Lincolnshire COUNTY COUNCIL
Working for a better future

Executive Councillor

Open Report on behalf of Derek Ward, Director of Public Health

Report to:	**Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services**
Date:	**03 - 07 December 2018**
Subject:	**Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) – Re-procurement of community provision**
Decision Reference:	**I016624**
Key decision?	**Yes**

Summary:

Women make up 51% of England's population. Of these 78.5% of women of childbearing age (16-44 years) at any one time will be heterosexually active and want to either prevent or achieve pregnancy. Contraception is therefore a day to day reality for the vast majority of women for most of their reproductive years. In addition women need to have support to prevent unwanted pregnancies from progressing[1].

Long acting reversible contraception (LARC) is an essential contraceptive tool which supports women to plan their pregnancies and prevent unwanted pregnancies from continuing. Both methodologies, sub dermal implants and intra uterine devices/systems, are safe and effective and especially useful in supporting women who might find compliance with oral contraceptive pill methods more challenging, due to the need for them to be regularly and reliably taken.

In Lincolnshire we currently provide LARC through a combination of contracts;

- Lincolnshire Integrated Sexual Health service (LISH). This is a County wide single provider block contract which provides a range of services, including LARC, EHC and pregnancy testing.
- 69 GP practice contracts. These are provided in addition to the LISH contract and provide broader geographical coverage in communities across the whole of Lincolnshire.

Emergency Hormonal Contraception (EHC) is an oral contraception that is a safe,

[1] *Source: DHSC's 'Annual Report of the Chief Medical Officer, 2014 – The Health of the 51%: Women' (2015)*

effective and low risk tool available to public health services to enable women to choose to prevent an unwanted or ambivalent pregnancy from developing. Supporting people to develop healthy relationships and prevent unplanned pregnancy is vital for enabling them to fulfil their aspirations and potential, and for their emotional wellbeing. Source: PHE and LGA's 'Teenage Pregnancy Prevention Framework'.

Young people's Emergency Hormonal Contraception (EHC) and pregnancy testing service are provided through contracts with pharmacies for young women aged 13-19. The Council has EHC contracts in place with 11 pharmacy organisations in Lincolnshire, covering up to 102 pharmacy branches.

Both LARC contracts with GPs and EHC/pregnancy testing contracts with Pharmacies are coming to an end on 31 March 2019 and have already been extended to their maximum duration. Therefore the Council needs to find an appropriate commissioning solution for the services from 1 April 2019.

Recommendation(s):

That the Executive Councillor:

1. Approves the commissioning of the services as follows:
   a) LARC – continue to utilise a combined approach, including both the LISH provider and separately contracting with a range of capable providers, to offer the Council assurance that there is sufficient capacity and access across the County.

   b) EHC – continue to utilise a combined approach, including both the LISH provider and separately contracting directly with a range of capable providers to offer the Council assurance that there is sufficient capacity and access across the County.

   c) Pregnancy Testing – Do not continue to commission pregnancy testing as part of EHC contracts with pharmacies.

2. Approves the re-procurement of LARC and EHC services using an Open Select List, separating the components and providers into the distinct services; with contracts to commence on 1 April 2019.

3. Delegates to the Director of Adult Social Services in consultation with the Executive Councillor for Adult Care, Health Services and Children's Services, the authority to determine the final form of the contracts, to approve the award of the contracts and entering into the contracts, and any other legal documentation necessary to give effect to the said contracts.

Alternatives Considered:

1. **Integrate all provision into the current LISH Contract**

The Council has a contract with Lincolnshire Community Health Services (LCHS) NHS Trust, to deliver Lincolnshire Integrated Sexual Health Services (LISH). The contract runs initially until 31 March 2021 with the option to extend by a maximum of a further 24 months. The contract contains express provision to enable creation of a single integrated sexual health service which includes provision of LARC, EHC and pregnancy testing by a contract variation

This opportunity has been explored with LCHS; however, due to lack of suitable clinical settings, it is likely that they will find it difficult to offer LARC provision across the Lincolnshire wide geographical area and that will impact upon accessibility. In order to maintain choice and accessibility, LCHS would be likely to need to sub-contract community provision, and there is some concern from both commissioner and provider that they do not have capacity to establish and manage these relationships effectively.

2. Decommission the Services

This option would cease the commissioning of GP and pharmacy commissioned LARC and EHC provision in Lincolnshire. With the exception of pregnancy testing, this option would not be recommended because good quality contraception services are mandatory to support women's health choices and reproductive management. They impact upon mental health and wellbeing, affect career progression and impact upon financial resources within families. Women should have access to a range of contraception options, locally to them, of which LARC provision is one of the most effective.

Reasons for Recommendation:

1. Recommission and procure community based LARC and EHC utilising the current service model

The current services are functioning well with no widely reported concerns. LARC provision is meeting its objectives and has good geographical coverage. Lincolnshire has high rates of use of LARC compared to other areas and is meeting demand. Whilst demand for EHC is low, it remains an important element for females to manage their reproductive lifecycle and should be widely accessible to prevent unwanted pregnancies from developing, and to maintain the reduction in teenage pregnancies and termination of pregnancies. It is anticipated that with improved marketing and promotion, awareness may improve and demand may increase by up to 15%.

2. Decommission community based pregnancy testing for young people.

The pregnancy testing service is no longer well utilised and is not appropriate for young people who place a high value on protecting their confidentiality and anonymity. Alternative free access is available via GP Practices and LISH clinics, and testing kits are also available over the counter for very low cost,

3. The alternatives considered have been deemed unsuitable in meeting the commissioning requirements of the Council.

4. The recommendation addresses and supports statutory requirements under the Health and Care Act (2012), which places specific duties on the county council to protect and promote health and reduce health inequalities, and to commission comprehensive integrated sexual health services appropriate to the needs of local people.

Background

1. The National Picture

1.1. The World Health Organisation defines sexual health as a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not just the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

1.2. In England, our definition of sexual health includes the provision of advice and services around contraception, sexually transmitted infections (STIs), HIV and termination of pregnancy.

1.3. Local Authorities are mandated by the Department of Health to provide integrated specialist sexual health services which include accessible, evidence based reproductive and sexual health services that meet national standards.

1.4. Most adults are sexually active, with recognition that whilst the legal age of consent to sexual activity in the UK is 16 years, surveys suggest that almost one in three young people will have had sexual intercourse by this age. Good sexual health matters to individuals and communities. Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity. However, there are certain core needs common to everyone including high quality information and education enabling people to make informed responsible decisions, and access to high quality services, treatment and interventions.

1.5. Some of the consequences of poor sexual health include:

- unintended pregnancies and abortions;
- poor educational, social and economic opportunities for teenage mothers, young fathers and their children;
- pelvic inflammatory disease, which can cause ectopic pregnancies and infertility.

1.6. The Framework for sexual health improvement in England sets out the Government's ambitions for improving sexual health outcomes[2].

1.7. Findings from the national surveys of sexual attitudes and lifestyles (Natsal) show most young people become sexually active and start forming relationships between the ages of 16 and 24. Young people in these age groups have significantly higher rates of poor sexual health, including STIs and abortions than older people.

1.8. Unplanned pregnancy is a key public health indicator. The increasing intervals between first sex, cohabitation, and childbearing means that, on average, women in Britain spend about 30 years of their life needing to avert an unplanned pregnancy. Available evidence shows that unplanned pregnancies can have a negative effect on women and children's lives and result in poorer outcomes than those that are planned.

1.9. Healthcare professionals should, as a core principle:

- know the needs of individuals, communities and populations related to sexual health, reproductive health and HIV, as demonstrated in the Joint Health & Wellbeing Strategy and the chapter on Sexual Health;
- utilise the resources and the services available in the health and wellbeing system to promote good sexual and reproductive health. This has been planned within the sexual health portfolio in Lincolnshire to ensure a full range and equity of reproductive healthcare services are available at accessible locations.

1.10. Interventions at population level include:

- building an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex to reduce the stigma associated with sexual health and HIV;
- raising awareness that prescribed contraception and STI and HIV treatment are provided free from prescription charge to reduce the risk of unwanted pregnancy and onward transmission of infection;
- ensuring that prevention is prioritised and people are motivated to practise safe sex, including using contraception and condoms.

1.11. Community health professionals and providers of specialist services can have an impact by:

- ensuring Local Authorities commission services for the full range of contraception, the testing and treatment of STIs and provision of condoms for the benefit of everyone in the community;
- ensuring easy access to sexual health advice, free condoms, and testing for HIV and other STIs for young people and other high risk groups in a range of accessible settings with condom distribution schemes.

[2] *https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-applying-all-our-health (25/01/2018)*

1.12. Healthcare professionals can have an impact on an individual level by;

- providing information about the full range of contraceptive methods and promoting prompt access to the method that best suits their needs; see Sexwise, the FPA website https://sexwise.fpa.org.uk
- ensuring that women seeking an abortion have easy, quick and confidential access to services.

1.13. Ensuring that women and men achieve and maintain good health in their reproductive years is a public health challenge that impacts on future health for both themselves and their child. Consequently the localised delivery of Reproductive Healthcare and free access to contraception remains a core theme of Lincolnshire Integrated Sexual Health (LISH) services and community provision of LARC and EHC.

2. The Local Picture

2.1. In addition to the Lincolnshire Integrated Sexual Health Service (LISH), and to ensure a wide choice of locations for the full range of contraceptive services, LCC contracts with GP Practices to provide LARC (for all women of reproductive age) and with Pharmacies to provide oral emergency contraception and pregnancy testing for young women aged 13-19. Generic contraception is also provided by GPs under the General Medical Services (GMS) contract.

2.2. Whilst these services are available within LISH, at their 9 fixed clinic sites, and at Pop-Up and mobile clinics, a wider network of commissioned providers is considered necessary to provide sufficient capacity and accessibility across this rural county with its poor transport infrastructure.

2.3. In Lincolnshire the total of long acting reversible contraception (LARC) prescribed by GPs and LISH (excluding injections) was 60.1 per 1000 population in 2016, above national (46.4 per 1,000) and regional (53.3 per 1,000) levels. Of those total LARCs, 46.5 per 1,000 were prescribed by GPs and only 13.6 per 1,000 population were prescribed by the SRH service, both excluding injections. The injections rely on timely repeat visits/administration within the year and consequently have a higher failure rate than the other LARC methods. Furthermore injections are easily given thus do not require the resources and training that other LARC methods require and remain outside Local Authority contracts.

2.4. The percentage of women aged under 25 choosing LARC (excluding injections) as their main method of contraception at SRHS in Lincolnshire was 37.2% in 2016, significantly above national (20.6%) and regional (28.3%) levels. Furthermore the percentage of women aged 25 and over choosing LARC (excluding injections) as their main method of contraception at SRHS was 53%, also performing significantly above national (35.7%) and regional (42.4%) levels.

2.5. The total annual cost of LARC and EHC commissioned through GP and Pharmacy contracts in 2017/18 is £676,616 (£670,994.38 for LARC and £5,621.60 for EHC and pregnancy testing, including drug and device costs.)

3. Current LARC and EHC Provision under LISH Contract

3.1. Lincolnshire Community Health Services NHS Trust (LCHS) are the Council's contracted provider for Lincolnshire Integrated Sexual Health services (LISH). The provision of LARC, EHC and teenage pregnancy testing also form part of this service.

3.2. A summary of LARC volumes delivered by LCHS as part of the LISH contract is shown below.

LARC Completed by LCHS	**2016/17**	**2017/18**
Total number of Implants fitted	1150	1805
Implants Fitted, Under 18	143	196
Implants fitted, 18 years and over	1007	1609
Total number of implants removed	623	682
Total number of IUD/IUSs fitted	388	412
IUD/IUSs, fitted, under 18s	9	11
IUD/IUSs, fitted, 18 years and over	379	401
Total number of IUD/IUSs removed	387	425

3.3. Data suggests that numbers of LARC completed by LCHS under their contract is increasing, both for IUD/IUS and implant provision. However, the majority of LARC is provided by GP Practices. LISH also provide pregnancy testing and EHC however due to coding difficulties it has been difficult to provide a breakdown of this information.

3.4. A breakdown of LARC and EHC costs within the LISH contract is not available as it forms a part of their block payment for the contract as a whole.

3.5. In October 2017, the LISH contract was varied to introduce enhanced services for young people. This was a consequence of the decision by LCC to develop a new 0-19 Children's Service model. It has allowed LCHS to develop young people's sexual health services through the one stop shop offer and LISH is now accredited with the 'You're Welcome' standard. This is a set of criteria to ensure that clinical health settings are welcoming to young people. LCHS provide universal clinics that are inclusive to the needs of young people, with an average of 300 young people, aged 13-19 years, booking and attending appointments each month since October 2017. Specific young people's clinics have also been rolled out in areas identified as having higher rates of teenage pregnancy and STIs compared to national benchmarks.

3.6. Digital technology is being explored to provide easy access to the service and self-test kits are available on line and at various sites in the County.

4. GP Services

4.1. In the period 1 April 2017 – 31 March 2018, in Lincolnshire;

- 2197 IUCD/IUS were fitted in Lincolnshire by GP surgeries
- 2741 implants were fitted and 2731 implants were removed by GP surgeries.

4.2. Current spend on LARC by GPs

The annual cost of the service in 2016/17 and 2017/18 was as follows;

Service	**Cost in 2016/17**	**Cost in 2017/18**
IUCD/IUS Service by GPs	£174,312.00	£177,309.00
Implant Fittings by GPs	£78,052.00	£71,266.00
Implant Removals by GPs	£81,816.32	£75,767.40
LARC Expenditure to CCGs (Device Costs)	£371,974.09	£346,651.98
Total	**£706,154.41**	**£670,994.38**

4.3. Device costs are currently paid via reimbursement through the CCG. There are a range of devices on the market and LCC do not specify products to be used, this is at the discretion of the practitioner.

4.4. GP LARC Income

GP Service	***Average Income per GP Practice per annum (£ in 2017/18)***
IUCD/IUS Fittings/Removals Service	*£2,686.50*
Implants Fittings Service	*£1,018.09*
Implants Removals Service	*£1,082.39*

The average income per GP practice per annum is very limited and it is generally perceived that many GP practices only continue to deliver the arrangements to provide a comprehensive service to their patients rather then it being a significant income stream.

4.5. LCC currently pay GPs £81 for the fittings, insertion and management of IUCD/IUS's. LCC currently pay £26 per implant fitting and £31.18 for implant removals.

5. LARC Provision Comparative Breakdown

5.1. The below data, shows a comparison of the number of IUD/IUSs and implants fitted by GP practices and LISH. Please note that GP practices use both GP and nurses for LARC provision. GPs are only paid a single amount per fitting and removal of IUD/IUS therefore we only have data from fittings.

Data	LISH 2017/18	GP Practices 2017/18	Total	% completed by LCHS in 2017/18	% completed by GPs in 2017/18
Total number of Implants fitted	1805	2741	4546	39.7	60.3
Total number of implants removed	682	2731	3413	20.0	80.0
Total number of IUD/IUSs fitted	412	2197	2609	15.8	84.2

The above table indicates that the majority of IUD/IUSs (84%) are fitted and removed by GP practices, with the remainder (16%) fitted and removed by LCHS.

5.2. In 2017/18 60% of implants were fitted by GPs and 40% by LCHS. Data suggests that the number of implants fitted by LCHS increased from 1150 in 2016/17 to 1805 in 2017/18. Implant removals by LCHS are proportionality much lower than implants. This may be because the contract only started 2.5 years ago and implants can last up to 3 years or because users are opting to have an implant fitted by LCHS then access their local GP service for removal. If this is the case, many women choose a local provision for LARC and this would support the case for the maintenance of a wider network of commissioned providers.

6. Pharmacy EHC and Pregnancy Testing

6.1. EHC and pregnancy testing are provided for women aged 13-19 years of age, at up to 102 pharmacies in Lincolnshire. In 2017/18 there were 274 EHC consultations and Levonelle was issued 258 times by pharmacies. Service levels for young people's pregnancy testing are very low, and only 13 tests were completed in 2017/18.

Service	Cost in 2016/17	Cost in 2017/18
EHC Consultation Cost	£5,055.00	£4,110.00
EHC Drug Levonelle (Levonorgestrel) cost	£1,627.60	£1,342.60
Pregnancy Testing Cost	£455.00	£169.00
Total	**£7,137.60**	**£5,621.60**

6.2. Barriers to young people accessing pregnancy testing in pharmacies have been explored by LCC Young Inspectors and they include embarrassment and lack of confidentiality, sometimes the right member of staff is unavailable and some pharmacies do not have toilets for the young person to use, which delays the process. As pregnancy tests are commonly available at a low cost of £1.00 each from many shopping outlets, most young people prefer to purchase their own supply for reasons of convenience, accessibility, privacy and affordability. The original reason this service was introduced was due to a high number of young people seeking late abortions, however that trend has changed.

6.3. LCC pay pharmacies £15 per EHC consultation and £5.20 per drug cost (Levonorgestral), where appropriate. LCC pay pharmacies £13 per pregnancy test consultation, to include the cost of the test.

7. Commercial Approach

7.1. Market Analysis and Engagement

7.1.1 The market for LARC services is largely restricted to primary care organisations, in particular NHS GP practices. This is because a level of clinical training is required in order to meet the FSRH minimum standards. In addition clinical settings are required with specific equipment in terms of a specialist chair for LARC SDIs and a couch for IUDs/IUSs, alongside oxygen and CPR skills and equipment.

7.1.1. It would also be difficult, although not impossible, for larger private, non NHS organisations to provide the local community based LARC service across the wide geographical area for a relative limited financial benefit. Finding suitable clinical premises in Lincolnshire to provide equitable access is difficult, as experienced with other services.

7.1.2. GPs have been consulted, through the Lincolnshire Medical Committee (LMC). The view was that GPs do want to continue offering LARC to their patients. However some reservations were expressed, in particular around the costs and time involved in maintaining competency. They would prefer a local training scheme - however the FSRH have stated they do not recognise these as they are too variable. There was also a view that this activity could be undertaken by Practice Nurses who have the appropriate training and competency.

7.1.3. In relation to EHC, again the market is largely restricted, in this case to pharmacy organisations. This is due to a requirement for a patient group directive (PGD), which is necessary in order to prescribe EHC. Although not impossible for larger private organisations to tender, providing the service across the wide geographical area, for limited financial benefit (based on demand) is unlikely to be attractive.

7.2. Proposed Contract Scope and Structure

7.2.1. The aim of both LARC and EHC contracts will be to have multiple providers offering maximum geographical coverage to ensure that women can access the services close to their location.

7.2.2. The core service aim will be to deliver high quality LARC and EHC provision to the local eligible population. The Service Provider will be required to work in collaboration with the Council and NHS services to ensure an effective and quality service is promoted and maintained.

7.2.3. In order to achieve this, an Open Select List will be established for each of the LARC and EHC service requirements. This is a flexible framework approach which ensures that the market can remain dynamic by periodically giving new providers to opportunity to join. This will help to ensure that the market remains sustainable in the long term, and enable the Council to ensure that all providers are suitably qualified based on consistent application of LCC requirements and policies.

7.4. Payment and Performance Management

7.4.1. An affordable service that meets the Council's obligations in carrying its duties is essential.

7.4.2. A 'pay per patient' model will be used for both services. This has proved effective in the current service contracts and remains a cost effective solution due to the unpredictable demand in any given location and relatively small amounts of service provision per provider.

7.4.3. A review of payment amounts is ongoing, but benchmarking suggests that the current rates are acceptable to the market and in line with other Local Authority costs. It is likely therefore that they will remain unchanged initially. However new contracts will contain a price review mechanism to enable the Council to ensure the rates remain sustainable for the market throughout the contract term.

7.4.4. Additionally, in order to address the concerns of some practices about the costs of maintaining accreditation, a local competency scheme is in development which should reduce costs for reaccreditation for LARC sub dermal implants. An alternative lower cost solution for GP practices is to have their practice nurses trained to insert sub dermal implants.

7.4.5. A clear governance, reporting and monitoring structure will be incorporated that will allow for efficient contract management of provision.

7.5. Contract Commencement and Duration

7.5.1. The current contracts will finish on 31 March 2019, and have reached their maximum duration. The new contracts will start on 1 April 2019.

7.5.2. The proposed contract term is three years with options to extend by up to a further two years (3+1+1). This will provide a good level of continuity from perspective. Contracts will also incorporate break points to enable further review of the scope of services and potential future alignment with wider integrated sexual health services.

7.6. Tender process

7.6.1. The Procurement will be undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method.

7.6.2. The Invitation to Tender (ITT) evaluation will focus on service quality and the capability of the provider. The Invitation to Tender Document will include the following:

- A specification that is clear in scope, interpretation and expectations
- Full terms and conditions
- Appropriate award and evaluation criteria
- A realistic, appropriate and robust performance management framework

8. Procurement implications

8.1. Under the Public Contracts Regulations (PCR) 2015 activities relating to health and social care are generally dealt with under a 'Light Touch Regime' (LTR) which conforms to the general principles of the EU Procurement Directive but does not impose any strict procedural requirements. Training services are also captured under this regime.

8.2. While this regime allows for a much greater degree of flexibility as well as unique exceptions it does not mean the Council is free to award contracts without any regard to competition

8.3. The threshold at which LTR contracts must be formally competed for is procurements is €750,000 (or approximately £640,000.)

8.4. The total annual cost of LARC and EHC commissioned through GP and Pharmacy contracts in 2017/18 is £676,616 (£670,994.38 for LARC and £5,621.60 for EHC and pregnancy testing, including drug and device costs.), and over the maximum proposed 5 year term of the new contracts will total £3,383,080

8.5. It is the intention to issue an OJEU Notice for publication and a Contract Award Notice will be issued on any award to successful bidders.

8.6. In carrying out this procurement the Council will ensure the process utilised complies fully with the EU Treaty Principles of Openness, Fairness, Transparency and Non-discrimination. The procurement process shall conform to all information as published and set out in the OJEU Notice.

8.7. All time limits imposed on bidders in the process for responding to the Invitation to Tender will be reasonable and proportionate.

9. Legal Issues

9.1. Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

* Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act

* Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

* Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

* Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic

* Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it

* Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding

Compliance with the duties in section 149 may involve treating some persons more favourably than others

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is

identified consideration must be given to measures to avoid that impact as part of the decision making process

The key purpose of the LARC service is to ensure that women have access to this safe and low risk tool for managing their sexual health needs. The key purpose of the EHC service is to provide young women with local and timely access to emergency hormonal contraception to prevent unwanted pregnancies and prevent abortions.

To discharge the statutory duty the Executive Councillor must consider the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process.

Equality Impact Assessments for LARC and EHC have been completed and copies are appended to this report at **Appendix A and B respectively**. The assessment concludes that there will be no adverse impact on individuals with protected characteristics as a result of the re-procurement. The recommissioned service will remain open to all groups regardless of protected characteristic.

9.2. Joint Strategic Needs Analysis (JSNA and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision

The proposals relate to the Sexual and Reproductive Healthcare JSNA sections on LARC and EHC which look at the evidence base for providing these services as part of an integrated offer to Lincolnshire residents. The JSNA discusses the need for sustainable and accessible contraceptive services.

Links with the 2018 JHWS objectives include embedding prevention across all pathways across health and care. The principal use of LARC and EHC is to support women to manage their reproductive lifecycle to prevent unwanted pregnancy. Safeguarding is a cross cutting theme and the service specifications for LARC and EHC include awareness of safeguarding and using Fraser Guidelines.

9.3. Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area

This service likely to have no positive or negative effect on crime and disorder.

10. Conclusion

10.1. An effective community based LARC and EHC service are part of the integrated reproductive healthcare and sexual health service in Lincolnshire and play a significant role in reducing the burden on the overall healthcare system. By providing support to reduce unwanted pregnancies it will help to support women to make effective contraceptive choices.

10.2. The conclusion of the current contracts means a procurement process needs to commence in 2018. The focus of the procurement will be to establish a LARC and EHC service offering countywide coverage so women can access the service as close to home as possible.

Legal Comments:

The Council has the power to enter into the contracts proposed. The decision is consistent with the policy framework and within the remit of the Executive Councillor.

Resource Comments:

This report seeks to present the case for the continued provision of the Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) services and the withdrawal of the Pregnancy Testing service as part of the EHC contracts with pharmacies. The total annual cost of LARC and EHC commissioned through GP and Pharmacy contracts in 2017/18 is £676,616 and I can confirm that the Council has sufficient budget to fund the service. I can also confirm that current commissioning intentions and delegated approvals recommended within this report meet the criteria set out in the Councils published financial procedures.

Consultation

Has the Local Member been Consulted?

n/a

Has the Executive Councillor been Consulted?

Yes

Scrutiny Comments

This report will be considered by the Adults and Community Wellbeing Scrutiny Committee on 28 November 2018 and the Committee's comments will be passed on to the Executive Councillor.

Has a Risks and Impact Analysis been carried out?

Yes

Risks and Impact Analysis

See Appendix A and B

Appendices

These are listed below and attached at the back of the report;	
Appendix A	Equality Impact Assessment – LARC
Appendix B	Equality Impact Assessment – EHC

Background Papers

Document title	Where the document can be viewed
Publications referred to in the report	Public Health Division

This report was written by Carl Miller/Carol Skye, who can be contacted on 01522 553673 or 01522 552909