

North Somerset Council Decision



Decision Of: Matt Lenny (Director of Public Health and Regulatory Services)

In Consultation With: Amy Webb (S151 Officer and Director of Corporate Services) and Mel Watts (Head of Strategic Procurement Delegated to Head of Finance)

Directorate: Public Health and Regulatory Services

Decision No: PHRS062 2022/2023

Subject: Exception report for direct award of contracts to North Somerset GP Practices for the delivery of primary care public health services

Key Decision: Yes

Reason: Contract value of approximately £900,000 over 3 years

1. Background:

NHS Health Checks, smoking cessation support, and sexual health services (specifically long-acting reversible contraception [LARC], and the National Chlamydia Screening Programme) are important initiatives to improve population health outcomes and support the delivery of objectives laid out in North Somerset's joint health and wellbeing strategy.

The NHS Health Check programme is a mandated public health service in England. Local Authorities are responsible for the commissioning of a service through which people aged 40 to 74, with no known pre-existing cardiovascular disease diagnosis, are invited every 5 years for an assessment which aims to prevent heart disease, stroke, diabetes, and kidney disease. Attendees are given appropriate advice on diet, exercise, weight loss, and smoking cessation. The checks prompt further GP-guided investigation or treatment where indicated.

The provision of sexual health services is a responsibility of Local Authorities (with the local NHS responsible for some aspects of commissioning), including most contraceptive services, testing for sexually transmitted infections, and outreach programmes. The bulk of this provision is delivered through *Unity Sexual Health* (an expert community provider, jointly commissioned by North Somerset, South Gloucestershire and Bristol Local Authorities) and is out of scope of this Director's Decision. However, the insertion of long-acting reversible contraception, and under-25 sexual health services (most notably screening of eligible under 25's for Chlamydia in GP practices, as set out in the National Chlamydia Screening Programme) does require separate contracting with primary care services, and therefore is in scope of this Director's Decision.

Finally, North Somerset Council (NSC) provides a comprehensive support to stop smoking offer. Residents are able to access support through pharmacies, general practice, the Council's own stop smoking service, and other community providers. If accessing this support through general practice, individuals receive a 12-week behavioural support programme and nicotine replacement treatments. Increasing the number of successful annual quit attempts', and 'reducing the prevalence of smoking among adults' are key

objectives in the North Somerset Health and Wellbeing Strategy; continuing access to support through general practice is therefore seen as important.

Contracts with primary care settings for the delivery of these key public health services expired on 31 July 2018. Following NSC guidelines at the time, a commissioning report to the NSC Executive was submitted in February 2020 to seek approval for re-contracting through a direct award to GP practices. This decision was [approved](#) by the Executive (with contracts to run from April 2020 to April 2022, with option for a 2 year extension to April 2024), however contracts were not issued at the time due to re-prioritisation of activity through the COVID-19 pandemic response. There remains no formal contract in place, although GP's have continued to deliver the services and NSC have continued to fund and manage this activity. There is a need to a) secure GP services in the short term through re-contracting and b) consider innovation in the delivery of these services (for example through new operating models, or alignment of provision with Bristol and South Gloucestershire Local Authorities) in the medium term.

2. Decision:

To decide that the direct award of contracts valued at approximately £900,000 over 3 years, to provide the described public health services, can be made to the 14 North Somerset GP practices and/or Primary Care Networks.

3. Reasons:

GP practices in North Somerset are the only viable option for providing these services. They have the necessary specialist staff, and their location and established patient registration lists will ensure the greatest equity of access. The direct award of contracts to GP's (either directly with practices, or with local GP consortia ('Primary Care Networks')) will ensure continuity in delivery of these public health services, in line with the following Contract Standing Orders exception route:

6.3.4 only one supplier is objectively able to provide the works, services or goods in question including, but not limited to, where the provision is specialist, where the supplier has exclusive intellectual property rights, artistic or other rights, has a monopoly or where the goods bought are for re-sale. In such circumstance only that one supplier may be asked to quote / tender, however the quote / tender must be evaluated for capability and suitability.

4. Options Considered:

The only alternative to a direct award would be to conduct open commissioning; this is not considered viable or value for money. There are no obvious alternative providers who would have the necessary specialist staff, clinical governance arrangements, and geographical placement within communities to justify the resources required for an open market recommissioning.

5. Financial Implications:

5.1 Costs:

Based on historical activity, aggregated annual costs of contract payments to the 14 North Somerset GP practices will equal approximately £300,000. Over the 3 year period of this new contract, total costs equal approximately £900,000.

5.2 Funding:

Funding for these services will via the annual Public Health ring-fenced grant for the duration of the contract period.

6. Legal Powers and Implications:

Local Authorities have been responsible for commissioning public health primary care services as part of their mandated public health functions since 2013, in keeping with the Health and Social Care Act 2012; these roles and responsibilities are in transition following the introduction of the Health and Care Act 2022. Due to the limited market for delivery of these services, a full commissioning process and change of provider could cause significant disruption, instability and inconvenience or substantial duplication of costs for the Council and impact on service access and delivery, with knock on effects for population health. Given these circumstances it is likely that a direct award is permissible in accordance with the Council's Standing Orders.

7. Climate Change and Environmental Implications:

In the short term, this re-contracting will reflect existing activity and so there will be no relevant environmental implications. In the medium term, alternative delivery models for these services will be considered (for example delivery through a single 'hub', rather than multiple GP practices), that may result in altered patient journeys. Through the contract management of these services the Council will continue to work with GP providers on sustainability and to decarbonise service provision.

8. Consultation:

As this decision is deemed uncontroversial – given that delivery of these services through GP's is the established practice locally – wide consultation has not been conducted. Service level evaluation demonstrates that GP practices remain to be the preferred point of access for the local population for these areas of service provision.

Internally, the Executive lead member for Public Health, and Chair of the Health Overview and Scrutiny Panel, have been engaged and are supportive of a direct award.

In the medium term, appropriate consultation on anticipated changes to agreed contracts (i.e. a recommendation could be made around an alteration in the service specification or contract to allow a 'hub' delivery model for some services) will be undertaken.

9. Risk Management:

As things stand, the above public health services are being delivered by North Somerset GP's 'off-contract'; the last contract covering these services expired in 2018. This absence of contract may impact on North Somerset Council's ability to 'contract manage' these services, and to take action when the quality of services are impaired or costs increase.

This represents the greatest risk relevant to this decision; i.e. not taking this decision will continue the status quo.

The recent move towards healthcare being delivered through 'integrated care systems' and the advent of GP consortia or 'primary care networks', as well as changes in population need for services such as smoking cessation (exacerbated by impacts from the COVID-19 pandemic), will necessitate the need to consider alternative delivery models in the medium term. The absence of a baseline contract with GP practices could stymie these efforts. The contracting arrangements enabled through this decision allow for the development and delivery of these new models of service delivery.

This decision is deemed to be of low risk. Re-contracting will formalise services which are already being delivered by GP practices on behalf of North Somerset Council, but will give the Council greater oversight of activity and recourse for action as the commissioner.

Upon provision of new contracts, North Somerset Council's Public Health team will continue to performance manage the services. Contracts will be reviewed annually and updated to reflect changes in best practice.

10. Equality Implications:

Have you undertaken an Equality Impact Assessment? **Yes**

An initial equalities impact assessment has been completed. A detailed assessment was not deemed to be needed, as this decision affords the extension of existing contracting arrangements with GP practices and therefore maintains the status quo; no new equalities impacts on customers or staffing is expected.

11. Data protection implications:

Have you undertaken a Data Protection Impact Assessment? **No**

Advice has been sought from the NSC Information Governance team. They have confirmed a DPIA is **not** needed for this contract, as the services covered are largely in keeping with what providers are already delivering, and that:

- for Sexual Health Services (LARC and Chlamydia screening) and NHS Health Checks, NSC receives no personally identifiable information (only anonymous, grouped activity data to ensure accurate payment and equality monitoring).
- for the Smoking Cessation service, although NSC will have access to personally identifiable information entered onto the Service's case management system (*Theseus*) by GP practices, this is a requirement of the service (for which service users will be made aware) and a DPIA for the *Theseus* itself has been previously completed.

Additionally, as GP practices will be acting as Data Processors for the Council with respect to the Smoking Cessation Service, a Data Processing Agreement will be included within the issued contract.

12. Corporate Implications:

Continued provision of these public health services contributes to the delivery of North Somerset's joint Health and Wellbeing Strategy.

Appendices:

A. Equalities Impact Assessment (initial) v_FINAL

Background Papers:

NSC Executive Meeting Feb 2020, Item 10 [[Paper and Decision pertaining to General Practice Public Health Contracts](#)]

Signatories:

Decision Maker(s):

Signed: 

Title: Director of Public Health & Regulatory Services

Date: 06 April 2023

With Advice From:

Signed: 

Title: S151 Officer and Director of Corporate Services

Date: 06 April 2023

Signed: 

Title: Head of Strategic Procurement Delegated to Head of Finance

Date: 06 April 2023

Footnote: Details of changes made and agreed by the decision taker since publication of the proposed (pre-signed) decision notice, if applicable: