

Action taken under delegated powers by Officer

Title	<p>Extension of the Contract with Central and North West London NHS Foundation Trust (CNWL) for the contracts for lots 1a – Genito-Urinary Medicine (GUM), Sexual Health Reproductive Services (SRH) and routine Pre-Exposure Prophylaxis (PrEP) commissioning;</p> <p>and</p> <p>Extension of the Contract to include Lot 1b Additional services to Central North-West London NHS Foundation Trust (CNWL). Additional services are; Long Acting Reversible Contraception (LARC) in General Practice; Emergency Hormonal Contraception (EHC) in Community Pharmacies and; Sexual Health Services for People with Learning Disabilities.</p>
Report of	Dr Tamara Djuretic, Director of Public Health, Directorate of Public Health & Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Relevant references are listed as 'Background Documents' in section 6 of this Report.
Officer Contact Details	<p>Luke Kwamya, Head of Public Health Commissioning; Directorate of Public Health: E-mail; Luke.Kwamya@barnet.gov.uk</p>

Summary

This report seek authority to approve implementation of the Policy and Resource Committee Resolution of the meeting held on 9th December 2021, to extend a contract for the provision of North Central London Genito-Urinary Medicine (GUM), Sexual Health Reproductive Services (SRH) and, routine Pre-Exposure Prophylaxis (PrEP) commissioning following completion of the initial first 5 years of a one-stage tender award to CNWL in 2017, for Lot 1a: the main Sexual Health Service and Lot 1b: additional services, including services to be provided in primary care settings in Barnet for GP provision of Long Acting Reversible

Contraception (LARC) and, Pharmacy provision of Emergency Hormonal contraception to young people under 25.

Important to note that in 2021 by DEED of variation, the following services were added to the Contract; HIV Pre-Exposure Prophylaxis (PrEP) and Sexual health services for people with Learning Disabilities.

Central and North-West London NHS Foundation Trust (CNWL) were awarded the Contract in July 2017 to deliver sexual and reproductive health services across the North Central Sub-Region. CNWL, demonstrated a strong clinical model for future integrated sexual health services working across a network of local services in North Central London.

CNWL have one of the UK's largest dual trained (STI and contraception) team of clinicians and have been at the forefront of supporting the move to integrated sexual health allowing service developments that meet user needs.

The decision to award the Contract in Barnet was taken by the Director of Public Health for Barnet and Harrow Joint Public Health function in line with the delegations made by the Cabinet Committee of Harrow Council on 10th December 2015, Harrow Council then being the host authority (on behalf of LB Barnet) - ***web link included in section 6 of this Report.***

The Public Health inter-authority agreement between Barnet and Harrow ended on 31st March 2018. Execution of the Genito-Urinary Medicine (GUM) and Sexual Health Reproductive Services (SRH) Contract had not been undertaken and completed by all the North Central London (NCL) Councils before the Inter-Authority Agreement came to an end.

Following the end of the Public Health inter-authority agreement between Barnet and Harrow on 31st March 2018, details of the procured services together with financial contract values for the Genito-Urinary Medicine and Sexual Health Reproductive Services were included on the Barnet Annual Procurement Forward Plan 2019-20 and, the Contract was mainstreamed to LBB via the Annual Procurement Forward Plan and was authorised on 11th December 2018 at the Barnet Policy & Resources Committee (***web link of the papers included in section 6 of this Report***)

Decisions

- 1. Extend the Contract for Lot 1a – Genito-Urinary Medicine (GUM), Sexual Health Reproductive Services (SRH) and routine Pre-Exposure Prophylaxis (PrEP) commissioning for a period of 3 years from 1st April 2022- 31st March 2025 at an estimated total cost of £1,930,000 each year and £5,790,000 total for the 3-year extension period.**
- 2. Extend the Contract for Lot 1b- Additional services to Central North-West London NHS Foundation Trust (CNWL) for a period of 3 years from 1st April 2022 – 31st March 2025 at an estimated total cost of £308,000 each year and £924,000 total for the 3-year extension period. Additional services include Long-Acting Reversible Contraception (LARC) in General Practice; Emergency Hormonal Contraception (EHC) in Community Pharmacies and Sexual Health Services for People with Learning Disabilities.**

1. Why this report is needed

- 1.1 Extension of this Contract was included on the Annual Procurement Forward Plan 2022/23. This Report requests implementation of the Policy and Resource Committee meeting approval of the Contract extension requirement as included on the approved **Annual Procurement Forward Plan as a record of forward activity for 2022/23 – 2024/25**, at the meeting of the Policy and Resource Committee meeting held on 9th December 2021, for the delivery of the North Central London (NCL) integrated Genito-Urinary Medicine (GUM) and Sexual Health Reproductive Services (SRH). *Background papers to the Committee report included as a web link in section 6 of this Report.*
- 1.2 The need to commission and procure sexual health services is a mandatory statutory requirement for the Local Authority under the Health and Social Care Act 2012.
- 1.3 The NCL Integrated Sexual Health (NCLISH) services are provided by Central and North-West London NHS Foundation Trust (CNWL).
- 1.4 The Barnet - Genito-Urinary Medicine (GUM) contract – lot 1a, for clinic-based services commenced on 3 July 2017, in partnership with Haringey, Camden & Islington for a period of five (5) years (with an option to extend for a further 3 years- one-year extensions).
- 1.5 Residents within the NCL Sub-Region benefit from the local authorities pooling their funds and expertise to have a modern, well-staffed service. Barnet has realised savings, some of which have been reinvested in more local services like targeted Community HIV Prevention work, pan-London sexual health online services.
- 1.6 The transfer from NHS to local authorities of routine HIV Pre-Exposure Prophylaxis (PrEP) as a standard treatment commissioned by local authorities in October 2020 has also been welcomed. Local Authorities are best placed to ensure equity of access, and this fits well with Barnet's strategy to reduce late diagnosis of HIV and London's ambition to end new infections in the capital by 2030.
- 1.7 Furthermore, because of health concerns, confinement measures and service closures adopted in the wake of the Covid-19 crisis, which caused severe disruption to the core provision of the service alongside other local and regional services that are interconnected as part of the wider sexual health services landscape, the extension period will allow NCL-commissioners, rest of London (RoL) commissioners (as part of the London sexual health transformation programme (LSHTP) and Trust providers (through representation via the Clinical Advisory Group) sufficient time to;
 - 1.6.1 Review existing service models, due to operational and service delivery challenges experienced during covid-19 lockdown.
 - 1.6.2 Review best practices implemented during the pandemic to meet those challenges,
 - 1.6.3 Understand the long-term impact the pandemic has had on how residents will re-engage with in-clinic sexual health services.
 - 1.6.4 Use the opportunity to apply some of the learning garnered through the council's recovery renewal exercise, to help the council, to better understand how communities disproportionately impacted by the

Covid-19 pandemic are accessing sexual health and wellbeing services.

1.6.5 Allow NCL commissioners and LSHTP to work with sexual health providers to review and re-model current service provision and tariffs as a return to 'business as usual' due to the impact of the pandemic on operational and service sustainability is unlikely long-term.

1.8 The extension period will also provide commissioners the opportunity to better understand the changing service landscape and allow time to develop a new service model that is able to evolve and support increased complexities presented by service users when accessing services i.e. safeguarding concerns, sexual assault, drugs and alcohol and learning disabilities as an example.

2. Reasons for recommendations

2.1 That extension of the Contract in respect of the provision delivered by the North Central London (NCL) partnership for Genito-Urinary Medicine (GUM), Sexual Health Reproductive Services (SRH), routine HIV Pre-Exposure Prophylaxis (PrEP) commissioning, and other additional services be agreed in accordance with original Contract Award Report and that the Contract is extended for the period from 1st April 2022 – 31st March 2025 to CNWL as follows:

2.2 Lot 1a - GUM and SRH services, for a period of 3 years from 1st April 2022- 31st March 2025 at an estimated total cost of **£1,930,000** each year and **£5,790,000** total for the 3-year extension period.

2.3 The Lot 1b - Additional services (EHC, LARC and SH Learning Disabilities), for a period of 3 years from 1st April 2022 – 31st March 2025 at an estimated total cost **£308,000** each year and **£924,000** total for the 3-year extension period.

2.4 Routine Pre-Exposure Prophylaxis (PrEP) commissioning – for a period of 3 years from 1st April 2022 – 31st March 2025 at an estimated cost of **£375,000 (£125,000 per annum)**. £125,000 is the confirmed value for financial year 2022/23 and cost for the next two financial years is estimated at the same value but to be confirmed and reviewed as per the Public Grant allocation Total at the time.

It is anticipated that 50% of the annual PrEP budget expenditure will be spent through CNWL as the commissioned sexual health provider for NCL. Whilst the remainder will cover the cost of residents who access the service from other providers across London and Home Counties.

3. Alternative options considered and not recommended

3.1 This is a mandated open access service. This is an activity and tariff-based contract, and therefore charges are ultimately based on levels of activity. Due to the complex nature of the cross-charging arrangements, this service is part of the London Sexual Health Programme (LSHP).

3.2 The Memorandum of Understanding (MOU) for the LSHP strategic board sets out that partners agree to a number of areas of working together “collaboratively regarding the Integrated Sexual Health Tariff (ISHT). As part of the LSHP, it is required that services use a standardised contract format agreed by all Boroughs as part of the governance of the

transformation. This ensures that all the clinics are governed under a similar set of terms and conditions, as a result, any changes made to the contract need to be made in agreement with colleagues across London, in accordance with the contract clause.

4. Post decision implementation

- 4.1 No significant implementation will be required as it is a continuation of service provision and delivery of existing arrangements, following award of Contract in July 2017.

5. Implications of decision

5.1 Corporate Priorities and Performance

- 5.1.1 This Contract will form part of the Council's statutory duties under the Health and Social Care Act 2012 to commission and provide appropriate access to sexual health services.

- 5.1.2 Barnet Sexual Health Strategy 2015-2020 which was accepted and approved by Barnet's Health and Wellbeing Board in 2015, supported the recommissioning of sexual health services.

Barnet key objectives of the strategy are:

1. To prevent and reduce the transmission of sexually transmitted infections (STIs).
2. To reduce the prevalence of undiagnosed HIV infection and improve early diagnosis particularly among target groups.
3. To expand the provision of sexual health and reproductive services in primary care and community settings.
4. To increase the uptake of contraception throughout the Borough by providing more choice in different healthcare settings.
5. To reduce the rates of unintended pregnancies particularly repeat pregnancies.
6. To improve the provision of services designed for young people's sexual health needs and to promote sex and relationship education.
7. To promote the welfare of children and reduce the risks of child sexual exploitation (CSE) in Barnet.
8. Prevent and reduce late diagnosis of HIV – supporting Barnet Council's commitment to reducing late HIV diagnosis.
9. To reduce the stigma associated with HIV and STIs.
10. To expand sexual health promotion and reduce sexual health inequalities among vulnerable groups.

- 5.1.3 The Contract with CNWL is and will continue to be robustly monitored and reviewed on quarterly basis including submission of activity based on their performance through key performance measures and outcome indicators.

- 5.1.4 The focus of quarterly meetings is to review the service provision and any other related

matters.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

Finance & Value for Money

5.2.1 GUM and SRH, GP provision of LARC; and Pharmacy provision of Emergency Hormonal contraception to young people under 25, PrEP and People with Learning Disability sexual health services are all funded from the Public Health Grant. The Public Health Grant for 2022/23 is £18.318m. The Public Health grant is currently ring-fenced by the Department of Health and Social Care via Office for Health Improvement & Disparities (OHID) formerly Public Health England (PHE).

The proposed extension to this contract is set out below. The extension will be funded from the London Borough of Barnet's Public Health Grant 2022/23. It is expected that the future annual costs of the extension will also be funded from the Public Health Grant in those years.

	Lot 1 GUM Services	Lot 1b SRH Services	Total Lot 1a and 1b	PrEP
Cost Centre			10433	11671
Public Health Grant Allocation 22/23 and cost Annually	£1,930,000	308,000	£2,238,000	£125,000
Cost of Extension (Apr 2022 – Mar 2025)	£5,790,000	£924,000	£6,714,000	£125K for 2022/23 to be reviewed for 2023/24-2024/25

5.2.2 The annual value of the core sexual health clinic-based services contract excluding the block contract for contraception provision in primary care, will vary year on year for the next 3 years but the yearly contract value estimated not to be more than £1.9m. Sexual health is a demand led statutory service and whilst assumptions will always be made, the level of activity will always vary. Activity across the NCL region is costed within the contract price representing 446,662 primary currencies (sexual health treatment interventions) and 305,328 secondary currencies when triggered. For Barnet residents, the level of primary triggers at the time of procurement were estimated at 94,761 and secondary triggers of 79,236. However, demand will fluctuate, and the nature of the services provided (and therefore the currencies triggered) will change over the term of the Contract, both of which will affect the total price paid for services in any financial year.

5.2.3 The block contract (Lot1b) for Barnet will remain at the costed value to the end of the three-year Contract expiry date.

5.3 Legal and Constitutional References

- 5.3.1 The Services delivered under this Contract are subject to the 'Light Touch Regime' under Regulations 74 to 76 of The Public Contracts Regulations 2015.
- 5.3.2 In light of Procurement's assurances, Legal are satisfied that the procurement procedure has been carried out in accordance with The Public Contracts Regulations 2015 and the Council's Contract Procedure Rules.
- 5.3.3 HB Public Law had an input into the Contract terms and conditions based on instructions received prior to tender.
- 5.3.4 Where a Variation or Extension (with a value of £500,000 and above) are within Budget, authorisation is required via a Full Officer DPR as outlined in the Council's Constitution Article 10 Table B (Contract Procedure Rules January 2022).
- 5.3.5 Furthermore, pursuant to paragraph 11.4 of the Contract Procedural Rules (CPRs) contracts may only be varied or extended if all of the following conditions have been met:
- the initial Contract was based on a Contract Procedure Rules compliant competitive tender or quotation process;
 - the value of the extension or variation added to the value of the original Contract does not exceed the original Authorisation threshold as defined in Article 10 of the Constitution, Table B;
 - the extension or variation has an approved Budget allocation;
 - if the initial Contract was subject to an UK regulated tender procedure, that the extension option was declared within the Find a Tender contract notice and the original Acceptance report (Delegated Powers Report/relevant Committee Report);

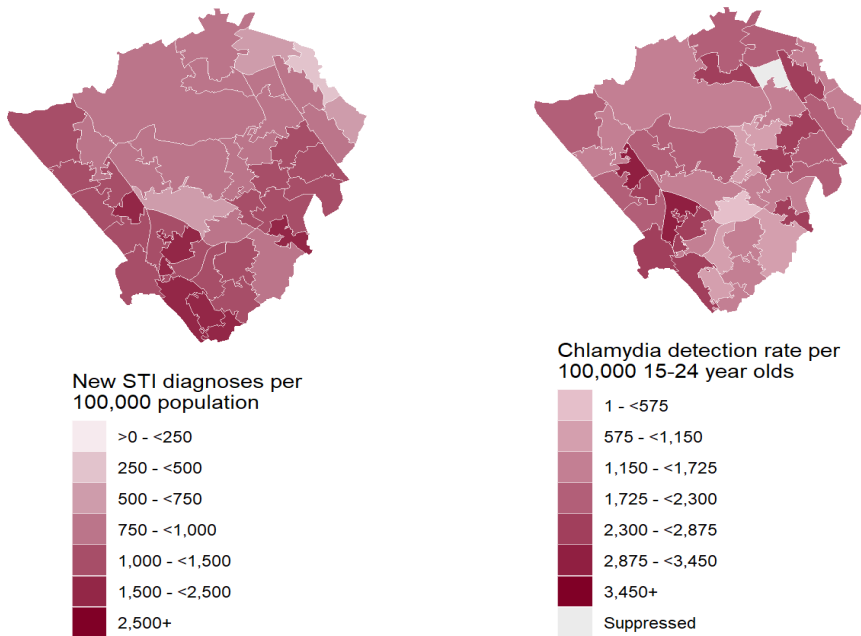
The extension complies with the requirements of paragraph 11.4 of the CPRs

5.4 Insight

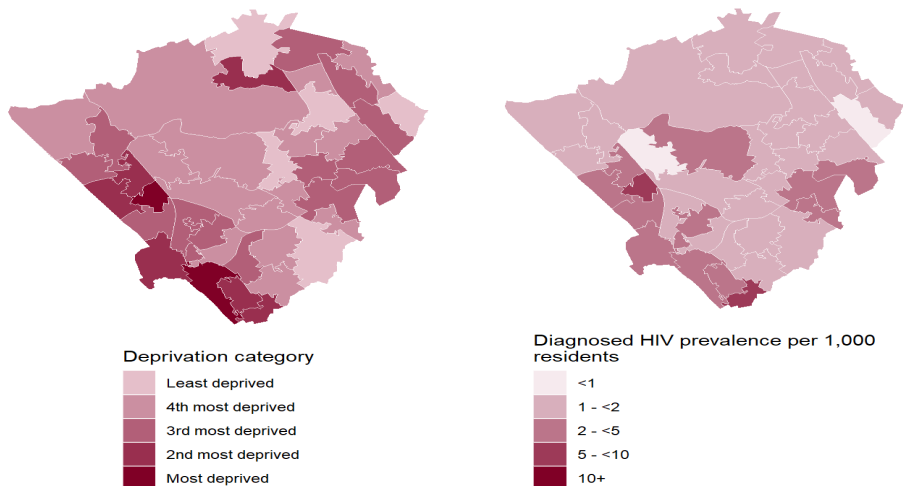
- 5.4.1 **Sexually transmitted infections** -Although Barnet continues to see a decline in the rates of STI's diagnosed in the borough, Barnet ranked 23rd highest out of 149 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia among young people aged 15 to 24 years in 2020, with a rate of 897 per 100,000 residents aged 15 to 64, worse than the rate of 619 per 100,000 for England. Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Barnet in 2020 was 2,875. The rate was 720 per 100,000 residents, higher than the rate of 562 per 100,000 in England, and lower than the average of 805 per 100,000 among its [nearest neighbours](#). (OHID Data, 2020).
- 5.4.2 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).

5.4.3 This correlation between socio-economic deprivation and high rates of STI's is reflected in the distribution of STI prevalence within-area variation maps by Middle Super Output Area in Barnet as shown below.



People living with diagnosed HIV - There is a similar picture reflected in the distribution of people living with HIV and socio-economic deprivation as below.



5.4.4 HIV remains a key public health outcomes target for Barnet, in 2020;

- Among specialist sexual health service (SHS) patients from Barnet who were eligible to be tested for HIV, the percentage tested in 2020 was 45.6%, similar to the 46.0% in England.
- The number of new HIV diagnoses among people aged 15 years and above in

Barnet was 26 in 2020. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2020 was 3.0, worse than the rate of 2.3 in England. The rank for HIV prevalence in Barnet was 34th highest (out of 148 UTLAs/UAs).

- In Barnet, in the three-year period between 2018 - 20, the percentage of HIV diagnoses made at a late stage of infection (all individuals with CD4 count \leq 350 cells/mm³ within 3 months of diagnosis) was 36.8%, similar to 42.4% in England.

5.4.5 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.

5.4.6 **Long-Acting Reversible Contraception (LARC)**- The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist, and non-specialist SHS per 1,000 women aged 15 to 44 years living in Barnet was 26.5 in 2020, lower than the rate of 34.6 per 1,000 women in England. The rate prescribed in primary care was 8.6 in Barnet, lower than the rate of 21.1 in England. The rate prescribed in the other settings was 18.0 in Barnet, higher than the rate of 13.4 in England.

5.4.7 Maintaining a level 3 GUM & SRH service (which is a specialist service that diagnoses and treats sexually transmitted infections (STIs), including HIV through on-site laboratory facilities for immediate microbiological diagnosis of patients with symptomatic STIs and also comprehensive family planning, contraception and fertility services) that meets the needs of Barnet's population and all residents who have complex sexual and reproductive health needs through a sub-regional partnership, will ensure equality of access whilst also contributing to helping the Council achieve its strategic aims and objectives within the Borough Corporate plan.

5.5 Social Value

5.5.1 At procurement, Social Value was included as one of the award criteria scoring 5% for each lot 1a and Lot 1b. All participating Boroughs agreed to allocate 5% of the award criteria to social value. The most economically advantageous tender demonstrated their services can contribute considerably, offering added economic, environmental and social value across the sector – in line with and fully respecting the Public Services (Social Value) Act 2012.

5.5.2 CNWL's proposals included:

Lot 1 and Lot 1b

- Employment of local young people not in education, employment, or training (NEET) through an apprenticeship scheme.
- Apprentices receiving payments of £150 per week, exceeding national agreed rates.
- Opportunities to develop and empower apprentices to become community sexual health champions

- The delivery of eight Business and Administration Apprenticeship places per year.
 - Recruitment from hard-to-reach communities. Building local partnerships with local borough Voluntary Centre Services (VCS) and community groups.
 - “Clinic Visits” for residents.
 - Commitment to promoting greater environmental sustainability and reducing environmental impact of services.
 - Use of local suppliers.
 - Signage for premises produced through CNWL’s existing prison works programme.
 - Recycling to minimise waste.
- 5.5.3 As part of their social value responsibility and in addition to their apprenticeship scheme, CNWL has trained Barnet GPs/practice nurses, including clinical trials/research via a longstanding partnership with University College London Centre for Sexual Health and HIV Research providing residents with access to state-of-the-art clinical/health services/public health trials and research in sexual health/SRH/HIV.

In 2020-21 – CNWL carried out 4 evening update sessions as below:

Barnet

- 34 GPs
- 27 Practice Nurses
- 1 Pharmacist

5.6 Risk Management

- 5.6.1 The Contract has already been awarded and therefore unlikely to raise any public concern as the services are already in operation.
- 5.6.2 As part of the tender, bidders were asked to submit an implementation plan for initiating the Service, including:
- Timeframe for setting up the new service and details of activities and relevant staff responsibilities.
 - Key risks with initiating the Contract and how these would be managed by the bidder.
- 5.6.3 The bidders’ implementation plans were reviewed as part of the tender process. Following contract award, implementation plans were finalised with the successful bidder (CNWL). Service mobilisation followed a project management approach which included recording and managing risks.
- 5.6.4 Alongside the Implementation and Risk Plan, a Performance Framework was agreed prior to initiating the service. The service specification includes performance and outcome measures which will continue to be monitored and reviewed through contract management throughout the term of the Contract.

5.7 Equalities and Diversity

- 5.7.1 The core provisions of the Equality Act 2010 (the Act) came into force on 1st October 2010

and the Public-Sector Equality Duty (section 149 of the Act) came into force on 5th April 2011. Under Section 149, the Council must have due regard to the need to eliminate discrimination, harassment and victimisation prohibited under the Act and to advance equality for opportunity and foster good relations between those with protected characteristics and those without.

- 5.7.2 The protected characteristics are age, disability, race, gender reassignment, pregnancy and maternity, religion or belief, sex, and sexual orientation. They also cover marriage and civil partnership regarding eliminating discrimination.
- 5.7.3 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.
- 5.7.4 It seeks to do this in two ways: firstly, by ensuring that chosen providers deliver for all sections of Barnet community, especially those who are most vulnerable and in most need of the services.
- 5.7.5 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.

5.8 Corporate Parenting

- 5.8.1 There are no direct implications for children. However, CNWL sexual health services are open to young people, with a caveat for example that Pharmacy provision of Emergency Hormonal contraception should be to young people under 25. Under the Contract, there are designated young people's opening times to attend sexual health clinic.

5.9 Consultation and Engagement

- 5.9.1 There was no public consultation.
- 5.9.2 The case for change and procurement of sexual health services in Barnet were informed by:
 - Barnet Sexual Health Needs Assessment and Service Review (2015) and;
 - Barnet and Harrow Sexual Health Strategy 2015-2020.
- 5.9.3 **Patient and Public Involvement:** Prior to procurement of the sexual health service, a soft marketing questionnaire was sent out to all GUM providers. A GUM provider's workshop was held in Central London on 14 May 2015 with attendance from nearly all the NHS Trusts. During the needs assessment and sexual health services review in Barnet, focus group discussions were held with targeted groups including young people, service users and other key stakeholders in the Borough. A brief survey questionnaire was developed by the London Sexual Health Transformation Project Team and service users were asked to complete paper copies in waiting rooms in GUM clinics. In addition, posters and leaflets were given out and displayed in reception areas to encourage users to complete the survey online.

5.10 Environmental Impact

5.10.1 There are no direct environmental implications from noting the recommendations. Implementing the recommendations in the report will lead to a positive impact on the Council's carbon and ecology impact, or at least it is neutral.

6. Background papers

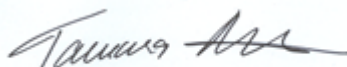
- 6.1 The Policy and resource Committee meeting of 9th December 2021, RESOLVED to approve the Annual Procurement Forward Plan as a record of forward activity for 2022/23 – 2024/25, item 8 on the agenda; [Agenda for Policy and Resources Committee on Thursday 9th December, 2021, 7.00 pm | Barnet Council \(moderngov.co.uk\)](#)
- 6.2 The Policy and Resource Committee considered the report which set out the detail of procurement activity for 2019/2020 and where known for 2020/21. Annual Procurement Forward Plan 2019/2020: <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=9460&Ver>
- 6.3 London Sexual Health Transformation Project, Harrow Council Cabinet Report, 10th December, 2015; <https://www.harrow.gov.uk/www2/documents/s131523/Sexual%20Health%20Transformation%20Project%20-%20Main%20Report.pdf>
- 6.4 Update on Major Public Health Contracts and Proposed Future Procurement Activities, Harrow Council Cabinet Report, 20 November 2014; <http://www.harrow.gov.uk/www2/documents/s117466/Public%20Health%20Contracts%20-%20Main%20Report.pdf>
- 6.5 Barnet Sexual Health Strategy-2015-2020; <https://barnet.moderngov.co.uk/documents/s26345/Appendix%20A.pdf>
- 6.6 Barnet Sexual Health Needs Assessment and Service Review and Research, October 2015: [Barnet Sexual Health Needs](#)

Decision taker's statement

I have the required powers to make the decision documented in this report. I am responsible for the report's content and am satisfied that all relevant advice has been sought in the preparation of this report and that it is compliant with the decision-making framework of the organisation which includes Constitution, Scheme of Delegation, Budget and Policy Framework and Legal issues including Equalities obligations.

I authorise the above decision:

Signed



Designation

Director of Public Health

Date

12th May 2022

