

Report for: Cabinet Member Signing

Title: Contract Extension for Haringey Young People Sexual Health and Women's Contraception Service

Report authorised by: Dr Will Maimaris – Director of Public Health

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Ward(s) affected: ALL

Report for Key/

Non Key Decision: Key decision

1. Describe the issue under consideration

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

2 Introduction

- 2.1 Sexual and reproductive health is a priority outlined in the Borough Plan. It is an area of commissioning that continues to achieve productive and tangible outcomes for Haringey residents. Since 2014, the public health team has implemented a phased local 'step change' transformation programme and worked alongside other London local authorities to deliver a new collaborative commissioning model for open access sexual health services for local residents that addresses service demands and delivers better cost effectiveness.
- 2.2 Locally, CNWL, were commissioned in 2017 to provide a dedicated sexual health service for young people alongside a women's contraception service. The service aims to reach vulnerable young people and women in Haringey to reduce sexual ill health and the risk of unplanned pregnancy. This supports the Borough plan for improving the health and wellbeing of our residents. Patient feedback from our young people and women who access the local dedicated service has been very positive. With 96% of patients attending the service responding that they were extremely likely or likely to recommend the service to

someone, who needed similar care or treatment and 99% saying that the treatment and care they received was very good and also helped them achieve what mattered to them.

- 2.3 Nationally young people between the ages of 15 to 24 years' experience the highest rates of STIs, repeat infections. This is reflected in Haringey where 37% of diagnoses of new STIs made in Sexual Health Services (SHS) and non-specialist SHSs were in young people in this age group. The CNWL community clinics are part of our targeted system-wide approach to developing local sexual health services that also includes pharmacies, outreach and online testing. Whilst we aim to offer choice to residents, however, it is important that our most vulnerable young people and women access CNWL as a service. Haringey has seen significant improvement in the testing and diagnosis of STI's providing excellent quality services for the most hard to reach young people. Equally, having a local dedicated LARC service for women has improved uptake, with Haringey achieving a higher rate in comparison to London and England. Contributing to the reduction in teenage and unplanned pregnancies in the borough.
- 2.4 The pandemic has been a challenging time for young people and women and maintaining the continuity of service providers is important whilst we transition to the new normal. It has also created new opportunities in terms of online consultation and home testing which we need, to further understand the effectiveness of how residents access and utilise sexual and reproductive services. An extension to the existing contract will allow CNWL to continue to provide a community sexual health service incorporating sexual health promotion for young people under 25 years old as well as provision of contraceptive methods for women of all age groups in Haringey.

3. Recommendations

- 3.1 That Cabinet Member for Health, Social Care and Well-Being agrees 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 3rd July 2022 to 2nd July 2024 in accordance with Contract Standing Order (CSO) 16.02 and CSO 10.02.1(b).
- 3.2 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.

4. Reasons for decision

- 4.1 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 inter-connected 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.

4.2 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 re-enforced by Government guidance to maintain financial stability for existing services.

4.3 The existing contract with CNWL ends 3rd 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.

4.4 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.

4.5 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.

5. **Alternative options considered**

5.1 **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.

5.2 **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.

6. Background information

- 6.1 Although Haringey continues to see a decline in the rates of STI's diagnosed (Haringey has moved from having the 4th highest STI rate in England, in 2012, to 11th in 2019), nevertheless, STIs continue to pose a significant health risk to the population of Haringey. The most recent Summary Profile of Local Authority Sexual Health (SPLASH) reports published by Public Health England, reported that 4166 new STI cases were Diagnosed in Haringey residents, a rate of 1564 per 100,000 compared to London (1167 per 100,000) and England (562 per 100,000).
- 6.2 Unplanned pregnancies can end in abortion, maternity, or miscarriage. Many unplanned pregnancies that continue will become unwanted. Additionally, unplanned pregnancy can cause financial, housing education and career progression, relationship pressures and have impacts on existing children. Those at greatest risk of unplanned pregnancy include women from black and minority ethnic groups, women who have had two or more children, those under the age of 20 years and those with lower educational attainment.

In Haringey, the conception rate among girls aged 15-17 years has fallen by approximately 56% in the past 10 years. In 2018, 66% of pregnancies in under 18-year-olds in Haringey led to an abortion. This decline is in line with the national trend, but also emphasises, from a local perspective, the sustained focus and investment in local services and initiatives aimed at teenagers in education, NEETs, statutory (Leaving care & looked after children's teams), non-statutory (charities) and health services.

Commissioning a dedicated service that meets the needs of Haringey's vulnerable and marginalised groups, particularly young people and women will contribute to helping the Council achieve its strategic aims and objectives within the Borough plan.

- 6.3 The contract was initially awarded for a period of 3 years (July 2017- 3RD July 2020) with an option to extend for a further 2 years (3RD July 2020- 2nd July 2022) at a total value of £5,046,939. With no further provision to extend, the Council is requesting a variation and extension on the existing contract as laid out in the justification in this report. To maintain continuation of service at a time of high need, (particularly for vulnerable, marginalised groups) and disruption to services brought about by the pandemic to the provider and challenges with capacity/resources for the Council during this time, to carry out a tender exercise. The requested variation and extension will allow sufficient time to review the service model and implement new approaches for delivering services brought about by the pandemic whilst also ensuring that young people and women continue to have access to sexual health and contraceptive care locally.

7 Contribution to strategic outcomes

- 7.1 This service is linked to the Borough Plan, in particular under 'People';

Outcome 6: **‘Every young person, whatever their background, has a pathway to success in the future’**,

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.

and;

Outcome 7: **All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities;**

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

8 Statutory Officers comments

8.1 Finance

8.1.1 The proposal is to extend contract for a period of two years commencing from July 2022 until June 2024 at a cost of £1m per annum. The maximum cost of the extension of the service for the London Borough of Haringey will be £2m.

	2021/22 £'000s	2022/23 £'000s	Total £'000s
Gross Budget	1,000	1,000	2,000
Gross Projected Expenditure	1,000	1,000	2,000

8.1.2 There is sufficient annual budget of £1m to meet the allocated expenditure of over financial years 2022 - 2024.

8.2 Procurement

8.2.1 The services that are the subject matter of this report fall within the ambit of the Light Touch Regime of the Public Contracts Regulation 2015, as such the contract was duly advertised and an appropriate tender process followed

8.2.2 A modification of a contract once awarded would usually require a new tender process. However, the requirement for this modification is permitted under Reg 72 1 (c) as the unforeseen protracted impact of the COVID 19 pandemic on eg the health sector could not have been anticipated, and the value is less than 50% of the original contract price.

8.2.3 The contract extension is also permitted under Contract Standing Orders 10.02.1b and 16.02 Member decision.

8.2.4 The Contractor has been providing good service which meets key performance indicators, as well as the Council’s strategic outcomes in reducing the gap in

health inequality. During the proposed extension commissioning will continue to monitor provision to ensure service delivery outcomes are sustained

8.3 Legal

8.3.1 The Head of Legal and Governance has been consulted in the preparation of the report.

8.3.2 The extension of contract referred to in the recommendations is within the scope of the Public Contracts Regulations 2015 (“the Regulations”), in particular Regulation 72 of the Regulations which, governs modifications to contracts. This extension of contract is permissible under Regulation 72(1)(c).

8.3.3 Pursuant to Contract Standing Order 16.02 and Contract Standing Order 10.02.1(a), the Cabinet Member has authority to approve the extension referred to in the recommendations.

8.3.4 The Head of Legal and Governance (Monitoring Officer) sees no legal reasons preventing the Cabinet Member for Health, Social Care and Well-Being from approving the recommendations in the report.

8.4 Equality

8.4.1 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- Advance equality of opportunity between people who share those protected characteristics and people who do not; Foster good relations between people who share those characteristics and people who do not.

8.4.2 The service within the contract has been developed to address health inequalities as identified in the Haringey sexual health needs assessment and the successful implementation of the local sexual health ‘step change’ initiative alongside the wider London Sexual Health Transformation Programme. A full Equality Impact Assessment was conducted as part of the tendering process. Some of the relevant themes identified as part of the EQIA were;

- Young men were less likely to access sexual health services, but more likely to access pharmacies for free condoms than young women, which can create health inequalities. The service will aim to overcome this inequality by having a specialist young people service that combines both free condoms and sexual reproductive health (SRH) services with the intention that this will increase young women accessing condoms and young men accessing testing.
- The major users of contraceptive and sexual health (CaSH) services are women and the majority of visits are within Haringey therefore, any changes in provision would have had the most impact on them.
- Young transgender service users will be able to get advice and support through the new service. Staff will be aware of signposting opportunities to other

services for this group and develop pathways with local LGBTQ services such as Wise Thoughts and Haringey's local LGBTQ organisation, for patients wanting to access this specialist service.

- There are clear inequalities in the sexual health of younger people. It has been shown that they have relatively high rates of unintended pregnancies and STIs with the exception of HIV (Public Health -Summary Profile of Local Authority Sexual Health; SPLASH 2019). The local dedicated sexual health service is specifically for this age group (under 25 year olds)
- The highest numbers of unwanted pregnancies are in women aged 20-34; therefore, the service will allow increased access to effective Long Acting Reversible Contraception (LARC) methods for this age group. Women will be able to benefit from flexible opening hours, which will enable them to access the service around childcare and work/education and wider responsibilities.

8.4.3 This report relates to the sexual health and contraception service for young people, young adults and women. The service by its nature provides support to vulnerable young people, young adults and women including those with protected characteristics.

8.4.4 The contract to provide local Community Sexual Health Services for under 25s and long acting reversible contraception (LARC) for women of all ages, aims to address known health inequalities for these two groups. Young people, both locally and nationally, are more adversely affected by STIs demonstrated by the high levels of infections amongst this group (Public Health-SPLASH 2019). Haringey also experiences comparatively higher rates of unwanted pregnancies amongst women of all ages (although this rate has been falling). This demonstrates the need for more accessible contraceptive services locally for women, particularly those providing LARC methods that are shown to be one of the most reliable forms of contraception (Public Health England; Local Area Sexual Epidemiology Report; LASER 2018).

8.4.5 The contract specifications clearly set out the supplier's responsibilities under equalities legislation, including a requirement to have in place up to date equalities policies and to ensure that the service is accessible to young people, young adults and women from all sections of the community.

8.4.6 The contractor's compliance with equalities legislation will continue to be quality assured through regular contract monitoring and service review.

13 Use of Appendices

N/A

14 Local Government (Access to Information) Act 1985

Not applicable