Item No.	Classification:	Date:	Meeting Name:
13.	Open	15 June 2021	Cabinet
Report title:		Gateway 0 - Strategic Options Assessment for the provision of genito-urinary medicine services	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Evelyn Akoto, Health and Wellbeing	

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

The sexual and reproductive health of Southwark residents remains a significant priority and a driver of inequality in our local population. Over 8,000 new sexually transmitted infections (STIs) were diagnosed last year and approximately 2,500 residents are estimated to be living with HIV. We are also acutely aware that poor sexual and reproductive health outcomes do not affect all groups equally. The highest rates of new STI diagnoses are found in men who have sex with men, young people, and Black and minority ethnic groups, and there are strong links between deprivation and STIs, teenage conceptions, and abortion. Good sexual and reproductive health is, at its core, good overall health and our services play a critical role in meeting this need.

I had the pleasure of presenting at the launch of Southwark's latest sexual and reproductive health strategy in 2019 where I spoke to the strong history of innovation and integration within Southwark, Lambeth, and Lewisham. We provided a proof of concept of online testing and led the integration of sexual and reproductive health services. Since then, local commissioners and clinicians have continued to lead the way across London, pioneering digital tools such as e-partner notification, and working closely with our diverse local communities and voluntary and community sector. The local clinics at Guy's and St Thomas' Hospital and King's College Hospital are a key component of our offer to local residents, providing open access sexual and reproductive health care. Alongside these services, we have also expanded investment into the pan-London e-service, commissioned a new health promotion service led by and working with our local Black African and Black Caribbean communities, and are undertaking insight research to understand the motivators of our most frequent out-of-area STI testers.

Since the latest contracts with these trusts were last awarded, we have seen continued developments across the sexual health system, and then the COVID-19 pandemic began. In light of these changes, now is the time to explore what service model is the best fit for our residents, balancing digital access with face-to-face contact for our more vulnerable residents, including young people. Increased access to HIV pre-exposure prophylaxis (PrEP) medication is an incredible step forward in reducing new HIV diagnoses, preventing HIV acquisition when taken prior

to engaging in an activity where there is a risk of being exposed. However, we also need to review the impact of routine HIV PrEP commissioning on clinic and e-service capacity and how our clinics can continue to meet the needs of residents experiencing the poorest outcomes. Aligned to this is a review of the financial sustainability and stability of these contracts, ensuring we strike the right balance between providing the best service for our residents while delivering best value from the contract.

This report describes a comprehensive Programme of Change established to govern and lead the re-procurement of local sexual health clinics. During this Programme of Change, we will consult and co-produce a model of delivery with service users, and underpin this work with detailed activity and financial modelling. We are recommending the continued close working and joint approach with Lambeth and Lewisham, and our local trusts, to deliver a sustainable, integrated, and innovative sexual health clinic offer. This work will continue to progress the commitments we set out in our Strategy in 2019: to provide high-quality and innovative STI testing and treatment services and reduce the local burden of STIs, in particular amongst those disproportionately affected.

RECOMMENDATIONS

1. That the Cabinet:
    a) approves this Strategic Options Assessment (paragraphs 34-46) for the delivery of genito-urinary medicine (GUM) services for Southwark Council;
    b) approves the recommendation (option five, paragraph 50) to undertake a joint procurement with Lambeth and Lewisham and negotiate with the existing providers; and
    c) notes the proposed service requirements and outcomes for the future GUM contracts (set out in paragraphs 25-33) and that formal consultation on the future service model will be conducted with service users and residents as part of the planned engagement programme.

BACKGROUND INFORMATION

2. The Health and Social Care Act 2012 transferred, with effect from 1 April 2013, substantial duties to local authorities to improve the health and wellbeing of the population and reduce health inequalities. This includes the statutory requirement to provide open access sexual health services that provide residents with contraceptive services, the testing and treatment of sexually transmitted infections (STIs), sexual health promotion, and other forms of GUM.

3. Local authorities receive a Public Health grant to fund these services. In common with most of England, sexual health services of this type are delivered in a clinical setting by hospital trusts.

Current services

4. The council has approved the use of open access pan-London contracts by Lambeth Council on our behalf for clinical sexual and reproductive health (SRH) services with Guy's and St Thomas' Hospital Trust (GSTT) and King's College Hospital (KCH) successively since 2013. These are established specialist clinical SRH services: both have a long-term history of sexual health provision in Southwark and neighbouring Lambeth.

5. The council currently pays for sexual health services delivered by GSTT and KCH on an annual block contracted basis. The value of these contracts is negotiated annually and they are held and led by Lambeth Council, who re-charge Southwark accordingly under the Lambeth, Southwark and Lewisham (LSL) tripartite agreement, made between the boroughs of Lambeth, Southwark, Lewisham and their respective Clinical Commissioning Groups.

6. The current contracts with GSTT and KCH commenced in 2017 following extensive London-wide collaboration on the transformation and reconfiguration of sexual health services across the capital to support future affordability and sustainability of provision. They introduced a detailed pricing schedule via an integrated sexual health tariff (ISHT) and included a requirement to divert asymptomatic STI testing activity away from specialist clinical services to the sexual health e-service, to create additional clinical capacity to focus on complex demand. The service model provides a comprehensive set of SRH services for contraception, testing and treatment of STIs (including HIV), and diagnosis.

7. These contracts are due to end on 31 March 2022, though commissioners are concurrently seeking an extension to these contracts until 31 March 2023 (see Gateway 3 in background papers and elsewhere in this Cabinet agenda).

Sexual health system developments

8. Since 2017, the landscape of sexual and reproductive health has changed and there are a number of advancements that have since been incorporated into SRH provision locally and across London. These include:
   - the expansion of the pan-London e-service, which locally included uncapping access (i.e. the removal of the daily limit on tests available to be ordered online) during the COVID-19 pandemic (see background papers)
   - the development of a postal contraception offer, which was initially piloted by KCH
   - digital partner notification (contact tracing of sexual partners of a patient with a STI); and
   - the launch of routine access to HIV pre-exposure prophylaxis (PrEP) in clinics, following the PrEP Impact Trial.

9. Moving asymptomatic testing, treatment, and contraception services out of clinic and to the e-service enables continuing cost efficiencies (online testing, treatment and contraception is cheaper than clinic testing, treatment and

contraception); ensures a sustainable local sexual health system; and enables the council to continue to manage clinic demand and capacity. Early diagnosis and treatment also prevents onward infection (reducing the number of transmitted infections) and is essential in reducing the prevalence of infection within the population (and associated treatment costs, for which the council is responsible). The online STI self-testing service delivered through Sexual Health London (SHL) supplements the offer of sexual health services in clinic and reduces the cost of testing significantly.

10. In autumn 2019, Cabinet and council assembly approved proposals for an "invest to save" approach for sexual health services, as part of the budget challenge process. Demand and costs for sexual health services had been growing steadily, and it was proposed that the sexual health e-service be uncapped and e-services be promoted to key groups of service users, to channel shift service users who would otherwise utilise more expensive clinic-based services. It was agreed that this would happen from 1 April 2020.

11. Plans to uncap the e-service were brought forward by the coronavirus crisis. In March 2020, several sexual health clinics across London were closed, with clinical staff being redeployed to intensive care settings, and remaining clinic services were prioritised for complex, high risk, and urgent cases. It was agreed that provision for low risk and non-complex cases must be moved online as quickly as possible, to prevent cumulative harm to health from untreated STIs. The e-service was uncapped in Southwark on 17 March 2020. Online testing pathways were expanded to include low risk, symptomatic patients and contacts, with clinics carrying out clinical telehealth consultations to assess and triage symptomatic patients to online or in-clinic services.

12. The e-service records and reports on uptake of the service by different population groups. Equalities monitoring of SHL activity over the five month period from April – August 2020 revealed an increasing proportion of service users self-reporting as female, a young person, or of Black ethnicity. These groups accounted for a greater proportion of service users in Southwark compared to the London average, suggesting the service was accessible to these groups during the pandemic period.

13. The e-service was further developed during the pandemic in response to a lack of access to essential contraception services during the crisis. SHL established an online contraception pathway to sit alongside the STI testing offer on its website. KCH had already piloted online contraception access for Lambeth and Southwark residents using a different provider, so agreed to revive this pathway as an interim measure until the SHL service was ready to launch.

14. Southwark joined the online contraception service on 15 November 2020, transitioning seamlessly with the last day of the KCH commissioned service, to ensure that Southwark were not left with a gap in contraception access because of the implementation of new national restrictions.

15. The expanded online testing, treatment and contraception pathways remain better value than clinic pathways. By opening up and expanding these routes, activity has been diverted away from clinics, and the council has seen a reduction in genito-urinary clinic service costs. Some of the activity has been reduced because of the impact of the coronavirus pandemic, but this period represents a unique opportunity to embed digital sexual health services and achieve permanent channel shift away from clinics.

16. Commissioners and providers have also accommodated the implementation of routine HIV PrEP commissioning and provision in GUM clinics from autumn 2020; PrEP is medication taken prior to engaging in an activity where there is a risk of HIV acquisition to prevent this from happening. On 1 October 2020, Department for Health and Social Care (DHSC) published the grant determination for the PrEP grant for the 2020/21 financial year, which set out final amount and conditions for the ring-fenced grant to local authorities. Local authorities in London mobilised this service extremely quickly, with routine commissioning of PrEP starting at trusts in South East London from 15 October 2020. The commissioning model is initially based on two clinic visits per year and two sets of online STI tests per year (administered via SHL). London sexual health commissioners are still exploring the viability of shifting even more of these in-person clinic visits to digital or "virtual" channels, in order to both improve access for those individuals who cannot access PrEP in person (due to cultural stigma, disability, work or transport issues), as well as to reduce the costs of clinic visits.

COVID-19 impact assessment

17. A full assessment of the impact of the aforementioned developments and the continued impact of COVID-19 on population need and demand is required, including an assessment of how any additional capacity released by e-services is prioritised. This work would have been undertaken during the final year of the current contract; however, the ability to conduct a review of clinic activity has been constrained by changes in clinic attendance during COVID-19 as well as limited capacity amongst senior staff due to redeployment and other pandemic-related corporate priorities within the trusts. Commissioners are working closely with GSTT and KCH to embed recent changes, to plan for service recovery, and to consider how learnings from the pandemic will influence the future service model.

18. A rapid COVID-19 sexual and reproductive health impact assessment was commissioned by Lambeth on behalf of Southwark and Lewisham. Routinely available data sources were used alongside insight from providers and partner organisations. Emerging data from the pandemic period suggest that the e-service was able to off-set the majority of the reduction in face-to-face clinic testing activity (as a result of NHS prioritisation directives). Analyses by age, sex, and ethnicity further indicate that the increase in e-service use has been broadly proportionate for different groups and does not pose an immediate concern around the exacerbation of health inequalities. However, equalities data will continued to be monitored to ensure use remains equitable between groups.

19. Women's ongoing sexual and reproductive health needs have been of particular concern during the pandemic. Emergency hormonal contraception (EHC) use has historically been disproportionately higher in Black communities and, after an initial reduction at the start of the pandemic, their use of EHC resumed more quickly than that of women of other ethnicities. This suggests a particular unmet contraceptive need for these women. Work is currently underway with the LSL sexual health promotion service (Love, Sex, Life) to understand and overcome barriers to contraception use experienced by local Black African and Black Caribbean communities. Access to long-acting reversible contraception (LARC) was also severely reduced during the pandemic due to the prioritisation of in-person appointments towards acute clinical need. While activity has since improved, the availability of routine LARC will continue to be monitored with a view of improving local women's access to the full range of contraceptive methods from a variety of settings, including primary care. Patient flow between primary care and GUM services has been highlighted as a priority theme for the Programme of Change and crucial to reducing persistent inequalities in women's reproductive health.

20. The timeframe and information available for this rapid impact assessment are acknowledged as being limited and there is an opportunity to, at an appropriate time post-acute pandemic, develop this impact assessment further, through engagement with stakeholders, service users, and others whose needs are not currently being met by existing services. This work will feed into an equalities impact assessment of any proposed changes to service provision, to be presented alongside a Gateway 1 report. A contract extension has been requested to allow for this work to be undertaken, to inform the specification of new contracts upon completion.

Engagement

21. The proposed recommissioning of GUM contracts is to be led by a Programme of Change board, with commissioning and public health representatives across South East London.

22. Alongside the Programme of Change board, LSL commissioners have established a substantial programme of service user and professional engagement, to inform the future service model for GUM clinics. The engagement programme will be steered by a multi-disciplinary group of providers and commissioners, representing partners across the SRH system.

23. The 'citizen engagement and cross-system co-creation' programme will be structured around three phases:
    - a discovery phase (work already underway) to understand how services have changed and how this has affected the user experience. This phase involves desk-based research, a survey of service users and non-user residents, and mystery shopping
    - action-based co-creation workshops bringing together local residents, clinicians, and commissioners to detail what changes could improve service delivery, health outcomes, and user experience; and

- a rapid co-design phase using facilitated workshops to convert findings from the aforementioned activities into tangible plans and agreed actions across the system.

24. Recruitment to this programme of engagement and co-creation will ensure a broad and representative range of participants are involved. Particular attention will be paid to ensure recruitment of patients who don't typically participate in such activities, those who do not regularly use local GUM services (so as to explore barriers to access), and residents from a range of ethnic backgrounds to represent our diverse LSL populations.

KEY ISSUES FOR CONSIDERATION

Future service requirements and outcomes

25. As discussed in paragraphs 21-24, a significant programme of engagement and co-creation is underway to inform future service requirements, within the remit of our statutory obligations to provide SRH services. In addition to the output from these activities, LSL commissioners and clinical leads within the trusts have collectively reviewed where the statutory service model can be enhanced to optimise clinic capacity and maximise efficiencies, and remain accessible to residents who need it.

26. The e-service has been able to provide an increasing range of online services to meet additional demand diverted from clinic. The improved digital offer increases opportunities to transfer non-complex care and build clinic capacity to focus on more complex and complicated elements of SRH care requiring face-to-face support. The optimal balance between activity that needs to take place in clinic and the digital or remote service offer (i.e. e-service or telephone / tele-health consultations) is to be determined. It is expected some SRH care will require elements of both. Current equalities monitoring of the e-service suggests SHL is accessible and used by a diverse range of patients (see paragraphs 12 and 18), but uptake will continue to be closely monitored for any developing inequalities.

27. HIV PrEP provision will need to be formally integrated and embedded within this service, with an appropriate mix of clinic-based and e-service elements to facilitate this.

28. Alongside an emphasis on digital delivery, it remains a priority to maintain 'walk-in' service availability for patients who would not (or are not able) to access services online, those with urgent clinical need, and those who are vulnerable and most at risk of poor sexual health. It is expected that the increasing shift to digital provision will enable a renewed focus on reducing health inequalities and targeting face-to-face support to those who most need it. This includes, but is not limited to, some men who have sex with men (MSM), commercial sex workers, young people, vulnerable adults, and those who may feel marginalised from SRH services. Targeted outreach and/or links within existing outreach services may be required to support clinic access and

further details of targeted work to reduce inequalities will be explored in the Gateway 1 paper.

29. Increasing clinic capacity for complex patients may increase the likelihood of safeguarding interventions. Safeguarding support and links will be strengthened within all services that may engage with young people and/or vulnerable adults about their sexual health.

30. Aligned to the proposed and anticipated changes to service delivery, modelling is required to understand how demand for various aspects of the service may evolve and how to manage associated changes to resources. Consideration will be given to how the clinic service model will be impacted financially by a changed balance of service use and service users, to be informed by financial and activity modelling. Staff mix and training/development requirements will be reviewed in light of this modelling, in collaboration with providers.

31. Finally, commissioners will consider the continued utility of satellite clinic provision and whether these continue to be fit for purpose. It will be important to explore whether this remains the right structure to meet the changing needs of our local population. There may be alternative sites and access points within the system that could be considered for the care previously delivered by satellite clinics. As the number of access points to the SRH system increases and diversifies, GUM clinics will be expected to strengthen the integration of pathways between providers to ensure seamless care to users. A review of the patient experience of the pathways currently in place is planned as part of the Programme of Change and engagement programme.

32. There is a joint ambition from both commissioners and providers to maintain the spirit and delivery of innovation for which LSL has become known within the SRH system. Future contracts should continue to support and allow for innovation and in-year service improvements.

33. Service-level outcomes and key performance indicators will be delivered over the course of the proposed Programme of Change and the extension proposed in the Gateway 3 paper will enable commissioners to further develop and refine the vision of the future SRH service model.

Strategic service delivery options and assessment

Option one: external procurement via competitive tender

34. The service is currently provided by an external NHS provider.

35. The market for experienced GUM providers is limited and most London procurements to date have seen contracts awarded to incumbent providers. Both GSTT and KCH are well-recognised in the local community and have a history of strong performance.

36. Competitive sexual health procurements in London are extremely complex and time-consuming, and require large amounts of specialist commissioning input.

37. New providers will need to mobilise across the borough, providing on-the-ground specialist clinics. These take time to build to the correct clinical requirements, and are sometimes subject to lease, build and subsequent opening delays. For example, several new clinics in London had substantially delayed openings following the previous round of sexual health procurements in London, which led to confusion with service users.

Benefits	Risks
▪ Clarity on financial envelope and service expectations within that ▪ May be a quicker route to market should negotiations with existing providers prove difficult	▪ Less control of staff structures and overheads, though this is controlled for within the integrated sexual health tariff ▪ Reputational risks with existing providers who are well embedded in local strategic structures ▪ Mobilisation delays

Option two: external procurement via negotiation

38. The negotiation of direct award for the procurement of these contracts with GSTT and KCH would enable commissioners and providers to pursue the aforementioned Programme of Change and deliver embedded and sustainable service improvements by the start of the new contract.

39. The Programme of Change includes a process of detailed activity and financial modelling, ensuring contracts deliver value for money upon re-negotiation.

40. Both GSTT and KCH have given initial indications that they would be willing to negotiate this new specification and are contributing the Programme of Change engagement programme.

41. Should a negotiated approach not prove successful in securing the service on the terms desired, a competitive procurement with an external provider could be undertaken; however, as described in paragraphs 36 and 37, this is very complex and requires specialist commissioning expertise.

Benefits	Risks
▪ Implementable within short timeframe with little/no service disruption upon commencement of new specification	▪ Less control of staff structures and overheads, though this is controlled for within the integrated sexual health tariff

Benefits	Risks
▪ Provider reach: established relationships between GSTT, KCH, local partners, and the local population ▪ Continue to build and develop on well-embedded services ▪ Clarity on financial envelope and service expectations within that	

Option three: in-source

42. The council does not currently have the clinical expertise or governance to deliver clinical GUM services in-house. The council could decide to deliver this directly, or set up a Community Interest Company to provide these services. However, this would require the council to transfer clinical teams and make appropriate training, equipment, and premises available for them to operate from. This would require a significant capital investment and would need to give due consideration to workforce issues.

Benefits	Risks
▪ High level of control of service ▪ Control of staff structures ▪ Control of overhead costs	▪ Likelihood of staff attrition ▪ Staff on-costs ▪ Medium to long lead-in time required ▪ Capital investment required ▪ Additional HR resource required ▪ Additional considerations in setting up a clinical service (e.g. insurance)

Option four: decommissioning services

43. As described in paragraph 2, local authorities have a statutory duty to provide SRH services. This is not a viable option.

Option five: joint procurement approach

44. The council has the option to continue its shared procurement approach across LSL, and commission jointly with Lambeth Council a shared service. Should the council decide to pursue this option of joint procurement, Lambeth and Southwark boroughs may pursue options one or two above; the benefits and risks outlined above will remain the same.

45. The council already works with Lambeth to procure these services, in accordance with the LSL tripartite agreement. This provides greater flexibility to GSTT and KCH in service planning. South East London commissioners are,

via the Programme of Change board, committed to continuing to work collaboratively to re-procure these services.

46. Lambeth and Lewisham are submitting concurrent business cases to their respective local authorities in favour of a joint procurement approach to negotiate with the existing providers.

Benefits*	Risks*
▪ Potential for increased economies of scale across a multi-borough service ▪ Dedicated contract managing capacity via tripartite agreement ▪ Established commissioning team with relationships with London providers	▪ Ability to align outcomes and funding levels for the services ▪ Timeline for tendering and internal governance processes increases proportionately with each additional partner involved

*****These benefits and risks are in addition to the benefits and risks outlined above in options one and two (as relevant).

Policy Implications

47. The Lambeth, Southwark, and Lewisham Sexual and Reproductive Health Strategy, 2019-24 reaffirms our commitment to maintaining the provision of, and access to, high quality and innovative STI testing and treatment services.

48. The Southwark Health and Wellbeing Strategy 2015-20 sets out that improving sexual health, particularly for those groups disproportionately affected by poor sexual health, is a key issue for the council. Additionally, one of the strategy's key priorities is to promote increased self-care over a reliance on specialist care, supporting the need to review current service provision.

49. The Borough Plan sets out the commitment to reduce health inequalities, in particular 'closing the gap in health inequalities that affect our Black, Asian and minority ethnic communities.' Poor sexual and reproductive health means poor overall health and wellbeing. Whilst there have been considerable improvements in key SRH outcomes, these have not been made equally across our population and Black and minority ethnic (BAME) communities remain disproportionately affected by emergency contraception use, termination of pregnancy, and new HIV diagnoses. Ensuring equal access to essential services across these populations is critical in reducing inequalities in health outcomes.

Recommended strategic delivery option

50. Based upon the information and details outlined in this report, the recommended strategic delivery option is option five: joint procurement approach and negotiation with existing providers (paragraphs 44 to 46 above). Future investigation and details of the approach to delivery of this service will be undertaken to progress this option.

Identified risks for the service and recommended strategic option

51. The identified risks for negotiating with our existing external provider to deliver the shared service are set out below, with mitigations identified:

Risk	Risk level	Mitigations
Unable to control costs of services, or secure services at a price within the local authority budget for the services.	Medium	Work with current providers to agree a financial envelope, informed by extensive activity and financial modelling.
Choice of route to market may fail and/or lengthen delivery timeline	Low	Detailed procurement strategy led by Programme of Change board. Long lead-in time to allow for sufficient discussion with current providers and soft market testing as required. Option to go to competitive tender is still available should negotiations prove unsuccessful. Extensive planning and coordination of governance timelines between Southwark, Lambeth, and Lewisham. Programme of Change engagement programme includes representation from providers, to increase buy-in to the approach.
Current service quality may reduce while going through procurement/negotiation process	Medium	Ensure dedicated resource allocated. Work with provider to mitigate staff risk and feed into resource modelling. Continue regular (monthly) contract monitoring with providers throughout to monitor KPIs.
Procurement delayed due to ongoing COVID-19 pandemic.	Medium	Pragmatic and constructive planning agenda that recognises prioritising core service provision. Longer than usual lead-in time to support procurement decisions (see Gateway 3 in background papers)

Risk	Risk level	Mitigations
The future of the Public Health Grant is unclear. Further savings may be required.	Medium	There is a statutory requirement to provide open access sexual health services. As part of the planned recommissioning, thorough cost-modelling is expected in order to reassess the appropriate budget and block payments for these contracts and their affordability.
Impact of Brexit	Medium	As with all sexual health services, these services rely upon imported consumables for the test kits and testing reagents. The suppliers have amassed an emergency stockpile of these, in order to minimise the impact of fluctuations in supply.
The recommended strategic option is met with legal challenge	Low	The council would ensure that the procurement route agreed between the authorities is compliant with the Public Contracts Regulations 2015.

Key/Non Key decisions

52. This is a key decision.

Next Steps

53. It is recommended that the council considers the proposed service requirements and outcomes for the future GUM contracts (set out in paragraphs 25-33) and works with the currently commissioned providers to continue to develop the Programme of Change. Formal consultation on the future service model will be conducted with service users and residents as part of the engagement programme.

54. It is recommended that the council begin negotiations with the current providers, GSTT and KCH, to agree the collaborative development and provision of a new service model.

55. It is recommended that the council conduct further work on a detailed procurement strategy for the re-commissioning of the service against the proposed service model, once agreed, to be presented to Cabinet for Gateway 1 decision.

Service Delivery Project Plan (Key Decisions)

Activity	Complete by:
Enter Gateway 0 decision on the Forward Plan	01/05/2021
DCRB Review Gateway 0	05/05/2021
CCRB Review Gateway 0	13/05/2021
Approval of Gateway 0: Strategic Options Assessment	15/06/2021
Scrutiny Call-in period and notification of implementation of Gateway 0 decision	29/06/2021
Current contract end date (provided Gateway 3 is approved)	31/03/2023
Gateway 1 completion (est.)	January 2022

Community impact statement

56. Positive sexual health is not proportionate within the population; there are strong links between deprivation and STIs and teenage conceptions and abortions, and the highest rates of STIs are found in MSM, young people and BAME groups. The Lambeth, Southwark and Lewisham Sexual Health Strategy and Partnership Board have prioritised improved outcomes for MSM, young people and black and minority ethnic groups. These contracts provide a comprehensive integrated service for sexual health and, alongside the sexual health e-service, provide ongoing access to STI testing, contraception, HIV PrEP, information and advice, and signposting for all Southwark residents. It is expected that these services will continue to meet the needs of people of all protected characteristics, without excluding certain groups and increasing existing inequalities.

Social Value considerations

57. 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. Statements regarding social value in the Gateway 2 and Gateway 3 reports (see background papers) remain valid and will be committed to in future contracts.

58. Both providers pay London Living Wage.

59. Under the Fairer Future Procurement Framework, the council aims for all contracts over £1m in value will provide at least one apprenticeship for per £1m of contract value. A discussion of apprenticeships will be included as part of the negotiations held with the existing service providers and further information will be provided in the Gateway 1 report. Both trusts currently offer apprenticeship schemes to support local people into employment and offer

non-clinical work experience to Southwark and Lambeth students and residents.

60. Both GSTT and KCH are embedded within and engage with the local community and in safeguarding. 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.

Economic considerations

61. All Southwark residents can, by statute, access sexual health clinics anywhere in the country, with the council where the person is resident being liable for the cost. Despite commissioners exerting downward pressure on clinic tariffs in recent years, the increasing need/demand for services has seen spend in Southwark increase. The high costs are unsustainable, especially given the sustained reductions to the Public Health Grant. Given the block contracting arrangements with GSTT and KCH (which will remain under these proposed new contracts), it is more cost effective for the council when residents access services locally.

Social considerations

62. It has been identified that it is important for open access services and the e-service to link closely to ensure that service users are successfully integrated into appropriate care pathways; and to support the provision of consistent health promotion messages and sexual health information. While it is intended that the online service will enable an appropriate shift in activity from clinic-based services, it is essential that open access clinic-based services remain available for those who choose to use them. Some people will prefer to be seen by a health care professional. An equalities impact assessment conducted on the pan-London e-service identified that it is important for open access services and the e-healthcare service to link closely to ensure that service users are successfully integrating into appropriate care pathways; and to support the provision of consistent health promotion messages and sexual health information.

63. The engagement programme within the Programme of Change will additionally capture service user feedback on the accessibility and availability of services.

Environmental/Sustainability considerations

64. The availability of high-quality SRH 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 SRH services reduces unnecessary travel to/from clinic sites where it is not required.

Plans for the monitoring and management of project

65. The planned procurement and Programme of Change is being led by joint SRH commissions in Lambeth, who provide commissioning and contract expertise on behalf of LSL as per the terms of the LSL tri-partite agreement.

66. The Programme of Change board has already been established and is meeting monthly to monitor progress. This board consists of commissioners and public health leads from LSL, and the joint commissioning team; there is dedicated resource within the Southwark Public Health team to support this work.

Resource implications

67. There are no resource implications arising from this report. Any implications from future changes will be set out in a Gateway 1 procurement strategy report.

TUPE/Pensions implications

68. There are no TUPE/Pensions implications arising from this report. Any implications from future changes will be set out in a Gateway 1 procurement strategy report.

Financial implications

69. There are no financial implications arising from this report. Any implications from future changes will be set out in a Gateway 1 procurement strategy report.

Investment implications

70. There are no investment implications arising from this report. Any implications from future changes will be set out in a Gateway 1 procurement strategy report.

Legal implications

71. Please see concurrent from the Director of Law and Governance.

Consultation

72. As set out in paragraphs 21-24, a programme of engagement is planned to support this re-commissioning.

Other implications or issues

73. None.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Strategic Director of Finance and Governance (EL21/003)

74. This report seeks the approval from the Cabinet Member for Public Health and Community Safety of the strategic options assessment for the delivery of genito-urinary medicine services in Southwark.

75. The Strategic Director of Finance and Governance notes at this stage there are no financial implications arising from this report and any implications from future changes will be set out in a Gateway 1 procurement strategy report.

Head of Procurement

76. This report seeks approval from cabinet for the strategic options assessment for detailed above for the delivery of genito-urinary medicine (GUM) services with Southwark.

77. This report conforms to the council Contract Standing Orders (CSO).

78. The risks are detailed in paragraph 51, contract management and monitoring is detailed in paragraphs 65 to 66 and confirms payment of the London Living Wage (LLW) in paragraph 58.

Director of Law and Governance

79. This report seeks the approval of the strategic options assessment for the delivery of genito-urinary medicine services in Southwark.

80. Under the council's Contract Standing Orders, a pre-procurement/Gateway 0 report is required for any service contract with an estimated contract value of £10m or more, or other strategically important contract for services, goods or works where requested by the relevant cabinet member. The decision to approve the report recommendation is reserved to the relevant cabinet member, although it may be referred to the Cabinet for decision.

81. The recommended strategic delivery option is for the council to establish a shared service with neighbouring boroughs Lambeth and Lewisham, through negotiation with the existing service providers. However, the contract value is not yet known and will be confirmed in the Gateway 1 report together with details of the proposed procurement strategy.

BACKGROUND DOCUMENTS

Background Documents	Held At	Contact
Gateway 3 – Variation Decision Extension of contracts for the provision of genito-urinary medicine services at KCH and GSTT	Public Health (held electronically)	Talia Boshari, 07548 711767
Link (please copy and paste into browser): https://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=7013&Ver=4		
Gateway 2: Contract Award Approval - Award of Contracts for the Provision of Sexual Health Services	Public Health (held electronically)	Talia Boshari, 07548 711767
Link (please copy and paste into browser): http://moderngov.southwark.gov.uk/documents/s70943/Report%20Gateway%202%20Contract%20Award%20Approval%20-%20Award%20of%20Contracts%20for%20the%20Provision%20of%20Sexual%20Health%20S.pdf		
Lambeth, Southwark and Lewisham Sexual Health Strategy 2014-17	Public Health (held electronically)	Talia Boshari, 07548 711767
Link (please copy and paste into browser): http://moderngov.southwark.gov.uk/documents/s51569/Appendix%202%20Lambeth%20Southwark%20and%20Lewisham%20Sexual%20Health%20Strategy%202014-%202017.pdf		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Cabinet Member	Councillor Evelyn Akoto,Health and Wellbeing
Lead Officer	Sangeeta Leahy, Director of Public Health
Report Author	Talia Boshari, Interim Programme Manager for Children & Young People and Sexual Health, Public Health Farrah Hart, Consultant in Public Health
Version	Final
Dated	1 June 2021
Key Decision?	Yes

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments included**
Strategic Director of Finance and Governance	Yes	Yes
Head of Procurement	Yes	Yes
Director of Law and Governance	Yes	Yes
Contract Review Boards		
Departmental Contract Review Board	Yes	Yes
Corporate Contract Review Board	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team		1 June 2021