

Notice of Non-Key Executive Decision

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| Subject Heading: | Permission to Direct Award the Long Acting Reversible Contraception (LARC) Contracts via Process A of the NHS Provider Selection Regime Toolkit. |
| Decision Maker: | Mark Ansell, Director of Public Health |
| Cabinet Member: | Councillor Gillian Ford, Cabinet Member for Adults and Health |
| ELT Lead: | Mark Ansell, Director of Public Health |
| Report Author and contact details: | Faith Nare Commissioner – Live Well T: 01708 431432 E: faith.nare@havering.gov.uk |
| Policy context: | <p>The Health and Social Care Act 2012 transferred the responsibility for commissioning of Sexual Health Services to Local Authorities. Since 1st of April 2013, Local Authorities became responsible for commissioning sexual health services including IUD/IUS fitting that had been historically provided by GPs as a NHS Local Enhanced Service.</p> <p>Improving the sexual health of the population in Havering is a key priority for the Council and is underpinned by the Department of Health's (2012; 2013) Framework for sexual health improvement in England and the Public Health Outcomes Framework for 2013-2016.</p> |
| Financial summary: | The funding for the LARC service has been identified and secured from the ring-fenced Public Health Grant. |

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| | <p>Payment for services provided is activity based.</p> <p>The total cost of the one-year contract + 4 year extension (1+1+1+1) (subject to performance and funding) is estimated at £471,500.00 over the five-year period based on current/historic activity:</p> <p>2024/25 - Year 1 - £94,300.00 2025/26 - Year 2 - £94,300.00 2026/27- Year 3 - £94,300.00 2027/28 - Year 4 - £94,300.00 2028/29 - Year 5 - £94,300.00</p> <p>Total (1 + 4 years) = £471,500.00</p> |
| Relevant Overview & Scrutiny Sub Committee: | Peoples Overview & Scrutiny Committee |
| Is this decision exempt from being called-in? | Yes, the decision will be exempt from call in as it is a Non key Decision |

The subject matter of this report deals with the following Council Objectives

People - Supporting our residents to stay safe and well **X**

Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This Decision paper is seeking permission to directly award the Long Acting Reversible Contraception (LARC) contract to suitably qualified Havering Primary Care General Practitioners via process A of the NHS Provider Selection Regime Toolkit for a period of one year with the option to extend for four years (1+1+1+1) from 1st of July 2024 to 30th of June 2029 at a total value of £471,500.00.

AUTHORITY UNDER WHICH DECISION IS MADE

3.3 Powers of Members of the Senior Leadership Team (Constitution pre 1st April 2024)

Contract powers

(b) To award all contracts with a total contract value of between £500,000 and £5,000,000 other than contracts covered by Contract procedure Rule 16.3

STATEMENT OF THE REASONS FOR THE DECISION

The primary care-based Long Acting Reversible Contraception (LARC) service is provided by Havering General Practitioners. The service aims to complement other routes of LARC provision (separately contracted as part of the integrated sexual health service funded by LBH, and NHS-funded termination of pregnancy services), by making LARC accessible from a larger number of sites across the borough, closer to where people live, with a view to maximising levels of uptake across the borough.

The existing agreement has ended and a new contract is required. This paper is seeking permission to direct award the LARC contract via process A of the NHS Provider Selection Regime Toolkit

Justification for Direct Award:

Direct award process A is the most appropriate route as:

1. The existing agreement has expired.
2. The proposed contract terms and conditions are not materially different to those that are specified under the previous agreement. .
3. The London Borough of Havering has an existing provider for the relevant healthcare service related to this which the proposed contracting arrangement relates.
4. The London Borough of Havering is satisfied that the nature of the GP-based LARC service being procured means that there is no realistic alternative to the current provider or group of providers.

National Context:

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Long-acting reversible contraception (LARC) is defined by the National Institute of Health and Care (NICE) guidance as 'contraceptive methods that require administration less than once per menstrual cycle or month.'¹

Clinical effectiveness is excellent, with the contraceptive implant, IUS and IUD systems all being more than 99% effective². For comparison, with typical use, the contraceptive injection is around 94% effective; the patch, vaginal ring, combined oral contraceptive pill and progesterone-only pill all around 91% effective; and condoms are around 79% effective for female and 84% male condom use. The failure rate in the first year of use for the Levonorgestrel-releasing Intrauterine System (IUS/IUD) has been reported at 0.07% and for the copper IUD 0.63%.³

The insertion of a copper IUD up to 5 days after presumed ovulation acts as a very efficient emergency post-coital contraception. Because of its increased post coital time frame and non-hormonal constituents, it is complementary to the emergency use of the progesterone-only contraceptive pill. The most important factor influencing failure rate and problems is the competence of the professional inserting the device.⁴

The most recent data provided by NHS Digital Sexual and Reproductive Health Activity Dataset (SRHAD) suggest that the use of LARC as a primary method of contraception amongst women has been slowly increasing such that for 2021/22 LARC accounted for 56% of contraception chosen at SRH services in comparison to 18% in 2003-04.

Nonetheless, NICE state that 'an estimated 30% of pregnancies are unplanned' and note that expert clinical opinion is that LARC methods may have a wider role in contraception and their increased uptake could help to reduce issues such as unintended pregnancy.⁵

Local Context:

In 2021, the total prescribed LARC rate in Havering was 25.5 per 1,000 women, lower than both London (30.4) and England (41.8) rates. Amongst women living in Havering choosing to visit SRH services for their contraceptive methods, 63% chose LARC compared to 37% choosing user-dependent methods (pill, condom or patch). However, the rate of GP prescribed LARC (excluding injection) in Havering was 13.0 per 1,000 women, similar to London, but significantly below the national average of 25.7 per 1,000.

However, the choice of user-dependent versus LARC increases proportionally to increasing age. Amongst under-16 year olds, 56% choose user-dependent methods compared to 46% choosing LARC. In contrast, amongst the 45 and over age group 32% choose user-dependent methods compared to 68% choosing LARC. Coupled with Havering having the 8th highest rate of under-18 conceptions in London (12.5 per 1,000 compared to 9.5 for London and 13.1 for England) and 9th highest rate of under 25s repeat abortions (33.7% compared to 31.6% across London and 29.7% in England), improvements in uptake of LARC is a priority, particularly targeted at younger age groups

¹ [Long-acting reversible contraception: implementation resource summary | Long-acting reversible contraception | Guidance | NICE](#)

² [How effective is contraception at preventing pregnancy? - NHS \(www.nhs.uk\)](#)

³ [Comparative contraceptive effectiveness of levonorgestrel-releasing and copper intrauterine devices: the European Active Surveillance Study for Intrauterine Devices - ScienceDirect](#)

⁴ Guillebaud J. Contraception: Your questions answered London: Churchill Livingstone, 1999

⁵ [Long-acting reversible contraception: implementation resource summary | Long-acting reversible contraception | Guidance | NICE](#)

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Service Description and Pathway

The service includes the provision, fitting, checking and removal of intrauterine contraceptive devices (IUDs), Intra-Uterine Systems (IUSs), and the fitting and removal of contraceptive implants licensed in the UK for contraceptive purposes and for emergency contraception in the case of IUCDs.

The Provider will offer and provide IUD/IUS and implants, as part of a wider range of contraceptive choices, to women resident in Havering or registered with a Havering GP. The service will be available to women who request contraception and who choose an implant or IUD/IUS as the most acceptable method for them, provided that it is not contraindicated. The provision of IUDs/IUS, under this agreement, is for contraception and emergency contraception purposes only. Women will be able to self-refer to this service.

Included in the category of LARC are:

- copper intrauterine devices (IUD)
- progestogen-only intrauterine systems (IUS)
- progestogen-only injectable contraceptives (excluded from specification)
- progestogen-only subdermal implants (Nexplanon)

Where the effectiveness of barrier methods (such as condoms) and oral contraceptive pills depend on correct and consistent use, LARC methods do not require ongoing effort on behalf of the patient.

Training of HealthCare Professionals in Contraceptive Care:

The LARC Clinical guideline stipulates⁶ that healthcare professionals advising women about contraceptive choices should be competent to help:

- Women to consider and compare the risks and benefits of all methods of contraception relevant to their individual needs
- Manage common side effects and problems

Healthcare professionals providing intrauterine or subdermal contraceptives should receive training to develop and maintain the relevant skills to provide these methods.

IUDs and IUS should only be fitted by trained personnel with continuing experience or inserting at least one IUD or one IUS a month.

Payment Model:

The current payment model for the LARC is activity based. The contract price of £94,300.00 is an inclusive cost incorporating the prescribing costs which is £40 000 and the payment to the GPs which is £54 300. The prescribing cost is paid directly to the Integrated Care Board (ICB) as they are the clinical providers for the LARC and the payment to the GPs is only made on submission of the Council's LARC activity Monitoring Return form and the production of a satisfactory invoice as demonstrated on the table 1 below:

Table 1: Invoice: Return form for GP LARC Service:

⁶ [Long-acting reversible contraception \(nice.org.uk\)](https://www.nice.org.uk)

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| Items | Tariff Price | Payment Type | Implant Insertions | Implant Removals | IUD Insertions | IUD Check | IUS Insertions | IUS Check | Removals without (refitting) | Amount Claimed |
|---|--------------|--------------|--------------------|------------------|----------------|-----------|----------------|------------------|------------------------------|----------------|
| Total IUDs Inserted | ##### | per item | | | | | | | | 0.00 |
| Total IUDs 3-6wk Check | ##### | per item | | | | | | | | 0.00 |
| Total IUSs Inserted | ##### | per item | | | | | | | | 0.00 |
| Total IUSs 3-6wk Check | ##### | per item | | | | | | | | 0.00 |
| Total Contraceptive Implants Inserted | ##### | per item | | | | | | | | 0.00 |
| Total Contraceptive Implants Removed | ##### | per item | | | | | | | | 0.00 |
| Total Removals without (re) fitting for IUS/IUS or implants | | per item | | | | | | | | 0.00 |
| | | | | | | | | Total due | | 0.00 |

Ensuring Best Value

In order to further ensure best value, the Local Authority will continue to monitor the performance of the service to ensure effective delivery and, where appropriate, secure improvements in delivery. GP Practices submit data to the Authority by completing a GP LARC Activity Monitoring Return Form (see table 1 above) with an agreement that the returns are submitted within an agreed timeframe.

Recommendation:

It is recommended that the Council approves the direct award of the LARC Contract with an estimated value of £94,300.00 per annum based on current/historic activity with an option to extend for a further 4 years subject to funding and performance to Havering Primary Care General Practitioners. The contract will commence on 01 July 2024 and until 30 June 2029.

Directly awarding a contract to Havering Primary Care General Practitioners is a way of ensuring that the Council delivers its Public Health statutory responsibilities for sexual health and contraception services. They are familiar with the requirements of the agreement and are currently providing the LARC service. As a result, over time GPs have developed an expertise and achieved a set of accredited clinical competencies in providing LARC to patients who request this form of contraception.

OTHER OPTIONS CONSIDERED AND REJECTED

Option 1: End the Current Service:

This option is not advised as restricting LARC provision by withdrawing the service from GPs will have a negative impact on women's access to the full range of contraception available in Havering. Access to the full range of contraceptive methods that meets the needs of women is vital to minimise the risks and consequences of unplanned pregnancy. This would also place the Council in breach of its statutory duties

Option 2: Do Nothing

This option is not advised as the current agreement has ended and a new contract with current terms and conditions is required in order for the Council to continue to provide this statutory provision.

PRE-DECISION CONSULTATION

None

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NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Faith Nare

Designation: Commissioner- Live Well

Signature: *F Nare*

Date:06/06/2024

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

Under Section 12 (1) of the Health and Social Care Act 2012, each local authority must take such steps as it considers appropriate for improving the health of the people in its area.

The Council has the power to procure and award this contract under Section 111 of the Local Government Act 1972, which allows the Council to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions.

The Council also has a general power of competence under Section 1 of the Localism Act 2011 to do anything an individual can do, subject to any statutory constraints on the Council's powers. None of the constraints on the Council's s.1 power are engaged by this decision.

The overall value of the proposed contract is £471,500.00

The proposed direct award is compliant with the requirements of the NHS Provider Selection Regime Toolkit.

35.1 Where the Council receives Grant Funding and is named as the accountable body for the expenditure of monies where the terms of the grant permits the Council to directly carry out Works, or buy Services or Supply any procurement will be conducted in line with CSO. Account will be taken in contracts let, in whole or part, pursuant to grant funding of the terms and conditions and accountability of the Council and will also have a provision to terminate an awarded contract in the event the Grant funding ceases, in whole or part, to be available to the Council.

35.2 Where the funding is for use by a third party the obligations to account for the funding contained in the grant terms will be included in the agreement with the third party. Further the terms of making the grant shall include a clause to competitively tender for Services, Supply or Works and reflecting the Council's strategies, policies and objectives in so much as they apply, or are compatible with, the funding objectives as set out in the grant terms imposed on the Council together with its procurement rules as set out in CSO.

Any dealings which the Council has with the grant, will need to be in compliance with the Council's Contract Standing Orders ("CSO"), in particular Rule 35.1 and 35.2.

The grant agreement sets out certain conditions which officers will ensure to adhere to in order to achieve full utilisation of the funding arrangements and prevent recovery of sums. Subject to the officers having an understanding the terms and conditions of the grant funding

For the above reason, the Council may proceed with procuring the contract under the route Direct Award Process A of the Provider Selection Regime.

FINANCIAL IMPLICATIONS AND RISKS

This decision paper is seeking permission to direct award a Long Acting Reversible Contraception (LARC) contract via process A of the NHS Provider Selection Regime Toolkit. The contract will be a 1-year contract with the option of a 4 year extension to commence on 1st July 2024.

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The total cost of the 5-year contract is estimated to be £471,500.00 which equates to £94,300.00 per annum. This will not add any additional pressure on the Public Health ring-fenced grant and the Long Acting Reversible Contraception (LARC) costs are budgeted for annually within the grant allocation.

As this contract is grant funded there will be contract variation clauses and exit clauses written into the contract to mitigate the risk of the grant ceasing or significantly reducing.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

Havering has a diverse community made up of many different groups and individuals. The Council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- I. the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- II. the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- III. Foster good relations between those who have protected characteristics and those who do not.

Note: 'protected characteristics' are: age, gender, race and disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council demonstrates its commitment to the Equality Act in its decision-making processes, the provision, procurement and commissioning of its services, and employment practices concerning its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing of all Havering residents in respect of socio-economics and health determinants.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

The recommendations made in this report do not give rise to any identifiable Environmental or Climate Change risks or implications.

BACKGROUND PAPERS

None

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APPENDICES

None

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Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker

Signed 

Name: Mark Ansell

Cabinet Portfolio held:
CMT Member title: Director of Public Health
Head of Service title
Other manager title:

Date:

Lodging this notice

The signed decision notice must be delivered to Committee Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____