
Report to: Cabinet	Date of Meeting: 5 December 2013
Subject: Extention of Public Health Contracts and Procurement of Infection Control Service	
Report of: Director of Public Health	Wards Affected: All
Is this a Key Decision? Yes	Is it included in the Forward Plan? Yes
Exempt/Confidential	No

Purpose/Summary

1. To seek Cabinet approval to waive Contracts Procedure Rules and authorise a 6 month extension of the existing Smoking Cessation contract. This would be an extension of 6 months from the 1st April 2014 to the current contract with Liverpool Community Health. The cost of full 6 month extension would be £258,041.
2. To waive Contracts Procedure Rules and authorise a 12 month extension of the existing BreastStart Contract. This would be an extension of 12 months from 1st April 2014 to the current contract with Netherton Feelgood Factory. Cost of full 12 month extension would be £191,000.
3. To waive Contracts Procedure Rules and authorise a 12 month extension of the existing NHS Health Check contracts (a mandatory public health function) and the Nicotine Replacement Treatment (NRT)/varenicline medication for smoking cessation. This would be an extension of 12 months from 1st April 2014 to the current GP and Pharmacy contracts without contract amendments. These are individual contracts with GP Practices and Pharmacies. Cost of full 12 month extension to include all current contracts would be £939,000.
4. To seek approval for a three month contract extension and the procurement of the Infection Control Service with relevant approvals for the tender exercise.

Recommendation(s)

1. That Cabinet agrees to waive Contracts Procedure Rules and authorises the 6 month extension of the Smoking Cessation contract to enable the review to be completed.
2. That Cabinet agrees to waive Contracts Procedure Rules and authorises the 12 month extension of the BreastStart Contract to enable the review to be completed.
3. That Cabinet agrees to waive Contracts Procedure Rules and authorises the 12 month extension of the NHS Health Check Contracts and the Nicotine Replacement Treatment (NRT)/varenicline medication to enable the review and procurement process to be completed.
4. That Cabinet agrees to waive Contracts Procedure Rules and authorises the three month extension of the Infection Control Contract to enable the procurement

process to be completed and implement the revised specification.

5. That Cabinet authorise the Director of Public Health to conduct OJEU Open Procedure tender exercises for the new contract for the Infection Control Service to run for a period of three years, with the option of two further one-year extensions for each service.
6. That Cabinet approve the basis of evaluation of tenders as set out below
7. That Cabinet authorises the Director of Public Health to accept the Highest Scoring Tender in accordance with the approved basis of evaluation and to report on the outcome to the Cabinet Member for Older People and Health
8. That Cabinet authorises the Director of Public Health to have delegated authority to award the contract on completion of the tender process.

How does the decision contribute to the Council’s Corporate Objectives?

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		✓	
2	Jobs and Prosperity		✓	
3	Environmental Sustainability		✓	
4	Health and Well-Being	✓		
5	Children and Young People		✓	
6	Creating Safe Communities		✓	
7	Creating Inclusive Communities		✓	
8	Improving the Quality of Council Services and Strengthening Local Democracy	✓		

Reasons for the Recommendation:

1. Recommendation is requested as the current contract is due to expire on the 31st March 2014 and that the contract is within the scope of the Lifestyle Thematic Review.
2. This recommendation is requested as the current contract is due to expire on the 31st March 2014 and a review of breastfeeding support is required to understand the needs of Sefton's population.
3. This recommendation is requested as the current contract is due to expire on the 31st March 2014 and providing a 12 month contract extension would allow for market stability. Additionally the NRT and varenicline element of the contracts are linked into the review of Lifestyle services and the LCH Smoking Cessation contract extension. The 12 month contract extension would allow the current reviews and audits and procurement exercise to be completed.
4. This recommendation is requested as the current contract is due to expire on 31st March 2014 and a three month extension would be required to allow for the procurement activity and to implement the revised specification.

What will it cost and how will it be financed?

(A) Revenue Costs

1. The cost of the contract extensions will be met from within the Public Health budget allocated for this purpose.

There would be no additional in year costs with regard to the council extending the current contract for infection control. The cost of full 6 month extension for Smoking Cessation would be £258,041.

Recognising the uncertainty of future funding, the renewed contract paperwork makes it clear that the price agreed for the contract is subject to the ongoing availability of sufficient funding and that in the event that during the contract period the Local Authority does not have sufficient funds to cover the price of the contract the Contractor will develop and agree a contract variation with the Commissioner such that the contract price remains within the funding available.

2. Cost of the full 12 month extension for BreastStart would be £191,000
3. Cost of the full 12 month extension to include all current contracts for General Practice and Pharmacy would be £939,000
4. With regard to the cost of the new infection control contracts, this will be met from within the Public Health budget allocated for this purpose. The current contract value is £143,000 per annum, the ceiling price for the Tender will be £91,000.

This revised cost has been accurately developed to ensure that all areas of need are delivered. The specification includes the provision of policy development and

review, outbreak management, contact tracing, audit, advice and support, MRSA decolonisation and training. This will be delivered to GP and dental practices, residential homes, prisons and other areas as identified by any qualified provider' (AQP) status.

The cost of the infection control contract extension would be £35,750 and this would be contained within the existing budget allocated for Infection Control.

(B) Capital Costs
None

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Legal	
1. Risk of a possible challenge from an aggrieved provider who has not been given an opportunity to tender/quote for the work/services comprising the extension.	
Human Resources - None	
Equality	
1. No Equality Implication	<input checked="" type="checkbox"/>
2. Equality Implications identified and mitigated	<input type="checkbox"/>
3. Equality Implication identified and risk remains	<input type="checkbox"/>

Impact on Service Delivery:

By extending the current contracts time will be made available to ensure that recommendations are consulted upon and procurement activities where appropriate have sufficient time to be completed. This will ensure that impact on service users will be mitigated.

What consultations have taken place on the proposals and when?

The Head of Corporate Finance 1.(FD2657/13), 2 (FD2658/13), 3. (FD2659/13), 4. (FD2660/13)and Head of Corporate Legal Services 1.(LD1962/13,) 2 (LD1963/13), 3. (LD1964/13), 4(LD1965/13) have been consulted and any comments have been incorporated into the report.

Smoking Cessation

The communications approach aims to support the aims and objectives of the commissioned service reviews through communicating key messages to stakeholders.

It sets out how Public Health will communicate to stakeholders to create awareness of the reviews and encourage communication, engagement and consultation.

Public Health is undergoing three large reviews and two tender processes which will incorporate current commissioned activity. The three areas under review are:

- Healthy lifestyles services
- Healthy weight services
- Adult and young people's substance misuse services

The reviews will enable Sefton Council to have an understanding of what the commissioned contracts provide and potential cost savings.

The Public Health team undertook activities to gather information and test proposals. Activities included:

- Pre registration of potential respondents and stakeholders
- Contacting through letter, e mail and fax potential respondents to determine how they would like to be informed and how often
- Internal meetings within Public Health Team to discuss consultation engagement and communication
- Sought advice and help from the Public Engagement and Consultation Team
- Completed desktop literature review
- Submitted project proposal to the Public Engagement and Consultation Panel

There are four groups:

1. Service providers – these include: Liverpool Community Health Trust NHS, Healthy Living Centres, Sefton Council and Sefton CVS
2. Service users – these include: clients and the general public
3. Wider Stakeholders – these include: CCGs and Councillors
4. Gaps – those who are not using the services – these include: residents who have mental health problems, learning disabilities, men and young people

BreastStart

It was identified in the Maternity Sefton Liaison Committee (MLSC) Annual Action plan (2012) that Sefton needed to evaluate the improvements made (if any) and local satisfaction of current provision of services. A questionnaire has been developed by Sefton's Maternity Task group, comprising of mothers living in Sefton as well as parents from the CVS , staff from public health and staff from the local NHS Trusts.

Parents who have had a baby between 12 June 2011 and 12 December 2013 are invited to give their views through the questionnaire which is available across Sefton in, GP clinics and children's centres.

Further consultation will be undertaken within the review of the services and identification of needs.

How Public Health will engage and consult

From stakeholder feedback, research to establish the best practice to engage and consult and advice from the Public Engagement and Consultation Team, the Public Health Team have established the following methods of engagement and consultation.

- One to one interviews/meetings
- E-consult online survey
- Focus groups
- CCG locality meetings
- E- bulletin
- Press releases
- Internal workshops

General Practice and Pharmacy contracts:

Currently the services are undergoing review and audit. This consultation includes CCG's and other health providers. This will inform Public Health of the available service options.

Infection Control

Planned consultation with Stakeholders, at a Stakeholder Event to be held at Bootle Town Hall in December 2013. This event will present the Commissioner's vision for future services in Sefton. The session will also engage stakeholders to help develop/confirm the outcomes sought.

Are there any other options available for consideration?

Public Health are reviewing the options for the contracts at this time with legal, procurement and senior officers working to ensure that the extension times have been reduced at much as possible to avoid unsettling providers and service users.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet

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Background Papers:

There are no background papers available for inspection.

Smoking

1. Historically, NHS Sefton had commissioned a number of services to address key lifestyle issues such as overweight and obesity, smoking, mental health and wellbeing and alcohol. These programmes were often developed in isolation from each other, largely due to the funding streams that were attached to each priority lifestyle area. The transfer of responsibility for public health from NHS into local authority provided an opportunity to review current service provision in association with National Guidance to assist in looking for new opportunities in service delivery, albeit at a time of funding constraints.
2. There is a duty to ensure that the commissioning of services to address lifestyle risks achieves value for money and there is a clear responsibility to maximise health outcomes within available budgets. Health inequalities in Sefton have been apparent for many years. Despite significant investment in services to support improvements in health, health inequalities still remain. The persistence of health inequalities suggests that either there are other issues leading to poor health outcomes or the current services are not being accessed properly.
3. Available evidence suggests that many people have multiple lifestyle risk patterns. The 2010 Lifestyle Survey for Sefton found that 9.5% of adult residents (this equates to 20,000 people) exhibited three or more unhealthy behaviours. The evidence would suggest that there is a need to move away from the commissioning of services to address single health issues and move towards a more integrated holistic approach that can address multiple needs. This would support and build on the understanding that people's lifestyle choices are the result of many factors and so by responding to need in a more holistic way this could strengthen and better support people to make the necessary changes that will lead to improvements in their health by making it easier for people to access information, advice, support and activities to change to healthier behaviours through the development of an integrated wellness service for Sefton. The current service is subject to the outcome of the Lifestyle Review and its recommendations.
4. Currently the contract is with Liverpool Community Health and is due to expire on 31st March 2014. The service delivers smoking cessation clinics borough wide, engages and supports the smoking cessation champions and provides the support and quality assurance for the pharmacy NRT and Level 2 Smoking cessation offer. The provider also administers the Patient Group Directive (PGD) and the training for the PGD for varenicline which is part of the pharmacy smoking cessation offer.
5. Cabinet is asked to approve a 6 month contract extension to allow the review to be completed and that the cost of a six month extension would be £258,041.

BreastStart

1. Currently the provision is contracted with Netherton Feelgood Factory; this contract delivers Sefton's breastfeeding peer support programme, antenatal workshops, breastfeeding sessions, post natal home visits and telephone support for breastfeeding support. A key element of the contract is ensuring that contact is made with every mother prior to them being discharged from hospital. Additionally volunteers are trained to deliver the peer support programme. The service is also charged with promoting breastfeeding friendly organisations as part of the Baby Friendly Initiative Award (BFI).
2. A review of breastfeeding support is required to understand the needs of Sefton's population. This will ensure that the future commissioned service truly supports the identified needs. Following a review there could be the possibility of integrating the provision into a reduced number of contracts and providers. This review and future commissioning would require 12 months to complete.
3. The qualitative research of the current provision carried out on behalf of Sefton and Knowsley in 2012/13 was very positive, and therefore the risk of continuing with the current contract for a further 12 months is minimal.
4. Public Health has argued successfully for the City Region Child Poverty Commission to promote this concept across Merseyside as one of the only NICE approved interventions along with BFI.
5. Therefore an extension of the current contract is requested to allow a review to happen and allow sufficient time for the tender process to enable a new service to start 1 April 2015.
6. The capacity of the organisation to engage in a procurement activity prior to September 2014 would be minimal, due to other contracts with more risk, higher value and poor performance being prioritised

GP and Pharmacy contracts (NRT/NHS Health Checks)

- 1 This request is for an extension of 12 months to the current GP and Pharmacy contracts without contract amendments. These contracts are a range of individual contracts with each GP Practice and Pharmacy. The total cost of the full 12 month extension which includes all the individual current contracts would be £939,000. The contracts provide the NHS Health Checks and the Nicotine Replacement Treatment (NRT) / varenicline medication for smoking cessation.
1. The current provision is performing well; it is meeting targets and has a good geographical coverage across the borough. A 12 month contract extension would allow for market stability during this period of review.
2. A number of audits and reviews are either currently or due to be undertaken. These include Sefton Public Health's clinical audit tool which it is currently piloting. The results of which will be available by January 2014. The Cheshire and Merseyside Collaborative Service are reviewing NHS Health Checks looking at the pros and cons of commissioning on a larger footprint. This review will not be completed prior to March 2014. Public Health England launched their NHS Health Check implementation review and action plan in July 2013, we are awaiting the recommendations
3. The NRT and varenicline element of the contracts are linked into the review of Lifestyle services and the LCH Smoking Cessation contract extension.
4. The capacity of the organisation to engage in a procurement activity prior to September 2014 would be minimal, due to other contracts with more risk, higher value and poor performance being prioritised
5. That Cabinet agrees to waive Contracts Procedure Rules and authorises a 12 month extension of the existing NHS Health Check Contracts (a mandatory public health function) and the Nicotine Replacement Treatment (NRT) / varenicline medication for smoking cessation.

Infection Control

1. The aim of the community infection prevention and control service is to promote infection prevention and control standards within primary and social care providers. The service provides root cause analysis, education, advice and audit support. The service also responds to cases, clusters and outbreaks of communicable disease within the community, in partnership where necessary and following agreed protocols.
2. Currently Liverpool Community Health (LCH) hold the contract for providing Sefton's Infection Control. Historically the cost of LCH's own infection control has been built into the contract cost and this has meant that currently Sefton Public Health is not getting full value for money.
3. The current contract is due to expire on the 31st March 2014. Public health recommends that the procurement process starts immediately as there is no added benefit of waiting. A three month contract extension would be required to complete the procurement and implement the revised specification
4. It is intended that the outcomes achieved by the new contract/service will include the following:
 - Active promotion of service to primary and social care providers so that they all know how to contact the service and how to participate in good infection prevention and control practices.
 - Facilitate access of primary and social care providers to infection control tools and best practice guidance.
 - Support delivery of key infection control advice for the public, including seasonally appropriate infection control messages, e.g. flu and norovirus, through primary and social care providers, other LCH services and other key stakeholders in the community, utilising a range of resources, including websites, advice leaflets, presentations, on-screen information systems in waiting areas as well as verbal and written advice.
 - Provision of infection control advice to emergency-planning, resilience and response agendas as required.
 - Contact with all patients diagnosed with community-acquired C difficile and MRSA (or their carers) to provide information and offer of home visit as required to advise on self-care to reduce the risk of repeat infection.
 - Provision of opportunity for provider and patient input in developing education and advisory services.

Infection Control Procurement Process

1. A full open procurement process will be engaged in order to award the contracts, with the contract being advertised using an e-procurement portal "The Chest". Submissions will be invited from Sole Contractors, Prime Contractors with sub-contracted third parties providing some of the service or consortia of agencies working in partnership and exercising effective "end-to-end" accountability for all elements of the service.
2. The tender exercise will follow an OJEU Part B Open Procedure. Approval is requested for Chief Officer delegated authority to award the contract on completion of the tender process.
3. The new contract will run for a period of three full years from 1st July 2014, with the option of two further one-year extensions. This is due to the national based service specifications and creating stability within these services models.
4. Recognising the uncertainty of future funding, in particular the uncertainty over the Public Health budget allocation from central government beyond the second year, the Invitation to Tender makes it clear that the price agreed for the contract is subject to the ongoing availability of sufficient funding and that in the event that during the contract period the Local Authority does not have sufficient funds to cover the price of the contract the Contractor will develop and agree a contract variation with the Commissioner such that the contract price remains within the funding available.
5. Bids will be evaluated according to a number of standard criteria, cost, quality measures and an interview. The Standard Criteria will produce a Pass or Fail assessment, with only those passing being fully assessed. In the full assessment cost will account for 30%, quality will account for 60% and the interview will account for 10% of the overall score. Only those bidders within 10% of the leading bidder following the cost and quality assessment will be taken forward to interview.
6. The Standard Criteria and Quality Measures will include:

Standard criteria:

- Past experience / evidence of technical experience
- Financial viability
- Appropriate Insurance
- Equality submission
- Health and safety performance
- Evidence of professional conduct

Quality measures:

- Nature of service model/service configuration proposed
 - Engagement of service users with service/treatment
 - Staff involvement in service design, delivery and performance monitoring
 - Clinical and information governance
 - Engagement/integration with local agencies/stakeholders
 - Service governance and leadership
 - Planning & performance management
 - Forecasted levels of service activity and outputs
 - Added Social Value
 - Implementation plans
7. The evaluation will be conducted by officers from: Commissioning, Public Health, Finance, CCG's and Clinical lead. A service user will also be involved in the interview process. Support and moderation will be undertaken by officers in Corporate Procurement. The officers involved will score each section against agreed criteria, with scores then being added into the overall bid scoring.