

Cabinet 28 th April 2021	 TOWER HAMLETS
Report of: Denise Radley, Corporate Director Health, Adults and Community	Classification: Unrestricted
Public Health GP Enhanced Services	

Lead Member	Councillor Rachel Blake, Deputy Mayor & Cabinet Member for Adults, Health and Wellbeing
Originating Officer(s)	Dezlee Dennis – Drugs and Alcohol Action Team (DAAT) Commissioning Manager Robert Verrecchia – Associate Director of Public Health
Wards affected	All wards
Key Decision?	Yes
Reason for Key Decision	Financial threshold
Forward Plan Notice Published	12 April 2021 – General Exception Notice
Strategic Plan Priority / Outcome	All

Executive Summary

Tower Hamlets General Practitioners (GPs) provide a range of Public Health enhanced services to address substance misuse, provide for sexual health and undertake NHS Health Checks. Locally these are called Network Improvement Services (NIS). These services are in addition to the GP core contract commissioned by NHS England.

Commissioning responsibility for substance misuse, sexual health and NHS Health Checks were transferred to the council as part of the 2012 Health and Social Care Act reforms and are funded from the Public Health grant.

The local commissioning arrangements were reviewed prior to 2017 and concluded that a direct award to GPs was the optimal way to contract the services; this arrangement remains the most appropriate way to commission these services.

The current contract will end at on 30th June 2021 and a direct award for a further three years, (plus 3 years option to extend) commencing in July 2021 is recommended.

Direct contract award is only considered in exceptional circumstances and this is felt to be justified as it has not been possible to undertake a competitive procedure as the services to be provided are to residents registered with GPs. As such only GPs and other staff employed by GP networks are the sole providers of the services to be provided as they need to be undertaken with residents who are registered with General Practice.

Recommendations:

The Cabinet is recommended to:

1. Approve the recommendation for direct award of a contractual agreement to the Tower Hamlets GP Care Group Community Interest Company (CIC) for the delivery of the Public Health NIS services for 3 years from 1st July 2021 with the option to extend for another three years on a yearly basis with a maximum annual value of £932,874 and total value £5,597,244 for the life of the contract.
2. Authorise the Director of Public Health to enter into all necessary agreements.
3. Note that funding for the Public Health NIS Services will be met within the Public Health Grants budgets for the life of the contract.
4. Note the specific equalities considerations as set out in 4.1 and 4.2

1 REASONS FOR THE DECISIONS

Primary care has an essential role in improving the health and wellbeing of Tower Hamlets residents. This decision will enable public health services funded from the public health grant and provided by GPs to continue for the next three - six years and in doing so improve the health and wellbeing of local residents.

2 ALTERNATIVE OPTIONS

- 2.1 Section 75 Agreement – these agreements are used between Local Authorities and Clinical Commissioning Groups (CCG) to pool resources in driving the integration between health and social care. However, as the CCG is undertaking a direct contract award for the NIS services to the GP Care Group this does not meet the criteria where a section 75 agreement would be appropriate.
- 2.2 Competitive procurement- following previous recommendations made by the Council's Competition Board this option was extensively explored. However, it was found not to be possible as the NIS services are provided as an addition to the GMS contract to patients registered with local GPs. Competition is not possible as only the local GP networks are able to provide these services to their registered patients.

- 2.3 Direct contract award to each of the 7 primary care networks would significantly increase the amount of council administration, requiring an individual contract with each network and reduce the opportunity to centralise NIS administration functions in a single organisation, the GP Care Group. The network structures are also under review and are likely change in the next few years necessitating novation of contracts.

3 DETAILS OF THE REPORT

- 3.1 General Practitioners are commissioned to provide primary care services to local communities on a list based system by NHS England. This contract is called the General Medical Services (GMS) and since its inception in 2003 there has been provision for additional or enhanced services to be commissioned from individual practices either on a national or local level.
- 3.2 Core GP contracts are based on a capitated payment where each patient registered attracts an annual fee known as the 'pounds per patient'. This amount varies depending on the individual contract held by the practice and the characteristics of the patients at the practice. In Tower Hamlets practices receive between £97 per patient up to £140 per patient. GMS contract holders receive the national global sum (which will be approximately £97 in 20/21) per weighted patient, the weighting reflects factor such as age, prevalence and deprivation. Some of the practices in Tower Hamlets are funded by an alternative contract: Alternative Provider Medical Service (APMS), some of these contracts receive payment based on raw list size— e.g. actual numbers of registered patients
- 3.2 GPs and community pharmacists are essentially the front door into the NHS providing a very wide range of urgent, routine and preventive services to local residents and where necessary onward referral to more specialist services. Local residents are required to register with a local GP practice and this provides the "list" of patients.
- 3.3 Over the past 13 years Tower Hamlets GPs have provided a wide range of enhanced services to reflect local needs of their patient's on their list and these were commissioned by the Health Authority and the successor organisation the Primary Care Trust (PCT).
- 3.4 However, since the 2012 Health and Social Care Act the commissioning responsibilities for certain enhanced services including substance misuse, sexual health, smoking and NHS Health Checks were transferred to the Local Authority. Existing contracts for the provision of these services were also transferred from the PCT to the council.
- 3.5 Clinical Commissioning Groups (CCGs) replaced PCTs in 2013 and were set up to enable significantly more clinical involvement in contracting of NHS services with GPs being members of the CCG. CCGs are not able to commission enhanced services directly from GPs and so this was undertaken by NHS Commissioning Support Units (CSUs).

- 3.6 Following the transfer of responsibilities to the local authority in 2013 substance misuse enhanced services have been delivered under the terms of a Business Transfer Agreement (BTA) with Tower Hamlets Clinical Commissioning Group for the provision of GP delivered drug and alcohol services (Shared Care Scheme). These include opiate substitute prescribing and alcohol identification and brief advice.
- 3.7 The GP based sexual health enhanced service and NHS Health Checks are public health mandated services and have continued since transfer of responsibilities to the council. These have been contracted, along with other non-Public Health funded enhanced services, from the eight local networks of GP practices by the CSU and then recharged via the CCG to the council. Locally the enhanced services are referred to as network improvement services (NIS).
- 3.8 All the council funded NISs are regularly performance managed by council officers in partnership with the CCGs. The NIS service specifications are reviewed annually by the CCG, council officers and the Local Medical Committee (LMC) to ensure they meet best practice and provide value for money. The funding for the enhanced services has been reduced following the cuts to the Public Health Grant. Each NIS services as upfront and performance based payment components.
- 3.9 The council funded NISs makes a significant contribution to improvements in local residents health and wellbeing by identifying underlying health/ lifestyle conditions (NHS Health Check NIS); providing for the testing, treatment of STIs and provision of contraception (Sexual Health NIS) as well undertaking substitute prescribing of methadone for substance misusers and improving the physical and mental health of alcohol/ drug misusers by regular health checks (drugs and alcohol NIS).
- 3.10 Further national changes to the commissioning arrangements of the NHS have led to the setting up of a provider arm of GPs. Locally this is called the Tower Hamlets GP Care Group Community Interest Company.
- 3.11 The Tower Hamlets GP Care Group is one the UK's largest GP federations, whose members comprise all 36 GP practices in Tower Hamlets, caring for a registered population of 344,389 people. They are a partner in Tower Hamlets Together, an umbrella organisation for all the public and voluntary sector health and social care organisations in the Borough. Tower Hamlets Together oversees the design and delivery of new models of integrated care for our community.
- 3.12 Since 2017 the CCG and LBTH commissioned their NISs via a direct contract award to the GP Care Group who will then sub contract to the eight primary care networks (now reduced to seven with primary care network 3 and 4 merging) as this is more and efficient and effective than commissioning via the CSU.

- 3.13 Enquires were made to neighbouring boroughs and both Hackney and Newham have commissioned enhanced services, within Tower Hamlets these are called NIS services, from their GPs using a direct contract award. These boroughs recognise that as the enhanced services are to be provided to "list" patients of the GP as an enhancement to current service then this removes the potential for other providers to compete for these services.
- 3.14 To enable the continuation of the Public Health funded NIS services it is proposed that a similar arrangement is adopted by the council for 2021- 24 and that a single contract to cover the provision of the NHS Health Checks sexual health, and substance misuse enhanced services is directly awarded to the GP Care Group for a period of three years. Key to the success of the Public Health services is early identification, assessment and where appropriate referral to specialist services. Many GPs and their other clinical and non-clinical staff have undergone bespoke national and local training to enable them to undertake the enhanced services.
- 3.15 There are a number of issues which support the delivery of primary care-based substance misuse, sexual health, and NHS Health Checks:
- Identification – as General Practice is the first point of contact for patients experiencing any health-related problems, they are in a unique position to identify substance misuse, or sexual health issues early and intervene appropriately
 - Appropriateness of intervention – some patients do not require the specialist and intensive interventions of either the specialist substance misuse provider, Reset, or the acute sexual health services and are more suited to less intensive support that can be effectively offered in General Practice
 - Mainstreaming – patients being managed in General Practice reduces the dependence on specialist treatment and support services. The patient's substance misuse and sexual health needs can be considered more in the context of their overall health and wellbeing
 - The recording of opiate substitution therapy via general practice offers an important safeguarding mechanism against individuals accessing multiple prescriptions for controlled drugs
 - Capacity - there is insufficient capacity in the specialist Reset treatment service or within the specialist sexual health services to offer all interventions to all individuals requiring treatment
 - Cost effectiveness- the core costs of running GP services are funded via the GMS contract commissioned by NHS England. The NIS services are funded as additional services.
- 3.16 The annual budget for the Public Health and GP based Substance Misuse Shared Care NISs is £932,847 (breakdown below)

Contract	Contract Value £
NHS Health Checks	£206,887
Public Health NIS Services	£280,000
Substance Misuse	£445,960
Total	£932,847

3.17 The newly specified drugs and alcohol NIS has been redesigned to:

- maximise identification of substance misuse and referral to specialist treatment
- improvement overall health outcomes for the patient cohort through the introduction of a Specialist Annual Health Check
- provide opiate substitution therapy alongside psychosocial intervention delivered by Reset Drug and Alcohol Treatment Service

3.20 A direct award is justified on the basis that there is a lack of competition as there is no other organisation with access to the necessary patients records to deliver these services. It is only possible for GPs to access records. This approach aligns with the CCG's commissioning approach to the other GP NIS services.

4 EQUALITIES IMPLICATIONS

4.1 Primary Care services are a core part of mainstream services. By providing Public Health services as part of primary care, local residents are better integrated into local provision which reduces barrier to access. Every effort is made to work with GPs to ensure that the most vulnerable are supported to access important public health services and ultimately to reduce health inequalities which is a health and wellbeing board key priority.

4.2 The monitoring of the uptake of the NIS services in primary care against the nine protected characteristics will be enhanced with a single contract enabling better performance management and equity of access.

5 OTHER STATUTORY IMPLICATIONS

Best value implications

5.1 The Public Health NIS services are reviewed annually in partnership with the CCG and LMC. This review includes seeking increased efficiency, effectiveness and ensuring medical best practice is implemented.

- 5.2 Since the transfer of the Public Health responsibilities to the council in 2013 there has been a significant reduction in the cost of the NIS services and ongoing robust performance management. The changes proposed will further enhance the performance management of the services by having a single contract in place enabling centralisation of administration.
- 5.3 Since the contract was first awarded in 2017, savings of £46,000 were achieved from the smoking cessation in the year 2019/20. In this financial year (2020/21) a saving of £23,471 was made against the substance misuse element of this contract in line with the council's efficiency programme.
- 5.4 Health checks is a statutory service and the amount of funding Public Health contributes to the health checks programme has not changed since 2012. Sexual health is a performance related payment.

Risk management implications

- 5.5 To have no appropriate legal agreement or contract in place for these services would leave the Council exposed to risk. Placing a single contract with the GP Care Group will enable appropriate contractual arrangements to be put in place which will reduce risk and improve performance.
- 5.6 Many of these patients accessing the substance misuse service present with complex needs and a single contract will enable improved service safety through increased centralisation of administration.

Crime and disorder reduction implications

- 5.7 Effective early identification and treatment of patients by Primary Care for substance misuse issues will reduce crime and disorder by enabling opiate substitution therapy and recovery from addiction.

Safeguarding implications

- 5.8 Within the sexual health and substance misuse enhanced services there are already clear requirements for GP practices to receive and maintain child and adult safeguarding training.

6 COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 The contract costs for the Public Health GP Enhanced Services will be met via Public Health Grant funding. The draft budget for 2021/22 allows an amount of £0.933 for the direct award to Tower Hamlets GP Care Group for the provision of the NIS contracts (Network Improvement Services) as follows:

Contract	Contract Value £
NHS Health Checks	£206,887
Public Health NIS Services	£280,000
Substance Misuse	£445,960
Total	£932,847

- 6.2 If the public health grant funding were to cease from 22/23, the cost of this contract would have to be contained within any Public Health grant reserve, existing budgets or considered as part of the 2022/23 Medium Term Finance Strategy.
- 6.3 As part of procurement efficiency savings in 2020/21, a 5% saving (£23k) was achieved from the Substance Misuse Primary Care contract valued at £446k. This saving was part of a £1m total efficiency delivery target on Public Health contracts as part of its Medium-Term Finance Strategy for 2020/21, and therefore further efficiency savings will not be required in 2021/22 against this contract.
- 6.4 For 2021-22 the Public Health Grant allocation for Tower Hamlets has been announced at a total of £36.350m, and therefore the continued funding of £933k for these contracts can be met.

7 COMMENTS OF LEGAL SERVICES

- 7.1 The Council has the legal power to undertake the activities referred to in this report.
- 7.2 Ordinarily, the Council would undertake a competitive exercise prior to the award of a contract in compliance with the law and the Council's constitution and also to demonstrate compliance with the Council's statutory Best Value duty. However, a competitive exercise need not be undertaken in this instance.
- 7.3 Regulation 32 of the Public Contracts Regulations 2015 allows the Council to make a direct award (described as negotiated procedure without an advert) where competition would be absent for technical reasons. In this case the Contract relies on the GMS services that are already being provided by the GPs and this contract also relies on the patient information to which only GPs are privy. Therefore, it is likely that a competitive exercise would receive little or no interest as for practical reasons there can only really be one provider of these services
- 7.4 The Council will demonstrate Best Value by ensuring that there are contractual terms in place to support and give powers to the Council to monitor delivery. The Council will also benchmark with other authorities and similar contracts to ensure that the contractual costs are in step with current market prices.
- 7.5 The specification for this service is changing marginally from the previous contract. The Council will assess such changes prior to award to ensure that it understands the impact of any of the minor changes on people who have a protected characteristic for the purposes of the Equality Act 2010 and take such action as is indicated by the assessment in order to mitigate any such impact.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

Officer contact details for documents:

N/A