Haringey Council

Report for:	**Cabinet 18th December 2012**

Title:	**Public Health Transition (function, staff, contracts and finance)**

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Ward(s) affected: All	**Report for Key Decisions**

1. Describe the issue under consideration

1.1 The purpose of this report is to advise members that as of April 2013, public health responsibilities (detailed in Appendix 1), together with a ring fenced grant, will transfer from the Department of Health to local government. Local authorities will have a duty to promote the health of their population and will also take on key functions requiring that robust plans are in place to protect the local population and to provide public health advice to NHS commissioners.

1.2 This report details the areas of work that are taking place, in conjunction with NHS North Central London, to complete the transfer of the public health function by April 2013. While the transition process is going smoothly, there are specific contracting issues described in this report which will require decision making. It is planned to report to Cabinet on 18 December 2012.

2. Cabinet Member introduction

2.1 The report gives the background and information concerning the transfer of the Public Health function to the council from the NHS in April 2013. Work has been ongoing since April 2012 to facilitate the transfer of staff, budget and functions. This transition is

taking place amid far reaching changes to commissioning structures within the NHS with the removal of PCTs from April 2013 and the setting up of new structures for commissioning services. Not all the required guidance has yet to be issued by the NHS, in particular for moving contracts relating to the transferring functions.

2.2 The recommendations of the report focus on the transfer of contracts to the council for services that will become the council's responsibility, and are based on current available NHS guidance and the legal and contracting arrangements required of the council.

2.3 As part of this work stream the re-tendering of some of the substance misuse services in the borough will be taking place from December 2012 and completing in December 2013. The re-tender exercise aims to provide better value for money to the council by minimising the number of providers currently contracted, achieve better treatment outcomes for service users by simplifying routes into treatment and integrating drug and alcohol services. It should be noted that funding from the Mayor's Office of Policing and Crime (MOPAC), some of which supports this work, will be reduced by 20% or more in 2013. Practically this means that the Crime Reduction Initiative Contract listed at appendix 2g could be reduced by circa £64,000

2.4 Note that guidance on transferring Local Enhanced Services (LES), Directed Enhanced Services (DES) and pan-London HIV contracts as listed in Appendix 2c and 2d and 2e is still to be issued.

2.5 Note that the contract values stated in appendix 2 could change as part of the NHS extension negotiations and the process of disaggregating large NHS contracts.

2.6 The total value of listed contracts is £8,431,532.00

3. Recommendations

3.1 To transfer NHS contracts to the local authority as follows:

a) Contracts that expire prior to 1st April 2013, **that are not** affected by the substance misuse re-tender as listed at appendix 2a will be extended by the NHS to March 2014 to ensure continuity of service. These contracts will transfer under statutory transfer scheme arrangements to the council on 1st April 2013.

b) Contracts that expire prior to 1st April 2013, **that are** affected by the substance misuse re-tender as listed at appendix 2b will be extended by the NHS to December 2013 to ensure continuity of service and alignment with the re-tender process. These contracts will also transfer under statutory transfer scheme arrangements to the Council on 1st April 2013.

3.2 Extension and Waivers

In order to facilitate the redesign and re-tendering of substance misuse contracts during 2012/13, which will comprise of contracts currently within the council and some contracts that will transfer to the council on 1 April 2013, approval is sought for the following:

- a third waiver of the "Eban" contract for a nine month period from April 2013 to December 2013 under Contract Standing Orders (CSO) 10.01.5.in Appendix 2f;
- a nine month extension of contracts listed in Appendix 2g from April 2013 to December 2013 under CSO 10.02.2 of the council's Contract Standing Orders.

3.3 To note that NHS contracts moving to the council, which expire after April 2013, will transfer under statutory transfer scheme arrangements on 1 April 2013. These contracts are also contained in Appendix 2a.

3.4 Demand led services
To note that there are financial implications for some sexual health services provided to Haringey residents outside of the borough. There is a statutory requirement to provide genito-urinary medicine (GUM[1]) services through national arrangement, whereby anyone can access GUM services in any part of England and Wales. Boroughs are then invoiced monthly by the provider organisation. Haringey will have limited control over the costs incurred under this national open access arrangement.

4. Other options considered

4.1 The transfer of the public health function to the council is required by the Health and Social Care Act 2012 - as a legal requirement, there are no other options to consider.

4.2 Following the transfer of functions and their related contracts, as outlined in this report, there will be opportunities to shape future commissioned services.

5. Background information

5.1 The Health and Social Care Act 2012 creates the legislative framework for the council's new duty to promote the health of their population, ensure that robust plans are in place to protect the local population and provide public health advice to NHS commissioners.

[1] GUM services have a pivotal role in the network of sexual health services across England, offering comprehensive screening, treatment, partner notification, secondary prevention and health education services for all sexually transmitted infections and related conditions, and are the majority providers of outpatient and inpatient care for HIV/AIDS services. GUM services are open access to all, regardless of residence (including overseas visitors) and provide free testing and treatment for all patients. They have strong educational and training roles across local health economies, and support community services in care pathways as the referral destination for complex and vulnerable patients.

5.2 In January 2011 the Rethinking Haringey report set out the arrangements for setting up the public health function within the council from April 2011 (agreed by Cabinet on 25 January 2011). As a result public health staff have been located in the council since March 2011 and the Director is part of the council's Corporate Board.

5.3 In March 2012 Haringey Council and NHS North Central London (NHS NCL) agreed a Memorandum of Understanding for the joint oversight of public health delivery and transition, to cover the period from the date of signing up until the final transfer of statutory duties at April 2013.

5.4 A transition plan covers the main areas of work required; progress is monitored by the transition programme board and reported to the Head of Paid Service and Cabinet Member for Health and Adult Services in the council and the Chief Executive of NCL Cluster by the Director of Public Health.

5.5 In Haringey considerable progress has been made placing the council in a good position. However, there are areas of risk which need to be addressed. These have included the tight timescales for public health transition, uncertainty on the value of the public health grant, the need to identify the appropriate legal mechanisms for the transfer of NHS contracts to the council and the complexity of sexual health commissioning and contract arrangements.

5.6 Transition of the local public health function is taking place as part of large scale change within the NHS with the abolition of PCTs and the setting up of clinical commissioning groups (CCGs) (locally, the Haringey CCG), Public Health England (PHE) and the NHS Commissioning Board (NHSCB), all of which take on their statutory areas of responsibility from April 1st 2013.

Transition planning

5.7 The following section of the report, from paragraph 5.8 to 5.26, highlights key areas within the public health transition plan: function, finance, commissioning and contracts and staff.

Transition planning: new local authority responsibilities

5.8 Appendix 1 sets out an overview of the new public health responsibilities for local authorities from April 2013. Note that the local public health directorate will be responsible for two new areas of commissioning namely sexual health and school nursing services. Responsibility for commissioning the health visitor service will transfer to the council in April 2015. Also note that the local authority has a duty to continue to provide public health expertise for the commissioning of NHS healthcare services ('healthcare public health'). This public health 'core offer' has been agreed with the Haringey Clinical Commissioning Group (HCCG) as a Memorandum of Understanding.

5.9 In Haringey, the Director of Public Health and the public health directorate is responsible for delivering the public health function.

Transition planning: finance

5.10 From April 2013 Haringey council will receive a single ring-fenced public health grant composed of three components: mandated (or statutory) services, non-mandated services and the commissioning of drug and alcohol prevention and treatment services which are currently commissioned by DAATs (Drug and Alcohol Action Teams) through the Pooled Treatment Budget (PTB) (also non-mandated). In Haringey the DAAT is part of the public health directorate.

5.11 There is still uncertainty around the precise amount of budget to be allocated. Based on the Department of Health baseline spending estimates, published in February 2012, Haringey's baseline spend was £62 per head of population. This is just above the London average of £57 per head, but low in comparison with other London boroughs with similar levels of deprivation. Actual allocations for councils will not be published until the end of 2012. The indicative budget is in the region of £14 million. While the majority of the spend will be commissioned and therefore controllable to a large extent, Members should note that genitourinary medicine (GUM) services will continue to be provided through the national arrangement, whereby anyone can access GUM services in any part of England and Wales. This presents a budgetary risk to the council. The current estimated spend for GUM is £3.3 million.

5.12 The Department of Health has provided £82,000 for transition cost funding for Haringey.

Transition planning: commissioning and contracts

5.13 This work stream is complex and covers:

- the identification of all NHS contracts that will transfer to the council, their duration, budgets and expenditure for 2011/12;
- the requirement to enter ongoing contracts on the council's contract register;
- moving the contracts to the council by April 2013;
- putting in place contract monitoring arrangements.

5.14 In addition, to facilitate the re-tendering of substance misuse contracts in 2012/13, which includes incorporating those transferring from the NHS and those held by the council, approval is being sought to extend specific council contracts and waive Contract Standing Order tendering requirements on specific contracts. This is a unique circumstance and should not set a precedent.

5.15 Department of Health guidance for contract shift was released on 22nd November. The public health team is working through the guidance with officers from NHS North Central London cluster and the council's legal and procurement teams.

5.16 A full list of contracts is provided in Appendix 2.

5.17 Where the public health directorate is already the lead commissioner for services, as with alcohol and drug misuse, smoking cessation, and health trainers, transfer to the council should be straight forward.

5.18 There is still further work to clarify details in other areas and issues remain to be resolved for the 'block contract' with Whittington Health, pan-London contracts, GP practice-delivered 'Local Enhanced Services' (LES) and the community pharmacy LES.

5.19 **Substance misuse services:**
The planned re-tendering of the majority of the substance misuse contracts commencing in 2012 and ending in December 2013 is underway. Substance misuse contracts are a mixture of NHS and local authority held contracts. The re-tender of these contracts is intended to:

- provide better value for money to the council by minimising the number of providers currently contracted;
- achieve better treatment outcomes for service users by simplifying routes into treatment;
- integrate drug and alcohol services in the borough.

5.20 The Public Health substance misuse contracts have a commissioning plan for the period December 2012 to December 2013. Commissioning plans will also be developed for other contracts following their transfer in 2013.

5.21 From April 2013 the public health directorate will take on new responsibilities for the commissioning of comprehensive sexual health services (including testing and treatment for sexually transmitted infections and the provision of contraception outside of the GP contract) and public health services for children and young people aged 5-19 (school nursing).

5.22 **Transfer of sexual health services:**
The landscape for sexual health services is complex. There are a number of service providers ranging from hospitals, health and social care community services, community pharmacists, GPs and the voluntary sector. Haringey's commissioned services work at either a local level, in partnership with Enfield or at a pan-London level. Public health is keen to ensure that there is a focus on prevention, early intervention and treatment for Haringey residents.

5.23 A significant proportion of the sexual health budget is spent on NHS-provided demand-led GUM services (currently estimated as £3.3 million). GUM services are legally mandated as open access. Patients may attend any GUM service in England and Wales. Providers cross-charge activity according to 'responsible commissioner guidance'. The legal mandate for open access services will continue beyond April 2013. This means the service is vulnerable to cost pressures, especially as the rate of sexually transmitted infections is increasing. Robust activity and financial management will therefore be required.

5.24 Whittington Health is the main provider of Haringey's sexual health services (including GUM). The sexual health services are part of the two-year NHS NCL block contract with Whittington Health (April 2012 to March 2014). For the duration of the block contract there is a £50,000 maximum 'cap' on GUM expenditure that will facilitate a level of budget control. Public health will lead development of the specific sexual health service specification for 2013/14. Public health is entering into discussions with neighbouring host commissioners to place a maximum 'cap' on their GUM services for 2013/14 as this will provide Haringey with further budgetary controls.

5.25 Pan-London contracts for HIV prevention finish on the 31 March 2013. Solutions are being sought for these areas and the matter is to be raised through fora, including the NHS NCL cluster and London Councils.

Transition planning: staff transfers to public health within Haringey Council

5.26 Since March 2011, public health staff have been located within the council in the public health directorate. Terms and conditions of 19 staff in the public health team will transfer from the NHS to council in April 2013. Transfer will be guided by the legal requirements of the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) and/or Cabinet Office Statement of Practice on Staff Transfers in the Public Sector (COSOP) guidance that is still to be agreed at the national level. Further guidelines on transfer scheme are expected later this year.

6. Comments of the Chief Finance Officer and financial implications

6.1 Paragraph 5.11 above refers to the NHS baseline spending estimates for Haringey. The actual allocation for 2013/14 will not be known until the end of 2012 and the government have stated that they will not make any local authority worse off in real terms 2013/14, except in exceptional circumstances.

6.2 Attention is drawn to the potential risk around GUM services which are effectively demand led offering little control to the Local Authority in terms of managing down spend.

7. Head of Legal Services and legal implications

7.1 The Head of Legal Services notes the contents of the report.

7.2 Under the Health and Social Care Act 2012 public health functions will transfer from the health service to local authorities on 1 April 2013, and consequent on this, arrangements needs to be made to transfer contractual obligations to the Council.

7.3 The Department of Health guidance on the transfer of contracts is still evolving. Subject to any future guidance to the contrary, Cabinet to note the following arrangements which will apply to contracts which transfer from the Health Service;

a) For contracts that continue beyond 1 April 2013, these will transfer under a statutory transfer scheme
b) For contracts that expire prior to 1 April 2013, the PCT will extend the contract prior to 1 April and these will transfer under a statutory transfer scheme.
c) The Public Health Directorate has confirmed that it has obtained agreement of the PCT to the extensions referred to in b) above.

7.4 In respect of contracts which are currently commissioned by the Council, a waiver of CSOs is sought in respect of the Eban contract and also a further extension of the contract. A waiver and extension is also sought in respect of the contracts listed in Appendix 2 (f). Cabinet has power to approve the waivers under CSO 10.01.5 and extensions under CSO 10.02.2 (variations over £250,000).

7.5 The services to which these contracts relate are not considered priority activity services under the Public Contracts Regulations 2006 so there is no requirement for them to be tendered in Europe.

7.6 The Head of Legal Services confirms that there are no legal reasons preventing Members from approving the recommendations in this report.

8. Equalities and Community Cohesion Comments

8.1 This is essentially an information report, and as such has no specific equality implications in itself. However, Members should be aware that in exercising its new responsibilities for public health in Haringey from April 2013, the Council will have a public sector equality duty to so with due regard to Section 149 of the Equality Act 2010 (duty of due regard to the need to eliminate discrimination, harassment and victimisation based on any of the 'protected characteristics' specified under Section 4 of that Act; advance equality of opportunity between people who share a protected characteristic and those that do not and; foster good relations between groups in society).

8.2 In addition, the specific duty to develop equality objectives every four years and to report on performance on these will be extended to include the Council's new public health functions. The planning and design of the local public health function in the transition phase and beyond, aims to establish effective public health services, based on an understanding of the needs of the different sections of the population through the Joint Strategic Needs Assessment (JSNA), with the aim of improving and protecting the health of people in Haringey and reducing the health inequalities between communities and the more and less deprived areas of the borough.

9. Head of Procurement Comments

9.1 There has been legal representation at the transition programme board and input into the transition, particularly the contracts work stream.

9.2 Corporate Procurement have had input into the recommendations in this report and are supportive of them. The waiver and extension recommendations will enable a more efficient and effective service through the redesign and tendering of a combination of council contracts and those transferring from the NHS.

10. Policy Implication

10.1 Haringey Council wants its residents to live healthier lives and the council is committed to tackling health inequalities, childhood obesity and teenage pregnancy. (The Council Plan 2012-15)

10.2 The vision for Haringey's Health and Wellbeing Strategy 2012-2015, is for a healthier Haringey, where health inequalities are reduced through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.

The new public health arrangements will play a key part in delivering the council priorities to drive local health improvements in Haringey.

11. Reasons for Decision

This information is provided in sections 2 and 3.

12. Use of Appendices

Appendix 1: Overview of the public health function

Appendix 2: Public health - identified contracts and their status

13. Local Government (Access to Information) Act 1985

Appendix 1: Overview of the public health function and new responsibilities

1. What are the main public health priorities for Haringey?

Haringey is the 4th most deprived borough in London and the 13th most deprived in the country. An estimated 21,595 (36.4%) children live in poverty, largely in the east of the borough. High levels of deprivation, low educational attainment and unhealthy lifestyles (high smoking, low physical activity, high alcohol misuse), primarily in the east of the borough, are all interrelated determinants of poor health outcomes and the considerable health inequalities in the borough. Key priorities are:

- Only 53% of children show satisfactory development at age 5
- Highest teenage pregnancy rate in England
- High child obesity (1 in 3 children aged 10-11 are overweight or obese)
- Inequality in male life expectancy (men in the east die up to 9 years younger than men in the west)
- High smoking (contributes to 50% of the male life expectancy gap) and physical inactivity
- High levels of alcohol and drug misuse
- High levels of common and severe (3rd highest in London) mental health problems

These public health priorities are reflected in the key outcomes of the shadow Health and Well Being Strategy: 1) Giving every child the best start in life; 2) Reducing the life expectancy gap; 3) Improving mental health and well being

2. What are the new responsibilities for public health?

The Health and Social Care Act 2012 is a key step towards the establishment of a new public health system. Local authorities already have important and wide ranging public health functions that will continue. Local authorities will be taking on significant new public health functions. The Director of Public Health (DPH) is the lead officer for delivering the new functions and a statutory member of the Health and wellbeing board. Public Health in Local Government (Department of Health, 2012) sets out the functions:

2.1 Health improvement

A new duty to take appropriate steps to improve the health of the people in its area. Examples include giving information, providing services to promote healthy living or incentives to live more healthily.

2.2 Health protection

The Secretary of State will have a core duty to protect the health of the population in the new system. However local authorities are seen as having a critical role at the local level in ensuring that all the relevant organizations locally are putting plans in place to protect the population against a range of threats and hazards. This is linked to but different from the local authorities' statutory responsibilities for public health aspects of planning. The DPH should lead initial response with Public Health England to local public heath incidents and

outbreaks. They would also provide strategic challenge, escalate concerns and receive local information on incidents and outbreaks (surveillance).

2.3 Healthcare public health

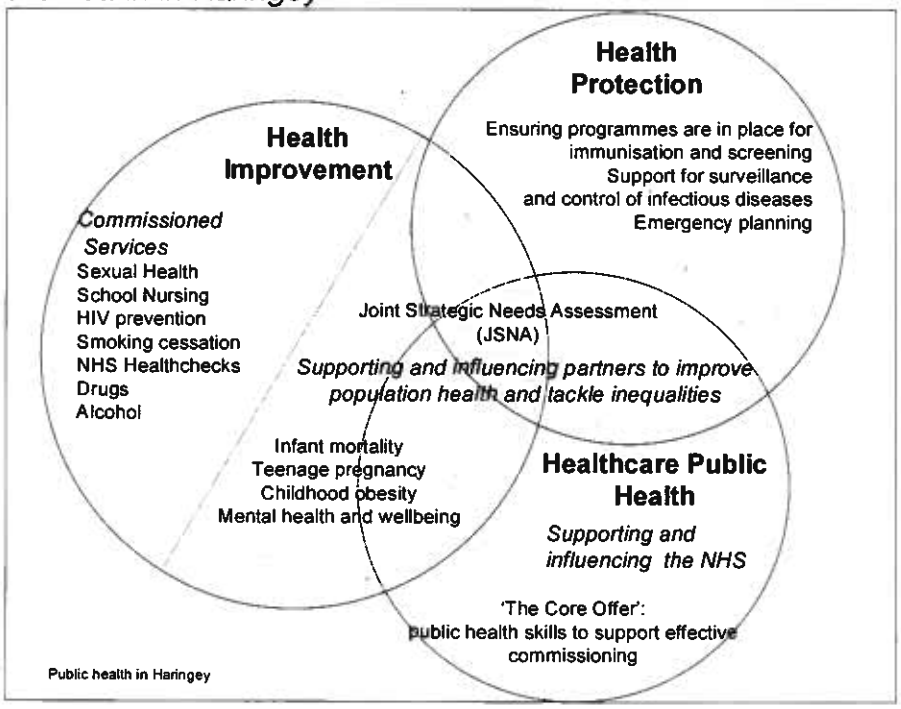
The government intends to make a regulation to require local authorities to provide public health advice to commissioners. There is an opportunity to build and maintain close links with clinical commissioners, complementing health and wellbeing boards. The DPH would have responsibility and funding for a "core offer" of public health advice to the NHS locally. Examples are the Joint Strategic Needs Assessment, evidence based strategies, pathways and service specifications.

Central to these three core areas are new local authority duties to take steps to ensure that it is aware of and has considered what the health needs of its local population are and what evidence suggests the appropriate steps would be to take to address those needs. The DPH and their specialist teams would need access to appropriate information and evidence functions. The DPH would be required to produce an annual report.

Local authorities will have considerable freedom in terms of how they chose to invest their grant to improve their health although they will have to have regard to the Public Health Outcomes Framework and should consider evidence regarding public health measures. It is intended that there will be four mandatory areas: protect the health of the local population, ensure NHS commissioners receive the public health advice they need, appropriate access to sexual health, National Child Measurement Programme and NHS Health Check Assessment.

Figure 1 represents the three public health functions as they apply in Haringey.

Figure 1: Public health in Haringey



Haringey Council

Appendix 2: Public health identified contracts and their status

2. For public health services in NHS contracts that will transfer to the local authority by process of statute.

a. Contracts not affected by the substance misuse tender and will expire March 2014.

Contract	Haringey Public Health Aspect of Annual Contract Value	2012/13 action	2013/14 Plan (TBA)
Whittington Health	£ 2,853,300.00 (Includes contraception and sexual health services, GUM and the school nurse service) Awaiting clarification on a further £284,300	This contract ends March 2014. Will require a Section 75 with Haringey Commissioning Support Unit (CSU).	• This service if required in 2014/15 will be required to be commissioned in 2013/14 and therefore will require joint commissioning with Haringey Commissioning Support Unit (CSU).
Innovision Health &Wellbeing CIC (stop smoking contract)	£ 462,150.00	This contract ends March 2014.	• This service if required in 2014/15 will be required to be need commissioned in 2013/14.
Community Health Trainers	£ 80,000.00	This contract ends March 2014.	• This service if required in 2014/15 will be required to be need commissioned in 2013/14.
BEH Dual Diagnosis	£ 121,588.00 from Pooled Treatment Budget	This contract will renegotiated locally by Public Health with the NHS to end in March 2014. Will require a Section 75 with Haringey Commissioning Support Unit to support Joint Commissioning (CSU).	• This service is NOT included in the boroughs re-tendering of its substance misuse services in 2012/13 and therefore will require joint commissioning with Haringey Commissioning Support Unit (CSU).
Streetscene	£ 74,435.00	This contract will renegotiated locally by Public Health with the NHS to end in March 2014.	• This service is NOT included in the boroughs re-tendering of its substance misuse services in 2012/13
BUBIC	£ 165,950.00	This contract will renegotiated locally by Public Health with the NHS to end in March 2014.	• This service is NOT included in the boroughs re-tendering of its substance misuse services in 2012/13
Inpatient (Equinox North)	£ 200,000.00	This contract will renegotiated locally by Public Health with the NHS to end in March 2014.	• This service is NOT included in the boroughs re-tendering of its substance misuse services in 2012/13
Intuitive Recovery	£ 33,040.00	This contract will renegotiated locally by Public Health with the NHS to end in March 2014.	• This service is NOT included in the boroughs re-tendering of its substance misuse services in 2012/13

Dr Rohan	£ 14,350.00	This contract will renegotiated locally by Public Health with the NHS to end in March 2014.	• This service is NOT included in the boroughs re-tendering of its substance misuse services in 2012/13
Dr Lindsay	£ 14,350.00	This contract will renegotiated locally by Public Health with the NHS to end in March 2014.	• This service is NOT included in the boroughs re-tendering of its substance misuse services in 2012/13
Sexual Health On Call Service	£ 53,000.00	This contract will renegotiated locally by Public Health with the NHS to end in March 2014.	• This service is NOT included in the boroughs re-tendering of its substance misuse services in 2012/13

b. Contracts affected by the substance misuse tender and expire prior to April 2013

Contract	Haringey Public Health Aspect of Annual Contract Value	2012/13 action	2013/14 Plan (TBA)
Barnet Enfield and Haringey Mental Health Trust: Substance Misuse (DASH)	£1,500,000 from Pooled Treatment Budget And £458,202 from NHS	This contract will be renegotiated locally by Public Health with the NHS to end in December 2013.	• This service is included in the boroughs re-tendering of its substance misuse services in 2012/13.
HAGA Day Services Contract	£ 402,295.00	This contract will be renegotiated locally by Public Health with the NHS to end in December 2013.	• This service is included in the boroughs re-tendering of its substance misuse services in 2012/13.

c. Local Enhanced Services (LES): Without further clarification from NHS it appears that the NHS Commissioning Board will commission these services on behalf of the local authority and therefore monies will have to transfer from the local authority to the NHS Commissioning Board. Therefore an agreement will be required with NHS Commissioning Board to transfer monies.

Contract	Haringey Public Health Aspect of Annual Contract Value	2012/13 action	2013/14 Plan (TBA)
NHS Health Check	£ 98, 540/ £80000	Will require a Section 75 with National Commissioning Board (NCB)	Awaiting guidance
Community Pharmacy	£35,000	Will require a Section 75 with National Commissioning Board (NCB)	Awaiting guidance
Drugs Shared Care	£ 27,000	Will require a Section 75 with National Commissioning Board (NCB)	Awaiting guidance
GP LARC – LES	£ 32,000	Will require a Section 75 with National Commissioning Board (NCB)	Awaiting guidance

d. Direct Enhanced Services (DES): Without further clarification from NHS it appears that the NHS Commissioning Board will commission these services on behalf of the local authority and therefore monies will have to transfer from the local authority to the NHS Commissioning Board. Therefore an agreement will be required with NHS Commissioning Board to transfer monies.

Contract	Haringey Public Health Aspect of Annual Contract Value	2012/13 action	2013/14 Plan (TBA)
Alcohol	£ 28,000	Will require a Section 75 with National Commissioning Board (NCB)	Awaiting guidance

e. Public health is awaiting decision on whether these services will continue to be commissioned on a Pan-London basis. The NHS reforms stipulate that these services will become the responsibility of the local authority, with the appropriate budget. Therefore if these services are continued to be commissioned on a Pan-London basis an agreement will be required with the host commissioning agency to transfer monies.

Contract	Haringey Public Health Aspect of Annual Contract Value	2012/13 action	2013/14 Plan (TBA)
Pan London HIV prevention Programme	£ 60,000.00	Awaiting decision on whether this will be commissioned locally or pan-London. If commissioned Pan London will require a Section 75 with commissioning body.	Awaiting guidance
Pan London Positively UK (HIV prevention programme)	£ 4,700.00	Awaiting decision on whether this will be commissioned locally or pan-London. If commissioned Pan London will require a Section 75 with commissioning body.	Awaiting guidance

f. For Public Health services in council let contracts that have an expiry date prior to 1 April 2013 without an option for extension AND where that service will be included in the retendering of Substance Misuse services in 2012/13.

Contract	Haringey Public Health Aspect of Annual Contract Value	2012/13 action	2013/14 Plan (TBA)
Haringey Stimulant Service: Eban	£417,000	Seek Third waiver and extend existing contract for 9 months	This service is included in the boroughs re-tendering of its substance misuse services in 2012/13.

g. For Public Health services in council let contracts that have an expiry date prior to 1 April 2013 with an option for extension AND where that service will be included in the retendering of Substance Misuse services in 2012/13.

Haringey Council

Contract	Haringey Public Health Aspect of Annual Contract Value	2012/13 action	2013/14 Plan (TBA)
Westminster Drug Project	£352,499	To exercise option to extend contract but for 9 months	This service is included in the boroughs re-tendering of its substance misuse services in 2012/13.
Crime Reduction Initiatives	£659, 833	To exercise option to extend contract but for 9 months	This service is included in the boroughs re-tendering of its substance misuse services in 2012/13.

Total Value: £8,431,532.00