



Executive
10 December 2012

**Report from the Director of
Strategy, Partnerships and Improvement
and the Director of Adult Social Care**

Wards Affected:
ALL

**Public Health Contracts – Process for transfer and
commissioning intentions for 2013/14**

1. Summary

- 1.1 This report sets out for the Executive plans for the transfer of public health service contracts to the council to ensure service continuity in 2013/14. Members will see that the position regarding contract transfer is still emerging, but in essence it is proposed that existing contracts that are due to expire on the 31st March 2013 are extended by NHS Brent for at least one year and transferred to the council. During 2013/14 a series of procurement exercises will take place to re-procure public health services in line with the council's plans for the service and the authority's procurement rules.
- 1.2 Officers are working with colleagues from NHS Brent to develop a solution for each public health contract. Unfortunately there is not a simple solution for each contract, reflecting the different types of contract used by public health to commission services. Further work is needed to confirm arrangements for some contracts, such as Local Enhanced Service agreements. However, with a small number of exceptions the intention is to extend and continue each public health service contract. Because this is still a fluid situation, the latest position on the unresolved contracts will be reported to the Executive at the meeting on the 10th December.
- 1.3 If, as a result of further work it becomes apparent that there will need to be a significant variance to the proposal for any contract listed in the report, this will be reported back to members for permission to pursue an alternative course of action. Otherwise, the Executive is asked to approve the plans for public health contracts set out in this report.

2. Recommendations

That the Executive:

- 2.1 Endorse the approach set out in this report to the proposed transfer of existing public health contracts
- 2.2 Agree the specific recommendations for each contract set out in the table in Appendix 1 to this report.
- 2.3 Delegate to the Director of Adult Social Care authority to enter into such contractual or other arrangements as may be required to ensure continuity of relevant services detailed in Appendix 1 for the financial year 2013/14.
- 2.4 Note that where it is not possible to pursue the recommendations for each contract set out in the table in Appendix 1 in the manner proposed, officers will report back to the Executive with regard alternative options.

3. Report

- 3.1 This report sets out for the Executive proposals for the transfer of public health contracts from NHS Brent to the council in order to ensure that public health services can continue to be delivered during the transition of the function from the NHS to the local authority. The majority of the public health budget is spent on contracts with NHS, private and third sector organisations that deliver public health services. This element of the function needs to be successfully transferred if services are to continue to be delivered after the 1st April 2013.
- 3.2 In preparing this report, officers have worked to two broad assumptions:
 - (i). That the priority for 2013/14 is to ensure that there is minimum disruption to public health services. Unless there is good reason for doing so, officers are recommending that the majority of public health contracts are extended and continued in 2013/14 to ensure current services continue in line with the existing arrangements. Once public health services are successfully transferred to the local authority members can consider how they wish to commission services in the future, but the focus at this stage is on achieving a successful transfer and service continuity.
 - (ii). That in the final public health allocation, which won't be known until December 2012, there will be sufficient funding to afford to commission existing public health services.
- 3.3 The process for transferring contracts from NHS Brent to the local authority has become clearer in recent weeks as guidance has become available. In short, the contracts held by NHS Brent for public health services due to transfer to the council will be transferred under a statutory transfer arrangement (transfer order). The transfer scheme's documentation will list all contracts and other property and liabilities currently held by the PCT relevant to the council. The legal transfer will take effect from 1st April 2013.

- 3.4 NHS Brent has 39 public health contracts with external providers. The majority of these contracts are for sexual health and substance misuse services. The position with all of NHS Brent's public health contracts, except for one, is that they expire on the 31st March 2013. Therefore, officers have been working with colleagues at NHS Brent and provider organisations to ensure that the work is done to progress possible extension of contracts so that services continue after the 1st April 2013.
- 3.5 Guidance has been sent to council's by NHS London on what to do in the circumstance facing the council and NHS Brent. The guidance says:
- “Where current public health services contracts expire prior to 1st April 2013 the PCT and local authority should decide jointly whether they wish to continue to commission the service that will transfer to the local authority. A decision will need to be taken on the most appropriate approach. This could include:
- a. PCTs with local authority agreement working with the current provider to agree to continue to run the current services for a short period (e.g. 6, 9, 12 months). This would ensure continuity of service for service users and would allow local authorities time to implement their procurement decisions, where this is possible within the terms of the contract. In this instance, local authorities would be requesting the existing parties to the contract to amend the existing contract duration beyond 1st April 2013. Any request for an extension to duration of the existing contract would be made by the PCT to their SHA/Regional Director. An extended contract would be transferred to the relevant local authority under the statutory transfer scheme arrangements. For this approach, local authorities will need to be able to make a case to support the decision to extend the contract. This is especially the case where the service could be delivered by other providers. Reasonable defence for such decisions may include wanting to manage the impact of transition on the provision of services locally, with actions planned to engage on alternate plans for commissioning services in the future after the transition arrangement expires.
- b. Local authorities commissioning a new service through available procurement routes”
- 3.6 Given the value of some of the public health contracts and the time and capacity available to re-commission services for 2013/14, officers consider there is little option but to ask NHS Brent to extend contracts and transfer those contracts to ensure services continue through 2013/14. However, the council is committed to reviewing and re-commissioning public health services in a rolling programme over the coming two years to ensure that services are

commissioned in line with our procurement rules and that they properly reflect the council's ambitions for public health.

- 3.7 According to the guidance, councils and PCTs will need to put together a case to support their request to the Strategic Health Authority (NHS London) to extend public health contracts. Informal discussions have taken place, where Brent's position has been made clear to the SHA, and they have indicated that in principle they will approve the extension of the existing public health contracts.
- 3.8 The other complicating factor with the transfer is the variety of contracts used by the NHS to commission public health services. Unfortunately there is not a single solution available that can be applied to each public health contract to ensure it can be extended and included in the transfer order. NHS Brent commission services using the following contract types:
- 3.8 **Local Enhanced Services (LESs)** – LES agreements are primary care contracts used to commission GPs to deliver services outside the scope of the core GP contract. Services are also commissioned from pharmacists using LES agreements. Smoking cessation and Health Checks are two examples of services commissioned via a LES agreement that the council should continue commissioning in 2013/14.
- 3.9 Local authorities will not be able to commission using LES agreements for services that commence on or after 1st April 2013 – council's have to find an alternative contract mechanism. In Brent all LES agreements expire on the 31st March 2013. The council needs a new contract agreement with GPs and pharmacists to begin on the 1st April to ensure service continuity.
- 3.10 Initial discussions have taken place with Brent CCG about the LES agreements. Department of Health guidance regarding contract transfer options is due to be issued shortly and it is hoped that this will assist with determining the best approach for dealing with current LES contracts. In the meantime however, officers have been considering conditional grant arrangements or spot purchase arrangements with GPs and pharmacists as appropriate mechanisms enabling current services to continue to be provided in 2013/14. Whilst final agreements with GPs and pharmacists are still to be negotiated, officers are confident agreement can be reached prior to April 2013.
- 3.11 We currently only have budget figures to work from in relation to the LESs for 2012/13 and have requested projected spend figures for this period, to ensure that realistic and adequate budgets are set for April 2013/14 and to protect the financial position of the council.

- 3.12 **Community / Third Sector Contracts** – These contracts are the most straight forward to deal with in this transition. NHS Brent has numerous contracts, primarily for substance misuse and sexual health services with organisations from the community and third sector. Generally contracts are with a single provider to deliver a specific service. Encouragingly, providers are keen to continue working in the borough in 2013/14. From an extension and transfer perspective, these contracts should provide fewest difficulties.
- 3.13 **Foundation Trust Contracts** – The clinical substance misuse service provided by Central and North West London Foundation Trust is in scope to transfer to the council. This service is commissioned using a NHS Foundation Trust Contract. The complicating issue with this contract is that the substance misuse element is a small part of a much larger contract, where the majority of services will remain the Clinical Commissioning Group's responsibility to commission. Discussions have taken place with the CCG to understand their intentions for this contract and to assess whether GPs will want to commission and be prepared to offer clinical support to the management of this element of the contract for 12 months on behalf of the council because unpicking the Foundation Trust contract will be very difficult in the time available before transfer.
- 3.14 In the event that the CCG will commission this service on behalf of the council, it is likely that the council would be named as an associate commissioner on the contract, taking the lead for performance and financial management of the services it is responsible for. Again, it would be expected that the service would be reviewed and re-procured during 2013/14.
- 3.15 **Block Contracts** – Similar to the Foundation Trust Contract, the PCT commissions services from the Ealing Hospital Trust ICO (which isn't a foundation trust) in block contracts – one contract for multiple services. The school nursing service is commissioned from the ICO in this way. This element of the contract will be transferring to the local authority, but the majority of the services included in the overall contract will remain within the NHS.
- 3.16 It is important the council understands the CCGs intention for this contract so that the school nursing elements can be re-commissioned in time using the council's procurement process. Unpicking the contract will not be possible before 31st March 2013. The guidance on these types of contracts says:
- “How will public health elements of larger contracts be disaggregated and passed to Las? E.g. school nursing?** - The PCT will identify the services within the existing contracts against the named receiving organisations. Although it has not yet been finally confirmed, it is likely that each of the receiving organisations will receive an

electronic copy of the relevant contract within which the specified service sits. From 1st April the receiving organisation will be responsible for managing the transferred services using the terms and condition of the overall contract with the provider.”

- 3.17 Essentially, it is proposed the provision of service such as school nursing will be retained in the larger NHS contracts, commissioned by GPs on behalf of the council. Agreement will need to be reached with the CCG on these services to ensure that the council's interests are protected in contract negotiations. The legal mechanism to transfer the commissioning responsibility from the council to CCG is likely to be through an agreement pursuant to section 76 of the National Health Services Act 2006.
- 3.18 **Private Sector Contract** – There is one contract with a private sector provider (Slimming World, for weight loss services). Again, this contract is relatively straight forward to manage, as it is a contract for a specific service with one provider, commissioned by the public health service. This contract could be extended by the PCT and transferred.
- 3.19 **GUM Service Contracts** – The council will be responsible for commissioning open access sexual health services (GUM clinics). In London, each PCT has a contract with around 30 NHS trusts that deliver this service. Because of the time needed for the council to individually negotiate a contract with each provider and then manage that contract, Brent, with the other boroughs in the West London Alliance is negotiating with the North West London Commissioning Support Unit for them to do this on the council's behalf. This will give officers the time, post transition, to better understand the service and commission it in the way that best fits the needs of Brent residents.
- 3.20 There are some significant risks associated with GUM services. They are open access services, and although capping contract activity is done by the NHS, the reality is that the council will have to pay for anyone from Brent using a sexual health clinic anywhere in the UK. Most activity is carried out within London by the contracted providers. However, Brent residents do use providers around the UK. In these instances, the PCT is sent an invoice for the activity. In the future, the council will have to pay for non-contract work.
- 3.21 By working with the CSU, the council will be able to contract with providers in London (the CSU already has these relationships) and work to set a cap on activity to protect the council's financial position. It is also proposed to set aside a portion of the public health budget (£500,000) to cover any overspend in this service area. The risk in setting a cap on activity is that users look to go outside of London to non-contract providers for services. The council would have to cover these costs as well.

- 3.22 It is accepted that this is not an ideal position, but that working with the CSU should ensure that contracts are put in place with providers and that there is some control over demand, up to a point. It is important that members understand the implications of this service, particularly the open access nature. Clearly the council will want to look to re-orientate activity and spend on preventative work to address the growing demand for clinical treatment services.
- 3.23 **Pan London Sexual Health Services** – There are a number of sexual health contracts commissioned on a pan-London basis or on a multiple borough basis. Whether these continue to be commissioned this way isn't clear yet, and officers are working with colleagues at NHS Brent to resolve this issue.
- 3.24 Public Health Contracts**
- 3.25 Set out in Appendix 1 is the full list on contracts, broken down by service area, that are in scope to transfer to the council. The tables include detail on the service provided, the 2012/13 value and a recommendation for 2013/14.
- 3.26 Members should take the opportunity to consider the separate recommendation for each contract and understand the services that are to be commissioned by the council in 2013/14. Subject to Executive approval and unless there is a significant variation to the proposed recommendation for each contract, officers will proceed to ensure contracts are successfully extended and transferred so that services continue from the 1st April 2013. Significant variations will be reported back to the Executive for members to decide on the way that the council should proceed.
- 3.27 Councillors should be aware that there are three contracts currently commissioned by NHS Brent that they are recommending are not continued. They are:
- Central London Community Services - Contraceptive services. This service is based in Barnet and NHS Brent had been making a contribution to the service to pay for activity provided to Brent residents. NHS Brent Public Health had been unaware until recently that this contract existed and it is unclear what value or service it is providing for Brent. Given that open access GUM services are commissioned by public health and will be transferring to the local authority, that there is a wide variety of contraceptive services commissioned in the borough, for example, the contraceptive services provided by CNWL, and the lack of clarity around the outcomes from this service, it is recommended that the contract isn't extended and is allowed to lapse on 31st March 2013.
 - Young Addaction - Teenage pregnancy services and sexual health services for young people at the Cobbold Road Centre. This contract

was for a GUM nurse to attend the Cobbold Road Centre to provide sexual health services to young people using Young Addaction's other services. There have been problems with this contract as the provider has struggled to secure a nurse to run the sessions. The contract was only set up for one year and would have expired on 31st March 2013. There are also alternative services that people could use, such as the GUM clinics commissioned by public health, or the CNWL contraceptive service. Because of the contract issues and the short term nature of the contract, it is recommended that the contract isn't extended.

- Lonsdale Practice - Shared care for opiate users with high levels of need had been provided from the Lonsdale Practice. The GP providing the service has retired, and clients have transferred to the Junction Service provided by CNWL in order to move them on through the treatment system. Because alternative provision is in place and the provider has retired, it is recommended that this contract isn't extended.

3.28 When reviewing public health services and contracts post transfer, officers will be assessing the need for such services and where and how they should be provided. Whilst there is current alternative provision in place, the whole service offer will be reviewed in time.

3.29 Conclusions

3.30 There are many strands to the public health transfer, but successfully transferring the public health contracts is probably the most important. The council has to ensure that services are not disrupted by the transfer and officers are working to this objective. Once the process for transfer of existing services has been completed, work will begin on reviewing the various public health contracts so that services can be re-procured in line with the council's procurement rules, but more importantly, to meet the council's objectives for public health. Officers will need to review the existing contractual arrangements with providers with a view to achieving better alignment with other council commissioned services and work streams.

3.31 In the coming months, before April 2013, members will receive further reports seeking approval to begin tender processes for a variety of services. Because of the contract values of many of the public health services, Executive approval will be needed to go out to tender on many of the existing service areas. Running tender process for public health will take some time. The aim will be to implement re-procured services from April 2014. Officers will work to develop a review programme for public health so that services are re-procured in a logical sequence and in a way that gets the most from the council's public health resources.

4. Legal Implications

- 4.1 The Health and Social Care Act 2012 (the “Act”) confers powers and imposes a number of obligations in relation to key Public Health functions on local authorities. The relevant provisions are due to come into force on 1 April 2013.
- 4.2 A list of proposed responsibilities for local authorities was identified by the Department of Health in its document “Public Health in Local Government: Commissioning Responsibilities” Appendix 1 of the report details various contracts currently procured by NHS Brent that cover those public health responsibilities that will transfer to the Council. All but one of the contracts is due to expire on 31 March 2013.
- 4.3 For the reasons detailed in section 3 of this report, the recommended approach is for the majority of arrangements currently detailed in Appendix 1 to be extended for a limited period to enable continuity of provision, with contracts thereafter procured by the Council in accordance with its Contract standing Orders and Financial Regulations.
- 4.4 Proposals to extend Community / Third Sector Contracts and Private Sector Contracts would involve NHS Brent extending existing contracts prior to 31 March 2013, with contracts then transferred to the council by way of a transfer order drafted under the transition powers of the Act. Prior to extension of contracts, NHS Brent will have to satisfy itself that such extension is justified under the EU procurement regulations. Additionally it is necessary to seek consent to the proposed extension from the Strategic Health Authority. As detailed in paragraph 3.7, the Strategic Health Authority has been approached and has indicated in principle his agreement to possible extension of all such contracts. Subject to Executive approval of the Recommendations, formal approval from the Strategic Health Authority will be sought. Also, the council must carry out due diligence enquiries into such contracts to establish the extent of contractual rights and liabilities. Initial due diligence checks have not revealed liabilities over and above those expected.
- 4.5 Details are contained in the report as to possible future options for the continued provision of services in respect of LES agreements, Foundation Trust contracts, block contracts, GUM service contracts and pan-London sexual health service contracts. Options in relation to all such contracts are all subject to further discussion. The Department of Health is issuing guidance in connection with contracts and it is envisaged that this will assist in adopting the most suitable arrangements.

5. Finance Implications

- 5.1 The budget transfer as at 1st April 2013 remains uncertain but is projected to be in line with the PCT return to the Government in February 2012 suggesting spending of around £16m based on 2010/11 baseline estimates.
- 5.2 NHS Brent's public health allocation for 2012/13 is £17.3m, which leaves a gap of around £1.3m in funding. In planning for 2013/14, this degree of uncertainty and lack of clarity is unhelpful and will introduce ambiguity in the budgets.
- 5.3 To further complicate matters, the government has set up an advisory committee to look at the resource allocation (ACRA) and they have developed a formula for calculating allocations which, if implemented, could lead to a further reduction in funding for Brent of around 16% to around £13.5m
- 5.4 ACRA's formula for allocating public health resources is based on the standardised mortality ratio for those under 75 years of age. Analysis work has shown that the proposed formula is fundamentally flawed, as it will reduce spending in the country's most deprived areas and increase it in the least deprived areas.
- 5.5 Historic levels of spending on public health are higher in more deprived areas because the level of need is greater, a flaw that has been recognised by PCTs and which has been advised to Government. Authorities in those areas, which include Brent, consider that they should not be penalised due to previous spending patterns in preventative services in the past.
- 5.6 The population figure used in calculating the ACRA formula is 252,105, where as the first results from the 2011 census have been published and they show that Brent's population has increased to 311,200, a difference of 59,000. This would suggest underfunding of approximately £3.2m.
- 5.7 Taking all the above into account, budgets are currently being developed, together with staffing structures based on the £16m allocation figure but mindful that should the ACRA view prevail, the service will need to be managed within the lower sum.
- 5.8 It should also be noted that within this £16m total, two services (sexual health and health checks) are entirely demand-led and account for 41% of the total budget. This introduces a significant risk factor which is being managed through the establishment of a reserve of £0.5m per annum set aside from the £16m.
- 5.9 There are not expected to be any capital requirements arising from this transfer
- 5.10 Initial budget setting work has identified further funding issues, with projected spend being in the region of £16.4m. This, together with the £0.5m reserve,

and the missing projected spend information for the LES contracts leaves the council in a vulnerable financial position going forward if the grant awarded to the council is in the region of £16m.

6. Diversity Implications

- 6.1 The Council will need to comply with the Equality Act 2010 in the provision of these health services and the duty under section 149 of the Equality Act 2010 will need to be addressed at the time that the services and the contracts are reviewed. The proposed transfer of the existing contracts, as set out in this report, is an interim measure with tight time scales and it is not practicable to consider and address the equalities issues in the transitional period during which the contracts are extended for a short period.

7. Staffing/Accommodation Implications

- 7.1 This services outlined in this report are currently provided by external providers and there are no implications for Council staff arising from the extension and transfer of contracts.

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Appendix 1

(i). Sexual Health Services

Provider	Service	2012/13 Value	Recommendation for 2013/14
CNWL Foundation Trust	Contraceptive Services, provided by CNWL from three sites in Brent – Wembley Centre for Health and Care, Willesden Centre for Health and Care and Hillside Medical Centre. There is potential in the future to integrate this service with open access GUM services, but for 2013/14 the current contract should be extended.	£870,000	Extend the contract and transfer to the local authority.
North West London Hospitals	Chlamydia screening service - This is part of a larger contract with NWL Hospitals. Public health holds a service specification for chlamydia screening. The service should continue in 2013/14, but the council needs to understand the CCGs intention for the contract.	£150,918	Negotiate with CCG to find out their intentions for this contract. The council should be an associate commissioner with Brent CCG for this service.
Central London Community Service	Contraceptive services - Central London Community Services run contraceptive services in Barnet and this contract covers activity for Brent residents. NHS Brent Public Health had been unaware until recently that this contract existed and it is unclear what value or service it is providing for Brent.	£9,000	NHS Brent is recommending that this service isn't commissioned in 2013/14 and the contract value is put back into the public health budget.
SHOC	Primary Care Development - SHOC work to increase provision and take up of sexual health services from GPs in Brent. Brent has high chlamydia screening rates, and this service contributes to this.	£127,000	Extend the contract and transfer to the local authority.
CHAT	HIV Prevention - CHAT work with the African community in Brent to prevent HIV.	£100,100	Extend the contract and transfer to the local authority.
The African Child	Teenage Pregnancy - This service works with vulnerable young people to prevent teenage pregnancy. It is a low volume, high impact service.	£78,000	Extend the contract and transfer to the local authority.
Pan London HIV Programme	HIV Prevention - This contract is commissioned by K&C on behalf of London PCTs. Lambeth is likely to take this on. It is unclear what value this contract brings, but its work has the potential to be extremely useful. If there is a critical mass of council's willing to continue this, it is recommended Brent stays involved. If not, a WLA alternative could be suggested.	£80,000	Discussions with other councils need to take place before a decision on this contract is made. This will also be taken up with Andrew Howe / WLA because of the potential for a WLA link up.
Naz London	HIV Prevention - This service is commissioned to provide targeted support to people from BME groups with HIV. It is a contract with Westminster and H&F.	£19,000	Westminster and H&Fs intend to continue commissioning this service. It is recommended that Brent remains a joint commissioner for 2013/14.
SHOC	Teenage Pregnancy / Condoms - SHOC work to sign young people up to the C-card which	£42,000	Extend the contract and transfer to the local

	enable them to claim free condoms from pharmacists.		authority.
NCSP	Data Collection / pathology service for chlamydia services.	£2,000	Extend and transfer, or agree to pay by grant.
Therapy Audit	Condoms distribution - contract for web based distribution and stock ordering system.	£500	Extend and transfer or agree to pay by grant
The Doctors Laboratory	Chlamydia pathology - The cost for this contract is £12 per screen, and there are around 4,500 screens per year and use is falling. This is underspent as a result.	£80,000, but this is underspent	Extend the contract and transfer to the local authority.
Sonar	IT Support – EHC / Condoms. This contract supports pharmacists IT relating to condom distribution.	£4,700	Extend the contract and transfer to the local authority.
Young Addaction	Teenage pregnancy – This is a service for a nurse to provide GUM services at the Young Addaction sessions at Cobbold Road. There have been problems with this contract, mainly being able to secure a nurse to run the sessions.	£33,000	NHS Brent is recommending that this service isn't re-commissioned and that the funding is put back into the public health budget.
Various Providers	Open Access GUM Clinics - To be commissioned via the CSU with other west London boroughs. Data needs are an issue – CSU needs to verify first and follow up attendance figures as part of the contract.	£3,850,000	It is recommended that the council uses the NWL CSU to commission GUM services, provided the terms for doing so are favourable.

(ii). Substance Misuse Services

Provider	Service	Value	Recommendation for 2013/14
CNWL NHS Foundation Trust	Clinical prescribing	£2,040,000	This will need to be taken up with the CCG to understand their intentions for this contract.
Compass via NHS Harrow	Alcohol Brief Interventions	£160,000	This contract runs until July 2013. It is a 12 month pilot. It is recommended that it is extended until October 2013, and if the initial results of the pilot are encouraging, work begins to procure the service early in 2013.
Addaction	Treatment and recovery	£620,000	Extend the contract and transfer to the local authority.
Young Addaction	Young Peoples' substance misuse services	£197,000	Extend the contract and transfer to the local authority.
Lonsdale Practice	Shared Care	£100,000	The provider of this service has retired and NHS Brent is recommending that this contract is not renewed.
LIFT	Service user involvement	£50,000	Re-tender the contract using the council's

			procurement rules. The value of this service means it can be done under officers' delegation.
CRI	Outreach and engagement	£540,000	Extend the contract and transfer to the local authority.
EACH	Counselling / Abstinence	£270,000	Extend the contract and transfer to the local authority.
WDP	Criminal Justice	£780,000	Extend the contract and transfer to the local authority.

(iii). LES Agreements

Provider	Service	Value	Recommendation for 2013/14
Brent Pharmacists	EHC (morning after pill) - This LES agreement pays pharmacists for each pill distributed (£25 per pill).	£10,000.	Contact will have to be made with pharmacists' representatives to agree a way forward for 2013/14.
Brent GPs	Chlamydia GP LES – This LES covers chlamydia screening. Brent pays £8 per screen to GPs.	£50,000	Discussions will have to take place with the CCG and LMC to ensure GPs are prepared to keep delivering these services using an alternative contracting arrangement to the LES contract.
Brent GPs	IUCD (coils) - GP LES to fit and check coils. GPs are paid £116 for each fitting and £31 for each review. Some GPs are no longer able to provide this service as they haven't fitted enough, while some haven't been trained (or – re-trained) to do it. Training costs aren't included in the budget.	£89,000, but it overspends - £115k in 2011/12.	Discussions will have to take place with the CCG and LMC to ensure GPs are prepared to keep delivering these services using an alternative contracting arrangement to the LES contract.
Brent Pharmacists	Stop Smoking LES	£200,000	Contact will have to be made with pharmacists' representatives to agree a way forward for 2013/14.
Brent GPs	Stop Smoking LES	£200,000	Discussions will have to take place with the CCG and LMC to ensure GPs are prepared to keep delivering these services using an alternative contracting arrangement to the LES contract.
Brent GPs	Stop smoking LES – Primary Care Pregnancy	£28,000	Discussions will have to take place with the CCG and LMC to ensure GPs are prepared to keep delivering these services using an alternative contracting arrangement

			to the LES contract.
Community Providers	Stop Smoking LES	£20,000	Work with the community providers to understand what they are doing in addition to the GPs and in-house team to contribute to the number of successful quits.
Brent GPs	Health Checks	£25 per health check	Discussions will have to take place with the CCG and LMC to ensure GPs are prepared to keep delivering these services using an alternative contracting arrangement to the LES contract.
Brent GPs	Oral health	£200,000	Discussions will have to take place with the CCG and LMC to ensure GPs are prepared to keep delivering these services using an alternative contracting arrangement to the LES contract.
Brent Pharmacists	Breast Feeding	£200,000	Contact will have to be made with pharmacists' representatives to agree a way forward for 2013/14.

(iv). Young Peoples' Health

Provider	Service	Value	Recommendation for 2013/14
Ealing Hospital NHS Trust (ICO)	School nursing and National Child Measurement Programme	£1,474,400	This will need to be taken up with the CCG to understand their intentions for this contract, but the intention is to extend the contract for 2013/14. .
SHOC	Looked After Children's Nurse	£47,407	This contract needs to be checked, but it is assumed that it will be extended and transferred.

(v). Private Sector Contracts

Provider	Service	Value	Recommendation for 2013/14
Slimming World	Community Weight Management Services	£76,000	This contract needs to be checked, but it is assumed that it will be extended and transferred

(vi). Community Services

Provider	Service	Value	Recommendation for 2013/14
Ealing Hospital NHS Trust (ICO)	Intensive lifestyle advice	£127,000	This will need to be taken up with the CCG to understand their intentions for this contract.
CHAT	Health Trainers	£5,000	This contract needs to be checked, but it is assumed that it will be extended and transferred