

Brighton & Hove City Council

Adult Social Care and Public Health Sub Committee

Agenda Item 12

Subject: Integrated Sexual Health Services Contract Extension

Date of meeting: 13 June 2023

Report of: Rob Persey

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Ward(s) affected: All

For general release

1. Purpose of the report and policy context

- 1.1 This report seeks agreement to extend the current contract with University Hospitals Sussex NHS Foundation Trust for Integrated Sexual Health Services for one year to 31 March 2025 with the option of a further one year extension to 1 March 2026.
- 1.2 The report explains the rationale for the contract extension request in the context of the national commissioning direction for health services, and to support some critical business interdependencies.

2. Recommendations

- 2.1 That Committee agrees to the extension of the contract for Integrated Sexual Health Services for one year with the option of a further one year extension and grants delegated authority to the Executive Director Health & Adult Social Care to extend the contract subject to satisfactory performance.

3. Context and background information

- 3.1 There is a high burden of poor sexual health in Brighton and Hove: the City has a rate of sexually transmitted infections of 1,054 per 100,000 population (2021), higher than the England average and the highest rate in the South East region.
- 3.2 Brighton and Hove has the 8th highest prevalence of diagnosed HIV in England and the highest outside of London. In 2021 the prevalence was 6.97/1,000 aged 15-59 compared to 2.34/1,000 in England

- 3.3 The Contract for Integrated Sexual Health Services is currently delivered in Brighton and Hove by University Hospitals Sussex NHS Foundation Trust. The Contract has been in place since 2015 and was extended in 2018 and 2020. A new contract with the same provider was awarded in 2022 following a report to the Adult Social Care & Public Health Sub Committee in September 2021.
- 3.4 NHS England has a separate contract with the same provider to fulfill their responsibilities in respect of HIV. Both services are provided on the same site and there is overlap in terms of staff. The services under the two contracts with the provider are intertwined with business critical dependencies: they are delivered by the same provider, the same clinicians working in the specialty of sexual health, and from the same site.
- 3.5 The value of the contract is £3,446,760.00 for the financial year 2023/24 and is assumed to be ongoing for 2024/25 and 2025/26. The contract is funded through the Public Health grant.
- 3.6 Current contract performance is good. University Hospitals Sussex has generally met the core KPIs for the delivery of the services throughout the period of the contract.
- 3.7 The best option for BHCC regarding the immediate future of the service beyond March 2024 is to extend the current contract by one year with the option to extend by a further year (a 1 + 1 extension) i.e: Option one presented below. The reasons informing this are outlined below, as is an alternative option.

4. Analysis and consideration of alternative options

4.1 Option 1 – Recommended: Extension by 1 + 1 years of the current contract with the incumbent provider.

- 4.2 It may be the case that an extension will allow for recommissioning to fall under the forthcoming NHS Provider Selection Regime procurement regulations as part of the Health and Social Care Act 2022 ([NHS commissioning](https://www.nhs.uk/commisioning) » [NHS Provider Selection Regime \(england.nhs.uk\)](https://www.england.nhs.uk)¹). There is no definitive timetable in place for the implementation of such a regime, however there is an expectation that the Selection Regime will provide a new procurement option that enables the continuation of a contract with an incumbent provider subject to performance, value for money and local decision making.
- 4.3 Acknowledging the current good performance of the provider, extending the contract will provide stability and further opportunities to focus on collaboration and delivering outcomes for residents and people who use the services. It would also reduce the risks to staff stability and the risks associated with a hurried re-procurement process.

4.4 There are multiple and complex operational and strategic links and interdependencies between the Integrated Sexual Health Service contract commissioned by the Council and the HIV treatment service commissioned by NHS England. Many critical staff, at all levels, divide their time between the two services. A contract extension would facilitate the ongoing smooth provision of services.

4.5 Option 2: proceed with a full market tender for a new contract in time for April 2024

4.6 Although the value of the contract is high, there are substantial fixed costs which may potentially render it unattractive to the market. The salary element accounts for a significant proportion of the budget. The staff pool is on NHS pay schemes which cannot be amended and would continue to be comparable in the event of a TUPE transfer.

4.7 Given the current contract ends March 2024 the tender process would require considerable capacity from Public Health Commissioning, the Provider, Procurement, and Legal services. It is unlikely that there is adequate time to complete the appropriate procurement process and a shortened process would limit the range and depth of stakeholder activity and needs assessment. Running a procurement process in this way would be a high risk option for the Council

5. Community engagement and consultation

5.1 Preferred Option 1 will provide the necessary timeframe to conduct all elements of a stakeholder engagement and a population health needs assessment to inform any revised specification which might inform the service beyond the extended contract period.

5.2 Option 2 will not provide an adequate timeframe for stakeholder consultation or a needs assessment to inform a procurement process to be completed by April 2024

6. Conclusion

6.1 The best option for BHCC regarding the immediate future of the Integrated Sexual Health Service beyond March 2024 is to extend the current contract by 1 year to 31 March 2025, with the option to extend by a further year to 31 March 2026, under Regulation 12(7) of the Public Contract Regulations 2015. This is considered to provide the best value for money and continuity of a quality service for residents and others in the City.

7. Financial implications

7.1 The existing Integrated Sexual Health Services contract is funded by the ringfenced Public Health grant (Health & Adult Social Care directorate).

7.2 The net budget is £3.447m for financial year 2023/24 and is assumed as ongoing for 2024/25 and 2025/26. However, the Public Health grant allocation

has not been confirmed beyond financial year 2023/24 which may impact on the availability of funding, though it is anticipated that financial resources will be available to enable the commissioning of the services detailed above up to March 2026.

Name of finance officer consulted: Sophie Warburton Date consulted (dd/mm/yy): 30/05/2023

8. Legal implications

- 8.1 Regulation 12(7) of the Public Contracts Regulations 2015 relates to contracts which establish or implement co-operation between contracting authorities. These contracts fall outside the scope of the public procurement regime and do not therefore need to be the subject of a compliant procurement. In order to rely on Reg 12(7) the implementation or the co-operation must be governed solely by considerations relating to the public interest and the co-operation must be with the aim of ensuring that public services the two contracting authorities have to perform are provided with a view to achieving objectives they have “in common”. Counsel has previously advised on the application of Reg 12(7) to these services and confirmed that it can be relied on.

Name of lawyer consulted: Alice Rowland Date consulted (dd/mm/yy): 6/6/23

9. Equalities implications

- 9.1 The contract includes specific requirement that the service provider must not discriminate between or against Service Users, on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation or any other non-medical characteristics.
- 9.2 The Integrated sexual health service will be provided with full regard to The Equality Act (2010) and the Public Sector Equality Duty (2011) in ensuring services are appropriate and accessible to all. The provider will participate in equality impact assessments annually and as required.
- 9.3 The provider will collect, monitor, and analyse data to inform and ensure equitable access to the service. Remedial action will be taken in a timely fashion to ensure equity of access where any challenges are identified.

10. Sustainability implications

- 10.1 Extension of the existing service ensures the continuation of existing staff and estates within Brighton and Hove. Over the life of the current contract, service delivery has maximised the benefits of co-location with the HIV service, pathology, and pharmacy functions. This ensures travel, for both staff and people using the service, is reduced and focused on community-based delivery of appointments and groups.

11. Other Implications

Social Value and procurement implications

- 11.1 The provider is a locally based NHS trust delivering high quality care in a joined up way to meet the sexual health service need in Brighton & Hove
- 11.2 There are multiple and complex operational and strategic links and interdependencies between the Integrated Sexual Health Service contract commissioned by the Council and the HIV treatment service commissioned by NHS England, these go beyond the simple delivery of 2 services, in terms of organisation collaboration to deliver an enhanced service to meet the needs of the population.
- 11.3 The social value extends beyond the delivery of a service: the service benefits from and is informed by the confidence of the community and relationships formed within this community.

Public health implications:

- 11.4 Improving public health is directly addressed by the public health service to which this paper refers.

Supporting Documentation

- 1. **Background documents**
- 1. [NHS commissioning » NHS Provider Selection Regime \(england.nhs.uk\)](https://www.england.nhs.uk/commissioning/)

