Report No: 06/2023
PUBLIC REPORT

CABINET

12 January 2023

RECOMMISSIONING OF PUBLIC HEALTH FUNDED SEXUAL HEALTH SERVICES

Report of the Portfolio Holder for Health Wellbeing and Adult Care

Strategic Aim:	Healthy and well A county for everyone	
Key Decision: No	Forward Plan Reference: FP/091222	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Samantha Harvey, Portfolio Holder for Health Wellbeing and Adult Care	
Contact Officer(s):	Adrian Allen, Interim Public Health Assistant Director – Delivery	0116 305 Adrian.allen@leics.gov.uk
	Susan-Louise Hope, Public Health Strategic Lead – Rutland Commissioning	0116 3052683 Susan-louise.hope@leics.gov.uk
Ward Councillors	N/A	

DECISION RECOMMENDATIONS
That Cabinet: 1. Approves the preferred option to recommission service in conjunction with Leicestershire County Council. 2. Approves the model for consultation as detailed in this report. 3. Approves commencement of public consultation on the future sexual health services in Rutland and Leicestershire 4. Agrees to receive further reports on the outcome of the consultation and presenting the final model and procure process this is likely to be in April or May of 2023.

1 PURPOSE OF THE REPORT

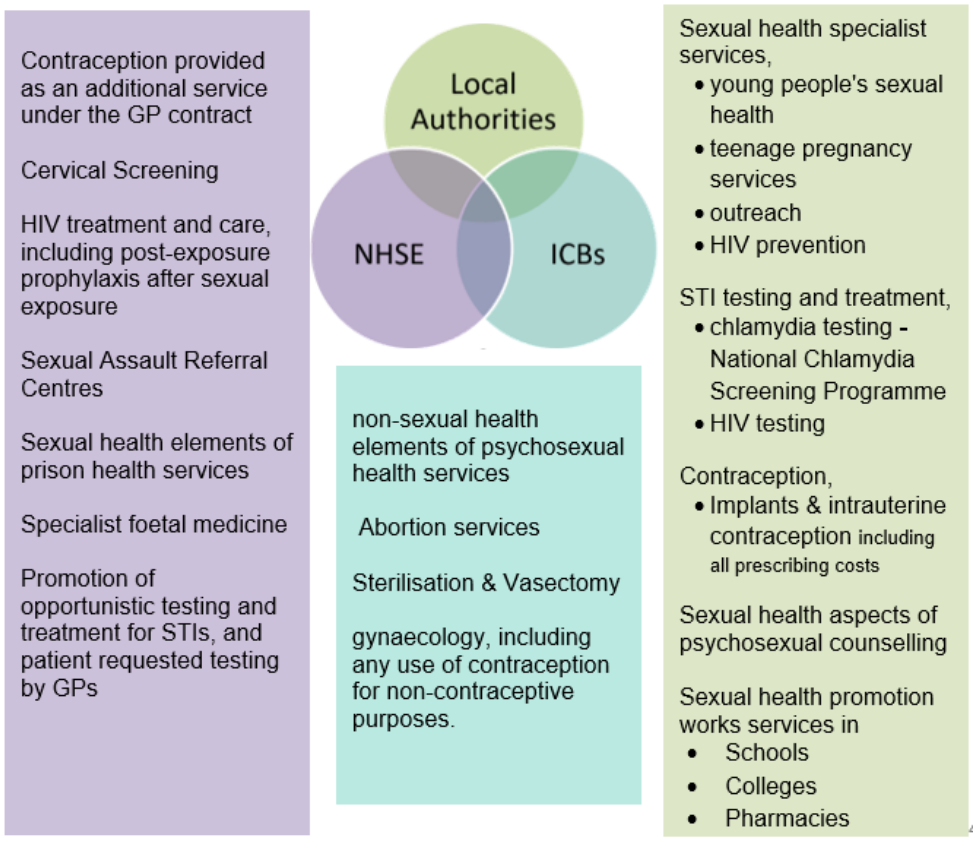
1.1 The purpose of this report is to inform members of the current situation with sexual health services and the work to date to inform future commissioning.

1.2 To seek the approval for the commissioning intension and to open public consultation.

2 BACKGROUND AND MAIN CONSIDERATIONS (MANDATORY)

The commissioning responsibilities of local government, Integrated Care Boards (ICBs) and NHS England (NHSE) are set out in the Health and Social Care Act 2012. Additionally, local government responsibilities for commissioning most sexual health services and interventions are mandated by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. This instructs local authorities to commission confidential, open access services for Sexually Transmitted Infections (STIs) and contraception as well as reasonable access to all methods of contraception and advice on preventing unintended pregnancy.

2.1 The commissioning responsibilities for Sexual Health, Reproductive Health and HIV (Human Immunodeficiency Virus) are organised as below.



2.2 The commissioning of open access sexual health services is a mandatory responsibility of Public Health within the Local Authority.

2.3 Current configuration in Rutland is a specialist integrated sexual health service (ISHS) providing the services detailed in the box in point 2.2. This service has been provided by Midland Partnership Trust (MPFT) since January 2019. Clinic provision in Rutland is delivered at the Rutland Memorial Hospital a dedicated clinic for service personnel at Kendrew Barracks. Rutland residents access the hub locations in Leicester and Loughborough. The online offer is sub-contracted by MPFT to SH 24. Additionally Public Health commission community based services (CBS) with

General Practice and Pharmacies in Rutland. All services are due to terminate on 31st March 2024.

2.4 Historically sexual health services have been commissioned across Leicester, Leicestershire and Rutland since Public Health moved into the local authorities they have gone through transformations. Firstly the integration of contraception and sexually transmitted infection services in to one combined service and secondly, in the most recent procurement in 2018 to achieve a channel shift in workforce skill mix and movement to increased usage and broadened remit of online provision.

2.5 The Coronavirus pandemic had a significant effect on the delivery of sexual health services. Control measures such as lockdowns, social distancing and cleaning regimes decreased the activity within clinic settings. At the same time it accelerated the move to online provision. Out of area activity also reduced during this time. Clinic activity has not returned to pre-pandemic levels however online continues to increase.

3 REVIEW OF RUTLAND PROVISION AND NEED

PROVISION- ISHS

3.1 Rutland residents utilise the ISHS predominantly for STI related services.

% Rutland Residents activity				
	STI	**Contraception**	**Sexual Health**	**HIV**
18/19	50%	46%	2%	1%
19/20	50%	47%	2%	1%
20/21	71%	24%	3%	2%
21/22	58%	38%	3%	1%

3.2 Usage data for the current service shows that the levels of county residents accessing clinic services has reduced dramatically, alongside a marked increase in the use of online sexual health services.

% Rutland Residents access point					
	County Clinic	**City Clinic**	**Rutland Clinic**	**Online Provision**	**C Card**
18/19	3%	34%	17%	13%	32%
19/20	3%	24%	17%	19%	34%
20/21	1%	32%	4%	53%	8%
21/22	1%	31%	5%	39%	21%

3.3 CBS

	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23
IUD/S Fittings	24	21	28	25	36	45
Implant Insertions	36	24	26	35	31	20
Implant Removals	37	22	20	33	30	21
EHC Consultations	13	22	13	13	23	14
Total	**110**	**89**	**87**	**106**	**120**	**100**

3.4 Rutland remain higher than national average for GP prescribed Long Acting Reproductive Contraception (LARC) (excluding injections) despite the slight decline in residents' uptake of LARC within GP surgeries. Post pandemic numbers are beginning to rise again however they are still considerably lower than previous years.

3.5 The numbers of women accessing EHC via pharmacies remains significantly lower than pre-pandemic numbers.

3.6 It is likely that these numbers have been impacted by the availability of online EHC, unlike LARC where face to face appointments are required. The online growth in this area means EHC activity in pharmacies may never recover to pre-pandemic numbers.

3.7 It is widely recognised that circumstances in 2020/21 have been exceptional as a result of the COVID-19 pandemic, which impacted significantly on service delivery and activity during year 2 of the contract.

3.8 Whilst national guidance on social distancing, and walk-in services arising from the pandemic have now eased, Rutland has not seen a shift back to accessing clinic services as they were before the pandemic. It is essential that this shift in activity is reflected within the service redesign.

3.9 Data for the financial year 2020/21 is an anomaly which has posed challenges in identification of trends in usage of the service. The pandemic has also changed the way people live their lives, which means pre-pandemic data may not be as useful in predicting future activity levels. Examples of changes include:

More people now working from home,

An increase in the use of online services

Current cost of living crisis - reduction in unnecessary travel

3.10 These factors all contribute to less footfall in our town centres, meaning it is less convenient to use a clinic-based service. A proportion of those who have accessed services online during the pandemic are likely to continue with this option out of convenience or are likely to look for more local provisions.

NEED

3.11 Rutland perform well for many public health indicators relating to sexual health. This is evidenced by continuing lower rates of new sexually transmitted infections (STIs), under 18 conceptions and newly diagnosed Human Immunodeficiency Virus (HIV).

3.12 Chlamydia detection rates in 15–24-year-olds in Rutland are below the national benchmarking goal and the trend shows that the detection rate is decreasing significantly. The proportion of the 15-24 population screened is also significantly below the national average and the screening percentages have been significantly decreasing in Rutland over the last five years.

3.13 At a national and regional level, new HIV diagnosis from persons diagnosed in the UK have seen a significantly declining trend. Rutland remains a low HIV prevalent area, so numbers of diagnosis are small, however, the local trend has shown no significant change.

3.14 The impact of the COVID-19 pandemic resulted in significant service reduction. In response, face to face services were limited and the delivery model changed to increase provision of services online and via telephone consultation. The learnings from the COVID-19 pandemic showed online services being favoured for STI screening and contraception, however access has reduced for some sub-populations (e.g., 15-24 year old's).

3.15 General Practice (GP) nationally continues to be the most preferred place to obtain contraception, with around 80% of women choosing to access their contraception from GPs. The GP prescribed LARC excluding injections rate has remained significantly higher than the national rate in Rutland since 2011. The impact of the COVID-19 pandemic has seen a decline in LARC provision between 2019 and 2020 in GPs and Sexual Health Services to be on par with the national rate. Preliminary analysis reveals demand for LARCs have not reached pre-COVID levels in GP settings and the predicted activity has not fully shifted to the Sexual Health service.

4 PROPOSED NEW MODEL FOR SEXUAL HEALTH SERVICES

4.1 Good access to sexual health services can have a positive impact on local communities through:

- Reduced unplanned pregnancies.
- Reduction in STI's that are often asymptomatic and can therefore lead to further transmission. New STI diagnoses are higher in more deprived populations.
- Reduction in teenage pregnancies. Teenage pregnancies are significantly higher in more deprived areas and contribute to their own health inequalities such as continued risk of living in poverty and poor mental health.[1]

4.2 Based on the review of existing provision and a review of need, the principles of the future model are:

- Continued expansion of digital services

[1] Sexual and reproductive health and HIV: applying All Our Health

- Reduction in out-of-area activity in the long-term
- Increased access to commonly used services e.g., contraception
- Better value for money, addressing inefficiencies and duplication
- Improved coordination of sexual health services across the system
- Enhancing and joining up targeted sexual health services e.g., chlamydia screening, contraception services, C-card etc.

4.3 The table below summarises the current model, challenges with the current provision and the proposed new model.

Current provision	Challenges with current provision	Proposed new model
ISHS – as described in section 2 and 3	Due to workforce shortages, there have been multiple occasions when the hub and spoke clinics across Leicestershire have had to close to service the Haymarket hub.	Having a Leicestershire and Rutland service would ensure we have a dedicated workforce for the proposed hub and spoke model, therefore minimising disruption to service provision.
	Some activity undertaken through the ISHS is non-complex and could be delivered through more cost effective channels e.g. through a community based model and through self-managed care	Expand the community sexual health service and self-managed care offer to enable the ISHS to focus on more complex cases.
Online sexual health (sub contract of ISHS)	Online sexual health services are sub-contracted by the existing provider leaving little autonomy for the commissioner to influence the delivery model. Performance data is not detailed enough to provide meaningful analysis of how the service is performing. Requests for additional data have to be made through the ISHS which is time consuming.	Commission the online sexual health service as a separate lot to the ISHS.
CBS LARC services – as described in sections 2 and 3	The current provision is delivered via a combination of individual GP practices or through a GP federation with some settings holding specific LARC clinics while others do not. Also, some settings offer LARC to registered patients only, while others offer LARC to any eligible resident. There have also been challenges in securing enough trained staff to provide LARC services across all GP practices resulting in: - Differences in service availability across Leicestershire - reliance on the ISHS to provide LARC services (not cost-effective)	Commission 1 provider to provide LARC services in accessible community settings across Leicestershire. This will also provide an opportunity to promote uptake of chlamydia screening. N.B Leicester City Council is not looking to retender this service as part of this recommissioning project

	- residents having to travel across Leicestershire to access LARC services	
CBS EHC services – as described in sections 2 and 3	Reduction in uptake of EHC within pharmacies, predominantly due to a channel shift to online provision	Expand current model N.B Leicester City Council is not looking to retender this service as part of this recommissioning project

4.4 Early discussions with Leicester City Council indicate that they are not intending to make significant changes to the current offer. The existing provision is not meeting the needs of Rutland residents (as described in the table above) and therefore commissioning the service as it is, is not a viable option for Rutland.

4.5 While the discussions with Leicester City Council are ongoing, the current proposal is to jointly commission sexual health Community Based Services (CBS), the Integrated Sexual Health Service (ISHS) and online sexual health services with Leicestershire County Council (subject to its agreement) either under 1 lot or up to 4 separate lots (ISHS, online sexual health services, Community Based Services – LARC provision, Community Based Services – EHC provision). This is subject to the outcomes of soft market testing and consultation.

4.6 The rurality of both authority areas, combined with the growth of online sexual health services, have changed the way residents' access sexual health services. The proposed approach will continue to provide the range of services currently offered to Rutland residents alongside improved access to spoke clinics, increased local provision of LARC, continued provision of EHC services via pharmacies, as well as an opportunity to broaden the chlamydia screening offer within local settings. This combined approach will allow the Council to strengthen pathways between primary care and the ISHS to ensure seamless transition for patients between services.

4.7 The current annual budgets for sexual health services are £3.5m for Leicestershire and £120,000 for Rutland. These figures do not include spend on out-of-area activity. Further consideration will be given as to how these budgets will be apportioned across the services based on identified need and outcomes of the consultation and soft market testing.

4.8 Details of the proposed model as it relates to Rutland are set out below:

- Hub (Leicestershire) and spoke (Rutland) model of sexual health clinic provision to be retained and delivered from suitable premises and to be based on need.
- Expand the accessibility of chlamydia screening services.
- Continue the condom distribution service for under 25s.
- Continue the availability of online sexual health services. The proposed change from current provision is to procure this service under a separate lot rather than with the ISHS. This will not affect the offer available to residents.
- Dedicated LARC provision within community settings. The current provision is delivered via a combination of individual GP practices or through a GP federation with some settings holding specific LARC clinics while others do not. Also, some settings offer LARC to registered patients only, while others offer LARC to any eligible resident. This has led to differences in service delivery across Leicestershire.

- Continue to expand EHC provision locally.

4.9 This approach will offer:

- Accessible clinic provision for residents.
- Local alternatives to clinic provision in instances where non-complex sexual health services are required. This will also support in destigmatising sexual health services.
- Dedicated staffing complement for the delivery of local sexual health services.
- Skilled LARC fitters meeting required competency levels allowing consistent clinic delivery.

5 CONSULTATION

5.1 Stakeholder engagement was conducted in August of 2022 brief results are detailed below further details are included in appendix A.

Key strengths of the existing offer were reported as follows:

- Availability of a sexual health online service
- Access to expert practitioners within the service
- Having a variety of locations for face-to-face clinics

Key areas for development were reported as follows:

- Accessibility of provision locally
- Accessibility of services in rural areas
- Service communication and engagement
- Widening the digital offer

Key gaps were reported as follows:

- Marketing and promotion of sexual health services
- Increasing outreach support
- Provision of targeted support
- Mechanism for pharmacies to provide oral contraception

Overall, the feedback highlighted the following:

- Good access is a priority for both face to face and digital service provision
- Importance of community access points
- The need to improve awareness of the service offer
- The need for education and awareness through targeted outreach to reduce stigma and/or discrimination.

5.2 Subject to cabinet approval an 8 week public consultation into the proposed model will open in January 2023

5.3 The consultation will seek the views of the general public, users of the service, service providers, commissioners of other local sexual health-related services, and stakeholders. The survey will be accessible online on the County Council's website and available as a hard copy on request. Consultation will also take place through focus groups and through approaching stakeholders directly.

5.4 Soft-market testing will also take place during the consultation period to specifically gauge levels of interest and views from potential providers on matters such as viability of a Leicestershire and Rutland service within the proposed financial envelope, and appetite of Providers in delivering the different elements of the proposed model.

6 ALTERNATIVE OPTIONS

6.1 The following options were considered by the Public Health DMT with option B agreed as the preferred option. More detail is provided in appendix B.

Options

A: Separately commissioned services for each local authority area

B: Jointly commissioned Leicestershire and Rutland service

C: Jointly commissioned Leicester, Leicestershire, and Rutland service

D: Jointly commissioning a service with other neighbouring local authorities

E: No directly commissioned service, only pay out of area charges

7 FINANCIAL IMPLICATIONS

7.1 The current financial envelope for service provision is £120,000.

7.2 There are no plans to change the envelop but members need to be aware of the Agenda for Change salary uplifts for NHS providers which local authorities may be required to meet.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

8.1 This Cabinet report has been shared with Legal and Governance for advice and comment prior to circulation.

8.2 The procurement process to be used is in accordance with the Council's Contract Procedure Rules, Public Contract Regulations 2015 and the Public Procurement Regulations 2019.

8.3 The standard public health contract has been updated in line with legislative requirements and guidance. This contact template has been used as the contract vehicle for other jointly procured services with input from Rutland legal services. Rutland legal services will have input into the contract development for this service.

8.4 Leicestershire and Rutland will each hold their own contract and collaborate on contract management to mitigate burden on the provider, benefit from economies of scale and ensure cross authority collaboration. Leicestershire Public Health Contract team will lead on the contract management administration.

8.5 The full ITT documentation is under development and there will be legal input from Rutland prior to this going live.

9 DATA PROTECTION IMPLICATIONS

9.1 A Data Protection Impact Assessments (DPIA) has not been completed as it is being completed in conjunction with Leicestershire.

10 EQUALITY IMPACT ASSESSMENT

10.1 An Equality Impact Assessment (EqIA) has not been completed as it is in the process of completion.

11 COMMUNITY SAFETY IMPLICATIONS

11.1 A community safety implication is that sexual health services prevent the onward transmission of sexually transmitted infections thereby protecting the population.

12 HEALTH AND WELLBEING IMPLICATIONS

12.1 Sexual health services promote safe sexual practices, flag up unhealthy sexual practices, prevent onward transmission and reduce unwanted pregnancies with effect contraception.

12.2 Sexual health service are linked into the Health and Wellbeing Strategy and delivery plan in particular Priority 2 Prevention and Early Intervention

13 ORGANISATIONAL IMPLICATIONS

13.1 Environmental implications

13.1.1 There are no environmental implications

13.2 Human Resource implications

13.2.1 Activities would be conducted within the existing resources of Leicestershire and Rutland councils.

13.3 Procurement Implications

13.3.1 Procurement would be led by Leicestershire County Council and would be an open procurement either with one lot or broken down into potentially 4 separate lots. A soft market test will be conducted in January 2023 that will inform the approach. This will give interested parties a clearer understanding of the sexual health system and offer choice to potential bidders.

14 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

14.1 Sexual health services are a mandated requirement on local authority Public Health.

14.2 All sexual health contracts are due to end on 31st March 2024 and therefore new provision needs to be commissioned for commencement on 1st April 2024.

14.3 Review of current provision, review of need, changes in expectations resultant from Covid are indications that a revised approach to procurement and delivery is required. Such an approach needs consultation and procurement.

15 BACKGROUND PAPERS

15.1 Internal Cabinet Briefing paper for meeting on 20th December 2022

16 APPENDICES

16.1 Appendix A Stakeholder Engagement

16.2 Appendix B Options Appraisal

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

Appendix A. Stakeholder Engagement

ISHS - Stakeholder Feedback Summary Report

Workshops

4 workshops held w/c 15th August

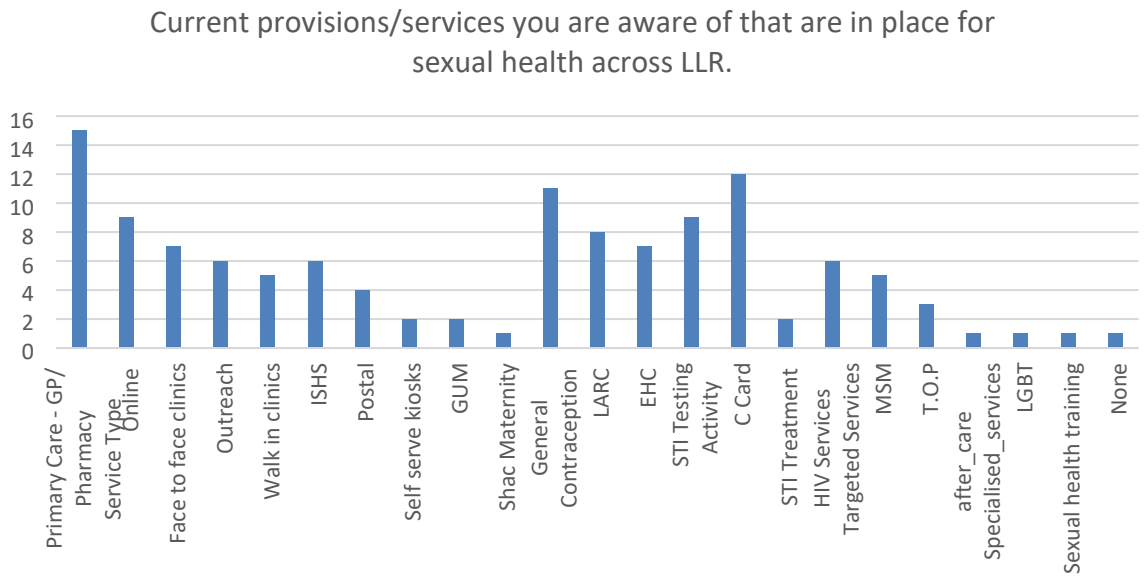
Attended by 33 stakeholders from the following organisations

- LCC
- East Midlands Sexual Health commissioners
- Midlands Partnership Foundation Trust
- Inform Health
- Juniper Lodge
- Rutland CC
- TRADE sexual health
- Charnwood Federation
- Leicester City Council
- Nottingham City Council
- NWL Federation
- Police and Crime Commissioner's Office
- SH24

Stakeholders were asked a series of questions regarding the current and potential future provision.

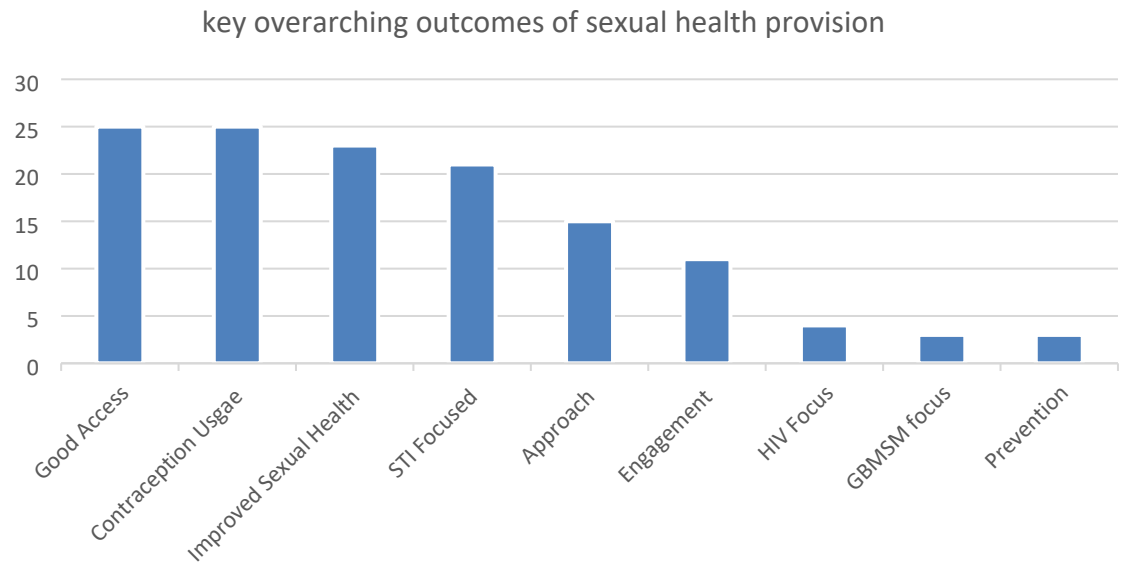
There were also a number of stakeholders that provided their feedback via email. These views have been included in the feedback below each question area.

Q. Please list the current provisions/services you are aware of that are in place for sexual health across LLR.



Awareness was very varied, with the most awareness around the primary care offer, the C-Cards (a card which offers free and easy access to condoms in a range of venues) and general contraception offer.

Q. In your view, what are the key overarching outcomes of sexual health provision?



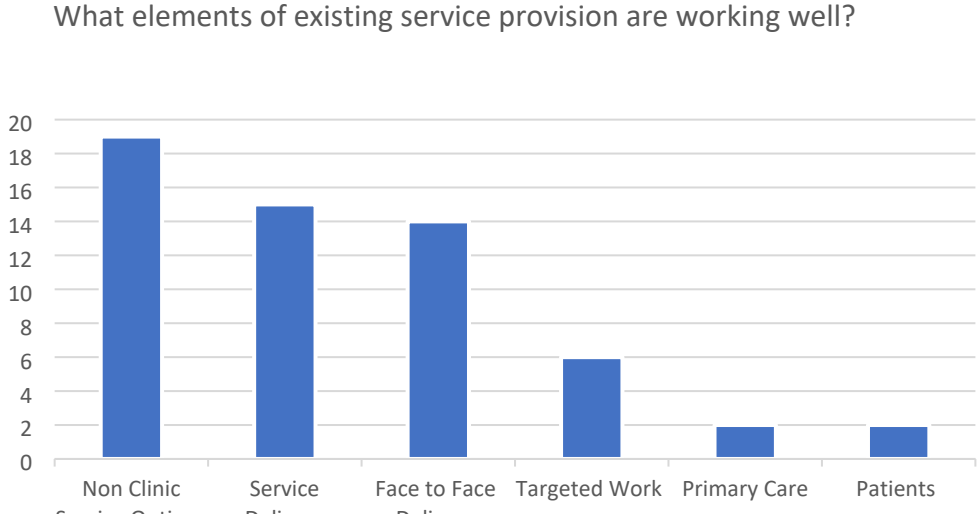
Good access was a key outcome for stakeholders. This was not only regarding physical access to clinics but access to online provision. Ensuring services meet the needs of local communities providing choice with multiple access points for the diverse population and utilising clinics for complex high-risk care.

A number of comments provided around the approach were that holistic support should be delivered, efficiently in a patient centred way, ensuring cultural awareness and clinician availability

Reducing stigma and discrimination was a key outcome theme.

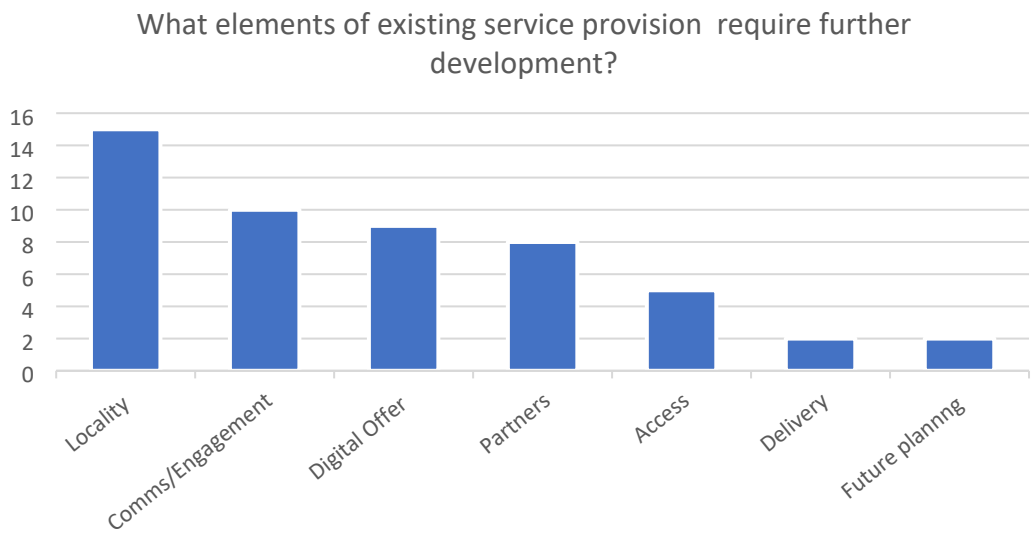
Overarching outcomes should be joined up across commissioning bodies, allowing for integration and work towards reducing inequalities, with a focus on prevention and self-management where appropriate

Q What elements of existing service provision are working well and why?



Stakeholders fed back that the online provision, access to expert practitioners within the service and a variety of locations for the face-to-face clinics are all elements of the current service that are working well.

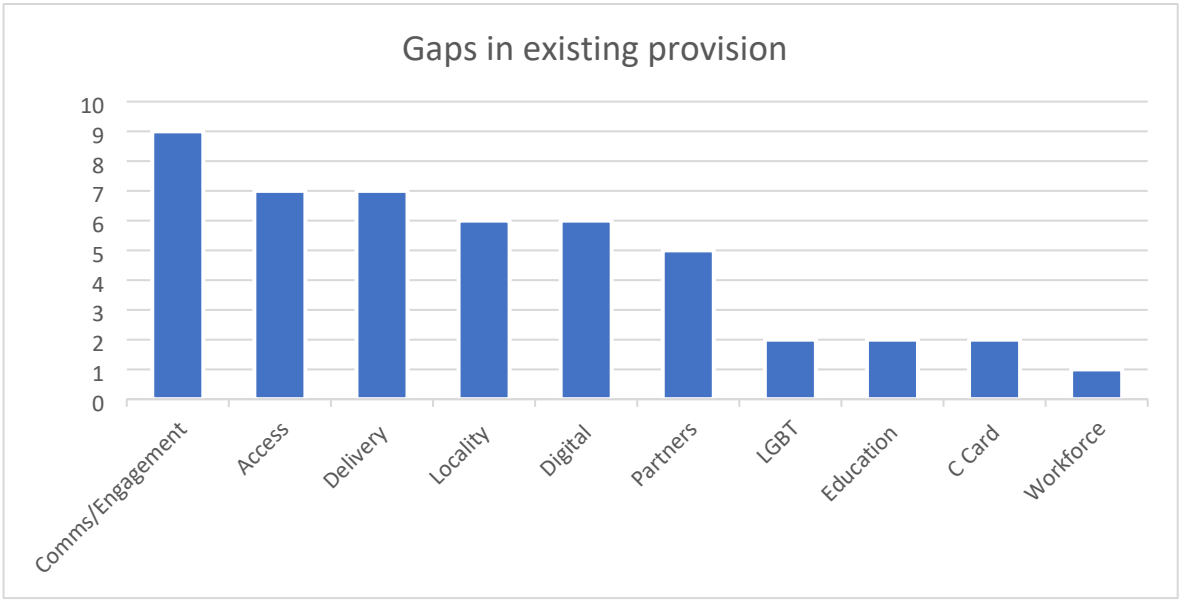
Q. What elements of existing service provision require further development and why?



There were a significant number of comments about locality of the provision, and accessibility in rural areas came through as a main concern. Service communication and engagement was another strong theme, with requests for more information on the service offer to be available and engagement with specific groups. There were also a number of comments around widening the digital offer that's available.

Increased service promotion and raising awareness of offer were key themes, particularly for young people and across district councils. Comment was also received on age parameters for EHC access as a barrier.

Q. Describe gaps in existing provision.

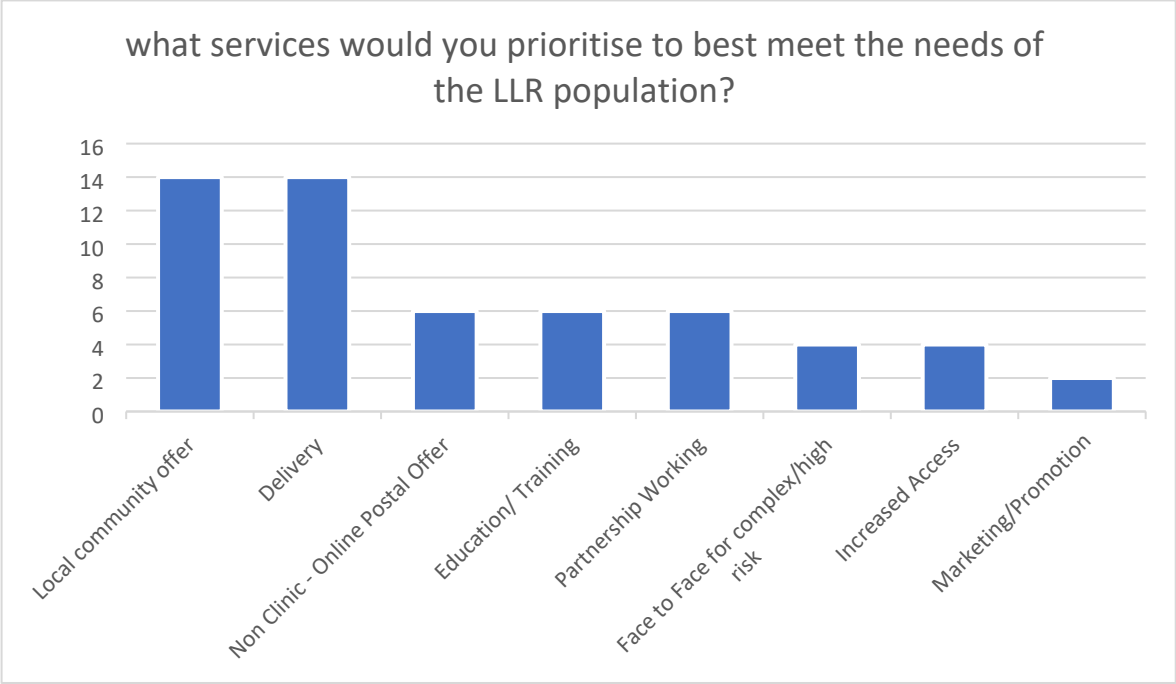


Comments were received around communication, and engagement with a focus on marketing and promotion. Access was another theme however there was no further comment on specific issues. A variety of comments were received around the theme of service delivery with increase in outreach and specific types of support around HPV awareness, Psychosexual and mental health support being mentioned specifically.

Rurality issues were evident with the majority of comments around locality being with regards to Rutland.

Pharmacies fed back that EHC patients also ask about daily contraception, which can be purchased over the counter however there were concerns that this may disadvantage those in areas of deprivation.

Q. When considering the whole sexual health offer, what services would you prioritise to best meet the needs of the LLR population?



There were a number of comments received around ensuring there is clinic time available for vulnerable complex and high-risk cases, and targeted outreach for the most vulnerable groups, with pharmacies requesting direct referral routes to the sexual health clinic. There were also comments received around increasing access to both STI testing and contraception in community settings, with consideration of utilising pathways already being accessed such as contraception availability in maternity or support via substance misuse services, alongside promotion of the C-Card. There was also a theme of ensuring there is a good balance between online and clinic functions.

Young People's Workshop

Responses were gathered from a focused group of thirteen young people aged 13 – 19. The questions posed to the group were amended slightly from the main stakeholder group questions to aid engagement and understanding from the group. As this was a small group

and feedback was varied, the feedback has been provided as comments rather than info charts.

Q. In your view what are the main goals for sexual health provision?

The young people had a varied response to this question with some feeling it was about education, information and advice, some wanting support and others stating it was about awareness of STI's, sexual health and reduction of unplanned pregnancies.

Q. What parts of the sexual health service that we currently have do you think are working well and why?

The responses indicated that young people have an awareness of the service via their education settings, with posters and toilet adverts being mentioned. C-Cards, social media, and clear easy to use website was included in responses as things that work well.

Q. What parts of existing sexual health services need development or changes and why?

The young people voiced their concerns around the PHSE, learning for life and personal development curriculum, which they didn't feel was joined up and not working together.

They were unsure of location of service and felt there should be service delivery in places they access such as schools, education settings, youth groups, and sports groups, with a link to sexual health information or signposting from the school website to the information they need.

They voiced the need to access face to face appointments with availability everyday both in and out of school hours. They also felt passes from the service should be provided if they needed to attend an appointment in class time.

Q. Are there any gaps in the current sexual health services?

The group touched on points raised previously with comments around being unsure of service location, the need for links to sexual health provider information on social media platforms (including Tik Tok) and via school websites.

The raised the need for uncensored information and wanting people to talk to who they are familiar with such as youth workers, LSA/teaching assistants, specialist counsellors, friends.

Summary

Overall, the feedback indicates good access is a priority for both physical and online service provision. This includes community access points, with a call to access services via community settings/services that are already being utilised by individuals.

General awareness around the service offers needs improving, to ensure people know what the service offers and where they can access support. The need for education and awareness through targeted outreach to reduce stigma or discrimination both for specific groups and in general to encourage utilisation was also apparent.

Appendix B. Options Appraisal

Option		LA	Appraisal Score	Benefit	Risk	Mitigation
A	**Separately commissioned services for each local authority area**	**Leicestershire**	**161**	Autonomy over provision	Residents accessing city clinic base could become OoA (26% of all activity for Leicestershire 31% for Rutland)	Better local provision should encourage local use. (Achieved with Substance misuse provision)
				County and Rutland focus		
				Improved community provider relationships		
		Rutland	**140**		Continuity of care	Not viable procurement option would all go OOA
					No local access	
					Lack of contract management and oversight	

Option		LA	Appraisal Score	Benefit	Risk	Mitigation
B	**Leicestershire and Rutland only**	**Leicestershire**	**151**	Autonomy over provision	Market may not be prepared for change	Market engagement and soft market testing to be completed early 2023 to ensure viable market
				Aligned priorities		
				County and Rutland focus		
				Improved community provider relationships		
		Rutland	**155**	Streamlined commissioning and contract management		
				viable for providers lowers risk to Rutland		

Option		LA	Appraisal Score	Benefit	Risk	Mitigation
C	**Leicester, Leicestershire and Rutland (current arrangement)**	**Leicestershire**	**145**	Clinic staffing opportunities to service rural and urban areas	Priorities not aligned as city don't wish to make any changes to the current commissioned service offer. Whereas change is required for both county and Rutland	Joint working agreement in place prior to progressing work. Aims and objectives of service provision clearly defined for each local authority from outset.
				May be a more attractive opportunity for providers	Distanced community provider relationships	
		Rutland	**150**		Complicates commissioning, and contract monitoring	
					Lack of County and Rutland focus	

Option		LA	Appraisal Score	Benefit	Risk	Mitigation
D	**Jointly commissioning a service with other neighbouring local authorities**	**Leicestershire**	**19**	Potential benefit to Rutland due to borders with Lincs, Northants and Cambridgeshire	Majority of L&R activity takes place within LLR. Risk of losing links to local health and wellbeing services	Not viable option
		Rutland	**23**			

Option		LA	Appraisal Score	Benefit	Risk	Mitigation
E	**No directly commissioned ISHS, only pay out of area charges**	**Leicestershire**	**17**	Save on costs of commissioning a service	Loss of autonomy over service design and loss of activity data to monitor local outcomes and trends	Not viable option
		Rutland	**18**			