

<b>Item No.</b> 16.	<b>Classification:</b> Open	<b>Date:</b> 10 July 2023	<b>Meeting Name:</b> Cabinet
<b>Report title:</b>		GW1 Integrated sexual and reproductive health services procurement strategy	
<b>Ward(s) or groups affected:</b>		All	
<b>Cabinet Member:</b>		Councillor Evelyn Akoto, Health and Wellbeing	

## **FOREWORD – COUNCILLOR EVELYN AKOTO, CABINET MEMBER FOR HEALTH AND WELLBEING**

In Southwark, we are committed to ensuring our residents have access to sexual and reproductive health services that support them to have healthy and fulfilling sexual relationships; access to Sexually Transmitted Infection (STI) testing and treatment; good reproductive health across the life course and are supported to live well with HIV. Southwark faces significant sexual health challenges and a young and diverse population which often have high sexual and reproductive health needs with inequalities in health experienced across the population.

We strive to continue to address the sexual and reproductive health needs of our communities through our partnerships with our local integrated sexual and reproductive health clinical services at Guy’s and St Thomas’ NHS Foundation Trust and King’s College Hospital NHS Foundation Trust. The clinics ensure that our residents have access to high quality reproductive and contraceptive health services, HIV testing and treatment and accessible STI testing and treatment to help prevent the spread of, and harm from, STIs.

This report sets out the procurement strategy to deliver integrated sexual and reproductive health services to our population from April 2024 onwards following the end of the current contract.

## **RECOMMENDATIONS**

1. That the Cabinet approve the procurement strategy to allow Lambeth to enter into direct negotiations on behalf of Southwark with two providers, Guy’s and St Thomas’ NHS Foundation Trust and King’s College Hospital NHS Foundation Trust, for the delivery of Integrated Sexual and Reproductive Health Services.
2. That the Cabinet note that the two Integrated Sexual and Reproductive Health Services contracts will have a combined maximum estimated annual value of £4.3m and a proposed contract term of three years, with the option for two extensions for two years each, commencing 1 April 2024.
3. That the Cabinet note the estimated combined maximum total over three years is £12.9m, and over seven years is £30.1m, if all extensions are used.

## **BACKGROUND INFORMATION**

4. On 1 April 2013, the Health and Social Care Act 2012 transferred responsibility for public health services to local authorities. This includes the statutory requirement to provide open access sexual health services that provide residents with contraceptive services, testing and treatment of sexually transmitted infections (STIs), sexual health promotion and other forms of genitourinary medicine (GUM).
5. Further information is set out in the background documents to this paper. There are no material changes to the policy set out in the June 2021 strategic assessment (Gateway 0 paper, June 2021).
6. At present in Southwark, Integrated Sexual and Reproductive Health Services (ISRH) are provided by Guy's and St Thomas' NHS Foundation Trust (GSTT) and King's College Hospital NHS Foundation Trust (KCH).

### **Sexual and reproductive health need in Southwark**

7. Southwark faces some of the greatest sexual health challenges in England and has high rates of human immunodeficiency virus (HIV), STIs, emergency hormonal contraception (EHC) use and terminations. Southwark has significantly higher rates of new STI diagnoses compared to London and England. In 2021, there were 2,333 cases of STIs per 100,000 residents, which was higher than the 551 cases of STIs per 100,000 people in England. See appendix 1 for further information.
8. Southwark has a young and diverse population, which often have high needs for sexual and reproductive health (SRH). There are persistent inequalities in SRH among young people, men who have sex with men, transgender and non-binary people and people from Black, Asian and Minority Ethnic groups. See appendix 1 for further information.
9. Lambeth, Southwark & Lewisham (LSL) have young, mobile and diverse populations with similar needs and demands for SRH services and jointly commission services. To set the direction for meeting these needs through ISRH services, LSL jointly developed an ambitious SRH strategy for 2019-2024. The strategy describes shared goals and actions for improving SRH across the boroughs and is underpinned by four priority areas:
  - Healthy and fulfilling sexual relationships;
  - Good reproductive health across the life course;
  - High quality and innovative STI testing and treatment; and
  - Living well with HIV.

## **Provision of services for SRH**

### *Commissioning arrangements*

10. Commissioning arrangements for ISRH services have been provided through a tripartite agreement between the boroughs of LSL. Lambeth are the Lead Authority who have lead responsibility for ISRH services across LSL.
11. For the delivery of ISRH services provided through sexual health clinics in Lambeth and Southwark, Lambeth are the lead commissioners who commission on behalf of Southwark Council. Southwark is the host borough for KCH and Lambeth is the host borough for GSTT. Lambeth and Southwark have equivalent populations and there is extensive cross-border use of the ISRH clinics, therefore negotiations for these contracts are conducted jointly with Lambeth.
12. As elsewhere across London, in order to achieve the best value for money, Southwark Council funds a range of SRH services, which includes block contracts to our local ISRH clinics (GSTT and KCH); re-charges from other boroughs' ISRH clinics; e-service contract; and primary care expenditure for services from GPs and pharmacies. This funding comes from the public health grant.

### *Contract arrangements*

13. Southwark Council is one of 31 London Council signatories to the London Sexual Health Programme, via an Inter-Authority Agreement (IAA), which includes a common service specification and agreed pricing for clinic services via the London integrated sexual health tariff (ISHT). Sexual health services are open access services where individuals can access services in clinics across England, rather than only in the borough they live in. In London, ISHT arrangements enable patient choice, provision of standardised services and equitable costs across London, as well as facilitating system-wide, reciprocal cross charging for SRH care.
14. Southwark Council pays for these services delivered by GSTT and KCH on a fixed block contract basis. The value of the contract is determined by agreed activity baselines and activity is monitored throughout the contract to ensure payment is equivalent to actual activity under the ISHT. Indicative baselines are also negotiated and set for the rest of London who pay via the tariff. This total baseline value gives the Trust its assumed income via a combination of fixed and activity based contract pricing. Supplier performance measures relief was in place during the COVID-19 pandemic from March 2020 to March 2023, in line with central government and London guidance.
15. The block contracts with GSTT and KCH were negotiated in 2016-17 through direct negotiation with the providers. Following the negotiation, in September 2017 Cabinet approved two four and a half-year contracts for ISRH services to be awarded to GSTT and KCH. These contracts commenced in October

2017 and were due to end on 31 March 2022, however two one-year extensions were approved until 31 March 2024.

#### *ISRH clinical services provided*

16. The SRH contracts in Southwark are clinical services delivered by GSTT and KCH, which provide the following services:
  - STI testing and treatment
  - HIV testing
  - Post-exposure prophylaxis (PEP) and Pre-exposure prophylaxis (PrEP)
  - Contraception, including Long Acting Reversible Contraception (LARC, such as the copper coil, hormonal coil and implant)
  - Emergency contraception; and
  - Specialist services, including young people's sexual health, HIV prevention and sexual health promotion.
17. Clinical services are provided at four sites in the borough or neighbouring boroughs. GSTT have three clinics: Burrell Street, Streatham Hill and Walworth Road and KCH has one clinic in Camberwell.

#### **Sexual health system developments**

18. Since 2017, the landscape of ISRH has changed and numerous advancements have been incorporated into ISRH provision locally and across London. These include:
  - The expansion of the pan-London e-service, which included removing the daily limit of STI tests available to be ordered online, during the COVID-19 pandemic. This expansion has remained in place and helps to preserve appointments for in-clinic services for more complex care.
  - The development of the digital partner notification (contact tracing of sexual partners of a patient with a STI).
  - The launch of routine access to PrEP in ISRH clinics, following the PrEP Impact Trial.

#### **Proposed requirements for the new contracts with GSTT and KCH**

19. The new contracts with GSTT and KCH will have the proposed following services:
  - Accessible STI testing for those who need it and timely and accessible treatment
  - Accessible HIV testing and treatment
  - HIV prevention, including access to highly effective medicines of post-exposure prophylaxis (PEP) and PrEP

- Accessible contraception for those who need it with a range of contraceptive options, including LARC
  - Access to emergency contraception
  - Specialist services that meet specific population needs, including young people's clinics
  - Psychosexual counselling
  - Safeguarding support for high-risk patients who visit the clinic
  - Engagement and outreach to support high-risk populations in accessing services
  - Sexual health promotion and
  - Clinical leadership and governance.
20. Commissioners will analyse both the type and level of activity in the clinics and through the e-service to determine service provision and appropriate costs. Since the previous contracts were negotiated, there have been changes in the ratio of activity in different settings. For example, there has been an increase in activity through the e-service and reduced activity in clinics. However, patients who visit the clinics are now presenting with more complex needs, which requires more support and resources. These changes will be fully assessed this year as part of the negotiations to determine appropriate staff mix and level of activity in the clinics and e-service.
21. Overall service delivery costs in ISRH clinics have risen since the existing contracts with GSTT and KCH commenced in 2017. Service providers have significant cost pressures which need to be factored into our approach. These include cumulative cost increases since 2017, which have been absorbed by the provider without the inclusion of annual uplifts within the service contract from commissioners.
22. Commissioners will consider online and remote appointments as potential options for the new model, in addition to how clinics can conduct outreach activity to support high-risk groups in accessing support and services through the clinics or e-service.
23. Any changes to the new service model and contract will also be discussed with other London commissioners as part of the London Sexual Health Programme. This is important as ISRH services are cross-charged between boroughs and there is a need for equity of access to quality services.
24. Five options have been considered for the future delivery of the service and are described in detail under key issues for consideration.

### **Summary of the business case/justification for the procurement**

25. Southwark has a high level of need for SRH as outlined in the background section of this paper and in Appendix 1.
26. Southwark Council has a statutory responsibility to provide open access SRH in their area. The block contracts with GSTT and KCH will expire on 31 March 2024 and future provision needs to be secured. If provision of SRH services is

not secured in adequate time, there is a risk that Southwark Council will not meet its statutory obligation for provision of SRH services.

### **Engagement and service review of ISRH services**

27. In 2021, LSL commissioners delivered a programme of engagement with service users and clinical professionals to review current ISRH services in order to inform future developments of services. This involved desk-based research, a survey of both service users and LSL residents who didn't use the ISRH services and mystery shopping, where individuals visited clinics to understand how clinics were performing. Findings are as follows:
- The majority of people have a good experience of ISRH services in LSL and their needs are fully met. However, improvements could be made in accessibility, discretion, convenience and knowledge of services.
  - Some respondents preferred to visit other clinics which were more discreet, where check-in cards are used in order to avoid calling service users' names in the waiting room.
  - Service needs and barriers were not the same across demographic groups. For example, young people (under 25) were more likely to prioritise services closer to home with immediate support available, whereas those over 25 were more likely to prioritise familiar services which could meet all their needs in one place.
  - Some respondents said it was challenging to find the most appropriate service, whereby service users returned to the services they knew, even when these were not the most suitable as they did not have sufficient knowledge regarding available alternatives.
  - Some respondents found it challenging to access ISRH services. This included challenges in getting a pre-booked appointment at a suitable time and being able to contact the clinic through the communication channels provided.
28. Commissioners will use the findings of this review to inform negotiations with the providers to ensure the services meets the needs of Southwark residents.
29. LSL commissioners will re-engage service users and clinical professionals this year to understand what has changed since the contracts were first negotiated and to further incorporate their perspectives into the recommissioning of ISRH services. This will include development work, such as focus groups and desk-based research to understand how services have changed and how this has affected the user experience. It will also include the co-production of the specification for the new ISRH service to ensure it meets the needs of service users.

## **Market and Commissioning Considerations**

30. The market for provision of clinical genitourinary medicine and ISRH services in London is limited. It is dominated by NHS Foundation Trusts and NHS Hospital Trust providers. There are a very limited number of voluntary sector organisations, which provide basic genitourinary medicine and ISRH services.
31. The NHS Provider Selection Regime (PSR), aims to make it easier for decision makers to integrate services and enhance collaboration and includes removing the requirement for mandatory competition. This may include recommissioning established NHS trusts who are already providing high quality services without running a competitive procurement process. Though this is not expected to be in use before July 2023, its impacts should be considered due to the duration of the contract.
32. COVID-19 and Mpox have had a significant impact on commissioning activity of ISRH services, where resources were diverted to pandemic and outbreak responses, which put considerable demand on clinics and services. Additionally, there is not a complete year of 'normal' post-pandemic activity data of ISRH services due to the Mpox outbreak in May 2022.
33. As Southwark and Lambeth are now entering the final extension year with the current providers, recommissioning is not aligned with other boroughs (who have extended their ISRH contracts). This means there is currently not a unified position across London boroughs regarding the commissioning of new service models.
34. The cost of ISRH services has changed over the period of the contract duration due to NHS pay awards, increase in the costs of consumables, estates and the cost of living. Most trusts have not received any uplifts to their contract value through the contract term.
35. Local authority finances continue to come under strain, while the recent announcement of the public health grant suggests a small three percent increase, this is a reduction in real terms due to increasing need and increasing costs.

## **KEY ISSUES FOR CONSIDERATION**

### **Options for procurement route including procurement approach**

36. Five options have been considered for the future delivery of the ISRH service and are described below.

Options	Key factors for consideration
<p>Option 1: Single supplier negotiations and direct awards jointly with Lambeth to lead.</p>	<ul style="list-style-type: none"> <li>• Existing provider incumbents (GSTT and KCH) are deemed to be performing effectively.</li> <li>• Continuing to commission current providers supports the development of well-established specialist ISRH services. It will optimise pathways within and between providers and also support continuity of the service.</li> <li>• Lambeth and Southwark have similar populations and face similar SRH challenges. There is extensive cross-border use of the ISRH clinics across Lambeth and Southwark and cross borough population movement. Joint commissioning supports a coordinated approach to delivery of SRH services in these areas.</li> <li>• Lambeth and Southwark have a good working relationship, which supports a joint commissioning approach.</li> </ul>
<p>Option 2: Full review of service and how it can be delivered.</p>	<ul style="list-style-type: none"> <li>• Service review to be undertaken to understand which services need to be provided and the route to delivering the services.</li> <li>• Limited market: As set out in paragraph 29, the provider market of specialised clinical ISRH services is limited. Experience has shown that NHS providers have tended to operate within their local ICS region.</li> <li>• Break in the continuity of care: Utilising new providers would take time to establish, develop and mobilise services. This option would lose out on the benefits of building on already well-established services and maintaining continuity of services as highlighted in option one.</li> <li>• Southwark committed to fixed tariffs: As a signatory to the London Sexual Health Programme, Southwark is committed to fixed tariff pricing as per the ISHT.</li> <li>• Potential staff implications: Current commissioning arrangements allow for joint roles covering both ISRH and HIV services, a new provider could mean the splitting of such roles between different organisations and the resulting HR complexities associated with such a change.</li> </ul>



<b>Options</b>	<b>Key factors for consideration</b>
Option 3: Single supplier negotiations and direct awards (independently from Lambeth).	<ul style="list-style-type: none"> <li>• This option would enable Southwark Council to have an independent commissioning role due to being the sole commissioner responsible for our borough. However, with a joint commissioning approach, Southwark have a good working relationship with the Lambeth commissioning team and are expected to work closely to ensure the re-commissioning of services meets the needs of the population.</li> <li>• Capacity: This option would require significant additional resource and capacity from Southwark Council.</li> <li>• This option would not be able to benefit from the joint commissioning benefits highlighted in option one above.</li> <li>• Economies of scale: This would likely result in a less value for money outcome for Southwark.</li> </ul>
Option 4: in-source.	<ul style="list-style-type: none"> <li>• Lack of clinical expertise: Currently, the council does not have the clinical expertise or governance to deliver clinical ISRH services in-house. Direct in-house delivery or development of a Community Interest Company to provide these services would require transferring clinical staff and significant capital investment to make appropriate training, equipment, and premises available for them to operate from.</li> </ul>
Option 5: Do nothing (provide no clinical services).	<ul style="list-style-type: none"> <li>• Statutory duty: Local authorities have a statutory duty to provide open access ISRH services for their local populations. This is not a viable option.</li> </ul>

### **Proposed procurement route**

37. Based upon the information and details outlined in this report, the proposed procurement route is option one: Single supplier negotiations and direct awards jointly, with Lambeth to lead.

### **Identified risks for the procurement**

38. Commissioners will develop and monitor a risk register as part of the procurement approach. High level risks that may impede successful delivery of this procurement and contract are below, with mitigations identified:

<b>Risks</b>	<b>Risk level</b>	<b>Mitigations</b>
One or both councils do not secure approval for the proposed procurement approach.	Low	<ul style="list-style-type: none"> <li>• Service review to be undertaken to understand which services need to be provided and the route to delivering the services.</li> </ul>
The proposed procurement approach	Low	<ul style="list-style-type: none"> <li>• Concurrents set out within this report set out compliance with guidance and regulations.</li> </ul>

Risks	Risk level	Mitigations
is met with legal challenge.		<ul style="list-style-type: none"> <li>• These contracts were previously awarded successfully via direct negotiation.</li> <li>• Current market intelligence suggests that other London Trusts have little appetite to take over other NHS Trusts and are moving forward with working within the emerging ICS partnerships instead.</li> </ul>
Failure to reach agreement with the current providers within negotiations.	Medium	<ul style="list-style-type: none"> <li>• Potential NHS providers would be approached to enter into negotiations to ensure continuity of services while alternative avenues are explored.</li> <li>• There are strong indications that providers will respond positively to a negotiated approach.</li> <li>• Continued regular communication and relationship building with current providers to reach an agreement.</li> </ul>
Current service quality may reduce while going through procurement/negotiation process.	Medium	<ul style="list-style-type: none"> <li>• Ensure dedicated resource is allocated.</li> <li>• Work with provider to mitigate staff risk and feed into resource modelling.</li> <li>• Continue regular (monthly) contract monitoring with providers throughout to monitor key performance indicators.</li> </ul>
Failure to maintain expected level of service within financial envelope and increased demand for services.	Medium	<ul style="list-style-type: none"> <li>• Maintain and build current close working relationships between commissioners and current providers.</li> <li>• Maintain regular communication with the current providers to develop solutions.</li> <li>• Continued management and optimisation of the transfer of non-complex activity from in the clinic to online services.</li> <li>• Maintain awareness of inflationary pressures on costs related to pay and service costs, working with providers and other London commissioners.</li> </ul>
Provider unable to address inequalities in service provision.	Medium	<ul style="list-style-type: none"> <li>• Develop regular contract monitoring with providers throughout the duration of the contract to monitor key performance indicators, including ensuring the services are accessible to Southwark residents and addressing inequalities.</li> </ul>

<b>Risks</b>	<b>Risk level</b>	<b>Mitigations</b>
Change in service configuration may be necessary as part of the negotiated service specification.	High	<ul style="list-style-type: none"> <li>• Maintain and build current close working relationships between commissioners and current providers.</li> <li>• Maintain regular communication with the current providers to develop solutions.</li> <li>• Continued management and optimisation of the transfer of non-complex activity from in the clinic to online services.</li> </ul>

### **Key / Non Key decisions**

39. This report deals with a key decision.

### **Policy Framework Implications**

40. The approval of the procurement strategy would continue to satisfy the council's responsibilities to deliver sexual health services under the 2012 Health and Social Care Act.

41. The procurement strategy supports the LSL SRH strategy for 2019-2024. The strategy describes shared goals and actions for improving SRH across the boroughs and is underpinned by four priority areas:

- Healthy and fulfilling sexual relationships
- Good reproductive health across the life course
- High quality and innovative STI testing and treatment and
- Living well with HIV.

42. The procurement strategy directly contributes to ensuring Southwark's Public Sector Equality Duty.

### **Procurement Project Plan (Key Decisions):**

<b>Activity</b>	<b>Complete by:</b>
Enter Gateway 1 decision on the Forward Plan	31/03/2023
DCRB Review Gateway 1	10/05/2023
CCRB Review Gateway 1	18/05/2023
Brief relevant cabinet member (over £100k)	06/06/2023
Notification of forthcoming decision - Cabinet	30/06/2023
Approval of Gateway 1: Procurement strategy report	10/07/2023
Scrutiny Call-in period and notification of implementation of Gateway 1 decision	19/07/2023

<b>Activity</b>	<b>Complete by:</b>
Forward Plan (if Strategic Procurement) Gateway 2	25/08/2023
DCRB Review Gateway 2	08/11/2023
CCRB Review Gateway 2	23/11/2023
Approval of Gateway 2: Contract Award Report	05/02/2024
End of scrutiny Call-in period and notification of implementation of Gateway 2 decision	14/02/2024
Debrief Notice and Standstill Period (if applicable)	28/03/2024
Contract award	31/03/2024
Add to Contract Register	31/03/2024
Place award notice on Contracts Finder	31/03/2024
Contract start	01/04/2024
Initial contract completion date	31/03/2027
Contract completion date – (if extension(s) exercised)	31/03/2031

### **TUPE/Pensions implications**

43. It is anticipated that TUPE would apply to the clinical services only if services are significantly revised or if ISRH services are delivered by a new provider. However, no council staff will be affected by TUPE.

### **Development of the procurement documentation (for negotiation)**

44. The procurement documentation for the ISRH contracts will be led by Lambeth, working closely with Southwark.
45. All procurement documentation including the service specifications, briefs, pricing/evaluation criteria and contractual terms and conditions will be developed with consideration of previous developments in sexual health and feedback from local residents.
46. Documentation will include a technical service specification outlining the scope and requirements of the provision to be delivered. The service specification will be developed on the premise that there will be a balance between providing enough information to enable assurance that providers will offer what is needed whilst being flexible enough to allow for negotiation and submission of responses that are compliant, innovative and demonstrate best value for money and will fully meet service needs.

### **Advertising the contract**

47. This is not applicable if the procurement strategy is approved to enter into direct negotiations with the providers.

## **Evaluation**

48. The requirement for robust monitoring and evaluation frameworks and price and quality considerations will be built into all procurement documents. Framework arrangements will be developed by Lambeth Council, who are leading the procurement, in consultation with Southwark Council, and must be agreed by the lead commissioner for each participating borough. The evaluation framework arrangements and requirements applies to the intended procurement option of single supplier negotiation and direct award jointly, with Lambeth to lead on the commissioning.

## **Community, equalities (including socio-economic) and health impacts**

### **Community impact statement**

49. Good sexual and reproductive health is unequally distributed across the population. Southwark faces some of the greatest sexual health challenges in England and has high rates of HIV, STIs, EHC use and terminations. From 2020-22, over half of the individuals who accessed EHC in Southwark had used EHC on a previous occasion within the last year, which is an indicator of unmet reproductive health need. Populations with the highest SRH need include men who have sex with men, young people and Black and Minority Ethnic Groups.
50. ISRH services provide a range of services to meet SRH need in the borough. The new commissioned services will ensure groups with the highest SRH need are able to access services to ensure their needs are met. Open access sexual health services will continue to be available for those who are unable to access online service provision.

### **Equalities (including socio-economic) impact statement**

51. Pursuant to section 149 of the Equality Act 2010, the council has a duty to have due regard in its decision making processes to the need to:
  - a. Eliminate discrimination, harassment, victimisation or other prohibited conduct.
  - b. Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not.
  - c. Foster good relations between those who share a relevant characteristic and those that do not share it.
52. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Public Sector Equality Duty also applies to marriage and civil partnership, but only in relation to (a) above.
53. Equalities will be assessed in advance of the negotiation process. An Equality Impact Assessment (EIA) will be undertaken this year by the council to ensure

the newly commissioned services do not disadvantage any protected groups from accessing ISRH services. The EIA will be included as an appendix in the Gateway 2 report.

### **Health impact statement**

54. There is a high level of need for ISRH services in Southwark as identified in the background section of this paper.

### **Climate change implications**

55. The availability of high-quality ISRH clinics local to Southwark and neighbouring council Lambeth, promotes the use of active transport such as walking, cycling, and public transportation to attend appointments.

### **Social Value considerations**

56. The Public Services (Social Value) Act 2012 requires that the Council considers, before commencing a procurement process, how wider social, economic and environmental benefits that may improve the wellbeing of the local area can be secured. The details of how social value will be incorporated within the tender are set out in the following paragraphs.
57. The contracts will include the provision of apprenticeships, in accordance with Southwark's Fairer Future procurement strategy

### **Economic considerations**

58. The health economics argument for investment in ISRH services illustrates the value that they deliver in downstream savings for health and social care services. For example:
- Public Health England (PHE) estimated that every £1 spent on contraceptive services saves £9 across the public sector.
  - Preventing STIs such as chlamydia reduces the costs associated with long-term conditions such as pelvic inflammatory disease and preventable infertility.
  - Increased access for women of reproductive age to LARC (e.g. intrauterine devices, injectable contraceptives and implants) and prompt access to emergency contraception has been proven to be cost effective.
  - Research from the National Institute for Health and Care Research found that preventing HIV diagnoses through the HIV prevention drug, PrEP, would save the NHS £1 billion over 80 years.

### **Social considerations**

59. The existing contracts specify for providers to pay the London Living Wage (LLW) to all staff employed via these contracts. Incumbent NHS Trusts are London Living Wage Employers.
60. NHS providers are signed up to the London Mayor's Healthy Workplace Charter.
61. Both GSTT and KCH are embedded within and engage with the local community and have safeguarding measures in place to support the most vulnerable patients. They offer outreach and/or specialist clinics to vulnerable women, patients with severe mental illness and drug abuse, and members of the trans community. GUM services play an important role in screening for potential safeguarding issues in these groups and in all their patients.

### **Environmental/Sustainability considerations**

62. The availability of high-quality ISRH clinics local to Southwark and neighbouring Lambeth promotes the use of active transport such as walking, cycling, and public transportation to attend appointments. The further development of a digital offer for ISRH services reduces unnecessary travel to/from clinic sites where it is not required.

### **Plans for the monitoring and management of the contract**

63. The planned procurement is being led by joint SRH commissioners in Lambeth, who provide commissioning and contract expertise on behalf of LSL as per the terms of the LSL tri-partite agreement.
64. All providers of commissioned services will be required to submit detailed monitoring data and reports against key performance indicators, including indicators from the Public Health Outcomes framework where relevant. These will be determined by local need and by national clinical standards.
65. The Public Health Policy Officer for sexual health will work closely with the Lambeth commissioning team to review the performance of the contracts quarterly at the LSL Sexual Health Commissioning Board.
66. The commissioning team will meet with the providers on a monthly basis in the early implementation phase, with future frequency to be determined according to identified risks and appropriate mitigation.
67. Annual Performance Reports (APR) will be submitted to DCRB and CCRB within 6 months from the contract anniversary date, and thereafter annually.

### **Staffing/procurement implications**

68. The procurement process will utilise current staffing resources.

### **Financial implications**

69. The contracts can be funded from existing SRH budgets within the Public Health Grant.

### **Investment implications**

70. There were no investment implications to consider at this stage.

### **Legal implications**

71. Please see the concurrent report of the Assistant Chief Executive (Governance and Assurance) below.

### **Consultation**

72. As outlined in paragraph 27, a service review was completed in 2021 where service users were consulted on the current service provided and areas for improvement.

### **Other implications or issues**

73. There were no other implications or issues for consideration.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Strategic Director of Finance REF: [10PHAS2023-24]**

74. The Strategic Director of Finance notes the recommendation to allow Lambeth to enter into direct negotiations on behalf of Southwark for the two sexual and reproductive health services with Kings College Hospital NHS Trust and Guys & St Thomas Hospital NHS Foundation Trust. The Strategic Director of Finance notes the estimated contract values mentioned in the recommendations and the proposed contract term and options for extension.
75. As the service operates through the tripartite agreement between Lambeth, Southwark and Lewisham, with Lambeth as the lead Commissioner, the service will have to work closely to ensure that the desired outcomes are met and that effective cost projections are in place to manage the financial sustainability of the contract.

### **Head of Procurement**

76. This report seeks approval of the procurement strategy to allow Lambeth to enter into direct negotiations on behalf of Southwark with two providers, Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust, for the delivery of Integrated Sexual and Reproductive Health Services. The two contracts will have a combined maximum estimated annual value of £4.3m and a proposed contract term of three years, with the option for two extensions for two years each, commencing 1 April 2024. The



estimated combined maximum total over three years is £12.9m, and over seven years is £30.1m, if all extensions are used. Commissioning arrangements are enacted through a tripartite agreement between Lambeth, Southwark, and Lewisham, (LSL) with Lambeth designated as the lead commissioner. Commissioning decisions are informed through discussion at an LSL Strategic Board which determines LSL commissioning priorities and approaches.

77. The value of the proposed contracts are above the minimum threshold for services covered by the Light Touch Regime (LTR) as detailed in the Public Contracts Regulations 2015 (PCR2015). However, Regulation 12(7) permits exception for “Contracts which establish or implement co-operation between contracting authorities” in the following circumstances:
  - (7) A contract concluded exclusively between two or more contracting authorities falls outside the scope of this Part where all of the following conditions are fulfilled:—
    - (a) the contract establishes or implements a co-operation between the participating contracting authorities with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common;
    - (b) the implementation of that co-operation is governed solely by considerations relating to the public interest; and
    - (c) the participating contracting authorities perform on the open market less than 20% of the activities concerned by the co-operation.
78. The report is also aligned with the council’s Contract Standing Orders (CSOs) which dictate that decision must be taken by Cabinet.
79. Headline options and risks associated with the proposed procurement strategy are contained at the end of paragraph 38.
80. Alignment with the Fairer Future Procurement Framework (FFPF) is evidenced, specifically via confirmation of London Living Wage (LLW) payment (both providers are confirmed as LLW employers – please refer to paragraph 59) and the content of paragraphs 49 – 62 more generally.
81. Proposed methodology for performance/contract monitoring is detailed within paragraphs 63 - 67. The report also confirms that an annual performance review will be provided to the council’s DCRB and CCRB in alignment with council CSOs.
82. The Community, Equalities (noting timing of EIA as detailed within paragraph 53) and Health Impact Statements are set out in paragraphs 49 – 54.
83. The Climate Change, Social Value, Economic and Environmental / Sustainability statements are set out in paragraphs 55 – 62.

## **Assistant Chief Executive – Governance and Assurance**

84. This report seeks approval of the procurement strategy for the delivery of Integrated Sexual and Reproductive Health Services by way of contracts with Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust, the details of which are set out in paragraph 2. Those contracts will be negotiated by Lambeth on behalf of Southwark, in its capacity as lead commissioner under a tripartite agreement between Lambeth, Southwark and Lewisham.
85. Due to the estimated value of the proposed contracts their procurement is subject to the application of the Public Contracts Regulations 2015 (PCR), which requires expressions of interest to be sought and obtained through a publicly advertised competitive tendering exercise. However, PCR 12(7) permits an exemption from that requirement in cases where the proposed contracts will establish or implement co-operation between contracting authorities, with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common. In addition, the implementation of that co-operation must be governed solely by considerations relating to the public interest, and it is necessary that those contracting authorities perform on the open market less than 20% of the activities concerned by the co-operation. It is considered that the proposals set out in the report recommendations satisfy the requirements of the PCR.
86. The recommendations of the report are also consistent with the council's Contract Standing Orders, which expressly reserve the decision in this matter to the Cabinet.
87. In making procurement decisions Cabinet should be mindful of the Public Sector Equality Duty under section 149 of the Equality Act 2010, and to have regard to the need to (a) eliminate discrimination, harassment, victimisation or other prohibited conduct, (b) advance equality of opportunity and (c) foster good relations between persons who share a relevant protected characteristic and those who do not share it. The relevant characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The duty also applies to marriage and civil partnership but only in relation to (a). The community impact and equalities impact statements which are set out from paragraphs 49 to 53 note the consideration that has been given to equalities issues and advise that an equality impact assessment is to be undertaken in order to measure the likely and actual effect and impact of the negotiated contracts on individuals and groups within the community, in particular those having a protected characteristic under the Act. Cabinet is also referred to paragraph 27 which confirms the extent and detail of the engagement and consultation that has taken place with service users and clinicians in order to inform the proposed procurement strategy.

## BACKGROUND DOCUMENTS

Background Documents	Held At	Contact
Lambeth, Southwark and Lewisham (LSL) Sexual and Reproductive Health Strategy 2019-2024	Public Health Directorate, Children and Adult Services 1st Floor Hub 1 160 Tooley Street, London SE1 2QH	Charlotte Miller 020 7525 1211
<b>Link (please copy and paste into browser):</b> <a href="https://www.lambeth.gov.uk/sites/default/files/yh-lsl-sexual-health-strategy_0.pdf">https://www.lambeth.gov.uk/sites/default/files/yh-lsl-sexual-health-strategy_0.pdf</a>		
Gateway 1: Procurement Strategy Approval - Southwark Sexual Health Transformation Programme – Sexual Health Services (December 2015)	Public Health Directorate, Children and Adult Services 1st Floor Hub 1 160 Tooley Street, London SE1 2QH	Charlotte Miller 020 7525 1211
<b>Link (please copy and paste into browser):</b> <a href="https://moderngov.southwark.gov.uk/documents/s58407/Report%20GW1%20Southwark%20sexual%20health%20transformation%20programme.pdf">https://moderngov.southwark.gov.uk/documents/s58407/Report%20GW1%20Southwark%20sexual%20health%20transformation%20programme.pdf</a>		
Gateway 2: Contract Award Approval - Award of Contracts for the Provision of Sexual Health Services (September 2017)	Public Health Directorate, Children and Adult Services 1st Floor Hub 1 160 Tooley Street, London SE1 2QH	Charlotte Miller 020 7525 1211
<b>Link (please copy and paste into browser):</b> <a href="https://moderngov.southwark.gov.uk/documents/s70943/Report%20Gateway%20%20Contract%20Award%20Approval%20-%20Award%20of%20Contracts%20for%20the%20Provision%20of%20Sexual%20Health%20S.pdf">https://moderngov.southwark.gov.uk/documents/s70943/Report%20Gateway%20%20Contract%20Award%20Approval%20-%20Award%20of%20Contracts%20for%20the%20Provision%20of%20Sexual%20Health%20S.pdf</a>		
Gateway 0: Strategic Options Assessment for the provision of genito-urinary medicine services (June 2021)	Public Health Directorate, Children and Adult Services 1st Floor Hub 1 160 Tooley Street, London SE1 2QH	Charlotte Miller 020 7525 1211
<b>Link (please copy and paste into browser):</b> <a href="https://moderngov.southwark.gov.uk/documents/s98982/Report%20Gateway-0-template-GUMcontracts.pdf">https://moderngov.southwark.gov.uk/documents/s98982/Report%20Gateway-0-template-GUMcontracts.pdf</a>		
Gateway 3 – Variation Decision Extension of contracts for the provision of genitourinary medicine services at KCH and GSTT (June 2021)	Public Health Directorate, Children and Adult Services 1st Floor Hub 1 160 Tooley Street, London SE1 2QH	Charlotte Miller 020 7525 1211
<b>Link (please copy and paste into browser):</b> <a href="https://moderngov.southwark.gov.uk/documents/s98981/Report%20Gateway-3-GUMcontracts.pdf">https://moderngov.southwark.gov.uk/documents/s98981/Report%20Gateway-3-GUMcontracts.pdf</a>		
GW3 Sexual and Reproductive Health Services (March 2023)	Public Health Directorate, Children and Adult Services 1st Floor Hub 1 160 Tooley Street, London SE1 2QH	Charlotte Miller 020 7525 1211

Background Documents	Held At	Contact
Link (please copy and paste into browser):		
<a href="https://moderngov.southwark.gov.uk/documents/s112875/Report%20GW3%20Sexual%20and%20Reproductive%20Health%20Services.pdf">https://moderngov.southwark.gov.uk/documents/s112875/Report%20GW3%20Sexual%20and%20Reproductive%20Health%20Services.pdf</a>		

## APPENDICES

No	Title
Appendix 1	Sexual and reproductive health need and clinical activity at the Integrated Sexual Reproductive Health Services

## AUDIT TRAIL

<b>Cabinet Member</b>	Councillor Evelyn Akoto, Health and Wellbeing	
<b>Lead Officer</b>	David Quirke-Thornton, Strategic Director of Children and Adult Services	
<b>Report Author</b>	Charlotte Miller, Public Health Policy Officer	
<b>Version</b>	Final	
<b>Dated</b>	29 June 2023	
<b>Key Decision?</b>	Yes	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Strategic Director of Finance	Yes	Yes
Head of Procurement	Yes	Yes
Assistant Chief Executive – Governance and Assurance	Yes	Yes
<b>Contract Review Boards</b>		
Departmental Contract Review Board	Yes	Yes
Corporate Contract Review Board	Yes	Yes
<b>Cabinet Member</b>	<b>Yes</b>	<b>Yes</b>
<b>Date final report sent to Constitutional Team</b>		29 June 2023