Agenda item 12

Cabinet – 9 September 2015

Procurement of new contracts for Open Access Integrated Sexual Health Services 2015/16

Portfolio: Councillor Rose Martin, Public Health and Wellbeing

Related portfolios:

Service: Economy and Environment Directorate - Public Health

Wards: All

Key decision No

Forward plan No

1. Summary

1.1 Sexual health covers the provision of advice and services around contraception and sexually transmitted infections. Provision of sexual health services is complex and there is a wide range of providers, including hospital trusts, pharmacies, General Practitioners and community services. The consequences of poor sexual health can be serious. Unintended pregnancies and sexually transmitted infections can have a long lasting impact on people's lives and there is also a clear relationship between sexual ill health, poverty and social exclusion.

1.2 The provision of open access sexual health services by local authorities is mandated and is currently funded from the ring fenced Public Health grant. As part of the transition from National Health Service to local authorities, existing contracts, including those for sexual health services, were extended until 31 March 2015.

1.3 Cabinet (19 March 2014) approved extensions of existing contracts for Public Health Services until 31 March 2016 to allow time to undertake a retendering process.

1.4 This report seeks Cabinet approval of service re-design to allow the commencement of the tendering process for an integrated sexual health system which represents the best use of resources in commissioning open access prevention and treatment services. The new service is planned to commence by 1st June 2016. There are no planned changes to the delivery of in-year services.

1.5 In March 2013, the Department of Health published 'A Framework for Sexual Health Improvement' which sets out the national ambition for good sexual health and provides a comprehensive package of evidence, interventions and actions to improve Sexual Health outcomes a national driver towards the provision of

integrated sexual health services and a national service specification[1] to support this model of sexual health service delivery.

1.6 The direction of travel for sexual health services in Walsall is based on local needs assessment, consultation, evidence and knowledge gained from other neighbouring procurements exercises. The proposal is to procure services with a single lead provider who will work in collaboration with the 3rd Sector to access those key target groups most at risk of poor sexual health outcomes. The service provider will deliver a single access and risk assessment service, supported by a rebalanced clinical and 3rd Sector support service. The redesigned provision will advocate a more self management/testing service underpinned by greater prevention/promotion focused delivery ensuring the following:

- Integrated good quality, open access, confidential, cost effective and innovative services based on evidence to prevent crisis in our vulnerable groups.
- Greater use of self management/ self testing methods
- Building an honest open culture where everyone is able to make informed and healthy choices about relationships and sex
- Better information about local services and targeted sexual health promotion
- A cohesive sexual health offer to young people at school
- A robust primary care offer that GPs and Pharmacies deliver
- A service that respond to the needs of young people by developing support that is co-ordinated, ensuring that there is a universal and targeted offer to young people (see Appendix 1).

2. Recommendations

2.1 That Cabinet note the consultation feedback received in relation to the redesign of open access integrated sexual health services in Walsall, as summarised in Section 12.

2.2 That Cabinet approve the new service design (described in Appendix 1 and paragraphs 3.9 and 3.11 of this report) and allow the commencement of a tendering process for a new service to be in place by 1st June 2016.

2.3 That Cabinet note that a further report will be brought to Cabinet in due course to approve the award of contract.

3. Report detail

3.1 Sexual Health and Contraception Services in Walsall

3.1.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require local authorities to arrange for the provision of

[1] Department of Health (2013) Integrated Sexual Health Services: National Service Specification
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf

open access genitourinary medicine and contraception services for all age groups for everyone present in their area. This covers free testing and treatment for sexually transmitted infections, notification of sexual partners of infected persons and free access to all contraception.

3.1.2 Open access services are essential to control infection, prevent outbreaks and reduce unwanted pregnancies. Regulations refer to the provision of "open access services for the benefit of all persons present in the area". This means that services cannot be restricted only to people who can prove that they live in the area, or who are registered with a local General Practitioner. Open access services must be confidential.

3.1.3 The requirement to provide an open access services does not however prevent authorities from providing services targeted at specific groups, for example the provision of young people's services for the under 25s. However, the overall service offering must be open access, and everyone present in their area must be able to access services, irrespective of age, gender or sexual orientation. Whilst the majority of services in Walsall are truly open access there are a number of interventions targeted at the under-25 year olds only.

3.1.4 Regulations require local authorities to arrange for the provision of free sexually transmitted infections testing and treatment, and the notification of sexual partners of infected people. The requirement covers the provision of testing for all sexually transmitted infections including chlamydia and HIV, and the provision of free treatment for all sexually transmitted infections, but not Human Immunodeficiency Virus (this is the responsibility of the National Health Service England).

3.1.5 The current sexual health delivery model in Walsall has grown organically, with the original model responding to additional service delivery and clinical changes by additions over time and there is evidence of collocation rather than true integration of service provision.

3.2 Genito Urinary Medicine Services

3.2.1 These services specialise in the diagnosis and treatment of sexually transmitted infections. They are consultant lead and typically provided by hospital trusts.

3.2.2 During 2013, there were 2631 sexually transmitted infections diagnosed from attendances at genito urinary medicine clinics attributed to Walsall residents. Of these, 82% of attendees accessed services delivered by Walsall Healthcare Trust.

3.2.3 Genito urinary medicine departments will see anyone regardless of residency or age and the clinics are a mixture of walk in and booked appointments.

3.2.4 Genito urinary medicine is funded via a national tariff on a cost per case basis and there is an existing approach for managing out of area payments which is consistent with confidentiality requirements. Providers invoice patients' local authority of residence according to the care they received, using a nationally agreed tariff. This means the Council only pays for Walsall residents as and when they use services.

3.3 Reproductive Sexual Health Services

3.3.1 The consistent and correct use of effective contraception is the best way for sexually active women (and men) to avoid an unplanned pregnancy. There is a correlation between good contraception services and lowering rates of teenage conceptions, which is one of the indicators in the 'Public Health Outcomes Framework'.

3.3.2 These regulations require local authorities to arrange for the provision of a broad range of contraception and advice on preventing unintended pregnancy, and all contraception supplied must be free to the patient. This covers both regular and emergency contraception.

3.3.3 General Practitioners are key local providers of contraception and sexually transmitted infections testing and treatment. Within Walsall, General Practioners practices are contracted to offer a comprehensive range of sexual health services with over 56% of practices providing an enhanced long acting reversible contraception service.

3.3.4 Within Walsall, specialist contraceptive and sexual health services is provided by Walsall Health Trust via a mixture of open access and booked appointments, clinics are provided 6 days a week. The service has approximately 15,000 attendances a year of which a little over 87% are Walsall residents. The service will see anyone regardless of age and place of residency and offers a fully confidential service. Specialist contraceptive and sexual health services are funded via a block contract; nationally there are currently no tariff arrangements in existence for contraception services.

3.4 Chlamydia Screening Programme

3.4.1 Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. The number of diagnoses of chlamydia in the 15–24 age group is one of the sexual health indicators in the Public Health Outcomes Framework, reflecting the important role that testing for and treating chlamydia plays in improving sexual health among young people. Maintaining and increasing chlamydia testing is expected to reduce the prevalence of chlamydia amongst young people and offering good access to chlamydia testing is important to achieve the indicator. The Council participates in the National Chlamydia Screening Programme.

3.4.2 Set up in 2003 the National Chlamydia Screening Programme aims to ensure that all sexually active young people under 25 are aware of chlamydia, its effects, and have access to free and confidential testing services. Opportunistic testing is actively encouraged by a wide range of providers.

3.4.3 The Public Health Outcomes Framework includes an indicator to assess progress in controlling chlamydia in sexually active young adults. This recommends local areas achieve an annual chlamydia diagnosis rate of at least 2,300 per 100,000 of the15-24 year old resident population.

3.4.4 The Walsall Chlamydia Screening Programme coordinates screening contributions from General Practitioners, community pharmacies, specialist sexual health services and youth services.

3.4.5 The Walsall Chlamydia Screening Programme was one of only two local authorities in this region to achieve the Public Health Outcomes Framework target of a diagnosis rate of 2,300 per 100,000 15-24 year old resident population.

3.5 Human Immunodeficiency Virus

3.5.1 The vast majority of HIV infections are contracted sexually, although there are other routes of transmission. Around a quarter of the estimated 100,000 people living with HIV do not know that they have the infection, and around half of people are diagnosed after the point at which they should have started treatment. This can have implications not just for the care of the individual, but also for the onward transmission of the infection.

3.5.2 Whilst the Council is not responsible for providing specialist HIV treatment and care services, the provision of testing is part of the local authority responsibility. Reducing the late diagnosis of HIV is one of the Public Health Outcome Framework indicators and increasing access to testing in Walsall is a priority. In 2013, 57% of Walsall residents eligible for testing attended a genito urinary medicine clinic and accepted the offer of an HIV test.

3.6 Education and prevention

3.6.1 The Council commissions a number of voluntary sector organisations to provide education and prevention targeted to those people most at risk of poor sexual health. Going forward, joined up commissioning and seamless care pathways across the full range of sexual health services, is crucial to improve outcomes and the health of the local population. In particular, robust prevention targeted at vunerable groups can support people to develop the knowledge and skills to prevent poor sexual health and therefore reduce demand for services such as sexually transmitted infections testing and treatment.

3.7 Governance

3.7.1 The local authority is responsible for commissioning clinically safe services. Sexual health services do carry a clinical risk, particularly in both genito urinary medicine and contraception services as well as potential issues in relation to safeguarding and medicines management. It is therefore important that there are robust clinical governance arrangements in place.

3.7.2 Whilst all providers are responsible for ensuring the services they provide are safe and in-line with best practice and national standards, the sexual health programme board plays an important role on overseeing governance arrangements. The board is supported by the Sexual Health network, made up of local sexual health providers the network aims to improve the quality of sexual health experienced by Walsall residents. The network covers a diverse range of issues that relate to sexual health and provide an independent forum for service providers from both the voluntary and the statutory sectors to discuss service developments and policy as equal partners.

3.8 Way Forward

3.8.1 In March 2013, the Department of Health published 'A Framework for Sexual Health Improvement' which sets out the national ambition for good sexual health and provides a comprehensive package of evidence, interventions and actions to improve sexual health outcomes.

3.8.2 Crucially there is now a national driver towards the provision of integrated sexual health services and a national service specification[2] to support this model of sexual health service delivery.

3.8.3 In Walsall, the Council is committed to supporting all residents to live a healthy sexual and reproductive life, free of discrimination, regret, coercion and violence.

3.8.4 To achieve this, the Council is seeking to commission a joined-up, integrated, sexual health system which provides good quality services, represents value for money and ensures a greater role for voluntary sector organisations. The proposed new system will support people in making informed, confident choices and will especially focus on those people at greatest risk.

3.8.5 Sexual health can affect a person's physical and mental wellbeing. Some consequences of poor sexual health include:

- Teenage parenthood reduces the life chances of young people, and their children
- Sexual exploitation may lead to life-long mental wellbeing problems
- Sexually transmitted infections can cause long term and life threatening complications, including infertility
- Bullying and discrimination can occur on the basis of sexuality and
- Late diagnosis of human immunodeficiency virus leads to avoidable serious illness and premature death as well as increased infection rates.

3.8.6 Sexual health is one of the five key national priority areas for Public Health. Our strategic vision is informed by the latest national policy and clinical guidelines.

3.8.7 The key aims for government are to improve the sexual health and wellbeing of the whole population by:

- Reducing inequalities and improving sexual health outcomes
- Building an honest open culture where everyone is able to make informed and healthy choices about relationships and sex
- Recognising that sexual ill-health can affect all parts of society and particularly the most vulnerable.

3.9 Proposed integrated service model

3.9.1 An integrated service would enable efficiencies to be gained and a more seamless approach from the service users' point of view by:

[2] Department of Health (2013) Integrated Sexual Health Services: National Service Specification
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf

- delivering services from a single access point, in one appointment if appropriate thereby minimising the number of separate appointments/contacts which need to be made
- maximising the use of specialist clinic slots
- better use of staff resource
- use of a one patient management system
- enabling a standardised pricing structure to be used across the Walsall area
- promoting greater opportunities for self management and
- ensuring greater transparency in relation to service delivery.

3.9.2 The proposed service model for an integrated sexual health service has been developed based on local needs assessment, clinical guidelines and best practice

3.9.3 The proposed service model will comprise 3 levels of sexual health service increasing in terms of clinical complexity:

- Level 1: least complex work, for instance, condom provision, chlamydia screening, pregnancy testing and counselling, provision of hormonal emergency contraception, greater levels of self management includes delivery in primary care and independent health service commissioner organisations;

- Level 2: more complex work, usually provided by clinicians – some elements will provide specialist training and competencies, for example, contraception implant insertion and removal including nurse led provision in primary care and community settings; and

- Level 3: the most complex work, requiring leadership under a consultant in genito urinary medicine, sexual health and reproductive health and specialist training, for example, difficult implant removal, infection management.

3.10 Intended Outcome

- Effective services that meet client need, placing the client at the centre and delivering to the highest quality standard
- Effective services that reduce inequalities through ensuring fair access to individuals at risk of poorer sexual health outcomes
- Effective services that offer good value for money and savings to the public purse through improved sexual health
- Effective services underpinned by national policy, clinical guidelines and a robust evidence base
- Prevention of poor sexual health outcomes such as sexually transmitted infections, unintended pregnancy and associated health impact and
- Promotion of good sexual health and associated physical and mental health outcomes.

3.11 Commissioning intentions

3.11.1 The direction of travel for future sexual health services is based on local needs assessment, consultation, evidence and knowledge gained from other neighbouring procurements exercises:

Needs Assessment – Key Findings

- In 2013, Walsall is ranked 55 (out of 326 local authorities in England; first in the rank has highest rates) for rates of new sexually transmitted infections. 2631 new sexually transmitted infections were diagnosed in residents of Walsall, a rate of 971.1 per 100,000 residents (compared to 810.9 per 100,000 in England).
- 57% of diagnoses of new sexually transmitted infections in Walsall were in young people aged 15-24 years (compared to 55% in England).
- In 2013, for cases in men where sexual orientation was known, 12.0% of new sexually transmitted infections in Walsall were among men who have sex with men.
- In 2013, the rate of chlamydia diagnoses per 100,000 young people aged 15-24 years in Walsall was 2447.3 (compared to 2015.6 per 100,000 in England).
- In 2013, Walsall is ranked 56 (out of 326 local authorities in England) for the rate of gonorrhea, which is a marker of high levels of risky sexual activity. The rate of gonorrhea diagnoses per 100,000 in this local authority was 52.4 (compared to 52.9 per 100,000 in England).
- In 2013, among genito urinary medicine clinic patients from Walsall who were eligible to be tested for Human Immunodeficiency Virus, 59.7% were tested (compared to 71.0% in England).
- In 2013, there were 13 new Human Immunodeficiency Virus diagnoses in Walsall and the diagnosed Human Immunodeficiency Virus prevalence was 1.6 per 1,000 population aged 15-59 years (compared to 2.1 per 1,000 in England).
- In Walsall, between 2011 and 2013, 58% of Human Immunodeficiency Virus diagnoses were made at a late stage of infection compared to 45% in England.
- In 2013, in Walsall upper tier local authority, the total abortion rate was 18.6 per 1,000 female population aged 15-44 years, compared to 16.6 in England. Of those women under 25 years who had an abortion in that year, the proportion of those who had had a previous abortion was 35.5%, while in England the proportion was 26.9%.
- In 2012, the under 18 conception rate per 1,000 female aged 15 to 17 years in Walsall was 46.9, while in England the rate was 27.7.
- In 2013, the rate per 1,000 women of long acting reversible contraception prescribed in primary care in Walsall was 39.1, compared to 52.7 per 1,000 women in England.

Key Target Groups

- Young people under 25 years of age;
- Black african and caribbean people and their sexual partners;
- Men who have sex with men;
- Migrant populations;
- Vulnerable young people, including children in care, care leavers and disabled children;
- Vulnerable adults;
- Sex workers;
- People with Human Immunodeficiency Virus; and
- Working age adults with high risk behaviours.

3.11.2 This proposal differs from the present service, which is heavily focused on a clinical model incorporating invasive testing and treatment techniques. The current system has multiple entry points. The new service design will rebalance the interventions more towards an asset model as opposed to the current deficit model. The new service will promote self management adopting self testing which uses the latest innovative testing techniques. The new design also recognises the increasing role of the independent health service commissioners in accessing and supporting key target groups (prevention and promotion). The proposed changes, informed by consultation, have received support from local residents, partner agencies, stakeholders, service providers and service users.

3.12 Competitive procurement of Public Health Services

3.12.1 Public Health has already committed to put all appropriate Public Health services out to competitive tendering within three years of transition to the Council, that is, by 31 March 2016.

Proposed Procurement Timeline

Advertise in OJEU	1st October 2015
Return Date for ITT	10th November 2015
Cabinet Meeting	3rd February 2016
Scrutiny Call - in Close	10th February 2016
Notify intent to Award	11th February 2016
Notify Successful Company	22nd February 2016
Notify User	22nd February 2016
Contract Start Date	1st June 2016

3.12.2 It is envisaged that a contract extension will be required to bridge the period between 1st April 2016 and 1st June 2016.

4. Council priorities

4.1 In September 2012, the Council adopted the 'Marmot Objectives' as priorities for improving 'Health and Wellbeing' and reducing inequalities for the people of Walsall. These objectives have provided the framework for the 'Joint Strategic Needs Assessment, the 'Health and Wellbeing Strategy', the 'Sustainable Communities Strategy', and the 'Walsall Plan'. Existing and new Public Health expenditure for 2015/16 are planned against these priorities.

4.2 From 1st April 2013, local authorities have been responsible for commissioning most sexual health interventions and services as part of the wider public health responsibilities, funded from the ring-fenced public health grant. Whilst local authorities are able to make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain sexual health services under Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2013).

4.3 Since April 2013, a number of different organisations are involved in commissioning aspects of sexual health services. Local authorities are responsible for commissioning most sexual health services and interventions, but some elements of care are commissioned by clinical commissioning groups or by National Health Service England.

5. Risk management

5.1 Failure to deliver demonstrable improvements in Public Health against key national performance indicators might mean that the Council fails to achieve further uplifts in Public Health allocation from Public Health England in future years.

5.2 The sexual health services will be procured as an open tender exercise in accordance with Public Contract Regulations 2015. As with all tender exercises there are inherent risks which will be mitigated against through active transition project planning by the service provider in collaboration with partner agencies and commissioners.

6. Financial implications

6.1 The proposed expenditure will be managed within the current Public Health ring fenced allocation. There is a recognition that the Council is operating within a challenging financial climate, which will have a direct impact upon the budget available for these services. In line with procurement advice there will be break clauses built into contracts to allow for any future reductions in contract value in line with future Council priorities. We will be aiming to move from tariff services to overall block arrangement to enable better cost containment.

7. Legal implications

7.1 The proposals set out in this report take into account the Council's responsibilities for Public Health as set out in the Health and Social Care Act 2012, the associated guidance and the conditions of the Public Health grant made to the Council for 2014/15.

7.2 All contractual arrangements must be procured in compliance with the Public Contracts Regulations 2015, if applicable; and with the Council's Contract Rules.

7.3 The Council's Legal Services will need to work with Public Health to develop new contractual provisions.

8. Property implications

8.1 There are potential property implications as some of the existing services are provided on the Walsall Healthcare Trust site. There may be a requirement to negotiate where these services will be based.

9. Health and wellbeing implications

9.1 Reducing inequalities is an explicit objective of Joint Strategic Needs Assessment, Health and Wellbeing Strategy and Council's Corporate Plan. Public Health services seek to maximise improvement in health and wellbeing including narrowing the gap in outcome between the most deprived and least deprived in the Walsall Borough.

10. Staffing implications

10.1 There are no staffing implications for Council employed staff associated with this report.

11. Equality implications

11.1 Reducing inequalities is an explicit objective of Joint Strategic Needs Assessment, Health and Wellbeing Strategy and Council's Corporate Plan. Public Health contracts seek to maximise improvement in health and wellbeing including narrowing the gap in outcome between the most deprived and least deprived in the Walsall Borough. Equality Impact Assessments have been carried out in relation to the proposed services referred to in this document.

12. Consultation

12.1 With regard to the retendering of sexual health services in total Public Health Walsall received over 788 responses to consultation document the breakdown is as follows:

- 537 'face to face' contacts across the borough of Walsall
- Makeup of submissions included key groups as identified in Walsall Sexual Health Needs Assessment
- Approached independent health service commissioner organisations (Black Sisters Collective, Aaina project, Sports and Leisure, Men's Health Project, Street Teams, Children Services, Older People Services)
- Interpreted the document – Easy Read for Disability UK & Children Centres
- Focus Groups (MSM, LGBT, Young People, LAC, BME & African)
- 160 Service Users – Paper submissions
- Consulted with Pharmacists, General Practitioners, Clinical Commissioning Groups

- Stakeholder Event – County Hotel

Summary of Responses

- There were 788 respondents to online sexual health consultation
- There were slightly higher proportion of females (58%) responding to the online sexual health consultation than males (41%).
- Over two thirds of respondents were aged between 16-34 years with great proportion within the 16-24 age cohorts (41.1%).
- The heterosexual or straight cohort had the highest representation with the online survey with LGBT community representing 10.8% .
- Just under a quarter of all respondents were from ethnic minority group as seen in figure below.
- The largest representation of respondents had indicated religious/belief as Christian (47.7%) followed by no religion or belief (36.1%).
- Three quarters of respondents indicated that they have no physical or mental health condition lasting or expected to last for 12 months or more.
- Just over a fifth (21.8%) of all respondents were from WS2 postcode sector which covers communities such as Alumwell, Bentley, Birchills/Reedswood, Pleck and Walsall Central.
- Two thirds of respondents had used sexual health services and the preferred venues to obtain help, information or advice on sexual health matters were Walsall sexual health services (33.1%) followed by primary care services (20.2%).
- Respondents felt it was very important that the service should be welcoming and non-judgemental (69%)
- The look of the building should be discrete (62% very – quite important).
- Two thirds felt it very to quite important that SH services were close to their home, school/college or work place (66%).
- Over half respondents felt it was very important that service opening times should be flexible (don't take time out of work, college or school).
- A third of respondents felt that location, distance and travelling time would put them off going to sexual health services, however vast majority felt it was no issue if location of services remained the same.
- Walk-in centre/GP practices were most popular venue to access sexual health services (%).
- Just over three quarters of respondents (73.0%) supported the adoption of new technology (self testing kits).

Background papers

- Towards a Health and Wellbeing Strategy: Joint Strategic Needs Assessment Health and Wellbeing Strategy 2013-2016

- Transition of Public Health Contracts. Report to Health Scrutiny and Performance Panel 18 December 2012
- Transition of Public Health contracts. Report to Cabinet 12 September 2012.
- Department of Health 'A Framework for Sexual Health Improvement' March 2013.
- Full Equality Impact Assessment.
- Open Access Integrated Sexual Health Services Consultation Feedback Summary.

Appendix 1: New Service Model for 2015 onwards

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Appendix 1. Walsall Integrated Sexual Health Model