

## CABINET

18 July 2017

# RE-PROCUREMENT OF INTEGRATED SEXUAL HEALTH SERVICES

## REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Strategic Aim:	Meeting the health and wellbeing needs of the community.	
Key Decision: YES	Forward Plan Reference: FP/270517/01	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr Richard Clifton	
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Ward Councillors	N/A	

### DECISION RECOMMENDATIONS

That Cabinet:

1. Approves the proposal to undertake a joint re-procurement of integrated sexual health services with Leicestershire County Council and Leicester City Council.
2. Approves the proposed draft model for Integrated Sexual Health Services from 1 January 2019 for consultation with key stakeholders in Rutland alongside the consultation in Leicestershire and Leicester City. Whilst changes to the Rutland delivery model are not significant, this gives opportunity for Rutland stakeholders to respond to changes in Leicester City and Leicestershire localities that potentially impact Rutland residents.
3. Requires the revised integrated sexual health services delivery model and procurement framework to be brought to Cabinet post consultation for final approval.

## **1 PURPOSE OF THE REPORT**

- 1.1 This report details the proposed model for delivery and re-procurement of integrated sexual health services across Leicester, Leicestershire and Rutland (LLR) from 1 January 2019 when the current contract period ends.

## **2 BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 Upper tier local authorities have a statutory responsibility to provide open access sexual health services. (The specific wording of the regulation can be found in Appendix A.)
- 2.2 The current integrated sexual health service contract commissioned by Leicester City, Leicestershire County and Rutland County Councils ends on 31 December 2018.
- 2.3 Following review of the current service model, a revised delivery model is proposed across Leicester, Leicestershire & Rutland. This comprises combined integrated provision with appropriate variation to meet the needs of each local authority population.
- 2.4 The proposals are informed by the Rutland Sexual Health Strategy (2016 – 2019) agreed at Cabinet on 21<sup>st</sup> June 2016.

## **3 CURRENT PROVISION OF INTEGRATED SEXUAL HEALTH SERVICES**

- 3.1 The Integrated Sexual Health Service (ISHS) is a complex service which delivers a range of services across Leicester, Leicestershire and Rutland (LLR) including;
- contraceptive services,
  - psychosexual services( sexual health aspects),
  - sexually transmitted infection testing and treatment,
  - a specific young people's service,
  - outreach and health promotion,
  - professional training,
  - network management and
  - sexual health leadership role across LLR.
- 3.2 The main service is currently delivered from two main sexual health service clinic locations (St Peters Health Centre, Leicester and Loughborough Health Centre and a range of sessional locations (1 being in Oakham, 12 in Leicester City, 4 in Leicestershire). The possibility of moving the City centre site to another city centre location is being considered. There are additional young people specific sessions and outreach sessions for targeted groups across LLR, delivered in locations in Leicester city and Leicestershire. Young people's sessions were piloted in Rutland during 2016, however attendance was very low.
- 3.3 The contract award to Staffordshire & Stoke on Trent NHS Partnership Trust (SSOTP) was for the period 1 January 2014 – 31<sup>st</sup> December 2018. A contract variation was agreed from 1 January 2017, which reduced the contract value to a capped maximum of £69,735.25 in 2017 and £68,622.84 in 2018. (The 2016 contract value was £100,346). Changes to the delivery model for opportunistic

chlamydia screening for 15-24 year olds were implemented as part of the contract variation; offering screening via online self-sampling testing or from sexual health service sites.

- 3.4 Of the 557 attendances by Rutland residents in 2016 to the ISHS 47% were to the Leicester City hub clinic (St Peters Health Centre); 9% to the Loughborough Hub, 39% to the Oakham 'spoke' sessional clinic, 5% to other Leicestershire spokes, primarily to Melton. In addition, there were 136 attendances to outreach clinic sessions, of which 93% was at Kendrew Barracks and 7% at male sauna sites in Leicester City locations. There were no attendances by Rutland young people to the specific young people's service sessional clinics delivered in Leicester City and Rutland, however 43% of all of the service activity by Rutland residents was by people under 25. Availability of on-line self-sampling STI testing is being piloted across LLR from February 2017. A pilot of the use of vending machines to access to STI tests, condoms and pregnancy tests is be undertaken from one site in Leicester city and one site in Leicestershire in autumn 2017.
- 3.5 Other sexual health contracts are separately commissioned and the integrated sexual health services re-procurement will further integrate these into the model. This includes the 'C-card' condom distribution and pregnancy testing scheme for under 25s and sexual health promotion and HIV prevention projects for groups at higher risk of poor sexual health. These groups are identified in the Rutland Sexual Health Strategy 2016- 2019. The key priority group being men who have sex with men (MSM).
- 3.6 Rutland residents attend open access sexual health services from the directly commissioned services in Leicester, Leicestershire and Rutland and also from out of area providers, with services charging back to the local authority of residence. The most recently available data indicates that attendances within LLR for GUM services have increased, with decrease in other areas. The LLR sexual health service also includes service elements that are not available from out of area providers, including online screening, psychosexual counselling, outreach, condom distribution scheme, training and prevention work.

## **4 PROCUREMENT MODEL**

### **4.1 Proposed Model for open-access integrated sexual health service clinics.**

4.1.1 The recommended LLR ISHS model for delivery from 2019 is:

- Retain Leicester City & Loughborough main clinics.
- Retain sessional clinics at Coalville, Hinckley and Market Harborough providing an under 25 service only. Reduce opening times in Coalville and integrate the Hinckley service with the Hinckley Choices clinic (under 25's). Close the Melton Mowbray clinic.
- Retain Oakham sessional clinic with no age restrictions.

4.1.2 The proposed changes will reduce access and overall activity levels in the ISHS. The impact of which will be mitigated by:

- i) Shift to primary care by

- a) Increasing activity of intrauterine devices/systems (IUD/Ss) and sub-dermal implants (SDIs) provision via GP/Federation contracts (Local authority commissioned).
- b) Directing patients to primary care for local access to contraception options such as oral and injectable contraception (This is part of the contraception element of the GP contract)
- ii) Increasing self-service access to sexual health services including:
  - a) Online and vending access to self-sampling sexually transmitted infection test kits.
  - b) Condom provision via vending/ expanded age range for C-card scheme. (condom distribution and pregnancy testing scheme)
  - c) Improving access to information and advice via website and telephone services.

4.1.3 The proposed changes as outlined above for sexual and reproductive healthcare (SRH) activity is assessed to be minimal for Rutland residents. Based on 2016 activity, 10 SRH attendances were to clinics affected by the changes and 80% of these were by people over 25 years old. Details of the potential number of displaced Sexually Transmitted Infections (STI) activity are not currently available. Provision of online testing is considered to be more practical for rural areas and requests can be made for posting to alternative venues than home to provide further anonymity. There is no evidence to date that this would be less popular with any particular group including older people.

## 4.2 Wider Integrated Sexual Health Delivery Model

4.2.1 It is recommended that the future 2019 ISHS model contains the following components;

**Young people only services-** Provided at Leicester City and Leicestershire sites only. Retain current level of activity across LLR, delivered predominantly from City sites e.g. Further Education Colleges. Use by Rutland residents is expected to be low.

**National chlamydia screening programme (15-24s)/ Self-sampling STI & HIV testing-** Retain the current model of chlamydia screening available via online self-sampling tests. This approach will be built on to develop a wider full STI online self-sampling test via triaged online/vending access. /It is estimated that 20% of current STI screening activity could be shifted online by 2020. Vending sites will developed during the contract period.

**Outreach-** Retain outreach services for;

- Military Barracks (Rutland) in line with future needs and military service personnel deployment plans.
- Men who have sex with men (MSM). (Male Saunas, Voluntary sector project venue appropriate for MSM)  
Sex workers (Leicester and Leicestershire locations only)

**C-card-** Retain C-card service for under 25s. Offer C-card distribution/vending access to those who are 25 years old and over for repeat condom distribution with appropriate periodic returns to the ISHS sites to re-register.

**Pregnancy testing-** Strengthen community based pregnancy testing for under

25s within C-card service at key sites to best meet need & deliver via competent practitioners. Offer pregnancy test kits via vending access. Vending sites will be developed during the contract period.

**Training and clinical network-** Retain existing training element as this supports delivery in primary care and increases sexual health knowledge across LCR. It is also aligned with the LCR Sexual Health Strategies to develop a tiered approach to Sexual Health training and leadership. There will be additional key performance indicators to ensure value for money for this element of the block contract.

**Information and advice services-** Provide access to information and advice via improved website and development of telephone advice line/consultation for patients. Further scoping is required to develop the advice line.

**Community based services (CBS): GP provision of intrauterine devices/systems and sub-dermal implants** – There is no change proposed for Leicestershire and Rutland. It is anticipated that there may be increased numbers accessing this service at their GP because of the changes proposed in this report. This would shift costs from the ISHS contract to CBS payments.

### **4.3 Procurement Process**

4.3.1 The existing sexual health service was commissioned as a single LLR service with each local authority holding an individual contract. Budgets were not pooled. A partnership agreement was developed and Partnership Board established to oversee the contract. Contract management is via a single process and is currently co-ordinated by Public Health at Leicestershire County Council. Continuation of these arrangements is recommended, with a shared re-procurement process.

4.3.2 The timetable for the procurement process is set out in Appendix B.

## **5. CONSULTATION**

5.1 There has been consultation with a range of LLR providers of sexual health services to inform development of the proposed model. There are no clinic changes proposed for Rutland. However, the proposals change services in Leicester City (closure of sessional clinics and potential relocation of St Peters Health Centre main clinic to an alternative city centre location) and in Leicestershire (changing sessional clinics to under 25s provision only and closure of Melton clinic). These changes may impact on Rutland residents although the impact is considered to be minimal. The proposals also include a shift to a self-service model including on-line STI testing, which potentially improves access for Rutland residents.

5.2 Since there are no significant changes in service delivery in Rutland, formal consultation is not required. However it is recommended that the consultation process required for Leicester City and Leicestershire is extended to stakeholders in Rutland to seek views on the impact of the whole system change across LLR.

5.3 The consultation period for Leicester City and Leicestershire County Councils will be 12 weeks during July – October 2017. The consultation period for Rutland need not be the full 12 week period. A stakeholder event could be held in Rutland to take views on the proposed model

## **6 ALTERNATIVE OPTIONS**

- 6.1 Rutland County Council could commission sexual health services individually or with other neighbouring local authorities. Undertaking procurement jointly with Leicester City and Leicestershire County brings benefits of economy of scale, flexibility of access for residents and consistency of pathways to and from the ISHS.
- 6.2 Rutland County Council could choose not to consult on the proposed delivery model as the changes in Rutland are not significant. However, this would deny Rutland residents and other interested parties the opportunity to comment on proposed changes to the LLR system which has potential to impact on Rutland residents.

## **7 FINANCIAL IMPLICATIONS**

The new service contract has potential to make savings. Potential areas for saving include development of new tariff arrangements for condom distribution and self-sampling online STI tests to be introduced as a shift to a lower cost service. Further work is required, as part of the procurement process, to model detailed activity shifts and costs for the service from 1 January 2019.

- 7.1 The service is currently funded from the ring fenced Public Health Grant.

## **8 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 8.1 The procurement process has been drawn up by, in line with the requirements of the Public Contracts Regulations 2015 and overseen by the Integrated Sexual Health Services Partnership Board, which is attended by a representative from Rutland County Council.
- 8.2 Legal advice on this cabinet paper has been sought.

## **9 EQUALITY IMPACT ASSESSMENT**

- 9.1 An Equality Impact Assessment has been completed for the Sexual Health Strategy 2016-19, which included aspects of the proposed service changes. A specific EIA screening form and full assessment will be completed for this service as necessary in advance of consultation and then reviewed following consultation feedback.
- 9.2 Specific groups are more vulnerable to poor sexual health and the sexual health services seek to meet the needs of these. This includes sex workers, those who use drugs and men who have sex with men. The needs of Rutland residents are identified in the Rutland Sexual Health Needs Assessment 2015 which informed the Rutland Sexual Health Strategy 2016-19. The priorities within the strategy underpin the proposed model for the LLR integrated sexual health service from 1 January 2019, within the context of the Medium Term Financial Strategy.

## **10 COMMUNITY SAFETY IMPLICATIONS**

- 10.1 Sexual health has far reaching impacts on individual health, families and communities. There are clear links with sexual violence and sexual health services have key roles in identifying safeguarding concerns to support safer communities.

## **11 HEALTH AND WELLBEING IMPLICATIONS**

- 11.1 Sexual health has far reaching impacts on individual health, families and communities. Sexual ill health can affect all parts of society. The consequences of poor sexual health include unintended conception, sexually transmitted infection and potential further impact of late diagnosis on individual health and onward transmission. Good sexual health is important to individuals and to society.

## **12 ORGANISATIONAL IMPLICATIONS**

- 12.1 Human Resource implications
- 12.2 Human Resources: The TUPE (Transfer of Undertakings Protection of Employment Regulations) 2006 (as amended)) is likely to apply to staff currently delivering services which fall under the scope of this procurement. The current providers will be obliged to submit information to support potential providers in understanding staffing implications and undertaking due diligence.

## **13 SOCIAL VALUE IMPLICATIONS**

- 13.1 13.1 Under the provisions of the Public Services (Social Value) Act 2012 local authorities are required to consider how economic, social, and environmental well-being may be improved by services that are to be procured, and how procurement may secure those improvements.
- 13.2 The award criteria include specific reference to Social Value and require providers to deliver additional value in two areas of supporting the local economy, reducing demand for public services and looking after the local environment.

## **14 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 14.1 Provision of open access sexual health services is the statutory responsibility of upper tier local authorities. Provision of appropriate sexual health services to meet the health needs of Rutland residents will have positive impacts for individuals, families and communities.
- 14.2 The Rutland Sexual Health Needs Assessment, Sexual Health Strategy 2016-19 and review of current service data have been used to inform the future model for delivery of integrated sexual health services from 1 January 2019.
- 14.3 In order for the procurement process to commence the model and procurement plan needs to be agreed by Cabinet.
- 14.4 The proposed delivery model does not significantly change services in Rutland. However, it is recommended that stakeholders in Rutland are consulted on the proposed model alongside Leicester City and Leicestershire County Councils consultation processes. This consultation may be for a shorter period than the 12 weeks required for services where changes are significant.
- 14.5 A final delivery model and procurement framework will be brought to Cabinet for final approval post consultation.

## **15 BACKGROUND PAPERS**

15.1 There are no additional background papers to this report

## **16 APPENDICES**

16.1 Appendix A – local authorities responsibility for sexual health services.

16.2 Appendix B – Procurement Timetable

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



## **Appendix A: Local authority responsibilities for sexual health services**

As quoted in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012, pages 5-6ii.

### Sexual health services

6.—(1) Subject to paragraphs (4) and (5), each local authority shall provide, or shall make arrangements to secure the provision of, open access sexual health services in its area—

a) by exercising the public health functions of the Secretary of State to make arrangements for contraceptive services under paragraph 8 of Schedule 1 to the Act (further provision about the Secretary of State and services); and

b) by exercising its functions under section 2B of the Act—

i) for preventing the spread of sexually transmitted infections;

ii) for treating, testing and caring for people with such infections; and

iii) for notifying sexual partners of people with such infections.

(2) In paragraph (1), references to the provision of open access services shall be construed to mean services that are available for the benefit of all people present in the local authority's area.

(3) In exercising the functions in relation to the provision of contraceptive services under paragraph (1)(a), each local authority shall ensure that the following is made available—

a) advice on, and reasonable access to, a broad range of contraceptive substances and appliances; and

b) advice on preventing unintended pregnancy.

(4) The duty of the local authority under paragraph (1)(a) does not include a requirement to offer to any person services relating to a procedure for sterilisation or vasectomy, other than the giving of preliminary advice on the availability of those procedures as an appropriate method of contraception for the person concerned.

(5) The duty of the local authority under paragraph (1)(b) does not include a requirement to offer services for treating or caring for people infected with Human Immunodeficiency Virus.

## Appendix B: Procurement Timetable

Action	By when
Cabinet approval for procurement in principle.	18.7.17
Consultation with stakeholders on wider LLR sexual health service model	October 2017
Finalise service specification, contract and procurement documents	November 2017
Sign off details via individual LA processes	November 2017
Cabinet approval of final delivery and procurement model	21.11.17
Invitation to Tender published	January 2018
Approval of Contract Awards	May 2018
Contract award	May 2018
Contract start date	1.1.19