

Report for: Cabinet Member Signing – 18 March 2022

Title: Contract Extension with Central North-West London NHS Foundation Trust (CNWL) for Contracts for Lots 1a– Genito-Urinary Medicine (GUM), Sexual Health Reproductive Services (SRH), and Routine Pre-Exposure Prophylaxis (PrEP) Commissioning.

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

Lead Officer: Akeem Ogunyemi, Public Health Commissioner, 020 8489 2961, akeem.ogunyemi@haringey.gov.uk

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) 16.02 and 10.02.1 (b) to approve an extension of contract to Central and North West London NHS Foundation Trust (“CNWL”), for the delivery of the North Central London (NCL) Genito-Urinary Medicine (GUM), Sexual Health Reproductive Services (SRH), additionally , routine Pre-Exposure Prophylaxis (PrEP) commissioning which was transferred from NHS to local authorities in October 2020 and appended to this contract via cabinet approval in February 2021.
- 1.2 It is proposed that contracts are extended in accordance with the terms of the contract and approval in the original Cabinet award report for 3 concurrent years from 1st April 2022 – 31st March 2025,

2. Cabinet Member introduction

N/A

3. Recommendations

The Cabinet Member for Health, Social Care, and Well-Being is asked:

- 3.1 To approve the extension of contracts in respect of the provision delivered by the North Central London (NCL) partnership for Genito-Urinary Medicine (GUM), Sexual Health Reproductive Services (SRH) and routine Pre-Exposure Prophylaxis (PrEP) commissioning in accordance with Contract Standing Order (CSO) 16.02 and 10.02.01 (b), from 1 April 2022 – 31 March 2025 to CNWL as follows;
 - 3.1.1 Lot 1a - GUM services, for a period of 3 years from 1 April 2022- 31 March 2025 at an estimated total cost of £4,824,219 for the 3-year extension period. The

maximum total estimated cost of the contract, inclusive of the initial 5-year contract is therefore £12,787,991 over 8 years.

3.1.2 Lot 1b - SRH services, for a period of 3 years from 1 April 2022 – 31 March 2025 at an estimated total cost of £155,001 for the 3-year extension period. The maximum total estimated cost of the contract, inclusive of the initial 5-year contract is therefore £413,336 over 8 years.

3.1.3 Routine Pre-Exposure Prophylaxis (PrEP) commissioning – for a period of 3 years from 1 April 2022 – 31 March 2025 at an estimated cost of £627,000 (£209,000 per annum).

The estimated annual grant allocation to LB Haringey for PrEP commissioning is £418,000 (based on 2021-22 allocation). It is anticipated that 50% of the annual budget expenditure (£209k) 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.

The total value of the contracts for the 3-year extension period to 31 March 2025 is therefore £5,606,220

The total value over the life of the contracts is £13,828,327

4. Reasons for decision

4.1 The NCL Integrated Sexual Health (NCLISH) services are provided by Central and North-West London NHS Foundation Trust (CNWL).

The Haringey - Genito-Urinary Medicine (GUM) contract – lot 1a, for clinic-based services commenced on 3 July 2017, in partnership with Barnet, Camden & Islington for a period of five (5) years (with an option to extend for a further 3 year on year extensions

The NCL services have been very successful with over 18,000 Haringey residents accessing the service since launch in 2017. Residents benefit from the local authorities pooling their funds and expertise to have a modern, well-staffed service. Haringey has realised savings, some of which have been reinvested in more local services like the Healthy Living Pharmacy (HLP) programme, pan-London sexual health online services, dedicated young people sexual health testing, treatment and women's contraceptive services and a dedicated community-based outreach sexual health promotion STI and HIV testing service aimed at engaging with and supporting residents from groups and communities most impacted by sexual ill health.

4.2 The transfer from NHS to local authorities of routine 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 Haringey's strategy to reduce late diagnosis of HIV and London's ambition to end new infections in the capital by 2030

- 4.3 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 inter-connected 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;
- Review existing service models, 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 re-engage with in-clinic 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.
 - Allow NCL commissioners and LSHTP to work with sexual health providers to review and re-model current service provision and tariffs as it is clear that a return to 'business as usual' due to the impact of the pandemic on operational and service sustainability is unlikely long-term. 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.
- 4.4 The contracts are monitored on quarterly basis including submission of activity data e.g. 21/22 data showed a total of 12,250 attendances comprising clinic and telephone consultations, of which:
- 9,822 were for STI testing and treatment
 - 1,877 was for contraceptive support

5. **Alternative options considered**

- 5.1 This is a mandated open access service. Service transformation has already realised significant savings and transferred the previous sexual health services into an integrated system across the NCL sector. 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).
- 5.2 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 to the contract clause.

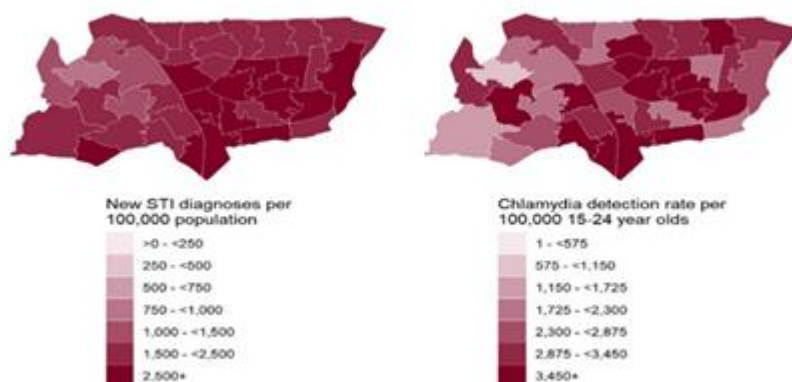
6. Background information

- 6.1 The North Central London (NCL), sexual health partnership, which Central Northwest London (CNWL) NHS Foundation Trust was awarded the contract to deliver, was launched in 2017 for a period of 5 years with an option to extend for a further 3 years (on a year-by-year basis). Islington Council led the procurement with a team of commissioners, this included attendance at all meetings by Haringey's Senior Commissioner of Sexual health. The tender procedure adopted was the competitive procedure with negotiation completed as a one-stage tender.

The original contract was tendered in OJEU in accordance with the Public Contracts Regulations 2016.

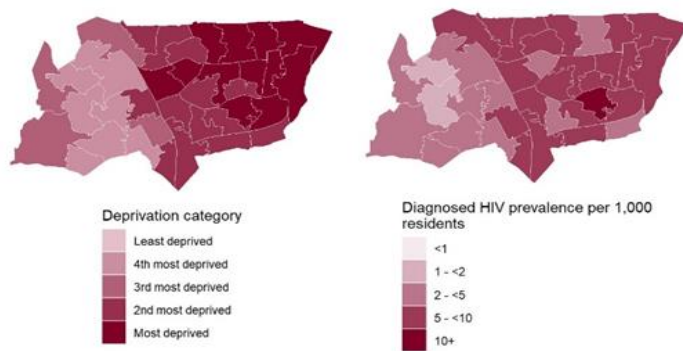
- 6.2 **Sexually transmitted infections** -Although Haringey continues to see a decline in the rates of STI's diagnosed in the borough, Haringey has the 11th highest rate (out of 326 local authorities in England) of new STIs excluding chlamydia diagnoses in 15–24-year-olds; with a rate of 1804 per 100,000 residents (compared to 619 per 100,000 in England). 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).

This correlation between socio-economic deprivation and high rates of STI's is reflected in the distribution of STI prevalence in Haringey;



- 6.3 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, career progression, and relationship pressures which can 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.

- 6.4 **People living with diagnosed HIV** - There is a similar picture reflected in the distribution of people living with HIV and socio-economic deprivation;



- 6.5 HIV remains a key public health outcomes target for Haringey, in 2019;
- Among patients from Haringey who were eligible to be tested for HIV, 70.7% were tested (compared to 64.8% in England).
 - There were 79 new HIV diagnoses in individuals aged 15 years and above in Haringey with the borough's diagnosed HIV prevalence at 6.9 per 1,000 population aged 15-59 years (compared to 2.4 per 1,000 in England).
 - In Haringey, between 2017 and 2019, 49.7% of HIV diagnoses were made at a late stage of infection within 3 months of diagnosis compared to London (37.6%) and England (43.1%).
- 6.6 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.
- 6.7 In 2020, there were 614 deaths among people with HIV. At least 99 deaths were due to COVID-19 between March and June 2020. After adjusting for age, the risk of death from COVID-19 among people with HIV was low, but twice as high as the general population. Almost all deaths occurred in people with co-morbidities associated with COVID-19 morbidity; the vaccine programme and social distancing measures will likely have reduced the risk of severe COVID-19 infection among people with HIV.
- 6.8 In 2019, in Haringey, 1434 adult residents (aged 15 years and older) received HIV-related care, of those living with HIV in Haringey 35% are black Africans. Reducing the burden of HIV and STIs requires a sustained public health response based around the promotion of safer sex, active early detection using new technologies i.e., on the spot HIV tests and postal home sampling kits, successful treatment and partner notification. Given that most people with an STI are not aware that they have an infection. That having an infection still carries significant stigma and the groups most at risk are often marginalised, Haringey requires services that are able to reach into communities to address and reduce local barriers to testing, through making testing available free and confidential at easily accessible settings.

6.9 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 Haringey’s adult population (over 25 years old) 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 plan.

7. Contribution to strategic outcomes

7.1 This service is linked to the Borough Plan, in particular under ‘People’;

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

- *Objective (A) ‘Healthy life expectancy will increase across the borough, improving outcomes for all communities’.*
- *Objective (c) Adults will feel physically and mentally healthy and well.*

8. Statutory Officers comments

8.1 Finance

8.1.1 The proposed extension to this contract is set out below. The extension will be funded from the London Borough of Haringey’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

(Please note figures are in pounds).

	Lot 1a GUM Services	Lot 1b SRH Services	Total Lot 1a and 1b	PrEP
Cost Centre			D00394	D00951
Public Health Grant Allocation 22/23			1,660,000	209,000.00
Cost of Extension (Apr 2022 – Mar 2023)	4,824,219	155,001	4,979,220	627,000
Annual cost of Extension	1,608,073	51,667	1,659,740	209,000

8.2 Procurement

8.2.1 The provisions outlined at 3.2 and 3.3 above were duly advertised and let under the Light Touch Regime of the Public Contracts Regulations 2015 (PCR) A joint competitive negotiation tender process was led by Camden Council on

behalf of North Central London (NCL) local authorities in 2017. Following which a contract was let to CNWL in July 2017 for a period of 5 years with provision for 3, 1-year extensions

- 8.2.2 The provision at 3.4 routine pre-exposure prophylactic (PrEP) was a variation to the contract and approved in February 2021.
- 8.2.2 The requested extension is permitted both under reg 72(1)(a) of the PCR (i.e. it was provided for in the original procurement) and Contract Standing Order 10.02.1b and 16.02. albeit varied, to run for the full length of the extension period.
- 8.2.3 Since inception, CNWL has satisfactorily delivered sexual health services to over 18,000 Haringey residents, as well as, providing best value and assisting the Council to realise savings that have developed and underpinned other sexual health provision ensuring equality of access by as many communities as possible, and meet its objective in narrowing the gap in health inequality
- 8.2.4 Commissioning will continue to monitor the contracts throughout their duration to ensure key performance indicators, and service user outcomes are met

8.3 Legal

- 8.3.1 The Head of Legal and Governance (Monitoring Officer) has been consulted in the preparation of the report.
- 8.3.2 The extensions of the contracts referred to in the recommendations in the report are in compliance with the rule on modifications set out in Regulation 72(1)(a) of the Public Contracts Regulations 2015.
- 8.3.3 Pursuant to Contract Standing Order 16.02 and Contract Standing Order 10.02.1(b) the Cabinet Member having the relevant portfolio responsibilities has authority to approve the recommendations in the report.
- 8.3.4 The Head of Legal and Governance (Monitoring Officer) sees no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing 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 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.
- 8.4.3 It seeks to do this in two ways: firstly, by ensuring that chosen providers deliver for all sections of Haringey community, especially those who are most vulnerable and in most need of the services.
- 8.4.4 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.
- 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, people with protected characteristics, women and BaME groups from all sections of the community.
- 8.4.6 These contracts have been developed to address health inequalities as identified through the Council's sexual health Joint Strategic Needs Assessment (JSNA) and sexual health strategy.

9. Use of Appendices

N/A

10 Local Government (Access to Information) Act 1985

N/A