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INTERIM INTEGRATED CONTRACEPTION AND SEXUAL HEALTH SERVICE CONTRACT AWARDED TO CAMBRIDGESHIRE COMMUNITY SERVICES

Councillor Diane Lamb Cabinet Member for Public Health

Date 15th December 2018

Deadline date: March 2019

Cabinet portfolio holder:	Councillor Diane Lamb Cabinet Member for Public Health
Responsible Director:	Dr Liz Robin Director of Public Health
Is this a Key Decision?	Yes If yes has it been included on the Forward Plan : Yes Unique Key decision Reference from Forward Plan : KEY/24DEC18/04
Is this decision eligible for call-in?	Yes
Does this Public report have any annex that contains exempt information?	No

R E C O M M E N D A T I O N S

The Cabinet Member is recommended to award an interim contract for the delivery of an Integrated Contraception and Sexual Health services (iCaSH) within Peterborough to Cambridgeshire Community Services (CCS) for a value of £1,167,524.25. This is in order to allow sufficient time for the transformational recommissioning of sexual and reproductive health services collaboratively between Cambridgeshire and Peterborough local authorities, Cambridgeshire and Peterborough CCG and NHS England.

The contract will operate for the period of 1st of July 2019 to 31st March 2020.

1. SUMMARY OF MAIN ISSUES

- 1.1 This report seeks approval of the Cabinet Member to award a contract to Cambridgeshire Community Services from 1st July 2019 to 31th March 2020.

2. PURPOSE OF THIS REPORT

- 2.1 This report is for the Cabinet Member for Public Health to consider exercising delegated authority under paragraph 3.3.8(a) of Part 3 of the Constitution in accordance with the terms of their portfolio at paragraph 3.11(b).

3. **TIMESCALE**

Is this a Major Policy Item/Statutory Plan?	No	If Yes, date for relevant Cabinet Meeting	
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4. **DETAILS OF DECISION REQUIRED**

- 4.1 Since 1st April 2013, Local Authorities (LAs) have a statutory duty to commission a wide range of Sexual and Reproductive Health (SRH) services as part of their wider public health responsibilities.
- 4.2 The current integrated Contraception and Sexual Health (iCaSH) contracts held by Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) were awarded to Cambridgeshire Community Services (CCS) via separate competitive tender processes and Peterborough's is due to expire in June 2019. The two local authorities are working together to jointly re-commission iCaSH services for the two areas with the aim of having one contract. To enable the joint commissioning of these services there is a need to align the termination dates of the two contracts.
- 4.3 The two LAs are one of two areas in the country that are part of a national Public Health England (PHE) feasibility study to develop collaborative cross sectoral commissioning approaches across LAs, Clinical Commissioning Groups (CCGs) and NHS England sexual and reproductive health services. This work follows a joint DHSS and PHE report describing the impact upon sexual and reproductive health services of the 2013 Health and Social Care Act which divided sexual and reproductive health commissioning between these three commissioning organisations. The reports found that commissioning of services was fragmented and consequently related pathways were unaligned. Participation in the study was previously approved by the Joint Commissioning Board in May 2018. The work undertaken as part of the national study informs and is part of the re-commissioning process.

Recommissioning work began in January 2018 with Phase 1 of the project nearing completion at the time of writing. The target timeframe for the new sexual and reproductive health service(s) is 1st April 2020.

MAIN ISSUES

- 4.4 The original Cambridgeshire County Council contract was awarded for a three year period from October 2014 to September 2017 with the option to extend for a further two years. The extension was granted and the contract will end on the 30th September 2019. Similarly the original PCC contract was awarded for a three year period from July 2014 to June 2017 with the option to extend for a further two years. Again the extension was granted and the contract is due to end on 30th June 2019.
- 4.5 The current services are funded until June 2019 for PCC and September 2019 for CCC. There is dedicated funding for services within the two LA Public Health Grants that would be allocated to the interim contracts. However an objective for the re-commission is to identify savings in the new single contract.

- 4.6 The proposal to continue to commission CCS to provide iCaSH services across the two areas until March 30th 2020 is supported by CCS.
- 4.7 The re-commissioning commenced in the early summer of 2018 with an initial view to have a new service in place in by September 2019. All the possible contract extensions have been used but a three month contractual arrangement would have been sought for the PCC service to align it with the CCC service. However the rationale for having an interim direct award contract until March 2020 reflects not only the need to align dates but also other complexities and considerations that make for a longer procurement process.
- Nationally there are many new developments in the delivery of iCaSH services that have the potential to deliver efficiencies and these are being explored as options for both areas
 - The areas are very different in terms of needs and patient profile which involves a wider range of consultation events
 - The recommissioning also involves working with the CCG and NHSE which requires some alignment with their commissioning processes is desirable.
 - CCS is the main provider of sexual health services across the region and the market will require stimulation if there is to be robust competitive process.

In order to continue service provision whilst the recommissioning concludes, we require an interim contract to be awarded to CCS for Peterborough for 9 months between 1st July 2019 and 31st March 2020 - contracted value for this interim period is £1,167,524.25 and £7,200 for outreach services during this interim period, which is separate to the main contract with CCS for iCaSH.

The reason this interim award is sought via CMDN rather than an exemption report is due to the financial value exceeding £500,000.

5. CONSULTATION

- 5.1 Consultation of key partners via the workshop which supported the concept of the joined up recommission to improve current service provision and pathways.

6. ANTICIPATED OUTCOMES

- 6.1 Approve the award of the contract for the Integrated Contraception and Sexual Health Service as *from 1st July 2019 detailed in the 'Recommendation' above.*

7. REASONS FOR RECOMMENDATIONS & ANY RELEVANT BACKGROUND INFORMATION

- 7.1 Since 1st April 2013, local authorities have a statutory duty to commission most sexual health services as part of their wider public health responsibilities.
- 7.2 The current iCaSH contract was won by Cambridgeshire Community Services (CCS) via a competitive tender process. The original contract was awarded for a three year period Jul 2014- Jun 2017 with the option to extend for a further two years enacted in 2014/15 (CMDN ref Mar 14/CMDN/26), therefore exhausting extension provision in the current contract. The two year extension period is due to conclude on 30th June 2019, nine months sooner than the new provision will be in place.
- 7.3 The contract will be funded through Public Health budget

- 7.4 The Joint Commissioning Board considered and approved the proposed collaborative recommissioning approach and participation in the Public Health England pilot in May 2018.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 Do not award an interim contract:

This option has been excluded primarily because it would result in a gap in contraceptive and sexual health provision. The LA is required to provide, or make arrangements to secure the provision of open access sexual health services in their area [Regulation 6, Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (SI 2013/351)].

- 8.2 Accelerate the commissioning process:

If the commissioning process is accelerated the key complexities and issues described in section 4 above would undermine a robust commissioning process and the odds of securing the best possible service. In addition to avoid some form of exemption or interim contract the CCC contract would have to end in June 2019 to align it with the PCC contract

- 8.3 Undertake a competitive tender for interim period:

This option has been discounted as timeframes for three reasons; firstly, competitive retendering within the short time frame would be very challenging, impacting upon the quality of the exercise and award result. Secondly, there is a distinct lack of other suitable providers in the market so the likelihood of a successful competitive tender exercise is low. Time for market development is limited within the short time scales. Finally, multiple, short term procurements are discouraged due to the destabilising effect on service provision and staffing. ICaSH provision in Peterborough is acutely challenged by the lack of specialist nurses and any further losses would have a significant impact on the clinical capacity of any service model going forward.

9. IMPLICATIONS

- 9.1 Financial implications

There are none.

- 9.2 Legal implications:

The value of the interim contract via direct award requested is £1,167,524.25 for the period 1st July 2019 to 31st March 2020.

The procurement of this service is currently underway in compliance with Public Contracts Regulations 2015, however in the interim the Council cannot cease delivery of these statutory services. The re-commissioning involves complex arrangements, planning and developing across the whole system of provision.

10. DECLARATIONS / CONFLICTS OF INTEREST & DISPENSATIONS GRANTED

None

11. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985) and The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

1. CMDN ref Mar 14/CMDN/26
2. CMDN ref Sep 15/CMDN/75
3. Local authorities' public health responsibilities (England) Standard Note: SN06844, House of Commons Library, last updated March 2014