BARNSLEY METROPOLITAN BOROUGH COUNCIL

This matter is a Key Decision within the Council's definition and has been included in the relevant Forward Plan.

REPORT OF THE
DIRECTOR OF PUBLIC HEALTH
TO CABINET ON 10 JULY 2019

Sexual Health Procurement

1. PURPOSE OF REPORT

1.1 The purpose of this report is to seek Cabinet approval to award a contract following a competitive procurement process for an Integrated Sexual Health Service for Barnsley.

2. RECOMMENDATIONS

2.1 That Cabinet authorises the award of a contract for an integrated sexual health service on completion of a competitive tender process.

3. INTRODUCTION

3.1 BMBC has a mandated duty under the Health and Social Care Act 2012 to commission comprehensive, open access sexual health services including contraceptive services (but excluding GP provided contraception), testing provision for sexually transmitted infections (STI's) and treatment, chlamydia screening and HIV testing, specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies.

As a result investment is aligned from the public health grant to ensure an adequate sexual health and contraceptive offer and ensure that we can deliver this important mandated duty which has such a significant impact upon our residents lives.

3.2 There is currently one contract for an Integrated Sexual Health Service in place with the provider - Spectrum CIC, a community interest provider. The contract commenced on March 31st 2015 and was commissioned on a 3+1+1 year contract term. It is proposed that the new contract/s which will commence on the 1st of April 2020 will offer a provider/s a 5 year term initially with the opportunity to continue providing the service for a 3 year term (2+1) if both parties are agreeable.

4. PROPOSAL AND JUSTIFICATION

4.1 It is proposed that Public Health secures another contract term with a provider/s in order to deliver our mandated sexual health and contraception provision across the borough. The indicated budget follows an 8% cut in 2018/19 and is in line with the

investment spend per head average across the region. This means that the value of the contract is currently £2,090,944.

The current contract cannot be extended for any additional years as it will be at the end of its term on the 1st of April 2020. This means that BMBC only has the option to procure a new service with a provider ready to commence on April 1st 2020.

Our ambition is to progress to a future increasingly joined up commissioning approach for sexual health services with our NHS partners. We want to commission services that communicate with each other and keep patient outcomes central to the offer. This will mean that all organisations with a responsibility to provide sexual health, contraception, abortion and HIV services will work closer together from procurement to provision. This will provide greater scope for organisations to move towards an integrated care landscape. Withitn this ambition we recognise the emerging landscape of primary care networks and integrated neighbourhood working and seek to include flexibility within a new contract to work within this.

4.2 We intend to undertake a tender exercise for a service through an open tender process. The service will be procured in-line with the 'Light Touch Regime' in public procurement. The rules of procedure governing the LTR are set out in Regulations 74 to 76, Public Contracts Regulations 2015 ("PCR") and notification of the contract award will be notified through an Official Journal of European Uniton (OJEU) Award notice. Bids will be evaluated according to a number of standard criteria, cost & quality measures. There will also be a presentation from providers for a new contract to run for a period of five years from 1st April 2020, with the option of two further extensions +2 years followed by +1 years. After seeking procurement advice and given the market information available this was considered to be the strategy that would increase the likelihood of securing a service and optimising outcomes. The new service will commence in line with the end of the current contract.

5. CONSIDERATION OF ALTERNATIVE APPROACHES

5.1 Partner with another authority and procure together. The planning to jointly commission with another area requires considerable planning time and whilst having some benefits, there are also additional risks associated. This planning work has not happened and no other YH region authority has followed this route to date.

5.2 Fomalise partnership whole system commissioning arrangments. Whilst we have taken clear steps to ensure that partners are consulted and have input into the commissioning process, and that dialogue is transparent, over time we can do more. In line with our ambition in relation to integrated care, as the provider/ commissioning organisation landscape develops we will be well placed to adapt and transform to a whole system delivery model.

5.3 Pathway tariff-based pricing model with a chosen provider over the life of the contract. Under this model, providers are paid for treatments provided to service users rather than given block funding to cover the variable costs of a range of treatments (as is the case with the current service model). Although a tariff model is expected to deliver some cost efficiencies, the very nature of this on-demand service may impact on the ability to maintain open access provision whilst at the

same time staying in budget. Although a ceiling price can be aligned to the arrangement it may both set a path for provider/s to fail in their commitments and detract from securing the necessary outcomes. Therefore, a tariff model would require extensive consideration before it is introduced as a formal mechanism for payment spend with a budget at the same time as maintaining open access. STI's are infectious pathogens, as guided by the national institute if someone needs to test regularly then that needs to be both provided and encouraged in order to maintain control against outbreaks or increases in infections due to untreated infections.

6. IMPLICATIONS FOR LOCAL PEOPLE/SERVICE USERS

6.1 An integrated sexual health model will improve access to sexual health services and facilitate patient choice. It will enable residents to have their sexual health service needs met using methods and approaches which provide greater access and flexibility. This includes postal and pick up STI test kits, online marketing, greater access to free condoms, and rapid access services (such as emergency hormone contraception provision) yielding direct benefits on the health and well-being for people in Barnsley. The new Integrated contract will also require the lead provider to offer opportunistic cervical screening (not currently a BMBC service – but offered via tariff payment by NHSE). The system design has been informed by both our partners at the CCG and NHSE further working towards a whole system approach.

At present, whilst we are improving on some outcomes we need to do better to guide improvements in sexual health outcomes in Barnsley, and make this shift quicker. Under 18 conceptions provide one such example which requires focus. In the last fully reported year (2017) a rate of 29.1 (births per 1,000 females ages 15 19 in a given year) is reported, which equates to 109 conceptions amongst under 18's across the borough, this is the highest in the region and significantly higher than the national average, however in 2011 our rate was 39.5 meaning that 80 more young people age 16 and 17 conceived that year than did in 2017. Although Barnsley's 2017 rate is the highest of the four South Yorkshire authorities, when compared to statistical neighbours, it has dropped from being the highest in 2016 to the third highest.

The new service specification will strive to deliver improved outcomes by ensurting:

- A clear online presence and engaging with the digital offer.
- Services are provided with patient choice in mind, including online access.
- The provider/s prioritises skilling the wider health workforce to enable staff in other organisations to provide interventions e.g. school nurses, youth workers, substance misuse teams, looked after children staff.
- There is a clear focus and partnership with primary care in relation to SH and contraception.
- Those most at risk of STI's & HIV have rapid access to a range of test options, including HIV postal testing.
- Young people have a clear service offer that meets their needs, and in conjunction with primary care partners, to make sure that young people can access the most appropriate service quickly, this will include a new partnership with the 0-19 services and clinically leading – clinic in a box.

- There is ownership and a plan to improve our sexual health and contraception outcomes, including our nationally indicated outcomes listed below.

Barnsley's nationally indicated SH outcomes, compared to our 15 statistical neighbours are set out below:

- U18 conception 2.04 - 13th position[RED]- Rate: 29.1
- HIV late diagnosis 3.04 - 13th position [RED]-Percentage%: 52.2
- Chlamydia Detection 3.02 - 10th position[AMBER]- Rate: **2138/100,000 (15-24)**

Please note, as it is important that we move towards whole system care it is important to consider the wider sexual health, contraception and abortion outcomes which are provided as a link at the end of the report.

Focus: Tailored provision to those within the borough who have the poorest sexual health outcomes must have a priority focus. Whilst this may not necessarily be tailored geographically, in terms of the offer, it should be an equitable offer based upon evidence needs targetted at specific groups and people who face additional access barriers.

7. FINANCIAL IMPLICATIONS

7.1 Consultations have taken place with representatives of the Service Director Finance (Section 151 Officer).

7.2 The purpose of the report is to gain approval to procure a contract for an Integrated Sexual Health Service for Barnsley, for an initial period of five years (with the option to continue providing the service for a 3 year term (2+1) if both parties are agreeable).

7.3 The annual contract value in 2019/20 is £2,090,944. It is proposed that this level of investment remains the same when procuring the new contract commencing April 2020, (a total of £10,454,720 over a five year period to 2025/26). The contract is currently funded via the councils Public Health Grant allocation and has been considered as part of the current 4 year financial plan through to 2022/23, funding past this date will need to be considered as part of the councils Medium Term Financial Strategy and the ongoing availaibility of Public Health funding.

7.4 It is recognised that there is significant uncertainty in the future of Local Authority funding, the Invitation to Tender will make it clear that the price agreed for the contract is subject to the ongoing availability of sufficient funding, and that in the event that during the contract period the local authority does not have sufficient funds to continue with the arrangement, the Contractor will jointly develop and agree a contract variation with the Commissioner such that the contract price remains affordable and within the funding resouces available whilst still delivering the required outcomes.

8. EMPLOYEE IMPLICATIONS

8.1 TUPE will apply; the current provider will be required to complete their return so that the details are available to providers during the tender process.

9. LEGAL IMPLICATIONS

9.1 To be advised, but alignment to CQC standards for provision and recognition of service delivery that is clinically safe for patients is required, as is a satisfactory level of indemnity insurance.

10. CUSTOMER AND DIGITAL IMPLICATIONS

10.1 The provider will increase the current digital offer ensuring that there is a targeted offer to certain population groups and individuals with poorer sexual health outcomes. The marketing strategy for the service will be predominantly digital and online.

11. COMMUNICATIONS IMPLICATIONS

11.1 It is clear that provision of confidential services are considered essential in relation to providing this service offer, it is therefore essential that confidentiality is communicated.

The provider/s will utilise ***You're Welcome*** principles and ensure that residents know clearly what the service offer is and how to access it. Communication to residents will utilise key health promotion principles (supporting healthier choices not diminishing choice).

The service/s will provide both harm reduction and behavior change interventions and communication will reflect this.

The provider and BMBC, in line with most other health interventions, will encourage and support self-care approaches. Communication will be positive, for example, communications in relation to teenage pregnancy will ensure that language and tone is respectful to young parents.

Communication will be sex positive, recognising the sex is a natural, normal, healthy and enjoyable part of life for most adults and respectfully recognize diversity.

12. CONSULTATIONS

12.1 The CCG and NHSE are key partners, BMBC's aim is to secure outcomes that are collaboratively addressed in partnership utilising a system wide approach. We are currently seeking external independent advice (as advised to have). Both the CCG and NHSE are aware of the process and have opportunity to influence the specification. We have invited regional PHE insight. GP's will be contacted by the independent advisor when we have appointed one, Primary care have a potential conflicts of interest to consider re direct input.

Public consultation will take the form of three smart surveys.

1) Young people access to Condom's Survey
How – Targeted smartsurvey via workforce.

Who – Primarily aimed at reaching those young people who have faced additional challenges in their lives e.g. looked after children, NEET, young people with addictions…

Why – Help improve health outcomes. Help BMBC to understand access barriers, help inform future provision and provide a number of key sexual health messages to young people.

2) All age access to contraception and sexual health information:
How – Smartsurvey, via workforce and social media platforms, aimed at reaching sexually active residents.

Who – It is expected that more women will be reached during this consultation than men, this is because women access contraception services much more frequently than men.

Why – Help improve health outcomes. Help BMBC understand access barriers, help inform future provision and provide some key sexual health messages. We know that some residents are having problems getting prompt access into health services to access contraception and sexual health information.

3) LGBT+ patient experiences of obtaining sexual health and contraceptive services.
How – Smartsurvey, via workforce and via health services.

Who – It is expected that more Gay men, Lesbian women and Bisexual residents will be reached during this consultation than those identifying as Trans or Non-Binary but efforts will be made to ensure the survey is available within different settings to secure a range of participants.

Why – Help improve health outcomes. Help BMBC understand access barriers, help inform future provision and provide some key sexual health messages.

- We know that LGBT+ populations can face additional barriers to health service access and can experience homophobia and discrimination.
- BMBC want Barnsley LGBT+ residents to have timely access to sexual health and contraception services that are appropriate to need and acceptable to those individuals.

Note: The following headings **may** be included in sequence, if there is considerable relevant detail to include (ie a list of headings with the comment "none" is not generally required). Otherwise, any information relevant to these issues may be incorporated in the above sections, with appropriate references:-

13. THE CORPORATE PLAN AND THE COUNCIL'S PERFORMANCE MANAGEMENT FRAMEWORK

13.1 Contractual meetings will occur monthly in the first six months and move to quarterly, performance will be monitored via key performance indicators which are guided nationally but will have local variation.

14. PROMOTING EQUALITY, DIVERSITY AND SOCIAL INCLUSION

14.1 Poorer sexual health outcomes are experiences by those who are marginalised, often poorer, and having fewer life choices. The service specification and delivery will reflect local need and be guided by the appropriate standards and national guidance. Looked after young people, those living with addiction, those with less secure tenancies, LGBT+ , BAME etc will specifically need to have their needs considered. An Equality Impact Assessment has been completed.

15. TACKLING THE IMPACT OF POVERTY

15.1 NICE guidance PH51 provides some financial modelling and explanatory information.

A decrease in the number of unintended pregnancies leading to birth for young women up to the age of 25 is well documented.

As well as the costs associated with pregnancy and birth, under-18 conceptions can lead to socioeconomic deprivation, mental health difficulties and lower levels of educational attainment. It is estimated that the cost of teenage pregnancies to the NHS is around £63 million per year

In 2006/07 local authorities spent £23 million on support services for teenage parents. A decrease in the number of abortions for young women. The average cost of an abortion is around £680 and it is estimated that abortions for women aged under 25 cost the NHS approximately £56.4 million in 2011 (National Statistics data on abortions during 2011, combined with reference cost data for the same year).

Access to contraceptive services is most problematic for people in disadvantaged communities and improving this access should reduce unintended pregnancies and abortions.

A reduction in the number of sexually transmitted infections if condom use increases. Savings associated with the treatment of these infections may therefore be possible. The cost of treating an episode of pelvic inflammatory disease (PID) is estimated at £2846

Improved opportunities for young people to continue education and training, and associated employment opportunities.

Health benefits associated with some forms of contraception including regulation of the menstrual cycle, reduced menstrual pain, reduced risk of pelvic inflammatory disease, reduced risk of endometrial and ovarian cancer and reduced risk of osteoporosis.

16. TACKLING HEALTH INEQUALITIES

16.1 Sexual Health provision requires both commissioners and providers to be pragmatic and innovative in approach and recognise that both culture and personal circumstances significantly impact upon the way people can interact with services. It is intended that the provider/s will take opportunities to reach out to people who have limited ability to influence provision and fewer chances to access services. Choice in how services are accessed is a fundamental consideration.

17. REDUCTION OF CRIME AND DISORDER

17.1 Not applicable

18. RISK MANAGEMENT ISSUES

18.1 National Guidance exists which helps to mitigate risk e.g ther is a national integrated service specification, however issues such as the rising test costs of provision, a national shortage of nurses, limited suitable buildings

19. HEALTH, SAFETY AND EMERGENCY RESILIENCE ISSUES

19.1 As with any provider the provider will be require to consider relevant health and safety legislation, BMBC will be required to ensure that any provider has the appropriate level of liabilities insurance and that the provider has relevant CQC compliances. Emergency planning details will be required in terms of close down periods or sudden building closures. The provider will be required to interact with the relevant emergency planning colleagues at BMBC, including the health protection board in relation to STI and BBV outbreaks.

20. COMPATIBILITY WITH THE EUROPEAN CONVENTION ON HUMAN RIGHTS

20.1 Sexual Health providers have additional requirements in law to ensure privacy and confidentiality, an example of how this is realized in practice includes not interacting with any other service without the service users permission (including the service users GP) unless it is required under safeguarding circumstances.

Specifically article 8 protects the service users rights and requires the provider/s to respect private and family life, their home and correspondence. This means that the provider will recognise that service users have the right to live their life with privacy and without interference by the state. It covers things like:

- your sexuality
- your body
- personal identity and how you look and dress
- forming and maintaining relationships with other people
- how your personal information is held and protected

21. CONSERVATION OF BIODIVERSITY

21.1 Recognised but no update availiable at this time.

22. GLOSSARY

BBV: Blood Borne Viruses
HIV: Human Immunodeficiency Virus
STI'S: Sexually Transmitted Infection's
LARC: Long Acting Revisible Contraception
Service User. The person who accesses provision, also termed as patient or customer regardless of whether the intervention is face to face

23. LIST OF APPENDICES

Appendix A: Financial Implications

24. BACKGROUND PAPERS

If you would like to inspect any of the background papers for this report, please email governance@barnsley.gov.uk so that appropriate arrangements can be made to view the following;

Integrated Service Specification: National Guidance

National U18 conception data

Sexual Health Fingertips: National data comparisons and PHOF indicator.

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