

BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter /is not a Key Decision within the Council's definition and has not been included in the relevant Forward Plan

REPORT OF THE DIRECTOR OF PUBLIC HEALTH TO CABINET ON 4th NOVEMBER 2020

Women's Reproductive Health Service

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 a Women's Reproductive Health Service for Barnsley.

2. RECOMMENDATIONS

- 2.1 That Cabinet authorises the award of a contract for a Women's Reproductive 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 which includes Long Acting Reversible Contraception (LARC).

The Integrated Sexual Health Service (ISHS) went out to tender as two lots (A & B) in 2019. Lot A, the ISHS, was awarded to Spectrum CIC and commenced on 1st July 2020. Lot B (LARC provision) was not awarded due to no providers bidding for the service.

4. PROPOSAL AND JUSTIFICATION

- 4.1 Work has been undertaken to identify why the original procurement was unsuccessful and new service specification has been designed in response to feedback from a range of stakeholders.
- 4.2 Spectrum CIC are currently delivering a LARC service and will continue to do so until 31st March 2021.
- 4.3 The new service specification will be published on YORtender on 1st December 2020 with the newly designed service commencing on 1st April 2021.
- 4.4 Sexual health services are required to be far reaching to meet the needs of the local population. The provision of contraception is a key sexual health function as unplanned pregnancies have a significant impact on the individual as well as health and local authority services. The sexual health framework states that people should "have access to the full range of contraception, [be able to] obtain their chosen method quickly and easily and [be able to] take control to plan the number of and spacing between their children." (DFHSC, 2013). Most women access contraception from their GP, however best practice provides a range of contraceptive options in a range of settings. There are various contraceptive

methods available (15) however some of the most effective in terms of reliability and cost effectiveness are LARCs.

- 4.6 LARCs consist of intrauterine devices (copper coil), intrauterine systems (hormonal coil) and hormonal implants (Nexplanon). LARCs are the most effective form of contraception as the efficacy is not user dependent and due to the long-life span of the devices (3-10 years), they are also the most cost effective after one year of usage compared to oral contraception.
- 4.7 The recent trend data for LARC in Barnsley shows that overall rate of prescribed LARC across GP practices is decreasing and the rate of 23.2 per 1000 is lower than the regional and England rate of 36 and 29.2 respectively.
- 4.8 The Women's Reproductive Health Service will align within each area council boundary/integrated wellbeing team. Appointments will be bookable via a centralised system at a time and place appropriate to meet the needs of residents. There will be more available service and a focus on more deprived areas due to the correlation with teenage pregnancy and termination. This will help to ensure women can access contraception at a time and place convenient to them, whilst targeting our most at-risk groups.

5. CONSIDERATION OF ALTERNATIVE APPROACHES

- 5.1 'no alternative approach considered at this time'

6. IMPLICATIONS FOR LOCAL PEOPLE/SERVICE USERS

- 6.1 The Women's Reproductive Health Service will improve access to contraceptive services and facilitate patient choice. It will enable residents to have their contraceptive (LARC) health service needs met using methods and approaches which provide greater access and flexibility. This will include access to primary care oral contraceptives, opportunistic cervical cytology, pick up STI test kits, greater access to free condoms, and access to emergency hormone contraception provision providing a holistic approach to women's contraceptive and sexual health needs. This has direct benefits on the health and well-being of women in Barnsley.

7. FINANCIAL IMPLICATIONS (Appendix A)

- 7.1 Consultations have taken place with representatives of the Service Director Finance (Section151 Officer).
- 7.2 The purpose of the report is to gain approval to procure a contract for a Women's Reproductive Health Service for Barnsley for an initial period of 1st April 2021 to 30th June 2025 (4.25 years) with options to extend for a further 2 years and 1 year respectively. To run in line with the Integrated Sexual Health Service contract
- 7.3 The annual contract value in 2020/21 is £280,000. It is proposed that this level of investment remains the same when procuring the new contract commencing 1st April 2021, (a total of £1,190,000 over a 4.25 year period to 2025). The contract is currently funded via the council's 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

council's Medium Term Financial Strategy and the ongoing availability of Public Health Grant 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 resources available whilst still delivering the required outcomes.

8. EMPLOYEE IMPLICATIONS

- 8.1 None

9. LEGAL IMPLICATIONS

- 9.1 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 Residents will have the option of accessing information and support around contraceptive choices, and sexually transmitted infections without the need of attending a clinic through a media platform such as a web site. Residents should also have the option of booking appointments online where possible avoiding long wait times through telephone booking systems.

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. Residents expect that consultations in relation to sexual health and contraception are confidential (unless safeguarding triggers require disclosure).

The service will have in place appropriate systems to maintain anonymity and confidentiality

The provider will ensure that information is.

- Stored separately to their medical records if requested
- Kept confidential
- Not shared

The provider will also ensure service users anonymity will be protected should they wish their information to be treated confidentially, outside of their medical records.

A lack of confidentiality or worry about a lack of confidential provision is regularly expressed as being a significant barrier to Sexual Health service access especially if women do not want information sharing.

12. CONSULTATIONS

- 12.1 BMBC's aim is to secure outcomes that are collaboratively addressed in partnership utilising a system wide approach.

Public consultation has been sort through a Smart Survey and Health Watch Barnsley. Feedback was also requested via social media sites across Barnsley including the ISHS, Barnsley College, Public Health Nursing Service, Barnsley NHS CCG, GP practices, midwifery service and children's services.

Due to Covid 19 we have been restricted to how we can consult across Barnsley in a safe and secure way. Two questionnaires were developed: one for residents and one for health professionals.

Residents Questionnaire

Asking for information around contraceptive needs and choices, barriers to access, and services they use

Health Professionals Questionnaire

Asking around contraceptive choices patients make and why, access to services barriers to choices women make.

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 experienced 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. An EIA has been completed.

15. TACKLING THE IMPACT OF POVERTY

- 15.1 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

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

16. TACKLING HEALTH INEQUALITIES

- 16.1 Sexual Health provision requires both commissioners and providers to be pragmatic and innovative in approach and recognises 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 however issues such as the rising costs of provision, a national shortage of nurses and GPs competent in IUD/IUS fitting and training available is an area of concern.

Due to Covid 19 restrictions there will be an impact on accessibility to the service and delivery. Numbers of patients will be reduced due to keeping clinics covid secure.

This will be addressed in the service spec through performance indicators, data monitoring, competency and training KPIs. Training locally through our ISHS through FRSB and devices companies that also provide training

19. HEALTH, SAFETY AND EMERGENCY RESILIENCE ISSUES

- 19.1 As with any provider they will be required 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 closedown 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 any risk of outbreaks relevant to the service.

The provider is expected to have in place a Covid-19 secure plan documenting adjustment to the service delivery, clinical space, precautions in place and adherence to Covid 19 PHE guidelines for PPI, equipment and devices. Policies and procedures will be in place to keep patients and staff safe.

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 user's 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. LIST OF APPENDICES

Appendix A: Financial Implications

22. BACKGROUND PAPERS

If you would like to inspect any of the background papers for this report, please email governance@barnsley.gov.uk

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Financial Implications/Consultation

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*(To be signed by senior Financial Services officer
where no financial implications)*