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## THE CABINET

Wednesday, 25th June, 2014 at 8.15 pm in the Conference Room,  
Civic Centre, Silver Street, Enfield, EN1 3XA

### AGENDA – PART 1 TO FOLLOW PAPERS

7. **PUBLIC HEALTH CONTRACTS THAT WERE TRANSFERRED FROM NHS ENFIELD PRIMARY CARE TRUST (PCT) TO LONDON BOROUGH OF ENFIELD FROM 1 APRIL 2013** (Pages 1 - 28)

A report from the Director of Health, Housing and Adult Social Care is attached. This will provide an update on the Public Health contracts that were transferred from the NHS to LBE with effect from 1 April 2013. (Report No.8, agenda part two also refers) **(Key decision – reference number 3908)**

(Report No.5)  
(8.25-8.30pm)

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**MUNICIPAL YEAR 2014/2015 REPORT NO. 5****MEETING TITLE AND DATE:**

Cabinet  
25<sup>th</sup> June 2014

**REPORT OF:**

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<b>Agenda – Part: 1</b>	<b>Item: 7</b>
<b>Subject:</b> Public Health contracts that were transferred from NHS Enfield Primary Care Trust (PCT) to London Borough of Enfield (LBE) from 01 April 2013	
<b>Wards:</b> All	
<b>Cabinet Member consulted:</b> Cllr Rohini Simbodyal Culture, Sport, Youth and Public Health	

**1. EXECUTIVE SUMMARY**

- 1.1. The purpose of this report is to provide an update on the Public Health contracts that were transferred from the NHS to LBE with effect from 01 April 2013.
- 1.2. Approval of the transferring of Public Health finance and contracts was delegated by Cabinet on the 13<sup>th</sup> February 2013 (KD3620) to the Director of Health, Housing & Adult Social Care and the Director of Finance & Corporate Resources to enter into and sign off Public Health contracts transferring to the authority as required, which took place on 28<sup>th</sup> March 2013
- 1.3. Cabinet received a Report regarding Public Health contracts on the 19<sup>th</sup> June 2013 –  
 “In keeping with the decision of Cabinet, the majority of contracts have been extended for one year to 31 March 2014 for continuity of service. These contracts will be reviewed during 2013/14.”  
 [Contractual - 11.1.1]
- 1.4. The contracts transferred have a value in the region of £6.5m covering
  - (i) Mandated (statutory) services - Sexual Health services, Health Checks, National Children Measurement Programme (i.e. School Nursing), and
  - (ii) Non-mandated services - Tobacco control & Smoking Cessation services, Oral Health Promotion.
- 1.5. These contracts have been party to lengthy and challenging negotiations that has delayed our ability to enter into new contracts by 01 April 2014. Services are being provided under 2013/14 agreements until new contracts have been signed off.
- 1.6. These contracts were presented to the Strategic Procurement Board on 16<sup>th</sup> April 2014 and Corporate Management Board (CMB) on 13<sup>th</sup> & 27<sup>th</sup> May 2014.

## 2. RECOMMENDATIONS

**Cabinet is asked to note the contents of the Part 2 report and to approve:**

- 2.1** That the Council maintains associate status to contracts in relation to genitourinary medicine (GUM) services, School Nursing, Family Planning and Oral Health Promotion -
- (i) Barnet, Enfield & Haringey Mental Health Trust (BEH MHT) – GUM, School Nursing and Family Planning (para 3.3.2)
  - (ii) NHS Whittington Trust – GUM and Oral Health Promotion (para 3.3.6 & 3.3.7); and
- 2.2** Note the current contracts have been extended in accordance with the terms of the original contracts; and
- 2.3** Note the extension of the Council’s Pharmacy Emergency Hormonal Contraception (EHC) Advisor contract for another year with a variance to include training pharmacy staff re distribution of Chlamydia Test Kit; and
- 2.4** To agree waivers of the Contract Procedure Rules for the following new contracts that the Council must enter into in order to maintain stability in service delivery and to carry out its public health duties and to authorise the entering into of the following contracts that will be the subject of new contracts, being:

		Service	Term
1.	Pharmacy enhanced services [see 3.3.9]	EHC contraceptive services	1 + 1 years
2.	GP community based services [3.3.1.1]	Healthchecks IUCD/IUS contraception Nexplanon contraception	1 + 1 years
3.	Innovision Healthcare Limited [3.3.5]	Smoking Cessation	1 year

- 2.5** And note the Council maintains its statutory duty to fund these open access, confidential genitourinary medicine (GUM) services for public health without contracts; and
- 2.6** Note that the Council is entering into a joint procurement project with Enfield Clinical Commissioning Group for Community Services, which includes the Council’s mandatory Sexual Health and School Nursing services – details of which are contained in this report

### **3. BACKGROUND**

**3.1** The implementation of the Health and Social Care Act 2012, took effect on 01 April 2013. This Act placed previously held NHS Public Health contractual and financial responsibilities with local authorities. Key functions of this Act requires councils to ensure that robust plans are in place to promote the health of their population, protect the local population and to provide public health advice and expertise for the commissioning of NHS healthcare services

**3.1.1** LBE received a ring fenced grant to deliver these new responsibilities. Public health in Enfield has been historically underfunded.

- The 2013/14 grant was calculated @ £36 per head of population, with the London average being £73.
- The 2014/15 grant will be £40 per head.
- The 2015/16 grant has yet to be allocated.

At present, and until 2015-16, the Public Health grant is ring-fenced. After 2015-16 Public Health funding will become part of the general Local Authority funding.

**3.1.2** The local authority's public health mandated responsibilities are:

- To protect the health of the local population
- Ensure that NHS commissioners receive the public health advice they need
- Appropriate access to sexual health services
- The National Child Measurement Programme
- NHS Health Check assessments

Additional, non-mandatory responsibilities include:

- Tobacco control
- Smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19
- Interventions to tackle obesity such as community and lifestyle interventions
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Oral health promotion
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term illnesses
- 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 winter deaths
- Public health aspects of community safety promotion, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

**3.1.3** The largest percentage of the ring fenced grant is linked to sexual health contracts – in the region of £4.3m.

**3.1.4** GP local enhanced services (LESs) were service level agreements for services commissioned by the PCT to enhance the NHS General Medical Services contract. Services commissioned by local authorities will be an enhancement to the health and wellbeing of the borough's community; therefore these NHS services transferred have been renamed by the Department of Health as "community based services".

**3.1.5** With the local elections in May 2014 and all Cabinet papers pushed to June 25<sup>th</sup>, all contracts have been extended to 30 June 2014. From 01 July 2014, public health contracts and service specifications will be reviewed and rewritten in line with local authority governance.

### **3.2 LBE Contractual Responsibilities**

**3.2.1** With effect from 01 April 2013, the responsibility for the following NHS contracts were transferred to LBE:

<b>Contractor / Provider</b>	<b>Service Title</b>	<b>Date of Expiry</b>
North Central London Commissioning Support Unit	Commissioning Support	30.09.2014
GP Enhanced Services	Healthchecks	31.03.2014
	IUCD/IUS contraception	31.03.2014
	Nexplanon contraception	31.03.2014

Barnet, Enfield, Haringey Mental Health Trust [Note: part of £32m Block Contract]	School Nursing Service: - Immunisation - Childhood Obesity - Reproductive and Sexual Health [RASH] service – Shout for Young People Family Planning <hr/> GUM services at The Town Clinic	31.03.2014
Pan London Agreement	HIV prevention and promotion – [LB Lambeth = commissioning lead]	31.03.2014
Pharmacy Enhanced Service (Lead - LB Haringey. Contractor - Innovision Ltd)	Tobacco control and Smoking cessation	31.03.2014
Barnet & Chase Farm NHS Trust - Acute contract	GUM services	31.03.2014
Central and North West London NHS Foundation Trust - Acute contract	GUM services	31.03.2014
Royal Free, Hampstead NHS Trust - Acute contract	GUM services	31.03.2014
Whittington Health NHS Trust - Acute contract	GUM services	31.03.2014
	Dental Public Health - Oral Health promotion	
Non contracted national providers	GUM services	ongoing
Healthy Alliance [LB Haringey being lead commissioner]	HIV prevention and promotion	31.03.2015
Pharmacy Enhanced Service - Enfield Pharmacies	Emergency Hormonal Contraception (EHC) Advisor	31.03.2014
	Emergency Hormonal Contraception (13 – 24 years)	31.03.2014
Innovision Healthcare Limited (contract not transferred but works in conjunction with GP agreement)	Community Healthchecks	31.03.2015
<b>Contracts Total</b>		<b>£ 6,537,670</b>

**3.2.2** In conjunction with the five Genitourinary medicine (GUM) contracts listed above are non-contracted providers nationally. GUM is an open access confidential service provision that Enfield residents can access anywhere in the country with the protection of full confidentiality under the VD Act (1974).

This provision places the Council at high risk, as forecasted budget can only be based on previous years' activity.

Contractor / Provider	Service Title	No. of contracts	2014/15 Budget
Non contracted / national providers	GUM services	various	£660,000

### **3.3 Update on transferred contracts and budgets:**

#### **3.3.1 GP Community Based Services** (previously referred to as local enhanced services (LES's))

At the time of transition, NHS Enfield PCT had been commissioning three services, which had been identified as specific to the borough's health needs:

	Transf'd sign-up		Projected 13/14	
Healthchecks	46	£109.0k	50	£ 180.0k
IUCD/IUS contraception	26	£ 74.0k	25	£ 66.1k
Nexplanon contraception	29	£ 39.4k	31	£ 34.4k

These NHS Enfield PCT enhanced service agreements originally commenced on 01 April 2010 and had been extended by NHS NCL for a further two years (to 2012/13). To ensure continuation of service, whilst managing the transition process, LBE transferred the SLAs in its original NHS format and extended the service for a further year (2013/14).

#### **2013/14 contract management:**

LBE has entered into a payment process agreement with the CCG and forms part of Section 75 agreement. This recharge process was originally established to protect Enfield GPs pension and superannuation. This process will continue due to the simplicity in the Council's payment system:

- Step 1:* GPs enter data on the NHS England Exeter system, which feeds the information to Enfield CCG for payment.
- Step 2:* ECCG pay the GPs on the Council's behalf
- Step 3:* the CCG issues a recharge to LBE with payment per service per practice data.
- Step 4:* LBE settles the recharge with ECCG
- Step 5:* Monitoring performance forms are sent directly to LBE by the GPs.



The monitoring process is still being established. LBE will attend CCG GP locality forums to discuss the issues relating to submission of data in order to find a resolve for 2014/15. Work with Health Intelligence whereby GP data will be extracted remotely will make this system much more robust.

2014/15 update: (i) The above service level agreements have been rewritten to be brought in line with the Council's contractual governance and updated to address any new regulatory initiatives and local needs.

(ii) LBE will be working with the GPs to increase their service delivery to the community through presentations at GP Locality Forums

	Projected 13/14		2014/15 Forecast	
Healthchecks	50	£ 180,000	50	£ 180,000
IUCD/IUS contraception	25	£ 66,100	25	£ 70,000
Nexplanon contraception	31	£ 34,400	35	£ 40,000

(iii) Consultation with the LMC Chair has taken place regarding the service specifications, expectation of monitoring, tariff and LBE is currently discussing the preferred contract template – local authority service level agreement or public health services contract<sup>1</sup> (developed by DoH)

<sup>1</sup> *The public health services contract is a non-mandatory contract that local authorities - as commissioners - can use for commissioning public health services. Local authorities can choose to use the public health services contract to commission community based services from GP practices. The public health services contract was developed by the Department of Health, local government and public health professionals specifically for commissioning public health services.*

A waiver for these three GP Community Based Services from CPR is to be obtained

**3.3.1.1 Healthchecks** is a mandatory programme that was initiated by the Dept of Health to detect undiagnosed vascular (heart, kidney, circulatory) disease in people aged 40 – 74 years who were not already on a GP disease register. The programme is offered through (i) GP practices across the borough that has direct access to the registered population and (ii) via a Community provider contract with Innovision Healthcare Limited to target the unregistered and temporary residents of Enfield. The community contract is a LBE contract and had been funded by the council in 2012/13. The responsibility was transferred to Public Health 01 April 2013 to be in line with the GP agreements.

2014/15 Update: In accordance with the national directive jointly issued by Public Health England and the NHS, local authorities are required to

expand the core offering to include sign posting to Memory Clinic services for over 60s and an Alcohol consumption questionnaire.

- The 2014/15 specification will take in account the above and, based on feedback received and population based data, it has been agreed that GPs are to be encouraged to improve their access to those with Learning Difficulties that are hard to reach.

Whilst NHS England commissions a Healthcheck Direct Enhanced Service for Learning Disabilities, a public health model (Lalonde's health field 1994) highlights that people with learning disabilities are disadvantaged in all four domains and experiencing poorer health than the non-disabled population, because of:

- Greater risk of exposure to social determinants of poorer health such as poverty, poor housing, unemployment and social disconnectedness.
- Increased risk of health problems associated with specific genetic, biological and environmental causes of learning disabilities.
- Communication difficulties and reduced health literacy.
- Personal health risks and behaviours such as poor diet and lack of physical activity.
- Deficiencies relating to access to healthcare provision

2013/14		2014/15	
Service delivery	£30	Service delivery	£30
LA incurred costs for equipment	£ 5	GP to source equipment	£ 5
		Supporting patients with LD	£10
<b>Total 2013/14 Tariff</b>	<b>£35</b>	<b>Total 2014/15 Tariff</b>	<b>£45</b>

**3.3.1.2 Contraception:** It is estimated that about 30% of pregnancies are unplanned. The effectiveness of the barrier method and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of long-acting reversible contraceptive (LARC) methods does not depend on daily concordance. The uptake of LARC is low in Great Britain, at around 8% of women aged 16–49 in 2003–04, and compared with 25% for the oral contraceptive pill and 23% for male condoms.

The current limited use of LARC suggests that GPs require better support / guidance and training so that they can help women make an informed choice. Health providers and commissioners also need a clear understanding of the relative cost effectiveness of LARC compared with other methods of fertility control. Enabling women to make an informed choice about LARC and addressing women's preferences remains an important objective.

Both contraceptions ( Intrauterine and Nexplanon) are delivered through LBE's contractual agreement with GP practices and the block contract with BEH MHT via Family Planning, which gives access to both the registered and non-registered appropriate local female population.

- **Intrauterine contraception (IUD/IUS).** Appropriate access to sexual health is a part of the mandatory programme. In 2012/13, the relevant female population aged 15-44 in Enfield was 69,215 of which 375 females received an Intrauterine Device (IUD) and 523 females received an Intrauterine system (IUS). The rate of both IUD and IUS in Enfield (13.0 per 1,000) was significantly lower ( 85% CI) than England (15.6 per 1,000) but significantly above London (9.9 per 1,000)

2014/15 Update:

- There are no legislative or financial amendments to be introduced to this service at this time. Each practitioner who is providing the service within the practice is required to insert a minimum of 12 IUCD/IUS per year (as per the Faculty of Sexual and Reproductive Health guidelines) and to have had a minimum of 2 hours theoretical training per reaccreditation period. For those that had signed up, but not met the criteria, they will have to undergo further training before the Council can commission this service from them further.
- Practitioners are providing data supporting their request to deliver the service in 2014/15. LBE will review and authorise contracts for each submission

For each IUCD	£ 81.32	insertion and subsequent management
Mirena (IUS)	£120.00	insertion and subsequent management
	£ 21.68	Removal
	£ 21.68	Review
	<b>Note:</b> Evidence of clinical decision to review such as abnormal bleeding or pain must be submitted to support claim.	
Routine annual checks will not be funded		

- **Nexplanon contraception** replaced the progestogen-only subdermal implant, Implanon in 2010/11. Nexplanon contains the same amount of the same drug as Implanon, but the summaries of product characteristics for the two devices are not identical.

2014/15 Update:

- There are no legislative or financial amendments to be introduced to this service at this time.

- Practitioners providing this service will have undertaken appropriate training based on modern, authoritative medical opinion as set down by the Faculty of Sexual and Reproductive Health for Subdermal Contraceptive Implants and regular Continuing Professional Development (CPD) – a minimum of 1 approved training session per annum
- Practitioners should undergo annual appraisal and be able to demonstrate continuing experience, training and competence as necessary to provide this service
- Practitioners are providing data to support their request to deliver the service in 2014/15. LBE will review and authorise contracts for each submission

Tariff for 2014/15 remains the same as 2012/13:

Nexplanon	£ 80.00	Fitting, including 3 month review
	£ 20.00	Annual review
	£ 80.00	Removal
	<b>Note:</b> Not to be claimed if fitting new LARC. Evidence of clinical decision to remove must be submitted to support claim	

### 3.3.2 Barnet, Enfield & Haringey Mental Health Trust (BEH MHT) Services

The London Borough of Enfield will continue to commission School Nursing, Family Planning and GUM services as an associate to the BEH MHT block contract in 2014/15 with the intention to align any tendering of services with NHS Enfield CCG timescales for 2015/16.

2013/14 contract management:

➤ **School Nursing** covers three main areas:

- (1) National Immunisation Programme
- (2) Childhood Obesity
- (3) Reproductive and Sexual Health (RASH) service  
– Shout for Young People

**National Immunisation Programme:** School Nurses coordinate and carry out routine immunisation programmes for children in year 10, HPV vaccination for girls aged 12-13 (Year 8) and additional catch-up campaigns as appropriate.

**Childhood Obesity:** The National Child Measurement Programme (NCMP) is an annual survey of Reception Year

and Year 6 pupils measuring their height and weight to give their BMI and, therefore, levels of obesity in the borough.

Formal activity reporting to the end of month 08 in 2013/14 demonstrates a significant underperformance against plan with formal reporting demonstrating a 20% variance from plan. This has been discussed in detail with BEH MHT who has given assurances for improvement in the final quarter and thereafter.

**The Reproductive and Sexual Health [RASH] service (Shout for Young People).** The contract provides information, health promotion and advice as well as providing training in all aspects of sexual health to doctors and nurses. This budget represents salaries, which is part of the LBE Teenage Pregnancy team

The Council has reviewed the possibility of alternative provision i.e. bringing the service in-house, joint service delivery with another borough.

It was felt that it would be more appropriate to consider alternative provision once NHS England has transferred the Health Visiting service to the local authority. The proposed date is October 2015. Combining all transferred NHS children's services will enable the Council to achieve the required outcomes (as per the JSNA and Health & Wellbeing Strategy) whilst addressing local efficiencies targets.

➤ **Family Planning:** Family Planning: (previously included in the RASH specification) offers advice on a walk-in basis and appointments are only required for specialist clinics or procedures. This service is performing to target/KPIs

➤ **Genitourinary medicine (GUM) services** will continue to be provided through the national arrangement, which is that a resident of Enfield can access GUM services in any location of England and Wales and the provider is to be reimbursed by the borough of residence.

GUM service, through this BEH MHT contract, has performed in line with the agreed KPIs in 2013/14. It should be noted that whilst activity for GUM indicates an increase of up to 10%, by remaining in the block contract arrangement the Council is protected from the unknown factor of activity and therefore allows the Council to manage some of the risk related to GUM costs.

2014/15 Update: The 2013/14 contract expires 31 March 2014. The tariff negotiations and service specification consultations have taken place with Commissioners signing off on the 2014/15 contract (13<sup>th</sup> March). The 2014/15 offer is broken down below and includes School Nursing, Family Planning and RASH values.

<b>2013/14</b>	
Contract Forecast Outturn 13/14 (for LA transferred services)	2,263,883
Remove CQUIN 13/14	-55,199
<b>2014/15</b>	
Opening baseline 14/15	2,208,684
Inflation	48,591
Tariff efficiency	-88,347
Adjusted opening baseline 14/15	2,168,928
Add CQUIN 14/15	54,223
Expected contract value 14/15	<b>£ 2,223,151</b>

With the block contract being an NHS contract, CQUIN is attached. LBE has agreed to The Voice of the Child indicator, which ensures that the voice of the child is heard in patient experience feedback on children community health services.

- Please note that the school nursing figures could be subject to change given the current review of apportionment of funding between LBE and NHS Enfield CCG relating to Special Schools.

GUM services will be charged at 2012/13 tariff and will be subject to a cap and collar arrangement of +5/-5%.

The values and parameters for GUM 14/15 are outlined below:

2014/15 expected contract value	<b>£1,394,842</b>
Subject to a 2% maximum cap on activity value	£1,422,739
Subject to a 5% collar value	£1,325,100

The 2014/16 block contract has been signed by the lead (Enfield CCG) and is being sent to Associates (of which LBE is one) to sign. A waiver from CPR is to be obtained

### 3.3.3 Central London Community Health (CLCH)

The contract for School Nursing relating to Enfield children that attend LB Barnet schools was part of the transition register.

2013/14 contract management - NCL DsPH agreed to provide the service for all children that attend schools in their respective boroughs. For example, the BEH MHT contract stated: "The School Nursing Service will provide the service to school aged children attending a local authority state school in the Borough of Enfield"



2014/15 Update: London Councils' Leaders' Committee agreed in November 2013 that a new, three-year London-wide programme be commissioned to deliver a limited number of city-wide HIV prevention services from 2014. They allocated up to £3.4 million from local authority public health budgets to set up and run the programme until March 2017.

The shape of the new London HIV Prevention Programme (LHPP) will be informed by the findings of the London-wide HIV needs assessment (published in Nov 2013), commissioned by the London Directors of Public Health on behalf of the Leaders of London Councils. The needs assessment and companion reports can be found at [www.londoncouncils/hivprevention](http://www.londoncouncils/hivprevention).

The new LHPP will be aimed at men who have sex with men (MSM) and African Communities and will consist of three main elements:

- Media/communications
- Condom procurement and distribution
- Targeted outreach (for MSM only)

The LHPP will continue to be hosted, managed and commissioned by Lambeth Council on behalf of all boroughs.

Whilst the new LHPP is planned and procured and to ensure continuity of service provision, an interim programme, also managed by Lambeth Council, will run from April 1st 2014. The interim programme consists of:

- Condom distribution to MSM (delivered by CNWL NHS Foundation Trust)
- Targeted outreach with MSM (delivered by GMI Partnership).

It is envisaged that the new services commissioned under the LHPP will be established before the end of 2014. Appropriate break clauses have therefore been built into the contracts for these interim services, so that the new services can be mobilised in a timely way on completion of the procurement process. Each borough's contribution to the LHPP was agreed at the London Councils' Leaders' Committee in November 2013.

Borough	Pro-rata splits (2008 SOPHID data)	Borough spend 2013/14	Updated pro-rata splits (2011 SOPHID data)	Borough contribution 2014/15	Borough contribution 2015/16	Borough contribution 2016/17
<b>Enfield</b>	<b>2.10%</b>	<b>£21,674.50</b>	<b>2.69%</b>	<b>£27,747.33</b>	<b>£32,300.52</b>	<b>£32,300.52</b>
Barnet	2.33%	£24,005.75	2.18%	£22,497.84	£26,189.61	£26,189.61
Haringey	2.72%	£28,053.55	3.82%	£39,337.12	£45,792.14	£45,792.14
Waltham Forest	2.04%	£20,978.92	2.70%	£27,849.59	£32,419.56	£32,419.56



### **3.3.5 Smoking cessation**

The Smoking Cessation Pharmacy Enhanced Service was converted into a contract in April 2012 that has been provided by Innovision Healthcare Limited. This contract is a joint contract with NHS Haringey as lead commissioner.

2013/14 contract management – the contract target of 1,568 “quitters” is regularly monitored at quarterly meetings. It has a value to Enfield for 2012/13 and 2013/14 in the region of £227k per annum, which includes £66k for IT service charges and a provisional budget of Nicotine Replacement Therapy (NRT).

2014/15 Update: The expiration date of 31 March 2014 was originally addressed in December 2013 with LBH when it was agreed to extend for one year. This decision was overturned by LB Haringey (LBH) in February 2014 with an amendment to extend for six months (to September 2014).

The late notice has placed the service delivery at risk and to ensure service continuity within this borough, LBE will terminate the joint arrangement with LBH and enter into a separate one year contract with Innovision Healthcare Limited, with the intention of putting the service out to tender for 2015/16.

A waiver from CPR is to be obtained

### **3.3.6 Genitourinary medicine (GUM)**

Local Authorities are required to provide comprehensive sexual health (excluding HIV treatment services and terminations of pregnancy. GUM is an open access service provision that Enfield residents can access anywhere in the country with the protection of full confidentiality under the VD Act (1974). This includes the provision of GUM clinics (sometimes referred to as STI clinics) to Enfield residents.

2013/14 contract management – current activity data indicates an increase of up to 12.5% in London according to contract provider data.

The data received for non-contracted providers was transferred with an indicative budget in the region of £400k. This has proven unreliable with the current figure indicating a spend of over £600k, with invoices from new providers arriving on a regular basis.

The initial arrangement with NEL CSU, to be the first point of contact for all GUM invoices/services, has not been realised due to the status of the CSU i.e. not having the authority to make third party payments.

All GUM providers (nationally) are now being paid directly by LBE (2013/14 count being five contracts + 40 non contracted providers). This has proven to be a mammoth task with each provider requiring to be set up and data authorised.

All contracted providers' data is being collated via the CSU as per a separate service level arrangement.

Most non contracted providers have not provided the data requested, which has resulted in invoices not being authorised for payment. The HSCIC has listed the data that local authorities can request; unfortunately the indicators were identified as mandatory and requested – the non-mandatory data is the information that providers are reluctant to provide. With the uncertainty and risk attached to this service, strict monitoring of activity is paramount and therefore LBE will maintain its stance on the collating of mandatory and requested data.

**Spend:**

	<b>2013/14 Actual (£)</b>	<b>Negotiated for 2014/15 (£)</b>
BEH MHT - Block contract (see para 3.3.2)	1,394,844	1,394,842
NHS Barnet & Chase Farm	300,850	Still in negotiations
Central & North West London (Islington)	301,100	330,000 (PbR arrangement)
Royal Free	66,000	Still in negotiations
NHS Whittington Trust – Block contract	426,710	430 710
	<b>2013/14 Projected</b>	<b>2014/15 Projected</b>
Non-contracted providers	607,100	660,000 (being 10% projected increase)

2014/15 update: LBE will remain as associates to contract arrangements with NHS Whittington Trust, NHS Royal Free and NHS Barnet & Chase Farm Trusts to maintain some financial management control.

Based on their dissatisfaction with the service from the CSU, LBs Barnet, Camden, Haringey and Islington joined the West London Alliance (WLA) re sexual health contracts. This Alliance was formed to replace the services of the CSU - negotiating all contracts with providers across London, collating and monitoring data. A set amount was agreed with resource contributions from each LA required.

With the CSU managing the BEH MHT contract tender process in 2014 and having negotiated an agreement for the original fee (£50k) for 12 months to be extended to cover 18 months, LBE will not be joining the West London Alliance at this time. However, the opportunity to join at a later date is open.

Current negotiations with existing contract providers and providers showing significant activity in 2013/14 are indicating that providers are agreeable to 2012/13 tariff and the same terms for LBE that have been met with WLA. However, the 2014/15 budget should allow for activity growth (see Risk 7.2)

### 3.3.7 Oral Health Promotion

The oral health of adults in London and the UK has improved significantly in recent years; however, as with population level data this average masks oral health inequalities. Older people are retaining their teeth for longer and have complex treatment needs compounded by systemic disease and medication. Socially deprived and/or vulnerable groups in society tend to have poor health and less access to oral health care services. These groups tend to be symptomatic, irregular dental attendees.

The North East and North Central London Area Team in NHS England (London) is now responsible for the commissioning of all primary and secondary care dental services in Enfield

The oral health promotion programmes are targeted at young children and older adults.

An Oral Health Needs Assessment [PH (England)] highlighted data from the latest available survey of 5 year old children which shows significant deterioration of the oral health of children in Enfield in terms of prevalence and severity. Tooth decay in 5 year old children is a public health outcome indicator and is therefore a priority for the council's Health and Wellbeing Board.

In conclusion the poor oral health and clear inequalities should be addressed through preventive and other health promotion measures that are evidence based, involve multi-agency working and linked to other programmes such as the Healthy Start Programme.

2013/14 contract management – quarterly management meetings for the older people oral health promotion contract have taken place, with KPIs and targets being met

An Oral Health Needs Assessment was carried out by Public Health England to support LBE in prioritising the needs of the borough.

2014/15 update: Due to the savings targets imposed on directorates, Schools and Children's Services directorate will not continue its oral health promotion service delivery contract after 31 March 2014. Oral health promotion activities are provided at schools, children's centres, community groups, care homes and at community events.

Going forward, as part of the Council's Efficiencies Programme, the oral health promotion for children contract will be part of the Council's Oral Health Promotion service delivery and will be managed within the Public Health budget, offering a service for the whole population.

	<b>Contract</b>	<b>2013/14</b>	<b>2014/15</b>
Whittington Health NHS Trust Block contract	Dental Public Health - Oral Health promotion for older and vulnerable people	81.0	135.0k
	(SCS) Oral Health promotion for children	37.0 <i>From SCS budget</i>	
	Fluoride service / promotion	38.0 <i>From SCS budget</i>	

This service is part of the NHS Whittington Trust 2014-16 block contract (along with GUM provision services). The 2014/16 block contract has been signed by the lead (Islington CCG) and is being sent to Associates (of which LBE is one) for signature.

### 3.3.8 Healthy Alliance

This is a joint contract with LB Haringey, which expires 31 March 2015 with Embrace Ltd as the provider.

The commissioning intention is to reduce the number of new HIV infections among African and Caribbean people living in Enfield. The aim of the HIV Test Awareness & Test Promotion service is to deliver a community service to people who are now or will be sexually active or who are at risk of HIV infection.

2013/14 contract management – quarterly meetings are held with the lead (LBH) to discuss progress against targets. Reviewing the data, the provider has targeted only African communities and not Caribbean.

2014/15 update – the recommendation would be to have more input in any future contract negotiations. The investment of £40k is not a significant buy-in (LBH investment being £170k) and, therefore, only HIV Test Promotion is made available to Enfield as opposed to clinics / counselling.

A sexual health needs assessment is being drafted by Public Health, which will highlight the areas of priority for investment for 2015 onwards

### 3.3.9 Emergency Hormonal Contraception (EHC)

The Emergency Hormonal Contraception service is available for 13 – 24 year olds. It is the last intervention available to prevent an unplanned pregnancy from occurring and providing it free to young women under 24 years within a community pharmacy setting is recognised as a cost effective intervention. Pharmacists are trained and must provide a confidential service for their clients.

**3.3.9.1.** The **LBE pharmacy EHC Advisor** reviews all applications from pharmacies to deliver the EHC service and carries out their training. Monthly monitoring and quarterly reports are presented.

2013/14 contract management – All monthly data from the pharmacists is monitored and signed off by the advisor before payment is authorised with spot checks on each provider carried out during the contract term.

Reviewing the service delivery of each pharmacist, some agreements were decommissioned and pharmacists in prime locations were encouraged to deliver the service.

2014/15 update – Key Achievements:

- EHC service now available in all Wards across the borough
- Managing the borough's Patient Group Direction (PGD) for the supply of Progestogen only emergency contraception for 2014/15 enabled Enfield pharmacies to continue delivering the drug
- Sourcing a drug for less cost, which will cover the budget for providing Chlamydia Test Kits
- An extension to this contract is to be obtained

**3.3.9.2.** The **Emergency Hormonal Contraception (EHC) service agreement** – Accredited Pharmacists supply, free of charge, Levonorgestrel EHC, where appropriate, to clients, in line with the requirements of the Patient Group Direction (PGD).

The intended outcomes of this agreement are:

- To increase the knowledge, especially among young people, of the availability of emergency contraception<sup>1</sup> from pharmacies.
  - To improve access to emergency contraception and sexual health advice.
  - To increase the use of Emergency Hormonal Contraception (EHC) by young women who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies in the client group.
  - To refer clients, especially those from hard to reach groups, into mainstream contraceptive services.
  - To increase the knowledge of risks associated with sexually transmitted infections (STIs) and to refer clients who may have been at risk of STIs to an appropriate service.
  - To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.
  - To enhance pharmacists' professional practice.
  - To allow a faster response to clients' needs, without the need of an appointment or a wait to see a doctor
-

2013/14 contract management – with regular reviews carried out by the contracted Advisor, LBE has ensured that providers are complying with their agreement and the service delivery has increased.

Update 2014/15 - This EHC service agreement expires 31 March 2014 and a new service specification is in consultation with the LPC and pharmacists (17 March 2014).

The provision of Levonorgestrel EHC was costed @ £5.20. As this drug is now generic, it can now be purchased for £4.20, which will enable LBE to offer a further sexual health service linked with unprotected sex within budget – Chlamydia screening – through the distribution of Test kits @ £1.00 cost being the drug saving

Genital Chlamydia trachomatis infection is the most common sexually transmitted bacterial infection. Prevalence of infection is highest in sexually active young women and men, especially those aged under 25 years. Untreated infection can have serious long-term consequences, particularly in women. Since many infections are asymptomatic (at least 80% women, 50% of men), a large proportion of cases remain undiagnosed.

The objective is to control Chlamydia through the opportunistic early detection through the distribution of postal self-Test Kits.

		Projected 13/14	Projected 14/15
Pharmacy Enhanced Service - Enfield Pharmacies	Emergency Hormonal Contraception (EHC) Advisor and events	15.0	15.0
	Emergency Hormonal Contraception (13 – 24 years)	51.0	55.0
	Chlamydia Test Kits (covered by generic prescription savings)		3.0

A waiver from CPR is to be obtained for the pharmacists' contracts

#### 4. ALTERNATIVE OPTIONS CONSIDERED

**4.1** The transferring of health contracts from the NHS to local authorities enables the Council to consider integrating services with other directorates and, therefore, broadening the opportunities for improving services and addressing the health and well-being of the local population with a broader prospective.

**4.2** The Public Health budget is currently ring-fenced until, at least, 31 March 2016

## **5. REASONS FOR RECOMMENDATIONS**

**5.1.** To ensure continuity of services

## **6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

### **6.1 Financial Implications**

6.1.1. The ring-fenced Public health grant, covers three components:

- (i) Mandated (statutory) services (sexual health services, NHS Health checks, National Children Measurement Programme, providing public health advice to NHS Commissioners and ensuring plans are in place to protect the health of the public).
- (ii) Non-mandated services (Tobacco control & Smoking Cessation services, increasing levels of physical activity and interventions to tackle obesity).
- (iii) The commissioning of drug and alcohol prevention and treatment services, which are currently commissioned by Drug and Alcohol Action Teams (DAAT's).

6.1.2. The grant is ring-fenced for promoting public health within the borough and cannot be used to support general council expenditure. The associated grant conditions are specific to public health outcomes, with the requirement to submit both quarterly & annual expenditure returns, to the DCLG & Public Health England.

The grant is designed to cover all expenditure incurred in delivering the Public Health function including all employee & overhead costs.

6.1.3. The Department of Health grant allocation for 2014/15 will be £14.257 million this is an increase from 2013/14 of £1.2957m (10%). LBE was one of the boroughs to receive the maximum increase of 10% from the 2013/14 baseline position, in recognition of historical under funding. Beyond 2014/15, prudent estimates of growth have been limited to the inflation rate used by DH of 2.8%.

6.1.4. All of the contracts will be monitored individually in terms of activity and spend. Any variance in spend of the contracts will have to be contained within the existing Public Health Grant.

### **6.2 Legal Implications**

Pursuant to the duties/powers set out in paragraphs 3.1 the Council has the power to engage in the contractual activity outlined in this report.

All steps taken by the Council in connection with Public Health contracts will be in accordance with the Contract Procedure Rules (CPR) and/or the EU procurement rules as appropriate. Presently, health contracts with a value in excess of the EU threshold are not subject to the full EU procurement regime. However, due to imminent changes in EU law which will impact on how the Council procures health related services going forward, advice of Legal Services and/or Corporate Procurement will be sought on a case by case basis.

In certain limited circumstances the Council is entitled to seek a waiver from the CPR. The waiver procedure is set out in the CPR and should be observed.

The Council should keep up to date and detailed records of all public health contracts and all steps it takes in relation to each contract e.g. duration of extension, procurement exercises undertaken, waivers obtained, termination etc.

All contracts must be in a form approved by the Assistant Director of Legal Services.

The current contracts referred to in recommendation 2.3 have been extended in accordance with the terms of the original contracts.

### **6.3 Property Implications**

Not applicable.

## **7. KEY RISKS**

**7.1** LB Haringey cancelling the agreed one year extension to the Smoking Cessation contract with Innovision Healthcare Limited in February 2014 has not given LBE the time to put the service out to tender for 2014/15.

A one-year contract has been agreed with Innovision Healthcare Limited to ensure continuity of service whilst LBE places the contract out to tender for 2015./16

**7.2** Sexual Health: A significant number of genitourinary medicine (GUM) services will continue to be provided through the national arrangement, which is that a resident of Enfield can access GUM services in any location of England and Wales and the provider is to be reimbursed by the borough of residence. Under the VD Act 1974, the resident is entitled to their privacy and, therefore, it is proving very difficult to obtain data. This service presents a risk to the Council with an indicative non-contracted spend in the region of £1m.



## **8. IMPACT ON COUNCIL PRIORITIES**

### **8.1 Fairness for All**

Addressing health inequalities in the borough is a major priority and Public health is a key contributor to health reform which is very much about helping people to stay healthy and avoid getting ill. This includes work on a whole range of policy areas such as immunisation, nutrition, tobacco and alcohol, drugs recovery, sexual health, pregnancy and children's health. The transfer of public health into the Council supports the aim of making health everyone's business.

### **8.2 Growth and Sustainability**

Promoting and delivering good health and wellbeing for all by ensuring that public health is always considered when the Council and its partners, both statutory and non-statutory, make decisions is at the heart of the Council's priority of sustainable growth within our community.

### **8.3 Strong Communities**

The mission of Public Health is to improve the health of people in Enfield by working in partnership with communities, families and individuals to identify health needs and potential, supporting collective and individual action to prevent illness, protect and promote good health and wellbeing as well as tackling the causes of premature death, illness and reducing health inequalities in the borough.

## **9. EQUALITIES IMPACT IMPLICATIONS**

The focus on health will reduce inequalities. Public health professionals will be able to work closely with local people's elected representatives to influence all the factors that determine health, working the places where people live their lives and use services.

Enfield Council has already identified the extent of inequalities in its population in its Joint Strategic Needs Assessment, carried out in partnership with Enfield CCG, and are working to reduce significant health inequalities.

Public health continues to work towards having a positive impact on the ability of the Council to meet the needs of all groups within the local community.

## **10. PERFORMANCE MANAGEMENT IMPLICATIONS**

**10.1** LBE is collating the performance indicators for the services

**10.2** Performance reporting for these contracts will be incorporated in the Council's mainstream governance arrangements

**11. HEALTH AND SAFETY IMPLICATIONS**

Not applicable

**12. HR IMPLICATIONS**

Not applicable

**13. PUBLIC HEALTH IMPLICATIONS**

The above services and contracts include mandatory public health services and contribute significantly to the health of the borough. The continuation of these contracts is therefore necessary. Future work will include ensuring that service delivery is as effective as possible and seeking to increase preventative aspects of contracts to further improve health.

## Transferred Contracts Register 2014 Update:

Contractor / Provider	Service Title	2014/15
GP Enhanced Services	Healthchecks	New specifications drafted and agreed by LMC
	IUCD/IUS contraception	Contract template to be agreed by LMC Contracts for each provider to be drafted by legal
	Nexplanon contraception	Monitoring pathway to be reviewed  Payment recharge process with ECCG to continue
Barnet, Enfield, Haringey Mental Health Trust [Note: part of £32m Block Contract]	School Nursing Service	Service specifications agreed and signed off
	Teenage Pregnancy	
	Reproductive and Sexual Health [RASH] service – Shout for Young People	KPIs agreed and signed off Contract signed by lead – ECCG - and being sent to Associates for signatory
	GUM services at The Town Clinic	Note: Preparation for joint procurement process with ECCG of community services commencing May 2014
	Family Planning	
Pan London Agreement	HIV prevention and promotion – [LB Lambeth = commissioning lead]	London Councils agreed to three-year programme Interim provision in place during tendering process
Pharmacy Enhanced Service (Lead – LB Haringey. Contractor – Innovision Ltd)	Tobacco control and Smoking cessation	Contract with LB Haringey expired (31.iii.2014) but extended by LBH for six-months New, separate one-year contract to be in place during tendering process
Barnet & Chase Farm NHS Trust – Acute contract	GUM services	Tariff negotiations continuing
Central and North West London NHS Foundation Trust – Acute contract	GUM services	2012/13 tariff agreed with no CQUIN. Payment per activity (PbR) Budget forecast with 10% growth
Royal Free, Hampstead NHS Trust – Acute contract	GUM services	Tariff negotiations continuing
Whittington Health NHS Trust – block contract	GUM services	2012/13 tariff agreed Budget agreed Signed off by Islington CCG and being sent to Associates for signatory
	Dental Public Health – Oral Health promotion	Children's specification (previously SCS) added to PH vulnerable and old people's contract Budget negotiated, programme agreed Specification drafted and agreed Part of NHS block contract Signed off by Islington CCG and being sent to

Chelsea & Westminster NHS Trust	GUM services	2012/13 tariff agreed with no CQUIN. Payment per activity (PbR)
Imperial NHS Trust	GUM services	2012/13 tariff agreed with no CQUIN. Payment per activity (PbR)
Barts NHS Trust	GUM services	2012/13 tariff agreed with no CQUIN. Payment per activity (PbR)
Healthy Alliance [LB Haringey being lead commissioner]	HIV prevention and promotion	Contract expires 31.iii.2015 Service specification to be reviewed Tendering process to commence for 01 April.2015
Pharmacy Enhanced Service - Enfield Pharmacies	Emergency Hormonal Contraception (EHC) Advisor	LBE contract for Advisor to be extended and varied for one year to include additional training and services
	Emergency Hormonal Contraception (13 – 24 years)	Chlamydia Test Kits distribution service added to EHC specification Specification drafted Consultation with pharmacists and LPC taken place Contracts for each provider to be drafted by legal
	Chlamydia Test Kits	



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