

**REPORT TITLE: RECOMMISSIONING SEXUAL HEALTH SERVICES**

*To:* **Health Committee**

*Meeting Date:* **May 23<sup>rd</sup> 2019**

*From:* **Director of Public Health**

*Electoral division(s):* **All**

*Forward Plan ref:* **n/a** *Key decision:* **No**

*Purpose:* **To secure the support of the Health Committee for undertaking a competitive tender for Integrated Sexual Health Services across Cambridgeshire and Peterborough as a shared service established through one contract.**

*Recommendation:* **The Health Committee is asked to support and approve the following.**

- a) The undertaking of a competitive tender for Integrated Contraception and Sexual Health Services as a shared service contracted to work across Cambridgeshire County Council and Peterborough City Council areas.**
- b) The establishment of a legal agreement between Cambridgeshire County Council and Peterborough City Council that assigns Cambridgeshire County Council as the lead commissioner.**
- c) Delegate sign off for the agreement to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee.**

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## **1. BACKGROUND**

- 1.1 Since 1st April 2013, Local Authorities (LAs) have a statutory duty to commission a wide range of Sexual and Reproductive Health (SRH) services as part of their wider public health responsibilities.
- 1.2 In 2014 Cambridgeshire County Council (CCC) awarded the contract to Cambridgeshire Community Services (CCS) to establish a community based integrated service model that brought together contraception and sexual health into one service provided in one location, thereby improving accessibility to different related services. In addition the Integrated Contraception and Sexual Health Services (iCaSH) expanded delivery of the full range of the services to all areas of the County, including Fenland, where previously service users had to travel to Kings Lyne or Peterborough to access the full range of services.

## **2. MAIN ISSUES**

- 2.1 The current CCC contract for iCaSH services ends on the 31<sup>st</sup> March 2020, there are no further contract extensions available.
- 2.2 Peterborough City Council (PCC) also has a contract with CCS to provide iCaSH services. Its contract also ends on the 31<sup>st</sup> March 2020, again without the option of any further contract extensions.
- 2.3 It is proposed to undertake a joint procurement between CCC and PCC for a shared service to be delivered across Cambridgeshire and Peterborough. CCC will be the lead commissioner and hold the contract with the successful bidder. A legal agreement between the two local authorities will capture this and provide the appropriate assurances for the new contract that will start in April 2020.
- 2.4 The rationale for establishing a shared contract with a lead commissioning organisation is that it affords the potential of a more cost-effective service model.
- 2.5 In addition Public Health England (PHE) invited Cambridgeshire and Peterborough local authorities to be one of two local systems that it is sponsoring to undertake a feasibility study of collaborative commissioning for Sexual and Reproductive Health (SRH) services. It invited commissioners from the two Local Authorities, the Clinical Commissioning Group (CCG) and NHS England (NHSE) from across Cambridgeshire and Peterborough to explore together opportunities for future alignment and collaborative commissioning opportunities for Sexual and Reproductive Health (SRH) services in the area. The Health Committee previously approved in May 2018 PHE's invitation and authorised Public Health commissioners to work with colleagues from the CCG and NHSE to support the development of a more efficient and cost-effective system wide approach to the commissioning of SRH services.
- 2.6 The commissioners from these organisations have been exploring different collaborative options. Following a workshop attended by a range of commissioners and providers, a number of priority areas were agreed and are currently in development with the aim of reflecting them in a new iCaSH service model.
- 2.7 There are other factors that will require consideration during the procurement.

- Nationally there are many new developments that are influencing the delivery of iCaSH services that have the potential to deliver efficiencies but are also essential if manage any increase in demand for sexual health services. For example increased digitalisation of services.
- The CCC and PCC areas are very different in terms of needs and patient profiles, which demands a wider range of consultation events to ensure that the new service can address these needs and manage demand effectively.
- CCS is the main provider of sexual health services across the region and the market will require stimulation if there is to be robust competitive process.

2.8 The contract value exceeds £500,000 and therefore the award of contract will be a key decision, and a separate paper will be brought to Committee to approve the relevant delegations.

The current funding allocated to CCC and PCC iCaSH contracts are as follows.

- CCC annual contract value: £3,230,418
- PCC annual contract value: £1,566,298

It is proposed that the new contract will have a maximum length of 5 years with potential breaks at the third and fourth years.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 A good quality of life for everyone**

The report above sets out the implications for this priority in **1.2 and 2.7**

#### **3.2 Thriving places for people to live**

The report above sets out the implications for this priority in **1.2 and 2.7**

#### **3.3 The best start for Cambridgeshire's children**

The following bullet points set out details of significant implications identified by officers:

Young people are especially at risk of sexual ill health. The new Service will be required to responsive to the needs of young people and ensure that any service provision includes appropriate prevention messages.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

The report above sets out details of significant implications in **2.8**

## **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

The following bullet points set out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

## **4.3 Statutory, Legal and Risk Implications**

The following bullet points set out details of significant implications identified by officers:

- Any legal or risk implications will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

## **4.4 Equality and Diversity Implications**

The following bullet points set out details of significant implications identified by officers:

- Any equality and diversity implications will be included in the consultation for the new Service. A Community Impact Assessment will be completed.

## **4.5 Engagement and Communications Implications**

The following bullet points set out details of significant implications identified by officers:

- The new procurement will include consultation with service providers and users.

## **4.6 Localism and Local Member Involvement**

The following bullet points set out details of significant implications identified by officers:

- The commissioning of sexual health prevention services will involve working with individuals and communities to identify how they can best protect and improve their sexual health.

## **4.7 Public Health Implications**

The following bullet points set out details of significant implications identified by officers:

- The re-commission will improve the sexual health of the population through providing an accessible service that promptly treats sexual transmitted infections and provides contraception.

- The new service will be universal but will need to include targeted actions to address any inequalities and improve the outcomes for the most vulnerable and at risk populations.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes : 15 May 2019 Name of Financial Officer: Clare Andrews
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes : 15 May 2019 Name of Officer: Gus de Silva
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes : 15 May 2019 Name of Legal Officer: Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Liz Robin
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes : 15 May 2019 Name of Officer: Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Liz Robin
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Liz Robin

<b>Source Documents</b>	<b>Location</b>
Public Health England: Making it work: A guide to whole system commissioning sexual health, reproductive health and HIV 2015	<a href="https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services">https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services</a>
Public Health England: Sexual Health, Reproductive Health and HIV: A Review of Commissioning 2017	<a href="https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review">https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review</a>