

Report for: Cabinet Member Signing – 10 February 2022

Title: Pharmacies Enhanced Services Contract

Report authorised by: Dr Will Maimaris, Director of Public Health

Lead Officer: Akeem Ogunyemi, Public Health Commissioner, 020 8489 2961, akeem.ogunyemi@haringey.gov.uk

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

- 1.1 The report details the outcome of an open tender process and seeks agreement from the Cabinet for Health, Social Care and Wellbeing to award contracts to successful community pharmacies (detailed in exempt appendix 1) for the provision of one or all of the following; healthy start vitamins; stop smoking service and specific¹ sexual health services as part of the Healthy Living Pharmacy (HLP) programme.
- 1.2 It is proposed that contracts will be awarded for a period of 4 years from 1 April 2022 – 31 March 2026, with an option to extend for a further 4 years.

2. Cabinet Member introduction

Not applicable.

3. Recommendations

The Cabinet Member for Health, Social Care and Wellbeing is asked:

- 3.1 To agree to award contracts in respect of the provision of pharmacies enhanced services to the successful community pharmacies listed exempt appendix 1, in accordance with Contract Standing Order (CSO) 16.02.
- 3.2 To agree that the contracts will be awarded to the approved pharmacy providers listed in exempt appendix 1 for a period of 4 years from 1 April 2022 – 31 March 2026, with an option to extend for a further period of 4 years. The estimated cost for the provision across all participating pharmacies per year for the initial 4-year term of the contract will be as follows: a) Healthy Start vitamins £10,000 b) stop smoking services £25,000 and c) sexual health services £240,000. The total combined cost across the services over 4 years will be £1,100,000.

¹ Sexual health services include the provision of; the C card condom scheme for under 25 year olds, emergency hormonal contraception, Chlamydia and gonorrhoea testing, HIV point of care testing and Chlamydia treatment.

4. Reasons for decision

- 4.1 The council undertook a full open-tender procurement exercise, inviting applications from community pharmacists to provide a suite of public health services.
- 4.2 The process for selecting the preferred community pharmacies was based on the applications achieving the highest score based on quality.
- 4.3 The services to be commissioned will contribute to achieving the outcomes of the borough plan. Contracting pharmacies to provide these services offers additional service choice to residents, whilst also targeting services to residents and communities most in need and whilst also helping to reduce pressures on Council budget which would have been directed at more expensive clinical based providers.

5. Alternative options considered

- 5.1 As part of a rigorous contract and service review exercise, the public health team considered no longer commissioning pharmacies to deliver these services and instead, divert additional resources to other specialist services. The conclusion was that pharmacies offered good quality and easy access to services for residents at a lower cost than specialist services. They therefore support the Council to increase its prevention activity and achieve its medium-term financial strategy.
- 5.2 In addition, the impact of the covid-19 pandemic has also brought into stark focus the health inequalities still experienced by some communities and groups. Investing in community pharmacies based in localities significantly affected by covid-19 will support continued improvements in health outcomes for residents whilst also contributing to the council's objective of reducing health inequalities and the impact these inequalities play in improving the health and wellbeing of local residents.

6. Background information

- 6.1 The Healthy Living Pharmacies (HLP) programme was developed by the former NHS Portsmouth working together initiative in partnership with the Hampshire and Isle of Wight Local Pharmaceutical Committee in 2010. It recognised the significant role that community pharmacies could play in preventing ill health and in helping reduce health inequalities, by delivering consistent and high-quality health and wellbeing services, promoting health and providing proactive health advice and interventions.
- 6.2 The services provided within a HLP programme are tailored to local health needs with the aim of reducing health inequalities by improving health and wellbeing outcomes in their communities. A HLP builds on existing core pharmacy services (Essential and Advanced) with a series of Enhanced Services.
- 6.3 Within a HLP, Healthy Living Champions (HLC) are members of the pharmacy team who are trained and accredited to provide residents with health and

wellbeing advice. The key role of a HLC is to provide information about improving resident's health and signposting them to other commissioned services that will help them to adopt healthier behaviours, lifestyle changes and access the support they need in order to do so. In Haringey, the Council successfully launched the HLP programme in 2014-15. As of 2021, there are currently 31 HLP accredited in Haringey.

6.4 In line with population health needs - the HLP programme focuses on women and early years, as well as smoking cessation and sexual health.

6.5 **The HLP programme commissioned by the Public Health team focusses on the following areas.**

6.5.1 **Healthy start vitamins:** - Haringey has high levels of child poverty (under 16 years). An average of 21.3% of children live in poverty, which equates to approximately 11,000 children. Additionally, Haringey also has higher than average levels of obesity with 23% of children aged 4-5 years and 38.4% of children aged 10-11 years being classified as overweight which includes obese children when compared to England (34.3%).

As part of Haringey council Borough Plan: "to enable every child and young person to have the best start in life". Haringey made a local decision to offer free vitamins to all pregnant and breastfeeding women and children under four, in order to increase the uptake of essential vitamins and promoting healthy eating practices and healthy lifestyle choices early on in life, with the aim of contributing to reduction in child- hood obesity.

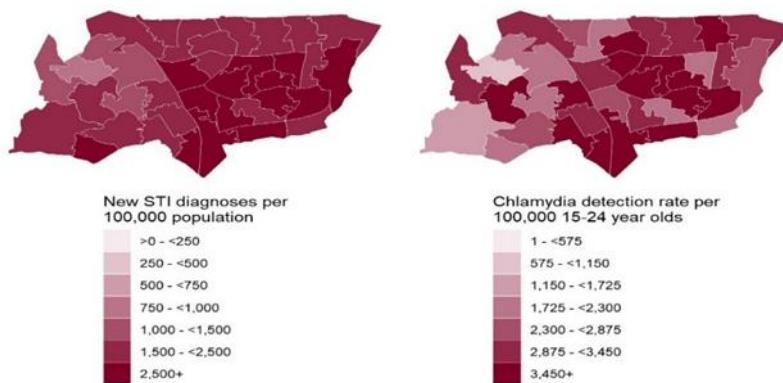
6.5.2 **Smoking Cessation** – Haringey faces significant health challenges and in comparison, to the England average, residents spend approximately 20 years of their life living in poor health. Haringey Council is committed to commissioning services which improve the health of residents and reduce poor health. Smoking prevalence in Haringey remains high in certain groups, compared to other London boroughs. In Haringey, 14.9% of adult's aged over 18 smoke. This is higher, than England (13.9%) and London (12.9%).

The high levels of smoking prevalence are a factor in Haringey's high levels of premature morbidity and mortality. 50% of all smokers die prematurely. Smoking as a risk factor for poor health in addition, is not evenly distributed within the population. For example, in Haringey smoking prevalence in adults (+18 years) with serious mental illness is just over 40% . Smoking prevalence is also higher in deprived communities compared with other more affluent communities, and prevalence changes with age.

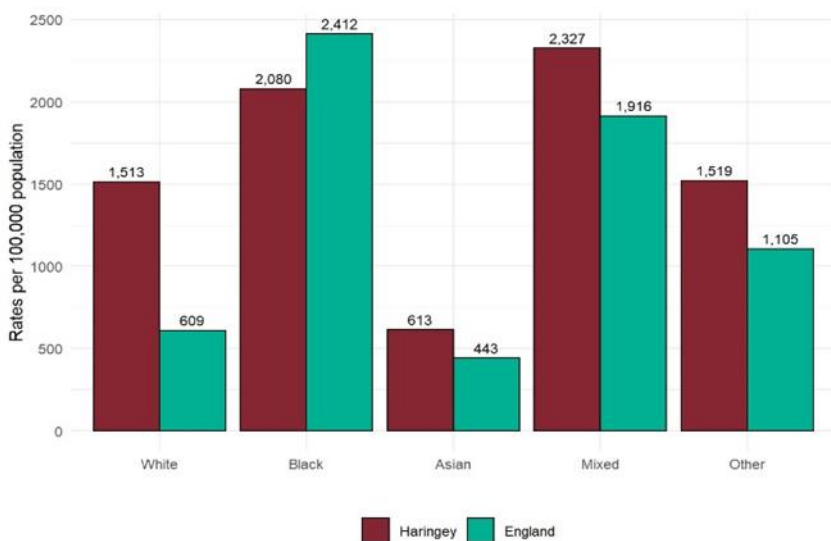
Smoking causes around 7 out of every 10 cases of lung cancer (70%) and it is associated with cancer in many other parts of the body. Smoking damages the heart and circulatory systems, therefore increasing the risk of heart attacks and strokes. Smoking also damages the lungs, leading to conditions such as Chronic Obstructive Pulmonary Disease (COPD) and pneumonia. Smoking can also in addition, worsen or prolong the symptoms of respiratory conditions such as Asthma or respiratory tract infections such as the common cold.

6.5.3 **Sexual Health Service** - Haringey has the 11th highest rate (out of 326 local authorities in England) of new STIs excluding chlamydia diagnoses in 15–24-year-olds; with a rate of 1804 per 100,000 residents (compared to 619 per 100,000 in England). Socio-economic deprivation (SED) is a known determinant of poor health outcomes and data from Sexual Health Services (SHSs) show a strong correlation between rates of new STIs and the index of multiple deprivation across England. The relationship between STIs and SED is probably influenced by a range of factors such as the provision of and access to local health services, education, health awareness, healthcare seeking behaviour and sexual behaviour (PHE).

This correlation between socio-economic deprivation and high rates of STI's is reflected in the distribution of STI prevalence in Haringey;



Ethnic group and Re-infection rates in Haringey -Rates per 100,000 population of new STIs by ethnic group in Haringey and England (Sexual Health Service diagnoses only): 2019.

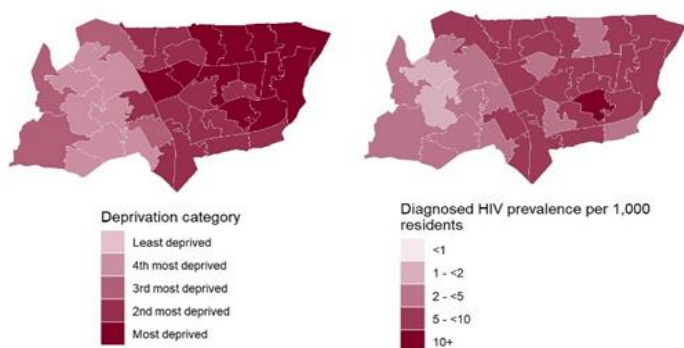


Reinfection with an STI is a marker of persistent risky behavior. In Haringey, an estimated 9.1% of women and 14% of men presenting with a new STI at a sexual health service (SHS) during the 5-year period from 2015 to 2019 were re-infected with a new STI within 12 months. Nationally, during the same period,

7.1% of women and 9.9% of men became re-infected with a new STI within 12 months.

For cases in men where sexual orientation was known, 53.4% of new STIs in Haringey were among gay, bisexual and MSM.

6.5.4 **People living with diagnosed HIV** - There is a similar picture reflected in the distribution of people living with HIV and socio-economic deprivation;



HIV remains a key public health outcomes target for Haringey, in 2019;

- Among patients from Haringey who were eligible to be tested for HIV, 70.7% were tested (compared to 64.8% in England).
- There were 79 new HIV diagnoses in individuals aged 15 years and above in Haringey with the borough's diagnosed HIV prevalence at 6.9 per 1,000 population aged 15-59 years (compared to 2.4 per 1,000 in England).
- In Haringey, between 2017 and 2019, 49.7% of HIV diagnoses were made at a late stage of infection within 3 months of diagnosis compared to London (37.6%) and England (43.1%).

HIV late diagnosis is associated with high morbidity and short-term mortality. In 2020, 42% of people first diagnosed in England were diagnosed late in 2020, an increase from 35% in 2016 and 40% in 2019, although the number of people diagnosed late continued to fall. Rates of late diagnosis were highest in heterosexual men and women at 55% and 51% respectively, compared with 29% in gay and bisexual men. People diagnosed late in 2019 had more than a 7-fold increased risk of death within a year of diagnosis compared with those diagnosed promptly.

In 2020, there were 614 deaths among people with HIV. At least 99 deaths were due to COVID-19 between March and June 2020. After adjusting for age, the risk of death from COVID-19 among people with HIV was low, but twice as high as the general population. Almost all deaths occurred in people with co-morbidities associated with COVID-19 morbidity; the vaccine programme and social distancing measures will likely have reduced the risk of severe COVID-19 infection among people with HIV.

In 2019, in Haringey, 1434 adult residents (aged 15 years and older) received HIV-related care, of those living with HIV in Haringey 35% are black Africans.

Reducing the burden of HIV and STIs requires a sustained public health response based around the promotion of safer sex, active early detection using new technologies i.e., on the spot HIV tests and postal home sampling kits, successful treatment and partner notification. Given that most people with an STI are not aware that they have an infection. That having an infection still carries significant stigma and the groups most at risk are often marginalised, Haringey requires services that are able to reach into communities to address and reduce local barriers to testing, through making testing available free and confidential at easily accessible settings.

6.6 HLP deliverables achieved in 2017-20 *(Please note, due to the impact of Covid-19 affecting services as a result of national lock down measures, 2017-20 data is used below to provide an indication of performance pre-pandemic).*

6.6.1 Healthy start vitamins programme (HSV) deliverables 2017-20

- 70% of pharmacies commissioned located within the most deprived areas of Haringey with highest need.
- 12 Pharmacies commissioned, supplying vitamins to all Haringey residents who are pregnant, breastfeeding or have a child who is under 4 years old.
- 5,014 Children's drops dispensed
- 1,838 women's tablets dispensed
- Of the total number of children's drops and women's tablets dispensed (6,852). 3,925 were first time users (57%) and 2,927 were repeat users (43%)

6.6.2 Stop smoking service

- 20 commissioned pharmacies located within areas of highest need
- 316 residents recruited to stage one of smoking cessation. The age range of client seen (20 to 75 years of age) with the majority of between 35-49 years old.
- 298 residents registered onto nicotine replacement therapy (NRT)

6.6.3 Sexual health

- 31 commissioned pharmacies distributed located in areas of highest need, offering: Chlamydia/Gonorrhoea testing, Chlamydia treatment, emergency hormonal contraception, C-card condom scheme for under 25-year-olds and adult condom scheme.
- 16 pharmacies offering HIV point of care testing
- 3,104 HIV point of care tests delivered, with 16 reactivities
- 3,618 Emergency hormonal contraception (EHC) administered to residents over 25 years of age
- 6,522 EHC administered to young people under the age of 25yrs
- 2,473 Chlamydia/Gonorrhoea tests delivered to adults achieving 157 positives
- 1,735 Chlamydia/Gonorrhoea tests delivered to young people achieving 249 positives

- 1,368 young people registered onto the pan London condom scheme achieving 3,317 repeat encounters
- 1,357 adult condom starter packs distributed.

7. Procurement process-

- 7.1 The Council chose to undertake a competitive Open Tender process to procure pharmacies for the services for inclusion under the Health and Social Care Services 'light touch regime' as described in Schedule 3 of the Public Contract Regulations (PCR) 2015. The contract will run for 4 years with an option to extend for a further 4 years starting from 1st April 2022.
- 7.2 The Tender was separated in to 2 lots:
- Lot 1 – East – Post Codes: N22, N11, N15, N17,
 - Lot 2 – West – Post Codes: N8, N6, N4, N10
- 7.3 A virtual market engagement event was held on 10th June 2021, to engage with the market and provide information about the Council's commissioning intentions and procurement process.
- 7.4 The procurement followed a compliant tender procedure in accordance with Public Contract Regulations 2015 and the Council's Contract Standing orders. The Contract Notice was published using Find A Tender Service (FTS) and Contracts Finder website. The Invitation to tender and supporting documents were published via the Council's e-tendering portal (HCPS) (e-tendering portal) on 23rd July 2021.
- 7.5 There was limited response from pharmacies and a number of clarifications were raised about the tender process, documents and access to HCPS. Some pharmacies indicated reluctance to take part in the tender process due to the high workload in primary care generated by Covid 19.
- 7.6 In order to allow more time for pharmacies to respond to the tender, the submission deadline was extended from 9th to 23rd September 2021. A workshop was held to provide support for pharmacies to access HCPS. 19 companies registered their interest on the portal and accessed the tender documents. By the closing deadline of 23rd September 2021, 18 tenders were submitted.
- 7.7 The submitted tenders were checked for completeness and compliance with minimum requirements prior to full evaluation. One pharmacy did not meet the requirement for Healthy Living Pharmacy status.
- 7.8 The remaining tenders were assessed on 100% quality. Pharmacies were required to score a minimum of 50% in order to be considered for award of contract. 17 pharmacies met this threshold. Prices were fixed within the service specifications by Haringey Council based on benchmarking with other Local Authorities that commission pharmacy provision.
- 7.9 Tenders were evaluated by a panel of officers from Public Health. The table in exempt appendix 1 details the pharmacies that have been recommended for award of contract and the services which they have successfully bid for.
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- 7.10 The recommendation is to appoint each pharmacy under the Health and Social Care contract for services they have met the requirements.
- 7.11 Arrangements for performance and contract monitoring are outlined in the service specification for each service including monthly activity data reports on the web platform pharmoutcomes and therapy audit. Service commissioners will monitor the services on a regular basis throughout the life of the contracts, to ensure key performance indicators and outcomes are met

8 Contribution to strategic outcomes

- 8.1 This service is linked to the Borough Plan, in particular under 'People';

Outcome 7: 'All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities;

- *Objective (A) 'Healthy life expectancy will increase across the borough, improving outcomes for all communities'.*
- *Objective (c) Adults will feel physically and mentally healthy and well.*

And

Outcome 6: 'Every young person, whatever their background, has a pathway to success in the future",

Objective (b) 'Ensure all young people can access information to get help and understand how to protect themselves from sexually transmitted infections, unintended pregnancies, substance misuse.

9 Statutory Officers comments

9.1 Finance

- 9.1.1 Expenditure on the Healthy Start Vitamins contract are fully funded by Healthy Start UK.
- 9.1.2 Budgets are currently in place to fund the annual expenditure on the Stop Smoking and Sexual Health contracts.

9.2 Procurement

- 9.2.1 The services outlined above fall within the ambit of the Light Touch Regime of the Public Contracts Regulations 2015, (the Regulations). As required, a contract notice was duly advertised in official Government portals.
- 9.2.2 The open tender process adopted was in line with requirements of both the Regulations and Contract Standing Order 16.02 and 9.07.1
- 9.2.3 The tenders represented best value for the Council; rates were pre-set by the Council based-lined against prices paid by other Authorities for pharmacy provisions

- 9.2.4 The Pharmacy contracts will assist the Council in meeting its People priorities and help tackle health inequalities
- 9.2.5 Commissioning will monitor the contracts throughout their duration to ensure key outcomes and performance indicators are met thus mitigating any contract performance risks

9.3 Legal

- 9.3.1 The Head of Legal and Governance (Monitoring Officer) has been consulted in the preparation of this report.
- 9.3.2 The services are Schedule 3 Services (Social and other Specific Services) under the Public Contracts Regulation 2015 (the Regulations) and therefore subject to the light touch regime rather than the full remit of the Regulations.
- 9.3.3 The Council has conducted an open tender exercise which is permitted under the Regulations and the Council's Contract Standing Orders.
- 9.3.4 The award will be a Key Decision as the spend is in excess of £500,000 and therefore the Council must comply with its governance requirements in respect of Key Decisions (CSO 3.01 (d)).
- 9.3.5 Decisions which are in excess of £500,000 would normally be approved by Cabinet. However, in between meetings of the Cabinet, the Leader may allocate any such decision to the Cabinet Member with the relevant portfolio responsibilities (CSO 16.02).
- 9.3.6 The Head of Legal and Governance (Monitoring Officer) confirms that there are no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing to approve the recommendations in this report.

9.4 Equality

- 9.4.1 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation.
 - Advance equality of opportunity between people who share those protected characteristics and people who do not;
 - Foster good relations between people who share those characteristics and people who do not.
- 9.4.2 In recognition of its public sector equality duty, the Council is committed to using commissioning as a strategic tool to help promote equality of opportunity.

- 9.4.3 It seeks to do this in two ways: firstly, by ensuring that chosen providers deliver for all sections of Haringey community, especially those who are most vulnerable and in most need of the services.
- 9.4.4 Secondly, by ensuring that commissioning is transparent, and that relevant equalities issues are identified and considered at key stages in the whole process. In respect of both service provision and the selection process used, this commissioning exercise supports the Council's performance on its public sector equality duty.
- 9.4.5 The contract specifications clearly set out the supplier's responsibilities under equalities legislation, including a requirement to have in place up to date equalities policies and to ensure that the service is accessible to young people, young adults, people with protected characteristics, women and BaME groups from all sections of the community.
- 9.4.6 These contracts have been developed to address health inequalities as identified through the Council's sexual health Joint Strategic Needs Assessment (JSNA) and sexual health strategy.

10. Use of Appendices

Exempt Appendix 1

15 Local Government (Access to Information) Act 1985

Appendix 1 is not for publication by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972, in that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information).