

Notice of Non-key Executive Decision

Subject Heading:	Permission to Direct Award the Emergency Hormonal Contraception (EHC) Contract 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 EHC 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 £180,00.00 over the five-year period based on current/historic activity:</p> <p>2024/25 - Year 1 - £36,000.00 2025/26 - Year 2 - £36,000.00 2026/27- Year 3 - £36,000.00 2027/28 - Year 4 - £36,000.00 2028/29 - Year 5 - £36,000.00</p> <p>Total (1 + 4 years) = £180,000</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 direct award the Emergency Hormonal Contraception (EHC) contract Havering Primary Care Pharmacies via process A of the NHS Provider Selection Regime Toolkit for a period of one year with the option to extend for 4 years (1+1+1+1) from 1st of July 2024 to 30th of June 2029 at a total value of £180,000.00.

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 pharmacy-based Emergency Hormonal Contraception (EHC) service is provided by pharmacies in Havering. The service aims to complement other routes of EHC provision, by making EHC more accessible via high-street outlets that residents may find more convenient based on geographical proximity to where they live and/or opening hours.

The existing agreement has ended and a new contract is required. This paper is seeking permission to direct award the EHC 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 pharmacy based EHC service being procured means that there is no realistic alternative to the current provider or group of providers.

National Context:

EHC has a vital role to play either when contraception might have failed or after unprotected sexual intercourse. Increasing access to EHC is viewed as an important step in preventing unintended pregnancies. Regardless of future improvements to information, services or contraceptive use, EHC will remain a vital "back-up" contraceptive for women seeking to avoid an unintended pregnancy as currently no method of contraception is 100 per cent effective, and in addition methods may be used incorrectly or not at all.

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An average 40% of pregnancies worldwide are unintended, negatively impacting maternal and child health and quality of life. Spacing of pregnancies can positively impact both; access to contraception therefore contributes to a number of the United Nations Sustainable Development Goals including good health and wellbeing, gender equality, quality education, reduced inequalities and no poverty. The potential increase in costs of an unplanned conception is significant. The average cost of abortion is estimated at £505 (total cost to Clinical Commissioning Group in 2020-2021 was £549k) for the procedure and consultation and the average cost of a birth including antenatal and postnatal pathway is £5,454 – this excludes any associated neonatal costs, admissions during pregnancy due to complications. Both international and national evidence point to young people's access to contraception as being crucial in reducing teenage pregnancies, terminations and Sexually Transmitted Infections.

Unintended pregnancy threatens public health as it can have a range of health, social, economic and cultural consequences including¹:

- Abortion, which in itself poses a risk of medical complications to the mother
- Mental health and wellbeing of deciding what to do in the case of an unintended pregnancy, managing partner as well as families' expectations
- Socio-economic impact of raising a child, which is particularly challenging for those already disadvantaged, especially teenage and/or single parents
- Physical wellbeing of the mother, where the risks to the mother and baby are greater in younger teenage or much older (40+) age groups
- Ambivalence towards seeking pre-natal care, particularly in younger or disadvantaged groups experiencing unintended pregnancy
- Social norms of different cultural groups where unintended pregnancy or pregnancy outside of marriage may result in ostracising the parent(s), lack of support.

Local Context:

Improving the sexual health of the population in Havering is a priority for the Council and the provision of open access sexual health services is mandated under the Health and Social Care Act 2012.

Under Section 12 of the Health and Social Care Act 2012, the local authority must take such steps as it considers appropriate for improving the health of the people in its area. The steps may include:

- a) providing information and advice;
- b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
- c) providing services or facilities for the prevention, diagnosis or treatment of illness;
- d) providing financial incentives to encourage individuals to adopt healthier lifestyles;
- e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
- f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
- g) making available the services of any person or any facilities

It is underpinned by the Department of Health's Framework for Sexual Health Improvement in England. The main targets associated with sexual health are:

¹ Institute of Medicine (1995) *The Best Intentions: Unintended Pregnancy and the Wellbeing of Children and Families* National Academies Press [Consequences of Unintended Pregnancy - The Best Intentions - NCBI Bookshelf \(nih.gov\)](https://www.ncbi.nlm.nih.gov/books/NBK113491/)

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- Reduction in the under-18 conception
- Reduction in the number of terminations of unintended pregnancies
- Reduction the number of new cases of sexually transmitted infections (STIs)

Service Description and Pathway:

The contract allows the provider to supply Levonorgestrel or Ulipristal emergency hormonal contraception to appropriate clients in line with the relevant guidance and patient group directions (PGDs), by accredited pharmacists. The contract further allows for the referral of clients, especially those from hard to reach groups, into mainstream contraceptive services and increases the client's knowledge of the prevalence of sexually transmitted infections and the risks associated with STIs and how to protect themselves.

The pharmacy will provide a user-friendly, non-judgemental, client centred and confidential service. A complete sexual health consultation must be carried out within a private consultation room separate to the main area of the premises to ensure privacy.

A consultation under the EHC service must include a discussion about the three options for emergency contraception:

- Cu-IUD
- ellaOne – within 5 days of unprotected sex
- Levonelle – within 3 days of unprotected sex

All requests for any of the specified services must be dealt with sensitively and discreetly and medicines counter staff must refer queries for EHC to the pharmacist without delay and with discretion so as to maintain confidentiality.

Training of Health Care Professionals in Contraceptive Care:

PGD provision: Registered pharmacists must have accessed and completed training approved by Train All East, Bart's Sexual Health Primary Care Support Team. This mandatory training consists of:

- CPPE Emergency Contraception e-Learning Programme (3 Hours)
- CPPE Safeguarding Children Open Learning Programme (1.5 Hours)
- CPPE Contraception Open Learning Programme (12 Hours)
- Local EHC PGD training (webinar and / or face to face training) including a pass in the quiz
- Update training every 3 years

Payment Model:

Payment for the service will subject to the provision of monthly invoices. A copy of the completed Assessment and Supply Form (per person) needs to be attached to each invoice as a means of validation. Table 1 demonstrates the payment arrangements:

Table 1: Providers will receive an agreed payment for the service which is as follows

Service	Evidence	Product	Payment
EHC consultation & supply	Agreed data to Havering Council	£ (Levonelle)	£ + VAT

Ensuring Best Value

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Studies investigating the cost-effectiveness of contraception provision have found EHC to be cost saving when compared with no provision, and in particular when provided to young people and averting pregnancies that may result in future health, social and education costs.²

Over 10 years, the return on investment for publicly providing contraception is thought to be £9 (saving) for every £1 spent. This includes both health and non-health care savings. (PHE, 2018). EHC is part of a suite of tools required to provide accessible and comprehensive reproductive health care.

Recommendation

This paper seeks to recommend that the Council direct award the Emergency Hormonal Contraception (EHC) contract at an estimated cost of £180,000 per annum based on current/historic activity to Havering Pharmacies via Direct Award process A of the NHS Provider Selection Regime Toolkit from 1st of July 2024 to 30th of June 2029. The Council has a statutory duty to provide access to a range of contraception methods, including both routine and emergency contraception. EHC can be taken after sex to prevent pregnancy; and is a key component in strategies to reduce unplanned pregnancies and teenage conceptions.

This paper has demonstrated good evidence on the cost effectiveness of EHC relative to the medical and social costs of unintended pregnancy. It is important that EHC is easy to access to enable people to take it in the required timeframes. It is already available free of charge from GPs on prescription and via the specialist sexual health clinics. This contract will continue to secure the provision of free EHC in community settings on a walk in basis for those under the age of 25 years, as research suggests this age group tend to have a higher proportion of unplanned pregnancies.

OTHER OPTIONS CONSIDERED AND REJECTED

Option 1: End the Current Service

This option is not advised as failure to provide the EHC Service may pose legal risks for the Council with respect to delivery of its statutory duty for sexual health provision; and risks with respect to the potential impact on teenage pregnancy rates with associated social and financial implications

Option 2: Do Nothing

This option is not advised as the current agreement has ended and a new contract with up to date terms and conditions is required.

PRE-DECISION CONSULTATION

None

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

² (Brunton et al, 2016).

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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 £180,000.

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 an Emergency Hormonal Contraception (EHC) 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 (1+1+1+1) to commence on 1st July 2024.

The total cost of the 5-year contract is estimated to be £180,000.00 which equates to £36,000.00 per annum. This will not add any additional pressure on the Public Health ring-fenced grant

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and the Emergency Hormonal Contraception (EHC) 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: 8/7/24

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 _____