



DECISION TITLE: CONTRACT EXTENSION FOR THE INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICE – PETERBOROUGH

COUNCILLOR WAYNE FITZGERALD, CABINET MEMBER FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC HEALTH

ENTER MONTH IN WHICH DECISION IS BEING TAKEN: April 2020

Deadline date: 31 March 2020

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 If yes has it been included on the Forward Plan: YES Unique Key decision Reference from Forward Plan: KEY/23DEC19/03
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

RECOMMENDATIONS

The Cabinet Member is recommended to approve the following:

1. The extension of the Peterborough City Council commissioned Integrated Sexual and Reproductive Health service contract for Peterborough that is due to end on 31st March 2020 for an additional six months to 30th September 2020 for a value of £783,149.00
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.

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 (b) in support of the following.

- a) The contract extension for Integrated Sexual and Reproductive health service for a further six months commencing 1st April 2020 to 30th September 2020.

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

BACKGROUND

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 both Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) awarded separate contracts to Cambridgeshire Community Services (CCS) to establish community based integrated SRH services that brought together contraception and sexual health into one service provided in one location, thereby improving accessibility to different but related services. (Known locally as the Integrated Contraception and Sexual Health Service (iCaSH). These contracts were scheduled to end on March 31st 2020 and it has been agreed that the commissioning of the new SRH services across Peterborough and Cambridgeshire will be for one service with CCC acting as the lead commissioner.

3.3 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 Peterborough and Cambridgeshire to explore its feasibility. 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.

3.4 The aim of the collaborative commission is to deliver local authority, CCG and NHSE commissioned services under one roof to improve: resource efficiency, service user experience through being able to access related services in one location and resident sexual health outcomes.

ISSUES

3.5 However a number of issues have emerged that reflect the complexity of the commission that includes multiple commissioning organisations and services alongside feedback from the market.

- 3.6 This involvement of three different collaborating commissioning authorities has required extensive and a lengthy negotiation period to secure an agreed service model and the appropriate governance approvals from the different organisations.
- 3.7 CCS is the main provider of sexual health services across the region and the market is requiring stimulation to ensure a robust competitive process.
- 3.8 Engagement with the market has also clearly indicated that to ensure 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.
- 3.9 Another clear message that emerged from the market development work is that clinical services such as these require considerable investment. Therefore it so proposed that the contract length is changed from a three years plus one, plus one to three years plus two, plus two to ensure that it is attractive to potential bidders. This would give the contract a maximum life of seven years.
- 3.10 In view of these factors it is proposed to extend the current PCC SRH contract by six months to secure a longer lead time between contract award and service implementation. This changes the date for the commencement of the new contract from April 1 2020 to October 1 2020. (The same extension has been requested for the CCC SRH contract which will align the end dates of both contracts)
- 3.11 In view of the current procurement regulations this has been discussed with and is supported by both procurement and legal leads 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
 - The contract extension has been discussed with and is supported by the current provider of SRH services, CCS.

4. CONSULTATION

- 4.1 There has been a full consultation with service users and other stakeholders in relation to the new procurement. The proposal to extend the existing contract has not been through a specific consultation but has been discussed with the current provider. There will be no change to the delivery of the existing clinical services.
- 4.2 CCS as the current provider of the Services has been consulted about this proposed contract extension. CCS will able to continue to provide a high quality sexual and reproductive health service for Peterborough residents until the conclusion of the contract.

5. ANTICIPATED OUTCOMES OR IMPACT

- 5.1 The contract extension will support a more robust competitive process and enable the new provider to undertake a more effective mobilisation that will ensure that all the proposed services will be delivered in line with the service specification.

6. REASON FOR THE RECOMMENDATION

- 6.1 The extension of the current Peterborough SRH contract for an additional six months ending 30th September 2020 is recommended as it will facilitate
- 6.2
- A more robust and successful collaborative procurement of SRH services.
 - The establishment of high quality, cost effective services that improve the patient experience through easy access to related services in the same and most appropriate location.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Do not extend the iCaSH Peterborough contract beyond 31st March 2020:

There is a mandatory requirement for the Local Authority to ensure sexual and reproductive health services are provided for the resident population. Market feedback has indicated that providers, because of the complexities, involved in the commission would need a longer lead time to establish services. This would create the risk of a gap in service provision which would have a negative effect upon sexual health amongst PCC residents.

8. IMPLICATIONS

8.1 Financial Implications

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

The current funding allocated to the PCC iCaSH contract is:

- o PCC annual contract value: £1,566,298
- o PCC six month contract value : £783,149

The proposed contract extension will have a maximum length of six months from 1st April 2020 with an end date of 30th September 2020.

Legal Implications

- 8.2 The value of the interim contract via direct award requested is £783,149.00 for the period 1 April 2020 to 30 September 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.

Equalities Implications

8.3

The service will continue be universal but will 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

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.

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

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

11. APPENDICES

11.1 None