



Mayor and Cabinet

Contract Variation and Contract Award to Lewisham & Greenwich Trust (LGT) for Specialist Sexual and Reproductive Health Services

Date: 2nd November 2022

Key decision: Yes

Class: Part 1

Ward(s) affected: Borough-wide

Contributors: Director of Public Health, Director of Integrated Commissioning

Outline and recommendations

Lewisham Council currently holds a contract for integrated sexual and reproductive health (SRH) services with Lewisham and Greenwich Trust (LGT) to deliver a comprehensive set of clinical SRH services for contraception, testing and treatment of sexually transmitted infections (STIs), including HIV testing and diagnosis which is due to expire on 31st March 2023. Mayor and Cabinet gave approval to negotiate directly with LGT for the provision of services from 1st April 2023.

Following ongoing negotiation, it is recommended that Mayor and Cabinet agree to approve a contract variation for the current financial year (2022/2023) which includes additional Council investment of £300,000 and award LGT the contract from April 1st 2023 to 31st March 2029.

The contract will commence on 1st April 2023 and will be for a period of 3 years, with the option to extend for a further 3 years at the maximum value of £2.75m per annum and £16,500,000 total contract value for the full 6 years.

Timeline of engagement and decision-making

Permission to negotiate with Lewisham & Greenwich Trust for the direct award of Specialist Sexual and Reproductive Health Services – 9th March 2022

COVID related contract extensions Part 1 – 24th March 2021

Request for Re-Procurement of Sexual Health Services Award Report – 9th February 2017

Request for Re-procurement of Sexual Health Services – 23rd November 2016

1. Summary

- 1.1 Lewisham Council commissions Lewisham and Greenwich Trust (LGT) to provide a comprehensive range of integrated, clinical sexual and reproductive health (SRH) services.
- 1.2 This report describes the current service arrangements and recent negotiations between Lewisham Council and LGT on service changes required to enable continued service delivery to meet the needs of Lewisham's residents. This includes ensuring the service also has capacity to meet the needs of non-residents who may use this 'open access' service, and for whom services are cross charged to their home borough.

2. Recommendations

- 2.1 It is recommended that Mayor and Cabinet agree to approve the contract variation for the current financial year (22/23), to increase the proposed contract value by £300,000 to £2,750,000, and to implement the service changes laid out in section 6 of this report.
- 2.2 It is recommended that Mayor and Cabinet award the contract to LGT to deliver SRH services for a period of 3 years, with the option to extend for a further 3 years at the maximum value of £2.75m per annum and £16,500,000 total contract value for the full 6 years

3. Policy context

- 3.1 The (former) Health and Social Care Act 2012 ("the Act") introduced changes by way of a series of amendments to the National Health Service Act 2006. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.
- 3.2 Local authorities have a statutory obligation to ensure provision of SRH services for their residents. Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require local authorities to provide certain public health services, including open access sexual health services.
- 3.3 Sexual Health is an important public health priority at both a national and local level and as such Lewisham's Health and Wellbeing Board identified sexual health as one of its 9 priorities for Lewisham.
- 3.4 The recommendations within this report relate directly to the Council's Corporate Strategy 2018-2022 priority: Delivering and defending: health, social care and support

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- Ensuring everyone receives the health, mental health, social care and support services they need and the sexual health services commissioned jointly across Lambeth, Southwark and Lewisham (LSL) work to achieve this outcome.
- 3.5 In addition, the recommendations within this report also align to Lewisham Labour 2022 manifesto commitment to ‘Increase the availability of anonymous online sexual health services
- 3.6 LSL together face some of the greatest sexual health challenges in England, with similarly young, mobile and diverse populations.
- 3.7 Rates of HIV and sexually transmitted infections (STIs) in the three LSL boroughs are the highest in England. There are persistent inequalities in sexual and reproductive health, with young people, men who have sex with men (MSM) and black and minority communities experiencing the greatest burden.
- 3.8 Lewisham continues to experience high demand and need for sexual health services reflected in these higher than average rates of STIs and HIV. Teenage pregnancy rates, and those leading to abortion are also higher locally than for England.
- 3.9 In response to these challenges, LSL agreed a shared Sexual and Reproductive Health Strategy for 2019-2024. The strategy has a focus on reducing inequalities in sexual and reproductive health as one of its underlying principles, stating that:
- “While we will continue to commission welcoming, accessible and non-discriminatory services, to reduce inequalities in sexual and reproductive health we also need to commission services aligned with the concept of proportionate universalism. This means that whilst we will maintain open access SRH services for all, we also need to tailor services to those with greater need in order to reduce the impact of poor sexual health in our communities.”
- 3.10 LSL have had joint commissioning arrangements for SRH services since April 2016. A specialist commissioning team, based at Lambeth Council, carries out a range of commissioning functions on behalf of the three LSL boroughs, including overseeing a shared Action Plan, delivering strategic needs assessments and other cross-cutting projects to improve sexual and reproductive health across LSL.
- 3.11 Progress to date includes the development of an enhanced Pharmacy Contraception Service, an online contraception service offer and the introduction of the ‘SXT’ online Partner Notification (which supports making previous partners aware when someone is diagnosed with an STI) tool across the three Trusts in LSL. Joint strategic needs assessments have been completed for Contraception, for HIV prevention and the experience of living with HIV in LSL, and for Syphilis and Gonorrhoea.
- 3.12 Each LSL borough has a local strategy action plan to bring together local stakeholders to work collaboratively to improve sexual health outcomes for our residents. We have engaged with representatives from across the system of SRH service providers in Lewisham (SRH clinics, primary care, E-service, young people’s services, abortion services, education, Council and voluntary sector organisations), to develop the Action Plan (attached). In Lewisham, this has provided opportunity for us to gain greater understanding of local service developments since the LSL strategy was launched, to assess service changes due to Covid-19, and to identify future projects and activities to improve SRH locally.

4. Background

- 4.1 In 2015/2016, the growing need and demand for SRH clinical services placed increasing pressures on local authority public health budgets, with individual boroughs finding it increasingly difficult to meet the rising costs of provision.
- 4.2 The London Sexual Health Transformation Programme (LSHTP), a partnership of the

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majority of London Councils, was formed to help manage the increasing demand for, and use of, specialist SRH clinic services and to develop more efficient and cost effective SRH pathways and services. The programme aimed to transform SRH service delivery and control costs across the system by three main means:

- Introducing the London e-service – www.SHL.UK – as an alternative, and cheaper, delivery platform for basic STI testing and screening, alongside a reduction in the overall number of open access clinic sites,
- A requirement for clinics to divert (“channel shift”) those with less complex sexual health needs to online services, to pharmacies or to GPs, as appropriate, to ensure specialist clinics can maintain capacity for responding to patients with more complex needs.
- Introduction of the integrated sexual health tariff (ISHT) which applies robustly costed tariff prices for a range of clinical SRH interventions and pathways. The ISHT replaced the previous single tariff approach used for genitourinary medicine services and fixed block payment arrangements for contraception and reproductive health services and now enables all elements of the service to be cross charged between boroughs.

- 4.3 This transformative agenda formed the basis of the current contracts which commenced in April 2017.
- 4.4 In 2020, the Covid-19 pandemic had a further impact on the way sexual health services are accessed and delivered. It has brought forward and accelerated some of the required changes beyond levels that had been anticipated, for example by shifting a greater proportion of testing activity to the E-service; and by expanding the digital service offer to include other non-complex activity including a range of emergency and routine contraception options and some simple STI treatments
- 4.5 It was vital to understand the impact of these changes on current and future service use and the LSL Sexual Health Programme of Change was convened to support effective commissioning plans for future services within this changing context.
- 4.6 A key priority included the development of an active public and service user/patient engagement programme to inform service development and contract negotiations. This workstream focused on improving access routes and handovers between services, optimising referral pathways and the interfaces between services.
- 4.7 In 2021, Mayor and Cabinet authorised officers to extend the current contract from April 2022 to March 2023, to allow time for the services to recover following restrictions during the COVID pandemic and for commissioners to undertake a comprehensive review of changes within the current contract period, including COVID related impacts.
- 4.8 In March 2022, Mayor and Cabinet further authorised officers to negotiate a new 5 year contract with LGT from April 2023.
- 4.9 During negotiations to extend the contract into 22/23, LGT informed officers of a significant financial deficit. This had been driven partially by LGT not having adjusted staffing to manage costs against the reduced budgets at the start of the current contract in 2017. However, it is now also being driven by some inflationary pressures, and by some significantly high estates costs associated mainly with the Waldron Health Centre, where the largest part of the service is based, and for which a PFI contracting arrangement is in place.
- 4.10 LGT initially proposed meeting this deficit entirely through a large reduction to their staffing team, closure of 2 of their 3 sites, and reduced opening to 5 days at the remaining site. Officers were clear this was not an acceptable proposal, and negotiations ensued on an alternative proposal which retained a greater proportion of staffing, closed just one of the sites (the smallest) and maintained the current 6 day per week opening hours.

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5. Current Service Provision

- 5.1 Lewisham Council currently holds a contract for integrated SRH services with Lewisham and Greenwich Trust (LGT).
- 5.2 The service provides a comprehensive set of SRH services for contraception, testing and treatment of sexually transmitted infections (STIs), including HIV testing and diagnosis. In 2020, routine access to pre-exposure prophylaxis (PrEP) for those assessed to be at risk of contracting HIV was also launched in SRH clinics and a community pilot to increase PrEP uptake for underrepresented communities that will be referred into LGT clinical services.
- 5.3 The current service is provided at three sites in the borough, as set out in the table below:

Site	Opening times	Open to:
Waldron Health Centre, Amersham Vale	Monday: 10am-7pm Tuesday: 10am-7pm Wednesday: 2pm-7pm Thursday: 10am-7pm Friday: 8.30am-3pm Saturday: 9.30am-2pm	All ages and genders
The Primary Care Centre, Hawstead Road	Monday: 10am-7pm Tuesday: 10am-7pm Wednesday: 2pm-7pm Thursday: 10am-7pm	All ages and genders although has a historic link to a female only clinic
Downham Health & Leisure Centre	Wednesday: 2pm-7pm Thursday: 10am-7pm	Primarily for those aged under 25 years, although all ages are seen

- 5.4 The current service model was commissioned as a result of the London-Sexual health Transformation Programme described in section 4 above, to support future affordability and sustainability of provision.
- 5.5 Lewisham is signed up to the pan-London inter-authority agreement managed by the London Sexual Health Programme for open access SRH services. It enables Lewisham residents to access services locally or at their choice of hospital trusts contracted by other participating boroughs, and also for non-residents to access the service at Lewisham and Greenwich Trust through our contract, enabling patient choice and standardising the service and costs across London.
- 5.6 The contract with LGT for providing SRH to Lewisham residents is now paid as a block contract based on an agreed baseline level of activities at their assigned tariff prices. The current host contract for Lewisham residents is valued at £2,450,000.
- 5.7 The contract also ensures that LGT has capacity to meet the needs of non-Lewisham residents who may use this service, and that a process is in place to recharge relevant Councils accordingly for that activity, via the ISHT. The estimated potential baseline value of non-Lewisham activity in the current contract is up to £885,000 Other

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boroughs then (usually) pay for such activity on a cost and volume basis.

- 5.8 Expected levels of activity for Lewisham and on behalf of all other London boroughs participating in the London SH Programme are provided as baselines within the contract schedules, and performance is monitored against these.

6. Proposed Contract variation

- 6.1 Officers and LGT have undertaken detailed negotiations over an alternative model which addresses the deficit on the contract described at 4.9, whilst continuing to meet the SRH needs of Lewisham's residents and others using the service. This comprises a combination of a staffing reduction, additional investment into the contract from the Council, and LGT accepting a deficit on the contract in recognition that their estates costs are an outlier and that this is a system issue to be addressed with support sought from the Southeast London Integrated Care Board (SEL ICB) rather than through this contract.
- 6.2 LGT will make reductions to their SRH workforce to the level agreed with LBL – i.e. reducing the staffing model from 39.6 WTE to 30.6 WTE (and reducing staffing costs to £1,885,952 (inclusive of 22/23 pay award).
- 6.3 Subject to approval of Mayor and Cabinet, Lewisham proposes additional investment of £300,000 to the Sexual Health Contract for 22-23. This takes the 22-23 annual contract value to £2,749,563. Lewisham further propose to agree a new contract with LGT for a 6 (3+3) year period commencing April 2023.
- 6.4 A remaining £300,000. of their reported deficit is to be picked up by LGT whilst Lewisham and LGT work with the ICB to request support for the high costs of with the Waldron Centre.
- 6.5 The changes proposed mean that LGT will no longer offer the twice weekly sessions for young people at the Downham Health Centre site, instead consolidating provision at the Waldron Centre and Hawstead Road sites. As described within the Equalities Analysis Assessment (EAA) attached to this report, activity at the Downham site represented only 3.5% of Lewisham clinic activity.
- 6.6 LGT's clinicians have provided detailed assurance to officers that the proposed new staffing structure, coupled with productivity gains, can deliver against all areas of the service specification, and that service activity can return to delivery levels equivalent in value to those which the service was achieving prior to COVID. The new model will optimise the balance of provision by offering a greater proportion of more complex interventions, whilst diverting those with more basic SRH requirements online to the E-service.
- 6.7 An Equalities Analysis Assessment (EAA) was completed by Lewisham's Public Health team, utilising data including detailed service level data and review of consultation activity undertaken by LGT with 63 patients, whose responses are laid out in detail in the EAA, some key points were:
- More than half had attended Downham because it was the closest or most convenient
 - One in five had attended either the Waldron or the Hawstead Road clinics previously, and one in ten had previously attended Downham.
 - If the Downham Clinic was not available, more than half of respondents stated they would go to Waldron or Hawstead Road, a quarter another clinic, and a small number another young person's service.
- 6.8 The EAA is attached to this report as Appendix A. It found that given the mitigations

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described in section 7 below, the equalities impacts of the changes would be neutral.

- 6.9 The service changes and investment negotiated and recommended for approval in this report will apply to the contract once varied for the current year, and for the new contract proposed for award.

7. Service model, impact and mitigations

- 7.1 Though the proposed changes will remove access to one clinic, responses from the majority of patients suggest they will use alternative clinics within the borough for appointments. Furthermore, mitigation measures described here will provide more support and prevention activity to young people from other providers.
- 7.2 The clinic's Downham offer is currently two afternoons a week and usage data suggests that few people attend during those sessions that couldn't be accommodated in the remaining clinics in the borough. Additionally, the gender profile of those attending Downham is similar to the profile of Hawstead Road clinic and would not seem significantly different.
- 7.3 There are no proposed changes to the sexual health e-service, where approximately one quarter of the population aged 19 and under go for their sexual and reproductive health requirements. This online offer will mean increased access to support for young people, across all protected characteristics.
- 7.4 Young people and Downham residents will still be able to access sexual health services at the 2 remaining sites at the Waldron and Hawstead road, and through primary care, with EHC and contraceptive consultations available at 8 pharmacies, and LARC fitting at 6 GPs. Lewisham's and the 'come correct' condom card distribution scheme will also be available at 6 local sites South of the borough.
- 7.5 Of those service described above, residents in Downham / Grove Park will have access to the following:
- contraceptive consultations available at 2 pharmacies,
 - LARC fitting at 1 GP
 - Lewisham's 'come correct' condom card distribution scheme will also be available at 3 local sites
- 7.6 Access to e-services for STI testing and treatment and some contraception will remain uncapped to support increased access. Given challenges in access to GP contraception, additional provision was offered through Marie Stopes Initiative and this will also be retained.
- 7.7 'Insight Lewisham' young people's substance misuse and sexual health service will offer additional outreach at youth clubs and other sites across the south of the borough, and support young people with access and navigation of sexual health services at LGT, other trusts, online and in primary care. In addition, Insight has been registered to distribute sexual health self-test kits that form part of the e-Service offer, alongside the cohort that access CGL.
- 7.8 The delivery of the school PSHRE curriculum will be supported by providers across the borough to ensure prevention and signposting to services are up to date and familiar to young people.

8. Financial implications

- 8.1 The existing service contract with LGT is fully funded from the Public Health Grant and

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are included within sexual health commissioning budgets. The total proposed value for the service with LGT is estimated to be £2.75 per annum and 19.25m for 7 years – for the extension (April 22 to March 23) and for the 6 year period from April 2023.

- 8.2 The additional Council investment of £300,000 will be funded from recurring £225,000 underspend within Integrated Sexual Health and the balance of £75,000 will come from Public Health grant uplift of £712,188.
- 8.3 Public Health England have now confirmed the grant will continue in 2022/23 financial year with a 2.8% increase. Even though there are some challenges next year as the rate of inflation is higher than the increase in grant funding, there will be sufficient funds available within the budget to cover this contract award.
- 8.4 Lewisham pays for integrated sexual health services delivered by LGT on a fixed block contract basis, with the value of the contract determined by agreed activity baselines for services for residents which are adjusted and negotiated annually and allow for 1% per annum population growth. Payments are made on a quarterly basis in arrears.
- 8.5 The contract is held by the London Borough of Lewisham on a fixed block payment for services to Lewisham residents, whilst other local authorities pay for services provided for their residents according to activity delivered and coded against the Integrated Sexual Health Tariff (ISHT).

9. Legal implications

- 9.1 The first recommendation in the report is to vary the current contract with Lewisham and Greenwich Trust at a cost of £300,000. The report details the service changes proposed, the impact of those changes and mitigations put in place. An EEA has been undertaken and some consultation with service users has been carried out, the results of which are summarised within the report.
- 9.2 The Council is obliged to comply with the procurement Regulations (Public Contracts Regulations 2015). Some variations to existing contracts may trigger a requirement to undertake a new competitive tender process. The Council's Contract Procedure Rules set out which variations can be made without a new competitive process (Constitution Part IV I, paragraph 17 of Contract Procedure Rules). This report explains why this variation to the contract is proposed.
- 9.3 Contract Procedure Rules say that where a contract variation is 'not substantial', the variation can be made (paragraph 17.5). The definition of 'substantial' takes into account matters including the nature and size of the proposed change relative to the original contract, and the likely market effect of the change (including the change to the scope and economic balance of the contract). There is a reasonable argument that the proposed variation is not substantial. As such, the variation does not trigger a requirement to undertake a new procurement. On that basis, therefore, the proposed changes are allowable under the Council's Contract Procedure Rules paragraph 17.
- 9.4 The second recommendation in the report is to award a contract to Lewisham and Greenwich Trust. The Council's Constitution contains requirements about how to procure and manage contracts. These are in the Contract Procedure Rules (Constitution Part IV). Some of the requirements in those Rules are based on the Public Contracts Regulations 2015 as amended by the Public Procurement (Amendment etc) (EU Exit) Regulations ("the Regulations") with which the Council must comply. Given the value of the contract the Regulations apply.
- 9.5 The report proposes the establishment of a contract for 3 years with an option to extend for up to a further 3 years. The contract value is £2.75m per annum with a potential total contract value of £16,500,000 for the full 6 years. The value of the contract, including the extension, is above £500,000, which means that this is a

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Category A contract for the purposes of the Council's Contract Procedure Rules and one which is to be awarded by Mayor and Cabinet.

9.6 In accordance with the Mayor and Cabinet decision made on 9 March 2022 officers directly negotiated with Lewisham and Greenwich Trust. Following negotiations officers are now recommending award of the contract. If the proposal to award the contract is approved, an award notice must be published in the prescribed form.

9.7 This decision is a Key Decision under Article 16.2 (c) (xxiii) of the Constitution as it has a value of more than £200,000. It is therefore required to be contained in the current Key Decision Plan.

9.8 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

9.10 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

9.11 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>.

9.12 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty.

9.13 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required,

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as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

10 Equalities implications

- 10.1 An EAA has been undertaken (see appendix a), and was developed by Lewisham's Public Health Team.
- 10.2 Overall, with all factors and wider commissioning decisions taken into consideration, the impact was found to be neutral across all protected characteristics. The reason for this assessment is that:
- Though the proposed changes will remove access to one clinic, responses from the majority of clients suggest they will use alternative clinics within the borough for appointments. Furthermore, mitigation measures listed in section 6 will provide more support and prevention activity to young people from other providers.
 - The clinic's current opening times are restricted to two afternoons a week and usage data suggests that few people attend during those sessions that couldn't be accommodated in the remaining clinics in the borough. Additionally, the gender profile of those attending Downham is similar to the profile of Hawstead Road clinic and would not seem significantly different.
 - There are no proposed changes to the sexual health e-service, where approximately one quarter of the population aged 19 and under go for their sexual and reproductive health requirements. This online offer will mean increased access to support for young people, across all protected characteristics.
 - LGT's lead clinicians developed the clinical model, and have assured officers in detail that the model can deliver against all areas the specification. Overall the model as described through consolidation onto 2 sites and productivity gains through the new staffing structure activity could be delivered to a value at the levels the service was achieving pre-COVID. This will be offering more complex interventions, allowing more simple requirements to be delivered the online e-service.
- 10.3 Public health priorities for sexual and reproductive services include increasing STI testing amongst young people, MSM, black African and black Caribbean communities; increasing HIV testing amongst MSM and black African communities; reducing late diagnosis of HIV; and increasing access to contraception and, in particular, long-acting, reversible contraception (LARC) to reduce teenage conceptions, abortions and repeat abortions.

11. Climate change and environmental implications

- 11.1 There are no environmental implications.

12. Crime and disorder implications

- 12.1 Sexual health clinics provide services for people with a range of lifestyles and circumstances and include those who may be vulnerable or at risk.
- 12.2 Both acute LGT and the wider partnership have effective adult and child safeguarding policies in place to identify and support such individuals.

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- 12.3 Service provision and pathways to a range of relevant support services are in place for those who engage in risky sexual behaviours, those who are using alcohol and drugs, those who have experienced sexual violence, coercion, or intimate partner violence.

13. Health and wellbeing implications

- 13.1 The proposal supports delivery of Lewisham's Health and Wellbeing strategy by promoting and maintaining access to open access sexual health services. This is essential given the borough has higher rates of poor sexual health, harmful drug and alcohol use and HIV prevalence in comparison to London averages.
- 13.2 These commissioned services support the Council's strategic objectives for sexual health and the achievement of declared outcomes for population health and reducing health inequalities as outlined in priorities contained in the LSL Sexual and Reproductive Health Strategy 2019-24 and sexual health related Joint Strategic Needs Assessments (JSNAs).

14. Social Value implications

- 14.1 The Public Services (Social Value) Act 2012 requires that when the Council is procuring services above the EU threshold it must consider, before commencing a procurement process, how the procurement might improve the social, economic and environmental wellbeing of the area. It must also consider how the procurement might be conducted so as to secure that improvement. The matters to be considered must only be those relevant to the services to be procured; and it must be proportionate in all the circumstances to take those matters into account. These requirements are part of the Council's Constitution (Part IV.I Contract Procedure Rules).
- 14.2 The Council's Sustainable Procurement Code of Practice will be applied to this contract. This sets out various social, environmental and economic considerations to be applied. The purpose is to ensure that products and services are sourced and produced responsibly; to maximise resource and energy efficiency in the manufacturing and supply of goods and services in order to minimise environmental impacts; and to deliver outstanding value for money over the entire lifetime of the contract.
- 14.3 In addition, the service will ensure minimum pay rates in line with prevailing London Living Wage (LLW) or above where applicable.

15. Background papers

- 15.1 Permission to negotiate with Lewisham & Greenwich Trust for the direct award of Specialist Sexual and Reproductive Health Services – 9th March 2022



LSL SH Direct
Negotiation with LG

- 15.2 COVID-19 Related Extensions by Directorate Report - 2nd March 2021



COVID-19
Extensions - Commu

- 15.3 Request for Re-procurement of Sexual Health Services

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ED report Sexual
Health procurement

15.4 Request for Re-Procurement of Sexual Health Services Award Report



Sexual Health
award report FINAL

16. Glossary



glossary
standard.pdf

17. Report author(s) and contact

- 17.1 Report author – Iain McDiarmid, Assistant Director of Adult Integrated commissioning
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- 17.3 Legal implications – Mia Agnew, Senior Lawyer, Legal Services.
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Appendix A – LGT Equality analysis assessment (EAA)



LGT 22
CorporateEqualityE/

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