

Report for: Cabinet Member for Health, Social Care and Wellbeing

Item number: 6

Title: Award of contract to provide - Community Sexual Health Services – Young people sexual health and women’s Long-Acting Reversible Contraception (LARC) service to Central North London NHS Foundation Trust (CNWL).

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 This report seeks approval to award the Public Health Contract for Community Sexual Health Services – Young people sexual health and women’s Long-Acting Reversible Contraception (LARC) service to Central North West London NHS Foundation Trust (CNWL) in accordance with Contract Standing Orders (CSO) 9.07.1 (d) and 16.02.
- 1.2 Subject to approval being granted, the contract shall be awarded for a period of 3 years from 1st October 2024 to 30th September 2027 with an option to extend for a further period of 1.5 years.

2 Cabinet Member Introduction N/A

3 Recommendations

- 3.1 The Cabinet Member for Health, Social Care and Wellbeing in accordance with Contract Standing Order (CSO) 9.07.1(d) and 16.02 agrees to award, a contract for the provision of a Community Sexual Health Service focusing on young people sexual health and women’s LARC, to CNWL via a direct award process under the Provider Select Regime (PSR).
- 3.2 The proposed contract shall run for a period of three (3) years commencing 1st October 2024 to 30th September 2027. with an option to extend for a period or periods of up to one and a half (1.5) years. For the avoidance of

doubt the maximum contract length would be four (4) years and 6 months years, if extended.

- 3.3 The three-year contract term will be at a cost of £1,000,000 per annum (totalling £3 million over 3 years). The aggregated total cost of the contract including the proposed extension period will be £4,500,000.

4 Reasons for decision

- 4.1 The current contract expires on 30th September 2024. The provider is delivering a good service, and the requirements of the contract are not changing considerably.
- 4.2 The Council is permitted to award a new contract to the existing provider (CNWL) in accordance with the Health Care Services Regulations (Provider Selection Regime) 2023, which came into force on 1st January 2024.
- 4.3 The recommendation for award of contract is made following the completion of an assessment process under the Provider Selection Regime (PSR) Direct award process C. Please see appendix 1- Part B (exempt information) of this report.
- 4.4 The assessment has been carried out in accordance with published criteria and the Council is of the view that the provider will continue to deliver a sufficiently good service.

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 Corporate Delivery Plan for adults and young people.

Furthermore, the legacy of the covid pandemic continues to highlight the disparity in health inequity and inequalities, particularly for residents with protected characteristics and from deprived parts of the Borough. 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 Additionally, UKHSA recommends that sexual health services are commissioned at a local level to meet the needs of the local population, including provision of information, advice and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy through a range of diverse local services to improve access and uptake of sexual and reproductive health provision for those who need it.

6 Background information

- 6.1 The Council awarded the original contract for Young People Sexual Health services and Women's Long-Acting Reversible Contraception to CNWL for an initial period of 3 years starting from 3rd July 2017, with option to extend for an additional 1 +1 years via cabinet approval.
- 6.2 In December 2021, a variation and extension to the contract was approved by the cabinet member for Health, Social Care and Wellbeing in order to ensure continuity of the service during a period of significant disruption caused by the Covid 19 pandemic.
- 6.3 The variation and extension was approved for a period of 2 years to 2nd July 2024. An additional 3-month extension was approved from 3rd July 2024- 31st September 2024 to allow the council to adequately implement the PSR process using the direct award process (C) which allows for a direct award of the contract to the incumbent, providing satisfactory performance against service KPIs were achieved and there were no or limited changes to service deliverables. In both areas, CNWL have satisfied the requirements to proceed with a direct award, under process 'c' of the PSR.
- 6.4 The services to be commissioned will contribute to achieving the outcomes of the Corporate Delivery Plan (CDP), specifically as it relates to Theme 4 of the **Adults, Health and Welfare** workstream, – High Level Outcome 1: 'Healthy and Fulfilling Lives - All adults are able to live healthy and fulfilling lives, with dignity, staying active, safe, independent and connected in their communities'.

Intermediate Outcome 'Improved mental wellbeing and a decrease in the stigma around mental health'.

And cross cutting theme for **Children and Young People** - Outcome 3; "Successful Futures – Every young person, whatever their background, has a pathway to success for the future".

- 6.5 An Equality Impact Assessment (EQIA) for the service was completed in 2017 and updated in 2019. A recent review of the EQIA re-affirmed that there continues to be significant need for sexual health services in Haringey, that

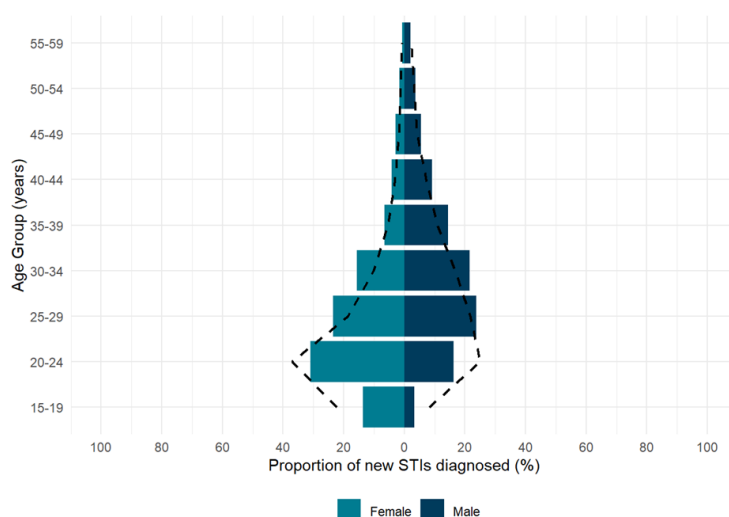
should include prevention and diagnostic services, with access to services and appropriate information that recognises that need can be greater in certain communities and groups.

The EQIA data continues to be relevant to the service being delivered and will be updated if the service changes. For example, the most up to date Summary Profile of Local Authority Sexual Health (SPLASH) for Haringey reports that 28% of diagnoses of new STIs made in Sexual Health Services (SHSs) and non-specialist SHSs in Haringey residents were in young people aged 15 to 24 years old. This compares to 29% for London and 45.5% in England. A broader analysis of the sexual and reproductive needs of young people in Haringey highlights the following;

Young people and sexually transmitted infections

The highest STI diagnosis rates in England are in young people aged 15-24 years.

33% of new STIs (excluding chlamydia) * were in young people aged 15-24 years, ranking Haringey 12th highest out of the 32 boroughs in London

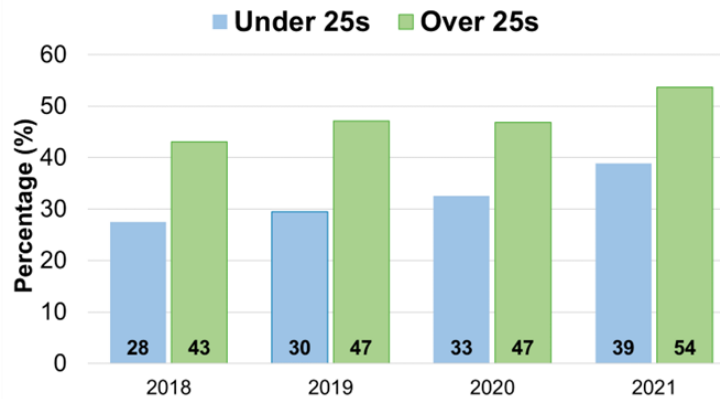


Re-infection

Re-infection is a major concern, with an estimated 16.5% of 15–19-year-old females and 12.1% of 15–19-year-old males presenting with a new STI becoming re-infected within 12 months in Haringey. These rates are higher than the national rate.

Reinfection indicates a lack of knowledge and skills to prevent infection, but may also indicate additional vulnerabilities, unhealthy relationships or exploitation.

Contraception



The proportion of women under 25 who chose Long Acting Reversible Contraception (LARC) as their main method of contraception increased significantly from 28% in 2018 to 39% in 2021. Among women aged 25 and over, the use of LARC also significantly increased from 43% in 2018 to 54% in 2021. Use of LARC among both age groups were in line with the London average but significantly lower than the England average.

LARC Prescriptions in all women, Haringey, 2021 – The overall rate of LARC prescriptions has not significantly changed over the past 4 years. (40 prescriptions per 1,000 in 2018 compared to 38 in 2021). However, the total prescribed rate is now lower than the England average (42 prescriptions per 1,000). Whilst there is a need to continue to focus resources to improve uptake, it is encouraging to note that in 2021, 38.9% of under 25s had their LARC prescriptions made in sexual and reproductive health (SRH) services.

Teenage pregnancy

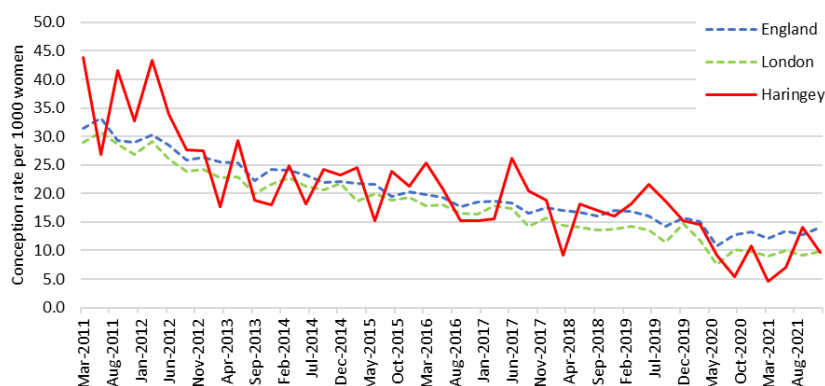


Figure 2. Under 18 conception rate per 1,000 girls aged 15-17, Haringey resident population, 2007-2020 (3 year rolling average) (22)

The conception rate among girls aged 15-17 years has fallen by approximately 78% in the past 10 years. In 2020, 55% of pregnancies in under 18s led to an abortion in the borough.

Abortions

Overall, 1,231 abortions occurred in Haringey in 2021. This indicates that, on average, 21 in 1,000 women aged between 15 and 44 experienced an abortion which was significantly higher than England (19 per 1,000) but similar to London (21 per 1,000).

Repeat abortions, Haringey, 2021

Out of girls and women aged under 25 who had an abortion in 2021, 33% had experienced a previous abortion. Among women aged 25 or over who had an abortion, 45% had had a previous abortion.

6.6 Benefits of commissioning a local dedicated community sexual health Young people sexual health and women's long acting reversible contraception service.

For young people in Haringey wanting sexual and reproductive health services, the Council commissions a spectrum of service options to suit their needs, this includes pharmacy testing, School nurses, home testing kits as well as sexual and reproductive health clinics. For women of all ages there are dedicated services for Long-Acting Reversible Contraception (LARC) via primary care (GP) and sexual reproductive health clinics.

CNWL has been delivering Community Sexual Health Services in Haringey since July 2017, supporting the sexual health needs of young people under-25 and providing Long Acting Reversible Contraception (LARC) for women of all ages in Haringey. The service is free, confidential and non-judgemental- providing holistic care that is unbiased and person centred whilst also contributing towards the Council's Corporate Delivery Plan's (CDP) strategic aims as highlighted in paragraph 6.4.

CNWL is commissioned to deliver the full range of basic and intermediate sexual health care (this is referred to as Level 2 services) as set out in the contract service specification. The service offers a one-stop-shop where young people can have all their Level 2 sexual health needs managed in one appointment, i.e. screening and treatment for sexually transmitted infections (STIs), contraception, holistic risk assessment for vulnerabilities and a space to discuss safer sexual health choices.

6.7 Service delivery model

The service operates from two clinical sites in the borough. Lordship Lane Clinic, an established and well-known clinic for sexual health services and Morum House Clinic based in a GP practice and easily accessible by public transport from Wood Green. Both sites operate at different times to increase accessibility. Clinics also offer dedicated open access timeslots for service users under the age of 19yrs to encourage younger people to use the service.

6.8 *Summary of performance monitoring and service procurement process.*

As part of the contractual expectation from the commissioner, the service provides monthly performance reports, which are reviewed at regular contract meetings. An annual service report is also produced by the provider followed by an annual service review meeting that is chaired by the Assistant Director of Public Health.

- The findings of the reviews have consistently been positive with key performance indicators met in sexual health screening, treatment, health promotion, primary care (GP) sexual health and contraceptive training and multi-agency partnership working.
- Since the launch of the service in July 2017 to March 2024, the service engaged with over 11,000 service users.
- 90% were female and 10% were male.
- 22% of the total attendances were of school age (18 years and under)
- 72% of those receiving a sexual health screen were first time users of the service. The service tested over 6000 service users between this period for STIs and diagnosed 528 patients for Chlamydia/Gonorrhoea, which contributed to Haringey consistently achieving UKHSA's 2,300 per 100,000 benchmark for chlamydia detection rate for young people aged 15-24yrs. Additionally, the service also achieved an overall positivity rate of 11% and treatment percentage of 91%.
- The service has delivered 2998 Long-Acting Reversible Contraception's (LARC) to date.

6.9 In addition to the level of activity (footfall) achieved, the service also works holistically and collaboratively with the council and other young people services to identify and support vulnerable at-risk young people with their health and wellbeing needs. For example, the service works collaboratively with Whittington Health's School nurses and Insight Platform (young people substance misuse service), to promote and raise awareness of sexual health services for young people through universal and targeted services that support young people in the Borough. Additionally, the service has also added its own targeted outreach provision, with a qualified sexual health nurse to promote sexual and reproductive health services to young people in venues and localities used by and/or frequented by young people such as youth centres/services and NEAT's programmes. A key aim of this initiative is to reach vulnerable young people, who may be at higher risk of poor sexual health, such as new migrants, those who are leaving care and those under the age of 16yrs, who may be reluctant to use clinic-based services and therefore may be more susceptible to safeguarding

concerns. Furthermore, the service is fully aligned to the Haringey safeguarding framework and ensures staff representation at key strategic groups, for example;

- Children under 18 who are resident in Haringey and who identify domestic abuse are referred to social care, with onward referral to Haringey MARAC as appropriate.
- One of the services local Safeguarding Champions represents CNWL sexual health at the **MASE (CSE panel) in Haringey** and the CNWL Safeguarding Lead has also been invited to attend the **Haringey Health Safeguarding Children Learning and Quality Group** facilitated and chaired by Haringey Clinical Commissioning Group.

Customer satisfaction surveys are completed quarterly over a two-week period across the service. Overall, surveys show high levels of satisfaction, for example, between 2017-2023, the service has averaged:

- 96% of patients attending Haringey services said they were extremely likely, or likely to recommend the service to someone who needed similar care or treatment
- 98% said they received a friendly welcome
- 93% reported that they either did not have to wait or found their waiting time acceptable
- 98% rated their overall care as very good or good
- 99% said that the treatment they received helped them achieve what mattered to them

- 6.10 As well as the benefits realised for Haringey young people and women in having a dedicated service. As a block contract, the service also enables the council to have greater financial control over expenditure by insulating the budget from a tariff-based service that could have substantially increased the financial burden on the council.
- 6.11 Prior to commissioning the new service, the Council communicated its intentions to award a new contract to the existing provider under Direct award process c and established the provider's willingness to participate in the process.
- 6.12 The appropriate measures for managing conflict of interest were followed as outlined under PSR and the Council's internal policy. No conflicts of Interests were recorded.
- 6.13 The recommendation for award of contract is made following the completion of an assessment process in accordance with Provider Selection Regime (PSR) Direct award process C. The Council assessed the provider's performance against the current contract and is of the view that the provider is delivering a satisfactory service. The assessment of the provider's performance was carried out in consideration of key criteria and applying basic selection criteria. The

assessment was carried out by officers from the public health commissioning team and strategic procurement.

- 6.14 The provider satisfied requirements for basic criteria assessment including exclusion criteria, minimum annual turnover and appropriate level of insurance. Further information about the assessment is contained in Appendix 1 - Part B (exempt information) of the report.
- 6.15 Service commissioners will monitor the service throughout the duration of the contract. Monitoring will be carried out on a quarterly basis as outlined within the service specification and performance will be monitored against agreed targets and outcomes.

7 Contribution to strategic outcomes

- 7.1 This service is linked to the Corporate Delivery Plan in particular under **'Adults, Health and Welfare** – High Level Outcome 1: 'Healthy and Fulfilling Lives - All adults are able to live healthy and fulfilling lives, with dignity, staying active, safe, independent and connected in their communities" .and;
- 7.2 Cross cutting theme for **Children and Young People** - Outcome 3; "Successful Futures – Every young person, whatever their background, has a pathway to success for the future".
- 7.3 Social Value - The contract award will contribute to the Council's commitment to generate social, economic, and environmental benefits to its residents due to the social value commitments of the winning bidder, which include the employment and retention of local people and an apprenticeship. Further information about social value deliverable is contained in Appendix 1 - Part B (exempt information) of the report.

8 Carbon and Climate Change

- 8.1 The climate action plan is not a consideration for the Community Sexual Health Services – Young People's Sexual Health and Women's LARC service.

9 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

10 Finance

The annual cost of the proposed contract is £1m.
£1m per annum is allocated from the Public Health Grant to fund the annual cost of this contract.

11 Procurement

The services are within ambit of the Provider Selection Regime Regulations 2023 which provides that health care services may be awarded without competition under its prescribed procedures.

Under process C, a provider that has been assessed as providing a satisfactory service under a current contract and is likely to satisfy a new contract may be awarded a new contract without competition providing the contract has not changed considerably. The considerable change threshold has not been met as the new contract price is not more than 500k or 25% higher than the original price of some £5m

The Provider was assessed in line with the Regulations as outlined at 6 and notification of intention to award will be duly published on the appropriate e-portal if the proposed award is approved.

Approval to award the contract is aligned with the Contract Standing Orders 16.02 (Cabinet Member decision) and 9.07.1 d (award of contracts over 500k)

Commissioning will regularly monitor the contract throughout its duration as outlined at 6.16 to ensure key performance indicators and outcomes are met as well as users satisfaction with service delivery

12 Legal

The Assistant Director of Legal and Governance (Monitoring Officer) has been consulted in the preparation of this report.

As this is a contract for provision of healthcare services it is governed by the Health Care Services (Provider Selection Regime) Regulations 2023 (the Regulations). The Council wishes to award the contract to the incumbent provider utilising Reg 9 of the Regulations i.e. to make a direct award under Reg 9 (Direct Award Process C).

Reg 9 allows for a direct award to an existing provider where:

the term of an existing contract is due to expire and the relevant authority proposes a new contract to replace that existing contract at the end of its term;

the considerable change threshold is not met;

the relevant authority is of the view that the existing provider is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard, and

the procurement is not to conclude a framework agreement,

The Council's Corporate Procurement team has confirmed that the criteria for use of Direct Award Process C has been met.

As this award is a Key Decision, it would normally fall to Cabinet to approve under CSO 9.07.1 (d) (contracts valued at £500,000 or more). In between meetings of the Cabinet, the Leader may take any such decision or allocate to the Cabinet Member with the relevant portfolio (CSO 16.02).

The Assistant Director of Legal and Governance confirms that there are no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendations in this report.

13 Equality

13.1 The council has a Public Sector Equality Duty (PSED) under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic

13.2 The services within the contract have been developed to address health inequalities as identified within the Haringey Joint Strategic Needs Assessment (JSNA), the Haringey Sexual Health Strategy and the Equality Impact Assessment (completed in 2017 and updated in 2019). As such the service will have a positive impact on the groups with the following characteristics by advancing equality of opportunity:

- **Age** - Almost 3 in 10 Londoners diagnosed with a new STI were young adults aged between 15 and 24 years old, the service is a dedicated young people sexual health service that will engage with and offer age-appropriate clinical intervention support to young adults (younger than 25 yrs.). additionally, the service also has a sexual health outreach provision that proactively engages with various local youth service providers for direct youth engagement to promote and where appropriate offer a range

of sexual and contraceptive care at the point of request whilst also facilitating direct referral for clinic appointments were required.

- **Disabilities** - There is evidence that access to clinic-based services can be poor for those with a disability. Through proactive signposting and referral pathways, the provider will minimise barriers to access for disabled people. Both our young people sexual health sites have disability access.
- **Gender reassignment** – Those in transition or have fully transitioned are often dissatisfied with mainstream sexual health services. As a dedicated young people sexual health service, the provider will proactively identify and develop collaborative partnerships with local and regional community LGBTQ+ organisations such as Wise Thoughts and develop links with specialist charities like London Friends to access training and advice to best support the needs of service users within this group who engage with/access the service.
- **Pregnancy/Maternity** – Whilst the service provides a dedicated women's Long-Acting Reversible Contraception (LARC) provision. Pregnancy/Maternity falls outside of the service scope. However, should a service user present with these requirements, the service will proactively support the service user to access appropriate services conducive to their needs.
- **Race** – As an open access universal service, all Haringey residents will have access to the service irrespective of their race or ethnicity. The service will be informed by national/local datasets to best support the sexual and reproductive needs of residents where there is a high burden of sexual ill health and/or health inequalities.
- **Socio-economic deprivation** -The impact of socio-economic deprivation is a known determinant of poor health outcomes and data published in the 'Spotlight on sexually transmitted infection in London 2022' report shows that, the rate of new STIs among people who lived in the most deprived areas in London (1,934 per 100,000) was more than 3 times higher than the rate for people who live in the least deprived areas (497 per 100,000). Consequently, the service will continue to be located in the east of the Borough where the highest burden of sexual ill health is prevalent.
- **Religion and Faith** - Belief systems can influence how people want to discuss sexual health and where they want to receive treatment. The provider will be expected to take religion and belief into consideration in the planning of its services and engage collaboratively with faith groups (where appropriate) to help address stigma and barriers to accessing services.

- **Sexual orientation** – the service is an open access provision that will engage and support services users irrespective of their sexual orientation- The service will focus on young people under the age of 25yrs for level 2 sexual health needs (with direct supported referral for those with symptomatic/complex needs) and women of all ages for Long Acting Reversible Contraception needs and targeted provision of other user dependent services with signposting to primary care for provision outside of the service scope. The service will be continually informed by sexual and reproductive health datasets published by UKHSA to ensure it adapts to new or emerging needs.
- **Sex-** Young heterosexual males are disproportionately underrepresented in accessing sexual health services. Whilst this is part of a broader challenge for sexual health services across London and nationally. Through the targeted outreach provision delivered by the service, there will be a specific aim to engage with young men in ‘spaces/services’ they access to help reduce the incidence of ‘missed’ opportunities for them to access appropriate sexual health information/service when needed.

13.3 The commissioned service will not change from the current delivery model, therefore the EQIA completed in 2017 still represents the target user population. The service is open to young people under the age of 25yrs for sexual health needs and women of all ages for contraceptive; As an open access universal service for residents who fall within the service scope, the service will proactively engage with residents that experience the highest level of sexual and reproductive ill health that are young people and/or women from underserved communities including but not limited to, Black African, Caribbean and Latin American communities, young men who have sex with men and vulnerable women of all ages requiring access to effective contraceptive care . As such, the service will have a positive impact on these populations with protected characteristics.

13.4 As an organisation carrying out a public function on behalf of a public body, the Central North West London NHS Foundation Trust will be obliged to have due regard for the need to achieve the three aims of the Public Sector Equality Duty as stated above. Appropriate contract management arrangements will be established to ensure that the delivery of the major works does not result in any preventable or disproportionate inequality.