

Cabinet – 18 October 2023

Contracting arrangements for Integrated Sexual Health Services and Healthy Child Programme 0-19 Services

Portfolio: Councillor G. Flint – Wellbeing, Leisure and Public Spaces

Related portfolios: Councillor S. Elson – Children’s Services

Service: Public Health

Wards: All

Key decision: Yes

Forward plan: Yes

1. Aim

To ensure Walsall Council continues to provide robust Integrated Sexual and Reproductive Health and Healthy Child Programme (0-19) services using an appropriate and agreed commissioning mechanism from 1 April 2024.

2. Summary

2.1 On 14 December 2022, Cabinet approved entering a Section 75 Partnership arrangement with Walsall Healthcare NHS Trust for delivery of:

- an Integrated Sexual and Reproductive Health Service that provides contraception, sexually transmitted infection (STI) testing and treatment, and genitourinary medicine.
- the Healthy Child Programme 0-19, providing health visiting and school nursing services to children 0-19 years and their families in Walsall, as well as teenage pregnancy prevention and support services.

2.2 This formal partnership is currently in the process of being established, for a 12-month period. The partnership contract is therefore due to expire on 31 March 2024.

2.3 A Prior Information Notice (PIN) exercise was undertaken by Walsall Council in August 2023 to determine pre-market interest levels for either an Integrated Sexual and Reproductive Health Service or HCP 0-19. This related to pre-market engagement only and did not form part of any formal procurement process.

- 2.4 Both services had organisations who expressed interest at this stage, however they are not bound to participate in any future procurement exercise.
- 2.5 During the pre-market engagement exercise, a review was undertaken to inform the decision-making process around extending the Section 75 partnership. In summary, the services are showing improvement on the position in 2022 as evidenced by:
- better data capture and reporting
 - improved transparency and working partnership between public health commissioners and providers
 - providing strategically important and mandated services that meet the Council's future ambitions.
- 2.6 However, significant challenges remain in terms of needing to enhance access to sexual health services (redesign currently being implemented) to meet growing need, and also to improve capacity and continue service improvements within 0-19 services on the background of budget reductions over recent years.
- 2.7 Public Health are seeking permission to extend the existing Section 75 Partnership Agreement with Walsall Healthcare NHS Trust for the delivery of integrated sexual and reproductive health services and Healthy Child Programme 0-19 for 2 years until April 2026. This will be underpinned by a robust and open approach to contract monitoring and review, quality improvement and financial management.
- 2.8 A two-year extension would allow for:
- a full consultation around both specifications to ensure Best Value.
 - exploration of opportunities associated with the Provider Selection Regime (PSR), which is a new set of rules (to be introduced by the end of 2023) for arranging healthcare services in England by organisations. This includes local authorities¹.
 - an opportunity to fully evaluate the Section 75 agreement in place.
 - an opportunity to benchmark both the Integrated Sexual Health Service and the Healthy Child Programme 0-19 with other services in terms of costs and outcomes, alongside undertaking a detailed exercise with Walsall Healthcare Trust to understand total financial resource available for current services.
 - redesign and recovery of services to Walsall residents, reducing disruption at a critical point in these processes.

¹ [Provider Selection Regime: supplementary consultation on the detail of proposals for regulations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/provider-selection-regime-supplementary-consultation-on-the-detail-of-proposals-for-regulations)

2.9 Terms have been agreed for the use of four consulting rooms within the new Hatherton Medical Centre on Hatherton Road under a licence agreement for the delivery of sexual health services. The licence allows the use of the fully equipped consulting rooms and ancillary accommodation within the centre and reception facilities. The licence fee is payable on a daily rate and is estimated to be approximately £101,550 per annum. This will be paid for through the Public Health grant.

3. Recommendations

3.1 That Cabinet approve extending the existing Section 75 partnership arrangement to provide Integrated Sexual and Reproductive Health services in Walsall Healthcare NHS Trust commencing 1 April 2024 for two years until 31 March 2026 to the value of £1.80m.

3.2 That Cabinet approve extending the existing Section 75 partnership arrangement to provide the Healthy Child Programme 0-19 delivered by Walsall Healthcare NHS Trust commencing 1 April 2024 for two years until 31 March 2026 to the value of £5.14m (inclusive of 5% uplift for 2023/24).

3.3 That Cabinet approve the take up of a licence agreement for the use of consulting rooms in Hatherton Medical Centre for the delivery of sexual health services on the terms set out in paragraph 4.11 of this report, to the value of £101,550 per annum.

4. Report detail

Overview of sexual and reproductive health services

Service description: Integrated Sexual and Health Service

4.1. Sexual and reproductive health (SRH) is not just about preventing disease. It also means promoting good sexual health in a wider context, including relationships, sexuality, and sexual rights.

4.2. Walsall's specialist Integrated Sexual Health service provides service users with open access to confidential, non-judgemental services, including:

- sexually transmitted infections (STIs) and blood borne virus testing (including HIV), treatment and management
- HIV prevention including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)
- the full range of contraceptive provision
- health promotion and prevention including relevant vaccinations

- 4.3. SRH is not only an important clinical service, but it also provides a key public health function, including reducing the onward transmission of infections to avoid spread among the population. It is also important that approaches are tailored to the needs of different local populations.

Developments since the last Cabinet report

- 4.4. At the December 2022 Cabinet meeting, Public Health officers requested time to comprehensively assess the opportunities and risks of a re-designed service and proposed changes. Since then, they have:
- Implemented the new National Service Specification including improved data collection and reporting to ensure new KPIs are met.
 - Increased transparency and data reporting, including on out of area activity.
 - Increased competency of the SRH nurses through training, allowing them to have their own clinics for certain areas of SRH. This has reduced waiting times for complex procedures.
 - Secured support from an independent web designer to ensure the accessibility of the SRH website, with use of appropriate language and images. The service and Public Health will be able to access high level data to support public health planning and service design.
 - The service is now delivering some outreach health promotion visits, however these are currently targeted at more vulnerable residents.

Current service context

- 4.5. The LGA has identified², in the context of the dramatic increases in syphilis and gonorrhoea diagnoses, the continued spread of antibiotic-resistant sexual infection, challenges accessing contraception and the evolving spread of Mpox, it is more important than ever to ensure that sexual health is prioritised and appropriately funded. Walsall has the highest rate of syphilis in the West Midlands, alongside Stoke on Trent.
- 4.6. In addition, the LGA recognises that local authorities are struggling to meet increased demand for sexual health services.
- 4.7. The following impacts have been seen over recent years in Walsall:
- *Reduced access to service* – resulting in the closure of outreach and community clinics, so residents were required to travel across the borough to the remaining site at the Manor Hospital.

² [Sexual health services at risk of breaking point: LGA responds to UKHSA statistics on new STI diagnoses | Local Government Association](#)

- *Increased inequalities* – the closure of outreach services that targeted those who are most likely to have poor sexual health, including vulnerable populations, which has left them increasingly exposed.
- *Increased number of certain transmittable diseases in the borough*
- *Removal of prevention and promotion services including health adviser posts in clinics* - these are professionals trained in giving advice to patients newly diagnosed with infections, and in tracing and notifying current and past sexual partners so that they can be invited in for testing.
- *Stopped opportunistic Chlamydia and Gonorrhoea testing for under 25's* – Walsall is now in the lowest 25% of authorities nationally in terms of detection rates for this age group.
- *Requirement for 30% of residents to move from face-to-face appointments to access via a digital method* - this has resulted in residents not accessing services until a late stage of illness, therefore requiring more complex treatment. Nationally there has been a reversal in this model, with the preference now being a face-to-face appointment, to reduce late diagnosis and safeguarding concerns.

4.8. To support mitigation of the impacts above, the proposed sexual health redesign process has included use of non-recurrent funding of £75k for 2023/24 relating to the part year effect of rental costs for service sites in Walsall Town Centre. Alongside this, two sexual health outreach nurses are being employed directly by the Health Protection team within Public Health. The ongoing cost of this development, and the posts, will be funded through optimisation and prioritisation of the Public Health grant.

4.9. Walsall Healthcare NHS Trust has also received a direct award of funding from NHS England, for Pre-Exposure Prophylaxis (PrEP)³. This is a Department of Health of grant and allows access to deliver the required treatment to support the prevention of HIV. All prescribed medication costs are directly funded by NHSE. There was an increase in this funding from £24k in 2021 to, circa £34k in 2022. From 2023, this funding was added to the baseline of the public health grant. It is recognised the funding provided for the borough was not sufficient. Therefore, Public Health are required to provide additional funding of £20k per annum to ensure equity of access within the borough. This has been found non-recurrently for 2023/24 and 2024/25. If further funding is required beyond this, this will be considered as part of usual Public Health grant prioritisation and budget setting processes.

4.10. Public Health have also identified £35k non-recurrent funding for a psycho-sexual Counsellor. They will help promote and develop positive psychological sexual health for residents, especially around PrEP. The model of delivery incorporates a holistic approach to increase understanding, knowledge, and well-being including education to develop skills that encourage positive choice. This has been found

³ [Reimbursement for the use of generic and second line drugs for Pre Exposure Prophylaxis \(PrEP\) for the prevention of HIV \(2112\) \[230402P\] \(england.nhs.uk\)](https://www.england.nhs.uk/2021/02/23/reimbursement-for-the-use-of-generic-and-second-line-drugs-for-pre-exposure-prophylaxis-pr-ep-for-the-prevention-of-hiv-2112-230402p/)

non-recurrently for 2023/24 and 2024/25. If further funding is required beyond this, this will be considered as part of usual Public Health grant prioritisation and budget setting processes.

Delivery of Service

- 4.11. Following a review of the geographical requirements for service delivery and the availability of suitable medical consulting rooms, it is proposed that the of integrated sexual and reproductive health services will be delivered from suitably located medical centres within the borough. Terms have been agreed for the use of four consulting rooms within the new Hatherton Medical Centre on Hatherton Road under a licence agreement. The licence allows the use of the fully equipped consulting rooms and ancillary accommodation within the centre and reception facilities. The licence fee is payable on a daily rate and is estimated to be approximately £101,550 per annum. The licence can be terminated by either party on giving 6 months' written notice. The licence fee is subject to annual review by agreement subject to a maximum increase equivalent to the Retail Prices Index. As this sum exceeds the threshold of £50,000 per annum, Cabinet approval is required to enter into the licence agreement. This will be paid for through the Public Health grant, and is designed to improve access to local services, to ultimately reduce costs to the council for Walsall residents attending services outside of the borough.
- 4.12. The additional investments outlined above will be reviewed in the light of a wider process that will be undertaken with Walsall Healthcare Trust to look at overall resource available for sexual health. Please also note that GP contraceptive services are commissioned separately to the main sexual health contract.

Overview of Healthy Child Programme 0-19

Service description: Healthy Child Programme 0 – 19

- 4.13. The Healthy Child Programme 0-19 (HCP 0-19) is a universal service which supports children and young people, parents and people working with children and young people, by offering evidence-based interventions consisting of child screening tests, developmental reviews and information and guidance to support parenting and healthy choices for their children's optimum health and wellbeing. It also provides our teenage pregnancy prevention and support service.
- 4.14. The service aims to:
- help parents, carers or guardians develop and sustain a strong bond with children
 - support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
 - protect children from serious disease, through screening and immunisation

- reduce childhood obesity by promoting healthy eating and physical activity
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early intervention can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are supported to be 'ready to learn at 2 and ready for school by 5'
- reduce teenage conceptions and ensure teen parents receive the support needed, e.g. links into education and employment and parenting support

Developments since the last Cabinet report

- 4.15. Following the decision to introduce a S75 agreement, and the need to reprioritise the Healthy Child Programme 0-5 Service, fortnightly meetings have been held between commissioners and the provider to return to full service delivery.
- 4.16. Performance has improved with the following achievements (up to end of Aug 2023):
- Reporting service prioritisation plans to Walsall Safeguarding Partnership (WSP). Assurance gained at WSP Safeguarding Executive and Performance, Quality and Assurance Groups
 - Delivery of 97.3% newborn checks (home based) – with full account for the 2.7% not seen due to babies being still in hospital in a neonatal or other inpatient facility.
 - Universal 6-8 week checks reinstated seeing 67.25% of children on the universal pathway. This is an increase from 49.48% in Quarter 4. Work is underway to understand the low uptake of checks and set measures in place to increase this.
 - Restart of universal 9-12 month reviews, seeing 78.71% of children.
 - Closer scrutiny and auditing of pathways and activity and parent engagement.
 - A Single Point of access set in place which in Quarter 1 2023/24 had 3038 calls with 49% of calls from parents seeking support.
 - Regular sharing of high-level finance and spend, and formal agreement to joint meetings between finance and commissioner teams across Walsall Council and WHT.
 - Recruitment of new staff to support new services, increased staffing skill mix and constant attention to maintaining staff complement.

Challenges

- 4.17. National shortage of qualified health visitors has led to difficulties with recruitment.

- 4.18. Reliance on Bank staff. While achievement of 97.3% of New Birth Visits is very positive, this has only been possible by recruiting temporary bank staff (55% of activity).
- 4.19. Caseload: The Institute of Health Visiting recommends that the optimum maximum caseload for effective practice is 250 children, and lower in areas of high vulnerability. The caseload in Walsall is over 500 per Health Visitor.

Council Plan priorities

- 4.20. All Council Plan priorities continue to be supported by extending the contractual arrangement, while supporting the teams to deliver an Integrated Sexual and Reproductive Health service and Healthy Child Programme, that reduce inequalities and make the most of potential by;
- Supporting our residents to maintain or improve their health and wellbeing
 - Ensuring that these Council commissioned services are customer focused, effective, efficient and fair
 - Ensuring children have the best start in life, are safe from harm, happy, healthy and learning well

Walsall Children and Young People's Alliance

- 4.21. The Children and Young people's partnership has 4 broad objectives supported by the Healthy Child programme that children will be:
- Safe and supported
 - Healthy and Well
 - Aspiring and Attaining
 - Able to make a successful transition to adulthood

Walsall Health and Wellbeing Board

- 4.22. The Walsall Health and Wellbeing Board has set the below three priorities for 2022 to 2025, with the Healthy Child Programme 0 - 19 being integral to supporting the health and wellbeing of children and young people as well as contributing to the promotion of mental wellbeing.
- Mental wellbeing
 - Children and Young People
 - Our Digital Approach – infrastructure and inclusion

Risk management

- 4.23. The approval of the full 24-month extension will enable continuity of service provision. It will help to retain experienced staff and enable longer term planning

for future provision.

- 4.24. If the extension period is not approved then alternative provision will need to be put in place, as these are prescribed functions for local authorities under the Health and Social Care Act 2012.
- 4.25. Throughout the extension period, the contract will continue to be robustly contract managed to ensure that performance, quality, and value for money is being achieved for the Council.

Financial implications

- 4.26. The cost of the 24-month extension proposed will be funded from existing budgets of £1.80m annually for Sexual Health services, £5.14m annually for 0-19 Healthy Child Programme, and £101,500 annually for the license fee for the Hatherton Medical Centre (for sexual health services).
- 4.27. It is worth noting that the Sexual Health service budget has been reduced by 32% since 2015 and the 0-19 Healthy Child programme by 14%, linked with grant reductions and required Cabinet savings processes. In addition, the contracts for Family Nurse Partnership and Breastfeeding support previously held with Walsall Healthcare Trust were decommissioned and the work subsumed into the 0-19 service. These efficiencies were made prior to the agreement of the funding outlined below for each service in paragraphs 4.28 and 4.29 respectively.
- 4.28. In addition to the core budgets for sexual health services, there is currently non-recurrent funding of £55k identified from the Public Health grant reserve until the end of 2024/25 for sexual health services. If further funding is required beyond 2024/25 for these initiatives, this will, in the first instance, look to be identified from within future Public Health grant allocations. 75k has also been found non-recurrently for rental costs for a sexual health service site in Walsall Town Centre for 2023/24. Further funding for this has been found within the public health grant, with licence fee costs of £101,500 per annum. Two sexual health outreach nurses are also in the process of being employed through the Public Health team, to support access for vulnerable communities.
- 4.29. In addition to the core budget for the 0-19 programme, in 2023/24, a 5% budget uplift and £34k recurrently for a post to increase uptake of childhood immunisations has been granted for the Healthy Child Programme given assurance gained on service recovery, sharing of standard operating procedures and open book accounting.
- 4.30. Further cost pressures linked to reagents used for online STI testing and inflationary pressures on the 0-19 Healthy Child programme are currently subject to consideration as part of the 2024/25 budget setting process, including as part of

the iterative prioritisation process that is undertaken linked with use of the existing council's Public Health grant allocation of £19.32m.

Sexual Health services Budget – savings detail

- 4.31. Please see below for reductions to Sexual health service budgets linked to Cabinet savings and/or Public Health grant reductions
- 2015/16 - £350k reduction prior to contract award
 - 2018/19 - £500k reduction

Total Sexual health budget reduction since 2015 = £850,000 (prior to agreement of non-recurrent funding outlined above, plus licence fee for Hatherton site)

Healthy Child Programme 0-5 Budget – savings detail

- 4.32. In 2015 £4,261,000 was received by Walsall Council from the Department of Health to fund a Healthy Child Programme 0-5, a figure which was below statistical neighbour allocations. The budget for the 5-19 programme moved to Walsall Council during the transition of Public Health from the NHS. Please see Cabinet savings made in below tables.

| | | Remaining |
|----------------|------------|------------|
| Budget 2015 | £4,261,000 | |
| 2016 reduction | -£221,000 | £4,040,000 |
| 2018 reduction | -£400,000 | £3,640,000 |

Healthy Child Programme 5-19 Budget – savings detail

| | | Remaining |
|----------------|------------|------------|
| Budget 2013 | £1,229,824 | |
| 2015 reduction | -£128,824 | £1,101,000 |

Total Healthy Child Programme 0-19 budget reduction since 2015 = £749,824 (prior to agreement of 5% uplift in 2023/24 outlined above, plus immunisation post)

Legal implications

- 4.32. The Council has an obligation to provide a number of health service functions set out in section 2B of the NHS Act 2006 and the Local Authorities (Public Health functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- 4.33. Local Authorities have been statutorily responsible for commissioning and delivering public services for sexual and reproductive health and Healthy Child Programme since 1 April 2013.

- 4.34. A Section 75 agreement is a legal agreement between a local authority and an NHS body under section 75 of the National Health Service Act 2006 (updated under the Health and Social Care Act 2012).
- 4.35. A Section 75 enables local authorities and NHS organisations to enter into arrangements in relation to the exercise of each other's health-related functions where such arrangements will provide a more streamlined service if they are likely to lead to an improvement in the way those functions are exercised.
- 4.36. The Section 75 agreement includes:
- clearly defined shared performance measures
 - outcomes, aims and objectives
 - setting out the services to be delivered
 - governance arrangements including accountability, financial reporting, management of risks
 - exit strategy
 - treatment of any overspends/under spends.

Procurement Implications / Social Value

- 4.33. The ongoing Section 75 agreement will continue to support Social Value. This will continue to be monitored through the partnership arrangements demonstrating how they offer Social Value in economic, environmental and/or social benefits to their employees and residents. The Council's Social Value Toolkit will be used as a guide and is monitored in regular commissioner/provider meetings.

Property implications

- 4.34. Terms have been agreed for the use of four consulting rooms within the new Hatherton Medical Centre on Hatherton Road under a licence agreement for the delivery of sexual health services. The licence allows the use of the fully equipped consulting rooms and ancillary accommodation within the centre and reception facilities. The licence fee is payable on a daily rate and is estimated to be approximately £101,550 per annum. The licence can be terminated by either party on giving 6 months' written notice. The licence fee is subject to annual review by agreement subject to a maximum increase equivalent to the Retail Prices Index. The licence agreement has been drafted by Legal Services.

Health and wellbeing implications

- 4.35. Continuing to commission these services under a compliant Section 75 commissioning route will enable the Council to promote health and wellbeing for Walsall residents and fully contribute to the Council's priorities impacting upon all residents across their life.

Reducing Inequalities

- 4.36. This is a continuation of existing provision. Public health officers and the provider will continue to work in partnership to address any equality implications which arise out of in-contract changes to service delivery.
- 4.37. The service specifications also detail the requirement to undertake engagement work with target groups, the wider community and NHS services and organisations working with these populations. This will help to minimise barriers, improve engagement for people with more complex needs and actively tackle health and wellbeing inequalities.
- 4.38. The service specifications include a requirement to identify and provide services that meet any specific needs of protected groups as identified in analysis and to share data and actively participate in the evaluation of the services so that access and outcomes among protected groups can be monitored.
- 4.39. The Integrated Sexual Health service continues to provide an element of outreach service. This ensures vulnerable groups and those who find it hard to access care in the usual way are supported.
- 4.40. The Healthy Child Programme is a universal service. Additional interventions are provided for those families and communities where greatest need is identified.

Staffing implications

- 4.41. There are no staffing implications arising out of this report.

Climate Impact

- 4.42. The environmental impact of the proposed agreement is limited.

Consultation

- 4.43. Consultation has been completed with Finance, Legal, and Facilities, as well as Directorate senior leaders, and the Portfolio holder

5. Decide

- 5.1 Cabinet is requested to consider the proposal to extend the Section 75 agreement for the delivery of the Integrated Sexual Health contract for a period of 2 years from 1 April 2024 until 31 March 2026. As set out in the report and to agree the recommendations as outlined in section 3.
- 5.2 Cabinet is requested to consider the proposal to extend the Section 75 agreement for the delivery of Healthy Child Programme 0-19 services for a period of 24

months from 1 April 2024 until 31 March 2026, as set out in the report and to agree the recommendations as outlined in section 3.

- 5.3 Cabinet is requested to consider the proposal to take up a licence agreement for the use of consulting rooms in Hatherton Medical Centre for the delivery of sexual health services, and to agree the recommendations as outlined in section 3.

6. Respond

- 6.1. Subject to Cabinet approval of the recommendations, Public Health will work with corporate colleagues to:

- Complete formal arrangements for the extension of the S75 partnership arrangements for two years from 1st April 2024.
- Move forward with opening of sexual health services at the Hatherton Medical Centre site

7. Review

Once the Council has entered into a longer term S75 partnership agreement with Walsall Healthcare Trust, the arrangements will continue to be regularly reviewed in relation to key performance indicators and quality and finance review processes as per the schedule set out by the partnership through Walsall Together.

Appendices

None

Background papers

None

Author

Nadia Inglis
Interim Director of Public Health
✉ Nadia.Inglis@walsall.gov.uk
☎ 650722

Dr Uma Viswanathan
Consultant Public Health
✉ uma.viswanathan@walsall.gov.uk

☎ 653751

Dr Paulette Myers
Consultant in Public Health
✉ paulette.myers@walsall.gov.uk
☎ 653744

David Walker
Senior Public Health Development Manager
✉ David-L.Walker@walsall.gov.uk
☎ 653729

Esther Higdon
Senior Public Health Development Manager
✉ Esther.Higdon@walsall.gov.uk
☎ 653724

Vikki Tolley
Public Health Development Officer
✉ vikki.tolley@walsall.gov.uk
☎ 653750



Kerrie Allward
Executive Director
Adult Social Care Public Health and Hub
10 October 2023



Councillor Flint
Portfolio holder for Wellbeing, Leisure
and Public Places
10 October 2023