

**Report to CABINET**

## **Request for an extension to the Integrated Sexual Health Services contract**

**Portfolio Holder:** Councillor Chauhan, Cabinet Member Health and Social Care

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### **Reason for Decision**

To ensure that Oldham has a high quality integrated sexual health service to support population health and meet our mandated responsibilities for open access sexual health services and to minimise service disruption during the current response to Covid-19 and the anticipated recovery period.

### **Executive Summary**

We are currently experiencing an outbreak situation in the UK and globally. Coronavirus Disease (COVID-19) was characterized as a global pandemic by the World Health Organisation on 11 March 2020. The extent of the pressures arising from the impact of the pandemic could not have been foreseen or planned for.

There are commercial actions that we must make swiftly to ensure we are able to stabilise services, rather than engage in the intended open tender exercises, whilst we collectively respond to the impact of COVID-19. In such exceptional circumstances this is permissible under current public procurement regulations, Regulation 72 (1)( c) of the PCR2015.

The Integrated Sexual Health Service has been provided by the current provider since January 2016 as part of a cluster commissioning arrangement with Bury and Rochdale

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Councils. The contractual extension period to this contract is due to complete 31 March 2021. Preparatory work in advance of a tender process had commenced earlier in 2020 but has now been suspended as a direct result of the need to respond to COVID-19.

This paper outlines proposals to extend the contract under Regulation 72 (1)( c) of the PCR2015 for a period of 12 months (1 April 2021 to 31 March 2022) due to the COVID-19 outbreak.

If the contract extension is approved, then the planned redesign of the sexual health service and the associated procurement exercise would take place at a later date, when it is appropriate and safe to do so. Rochdale Council would act as the lead commissioner for the service, and STAR Procurement (Stockport, Trafford and Rochdale Procurement) would lead the procurement.

## **Recommendations**

Cabinet are requested to:

1. Approve the decision to extend the current contract for the Integrated Sexual Health Service until 31 March 2022 in collaboration with Bury and Rochdale, at the current contract value, plus premises costs and any additional income received from Department of Health and Social Care for NHS pay awards or any potential pandemic related funding.
2. Delegate authority to Rochdale Council and STAR procurement to enact a 12 month contract extension on behalf of Oldham Council.

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**Request for an extension to the Integrated Sexual Health Services contract****1. Background**

- 1.1 The Health and Social Care Act 2012 divided responsibility for commissioning sexual health, reproductive health and HIV services between local government, CCGs and NHS England. Local authorities are mandated to commission and fund comprehensive, open-access HIV/STI testing services; STI treatment services (excluding HIV treatment); and contraception services for the benefit of all persons of all ages present in their area. Integrated Sexual Health Services (ISHS) include contraception and sexual health [CASH, also known as family planning] and genito-urinary services [GUM].
- 1.2 The current contract for the delivery of Integrated Sexual Health Services is a collaborative commissioning contract between Oldham Council, Bury Council and Rochdale Council (North East Sector [NES]) and has been in place since January 2016. Rochdale Council is the lead commissioner of this cluster arrangement and holds the contract, under a tripartite legal agreement whereby Oldham and Bury Councils are associates to the contract.
- 1.3 The specialist Sexual and Reproductive Health system in Greater Manchester experiences significant levels of demand, with over 300,000 face to face appointments taking place each year within specialist clinics. In line with the national picture, there has been an increase in incidence of some STIs in Oldham, Rochdale and Bury, including syphilis and gonorrhoea. The provision of PrEP (pre-exposure prophylaxis for HIV) has also increased the demand on services.
- 1.4 The Integrated Sexual Health Service contributes to several key public health outcomes including reducing STIs, reducing unwanted pregnancies, and reducing repeat abortions.

**2. Current Position**

- 2.1 The current contract ends on 31 March 2021, with no current option to extend.
- 2.2 Arrangements between the three Councils are set out in a tri-borough agreement, which will be reviewed and re-signed (for the new period but on the same terms) if the contract extension is agreed.
- 2.3 Prior to the COVID-19 pandemic, commissioners were working towards a recommendation to procure Sexual and Reproductive Health services that align to emerging public health priorities and address identified gaps in service provision.
- 2.4 Preparatory work had commenced to allow the completion of a full procurement exercise to ensure the continuity of service provision with a contract go live date of the 1 April 2021.
- 2.5 Work had also commenced on the redesign of sexual and reproductive health systems both locally and regionally to take in to account the increased opportunities given by Local Care Organisations/Alliances and Primary Care Networks.
- 2.6 However, all work in relation to the procurement has now been suspended as a result of the current global pandemic and the requirement for staff involved in the preparation to undertake tasks to respond to COVID-19 both locally and regionally.

**3. Points to Consider**

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3.1 We are currently experiencing an outbreak situation in the UK and globally. Coronavirus Disease (COVID-19) was characterized as a global pandemic by the World Health Organisation on 11 March 2020.

3.2 Rochdale MBC (as Lead Commissioner) and Bury Council have both sought and received agreement to a contract extension period of 12 months for the Integrated Sexual Health Service.

3.3 Further points to consider are set out in the report in the restricted part of this agenda.

#### **4. Options**

4.1 These are set out in the report in the restricted part of this agenda.

#### **5. Financial Implications**

5.1 These are set out in the report in the restricted part of this agenda.

#### **6. Legal Services Comments**

6.1 These are set out in the report in the restricted part of this agenda.

#### **7. Co-operative Agenda**

7.1 All Public Health services fully support the Council's cooperative agenda as they promote the active engagement of Oldham residents and providers delivering in Oldham in Thriving Communities, Co-operative Services and an Inclusive Economy.

#### **8. Human Resources Comments**

8.1 None

#### **9. Risk Assessments**

9.1 As set out in the report in the restricted part of this agenda

#### **10. IT Implications**

10.1 None

#### **11. Property Implications**

11.1 These are set out in the report in the restricted part of this agenda.

#### **12. Procurement Implications**

12.1 These are set out in the report in the restricted part of this agenda.

#### **14. Environmental and Health & Safety Implications**

14.1 None

#### **15. Equality, community cohesion and crime implications**

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15.1 Local authority commissioned integrated sexual and reproductive health (SRH) services are required to be open access, so people can choose where they attend, anywhere in the country. Many people choose out of borough services but most people in Greater Manchester (GM) attend services within GM. For sexual health services, the authority where the individual is resident is required to pay for service use wherever that is.

15.2 The GM sexual health commissioners from each Local Authority have worked together to provide shared service specifications and standards, to ensure that people are offered a consistent service, wherever they choose to attend.

**16. Equality Impact Assessment Completed?**

16.1 No

**17. Key Decision**

17.1 Yes

**18. Key Decision Reference**

18.1 HSC-03-20

**19. Background Papers**

19.1 None

**20. Appendices**

20.1 None