



Executive
13 January 2014

**Report from the
Director of Public Health**

For Action

Wards affected:
ALL

Update on Public Health Service Contracts

1.0 Summary

- 1.1 This report provides an update to the Executive report of 19th August 2013 on future arrangements for public health contracts that the Council inherited from the NHS. It seeks an exemption from Contract Standing Orders and extensions to current service provision in accordance with Contract Standing Order 84 (a) and direct of award of GUM services contracts.
- 1.2 The current contracts have a combined value of £12.742 million. Public health contracts in 14/15 will be a call upon the ring fenced public health grant of £18.848 million.
- 1.3 The previous report to the Executive proposed that public health services should be procured during 2014/15 using a framework agreement consisting of four lots: substance misuse, sexual health services, children's services and community services. The Executive also noted officers' intention to collaborate with the West London Alliance (WLA) on sexual health services and on children's services. For services provided by GPs and community pharmacists (CPs) two alternative approaches were proposed: spot purchasing and / or working collaboratively with the WLA.
- 1.4 Exploration of the proposed approach has shown, for a variety of reasons, that the framework approach was an overly simplistic approach to a heterogeneous set of services.

- 1.5 Discussions within the WLA have expanded the scope of potential collaboration and have revealed the timetables proposed in the August report to be very ambitious. WLA collaboration has also indicated that for some services, for example school nursing, the market is immature. For sexual health services, local and pan London needs assessment have recently reported which should be reflected in future procurement. Further investigation of the nature of the inherited contracts has shown that extending and harmonising extension periods will place contracts on a firmer legal footing. In some instances, the Department of Health (DH) has issued guidance which would support a revision of the proposed approach. For example, DH has announced that it will issue a new model specification for school nursing during 2014/15.
- 1.6 Therefore this report proposes amendments to the previous paper, for good operational and financial reasons. These are laid out in the recommendations and involve a variety of approaches, depending on the nature of the service to be procured, the nature of the market (if any) and the potential for collaboration with the WLA.
- 1.7 The report considers in turn: substance misuse services, sexual health services, children's services, community services and services provided by GPs and community pharmacists. For each section, the paper considers the previous Executive position, any grounds for revisiting this and, if so, revised proposals.
- 1.8 It should be noted that during the period of contract extensions, officers will undertake a procurement process for contracts for 2015/16 onwards. This is an ambitious timetable but achievable provided there are no delays external to the authority, for example, in the DH issuing revised service specifications later than currently anticipated.

2.0 Recommendations

That the Executive:

- 2.1 Notes the progress made in developing options for the future commissioning and procurement of public health services.
- 2.2 Gives approval to an exemption in accordance with Contract Standing Order 84(a) from the usual tendering requirements of Standing Orders to extend the existing Public Health services contracts inherited from the NHS for the contract periods set out in paragraph 8.1, on the basis of good operational and/or financial reasons as stated within this report.
- 2.3 Notes that residential rehabilitation and inpatient detoxification for substance misuse are currently spot purchased and that these arrangements will continue while officers explore the possibility of collaboratively procuring through the WLA, as set out in Para. 3.9.
- 2.4 Delegates authority to the Director of Public Health, in consultation with the Director of Legal & Procurement and Chief Finance Officer, to participate in the WLA negotiation of 2014/15 Genito-Urinary Medicine ("GUM") contracts and to

award direct contract(s) to existing GUM health providers, on behalf of Brent Council, and to develop arrangements to support the collaborative management of these contracts, as set out in Para. 4.6.

2.5 Notes the decision of Leaders Committee London Councils, in consultation with the Director of Public Health, to fund pan London HIV prevention activity procured by Lambeth Council on behalf of all London boroughs, as set out in para. 4.11.

2.6 Delegates authority to the Director of Public Health, in consultation with the Director of Legal & Procurement and the Chief Finance Officer, to establish, appoint and monitor a providers' list comprising GP practices, local community pharmacies, and potentially private sector providers, for the continued commissioning of community-based services (previously referred to as "Local Enhanced Services") as set out in Para 7.4 of this report.

3.0 Substance Misuse Services

3.1 The table below lists current services with current values:

Table 1: Substance misuse services

| | Service | Current Provider | Annual Value |
|---|--|--|---------------------|
| 1 | Substance misuse: Cobbold Road treatment and recovery | Addaction | £620,000 |
| 2 | Substance misuse: outreach and engagement | CRI | £540,000 |
| 3 | Substance misuse: clinical prescribing | CNWL NHS FT | £2,000,000 |
| 4 | Substance misuse: counselling and day programme | EACH | £270,000 |
| 5 | Substance misuse: criminal justice work | WDP | £780,000 |
| 6 | Substance misuse and sexual health young people's services | A range of contracts with Addaction, SHOC. African child | £472,537 |
| | Total | | £4,682,537 |

3.2 The Executive has previously agreed to the extension of the contracts in Table 1 for a period of up to 6 months from 1st April 2014. However, rather than approaching these services as a single lot as originally planned, Officers propose different approaches for treatment and recovery services (lines 1 to 5) than for young people's services (line 6).

- 3.3 Subsequent to the previous report, the WLA has established a programme to explore the potential for collaborative public health procurement including for substance misuse.
- 3.4 Exploration of possible WLA collaboration on substance misuse has shown this would be possible with Barnet and Harrow. Ealing and Hounslow have recently entered into long term contracts for their substance misuse services. Collaboration with Barnet and Harrow may offer efficiencies and economies of scale and the potential to address cross border issues, for example, in the criminal justice system where the three authorities share magistrates' courts and custody suites.
- 3.5 Officers therefore recommend an additional extension, for good operational and financial reasons, of 6 months from October 2014 to March 2015 for treatment and recovery services (contracts 1 to 5). This will allow sufficient time to complete joint procurement with Barnet and Harrow, should this be found to be able to deliver efficiencies while maintaining quality. Officers will report back to Members should the collaborative arrangement not proceed, seeking approval to re-tender the services as a Brent only tender.
- 3.6 It should be noted that Brent treatment and recovery services currently outstrip London and National performance in terms of access to, and successful completion of, drug and alcohol treatment. Brent services have been cited by Public Health England as examples of good practice. Future commissioning will need to protect and build upon this performance and minimise potential disruption. Any future collaboration would need to ensure at least some services were delivered within Brent as well as maintain and build upon the current integrated model of provision with strong service user involvement and influence.
- 3.7 Officers intend to move to the above-mentioned services onto the new model community services contract terms and conditions produced by DH for local government public health services for all commissioning from 2015/16
- 3.8 The Council has inherited from the NHS separate service provision for young people for substance misuse and for sexual health services (Table 1 line 6). A sexual health needs assessment for Brent has recently reported. Based upon this, officers recommend that re-procurement is undertaken to secure an *integrated* young people's service covering both sexual health and substance misuse. Officers therefore recommend an additional extension of 6 months from October 2014 to March 2015 of the current sexual health and substance misuse young people's services in order to allow the procurement of the new service model. Officers intend to seek approval from Members on the pre-tender considerations and evaluation criteria for this service, once finalised. Officers intend to move to the new model contract terms and conditions produced by DH for local government public health services for this commissioning.
- 3.9 In addition to the services in Table 1, residential rehabilitation and inpatient detoxification are currently spot purchased. There is interest in the WLA to explore the potential for collaboration on a framework agreement basis for these services and Members should note officers' intention to explore Brent's participation in discussions with officers in the WLA

4.0 Sexual health services

4.1 The table below lists current services with current values:

Table 2. Sexual Health Services

| | Service[1] | Current Provider | Annual Value |
|----|--|--|---------------------|
| 7 | Genitourinary Medicine (GUM) | Various NHS Trusts [2] | £4,350,000 |
| 8 | Community contraceptive services (CaSH) | CNWL NHS FT | £712,000 |
| 9 | Chlamydia screening: programme management | NWL Hospitals | £169,000 |
| 10 | Chlamydia screening: testing of samples | The Doctors Laboratory | £80,000 |
| 11 | Local HIV prevention | CHAT | £100,373 |
| 12 | Web based condom ordering and distribution | Therapy Audit | £4,700 |
| 13 | Pan London HIV Prevention Programme | Various providers commissioned via Lambeth Council | £28,288 |
| | Total | | £5,444,361 |

⁽¹⁾ Young people's sexual health promotion services are included in Table 1 for consistency with presentation in previous Executive paper

⁽²⁾ As these are open access services where cost is demand driven this is an estimate of cost

4.2 The Executive has previously agreed the extension of the contracts in Table 2 for a period of up to 10 months from 1st April 2014. However, rather than approaching these services as a single lot as originally planned, officers propose different approaches for GUM services (line 7); local contraceptive, chlamydia screening and sexual health promotion services (lines 8 to 12); and pan London HIV prevention services (line 13).

4.3 There is a tension between the requirement that GUM and CaSH services must be open access, i.e. Brent residents can chose to attend a GUM or CaSH service anywhere, and competitive procurement processes. The approach recommended by officers seeks to allow open access services to operate under contract while managing financial and clinical risk.

4.4 The requirement for GUM and CaSH services to be provided on an open access basis is stipulated in the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* ("the

Regulations”). The DH best practice guidance for local authorities *Commissioning Sexual Health services and interventions* explains that the local authorities’ ring fenced budgets for these services are based on their resident population, and do not therefore cover any services provided to residents of other local authority areas under the requirement to provide open access services. The DH supports the recommendation, within its guidance, that local authorities ought to establish a system of “cross charging”, which is essential for fair and transparent payment systems, although it would be for local authorities themselves to decide on whether they wished to use a system of cross charging.

- 4.5 For the future commissioning of public health services, all commissioning bodies (including local authorities in the exercise of their public health functions), will be required by law (by virtue of the *Health Act 2009* and the *Health and Social Care Act 2012*) to have regard to the NHS Constitution in their decisions and actions, including those in relation to sexual health services. (The NHS Constitution also applies to providers of sexual health services, whether NHS trusts, Foundation Trusts, GPs or other primary care providers, or private providers). The latest NHS Constitution can be accessed via this link for information:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf

- 4.6 For GUM services, 11 boroughs (WLA plus the Tri-borough, Camden, Islington and Haringey) propose to negotiate 2014/15 contracts together with all of the major providers. Doing so strengthens the contract negotiating position in terms of price and data requirements, has the potential to reduce transaction costs and to strengthen our ability to assure clinical quality and patient safety. Officers recommend that Brent takes an active part in the collaborative negotiation and management of GUM contracts for 2014/15. The collaboration would seek to move services to the new model contract terms and conditions produced by DH for local government public health services.
- 4.7 Currently, the other WLA boroughs are not in a position to enter into collaborative arrangements for CaSH for 2014/15 as identified at Para. 4.6 above. Officers therefore recommend an additional extension, for good operational and financial reasons, to the 10 months granted by Members at the 19th August 2013 Executive meeting, of current Brent CaSH contracts by up to two (2) further months from February 2015 to March 2015. This will allow sufficient time to further explore WLA collaboration for 2015/16.
- 4.8 Officers also recommend an additional extension, to the 10 months granted by Members at the 19th August 2013 Executive meeting, of current Chlamydia screening contracts of a further two (2) months from February 2015 to March 2015. This will bring these contracts in line with the timeline for other sexual health services.
- 4.9 London Councils and London DsPH have commissioned an HIV prevention needs assessment, which has recently reported. Officers recommend an additional extension to the 10 months granted by Members at the 19th August 2013 Executive meeting, of a further two (2) months from February 2015 to 31 March 2015, for current local HIV prevention and condom distribution services. This will

allow time to consider the preferred local model of HIV prevention services in the light of the London needs assessment and to carry out a local procurement.

- 4.10 Officers intend to move the above-mentioned services onto the new model contract terms and conditions produced by DH for local government public health services for all commissioning from 2015/16
- 4.11 Leaders Committee of London Councils (being a Joint Committee) have agreed (at the 12/11/13 meeting) to the continuation of a reshaped pan London HIV prevention activity, on the recommendation of the London DsPH. Lambeth Council will procure pan-London communications, condom distribution and outreach behavioural change services on behalf of all London Boroughs. Brent Council's financial contribution will be £28,190 in 2014/15 and up to £32,816 in 2015/16 and 2016/17.

5.0 Children's services

- 5.1 The table below lists current services with current values

Table 3. Children's services

| Service | Current Provider | Current commissioner | Annual value | Comments |
|--------------------------|------------------------|---|-------------------|--|
| School nursing | Ealing Hospitals Trust | Contract held by CCG on behalf of Council [1] | £1,490,754 | |
| Health visiting | Ealing Hospitals Trust | NHS England | £3,747,403 | Not currently funded by the council, 2015/16 funding will transfer with responsibility |
| Family Nurse Partnership | Ealing Hospitals Trust | NHS England | £0 | |
| Total | | | £5,238,157 | |

[1] This is the actual agreed contract value. The August report contained an estimated value of £1,474,000.

- 5.2 The previous Executive report proposed that children's services should be procured as a single lot within a framework agreement. This is no longer thought to be appropriate. Health visiting is currently commissioned by NHS England, as will be the Family Nurse Partnership. DH current plans are to transfer the commissioning of both services to local authorities for 2015/16, along with funding. A process of contract transfer / novation (dependent on awaited DH guidance) rather than procurement will therefore be required during 2014/15.
- 5.3 The Executive has previously agreed the extension of school nursing contracts for up to 10 months. However officers have recently learnt that DH proposes to issue a national service specification for school nursing during 2014/15. Officers therefore recommend an additional extension of the current school nursing arrangements for 2 months from February to 31 March 2015.
- 5.4 The Council currently commissions school nursing services through the Brent CCG contract with the provider, Ealing Hospital NHS Trust. The Council's contractual arrangement with the Brent CCG is via a section 76 agreement (under the NHS Act 2006) with the CCG. This arrangement allows the Council to avail itself of the CCG / Commissioning Support Unit (CSU) contract monitoring and clinical governance arrangements. The CCG have indicated their willingness to continue to act on behalf of the Council for 2014/15.

6.0 Community services

- 6.1 The table below lists current services with current values

Table 4: Community services

| Service | Current Provider | Annual Value |
|----------------------------------|---|---------------------|
| Intensive lifestyle intervention | Ealing Hospital Trust (Contract held by CCG) | £150,000 |
| Community weight management | Slimming World | £76,000 |
| Total | | £226,000 |

- 6.2 The Executive have previously the extension of the contracts in Table 4 for a period of up to 6 months from 1st April 2014. The Council currently commissions intensive lifestyle intervention by the same arrangement specified in Para. 5.4 above, via a section 76 agreement with the Brent CCG. This arrangement allows the Council to avail itself of the CCG / CSU contract monitoring and clinical governance arrangements. The CCG have indicated their willingness to continue to act on behalf of the Council for the financial and NHS contractual year 2014/15. Officers therefore recommend an additional extension of the current intensive lifestyle support arrangements for 6 months from October 2014 to March 2015
- 6.3 The action plan under development to support the delivery of the Health and Well Being Strategy involves a review of weight management services. Officers

therefore recommend an additional 6 month extension of the current community weight management services from October 2014 to March 2015.

6.4 Officers intend to move to the above-mentioned services onto the new model community services contract terms and conditions produced by DH for local government public health services for all commissioning from 2015/16.

7.0 Services provided by GP and Community Pharmacists

7.1 The Council has inherited a number of Local Enhanced Services (LES). These are agreements with GPs and / or Community Pharmacists (CPs) to provide services which are outside the scope of their core, nationally agreed, contract with NHS England. From April 2014 Councils will not be able to use the LES contractual route to commission services from GPs and CPs.

Table 5. Services currently provided under LES arrangements

| Service | Provider | Value of the 2013/14 contract |
|--|-------------|-------------------------------|
| Health checks | GPs | £275,000 |
| Chlamydia screening | GPs | £48,561 |
| IUCD fitting | GPs | £91,759 |
| Emergency hormonal contraception (EHC) | CPs | £9,570 |
| Smoking cessation | GPs and CPs | £368,000 |
| Breast feeding (data collection) | GPs | £106,000 |
| Total | | £898,890 |

1[1] Note LES agreements are price and activity based, therefore these are estimated contract values

7.2 The Executive has previously noted officers' intention to explore the possibility of collaborative procurement of LES services through the WLA, with the exception of the breast feeding LES where it was not intended to continue to commission data collection through primary care in 2014/15.

7.3 The WLA will not be in a position to collaboratively procure these services for 2014/15. However officers will continue to collaborate, for example on shared service models and management of clinical risk.

7.4 As it will not be possible to use the LES route for 2014/15 and there is a limited market for these services, officers recommend the adoption of a providers' list in Brent to provide health checks, chlamydia screening, IUCD fitting, EHC and

smoking cessation services. Qualification for the providers' list will be dependent on clinical requirements.

7.5 At present the provision of LES services by CPs is reliant on Sonar, a system which supports the validation of activity, the generation of information for payment and the safe transfer of information between CPs and GPs while being compliant with data protection legislation and NHS information governance requirements. In order to support the continued delivery of services from CPs, Officers recommend an additional extension of 6 months from October 2014 to March 2015 of the two current contracts (value £20,000 and £4,700) for good operational and financial reasons.

8.0 Summary of proposed contract extensions

8.1 Table 6 Summary of the proposed contract extensions

| Service | Agreed extension on contracts | Proposed additional contract extension |
|--|------------------------------------|--|
| Substance misuse services | | |
| Substance misuse: Cobbold Road treatment and recovery | Up to 6 months from 31 March 14 | 6 months (October 14 to March 14) |
| Substance misuse: outreach and engagement | | |
| Substance misuse: clinical prescribing | | |
| Substance misuse: counselling and day programme | | |
| Substance misuse: criminal justice work | | |
| Substance misuse and sexual health young people's services | | |
| Sexual health services | | |
| Community contraceptive services (CaSH) | Up to 10 months from 31 March 2013 | 2 months (February to March 2015) |
| Chlamydia screening: programme management | | |
| Chlamydia screening: testing of samples | | |
| Local HIV prevention | | |
| Web based condom ordering and distribution | | |

| | | | |
|----------------------------------|--|------------------------------------|---------------------------------------|
| Children's services | | | |
| School nursing | | Up to 10 months from 31 March 2014 | 2 months (February to March 2015) |
| Community services | | | |
| Intensive lifestyle intervention | | Up to 6 months from 31 March 2014 | 6 months (October 2014 to March 2015) |
| Community weight management | | | |

9.0 Next steps

9.1 During the period of current contracts and their extension, officers will develop the Council's approach to public health commissioning. Officers will look to develop future commissioning options through collaboration with other local authorities including, but not necessarily limited, to the WLA. Market engagement and testing will be undertaken both in collaboration with other local authorities, for example the WLA will host a supplier event for GUM providers, and individually. Officers intend to work with a voluntary organisation in order to ensure that the Council's procurement process is well understood by potential third sector providers of public health services and to support market development.

10.0 Financial Implications

10.1 In 2014/15 the Council will receive a ring fenced public health grant of £18.848m. The value of current contracts for which the council has current responsibility and funding is £12.742m. The grant remains ring fenced in 2015/16, although its value is not yet known.

| Services | Annual Value |
|--|---------------------|
| Substance Misuse Services | £4,682,537 |
| Sexual Health Services | £5,444,361 |
| Children's Services | £5,238,157 |
| Community Services | £226,000 |
| Services provided under a LES arrangement | £898,890 |
| Total | £16,489,945 |
| Less contracts not currently funded by the council - funding will transfer with responsibility | -£3,747,403 |
| Total | £12,742,542 |

10.2 The financial implications of awarding public health contracts are that some services, such as GUM and LES services, are demand led and therefore difficult to forecast which could result in expenditure being incurred over and above the allocated grant. These risks will be mitigated through regular reporting and monitoring of expenditure.

11.0 Legal Implications

11.1 The *2012 Health and Social Care Act* (“the Act”) introduced changes by a series of amendments to the *National Health Service Act 2006*. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.

11.2 Secondary legislative provision, such as the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* require local authorities to provide certain public health services. The public health services which local authorities must provide are:

1. The National Child Measurement Programme
2. Health checks
3. Open access sexual health services
4. Public health advice service to CCGs

11.3 Currently the provision of public health services are classified as Part B Services under the Public Contracts Regulations 2006 (“the EU Procurement Regulations”) and as such are not subject to the full application of the EU Procurement Regulations (save that there must be a technical specification contained in the contract documents and on award of contract the Council must issue a Contract Award Notice in the OJEU within 48 days of award). The public health services are however, subject to the overriding EU Treaty principles of equality of treatment, fairness and transparency in the award of contracts.

11.4 In the previous August 2013 report to Members, it was reported that the council would re-commission public health services by way of a Framework Agreement for the reasons set out within the body of the report including, progression of partnering arrangement opportunities with other West London Alliance boroughs. Officers have determined that the Framework Agreement route is not the preferred method of re-procuring services and wish to explore the public health market and commissioning options prior to tendering and/or making a direct award (as the case may be) of the services. Therefore, officers are seeking extensions of existing services contracts with providers of public health in Brent for a maximum duration of 12 months as stated within the table at Para. 8.1.

- 11.5 For the reasons detailed in paragraphs 3.1 to 6.4 the recommended approach is to seek further extensions in addition to the periods granted by Members in the August 2013 report for the periods specified in the table at paragraph 8.1. Contracts to be extended are currently subject to the NHS terms and conditions of contract. It is proposed by officers that these extended contracts will remain on the same NHS terms and conditions and the intention is for all future public health services to be contracted on the DH template contract specifically drafted for local authority use. Officers will report back to Members in connection with procurement proposals to obtain approval for any pre-tender considerations.
- 11.6 For the commissioning of GUM service contracts, officers have already obtained Member approval to participate in a WLA collaboration of these sexual health services and children's public health services. However, the GUM 2014/15 collaborative arrangements have progressed since the August report and it transpires that the extent of the WLA collaboration for GUM services comprises, primarily of negotiating with existing local authority health providers a locally set tariff and agreeing new terms and conditions, without undertaking a competitive tender exercise; due in part to the open access nature of these services, the data protection issues surrounding patient confidentiality and the limited market. For these reasons officers are seeking Member approval to award direct contracts to the council's existing health providers for the period 2014/15. Under Contract Standing Orders 88(c) and 96 such award of these contracts need to be tendered in accordance with Brent Standing Orders and Financial Regulations, unless the Executive grants an exemption in accordance with Standing Order 84(a). A request for an exemption under Standing Order 84(a) can be approved by the Executive where there are good operational and / or financial reasons. Members are referred to paragraphs 4.1 – 4.8.
- 11.7 In relation to the future commissioning of community-based services (previously known as Local Enhanced Services), officers wish to establish a providers' list comprised primarily of GPs and Community Pharmacies (although where the market exists and clinical requirements permit, the list could include organisations from the private and voluntary sectors) to provide the services set out in Table 5 above. The providers' list will enable patients to choose their care from a list of providers that meet the necessary pre-determined quality standards and are willing to deliver the service for a locally set tariff.
- 11.8 For future commissioning of public health services, Members should be aware of one other significant change in relation to the duty now placed on local authorities to, in respect of their health functions, have regard to the NHS Constitution. Local authorities will need to ensure that they remember to include the NHS Constitution (together with any statutory guidance issued by the Secretary of State) to the list of matters requiring consideration when exercising their public health functions.

12.0 Diversity Implications

- 12.1 The Council will need to comply with the Equality Act 2010 in the provision of Public Health Services and the NHS Constitution when making decisions affecting the delivery of public health in its area. Where it is proposed to change any service

then an Equalities Assessment will be carried out to identify the impact on any particular group and the mitigating steps that need to be taken before a final decision is made on implementation.

13.0 Staffing/Accommodation Implications

- 13.1 The Public Health services are currently provided by a number of external contractors and there are no implications for Council staff or accommodation arising from the extensions of the contracts, arrangements with GPs and CPs or re-tendering of the identified services in Table 1, row 6.
- 13.2 On a re-tender of any the Services referred to in this report, where an incumbent provider is not successfully awarded a new contract, then the Transfer of Employment (Protection of Employment) Regulations 2006, (“TUPE”) is likely to apply so as to transfer from the current to the new provider those employees of the current provider who spend all or most of their working time on the activities taken over by the new provider.

14. Public Services (Social Value) Act 2012

- 14.1 Since 31st January 2013, the council, in common with all public authorities subject to the EU Regulations, has been under a duty pursuant to the Public Services (Social Value) Act 2012 to consider how the services being procured might improve the economic, social and environmental well-being of its area; and how, in conducting the procurement process, the Council might act with a view to securing that improvement; and whether the council should undertake consultation. This duty applies to the procurement of the proposed contract as Part B Services over the threshold for application of the EU Regulations are subject to the requirements of the Public Services (Social Value) Act 2012.
- 14.2 The services being procured have as their primary aim improving the social and economic well being of some of the most disadvantaged groups in Brent. Users are regularly consulted to ensure the services meet their needs and the views of users will be taken into account in procuring services.
- 14.3 There is a limited market (for some services, very limited) for the delivery of these services; however, officers will endeavour to describe the scope of service in such a way as to further meet the requirements of the Act during the procurement process

15.0 Background Papers

- Authority to Tender – Public Health Contracts 19 August 2013.

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