

Committee: Cabinet

Date: 18th July 2022

Wards: All

Subject: Contract Extension of the Integrated Sexual Health (ISH) Service

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Peter McCabe, Cabinet Member for Health and Social Care

Contact officer: Kate Milsted, Sexual Health Commissioning Manager

Recommendations:

That Cabinet:

- A. Approve the extension of the contract with Central London Community Healthcare NHS Trust (CLCH) for the provision of the Integrated Sexual Health (ISH) Service within the boroughs of Merton, Richmond upon Thames and Wandsworth for a period of 18 months, from 01 October 2022 until 31 March 2024.
- B. Approve the variation of the existing contract to enact the following:
 1. To move from an activity based to a block payment mechanism constituted of the elements outlined in Table 1 at 6.1.5 below.
 2. Addition of a service development fund with the aim of beginning to shape future service delivery post 31st March 2024. Payment will only be made if actions in the agreed action plan are achieved.
 3. To re-allocate resources so that patients are seen at Wideway Medical Practice which allows better access to routine contraception and aligns with the future direction of sexual health services.
 4. To maintain four day per week provision at Patrick Doody clinic in Wimbledon by providing a small additional payment.
 5. Amendment to the age range for bespoke young people's clinics from 21 and under to 19 and under based on patient feedback regarding access for the most vulnerable.
 6. To note the removal of the 'aligned' community based services from the contract. Approval was given by Procurement Board in December 2021 to commission these under a wider South West London contract for those at highest risk of poor sexual health. The same resources have been allocated.
- C. Approve the financial contribution from Merton Local Authority which is in part 2 of this report.

Exempt or confidential report

The following paragraph of Part 4b Section 10 of the constitution applies in respect of information given in the appendix and it is therefore exempt from publication:

Information relating to the financial or business affairs of any particular person (including the Authority holding that information). Members and officers are advised not to disclose the contents of the Appendix

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. This report seeks CMT's agreement to extend the contract for Integrated Sexual Health (ISH) for 18 months from 1st October 2022 – 31st March 2024 and for the proposed contract variations.

1.2. The original award report agreed by Cabinet in 2017 did not include delegated responsibility for the extension period.

1.3. The 5-year contract term for the ISH service ends on 30 September 2022. The contract is delivered by Central London Community Health Trust (CLCH). This contract is co-commissioned by the London Boroughs of Merton (LBM), Wandsworth and Richmond upon Thames (WR). Wandsworth are the Lead Commissioner.

1.4. The COVID pandemic impacted on the capacity and capability of LBM to develop commissioning intensions and progress procurement prior to the end of the current contract period.

1.5. The proposed variations (described above) will:

- Provide financial stability to the provider
- Enable service transformation including intelligence, increased access and efficacy of contraception services, sustain critical assets.
- Reduce health inequalities in line with Merton's Sexual Health Strategy 2020-25.

2 DETAILS

2.1. Background

2.2. The ISH service is provided by Central London Community Health (CLCH). ISH is commissioned with the London Boroughs of Wandsworth and Richmond upon Thames. The contract started in 1st October 2017.

2.3. The 5-year contract term for the ISH contract ends on 30 September 2022. Clause A34 of the contract enables the Councils to extend the contract by two further periods of one year. In this case an 18-month option is being proposed.

2.4. The COVID pandemic impacted on the capacity and capability of LBM to develop commissioning intensions and progress procurement prior to the end of the current contract period.

2.5. The service includes STI testing & treatment, contraception, outreach and information & advice.

2.6. The service is organised around a hub in Clapham Junction. There are spoke clinics at the Patrick Doody Clinic in Wimbledon, the Wideway Clinic in Mitcham, Danbury Avenue in Wandsworth, Holly Road in Richmond and 'Off the Record' in Richmond.

2.7. Spectra CIC and Metro are subcontracted by CLCH. They deliver outreach, mentoring, workshops in schools to young people. They also deliver the chlamydia screening programme for 15–24-year-olds.

- 2.8. In the pandemic walk in services were closed and the service experienced staffing issues. Activity is recovering now. It is currently 65% of pre-pandemic levels.
- 2.9. The service is well regarded. Patients score the service highly.
- 2.10. **Proposed contract variations**
- 2.11. ***Move to a block payment mechanism***
- 2.12. Individuals can access sexual health services outside of the borough in which they live so a tariff (ISHT) enables services to be paid by their activity. This results in a lack of financial security for the provider and risks the sustained delivery of the service for LBM and its population. In the pandemic the contract defaulted to a block payment based on activity in 2019/20, as a way of sustaining services. It is proposed to maintain a block payment to ensure financial stability, share risk and sustain the services in the extension period.
- 2.13. ***Addition of a service development fund (SDF) to encourage service re-design and shape future service delivery***
- 2.14. Services require review and transformation to meet the changing needs of the population, to take advantage of new opportunities for service delivery and to reduce inequalities experienced by the residents of East Merton.
- 2.15. To enable transformation, a SDF is proposed aligned to the following objectives. Payment is dependent on CLCH meeting these objectives.
- 2.16. ***SDF 1: Improved and detailed monitoring***
- 2.17. Future redesign requires a detailed understanding of the service and the population it serves which goes beyond high level KPIs. This requires and investment in increased capacity and capability.
- 2.18. ***SDF 2: Maximising access to Long-Acting Reversible Contraception (LARC)***
- 2.19. ***SDF 3: Achievement of the 25% contraception / 75% STI service provision KPI (existing ISH KPI 2, 2a)***
- 2.20. Achievement of SDF 2 and SDF 3 requires building the capacity and capability of GP practices to provide contraceptive services. This will increase access and efficacy.
- 2.21. ***Re-allocation of resources to Wideway Medical Practice***
- 2.22. Aligned with the aim to locate contraception services in GP practices, it is the intention that services at Wideway Clinic, which have been closed since the start of the pandemic, are permanently re-allocated to the Wideway Medical Practice (WMP) on the same site. Residents of East Merton will benefit from the increased opening hours provided by the WMP.
- 2.23. ***Incorporate an additional payment to maintain 4 day per week provision at Patrick Doody clinic***
- 2.24. The Patrick Doody Clinic is well established, well used and a critical asset in any future service transformation. Targeted investment is required

to sustain 4-day access to this provision in the short-term pending the shift to GP provision of contraception across the borough.

2.25. Amendment to the age range for the young people’s clinic

2.26. Vulnerable young people have told us that they are put off from accessing clinics because by the presence of young adults. In response and in alignment with services across London, the age limit will reduce to 19.

2.27. Removal of the ‘aligned’ community-based services

2.28. With the agreement of all parties, CLCH will stop subcontracting arrangements, for Merton this includes specialist services for young people. These are being recommissioned as part of a South West London contract for those at highest risk of poor sexual health. There will be impact on Merton’s budget. .

3 ALTERNATIVE OPTIONS

Option	Advantages	Disadvantages
1. Do not enter into a contract extension / withdraw services	None	<p>Contracts come to an end on 30th September 2022 so there would be no provision in the borough meaning the Council do not meet their responsibility to provide mandated sexual health services</p> <p>Increased cost as residents do not get early intervention, access to contraception or STI screening so are more likely to engage in risky sexual behaviour, which could lead to unplanned pregnancy, increased sexually transmitted infections and late diagnosis of HIV</p> <p>Reputational risk of cutting well used and regarded sexual health services aimed at those most at risk, and also leading to redundancy of staff.</p> <p>Increased inequalities in sexual health. The target groups for these services are disproportionately at risk of poor sexual health and the associated outcomes.</p>

2. Procure new services	Would allow for a new service model to be procured but there is insufficient time to do this by 1 st October 2022 so this is a longer term advantage.	<p>There is insufficient time to procure a service of this size and value.</p> <p>It is unknown whether there is a market to attract other providers. When initially procured there was only one bidder. If this were the case a procurement exercise could lead to no provider and the same disadvantages as in option 1.</p> <p>The service model needs to be re-designed in light of changes which have occurred since 2017 and especially due to the pandemic e.g. development of e-services, move to phone consultations, different commissioning models in primary care. Time is needed to scope, review and re-commission.</p>
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4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. As this is a contract extension and so within the terms of the original contract, no further consultation has been undertaken. Extensive consultation was undertaken before the original contract was procured which fed into the procurement process.

4.2. Consultation will be undertaken over the next 6-12 months to inform the future model for sexual health services which would come into effect from 1st April 2024.

5 TIMETABLE

Milestone	Target Date
GW3 report approved by Community & Housing OPG	4 th May 2022
Forward plan inclusion	4 th May 2022
GW3 report approved by Procurement Board	17 th May 2022
Cabinet report submitted to LSG for approval	4 th July 2022

Report taken to Cabinet for approval	18 th July 2022
Contract extension paperwork issued	By end of August 2022
Contract extension start date	1 st October 2022

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. The full financial commitment for the contract extension period will be allocated from the Public Health Grant allocated to Merton.
- 6.2. The contract will be a block arrangement and so the Council can be assured that there will be no risk of budget over-spend.
- 6.3. As funding for Pre-Exposure Prophylaxis is included in the Public Health Grant under a separate funding line, it is proposed that payment for these consultations continues on the agreed London ISHT tariff which allows attendances to be monitored.
- 6.4 London Borough of Merton will only be responsible for the services and activity relating to the borough.

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. The Council's CSOs (Contract Standing Orders) 27 and Regulation 72 of the Public Contracts Regulations 2015 (PCRs) are relevant in this case.
- 7.2. The Council's CSO (Contract Standing Orders) 27.2 provides that contracts may be extended, if any such changes are provided for within the terms of the contract and /or allowed within the PCRs.
- 7.3. There is provision within the terms of the original contract to extend for two 12-month periods. However, the Council has chosen to extend this contract for 18 months. In relation to the extension period the Council may modify a contract where the modification is not substantial under Regulation 72(1)(e) of the Public Contracts Regulations 2015. This will be lawful whereas in the current case, changes to the contract (including the KPIs and Specification) are not materially different in scope and the modifications would not affect the outcome of the original procurement.
- 7.4. In relation to the additional services the Council may procure these additional services under Regulation 72(1)(b) of the Public Contracts Regulations 2015.
- 7.5. Council Officers must be able to demonstrate that the extension will offer Best Value to the Council and that the contract will continue to meet the Council's requirements.
- 7.6. The Council must ensure that the Contracts Register is updated accordingly.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. The service model and delivery is mindful of the inequalities in each of the boroughs it serves and the inequities in terms of access. The specification particularly focuses on those at risk of poor sexual health which includes Black and Minority Ethnic Groups (BAME); Lesbians, Gay, Bisexual and Transgender people (LGBT+); and under 25-year-olds. Furthermore, the service aims to improve quality, access, equity

and safety, including safeguarding in areas such as Female Genital Mutilation (FGM), and Child Sexual Exploitation (CSE).

8.2. The service contributes to a reduction in health inequalities and equity across our communities, especially in relation to sexual and reproductive health. A service user forum and monthly service user surveys ensures that patient feedback is used to inform service delivery priorities.

8.3. There are not expected to be any human rights issues.

9 CRIME AND DISORDER IMPLICATIONS

9.1. There are no crime and disorder implications

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1 All risks, assumptions, issues and dependencies are being actively managed as part of the service and are reported back to commissioners as part of quarterly contract meetings.

10.2 There are not expected to be any Health and Safety implications.

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

11.1 Appendix A – Integrated sexual health service financial information.

12 BACKGROUND PAPERS

12.1. Cabinet paper 20th March 2017 – *Award of Integrated Sexual Health Contract in partnership with London Boroughs Richmond and Wandsworth.*

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