

RECOMMISSION OF INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICES ACROSS PETERBOROUGH AND CAMBRIDGESHIRE

Cllr Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health

November 2019

Deadline date: November 2019

Cabinet portfolio holder:	Councillor Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health
Responsible Director:	Dr Liz Robin, Director of Public Health
Is this a Key Decision?	YES Forward Plan Reference Number: KEY/24JUN19/03
Is this decision eligible for call-in?	YES
Does this Public report have any annex that contains exempt information?	NO
Is this a project and if so has it been registered on Verto?	NO

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

The Cabinet Member is recommended to approve the following.

1. The commission of a shared Integrated Sexual and Reproductive Health Service for Peterborough and Cambridgeshire through one seven year contract. The contract will run from the October 1st 2020 to 30th September 2027 with the option to break at years three and five.
2. Authorise the delegation of authority to Cambridgeshire County Council (CCC) to act as lead local authority in commissioning the Integrated Sexual and Reproductive Health Service across Peterborough and Cambridgeshire and for delivery of the function of the service to CCC, which shall include the associated transfer of funding to CCC for up to seven years (1st October 2020 to 30th September 2027).

1. PURPOSE OF THIS REPORT

- 1.1 This report is for the Cabinet Member for Adult Social Care, Health and 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) in support of the following.

- a) The undertaking of a competitive tender for Integrated Contraception and Sexual Health Services contracted to work across Peterborough City Council and Cambridgeshire County Council areas.
- b) The establishment of a legal agreement between Peterborough City Council and Cambridgeshire County Council that assigns Cambridgeshire County Council as the lead commissioner.

2. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	
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3. BACKGROUND AND KEY ISSUES

- 3.1 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.
- 3.2 In 2014 Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) awarded individual contracts to Cambridgeshire Community Services (CCS) to establish a community based integrated service model that brought together contraception and sexual health into one service provided in one location, thereby improving accessibility to different related services.
- 3.3 It is proposed to undertake a joint procurement between CCC and PCC for a single service to be delivered across Peterborough and Cambridgeshire. CCC will be the lead commissioner and hold the contract with the successful bidder and be responsible for performance managing the contract. A legal agreement between the two local authorities will capture this and provide the appropriate assurances for the new contract.
- 3.4 The rationale for establishing a shared contract with a lead commissioning organisation is that it affords the potential of a more cost-effective service model through securing management efficiencies
- 3.5 In addition Public Health England (PHE) invited Peterborough and Cambridgeshire local authorities to be one of two local systems that it is sponsoring to undertake a feasibility study of collaborative commissioning for Sexual and Reproductive Health (SRH) services. It invited commissioners from the two Local Authorities, the Clinical Commissioning Group (CCG) and NHS England (NHSE) from across Cambridgeshire and Peterborough to explore this invitation. The former responsible Cabinet Member and the Joint Commissioning Board previously approved in May 2018 PHE's invitation and supported Public Health commissioners to work with colleagues from the CCG and NHSE to support the development of a more efficient and cost-effective system wide approach to the commissioning of SRH services. In addition PCC Scrutiny Committee supported involvement in the study.
- 3.6 The collaborative commissioning arrangement will bring efficiencies but it will also improve the experience of patients as they will be able to access different services that they require in one location. Led by Public Health the commissioners from the organisations have been exploring different collaborative options and have identified the following services to be included in the commission.

- Local authority: sexual and reproductive health services
- NHSE: cervical screening
- CCG: early medical termination, lower level gynaecological conditions.

- 3.7 There are other factors that have been considered during the procurement. Nationally there are many new developments that are influencing the delivery of SRH services that have the potential to deliver efficiencies, but are also essential to manage the increases in demand for sexual health services that are being experienced locally and nationally. For example increased digitalisation/online access to some types of services.
- 3.8 The CCC and PCC areas are very different in terms of needs and patient profiles, which has required a wider range of consultation events to ensure that the new service can address these needs and manage demand effectively.
- 3.9 This procurement is complex and has required extensive negotiation with the collaborating commissioners to secure an agreed service model and the appropriate approvals from the different organisations.
- 3.10 In addition engagement with the market has clearly indicated that to ensure that it is a robust competitive tender a longer lead time is required from the contract award to the start of the contract. This reflects the opportunities afforded by the changing organisational landscape and therefore a longer time to develop and implement these opportunities.
- 3.11 Another clear message that emerged from the market development work is that clinical services require considerable investment. Therefore it is proposed that the contract length is seven years with the option for breaks at the fifth and seventh years.
- 3.12 In view of these factors it is proposed to extend the current contracts held by PCC and CCC by six months to secure a longer lead time between contract award and service implementation. This would change the date for the commencement of the new contract from April 1 2020 to October 1 2020.
- 3.13 The proposed extension has been discussed with procurement and legal leads in relation to current procurement regulations, and has been supported for the following reasons:
- The contract extension is a response, following consultation, to market concerns.
 - It is very unlikely that providers would consider bidding for the relatively short extension.
 - That there would be a risk of not securing the full benefits of the collaborative commissioning initiative with the NHS.
 - The contract extension has been discussed with and is supported by the current Provider for both the CCC and PCC iCaSH services.

A separate Cabinet Member Decision Notice will be prepared for the proposed contract extension, which is a key decision.

4. CONSULTATION

- 4.1 Consultations have been held with patients to determine the most appropriate integrated

service to best suit their needs, the strengths of the current services and where improvements can be made. The feedback has informed the development of the service specification.

- 4.2 Consultation was also undertaken with key partners to determine the strengths and gaps in current provisions that will inform the commissioning of the most cost effective and high quality integrated sexual and reproductive health service across Peterborough and Cambridgeshire.

5. ANTICIPATED OUTCOMES OR IMPACT

- 5.1 The re-commissioning of this Service will enable the development of services through the better alignment of pathways between the services, improving access to services leading to earlier treatment and/or contraception' reducing the risk of onward transmission of sexually transmitted infections and unintended pregnancies.

6. REASON FOR THE RECOMMENDATION

- 6.1 To commission one integrated sexual and reproductive health service across Peterborough and Cambridgeshire, which will potentially be a more cost effective service model.
- 6.2 Increased collaborative working between the SRH commissioners across the Local Authorities and the NHS organisations, CCG, and NHS England, with a common objective of having high quality, cost effective services and improving the patient experience through easier access to appropriate services.

7. ALTERNATIVE OPTIONS CONSIDERED

- 7.1 Do not tender the services collaboratively across the two local authority areas and the NHS:
This option has been excluded primarily because it would not provide the opportunity to establish a more cost effective service model and secure the improvements in patient experience offered by the integrated model.

8. IMPLICATIONS

8.1 Financial Implications

The contract value exceeds £500,000 and therefore the award of contract is a key decision.

New Contract

The current funding allocated to the new PCC and CCC new iCaSH contracts are as follows.

- PCC annual contract value: £1,566,298
- CCC annual contract value: £3,180,418

It is proposed that the new contract will have a maximum length of 7 years with potential breaks at the third and fifth years.

Contract Extension

The value for the extension for six months for the existing PCC contract is:

- £783,149

8.2 **Legal Implications**

The procurement and contract award will be undertaken in line with legal requirements found in the Public Contract Regulations 2015 and the Council's Contract Rules.

A Memorandum of Understanding shall be entered into by Peterborough City Council and Cambridgeshire County Councils to document each party's responsibilities throughout the procurement/re-commissioning exercise.

Legal implications shall be considered and addressed within the Delegation and Partnering Agreement underpinning the transfer of commissioning authority to Cambridgeshire. Peterborough City Council shall delegate delivery of the function for Integrated Sexual and Reproductive Health Services to CCC and shall transfer funding to CCC accordingly. CCC shall therefore act as lead commissioner and enter into contractual arrangements on the council's behalf.

The Parties shall enter into a Delegation and Partnering Agreement in reliance on their powers and the exclusive rights given to local authorities to undertake administrative arrangements of this nature in sections 101 and 113 of the Local Government Act 1972, and sections 19 and 20 of the Local Government Act 2000 and the regulations made under these Acts; together with the general power within section 2 of the Local Government Act 2000 and the supporting provisions within section 111 Local Government Act 1972.

The Delegation and Partnering Agreement shall set out clear roles and responsibilities for both councils, including (but not limited to) liabilities, financial arrangements, information governance and performance management.

8.3 **Equalities Implications**

The new service will be universal but will need to include targeted actions to address any inequalities and improve the outcomes for the most vulnerable and at risk populations.

9. **DECLARATIONS / CONFLICTS OF INTEREST & DISPENSATIONS GRANTED**

9.1 *None*

10. **BACKGROUND DOCUMENTS**

10.1 Public Health England: Making it work: A guide to whole system commissioning sexual health, reproductive health and HIV 2015

10.2 Public Health England: Sexual Health, Reproductive Health and HIV: A Review of Commissioning 2017

11. **APPENDICES**

11.1 *None*