

# CHESHIRE EAST COUNCIL

## Cabinet

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**Date of Meeting:** 11<sup>th</sup> November 2014

**Report of:** Director of Public Health – Dr Heather Grimbaldeston

**Subject/Title:** Re-Commissioning of Sexual Health Services (Ref CE 14/15-21)

**Portfolio Holders:** Cllr Janet Clowes, Care and Health in the Community  
Cllr Rachel Bailey, Safeguarding Children and Adults

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### 1 Report Summary

- 1.1 The commissioning responsibility for Sexual Health Services transferred to the Council in April 2013. The existing contractual arrangements were extended by Cabinet (4/2/14) until March 2016. This was to allow time to undertake a strategic review of sexual health services for Cheshire East residents.
- 1.2 This report sets out the work to achieve this strategic review and outlines our ambitions for the 'Future Sexual Health Services'. Sexual Health services are required services and are within the legal framework for Public Health commissioning responsibilities.
- 1.3 The future service aims are set out in 3.4 of this report. The 'Service Vision' confirms that good sexual health is important. 'Easily accessible information, with welcoming services that provide appropriate care to help people make the right choice for themselves'.
- 1.4 The following sexual health outcomes are included in the Public Health Outcomes Framework for 2013–16<sup>1</sup>:
  - **The rate of conceptions in under 18 year olds.** In 2012, the under 18 conception rate in Cheshire East was 23.8 per 1,000 females aged 15 to 17 years, 14% better than England's rate of 27.7. Between 1998 and 2012, Cheshire East achieved a 37.2% reduction in the under 18 conception rate.
  - **People presenting with HIV at a late stage of infection.** In Cheshire East, between 2011 and 2013, 40% (95% CI 25-57) of HIV diagnoses were made at a late stage, 11% better than England's rate of 45% (95% CI 44-46).

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<sup>1</sup> <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

- **Chlamydia diagnoses in young people aged 15–24.** In 2013, the rate of chlamydia diagnoses per 100,000 young people aged 15-24 years in Cheshire East was 1780.0 compared to 2015.6 per 100,000 in England.

1.5 The Council and its commissioning partners want the best for our young people; families and adults with a greater focus on community based services, prevention and early help support. This newly commissioned service will be designed to meet that need and better serve our population.

## 2 Recommendations

- 2.1 That Cabinet grants the necessary delegated authority to the Portfolio Holders [Cllr Janet Clowes Portfolio Holder: Care & Health in the Community & Cllr Rachel Bailey Portfolio Holder for Children & Families], the Director of Public Health and the Executive Director of Strategic Commissioning to award and conclude contractual documentation with the successful tenderer[s].
- 2.2 That the Delegated Decision makers [Portfolio Holders, the Director of Public Health and the Executive Director of Strategic Commissioning] ensure that an EU compliant procurement exercise has been undertaken.

## 3 Reasons for Recommendations

- 3.1 **Context** - Sexual health is an important area of health and the public's health. Ensuring that our population has access to high quality sexual health services is key to improving their health and wellbeing.

The responsibility for commissioning sexual and reproductive health and HIV services is shared by Local Government, Clinical Commissioning Groups, and NHS England. Hence, a whole system collaborative approach to designing and commissioning local services is required. Clear links to other areas such as education, abortion services, maternity services, criminal justice and community safety system, and social care are also important.

Understanding the needs of Cheshire East residents will help us shape the future sexual health services. We are reviewing the impact of deprivation and the requirements of other distinct population groups who face a greater risk of sexual ill health, and actual or perceived restrictions to service access.

- 3.2 **What Services do we have now?** - The majority of core contraceptive care is provided by general practices as part of their GP contract with NHS England. This is an important aspect of contraceptive care provision to individuals in the population and this will continue to be the case. In addition to these

mainstream services, there are also locally available community contraception clinics and genito-urinary medicine [GUM] services that were previously commissioned by the Primary Care Trust and are now commissioned by the Local Authority. This ensures choice of access to sexual health services. The current suppliers are as follows:

**3.2.1 East Cheshire NHS Trust:** provides Integrated Sexual Health Services across the borough which include:

- Sexually Transmitted Infection (STI) diagnosis and treatment
- Community contraception clinics
- Chlamydia screening programme 15-24 year group (National Chlamydia Screening Programme)
- and Sexual health promotion

**3.2.2 Mid Cheshire Hospitals NHS Foundation Trust:** provides a sexually transmitted infection diagnosis and treatment service at the 'Centre for Sexual Health' at Leighton Hospital.

**3.2.3 Body Positive:** a voluntary community faith sector service provider delivers

- One to one and group support for people at risk of primary HIV infection
- Improving access to condoms, lubricants and other safer-sex resources
- Education and Training HIV/STI awareness, and better sexual health and health relationships
- Wider accessibility, awareness raising and community involvement

**3.2.4 General Practitioners:** provide Long Acting Reversible Contraception [LARC], Intrauterine Contraceptives [IUCD] and the Chlamydia Screening programme for the under 25years population, commissioned by Public Health.

**3.2.5 Pharmacies:** provide access to Emergency Hormonal Contraception commissioned by Public Health.

### **3.3 Future Service Aims & Requirements**

#### **3.3.1 Service Aims**

The service will aim to:

- Promote a positive attitude towards sexual health
- Promote the service to ensure that young people and adults know how to access services when they need them
- Ensures that privacy and confidentiality is maintained

- 'Making Every Contact Count' providing advice & support to other professionals or services that are appropriate proactively and when its needed
- Provide prevention and early intervention services for young people and those in most 'at risk' populations to build personal resilience and self esteem as well as promoting healthy choices
- Provide a range of open access sexual health services e.g. community contraceptive clinics, specialist GUM services, practitioner workforce development, and strong service identity & marketing
- Ensure that the services provided are evidence based, innovative whilst maximising physical and virtual access options through the use of new technology
- Ensure that rapid and easy access to services are available for people in Cheshire East's urban and rural communities
- Early, accurate effective diagnosis and treatment of STIs including HIV, providing a partner notification service
- Provide good quality services [quality marked], value for money for Cheshire East residents, the Council and the wider health and social care sector

### **3.3.2 Key Future Service requirements**

The services we require have the following key requirements:

- 'Open Access' sexually transmitted infection testing and treatment [treatment for HIV is commissioned by NHS England Specialist Commissioning]
- Assessment & history taking
- Contact Tracing & Management of results including sample testing
- Counselling service
- Condom distribution service
- Chlamydia screening for under 25yrs
- Targeted services for Young People aged up to 25yrs
- Community contraceptive services [providing a full range of contraception for those people who choose not to access contraception through their general practice and professional leadership for developing "whole system" care pathways and services]
- Health Promotion & Education

### 3.4 Engagement

Our approach to Engagement is set out in the table below:

**Table 1**

<b>Audience</b>	<b>Method</b>
<b>All residents, sexually active or not in Cheshire East, [whether permanent or temporary resident</b>	<p>A generic on line survey [ to date 8/10/14]104 completed surveys]</p> <p>A Young Person Specific survey [to date 8/10/14] in excess of 600 completed surveys]</p> <p>These have been well promoted including via social media, through college and university ‘Freshers’ sessions, schools, and wider stakeholders.</p>
<b>Priority and Protected Characteristic Groups</b>	<p>Engagement with specific groups [nearly completed]:</p> <ul style="list-style-type: none"> <li>• Children and Young People Cared for and Care leavers</li> <li>• Young People and adults with a Learning disability</li> <li>• Lesbian, Gay, Bisexual and Transgender</li> <li>• Minority Ethnic groups</li> </ul>
<b>Service User representatives wider Stakeholders</b>	<p>A wider stakeholder session has been held, and engagement with Primary and Secondary Head Teachers has taken place.</p>
<b>Potential service providers</b>	<p>An early Market Engagement event was held to enable interested parties to contribute to this engagement phase. Meetings with existing suppliers were also held.</p> <p>A further Market Engagement event is planned prior to the procurement process commencing. This will enable sharing of the service model we require and information on the procurement process.</p>

The work to analysis all of these findings will take place when all activities have been completed. However some of the early findings reinforce support for the Commissioning Intentions we set out for this engagement work. Early examples of this are:

- There is agreement that contraception services should be provided in the community through GPs and Clinics, with Sexual Health Services being provided in community buildings alongside other services.
- That health advice and information should be through face to face contact, printed material, the internet, text messages, and smart phone apps.
- That the first point of contact for some specific groups would need to be through trusted service providers not necessarily universal and or specialist services e.g. for people with a learning disability through their personal / social care providers or for Young People through their School Nurses.
- There is support for appropriate referral arrangements between services with assurance within the new service arrangements that confidentiality regarding medical records / service contacts is in place.

### **3.5 Sexual Health Commissioning Steering Group Development**

A Commissioning Steering Group has been established which includes representatives who hold commissioning responsibilities for aspects of sexual health service delivery. It includes:

NHS England – Screening & Immunisation, and Primary Care Contract support

Public Health England – North West Sexual Health Facilitator

NHS South Cheshire Clinical Commissioning Group – Executive Nurse

NHS Eastern Cheshire Clinical Commissioning Group – Associate Director of Commissioning

Police and Crime Commissioner – Partnerships and Commissioning Officer

Public Health – Lead Commissioner, Consultant in Public Health, and PH Category manager

Childrens and &Families – Lead Commissioner, and Lead for Early Intervention & Prevention

Adults Services– Commissioning Support Officer

This group will be instrumental in addressing areas of connected commissioning to inform the final service specification for the procurement of our sexual health services, as well as in supporting the tender evaluation

process with service user representatives. We will further develop this group post contract award to ensure collective contractual oversight and implementation of the new service arrangements.

### **3.6 Procurement timeframe**

The tender for Sexual Health Services will be submitted via the Chest in November for return in January 2015. This will be evaluated during January 2015 which will include Supplier presentations and interviews. The contract will be awarded in February 2015 with the Contract commencement date being March 2015 and contract start July 2015. This includes four months for the contract mobilisation period.

The procurement process will ensure that the economic, social and environmental wellbeing of the area is embedded throughout this recommissioning work, and during invitation to tender stage [The Public Services (Social Value) Act 2012].

The recommissioning of Pharmacy & GP [3.2.4 & 3.2.5] services will commence post award of the Sexual Health Services set out at 3.3.2 of this report.

## **4 Wards Affected**

4.1 All

## **5 Local Ward Members**

5.1 All

## **6 Policy Implications**

6.1.1 PH responsibility for commissioning Sexual Health Services noted in section 1.2 of this report. Reference to the legislation can be found at<sup>2</sup> <http://www.legislation.gov.uk/ukdsi/2012/9780111531679>.

## **7 Financial Implications**

7.1 The current Sexual Health Services cost £3.7 m for 2013/14 which includes services provided by NHS hospital providers for GUM & Community Contraception services, a VCFS provider for health promotion, Pharmacy providers for Emergency Hormonal Contraception and GPs for LARC & IUCDs.

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<sup>2</sup> The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013  
<http://www.legislation.gov.uk/ukdsi/2012/9780111531679>

- 7.2 The JSNA has identified that Cheshire East currently has a much higher level of access to hospital-based GUM services than is needed by the population. We plan to secure significant efficiency savings and greater accessibility for young people through redeploying sexual health services into a range of local settings. This significant level of service redesign is likely to affect the length of the contract term that the market is willing to provide. We need the flexibility to appoint up to the current value for a period of up to 5 years, and so the upper limit of the sexual health budget envelope will be £18.5m over 5 years.
- 7.3 This budget cost has been factored into the Public Health services response to the Council's MTFS process. This supports increased investment in respect of agreed Public Health outcomes within the existing Public Health ring-fenced budget regulations.
- 7.4 Potential suppliers will be assessed on a number of financial ratios to ensure that there are limited risks involved. These financial assessments will include liquidity checks to ensure they have a healthy cash position, receivables and payables checks (which will establish whether they pay and receive cash in a timely manner) and a contract as a percentage of turnover check to ensure it is not above their current operation levels. Payments will be made in-arrears which further reduces the Councils financial risk.

## **8 Legal Implications**

- 8.1 The Council has a statutory duty under the Health and Social Care Act 2012 for various public health functions. The responsibility for commissioning Sexual Health services transferred to the Council by virtue of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, which provide that each local authority shall provide, or make arrangements to secure the provision of, open access sexual health services in its area.
- 8.2 In order to determine the correct services to meet needs the Council has undertaken a strategic review, an Equality Impact Assessment and necessary engagement and consultation. It is intended that an EU complaint procurement process, in accordance with the Public Contracts Regulations 2006, will be undertaken with assistance from the Council's Procurement Unit and Legal Services. Advice will also be given as to the considerations required to be made under the Public Services (Social Value) Act 2012, which requires the Council to consider how what it is proposed to be procured might improve the social, economic and environmental well-being of the relevant area and how in conducting a procurement process it may act with a view to securing

that improvement as well as considering whether to undertake any community consultation on the proposals.

- 8.3 Due consideration will be given during the procurement process of any implications arising from the potential transfer of any staff pursuant to the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) and the potential application of the Fair Deal guidance.

## **9 Risk Management**

- 9.2 Current Service Risks – services may experience uncertainty as we embark on this recommissioning work; however these services have been in place for a number of years and are linked with wider service commissioning through CCG contracts with the two main hospitals within the borough. We are ensuring that we are monitoring existing arrangements, and communicating with the suppliers and CCGs about the progress of this work. This will mean that concerns identified are addressed or mitigated as soon as is possible.
- 9.4 Transition risks – there may be risks associated with transitioning from one contractual arrangement to another, and we will require the new suppliers to identify a risk management approach. As commissioners we will hold a risk assessment for this transition phase.
- 9.5 New Contract – we are seeking major change within this new contract and whilst this is ambitious we will need to account for the impact of transition and behaviour change that will be required by more aggressive prevention and early detection and improved service access across the borough. This will take time to become established and therefore realistic targets for change will need to be established with the successful supplier[s] and the wider commissioner steering group.

## **10 Access to Information**

- 10.1 The background papers relating to this report can be inspected by contacting the report writer:

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