who are eligible for a health check.
- 7.3 The service is delivered as a 5 year national rolling programme so each eligible person is able to access a health check once every 5 years. We are currently mid way through the first five year cycle.
- 7.4 The current service model is based on delivery through GP practices to ensure both comprehensive and even geographical coverage and is contracted through a LES up to 31 March 2014. This was assessed as the best value and most accessible model for the population of Hampshire when reviewed during 2012. Any alternative delivery models need to be considered and input from the market will be needed.

Single Tender Approval

- 7.5 Approval is sought to put in place Single Tender Approvals for these services that have a combined value of £4,377,700 for a period of up to 3 years and three months with appropriate break clauses to provide flexibility.
- 7.6 This will allow for the completion of the 5 year programme cycle of NHS Health Checks and a comprehensive evaluation of these services and modality.

- 7.7 Further time is required to allow the County Council to evaluate the service and market, to stimulate the market and give it time to develop potential alternative service delivery models. In addition this enables contract end dates to be aligned within the category in order that future procurements can be tendered as several lots within one single tender.
- 7.8 There is further scope in combining Health Checks into one overall 'Healthy Lifestyle Services' category for procurement with weight management and smoking cessation services (sections 9 & 10 of this report).
- 7.9 Until such evaluation has taken place then there is no clearly identifiable alternative to this service provision that will provide the coverage other than through GP practices supported by the PPSA which is necessary to provide patient list for those eligible.

Full Tender Approval

- 7.10 A further report will be brought back to the Executive Member seeking approval to go out to tender with the intention that services commence by July 2017.

8. Alcohol Misuse Services (Substance Misuse category D)

- 8.1 This report covers the Alcohol Specialist Services. However, these need to be considered alongside the other substance misuse services and the tier 3 & 4 HOMER drugs and alcohol services which are commissioned by the Hampshire Drug Action Team (DAAT), as part of the public health responsibilities and resourced by the public health grant. These are currently included in the Adult Services forward plan.
- 8.2 Alcohol Specialist Nurse Liaison Services provide evidence based brief interventions and training in the NHS hospital setting as part of a pathway of services to tackle alcohol misuse and support those at risk of ill health, injury and abuse due to increasing risk drinking. They are delivered as part of the current Hampshire Alcohol Strategy implementation. They provide the prevention services that interface with the DAAT commissioned tier 3 and 4 drug and alcohol treatment services.
- 8.3 The Alcohol Specialist Nurse services are currently required to be delivered in an acute NHS setting by specially trained nurses. The development of a Hampshire Substance Misuse Strategy covering drugs and alcohol will provide a revised framework for commissioning these services going forward.
- 8.4 There are currently 4 contracts with the four main acute healthcare providers for the county and neighbouring areas to ensure coverage for residents of Hampshire.
- 8.5 The contract with Portsmouth City Council is a funding arrangement and Portsmouth City Council holds the service contract with Portsmouth Hospitals NHS Trust. The County Council inherited the remaining 2 years of a 3 year commitment which is due to expire 31 March 2015.
- 8.6 The contracts with Hampshire Hospitals NHS Foundation Trust, University Hospital Southampton NHS Foundation Trust and Frimley Park Hospital NHS

Foundation Trust are service contracts which the County Council now directly commissions from the providers. These three are due to expire on 31 March 2014 due to the historic NHS annual 'contract' setting mechanism. The services however, have been 'commissioned' from these providers until 31 March 2015 to bring the end date of all services in line with the Portsmouth contract in preparation to re-procure these services. An evaluation of the current services to inform future commission is planned for 2014/15.

- 8.7 The nature of these services and the need for them to be located in the acute NHS provider clinical settings as part of the overall pathway of services for alcohol prevention, early intervention and the interface with drug and alcohol treatment services mean that there are currently no alternative to current NHS provision and a single tender approval is requested to ensure the continuity of these services.

Single Tender Approval

- 8.8 Approval is sought to put in place contracts by Single Tender Approval up to 31 March 2017 for all four services that have a combined value of up to £599,000 for a period of up to 3 years up. The Single Tender Approvals are requested for a period of one year +1 +1.
- 8.9 These services are currently provided within NHS premises as part of a strategically placed pathway for service users. Aligned and easily accessible services are best placed to provide effective outcomes for the service user. There is insufficient time to determine if there are alternative service delivery models and these services are already part of an agreed approach to bridge an identified gap in the service pathway as part of the Hampshire Alcohol Strategy implementation.
- 8.10 The Single Tender Approvals will allow sufficient time to evaluate the four services currently provided and develop one overall model of alcohol misuse services as part of the emerging DAAT Substance Misuse Strategy.
- 8.11 Further, the contract end date needs to be aligned within this category in order that future contracts can be tendered as several lots within one single substance misuse tender and provide the County Council scope to stimulate and test the market for these relatively new services.

Full Tender Approval

- 8.12 A further report will be brought forward to the Executive Member seeking approval to procure by tender all four services with intention for services to commence by 1 April 2017.

9. Smoking Cessation (category E)

- 9.1 This is a key service commissioned to deliver Public Health Outcomes to reduce smoking prevalence, and hence reduce avoidable premature mortality - from CVD (including vascular dementias), respiratory disease, cancer and other smoking related disease and contributing towards reducing health inequalities, smoking in pregnancy and infant mortality.
- 9.2 This service is currently being delivered county-wide under a single contract with an NHS Foundation Trust.

- 9.3 It is part of achieving the wider tobacco control and smoking cessation strategy and delivery of the Smoke Free Hampshire Plan. Smoking cessation is an important referral route for people accessing the mandated NHS Health Checks.
- 9.4 There is scope to include the re-procurement of this service as part of a larger category to cover 'Healthy Lifestyles Services' in order to achieve a comprehensive service and potential efficiencies in both combining these services into one procurement category and the potential to embrace market development and innovation.
- 9.5 There are two separate small contracts for innovative work with children and young people; one with Thrive Tribe 'Operation Smoke Storm' for the provision of Interactive Smoking Prevention and one for a Peer Mentoring project as part of the Hampshire Smoke Free Youth Plan. These will be reviewed during 2013/14 and falls outside the scope of this report.
- 9.6 All contracts expire 31 March 2014.

Single Tender Approval

- 9.7 Approval is sought to put in place a Single Tender Approval for the county-wide Smoking Cessation Service for a period of up to 3 years and three months with appropriate break clauses to provide flexibility. The maximum value of the contract for this period from 1 April 2014 up to 30 June 2017 is £6,386,250.
- 9.8 The current contract for the smoking cessation service is due to end on 31 March 2014. There is inadequate time to give notice and go to full evaluation and re-procurement of this service.
- 9.9 It is proposed to continue for a further 3 years and three months in order to explore bringing the procurement of this service in line with other 'Healthy Lifestyle Services' including NHS Health Checks and weight management services.
- 9.10 The opportunity to aggregate services into lots will enable a more flexible approach and is expected to result in reduced procurement costs for the County Council, for current providers and also lever new potential bidders. Increased economies of scale and leverage will contribute to managing service costs and improve service outcomes.
- 9.11 The alignment of contract end dates with Health Checks and Weight Management Services is an important part of this overall plan in providing a suitable platform to maximise the benefits outlined here and provide sufficient time to undertake full evaluations of these new services to the County Council as outlined in section 3 of this report.

Full Tender Approval

- 9.12 A further report will be brought forward to seek approval to procure by tender a Smoking Cessation Service with intention that services commence 1 July 2017.

10. Weight Management

- 10.1 Adult weight management services are commissioned as part of a pathway of inter-connected community weight management services. These are commissioned to deliver against Public Health Outcomes to reduce adult obesity, reducing avoidable ill health and are one of a number of interventions to support mandated NHS Health Checks.
- 10.2 The services for children and young people are part of delivering the Children and Young People's Plan's Hampshire Healthy Weights Strategy implementation to reduce childhood obesity. These are specific interventions linked to supporting the mandated National Child Measurement Programme services.
- 10.3 The above services are delivered through 5 contracts, all with private sector, or third party provider companies:
- a) Tier 2 Weight Adult Management Services are provided by two companies and they are due to expire 31 July 2014 and 13 September 2014 respectively.
 - b) The Tier 3 Adult Weight Management Service is provided by a private healthcare provider and is due to expire 31 October 2014.
 - c) The Health Trainers Service is due to expire on 30 September 2015.
 - d) The Tier 2 Children's Weight Management Service is due to expire on 31 March 2016.
- 10.4 These services and evaluation have been commissioned in partnership with neighbouring areas and this will need to be taken into account when considering future procurement.
- 10.5 The proposed procurement plan brings together all weight management services for children and adults into one single tender, aligned with the procurement of NHS Health Checks, Health Trainers and other lifestyle related services, such as smoking cessation as one potential single 'Healthy Lifestyle Services' procurement category.
- 10.6 The services in this category have previously been out to tender with limited response from providers able to fulfil the service requirements in this relatively new market. The resulting services have been part of developing the market and require thorough evaluation.

Single Tender Approval

- 10.7 Approval is sought to put in place Single Tender Approvals with appropriate break clauses for these services that have a total combined value of £1,463,880 to expire 30 June 2017.
- 10.8 The extensions are sought to align the various contracts and to monitor both the effectiveness of the delivery against outcomes which given the nature of weight management services needs a longer period of time to measure these outcomes. Currently there is an evaluation being undertaken of the Level 3

Adult Weight Management Service and there will need to be similar evaluations for the other services.

- 10.9 The alignment of the expiry dates will lever the potential for these services to be grouped into lots as one single Healthy Lifestyle Services category. This will require full evaluation, market testing and development.
- 10.10 The alignment of contract end dates with Health Checks and Weight Management Services is an important part of this overall plan in providing a suitable platform to maximise the benefits outlined here and provide sufficient time to undertake full evaluations of these new services to the County Council as outlined in section 3 of this report.
- 10.11 The opportunity to aggregate services into lots will enable a more flexible approach and is expected to result in reduced procurement costs for the County Council, for current providers and also lever new potential bidders. Increased economies of scale and leverage will contribute to managing service costs and improve service outcomes.

Full Tender Approval

- 10.12 A further report will be bought back to the Executive Member seeking approval to procure by tender these services with intention for services to commence 1 July 2017.

11. Public Health Dental Services

- 11.1 This contract covers the assessment of dental health needs, epidemiology and dental oral health promotion.
- 11.2 There is an existing contract in place. It is provided by an NHS Provider Trust under a 3 year contract that runs until 31 March 2016.
- 11.3 This service is included for completeness and will be reviewed during this period.

12. Legal Implications

- 12.1 Council Standing Orders and procurement regulations govern the procurement of services. A request for a Single Tender Approval is a request to waive the Council's Standing Orders and depart from usual practice. As such it may only be used in exceptional circumstances with appropriate approval.
- 12.2 In exercising its functions an authority must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

13. Equality Impact Assessment

- 13.1 The transfer of relevant Public Health functions and services to the County Council has been assessed and has not highlighted significant impacts.
- 13.2 There is no direct impact as a result of this strategic plan. In taking forward this strategic procurement and contracting plan the risks to equalities will be mitigated and addressed by detailed service planning and consultation.
- 13.3 A more detailed Equality Impact Assessment will be undertaken on each of the procurements as they come forward. It must be noted that every aspect of Council business led by public health considers the opportunities to reduce inequalities.

14. Recommendations

That the Executive Member for Health and Wellbeing (Public Health) give:

- 14.1 Approval to this Strategic Procurement Plan to support the management of existing contracts and the procurement of services in the programmes and categories outlined in this report going forward.
- 14.2 Approval that the contract renewals by Single Tender Approval be given for the contracts as detailed in Exempt Appendix 4.
- 14.3 Approval to extend current School Nursing Services by Single Tender Approval to 31 March 2015 and approval to go out to tender and award the contract for School Nursing Services to commence 1 April 2015 for 3 years, with the option for two possible extension periods of one year with a total contract value of £17,609,000 over the full 5 year period of this contract.
- 14.4 Approval to extend the current Integrated Sexual Health Services by Single Tender approval until 31 March 2016 and go out to tender for and award the contract for these services for 3 years with the option for two possible extension periods of one year from 1 April 2016 with a total contract value of up to £47,573,400 over the full 5 year period of the contract.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	Yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	Yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	Yes
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Public Health Budget 2013/14 report to Cabinet	4746	25 March 2013
Public Health Budget report to Cabinet	5020	22 July 2013
Direct links to specific legislation or Government Directives		
The Health and Social Care Act 2012		<u>Date</u> 2012

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

- 1.1 The transfer of the relevant Public Health functions and services into the County Council has been assessed and has not highlighted significant impacts.
- 1.2 There is no direct impact as a result of this strategic plan.
- 1.3 In taking forward this strategic procurement and contracting plan the risks to equalities will be mitigated and addressed by detailed service planning and consultation.
- 1.4 A more detailed Equality Impact Assessment will be undertaken on each of the procurements as they come forward.
- 1.5 It must be noted that every aspect of Council business led by public health considers the opportunities to reduce inequalities.

2. Impact on Crime and Disorder:

- 2.1. Public Health functions and services will not impact on Crime and Disorder.
- 2.2. By definition, interventions considered to improve and protect the public's health are designed to support the citizen's of Hampshire to live safely and have improved health and health outcomes.

3. Climate Change:

- 3.1. Public Health functions and services into the County Council will not have a bearing on climate change.
- 3.2 Consideration of climate change and its impacts on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health.

Public Health Commissioning responsibilities from April 2013

Mandated

- Comprehensive sexual health services (including testing & treatment for sexually transmitted infections (STIs), contraception outside of the GP contract and sexual health promotion and disease prevention)
- NHS Health Checks - Assessments and lifestyle interventions
- National Child Measurement Programme
- The local authority role in dealing with health protection incidents, outbreaks and emergencies

Non Mandatory – including supporting functions for mandated services

- Drug and alcohol misuse services prevention and treatment
- Tobacco Control including Smoking Cessation Services, prevention activity, enforcement and communications
- Public Health services for children & young people aged 5-19; including Healthy Child Programme for school-aged children and School Nursing Services. From 2015/15 all Public Health services for children & young people; including the Healthy Child Programme for 0-5 years, including Health Visiting
- Interventions to tackle obesity such as community lifestyle and Weight Management Services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services
- Dental Public Health services – Epidemiology, dental screening and oral health improvement, including water fluoridation (subject to consultation)
- Accidental injury prevention – local initiatives such as road safety measures, falls prevention
- Population level interventions to reduce and prevent birth defects (with PHE)
- Behavioural and lifestyle campaigns to prevent cancer and long term conditions
- Local initiatives on workplace health
- Supporting, reviewing and challenging delivery of key Public Health funded and NHS delivered services such as immunisation and screening programmes
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Public Health aspects of promotion of community safety, violence prevention and response
- Public Health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce Public Health impacts of environmental risks.

Public Health Outcomes Framework –Public Health Outcomes Framework 2012 – 16 Department of Health
Overview of outcomes and indicators

Vision

To improve and protect the nation's health and wellbeing.

Outcome measures:

Outcome 1: Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life.

Outcome 2: Reduce differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

1. Improving the wider determinants of health

Objective: Improvements against wider factors that affect health & wellbeing and health inequalities - Indicators

- Children in poverty
- School readiness
- Pupil absence
- First time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness or disability in settled accommodation
- People in prison who have mental illness or significant mental illness
- Employment for those with a long-term health condition including those with a learning difficulty/disability or mental health illness
- Sickness absence rate killed or seriously injured casualties on England's roads
- Domestic abuse
- Violent crime (including sexual violence)
- Re-offending
- The percentage of the population affected by noise
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- Social connectedness (placeholder)
- Older people's perception of community safety

2. Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities - indicators **2 Health Improvement**

- Low birth weight of term babies
- Breastfeeding
- Smoking status at delivery
- Under 18s conceptions
- Child development at 2-2.5 years
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- Emotional wellbeing of looked-after children
- Smoking prevalence – 15 year olds

- Diet (placeholder)
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adults (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol –related admissions to hospital
- Cancer diagnosis at stage 1 and 2 (placeholder)
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take-up of the NHS Health Check Programme – by those eligible
- Self-reported wellbeing
- Falls and injuries in over 65s

3 Health Protection

Objectives: *The population's health is protected from major incidents and other threats, while reducing health inequalities – indicators*

- Air pollution diagnosis (15-24 year olds)
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completed for tuberculosis
- Public sector organisations with board-approved sustainable development management plans
- Comprehensive, agreed inter-agency plans for responding to public health incidents

4 Healthcare public health and preventing premature mortality

Objective: *Reduce the number of people living with preventable ill health and people dying prematurely, while reducing the gap between communities – indicators*

- Infant mortality
- Tooth decay in children aged five
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease & stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory disease
- Mortality from communicable diseases (placeholder)
- Excess under 75 mortality in adults with serious mental illness (placeholder)
- Suicide
- Emergency readmissions within 30 days of discharge from hospital (placeholder)
- Preventable sight loss
- Health-related quality of life for older (placeholder)
- Hip fractures in over 65s
- Excess winter deaths
- Dementia and its impacts (placeholder)

Public Health Contracts

	Title of Contract, brief description of service and outcomes
	DAAT Substance misuse services (Needle Exchange, Supervised Consumption, Substance Misuse Carers, Intuitive Recovery, PharmOutcomes, Breaking Free Online). Providing advice and information, day support services, structured treatment programmes for alcohol and substance misuse. Most services are provided in the community, although some specialist services such as detoxification and intensive rehabilitation programmes are usually provided in an in-patient or residential setting and you can contact some organisations without being referred by your doctor.
	PH Level 3 Integrated Sexual Health Services - PH Outcome and mandated service to deliver a range of accessible, high quality, responsive, cost-effective, confidential, Integrated Sexual Health Services to the Hampshire population.
	School Nursing Service (Hampshire Hospitals FT)- core service of the National Healthy Child Programme 5-19yrs (DoH, 2009) for children & young people providing universal, targeted and specialist health service to children and their families focusing on prevention, early intervention and health promotion. Delivers mandated National Weighting & Measuring Programme as part of this service.
	School Nursing Service (SHFT)- core service of the national Healthy Child Programme 5-19yrs (DoH, 2009) for children & young people providing universal, targeted and specialist health service to children and their families focusing on prevention, early intervention and health promotion. Delivers mandated National Weighting & Measuring Programme as part of this service.
	PH Specialist Smoking Cessation Service - To deliver PH Outcomes to reduce smoking prevalence, mortality from CVD, respiratory disease, cancer and other smoking related disease & contributing to reducing health inequalities, smoking in pregnancy & infant mortality.
	Alcohol Specialist Nurse Service Portsmouth Hospitals NHS Trust – delivering PH Outcome to reduce alcohol-related admissions, mortality from CVD, cancer & liver disease-based on NICE guidance & evidence of effectiveness. Agreed as part of implementation of alcohol reduction pathway specified in Hampshire Alcohol Partnership Strategy 2012-15 and to ensure an integrated response to alcohol across the acute & community services.
	Alcohol Specialist Nurse Service University Hospital Southampton FT - delivering PH Outcomes to reduce alcohol-related admissions, mortality from CVD, cancer & liver disease, based on NICE guidance & evidence of effectiveness. Agreed as part of implementation of alcohol reduction pathway specified in Hampshire Alcohol Partnership Strategy 2012-15 and to ensure an integrated response to alcohol across the acute community services.
	Alcohol Specialist Nurse Service Frimley Park Hospital FT - delivering PH Outcomes to reduce alcohol-related admissions, mortality from CVD, cancer & liver disease, based on NICE guidance & evidence of effectiveness. Agreed as part of implementation of alcohol reduction pathway specified in Hampshire Alcohol Partnership Strategy 2012-15 and to ensure an integrated response to alcohol across the acute community services.
	Alcohol Specialist Nurse Service Hampshire Hospitals FT - delivering PH Outcomes to reduce alcohol-related admissions, mortality from CVD, cancer & liver disease, based on NICE guidance & evidence of effectiveness. Agreed as part of implementation of alcohol reduction pathway specified in Hampshire Alcohol Partnership Strategy 2012-15 and to ensure an integrated response to alcohol across the acute community services.
	GP LARC (LES) service - to provide contraception advice, safe fitting & removal of IUDs. To meet PH Outcome to reduce under 18yrs conceptions.
	GP Chlamydia (LES) service - to provide opportunistic Chlamydia screening for all 15-24yrs olds attending a GP surgery in accordance with the National Chlamydia Screening Programme requirements & NICE guidance. To increase uptake of Chlamydia screening and reduce prevalence.
	Pharmacy EHC (LES) service - to improve access to emergency contraception & sexual health advice, contribute to reducing the number of unintended pregnancies, particularly in under 25 years and onward referral of those at risk of poorer sexual health outcomes to GP or other health services.
	Pharmacy Chlamydia (LES) Kits & Condoms - to improve access & uptake of Chlamydia screening by young people aged 16-24 years in order to reduce prevalence.

	Pharmacy Chlamydia Treatment (LES) service - to improve access & uptake of Chlamydia treatment by young people aged 16-24 years in order to reduce prevalence.
	NHS Health Checks (LES) GP practices - to enable 40-74 year olds to access NHS Health Checks. A national mandated programme to contribute to PH Outcomes to reduce morbidity & mortality from cardiovascular disease through prevention, early detection and intervention. To offer 20% of the eligible population an NHS Health Check and increase uptake to 50% through assessment and disease management. Also included in the NHS Constitution.
	NHS Health Checks PPSA services support - to support the NHS Health Checks Programme for Hampshire by the organisation & administration of patient data to enable dispatch NHS Health Check invitation letters mail out and provision of numbers of invitations sent out and numbers of Health Checks performed to inform quarterly reporting as specified by the commissioner.
	Health Trainers Service - to reduce health inequalities by recruiting workers from the local community to provide access to and motivational behaviour change across a number of lifestyle issues including smoking, obesity, physical activity, mental health, sexual health and substance misuse and supporting access to education, training & employment.
	Tier 2 Weight Management Service (Slimming World) - part of a pathway of inter-connected community weight management services. PH Outcome to reduce adult obesity by providing a service to assist obese individuals who are at greater risk of currently experiencing CVD and/or type II diabetes achieve weight loss, sustained changes in lifestyle & maintain weight loss.
	Tier 2 Weight Management Service (Weight Watchers) - part of a pathway of inter-connected community weight management services. PH Outcome to reduce adult obesity by providing a service to assist obese individuals who are at greater risk of currently experiencing CVD and/or type II diabetes achieve weight loss, sustained changes in lifestyle & maintain weight loss.
	Tier 2 Children's Weight Management - PH Outcome to reduce childhood obesity - by providing an effective family weight management service across Hampshire in order to reduce the prevalence of excess weight in children.
	Tier 3 Weight Management - part of a pathway of inter-connected community weight management services. PH Outcome to reduce adult obesity by providing a specialist multi-disciplinary weight management service for obese adults with co-morbidities to reduce weight, including comprehensive psycho-behavioural assessment & support to enhance self esteem, confidence/self efficacy and sustain weight loss.
	Residential Detoxification Unit - The aims of in-patient programmes are to provide a safe, specialised unit for people with drug and alcohol misuse problems, allowing medically supervised assessment, stabilisation and withdrawal with 24-hour medical cover.
	Supervised Consumption - Supervised Consumption ensures the dose of a drug prescribed has been administered to the patient at the point of dispensing.
	Needle Exchange - Promote safer injecting practises and Provide sterile injecting equipment reduce the rate of sharing and other high risk injecting behaviours.
	Dental - The assessment of dental health needs and improving the dental health across the population of Hampshire