

## Cabinet

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**Date of Meeting:** 09 October 2018

**Report Title:** Sexual Health Recommissioning

**Portfolio Holder:** Councillor Liz Wardlaw, Portfolio Holder for Health, Councillor Jos Saunders, Portfolio Holder for Children and Families

**Senior Officer:** Mark Palethorpe, Acting Executive Director for People

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### 1. Report Summary

- 1.1. The purpose of this report is to seek approval to commission Sexual Health services in Cheshire East with effect from 1st April 2019. The commissioning question we are seeking to address is:

**“How does the Council ensure that it meets its statutory obligation to commission safe, effective, efficient and accessible sexual health services for its residents?”**

The service contributes to Outcome 5: People Live Well for Longer.

- 1.2. The report sets out the current position with regard to the existing contract with East Cheshire NHS Trust for the delivery of the service and plans to engage with the provider market and service users regarding the design of the new service.
- 1.3. It is proposed that the contract length for the new service is 5 years with the possibility of two annual extensions. This length of contract is designed to encourage interest from a wide range of organisations and to provide financial sustainability to the successful provider who will be expected to act as a strategic lead for sexual health services in the Borough.
- 1.4. Subject to market engagement and stakeholder consultation, it is anticipated that the new contract could deliver a fully integrated sexual health service which encompasses all existing sexual health services including services currently commissioned under the banner of One You Cheshire East. This would be facilitated by pooling the total allocated Local Authority budget for all sexual health services into one financial envelope. It is anticipated therefore that the new contract would include:
- 1.4.1. the commissioning, administration and management of Sexual Health services delivered by primary care which are currently

delivered under contracts with the Council (including long acting reversible contraception and chlamydia screening);

- 1.4.2. the commissioning, administration and management of Sexual Health services by community pharmacies which are currently delivered under contracts with the Council (including emergency hormonal contraception, quick start contraception and chlamydia screening).
- 1.5 The successful supplier will employ clinical staff who will be responsible for ensuring the safe and effective delivery of these services. It is anticipated that the arrangements with General Practices and community pharmacies will be facilitated via Service Level Agreements since these meet with the procurement regulations of Healthcare organisations.
- 1.6 It is also anticipated that the contract will include the administration of payment systems for invoices from providers outside of Cheshire East who have been commissioned by other local authorities and who deliver genito-urinary medicine services to Cheshire East residents under the requirement to deliver open access services to any persons present in the area. The providers delivering these services are commissioned by local authorities and will, therefore, have been procured under EU regulations.
- 1.7 Subject to service user consultation, it is anticipated that digital front door access to services including on-line testing services, advice, video consultations and appointment booking systems will be a key feature of the contract. These systems would be procured and owned by the Provider but would link into Council and Health initiatives such as Live Well and Patient Passport.
- 1.8 It is further proposed that Commissioners explore the possibility of entering into an agreement underpinned by a Memorandum of Understanding with NHS England for the commissioning of cervical screening services within the community sexual health service to enable a holistic and opportunistic screening service to be provided to service users. It is anticipated that this arrangement would involve the Council and NHS England entering into separate contractual and monitoring arrangements with the successful provider negating the need for a formal Partnership agreement between the two Commissioning bodies.

## **2. Recommendations**

That Cabinet

- 2.1. Agree the recommissioning of a Sexual Health service for Cheshire East to include, if practicable:
  - 2.1.1. an agreement with NHS England for the simultaneous commissioning of cervical screening within community Sexual Health services;
  - 2.1.2. delegate authority to the Executive Director of People in consultation with the Portfolio Holders for Health and Children & Families to award a contract to the successful supplier.

## **3. Reasons for Recommendations**

- 3.1. Sexual Health services play a vital role in the prevention of unwanted pregnancy and the spread of sexually transmitted infections. The service provides both clinical interventions and sexual health promotion and it is one of the mandated Public Health functions under the provisions of the Health and Social Care Act 2012.
- 3.2. The existing contract for the provision of Sexual Health services commenced on 1<sup>st</sup> October 2015 for a three year period with the possibility of two annual extensions. Following discussion at the Council's Commissioning and Procurement Board and at the People's Divisional Management Team meeting the decision was made to offer the full two year extension to the existing provider East Cheshire NHS Trust.
- 3.3. However, the Trust has responded to the offer with a request for an additional £0.973 million in Year 4 of the contract and £1.150 million in Year 5 of the contract to maintain the service at its current level. This is in addition to the tendered contract price of £1.975 million for Year 4 and £1.948 million for Year 5 of the contract.
- 3.4. This level of additional investment is felt to be unsustainable, hence it is proposed that the Council seeks to commission a service within the current financial envelope to commence on 1<sup>st</sup> April 2019. Officers will seek to negotiate an interim position with East Cheshire NHS Trust to cover the six month period between 1<sup>st</sup> October 2018 and 1<sup>st</sup> April 2019 to ensure that services continue to be delivered. This extension would be allowable within the terms of the contract and within the two year extension period previously approved prior to the letter from East Cheshire NHS Trust.

- 3.5. In addition to the Community Sexual Health service the Council commissions most general practices to provide long acting contraception (intra-uterine devices and hormonal implants) and a number of community pharmacies are commissioned to deliver emergency hormonal contraception and quick start contraception. Both general practices and community pharmacies are also commissioned to provide chlamydia screening services to young people under the age of 25 under the National Chlamydia Screening Programme which aims to pro-actively screen large numbers of young people regardless of whether they have symptoms of chlamydia. These services are commissioned under a contract with the Council that expires on 31<sup>st</sup> March 2019, although there is the possibility of two annual extensions.
- 3.6. Subject to market engagement and stakeholder consultation, it is proposed that these contracts are allowed to naturally expire on 31<sup>st</sup> March 2019 and that responsibility for the commissioning and management of these services (including the verification and payment of associated prescribing costs to Clinical Commissioning Groups) are transferred to the successful provider.
- 3.7. This offers a number of benefits for the Council as it would negate the need for the Council to procure these services separately and would reduce the administrative burden on the Council of paying quarterly invoices and having separate arrangements for contract monitoring. It would also help to reinforce the role of the successful provider as a strategic lead for sexual health services in the Borough and would help in the delivery of a whole system approach. The procurement timeline for the service allows for a three month mobilisation period which would provide opportunity for the successful supplier to put arrangements in place with community pharmacies and general practices for the delivery of these services via Service Level Agreements.
- 3.8. The open access nature of sexual health services requires the Council to reimburse out of area providers in respect of genito-urinary medicine services delivered within their clinics to Cheshire East residents. These services have been commissioned and are contract managed by other local authorities under an OJEU procurement process. The verification and processing of resulting invoices is a significant administrative burden to the local authority, with Officers from the Public Health Business Team having to request the requisite supporting data from providers several times. It is, therefore, proposed that this function is also transferred to the successful provider as part of the new contract.

- 3.9. NHS England is responsible for commissioning cervical screening services. The majority of cervical screens are delivered in primary care, however, there are obvious benefits to service users for the provision of opportunistic cervical screening within sexual health services. As the current commissioned sexual health provider for the Borough, East Cheshire NHS Trust has an informal agreement with NHS England for the provision of opportunistic cervical screening within the service.
- 3.10. It is proposed that as part of the recommissioning process Commissioners explore options to enter into an agreement underpinned by a Memorandum of Understanding with NHS England to allow them to commission cervical screening alongside the main Integrated Sexual Health contract. It is envisaged that there would be a separate contract between the successful provider and NHS England for the provision of these services and that the arrangement between the Council and NHS England would be facilitated via a Memorandum of Understanding signed by both commissioning bodies.
- 3.11. Substantial work has been undertaken at a sub regional level through the Cheshire and Merseyside Sexual Health Commissioners Network and facilitated by the Cheshire and Merseyside Public Health collaborative (champs) to develop a sub regional specification for Sexual Health services which can be amended to fit local circumstances. The specification has been informed by engagement events held with Commissioners from NHS England and local Clinical Commissioning Groups and a separate event with Provider organisations. This offers an opportunity to undertake market and stakeholder engagement at a local level on the back of the sub regional work.

#### **4. Other Options Considered**

- 4.1. It was initially proposed that the existing contract be extended for the full two year period allowable during which time the service would be reviewed and recommissioned. However the request for additional funding by the Trust has prompted officers to reconsider this position. It is now proposed that the commissioning process is brought forward and that Officers look to commission the service by the end of December 2018 with a view to the new contract commencing on 1<sup>st</sup> April 2019.
- 4.2. Informal discussions have taken place with Commissioners at Cheshire West and Chester Council and with Halton and Warrington Borough Councils (who are currently jointly procuring a Sexual Health service) to explore whether there are any opportunities to jointly commission a service. Agreement could not be reached with Cheshire West and Chester Council

and Halton and Warrington Borough Councils have already commenced their procurement process.

## 5. Background

- 5.1. Cheshire East Council is responsible for commissioning services to promote the health and wellbeing of the residents of Cheshire East with the aim of improving public health outcomes and reducing health inequalities across the life course. Commissioning responsibilities in relation to sexual health were set out in the Health and Social Care Act 2012.
- 5.2. It is a mandatory requirement of the Public Health grant that Local Authorities are responsible for the commissioning of open access sexual health services. This includes the following:
- i) **Contraception Services** - including the costs of Long Acting Reversible Contraception (LARC) devices and prescription or supply of other methods including condoms) and advice on preventing unintended pregnancy in specialist services, any contraception services commissioned from primary care which are outside the scope of the GP contract (this includes long acting reversible contraception such as intra-uterine contraception devices) and any contraception services commissioned from community pharmacy such as Emergency Hormonal Contraception.
  - ii) **Sexually transmitted infection (STI) testing and treatment** in specialist services and those commissioned from primary care under local public health contracts; chlamydia screening as part of the National Chlamydia Screening Programme (NCSP); HIV testing including population screening in primary care and general medical settings; and partner notification for STIs and HIV;
  - iii) Sexual health aspects of **psychosexual** counselling;
  - iv) Any **sexual health specialist services**, including young people's sexual health services; outreach; HIV prevention; sexual health promotion; publicity; services in schools and colleges; and pharmacies;
- 5.3. Responsibility for commissioning services such as HIV treatment (including Pre- Exposure Prophylaxis) and cervical screening sits with NHS England and termination of pregnancy and gynaecology services are the responsibility of Clinical Commissioning Groups.
- 5.4. The Integrated Sexual Health service will aim to improve sexual health by:

- Promoting good sexual health through primary prevention activities including behaviour change and those which aim to reduce the stigma associated with STIs, HIV and unwanted pregnancy;
- Providing rapid and easy access to open access STI testing, treatment and management services through a variety of mechanisms which may include online services;
- Providing rapid and easy access to open access reproductive health services including full range of contraceptive services; referral to NHS funded abortion services; support in planning pregnancy; through a variety of mechanisms which may include online services;
- Reducing late diagnosis of HIV and undiagnosed HIV and improving the sexual health of those living with HIV;
- Providing a quality service with appropriately trained staff; clinical governance and service user safety arrangements;
- Being responsive to local need by providing rapid response to outbreak management; and through continuous improvement and response to the ongoing analysis of local population need;
- Operating as system leader in the local sexual health economy providing clinical leadership, development of and involvement in local networks and development of clear referral pathways between all directly connected and indirect service providers.

5.5. The overarching objectives of the service will be to:

- Ensure that services are acceptable and accessible to people disproportionately affected by unwanted pregnancy and sexual ill health based on up to date sexual health needs assessment which identifies the needs of vulnerable/at risk groups;
- Engaging local prevention groups and non-governmental organisations to facilitate collaboration in service development, health promotion and outbreak management;
- Respond to the public health needs of the local population and ensure robust links and pathways are in place to the wider public health services and specialist;
- Ensure robust information governance systems are in place and the service is reporting to mandatory national datasets;
- Supporting evidence-based practice in sexual health (this should include participation in audit and service evaluations and may include research);
- Promoting service and key sexual health messages to the local population, via the use of innovative and appropriate media and marketing techniques tailored to specific audiences.

- 5.6. Currently, sexual health services in Cheshire East are provided by East Cheshire NHS Trust under a three year contract with the possibility of two annual extensions. The contract commenced on 1<sup>st</sup> October 2015. Adults Divisional Management Team approved a two year extension of the contract until 30 September 2020. East Cheshire NHS Trust were informed of the proposed extension in writing on 22<sup>nd</sup> June 2018. The Trust responded on 30<sup>th</sup> July 2018 to advise that they were unable to continue with the existing service provision under the current financial envelope and advising that to maintain the current service level would require an additional investment of £0.973 million in Year 4 of the contract and £1.150 million in Year 5 of the contract. The letter recognises the financial challenges faced by the local authority and suggests that it may be more pragmatic to enter into negotiation with the local authority to reduce the service specification.
- 5.7. Officers have considered the content of the letter and have asked the Trust to provide supporting evidence of the financial position for the service and an impact appraisal of the proposed service reduction. At the time of writing this has yet to be received, however, any proposals must be considered in the light of recent service reductions implemented by the Trust which include the closure of five weekly Level 1 (basic care) clinics and the need to maintain statutory service provision which is accessible to local residents and is of good clinical quality.

## **6. Implications of the Recommendations**

### **6.1. Legal Implications**

- 6.1.1. The commissioning responsibilities of local government, Clinical Commissioning Groups and NHS England are set out in the Health and Social Care Act 2012. Additionally, local government responsibilities for commissioning most sexual health services and interventions are further detailed in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. These mandate local authorities to commission confidential, open access services for sexually transmitted infections and contraception as well as reasonable access to all methods of contraception.
- 6.1.2. The value of the Sexual Health contract is such that these services must be procured in accordance with the Public Contracts Regulations 2015 and in compliance with the Council's Finance and Contract Procedure Rules. This will

require a fully OJEU complaint procurement exercise and consideration of the application of TUPE. The Service is engaging with Legal Services and the Council's Corporate Procurement Team in this process.

## 6.2. Finance Implications

6.2.1. The total value of the existing Sexual Health contract as set out in the contract pricing schedule is £11.316 million over the full 5 year contract period. The contract includes annual incremental reductions. The annual price for Year 4 of the contract is £1.975 million and for Year 5 is £1.948 million.

6.2.2. If the Council were to accede to East Cheshire NHS Trust's request for additional investment in Years 4 and 5 of the contract this would increase the costs to £2.948 million for Year 4 and £3.098 million for Year 5 of the contract. The total value of the contract would increase to £13.439 million which represents an increase of almost 19% on the tendered price. The Council is not in a position to make this additional investment.

6.2.3. The total budget for all Sexual Health services for 2018/19 is £2.556 million. The table below gives a breakdown of these costs:

Service	Provider(s)	Forecast expenditure 2018/19
Integrated Sexual Health Service	East Cheshire NHS Trust	£1,998,878*
Out of area Genito-Urinary Medicine to Cheshire East residents	Out of area providers of Sexual Health services	£244,177
Intra-uterine contraceptive devices (IUCDs), hormonal implants, chlamydia screening	GP practices	£187,171
Prescribing costs relating to primary care services above	Clinical Commissioning Groups	£66,841
Emergency Hormonal Contraception, Quick Start Contraception, chlamydia testing	Various community pharmacies	£58,845
<b>Total</b>		<b>£2,555,911</b>

\*Does not equate to annual contract values due to October contract year start date.

## 6.3. Equality Implications

6.3.1. An Equality Impact Assessment will be developed for this commission and will be kept updated.

## 6.4. Human Resources Implications

6.4.1. It is not anticipated that there will be any direct Human Resource implications for the Council. However, it is expected that TUPE will apply to this contract in respect of the current service.

## **6.5. Risk Management Implications**

- 6.5.1. There is a risk that the financial envelope for the service may not be sufficient for potential bidders and that this may result in low interest in the tender opportunity. This will be explored with potential bidders as part of local market engagement.

## **6.6. Rural Communities Implications**

- 6.6.1. The proposal will support those in rural communities to continue to access services in a range of locations across Cheshire East.

## **6.7. Implications for Children & Young People**

- 6.7.1. The Sexual Health service is an all age service, however, it is widely used by young people. Access to the service for young people will be a key consideration for the service specification.

## **6.8. Public Health Implications**

- 6.8.1. The Sexual Health service helps to prevent the spread of sexually transmitted infections and reduce the number of unwanted pregnancies. It is, therefore, an important area of public health.

## **7. Ward Members Affected**

- 7.1. All wards affected.

## **8. Consultation & Engagement**

- 8.1. Market engagement and consultation has already taken place at a sub regional level to develop a standard service specification for Cheshire and Merseyside. This will be the basis for local market and service user engagement which will help to shape the specification to fit local circumstances.
- 8.2. It is anticipated that Healthwatch Cheshire will provide support with service user engagement to co-produce the local requirements of the service and assist in the evaluation of tenders.

## **9. Access to Information**

- 9.1 The Cheshire East People Live Well for Longer Commissioning Plan.
- 9.2 The Cheshire East Joint Strategic Needs Assessment.
- 9.3 Further supporting information can be found in:

The Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

<http://www.legislation.gov.uk/uksi/2013/351/contents/made>

Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/408357/Making\\_it\\_work\\_revised\\_March\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf)

Sexual Health Services: Key Principles for Cross Charging

Updated guidance for commissioners and providers of sexual and reproductive health services in England

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/731134/sexual-health-services-cross-charging-guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731134/sexual-health-services-cross-charging-guidance.pdf)

## **10. Contact Information**

10.1. Any questions relating to this report should be directed to the following officer:

Name: Nichola Glover-Edge

Job Title: Director of Commissioning

Email: [Nichola.glover-edge@cheshireeast.gov.uk](mailto:Nichola.glover-edge@cheshireeast.gov.uk)