

Report to Rutland Health and Wellbeing Board

Report No. 270-2013

Subject:	Briefing on new Integrated Sexual Health Service (ISHS) implementation
Meeting Date:	26th November 2013
Report Author:	Mike Sandys
Presented by:	Mike Sandys, Director of Public Health
Paper for:	Note

Context, including links to strategic objectives and/or strategic plans:

Summary

1. The purpose of this report is to brief the Health and Well Being Board on the implementation of the Integrated Sexual Health Service (ISHS) which was recently awarded through the recently concluded procurement exercise.

Background

2. The current providers of Contraceptive services (University Hospitals Leicester) and GUM at Loughborough (Leicestershire Partnership Trust) gave notice on their services in 2012. This resulted in the re-procurement of an integrated service comprising the following services:
 - Contraceptive services and Genitourinary Medicine Services (GUM) provided by University Hospitals of Leicester,
 - Chlamydia Screening, Choices Young People's Service and GUM Loughborough provided by Leicestershire Partnership Trust,
 - Sexual Health and Contraceptive Clinics (SHACC) provided by seven GPs in Leicester,
 - The Safer Sex Project provided by Leicester City Council.
3. These separately commissioned services will cease on 31st December 2013 with the new integrated service commencing on 1st January 2014, which will allow for the following advantages:
 - clear and unified management arrangements
 - innovative service models and approaches
 - clear clinical leadership and accountability across the entire provision
 - seamless experience for the user
 - value for money
4. A full procurement exercise was carried out with Staffordshire and Stoke On Trent NHS Partnership (SSOTP) being awarded the ISHS contract as preferred provider.
5. This integrated service has been commissioned collaboratively with Leicestershire and Leicester City Councils. The proposed contract will be awarded for a three year period with the option to extend on an annual basis for a further two years.

Implementation approach

6. The three local authorities need to ensure that clear processes and procedures are in place for this commissioned service. In addition, new operational pathways are required in order to ensure the effective delivery of the ISHS. It was therefore decided that the implementation of the new service would be undertaken as a mobilisation project, using Governance and controls that are intrinsic to a project structure. Greater East Midlands Commissioning Support Unit is (GEM CSU) providing the infrastructure for the mobilisation plan using funding from the former Primary Care Trust in 2012/13. Clive Nixon has been appointed by GEM CSU as project manager for the mobilisation project.

Project Governance

7. A Project Board has been established with representation from the three local authorities. The Divisional Director of Public Health (Leicester City) and Acting Director of Public Health (Rutland and Leicestershire) chair the meetings in turn. Membership also includes representatives from the new provider.
8. The purpose of the Board is to:
- o Support the project executives in delivering the project
 - o Ensure resources are appropriately allocated
 - o Monitor progress and challenge as necessary
 - o Agree key decisions
 - o Mitigate risks
9. In addition to the Project Board, 7 work streams have been established, covering the following areas for delivery;
- o Quality/Clinical Governance
 - o Contract/Contract Management and Finance
 - o Operational pathways (excluding HIV)
 - o HR/Workforce
 - o HIV Transition
 - o Facilities (including Premises, IT, Records)
 - o Communications and Engagement
10. All work streams are currently meeting every two weeks. The project manager is responsible for all formal reporting of the work streams into the Project Board.

Risks

11. All risks have owners and contingency measures to mitigate against them. Appendix paper A gives a highlight report on progress against the work streams and risks associated with them.
12. The highest priority risk is the need to sign agreements on the leasing of premises by the new provider. This is being escalated as a matter of urgency.

Financial implications:

The new service is predicted to provide a better quality at lower cost. The cost of the

service is met through the public health ring fenced grant.		
Recommendations:		
It is recommended that the Health and Wellbeing Board: (a) Note the content of this report		
Strategic Lead:	Mike Sandys	
Time	H	The new service needs to be fully implemented by January 2014.
Viability	M	The implementation board is actively managing the implementation plan.
Finance	L	There is agreed funding in place through the ring fenced grant
Profile	M	Open access sexual health services are a statutory requirement of the Health and Social Care Act 2012
Equality & Diversity		