

Report for: Cabinet 21st January 2020

Title: Extension of the Haringey Community Sexual Health Services - Young People and Long Acting Reversible Contraception Contract as allowed under Contract Standing Order (CSO) 10.02.1(b)

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

Lead Officer: Akeem Ogunyemi – Public Health Commissioner
Tel: 020 8489 2961 email: 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 This report seeks agreement from Cabinet as allowed under Contract Standing (CSO) 10.02.1 (b), (being in the best interest of the Council); to extend the existing Haringey Community Sexual Health services - Young People and Long Acting Reversible Contraception contract to Central and North West London NHS Foundation Trust (referred to as CNWL from now onwards). To provide a community sexual health service focusing on young people's sexual and reproductive health, comprising health promotion, testing and treatment for sexually transmitted infections (STIs) and access to contraception. The service also provides open access to Long Acting Reversible Contraception (LARC) methods for women of all age groups.
- 1.2 The contract was awarded for 3 years with an option to extend for an additional 1+1 years. This report seeks approval to extend the contract for the additional 1+1 years (to run consecutively) as agreed in the cabinet award report, to allow CNWL to continue to provide the Haringey Community Sexual Health services – Young People STI and Long Acting Reversible Contraception services.
- 1.3 The annual value of the contract is broken down as follows; £1,046,939 for the first year of the contract (2017/18) and £1,000,000 (£1 million) for each subsequent year of the contract including the option to extend for the agreed period. The total value over the lifetime of the contract inclusive of the extension period will be £5,046,939.

2 Cabinet Member 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, by ensuring easy access within Haringey to local sexual health services. This supports the Borough Plan for improving the health and wellbeing of its residents. Patient feedback from young people on 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 Through developing a system-wide approach to local sexual health services, incorporating a dedicated local service provided by CNWL, Haringey has seen significant improvement in the testing and diagnosis of STI's, which particularly affect young people. Detection and treatment of chlamydia infection is central to chlamydia control activities. The Public Health Outcomes Framework (PHOF) includes a measure of chlamydia detection, with a recommendation that local areas achieve an annual detection rate of at least 2,300 per 100,000 15-24 year old population. Public Health England recommends areas achieving or above the 2,300-detection rate should aim to sustain or increase it, with areas not achieving this rate aiming to increase it. Haringey has achieved a detection rate for chlamydia that is better than the recommended national level, which if sustained is expected to produce a decrease in chlamydia prevalence in the long-term. As STIs increase all over the country, we need to continue to have a service that can respond to these increased demands, providing excellent quality services for the most hard to reach young people.
- 2.4 Nationally young people between the ages of 15 to 24 years' experience the highest rates of STIs, repeat infections and unplanned pregnancy. 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. Having a dedicated young people sexual health and women's contraception clinic in Haringey will continue to help improve access to services amongst young people at highest risk of sexual ill health whilst also helping to reduce sexual health inequalities amongst young people, young adults and women in need of contraceptive services.
- 2.5 Haringey Council along with other London authorities have and continue to work together to find local and London wide solutions to improve sexual health. I support the extension to the existing contract to 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 For Cabinet to agree to the extension of the contract to CNWL for the provision of Community Sexual Health services - Young People and Long Acting Reversible Contraception (LARC). As allowed under Contract Standing Orders 10.2.1 (b) for a period of up to 2 years from 3rd July 2020 to 2nd July 2022. The maximum value of the 2-year extension is £2,000,000, with a maximum contract value of £5,046,939 for the life of the contract.

4. Reasons for decision

- 4.1 In 2015/16, as part of the wider London sexual health transformation Programme, London Borough of Haringey initiated a review of locally commissioned services to scope their viability and effectiveness and ensure they were designed to meet the changing sexual health needs of local residents.
- 4.2 To gather a better understanding of the sexual and reproductive health needs of the Haringey population, the council completed an Equality Impact Assessment (EQIA) and commissioned 'Haringey Public Voice' (Healthwatch) to conduct a survey on user experience relating to the existing services and to collate feedback on future models of service provision. The results showed that;
- A significant number of Haringey residents (primarily <25years and women) chose to access contraception and sexual health/sexual reproductive health (CaSH/SRH) services 'in area' in Haringey as opposed to choosing to go 'out of area' compared to neighbouring boroughs¹. (EQIA - London Sexual health transformation Programme 2015). Out of a total of 17,400 attendances into CaSH services by Haringey residents in 2015/16 - 13600 attendances (78%) were through the locally commissioned service and 3800 attendances were 'out of area' (22%) (GUMCAD 2015/16).
 - The Healthwatch survey demonstrated the importance of having a local service for current local users. The findings identified that;
 - The demographic data for the age group of those participating in the survey largely belonged to the 18-24 age group. The majority were female 72%, males 15%, transgender 1% and 12% providing no response.
 - Out of the range of multiple questions asked relating to service model, quality and delivery, the most frequently selected factor overall when it came to reasons for using the service was how close the clinic was to the patient's home. (Haringey Public Voice Survey 2016)

¹ Sexual health services are 'open access' by law, this means that Haringey residents can access sexual health services from anywhere in the country and Haringey Council pays for the service received

4.3 Following the findings from the EQIA and Healthwatch survey, in September 2016 the council undertook a full procurement exercise for a dedicated young people sexual health and women's contraception service, inviting bids through the open market. As a result of the procurement exercise, which was carried out in accordance with the Council's Contract Standing Orders and the Procurement Code of Practice. The council awarded the contract to CNWL for an initial period of 3 years with the option to extend for a further 2 years, subject to satisfactory performance and delivery of the contractual KPI's by the successful tenderer (CNWL) as outlined in section 3 (above) in accordance with CSO 10.2.1 (b).

5. Alternative options considered

5.1 Prior to going out to market, the Public Health team (as part of a scoping exercise) explored providing this service through the North Central London (NCL) sub regional tender process.

However, it was decided that as the NCL Genito-Urinary Medicine (GUM) contract would be based on a full clinical tariff and located outside Haringey this was not financially viable nor conducive to the needs of the service's target audience i.e. young people and women. Instead, it was deemed more suitable to embed the service alongside the existing dedicated 'step change' community providers in Haringey to ensure a seamless pathway and collaborative approach towards young people and women's health and wellbeing in the borough.

This decision was further strengthened by the equality impact assessment conducted via Healthwatch which identified that a large proportion of young people (under 25 years) and women preferred to access local services (see section 13 'Equalities' for further information).

5.2 The Council has decided against retendering at this stage and is opting to extend because since tendering, there has been no new market entrant that might offer a more cost effective service. From an access point of view, we are still in a position where we would not be able to merge the Haringey clinic into clinics in Islington and Camden and disrupting a relatively new service to vulnerable young people by changing providers would be detrimental and wasteful of resources.

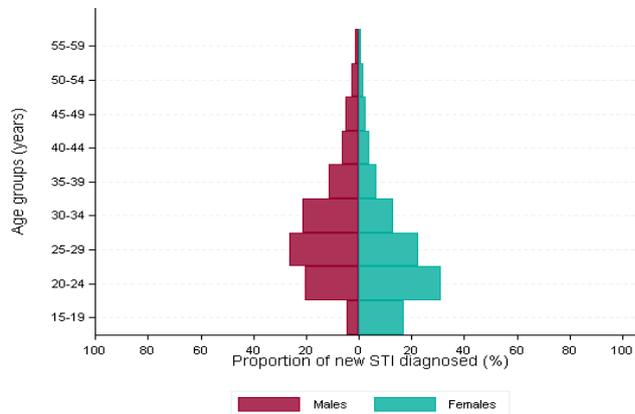
6. Background information

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 2017), nevertheless, STIs continue to pose a significant health risk to the population of Haringey. The most recent Public Health England Local Area Sexual Epidemiology Report (2017 LASER), reported that 4529 new STI cases were Diagnosed in Haringey residents, a rate of 1664.6 per 100,000 compared to London (1335 per 100,000) and England (743 per 100,000).

6.2 Young people and STI's

In 2017, of all new STI diagnoses in Haringey residents, 37% were amongst young people aged under 25, an increase of 1% from 2016.

Figure 1.3. Proportion of new STIs by age group and gender in Haringey: 2017



Young people are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In Haringey, an estimated 16.8% of 15-19-year-old women and 11.1% of 15-19 year old men presenting with a new STI at a sexual health service during the 5-year period from 2013 to 2017 became re-infected with an STI within 12 months.

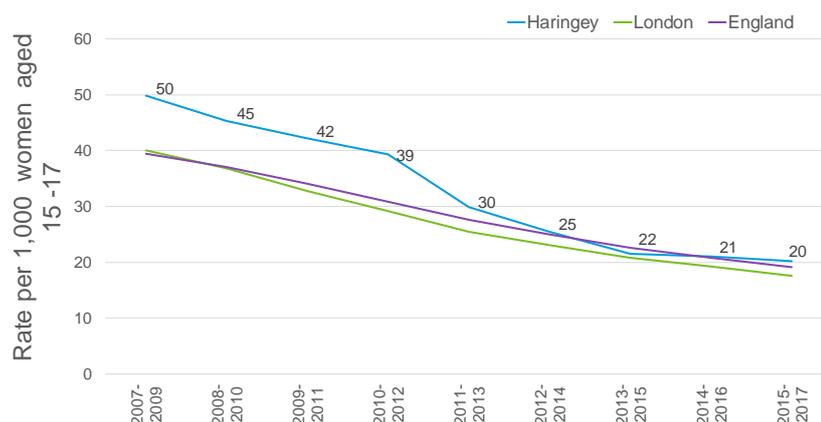
Young people are more at risk of being infected with chlamydia than any other group. The infection is often asymptomatic but can cause serious reproductive health issues if untreated. The annual detection rate among the resident 15-24 year old population is used to assess progress in controlling chlamydia in sexually active young adults under 25 years old. Public Health England recommends that local areas achieve a rate of at least 2,300 per 100,000 resident 15-24 year olds. Haringey currently has a detection rate of 2,640 i.e. above that of the recommended 2,300, re-in forcing Haringey's strategic approach to commissioning local, appropriate and effective services tailored to identify and meet the needs of young people in relation to sexual health testing and treatment.

6.3 Reproductive health and contraception

Unplanned pregnancies can end in abortion, maternity or miscarriage. Many unplanned pregnancies that continue will become wanted. Additionally, unplanned pregnancy can cause financial, housing and 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.

Restricting access to contraceptive provision by age can therefore be counterproductive and ultimately increase costs.

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



In Haringey, the conception rate among **girls aged 15-17 years** has fallen by approximately 59% in the past 10 years. In 2017, 64% of pregnancies in **under 18 year old 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.

7. Dedicated Young People STI & Women's Contraceptive 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, Safetalk nurses, home testing kits as well as sexual and reproductive health clinics. Women can assess Long Acting Reversible Contraception (LARC) via primary care or 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 all females in Haringey. The service is free, confidential and non-judgemental and contributes towards the Borough Plan ambitions to maintain reductions in under-18 conceptions and diagnosing chlamydia and Gonorrhoea in under-25 year olds.

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.

7.1 *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.

7.2 *Summary performance monitoring and review*

As part of the contractual expectation from the commissioner, the service provides monthly performance reports, which are reviewed within regular contract meetings. The provider also produced a 3-year report, which fed into a review meeting with the provider that was chaired by the Assistant Director of Public Health.

- 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.
- Since the launch of the service in July 2017 to June 2019, the service has reached 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 has tested 6932 service users to date for STIs (Chlamydia and Gonorrhoea) and diagnosed 692 patients, which helped Haringey to exceed Public Health England's 2,300 per 100,000 benchmark (Haringey achieved 3,278 per 100,000) . Additionally, the service also achieved a positivity rate of 10% and treatment percentage of 91%.
- The service has delivered 2998 Long Acting Reversible Contraception's (LARC) to date.

7.3 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 jointly with Whittington Health's Safe Talk Nurses, who are part of the school nursing team, to raise awareness of sexual health services with young people within both universal and targeted services. A key aim of this partnership is to reach vulnerable young people who would not ordinarily use clinic-based services and thus may be more susceptible to CSE and safeguarding concerns. Furthermore, the service is also 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.

- The service, which is already well integrated within the community, has responded to the borough wide commitment of targeting the most vulnerable young people. By increasing their outreach work, developing referral pathways and strong links with other agencies, including Insight Platform the young people and families substance misuse service, schools and alternative provision, community health and wellbeing outreach providers i.e. Embrace UK and BUBIC and other youth provision. Going forward, this partnership working will be expanding to other services such as the Youth Justice Service, Project Future and Haringey Gold.

- Under 19 year old have fed back that they do not always feel safe in clinics with adults. This year (2019/20) older males were involved in a violent incident in a clinic. In response, the service has recently launched a new young people's drop-in service for under-19s. The drop-in will target the younger aged group and will run two new drop-in sessions after school each week. A campaign focusing on the under-19s age group was launched in September 2019, which has been targeted at schools and other youth settings. This initiative will contribute to the council's work to support schools to implement compulsory relationships and sex education in secondary schools in 2020 and will further strengthen the vital links between education provision and health services.

7.4 Customer satisfaction surveys are completed quarterly over a two-week period across the service. Overall, surveys show high levels of satisfaction, for example, for Quarter 1 of 2019-20:

- 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

7.5 In addition to the benefits realised for Haringey young people and women in having a dedicated service (described above) 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 would have substantially increased the financial burden on the council.

8 Contribution to strategic outcomes

- 8.1 This service is linked to the Borough Plan, in particular Outcome 5: **Happy childhood: all children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family, networks and communities**; *Objective (C) 'Children and young people will be physically and mentally healthy and well'*.

and;

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'*.

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

10 Finance

Contract extension requests provision of a period of up to 2 years from 3rd July 2020 to 2nd July 2022 at £1,000,000 per annum. The maximum value of the 2 year extension is £2,000,000. Financing will be met with funding from Public Health, which is resourced from the Public Health Grant and assumed to continue in future years. There is sufficient funding to cost of this contract for both years (20/21 and 21/22) should the extension run for the maximum 2 year duration.

11 Procurement

- 11.1 This provision is within the ambit of the Light Touch Regime of the Public Contracts Regulation 2015. Generally, contract modifications during the term of the contract would require a re-procurement. However, this modification is permitted under s72 of the Regulations as provision was made within the tender documents and contract for it. The request for contract extension is therefore permitted both under the Regulations, Contract Standing Order 10.02.1b) and the Procurement Code of Practice.

- 11.2 The provider is delivering a good, efficacious service, which is evidenced by regular monthly performance reports, and monitoring meetings that demonstrate key performance indicators and service delivery outcomes are being met. Moreover, continued regular contract monitoring will guard against possible service delivery risks, which will enable the Council to deal with any issues at an earlier stage and avoid more serious action.

Additionally, quarterly user satisfaction surveys are carried out which further illustrates the benefits of this service and the high levels of user satisfaction with service delivery

12 Legal

- 12.1 The Assistant Director of Corporate Governance has been consulted in the preparation of this report.
- 12.2 The proposed extension complies with Regulation 72(1)(a) of the Public Contracts Regulations 2015.
- 12.3 Pursuant to Contract Standing Order 10.02.1(b) Cabinet has authority to approve the extension which this report relates to.
- 12.4 The Assistant Director of Corporate Governance sees no legal reasons preventing Cabinet from approving the recommendations in the report.

13 Equality

- 13.1 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.
- 13.2 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 (PHE LASER Report 2016). 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 new 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.

13.3 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 the protected characteristics.

13.4 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 England; Local Area Sexual Epidemiology Report; LASER 2018). 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).

13.5 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.

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

14 Use of Appendices

N/A

15 Local Government (Access to Information) Act 1985

Not applicable