

# **MINUTES OF CABINET MEMBER SIGNING MEETING HELD ON THURSDAY, 16TH DECEMBER, 2021, 1.55 - 2.00 PM**

**PRESENT:** Councillor Lucia das Neves, Cabinet Member for Health, Social Care, and Wellbeing.

**In attendance:** Akeem Ogunyemi, Public Health Commissioner; Will Maimaris, Director of Public Health; Jenny Seaton, Cabinet Support Officer; and Fiona Rae, Principal Committee Co-ordinator.

## **75. APOLOGIES FOR ABSENCE**

There were no apologies for absence.

## **76. DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **77. CONTRACT EXTENSION FOR HARINGEY YOUNG PEOPLE SEXUAL HEALTH AND WOMEN'S CONTRACEPTION SERVICE**

The Cabinet Member for Health, Social Care, and Wellbeing considered the report which requested the implementation of Contract Standing (CSO) 10.02.1 (b) to approve a variation and extension of contract to Central and North West London NHS Foundation Trust ("CNWL") for a period of 2 years from July 2022, for the delivery of Haringey Community Sexual Health Services - young people sexual health and long acting reversible contraception (LARC) methods for women of all age groups.

It was anticipated that this service would have been tendered in 2020/21 but the pandemic had caused market and service disruption that meant a tender process was not feasible. The contract extension would allow sufficient time to remodel and direct the service in the wake of unprecedented disruption.

### **The Cabinet Member RESOLVED**

1. To agree to vary and extend the contract to CNWL for the delivery of Haringey Community Sexual Health Services - young people sexual health and long-acting reversible contraception (LARC) methods for women of all age groups. From 3 July 2022 to 2 July 2024 in accordance with Contract Standing Order (CSO) 16.02 and CSO 10.02.1(b).
2. To note that the contract value over the proposed two-year extension will be £2,000,000 or £1,000,000 per annum. The total contract value over the 6 years of the contract is (£5,046, 939 + £2m) £7,046,939.

## Reasons for decision

As a consequence of health concerns, confinement measures and service closures adopted in the wake of the Covid-19 crisis, there has been 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. Sufficient time is now needed to:

- Review existing service model, due to operational and service delivery challenges experienced during covid-19 lockdown.
- Review best practices implemented during the pandemic to meet those challenges.
- Understand the long-term impact the pandemic has had on how residents will engage with community based sexual health services.
- 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 in the wake of the continued impact of the virus on society.
- Allow the council to explore an NCL service model approach with sub-regional partners to mitigate against future clinic restrictions/closures brought about by the pandemic.

Although we have been living with Covid-19 since lock-down began in 2020- it was initially anticipated that the lockdown would last for a short period and allow a return to 'normality' which would have allowed the council to start the tender for this service during 2021/22 financial period. However, this became increasingly unrealistic and impractical as the pandemic continued to have significant impact on businesses (furlough) and society (restriction on social movement) well into the second quarter of 2021/22 financial year, significantly limiting the market's ability to respond to opportunities. Moreover, the continued restrictions also created a 'bottleneck' of services that need to be re-tendered by the Council, which has had an impact on the Council's capacity to manage and complete each tender within a specified timeframe. Due to over stretched staff resources which was redirected to deal with the pandemic and further reinforced by Government guidance to maintain financial stability for existing services.

The existing contract with CNWL ends 3<sup>rd</sup> July 2022. A variation and extension is required, to allow adequate time to re-tender the service and provide an opportunity for the Council, to review the existing service model due to the significant service disruption caused by the Covid-19 pandemic. In addition, provide an opportunity to develop a strategic approach that is flexible and dynamic, which places the service in a better position to deal with unforeseen local/regional and national setbacks and to respond to new opportunities as they emerge.

It is therefore in the Council's overall interest to consider this request as moving more sexual and reproductive health services out of traditional genitourinary medicine (GUM) clinics into community settings is a key service transformation for the Council. In Haringey, this service meets key aims and objectives within the Borough plan (People) outcomes 6 and outcome 7 in helping to reduce inequalities and making

Haringey a fairer place for residents. In addition, the service also aligns with the strategic aims of the London Sexual Health Transformation programme of which Haringey council is member.

CNWL will be monitored throughout the contract term on its delivery against the specification and key performance which includes some of the following:

- Raise awareness of sexual health within the borough, primarily amongst groups identified as at risk, specifically, young people BaME and women.
- Maximise the sexual health of young people and their sexual partners through the provision of an integrated sexual health care for under 25s.
- Reduce teenage conceptions - by improving access to condoms and contraception services (including LARC) through the provision of a specialist young people level 2 service and by ensuring that contraception, including condoms are available as part of all STI screening services.
- Reduce unintended conceptions and subsequent terminations of pregnancy in over 25s by improving access to long-acting reversible contraception (LARC) in GP practices and through the provision of a level 2 service.
- Increase diagnosis and effective management of sexually transmitted infections amongst young people.
- Increase health and wellbeing of service users through the Making Every Contact Count model.

As part of the contractual requirements, the service provider submits monthly performance reports that are reviewed at regular contract meetings. The provider also produced a 3-year report which fed into a review meeting:

- The findings of the review were extremely positive with key performance indicators being met in sexual health screening, treatment, health promotion, primary care (GP) sexual health and contraceptive training and multi-agency partnership working.
- Pre-covid (July 2017 to June 2019), the service achieved its target number of attendances engaging with over 13,000 service users.
- 85% were female and 15% were male.
- 16% of the total attendances were of school age (18 years and under).
- 69% of those receiving a sexual health screen were first time users of the service. The service tested 6932 service users to during this period for STIs (Chlamydia and Gonorrhoea) and diagnosed 692 patients, which helped Haringey to exceed Public Health England's 2,300 per 100,000 benchmark (in 2019, Haringey achieved 3,278 per 100,000) . Additionally, the service also achieved a positivity rate of 10% and treatment percentage of 91%.
- The service also delivered 2998 Long-Acting Reversible Contraception's (LARC).

The impact of the pandemic significantly affected the activity levels achieved pre-covid, initially brought about by the nationwide lock-down and further hampered by the continued 2-metre social distancing rule maintained for NHS services. However, despite these restrictions, the clinic is seeing a gradual increase in service user activity. With an expectation that service user access will return to pre-covid numbers when social distancing measures are lifted in NHS services.

## **Alternative options considered**

### **Do nothing and let the contract expire**

The council could do nothing and let the contract expire. However, this would not be in the council's best interest as a dedicated local young people sexual health and women's contraception service is integral to helping the council achieve its borough plan in particular under 'People'; Outcome 6 & 7:

- *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.*
- *Objective (A), "Seek to close the gap in health and wellbeing outcomes for all residents, including communities living in our most deprived wards and where the gap is greatest".*

Furthermore, in light of the health inequalities brought into stark focus by the covid-19 pandemic, particularly for residents with protected characteristics and from deprived parts of Haringey. A service of this nature is vital to ensuring residents who may find it challenging to travel outside of the borough due to social, personal and/or financial reasons, have choice and access to local sexual health services, to seek clinical assessment, treatment and support for their sexual and reproductive health needs, particularly for complex, symptomatic issues. Which, without prompt intervention may go undiagnosed, thereby leading to more serious complex ill health, contribute to onward transmission and an increase in STI and unwanted pregnancy rates in the borough.

### **Retender**

The outbreak of COVID-19 is an ongoing pandemic that presents significant issues for the economy and in particular, the operations of services and businesses. Whilst the Council did consider going to market in 2020/21, the Council could not have foreseen the substantial disruption and impact on the service and service users due to the nature of the virus i.e. new variants. Which affected the ability of the council to 'test' the market and for providers to effectively participate in the tender process due to national pressures on the health sector from the pandemic. Therefore, with no indication as to how long the pandemic would continue or its possible lasting effects on society/communities and a return to 'business as usual'. The Council felt it was not possible or viable during this period to initiate a tender process to ascertain provider appetite. As the market was, effectively 'closed' based on government directive, implemented to manage the pandemic, rendering future financial benefits to the Council difficult to predict. In fact, it is likely that there would have been negative financial drawback. As a re-procurement of the service during this period would have undoubtedly caused significant disruption to the existing service, creating staff uncertainty around future employment, shifting resources from important day to day service delivery which would have impacted on the service's ability to forecast and implement short, medium and long-term plans for effective operational delivery and service development. Furthermore, the destabilising effect of a tender would have affected service users. As this would have caused the service to further reduce staff capacity (i.e. redirecting them to support the tender process), affecting clinic access and opening times and forcing residents to seek alternative services out of borough. At a time when the Council was working proactively with the provider to maintain a

level of clinic access that ensured vulnerable at-risk service users were able to receive support and treatment when most needed.

CABINET MEMBER: Cllr Lucia das Neves

Signed by Cabinet Member .....

Date ...17 December 2021.....