

# Cabinet



Date of meeting:	11 March 2024
Title of Report:	<b>Integrated Sexual Health and Reproductive Health Contract Award</b>
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
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Your Reference:	
Key Decision:	Yes
Confidentiality:	Part I - Official

## Purpose of Report

This report sets out the decision to directly award a new contract for Integrated Sexual and Reproductive Health services to the existing provider of services, University Hospitals Plymouth, with the aim of commencing by 01 April 2024. The annual contract value proposed will be set at a value of £2,684,315. A total value of £21,470, 520 has been costed cover a lifetime contract length of up to 8 years (3 years initially with options to extend for 3 years and then 2 years).

This recommendation is in made in accordance with procurement law under Health Care Services (Provider Selection Regime) Regulations 2023<sup>1</sup> which came into force on 1 January 2024. The regulations introduce what is referred to as a Provider Selection Regime (PSR).

## Recommendations and Reasons

1. That a new contract for Integrated Sexual and Reproductive Health services (as detailed in this report) is awarded to University Hospitals Plymouth as lead provider of the SHiP partnership

Reason: This decision is proposed in accordance with Health and Care Act 2022, new regulations for procuring health care services in England which came into force on 1 January 2024. The regulations remove the need for health care services to be procured in accordance with the wider and more general UK procurement law. This new procurement regime is designed to provide a more flexible and proportionate process for deciding who should provide health care services within a framework that allows collaboration and ultimately ensures health care decisions are made in the best interests of patients and services users. In applying the regime, relevant authorities including the council are expected to:

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<sup>1</sup> [The Health Care Services \(Provider Selection Regime\) Regulations 2023 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

- Act with a view to securing the needs to the people who use the services, improving the quality of the service and improving the efficiency of the service provision;
- Ensure decisions about which organisations provide health care services are robust and defensible, with conflicts of interests appropriately managed; and
- Adopt a transparent, fair and proportionate process when following the PSR.

The new regulations include a process that authorities can follow to directly award health care service contracts. Part of this process includes a mechanism to award new contracts directly to an existing provider where there is limited or no reason to seek to change from that provider or the existing provider is the only provider that can deliver the health care services.

It is considered that in the case of sexual and reproductive health services within Plymouth, that the existing provider namely University Hospitals Plymouth Trust is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard, operating in collaboration with its specified partners. The remainder of this report sets out the reasons for this opinion taking account of the statutory guidance available [The Health Care Services \(Provider Selection Regime\) Regulations 2023 \(legislation.gov.uk\)](https://www.legislation.gov.uk) as judged against key criteria.

Key Criteria
Quality & Innovation
Value
Integration, collaboration and service sustainability
Improving access, reducing health inequalities, and facilitating choice
Social Value

### 1) Quality & Innovation

The contract for Integrated Sexual Health Services is currently delivered through a collaboration of NHS and voluntary sector partners (Sexual Health in Plymouth) 'SHiP', with University Hospitals Plymouth (UHP) as lead provider and The Zone and The Eddystone Trust as subcontractors. The award followed a comprehensive process in which the local authority received legal authorisation to carry out a negotiated procedure without prior publication. This enabled four separate sexual health services (UHP, The Zone, Eddystone and Livewell SW) to work with commissioners as a new partnership and design an integrated model of sexual and reproductive health care provision under a new single contract.

The provision of Integrated Sexual Health Services is supported by current accredited training programmes and guidance from relevant professional bodies including; Faculty of Sexual and Reproductive Health (FSRH), British Association for Sexual Health and HIV (BASHH), British HIV Association (BHIVA), Royal College of Obstetricians and Gynaecologists (RCOG) and National Institute for Health and Care Excellence (NICE), as well as relevant national policy and guidance issued by the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA).

Since the contract was awarded in October 2017, we have seen continued significant developments across the local sexual health system. The partnership delivers a locally available, integrated model of provision through an enhanced focus on primary prevention, early intervention and planned care. The partnership has met a number of the achievements. These include:

- An integrated 'front door' with a central telephone number and online system for advice, information, self-management and appointment bookings <https://yourship.uk>
- Development of telemedicine and digital based services including telephone and video consultations
- A significant increase in online home testing for sexually transmitted infections

- Wider use of remote prescribing of some contraception and treatments for sexually transmitted infections
- The launch of routine access to HIV pre-exposure prophylaxis (PrEP)
- Specific focus on building capacity for long acting reversible contraception (LARC) in specialist services and General Practice
- Development of peer support with a particular focus on people living with HIV
- Design and delivery of a free condom scheme C@SHiP
- Service resilience and continuity through periods of significant disruption and adversity.

It is important that these developments can continue and be further scaled up as they form a crucial part of the service model going forward.

## 2) Value

The annual budget allocated for this contract is set at a minimum £2,673,232 and will have a combined maximum total value of £21,385, 856 over a potential 8 year contract lifetime. This budget has been agreed within the terms of Local Authority Public Health grant funding remaining consistent each financial year. The proposed contract length seeks to add value by providing adequate opportunity to reduce the cost burden of ill-health within the resources available over the whole life of the arrangement.

In view of the current challenging financial climate for both providers and commissioners of services, the contract amounts will be varied over the course of the contract under provisions made as part of contractual arrangements. The partnership has consistently strived to perform against contract value and provide value for money. Annual financial efficiencies have so far been built in and met as below:

<b>Contract Year</b>	2020	2021	2022	2023
<b>Savings Identified</b>	£191,050	£283,940	£329,940	£329,940

The partnership has provided further commitment to ongoing arrangements by ensuring the financial viability of the contract through open book accounting, robust governance processes and service transformation work.

The choice of Integrated Sexual Health Services for Plymouth is informed by nature of the benefits that current arrangements with the provider bring, its interdependencies with other services and wider commissioning priorities. The anticipated cost of changing to a new provider/s has been considered and in this case, would not be cost effective to the local health system nor considered to be in the best interests of taxpayers.

## 3) Integration, collaboration and service sustainability

The delivery of an Integrated Sexual Health Service requires specific experience and competence and is highly specialist in nature. The model provides non-judgmental and confidential services through open access, where the majority of sexual health *and* contraceptive needs can be met at once, often by one health professional, through a single point of contact, in services which are easily accessed by everyone in a single visit. Implementation of the local Integrated Sexual Health Service has entailed some major structural change to for each organisation in the partnership which continues to be forward thinking and focused on better ways to transform, collaborate more and work together.

The partnership has built the capability to work effectively in the interface across the reproductive health system and this is further enhanced through services for HIV, maternity, abortion and sexual health being situated next to each other at Derriford Hospital, with an integrated clinical team ensuring seamless

pathways for service users. In this way, the provider can clearly demonstrate that the services it provides will continue to sufficiently integrate into the existing infrastructure and patient pathway,

The partnership is highly respected and has an excellent reputation within the sexual health system. University Hospitals Plymouth along with the council is a key partner in the Plymouth Local Care Partnership which was formed to strengthen on existing partnerships and relationships across the health and care sector, to drive change, reduce inequalities and lead to better more joined-up care for the benefit of our population, leading to tangible benefits for patients and service users.

#### 4) Improving access, reducing health inequalities, and facilitating choice

The partnership is committed to increasing access to sexual health services for all groups by providing an enhanced focus on prevention and self-management. During the COVID19 pandemic it rapidly mobilised an advanced patient management system linked to a digital Personal Health Record (PHR) which give users the tools to manage their own sexual health needs. There is good evidence of the popularity of the new digital offer with a greater degree of activity now being delivered online as well as to face to face. The partnership works to deliver outcomes which result in a reduction in sexual and reproductive health inequalities, specifically focussing on young people, men who have sex with men, people living in deprived areas and people from ethnic minority backgrounds groups.

The Zone as the lead for young people's sexual health services, remains key to the partnership's ability to provide information, advice and support to young people and young adults. They provide the collaborative with a wide range of competence and skills internally and from daily experience of supporting young people in Plymouth and drawing on that to shape their work.

The Eddystone Trust works as part of the partnership to provide HIV prevention services, HIV Point of Care testing, advocacy, care and support services and broader sexual health promotion services. They interface between people living with HIV and their clinicians, holding crucial links with the local community through delivering a range of targeted outreach services in public sex environments and to street sex workers and other vulnerable people.

#### 5) Social value

This is a mature partnership involving major health providers and the local voluntary sector, which has taken time to develop. The building blocks for deeper partnership and integration for the betterment of the populations served have been established. To bring in a new partnership (or new and significant partners) would require extensive relationship building (complex relationships) from a new beginning in addition to time, resource and additional investment from the local authority. It would also mean the loss of much benefit from the progress made with our acute trust, voluntary and community partners and wider health system. The partnership worked hard during the COVID-19 pandemic to ensure that sexual health services were provided to residents with appropriate innovations and safeguards.

The partnership meets climate impact requirements as set out by mandated local authority processes, with University Hospitals as lead provider demonstrating a visible sustainability governance infrastructure. The partnership provides a range of employment opportunities to local residents, with particular strengths in its capacity and capability to develop and grown the voluntary sector pool through structured programmes for training and peer support. The system knowledge and experience that the partnership brings should not be underestimated as it allows for a greater depth of both strategic planning and intrinsic decision-making for the best outcomes for the people of Plymouth. In this way, the partnership demonstrates the ability to improve the social, economic, and environmental conditions aligned to our local priorities.

In summary, this report sets out the view that the existing provider University Hospitals Plymouth, is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard in deliver of Sexual and Reproductive Health Services for people in Plymouth, working as a partnership of

providers 'Sexual Health In Plymouth' and further, as a fully embedded part of our local health and care system.

### Alternative options considered and rejected

- Option 1: Do nothing
- Option 2: In-sourcing
- Option 3: Direct award without any competitive process, involving a directly negotiated solution with the current provider, with the aim of commencing a new contract by 1<sup>st</sup> April 2024

### Analysis

Option 1: Do nothing.

This option would entail letting the current contract run out leaving Plymouth without any sexual health services from 1<sup>st</sup> April 2024. The impact of the service ceasing to exist would be approximately 262,100 people not receiving a services including, STI testing and treatment, contraception, counselling, education and safeguarding opportunities (ONS 2019). We have a mandatory duty to provide sexual health service and therefore people would need to be diverted to other services including GPs and adults services which are paid on tariff and would not provide best value for money.

Option 2: In-Sourcing

The Council would not have the infrastructure in place to deliver this service. The Council does not currently deliver health services for residents and there is no identifiable directorate that a service like this would sit under. As a clinical service it requires clinical oversight and governance of practice and registration, training and development. Delivering a clinical and psychological service internally would require a longer time to mobilise. The majority of the staff team delivering this contract have NHS terms and conditions including agenda for change and TUPE rights. With this option, the Council would be responsible for any related costs and potentially the transfer of NHS terms and conditions. There is no evidence of any Local Authority in England in-sourcing a sexual health service and is not a recommended option.

Option 3:

Directly award a new contract to the current provider, with the aim of commencing by 1<sup>st</sup> April 2024

There are a number of advantages to this option. The partnership has been a trusted provider of sexual health services in Plymouth for 7 years and has an excellent track record for performance delivery within the budget envelope available. There is a great deal of confidence that the current service delivers value for money. The previous negotiated process and direct contract award in 2017, provided a lever to make long-needed changes and transform the service at a pace that would otherwise not have been possible. This contract award would provide further stability and encourage the provider to continue with longer-term investments in capacity and capabilities within the service. This option would also enable the current provider to continue delivering the service with no additional set-up costs or time required. The establishment of a new SHiP alliance agreement has been agreed by the partnership and will provide joint accountability for the contract going forwards, This will provide the council with a high degree of assurance about ongoing performance, quality and value for money.

### Summary

Option 3 (Direct Award a new contract to the current provider, with the aim of commencing by 1<sup>st</sup> April 2024) is the preferred procurement route and would enable continued close working with the provider to deliver a sustainable, integrated, and innovative sexual health offer.

This option will support work to progress the commitments set out in 2017: to provide high-quality and innovative STI testing and treatment services and reduce the local burden of STIs, in particular amongst those disproportionately affected.

This option will have least impact on the system and support Plymouth's approach to collaboration as part of the local care partnership.

The local authority is authorised to follow this option and direct award a contract of this nature and value as per the scope of the Provider Selection Regime (Direct Award Process A).

## **Relevance to the Corporate Plan and/or the Plymouth Plan**

### Plymouth City Council Corporate Plan

The Plymouth City Council Corporate Plan, updated in 2023, sets out our mission of Plymouth being one of Europe's most vibrant waterfront cities, where an outstanding quality of life is enjoyed by everyone. The contract provider contributes significantly to the priority: "Working with the NHS to provide better access to health, care and dentistry" and does this by:

- Providing quality public services,
- Trusting and engaging our communities
- Spending our money wisely, and
- Focusing on prevention and early intervention

### The Plymouth Plan

Sexual Health provision also aligns to the Plymouth Plan which sets a shared direction of travel for the long term future of the city. In particular, by directly contributing to:

- HEA1: Addressing health inequalities, improving health literacy
- HEA3: Supporting adults with health and social care needs
- HEA4: Playing an active role in the community
- HEA9: Delivering accessible health services and clinical excellence

### Plymouth Local Care Partnership

The council is a key partner in the Plymouth Local Care Partnership which was formed to strengthen on existing partnerships and relationships across the health and care sector, to drive change, reduce inequalities and lead to better more joined-up care for the benefit of our population, as set out below. Its priorities are:

- Improve health and wellbeing outcomes for the local population
- To reduce inequalities in health & wellbeing of the local population
- To improve people's experience of care
- To improve the sustainability of the health and wellbeing system
- To develop into autonomous "place based" partnership with delegated responsibility from the ICB

## **Implications for the Medium Term Financial Plan and Resource Implications:**

The existing contract is funded by the ring-fenced Public Health grant. The net budget for year 1 of the new contract is £2,684,315. As the Public Health grant allocation does not get confirmed beyond each financial year, this may impact on the availability of funding, though it is anticipated that financial resources will continue to be available via the Public Health budget to enable the commissioning of the services going forwards. Annual contract amounts will be varied over the course of the contract under provisions made as part of contractual arrangements.

## Financial Risks

This business case seeks to award a new contract for Integrated Sexual and Reproductive Health services, over a period over a lifetime of up to 8 years. The total contract value proposed is £21,474,520 and covers a contract length of 3 years initially with options to extend for 3 years and then 2 years thereafter. There will be financial implications for local authority by way of approving this decision given that the proposed envelope for the service falls within the ring-fenced Public Health budget, which is not fixed and has experienced large real-term reductions<sup>2</sup>.

I should also be noted that sexual health services are under intense pressure financially, presenting a significant challenge for providers to respond at the scale needed, within the budgets made available. Despite this, the existing partnership has continued to:

- a) Deliver sexual services as per the current model within the agreed budget from the local authority Public Health grant.
- b) Deliver an Integrated Sexual Health Service, as a partnership of providers with a pooled budget, under one single contract.

In acknowledgement of this and the local authority's commitment to the SHiP partnership, the annual financial envelope for this service has been agreed at an annual amount of £2,684,315 to be varied to reflect any % uplift the annual public health grant receives.

There is also a financial risk to *not* approving this decision. Plymouth would be left without any sexual health services from 1<sup>st</sup> April 2024. We have a mandatory duty to provide sexual health service and therefore people would need to be diverted to other services including GPs and adults services which are paid on tariff and would not provide best value for money.

## Carbon Footprint (Environmental) Implications:

None identified

## Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

*\* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

None identified

## Appendices

*\*Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Business Case							
B	Equalities Impact Assessment							
C	Climate Impact Assessment							

<sup>2</sup> <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant...>

**Background papers:**

\*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable)						
	If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
	1	2	3	4	5	6	7
Contract Specification			X				

**Sign off:**

Fin	HLS 1902 24CH	Leg	KT/ 2643/ 1812 23	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	SS/SC/0 27/CAB/ BC/1123
Originating Senior Leadership Team member: Ruth Harrell (Director of Public Health)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 01/02/2024											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)											
Date approved: 01/03/2024											