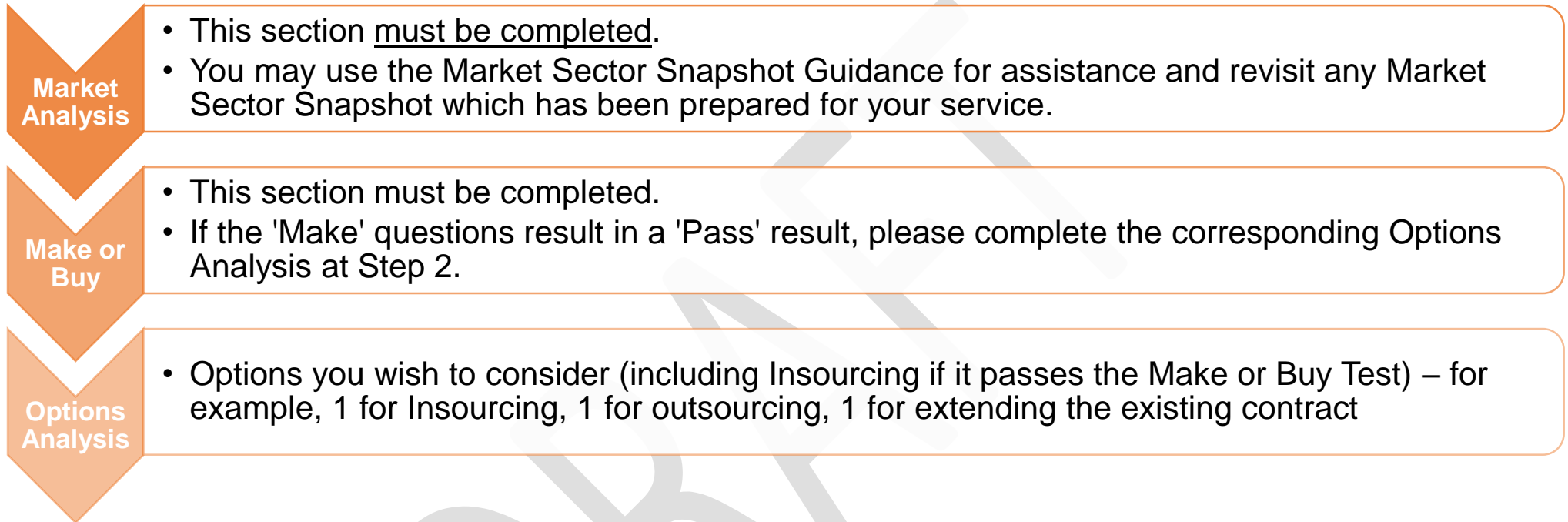


COMMISSIONING OPTIONS TABLE

GUIDANCE NOTES FOR COMPLETION



Note that the italics are guidance notes for completion.

STEP 1: MARKET ANALYSIS & MAKE OR BUY ANALYSIS

Market Analysis

The young people's sexual health services in Camden and Islington are delivered by 3 (three) separate organisations and tied together with a Network Co-ordinator. These services provide sexual health and wellbeing services to young people under the age of 25 through clinic and outreach services.

The aim of the service is to offer accessible clinical and preventative services to young people to:

- reduce unwanted pregnancies

- reduce the risk and transmission of STIs
- provide education in the forms of targeted group work, one-to-ones and Relationships and Sex Education (RSE)
- provide workforce development (WFD) to staff teams working with young people.

There are several elements of the service delivered through a network model arrangement, these include:

- Three core clinic services across Camden and Islington delivering sexual health screening, pregnancy tests and contraception
- Outreach clinic which works in youth settings across Camden and Islington including youth offending services, looked after children services, supported accommodation and youth hubs
- Relationship and sex education in school settings
- Targeted offering education sessions to groups of young people
- One-to-one for young people who are vulnerable and have been identified as needing additional support
- Brief intervention counselling.

There is a large market of sexual health providers both inside and outside of London. Should non-incumbent providers bid for these services it is likely that they will need to source their own buildings which may reduce our market. The Pulse clinic in Holloway (currently used) is due to be sold by the landlord, Whittington Health, Brandon Centre own their building in Kentish Town. This will leave the option of leasing the Brook Euston building which is owned by Camden Council. It is probable that the young people's level 3 GUM service (not a current provider under this contract) also commissioned by Camden & Islington Public Health and based in Islington would bid for this service. They have been a long-standing provider of young people's services and are part of the existing young people's sexual health pathway. It is however likely that the incumbent providers will bid for the contract under a new model due to the effort they have made to work more closely together over the past year. Homerton University Hospital Foundation Trust (HUHFT) have recently informed Commissioners that sexual health no longer fits with their business strategy and they may not be bidding for the new contract.

Include market analysis undertaken here or indicate if it is annexed – note that you will have already included your Market Analysis in the body of the Tollgate 0, however for ease of analysis, the Chair of the Strategic Commissioning & Social Value Board has directed that the Market Analysis is duplicated here.

Make or Buy Analysis

1(a) Is Camden permitted by legislation to deliver the service in-house?	Yes
1(b) Does Camden currently have the systems/structures, skills, experience and plant/equipment to deliver the service in-house?	Brandon Centre: No: The Council would not have the infrastructure in place to deliver this service. The Council does not currently deliver health services for residents and there is no identifiable directorate that a service like this would sit under. This service requires a clinical setting in which the Council would not have time

to identify and fit a building to meet the needs of a clinical setting before a start date of April 2022. Furthermore, this service also provides brief intervention counselling which would require clinical supervision and sexual health services would require clinical governance something which the Council could not currently provide and would require knowledge and expertise to deliver. Delivering a clinical and psychological service would require more time to mobilise. The majority of the staff team deliver this contract are NHS employed and come with stipulations in their contract related to agenda for change.

Brook: No:

The Council would not have the infrastructure in place to deliver this service. The Council does not currently deliver health services for residents and there is no identifiable directorate that a service like this would sit under. Furthermore, this service also provides brief intervention counselling which would require clinical supervision and sexual health services would require clinical supervision something which the Council could not currently provide and would require knowledge and expertise to deliver. Delivering a clinical and psychological service would require more time to mobilise. The majority of the staff team deliver this contract are NHS employed and come with stipulations in their contract related to agenda for change.

Pulse N7 (Homerton Hospital): No:

The Council would not have the infrastructure in place to deliver this service. The Council does not currently deliver health services for residents and there is no identifiable directorate that a service like this would sit under. Furthermore, this service also provides brief intervention counselling which would require clinical supervision and sexual health services would require clinical supervision something which the Council could not currently provide and would require knowledge and expertise to deliver. Delivering a clinical and psychological service would require more time to mobilise. The majority of the staff team deliver this contract are NHS employed and come with stipulations in their contract related to agenda for change.

Network Co-ordinator (Homerton Hospital): Yes:

The Network Co-ordinator brings together all the elements of the service and can identify gaps and areas for improvement. They are also responsible for joint working with statutory and non-statutory services in the borough to enable better referral paths for young people. Whilst they are not a member of clinical staff, they are required to have a broad knowledge of sexual health and the Local Authority, the member of staff would not require clinical supervision and therefore could be managed

	by a member of Public Health or other. This may be an option for insourcing if we continue with a network model. This arrangement may cause loss of historical knowledge, successful partnership building and engagement with the Council and local organisations. Furthermore, having a co-coordinator who is employed by the Council would lead to fragmentation of partnerships and loss of hierarchical expertise and knowledge. There also is no clear directorate that this member of staff would sit within.
1(c) Is it feasible that Camden can recruit, upskill, purchase the necessary plant/equipment and create the systems/structures within the timeframe required?	Network Co-ordinator: Yes: If we continue with a network model, there is likely to be sufficient time for TUPE of this member of staff. No upskilling would be needed however the member of staff would require office equipment similar to other office staff. Should the member of staff not transfer into a Council role, recruitment would need to commence after contract award currently time tabled for December 2021. Once a member of staff has been recruited and started employment an induction would be necessary. If we do not continue with a network model and choose another model of delivery such a consortium or lead provider model, this option will become obsolete, although TUPE rights will still apply.

Pass

STEP 2: COMMISSIONING OPTIONS – OPTIONS ANALYSIS

OPTION 1: RE-PROCURE SERVICE (OUTSOURCING)

Summary	<p>This option would require a full tender process to begin in Spring/Summer 2021. As there is a full market of sexual health providers, we are currently testing the market to see who would be and for what models.</p> <p>Our preferred model would be a consortium however once we have received feedback from potential bidders we will further develop our model based on this.</p> <p>If there is no interest from the market, we will seek to dialogue directly with the incumbent providers in accordance with regulation 32.2(a) of the Public Contract Regulations 2015 “where no tenders, no suitable tenders, no requests to participate or no suitable requests to participate have been submitted in response to an open procedure or a restricted procedure”.</p> <p>If the market testing exercise shows that providers outside the current network are interested in bidding, we will procure the service by competitive tender with an element of dialogue with potential providers.</p>	
	Benchmarking	The network model is unique to Camden and Islington and there are no two boroughs which are the same. Because of this benchmarking would be difficult to obtain and would not be relative to the offer in Camden and Islington. Haringey provide a dedicated young people’s service with a value of £1M a year.

Assessment	Social Value	How well does the Option deliver Social Value? (Give an assessment – Poor, Sound, Strong)	Strong
		Outline the specific Social Value deliverables	<ul style="list-style-type: none"> • The three services providing these contracts have created a strong partnership. This has been particularly evident during the pandemic. When clinics have been unable to fulfil their core service, for example where there have been no staff in one service to fit coils and implants, other services have picked this up and provided cover. • The services have excellent partnerships with other local providers, statutory services and other VCS groups and are astute at picking up on gaps and working together to resolve these. • We benefit from Brook being a national service who provide tools and frameworks which can be adapted to meet local need. • The work they do with schools is over and above what they are commissioned to provide this includes the flexibility around 'drop days' where they will see as many young people as the school can provide in one day. • There is development of an Assessment and Qualification's Alliance (AQA) programme in partnership with Looked After Children (LAC) and Supported Accommodation Services. All Looked After young people will have the opportunity to attend and it will be mandatory for all Unaccompanied Asylum Seeking Children (UASC). The AQA programme offers the young people a core understanding of sexual health, relationships and consent and may sometimes be the first certificate that a young person has achieved.





			<ul style="list-style-type: none"> • Young People have been offered the opportunity to be involved in activities which promote sexual health services to other young people including mystery shopping and video recordings for social media. • We will continue to encourage innovative working going forward and building other opportunities for social value into the specification.
	Other Pros & Cons of the Option not identified above	Pros	<ul style="list-style-type: none"> • Delivery of the pathway by one provider may offer cost efficiencies in terms of central costs and could scale up existing services relatively quickly. • Delivery of the pathway by a larger provider may also offer the same opportunities. • Current providers have worked on their specialisms over the years and can continue to grow their knowledge. • The contract has come to an end and there is no opportunity for further extensions, because of the Council CFOs we are required to procure the service. The only other option to re-procuring would be through insourcing.
		Cons/Risks	<ul style="list-style-type: none"> • A procurement exercise is resource intensive and time consuming, both for commissioners and providers. Current providers will need to re-direct resources away from direct service delivery to write their bids. Brandon Centre would be impacted by this due to it being a small local charity whereas Brook and Homerton Hospital have the added advantage of additional Trust or national resources. • Providers have worked extremely hard to build good working relationships with each other and with Commissioning. This has

			<p>been particularly noted during the pandemic. Providers have been adaptable and flexible to meet the needs of the young people and also to support each other and the network as a whole. A procurement exercise would disrupt the hard work that has taken place.</p> <ul style="list-style-type: none"> • There is a risk that a smaller local organisation such as Brandon Centre could be priced out of the market by larger organisations with bigger infrastructure and economies of scale. This may cause Brandon Centre to become unviable and they may be unable to deliver other Camden and Islington Council and NCL CCG commissioned contracts which include Mental Health Therapy, Healthy Eating delivered in partnership with UCLH. There are also wider grant funded services which Brandon Centre provide to the local community such as Arsenal Connect and Ground Up. • Due to the current Covid pandemic, an extension due to exceptional circumstances may also be an option.
Financial Assessment	FA1. The amount needed for capital investment in assets (fixed and movable) – plant, equipment, buildings, vehicles, systems, technology and ongoing financial ramifications of those things (if applicable)	Successful bidders are expected to provide equipment and other necessary items to deliver the service as part of their contract. The Council will continue to pay separately for activity related to C-card condom distribution (where applicable) and home testing kits for STIs.	
	FA2. The amount needed for staffing, TUPE, Pension costs etc. (if applicable)	Not applicable	
	FA3. Total cost of the option over the life of the commissioning	The contract period will be for an initial term of 5 years with two (2) optional extensions of up to two (2) years. The total value for the lifetime of the contract will be £13.5M with Camden's contribution being £6.9M including costs for estate rents.	

		Outline any renewal/depreciation considerations	This is unknown but may include rents and equipment.
Recommendation		Yes	
STEP 2: COMMISSIONING OPTIONS – OPTIONS ANALYSIS			
OPTION 2: INSOURCING			
Summary	<p>This option would only be beneficial for the Network Co-ordinator role as Sexual Health is not a suitable service to insource as outlined in the 'make or buy' section above.</p> <p>If we were to continue with a network model and the Network Co-ordinator role were insourced, the member of staff would be eligible for TUPE and the Council would be responsible for any related costs and potentially the transfer of NHS terms and conditions.</p>		
	Benchmarking	We are benchmarking against the mid-point range for band 8a. The Network Co-ordinator is the equivalent of 0.8 FTE with the approximate salary of £44K. This does not include training and pension contributions which have been estimated in section FA3 below.	
Assessment	Social Value	How well does the Option deliver Social Value? (Give an assessment – Poor, Sound, Strong)	Poor
		Outline the specific Social Value deliverables	<ul style="list-style-type: none"> The Council would be able to provide social value as part of this service, however, we would miss the social value brought in from the local community, a nationally recognised expert organisation and NHS. This post would be integrated within council structure and therefore has potential to influence change and resolve issues swiftly.
	Other Pros & Cons of the	Pros	<ul style="list-style-type: none"> The Council would have more opportunity to influence the day-to-day operations of the service.

	Option not identified above		<ul style="list-style-type: none"> • The member of staff would be eligible for TUPE and would bring all knowledge and expertise to the role. • Coordinator lead sits in the council and may be better able to navigate and lead. • The Council would not need to provide any additional space for the Co-ordinator. This post could use additional space or work remotely.
		Cons/Risks	<ul style="list-style-type: none"> • The Council will not be able to benefit from the innovation or additional social value that voluntary and community sector (VCS) providers and NHS providers can offer. Key to the success of the service is that all the organisations involved have a vested interest in the project and are committed to make it work. • TUPE can be a time consuming process, additional HR capacity would be needed for this. • The Co-ordinator is a long-standing NHS worker and may choose not to TUPE and we would lose all knowledge and expertise from the past five (5) years. • Council would become responsible for staff redundancy costs, if the role needs to be cut in the future. • We risk the current good engagement between the providers and the Co-ordinator if this role is brought in-house.
	Financial Assessment	FA1. The amount needed for capital investment in assets (fixed and movable) – plant, equipment, buildings, vehicles,	If this role is insourced, investment will be needed for IT equipment- laptops, agile kits, phones, and software

		<p>systems, technology and ongoing financial ramifications of those things (if applicable)</p>	<p>There may be associated costs of taking on an NHS member of staff and their required training needs.</p> <p>The total cost for insourcing for the period 2022_23 will be approximately £85,733 and £82,425 for 2023_24 including TUPE costs.</p> <p>More detailed costings are in the attached spreadsheet in section FA3.</p>
		<p>FA2. The amount needed for staffing, TUPE, Pension costs etc. (if applicable)</p>	<p>Please see attached spreadsheet (in FA3 below) for a more detailed analysis of costs.</p> <p>There is 1 member of staff included in the insourcing option.</p> <ul style="list-style-type: none"> • Network Co-ordinator 0.8 FTE <p>Based on the grade of the Network Co-ordinator 0.8 FTE Band 8a, we estimate the salary of the member of staff to be £44K.</p> <p>There will be one-off costs incurred through the TUPE process, these costs have been included in FA1 section above.</p> <p>In addition there would be costs of the additional support functions associated with taking on an additional service: HR, training and development. We haven't costed the costs of impact on HR – and assumed these would be absorbed by the Council. Even so, the calculation shows the staffing costs would be higher in the insourcing option.</p>
		<p>FA3. Total cost of the option over the life of the commissioning</p>	<p>Please see attached spreadsheet with detailed calculations of insourcing option. Although insourcing sexual health clinics have not been considered in this paper, budgets have been included below for context.</p>

			 FA3 Insourcing Finance Worksheet Y1  FA3 Budget Workbook (including  FA3 Budget Workbook (including  FA3 Budget Workbook (including
			<p>The total cost of the insourcing option would be £85,733 in Year 1, and £82,425 per year in subsequent years. The total cost over the 9 years would be £168,158.</p> <p>It should be noted that this is an estimate which assumes no inflationary costs, either to the contract or to the Council, and assumes all salaries at mid-point. In fact, some salaries will be at bottom of scale and some at top of scale - so mid-point has been used as an average.</p>
		Outline any renewal/depreciation considerations	Not applicable
Recommendation		No	
STEP 2: COMMISSIONING OPTIONS – OPTIONS ANALYSIS			
Summary	This option would entail letting the current contracts run out, and therefore we would be left without any services from 1 April 2022.		
	Benchmarking	Not applicable	
Assessment	Social Value	How well does the Option deliver Social Value? (Give an assessment – Poor, Sound, Strong)	Poor

		Outline the specific Social Value deliverables	Not applicable – no social value outcomes would be met
Other Pros & Cons of the Option not identified above	Pros		Decommissioning services would result in immediate savings for the Council.
	Cons/Risks		<ul style="list-style-type: none"> • The impact of the service ceasing to exist would be approximately 7000 young people not receiving a service. • We have a mandatory duty to provide sexual health service and NICE guidelines and best practice states that young people should have separate services to adults. • All young people would need to be diverted to other services including GPs and adults services which are paid on tariff and therefore we would not be receiving best value for money • Services are currently under increasing pressure due to Covid and would not be able to cope with the additional need • All the specialist safeguarding expertise would be lost • Decommissioning would lead to political and further stakeholder interest • This would need to be consulted on
Financial Assessment	FA1. The amount needed for capital investment in assets (fixed and movable) – plant, equipment, buildings, vehicles, systems, technology and ongoing financial ramifications of those things (if applicable)		Not applicable
	FA2. The amount needed for staffing, TUPE, Pension costs etc. (if applicable)		No applicable
	FA3. Total cost of the option over the life of the commissioning		Not applicable

		Outline any renewal/depreciation considerations	Not applicable
Recommendation	No		

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