

RECOMMISSIONING SEXUAL HEALTH SERVICES

To: Health Committee

Meeting Date: 14 November 2019

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: 2019/066

Key decision:

Yes

Purpose: The Integrated Sexual and Reproductive Health (SRH) Service is currently being re-commissioned for Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) as one contract, with Cambridgeshire County Council acting as the lead commissioner. It also includes a collaborative commissioning arrangement with NHS England (NHSE) and the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). This paper is to secure the appropriate delegated authorities to establish the appropriate agreements and to award the contract following the competitive tender.

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

- a) The establishment of a legal agreement between Cambridgeshire County Council and Peterborough City Council that assigns Cambridgeshire County Council as the lead commissioner.
- b) The establishment of a Section 75 agreement between CCC, NHSE and the CCG
- c) Delegate sign off for the agreements to the Director of Public Health in consultation with the Chair and Vice Chair of the Committee.
- d) Authorise the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee, to formally award the contract subject to compliance with all required legal processes.
- e) Authorise the Consultant in Public Health, Health Improvement, in consultation the Executive Director of LGSS Law to approve and complete the necessary contract documentation.

In addition the Health Committee is asked to approve:

- f) The extension of the current interim contract for six months to enable a more robust competitive process**
- g) To change the initial proposed contract length from three years plus one, plus one to a three year plus two, plus two contract giving a maximum contract length of seven years.**

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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 May 2019 the Health Committee approved the commission of an Integrated SRH Service working across the CCC and PCC areas under one contract with CCC acting as the lead commissioner. The current CCC contract with Cambridgeshire Community Services (CCC) ends on the 31st March 2020.
- 1.3 The current community based integrated service model brings together contraception and sexual health into one service provided in one location, thereby improving accessibility to different related services.
- 1.4 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. MAIN ISSUES

- 2.1 The joint procurement between CCC and PCC for a shared service to be delivered across Cambridgeshire and Peterborough with CCC as the lead commissioner will require a legal agreement between the two local authorities and provide the appropriate assurances.
- 2.2 In addition Public Health England (PHE) invited the Cambridgeshire and Peterborough system 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.
- 2.3 The Health Committee approved in May 2018 PHE's invitation. It authorised Public Health commissioners to lead the work with colleagues from the CCG and NHSE for the development of a more efficient and cost-effective system wide approach to the commissioning of SRH services that would greatly improve the patient experience though being able to access their different service needs in one location.
- 2.4 The commissioners from these organisations have been exploring different collaborative options. A collaborative service model has been agreed which will include cervical screening, HPV vaccination for Men who have Sex with Men (MSM), early termination of pregnancy and low level gynaecology .
- 2.5 There are other factors that are being addressed 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 managing 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 is requiring stimulation to ensure a robust competitive process.

2.6 This procurement is complex and has required extensive negotiation with the collaborating commissioners to secure an agreed service model and the appropriate approvals from the different organisations.

2.7 In addition engagement with the market has clearly indicated that to ensure this is a robust competitive tender a longer lead time is required from the contract award to the start of the contract. This reflects the opportunities afforded by the changing organisational landscape and therefore a longer time to develop and implement these opportunities.

2.8 Another clear message that emerged from the market development work is that clinical services such as these require considerable investment. Therefore it is proposed that the contract length is changed from a three years plus one, plus one to five years plus one, plus one to ensure that it is attractive to potential bidders. This would give the contract a maximum life of seven years.

2.9 It has been agreed that the evaluation of the tender bids will consider both quality and price in making the contract award. This was considered to be important, as identifying a specific quality threshold is not easily applicable to this Service and bidders are being asked to demonstrate their ability to innovate and develop services in the future.

2.9 In view of these factors it is proposed to extend the current contracts held by Cambridgeshire and Peterborough by six months to secure a longer lead time between contract award and service implementation. This would change the date for the commencement of the new contract from April 1 2020 to October 1 2020. In view of the current procurement regulations this has been discussed with and supported by both procurement and legal leads for the following reasons.

- The contract extension is a response, following consultation, to market concerns.
- It is very unlikely that providers would consider bidding for the relatively short extension.
- That there would be a risk of not securing the full benefits of the collaborative commissioning initiative with the NHS.
- The contract extension has been discussed with and is supported by the current Provider for both the CCC and PCC iCaSH services.

2.10 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

2.11 The contract award is a key decision as its value exceeds £500,000. Health Committee delegated authorities are required to award the contract and to establish the necessary agreements with the collaborating commissioning bodies.

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 **1.1, 1.4, 2.2, 2.5**

3.2 Thriving places for people to live

The report above sets out the implications for this priority in **1.4, 2.2, 2.5**

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 **2.11**

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.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Jeandre Hunter
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Liz Robin

Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Liz Robin

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