

SPECIALIST SEXUAL HEALTH SERVICE DELIVERY ARRANGEMENTS

APRIL 2020 - END MARCH 2024

Cabinet Date	29 January 2020
Public Health and Communities	Cllr Tim Harman
Key Decision	Yes
Background Documents	<ul style="list-style-type: none"> - Cabinet Decision to approve the Strategy for the development of Gloucestershire Specialist Sexual Health Services from 1 April 2017 and the award of a contract for the provision of a Sexual Health Prevention Service, December 2016. - Gloucestershire Sexual Health Services Review, Public Consultation Final Report, Gloucestershire County Council, October 2016. - Government Response to the Health and Social Care Committee Report on Sexual Health, October 2019 - Advancing our Health: Prevention in the 2020s, July 2019 (HM Government Green paper) - NHS Long Term Plan, January 2019 - Due Regard Statement: Specialist Sexual Health Service delivery arrangements April 2020 – end March 2024
Location/Contact for inspection of Background Documents	<i>See hyperlinks above.</i>
Main Consultees	<p>A formal public consultation on sexual health services in Gloucestershire was carried out in 2016. This informed the strategy for the development of the Specialist Sexual Health Service approved by Cabinet in December 2016.</p> <p>In the process of preparing this paper, engagement has taken place with Gloucestershire Clinical Commissioning Group.</p>

Planned Dates	Cabinet decision: 29 th January 2020 Proposed period for continuation of current delivery model April 2020-end March 2024.
Officer	<i>Sarah Scott, Director of Public Health</i> 01452 328497 Sarah.L.Scott@gloucestershire.gov.uk
Purpose of Report	To seek Cabinet approval to continue with the current Specialist Sexual Health Service delivery model whereby the Council agree to transfer monies to the Gloucestershire Clinical Commissioning Group (CCG) under a Section 76 Agreement (pursuant to the National Health Services Act 2006); in order to secure the delivery of the Council’s statutory responsibilities for sexual health.
Recommendations	That Cabinet delegates authority to the Director of Public Health, in consultation with the Cabinet Member for Public Health and Communities, to: <ul style="list-style-type: none"> - continue the current Specialist Sexual Health Service delivery model; - enter into a Section 76 Agreement with the Gloucestershire Clinical Commissioning Group for the commissioning of Specialist Sexual Health Services; - review and extend the agreement annually up to a maximum period of a further four years (up to end March 2024).
Reasons for recommendations	The recommendation will: <ul style="list-style-type: none"> - ensure the Council meets its statutory responsibilities for the provision of open access sexual health services (as set out in the Health and Social Care Act 2012); - maintain the integrated delivery model for sexual health and contraceptive services in the county; - meet the Government’s stated commitment to the collaborative commissioning of sexual and reproductive health services between the NHS and local authorities to ensure joined up care for patients (as set out in Advancing our Health: Prevention in the 2020s, July 2019).
Resource Implications	The Specialist Sexual Health Service is funded through the Public Health Grant, and a £930K annual contribution from Gloucestershire Clinical Commissioning Group. The current annual expenditure by the Council on the Specialist Sexual Health Service is £1.769 million. There is also an additional contingency fund of £122K per annum (reviewed on an annual basis) for postal STI testing which reflects the variable nature of activity levels.

	<p>The projected sum to be transferred by the Council to the CCG in the period April 2020 to March 2024 would be £7.077 million. This excludes any additional annual expenditure for postal STI testing (up to the value of £122K per annum).</p>
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MAIN REPORT CONTENTS

1. Background

The current delivery model for sexual and reproductive health services

1.1 Gloucestershire County Council has a statutory duty under the Health and Social Care Act (2012) to provide, or make arrangements to secure the provision of, open access sexual health services in its area. The council is required¹ to provide services for the prevention and treatment of sexually transmitted infections², and contraceptive services. The phrase 'open access' means that the specified services must be available for the benefit of all people present in the local authority's area (i.e. residents and non-residents).

1.2 As part of its statutory responsibilities, the Council makes arrangements for the provision of Gloucestershire Specialist Sexual Health Service (SHS) by a provider appointed by Gloucestershire Clinical Commissioning Group (CCG). The service provides testing and treatment for Sexually Transmitted Infections (STIs), contraceptive services, and psychosexual services. It has a particular focus on more complex and/or specialist cases, and individuals at higher risk of poor sexual health.

1.3 The SHS is currently provided by Gloucestershire Health and Care NHS Foundation Trust (GHC) under the arrangements of the Collaborative Commissioning Agreement between the Council and the CCG. The service is funded through the Public Health Grant and an additional contribution from the Clinical Commissioning Group. Council funding for the service is transferred to the CCG under a Section 76 Agreement (pursuant to the National Health Services Act 2006). The contract between the CCG and GHC is reviewed and agreed annually.

Service interdependencies

1.4 The Council is not the only commissioner of sexual and reproductive health services in the county; and the SHS forms one part of an integrated delivery model alongside pregnancy advisory services commissioned by the Gloucestershire Clinical Commissioning Group (CCG), and the Specialist HIV Treatment Service and Sexual Assault Referral Centre commissioned by NHS England. Currently, all these services are provided by Gloucestershire Health and Care NHS Foundation Trust (GHC). The provision of the SHS under the Collaborative Commissioning Agreement with the CCG and the use of the Section 76 payment mechanism helps support the continuation of the integrated delivery model; supporting a joined up care pathway for patients between services and care settings. The approach is in line with the government's stated commitment in the Prevention Green Paper (Advancing our Health:

¹ Set out in Regulation 6 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

² Excluding the treatment of HIV which is commissioned by NHS England.

Prevention in the 2020: HM Government) to strengthen collaborative commissioning between the NHS and local government to bring about improved patient outcomes. It also supports the objectives of the Gloucestershire Integrated Care System (*One Gloucestershire*) with respect to partnership working between the county's providers of health and care services to ensure a joined up approach to the planning and delivery of care.

1.5 The Specialist SHS is also part of a wider package of services commissioned directly by the Council to support the sexual and reproductive health of residents. These services include: advanced contraceptive services provided by general practitioners and pharmacies; community HIV testing and support for people living with HIV; the community based condom distribution scheme targeted at under 25s; and preventative work with groups at higher risk of poor sexual health. Collectively these services work to ensure a joined up service offer for local residents; alongside the services commissioned by the CCG and NHS England.

The SHS remodelling programme

1.6 In December 2016, Cabinet approved a strategy for the remodelling of sexual health services in the county, including the services provided by the Specialist Sexual Health Service. The aims of the remodelling were to ensure that services were focused on the needs of those most vulnerable to poor sexual health, were cost-effective, and continued to deliver positive health outcomes.

1.7 The strategy for the remodelling was informed by a public consultation exercise in 2016 (see background documents) and two multi-agency stakeholder workshops, and was implemented in conjunction with the current provider of the service (GHC). The option to deliver the remodelled service by recommissioning the SHS under a competitive procurement process was rejected by Cabinet (in December 2016) on the basis of the potential destabilising effect on the integrated service delivery model for sexual and reproductive health services in the county. Working in conjunction with the current provider and the CCG offered benefits for service stability and the continuity of the collaborative commissioning model.

1.8 The development programme commenced in March 2017 and the changes are now fully implemented. There remains a strong focus on continuous improvement and the Council continues to work in conjunction with the CCG and the current service provider to monitor performance data and activity levels; and implement further adjustments where necessary to ensure the service remains cost effective and sensitive to the needs of service users.

1.9 The service redevelopment has introduced a number of service improvements, including:

- a single point of access/triage function, which ensures that users receive the care appropriate to their need and level of risk;
- access to postal STI testing for asymptomatic individuals via an online portal; and

- a Vulnerable Access Nursing team to facilitate access to the services by vulnerable or higher risk individuals.

1.10 In addition to the central clinics at Hope House, Gloucester and Milson Street, Cheltenham; the service also provides weekly specialist clinics in each of the districts and two further education colleges.

1.11 The service achieves a good level of performance and high scores in the Friends and Family Test³. The overall county prescribing rate of Long Acting Reversible Contraception (the most effective form of contraception) remains significantly above the national average. Since the introduction of online testing, Gloucestershire has also seen an upward trend in both its STI testing and diagnosis rate, particularly with respect to Chlamydia, the most common STI. This is positive as the earlier STIs are diagnosed the sooner they can be treated, reducing the risk of the infection spreading to others.

1.12 In 2018/19 and 19/20, an additional contingency fund was set aside for postal STI testing (of up to £122K per annum) to account for higher than projected uptake of the service and variable activity levels.

2. Options

Option 1: Maintain the current integrated service delivery model under which the Council will continue to transfer funding to the CCG (under a Section 76 Agreement) to secure the provision of the Specialist Sexual Health Service.

2.1 The recommended option is to continue with the current delivery model and Section 76 arrangement for a further period of up to four years (1st April 2020- 31st March 2024). If during this time there is any change in the Council's requirements or any change in the CCG's contractual arrangements with GHC, the arrangement will be reviewed and a further decision brought back to Cabinet.

2.2 The recommended option presents a number of benefits.

- It secures continuity of service provision; ensuring the Council continues to meet its statutory responsibilities for securing the provision of STI testing and treatment, and contraceptive services.
- It maintains the integrity of the integrated model of service delivery for sexual and reproductive health services in the county, which creates a joined up care pathway for patients across the different services provided within the county.
- The collaborative approach is in line with the objectives of the Gloucestershire Integrated Care System, and the Government's stated commitment to collaborative

³ The NHS Friends and Family Test was introduced in the NHS to help providers and commissioners understand whether patients are happy with the service provided, and where improvements may be needed. Patients are asked whether they would recommend the service to family or friends requiring similar treatment or care.

commissioning for sexual health services between NHS and local authorities, as set out in the Prevention Green Paper.

- The contract between the CCG and GHC is reviewed annually which provides the flexibility to review the service model should the budget envelope or service requirements change.
- The proposed arrangement aligns with the service model of the Public Health Nursing Service (approved by Cabinet in October 2019) which also falls under the Collaborative Commissioning Agreement with the CCG.

2.3 There is no legal requirement for GCC to procure the service itself given that funding for the service will be paid to the current provider by the CCG (pursuant to Section 76 of the National Health Services Act 2006) who will be procuring the required services under the contract entered into between themselves and GHC.

Option 2: The Council procures the Specialist Sexual Health Service itself by means of a competitive procurement process.

2.4 This option would allow alternative providers to bid for the service. The council is likely to have to enter into a longer term contract to make the contract commercially viable, which may reduce the council's flexibility to make changes to either the service model or budget envelope should the need arise. The contract between the CCG and GHC is reviewed annually.

2.5 This option is not recommended for the following reasons:

- As the other commissioning bodies (CCG and NHS England) would not be including their sexual and reproductive health services in the competitive procurement process, option 2 has the potential to weaken the integrated model of service delivery in the county. This could result in less joined up care for patients across the different sexual and reproductive health services provided within the county.
- A recommissioning programme at the current time has the potential to destabilise both the Sexual Health Service and the county's wider sexual health system. The 2017 remodelling programme has only recently completed, and the Sexual Health Service and wider system is benefiting from a period of stability.
- Given that the service has already undergone an extensive phase of remodelling, continues to perform well, and has shown a commitment to continuous improvement, there is likely to be no gain in terms of further efficiencies or service quality in recommissioning the service through a competitive procurement process.
- There is a risk of market failure if the contract value is not deemed sufficiently attractive to the market.

3. Risk Assessment

3.1 The risks of the recommended option (option 1) have been assessed as follows:

- *Risk to the delivery of the Council's statutory duties for sexual health services under the Health and Social Care Act (2012).* Risk is considered low. The recommended option (option 1) mitigates the risk of any break or reduction in service provision by continuing with the current arrangements for providing the service.
- *Risk to the integrated delivery model for sexual and reproductive health services in the county with potential consequences for patient care pathways if the transition between services is impacted.* Risk is considered low. The recommended option (option 1) supports the continuation of the current delivery model supporting a joined up care pathway for patients between services and care settings.
- *Risk of challenge from alternative providers of specialist sexual health services if GCC does not procure the service through a competitive tender process.* The risk is considered low. There is no legal requirement for GCC to procure the service itself given that funding for the service will be paid to the current provider by the CCG (pursuant to Section 76 of the National Health Services Act 2006) who will be procuring the required services under the contract entered into between themselves and GHC.

4. Officer Advice

4.1 Officer advice is to agree the recommendations set out in this report.

5. Equalities considerations

5.1 A due regard statement has been completed, and accompanies this report. It indicates that continuation of the current delivery model and Section 76 Arrangement will have no adverse impact on any of the protected characteristics.

Cabinet Members should read and consider the Due Regard Statement in order to satisfy themselves as decision makers that due regard has been given.

6. Consultation feedback

6.1 An extensive public consultation exercise was undertaken in 2016 to inform the strategy for the redevelopment of the Specialist Sexual Health Service, which was approved by Cabinet in December 2016 (see background documents for full consultation report).

6.2 The CCG have been consulted on the recommended option put forward in this paper to continue providing the service under the Collaborative Commissioning Agreement and transfer funding under the Section 76 payment mechanism.

7. Performance Management/Follow-up

7.1 Assuming Option 1 is approved, the current performance management processes will remain in place. The overall contract between the CCG and GHC will continue to be monitored by the CCG Contracts Team with performance data against agreed indicators reported on a monthly basis. Service specific data will continue to be shared with the GCC Commissioning Leads and reviewed at both the bi-monthly sub-contracts board (Chaired by GCC and attended by CCG and GHC), and quarterly performance meetings between the SHS Service lead and GCC Commissioning Leads.

Report Title	Specialist Sexual Health Service delivery arrangements April 2020- end March 2024
Statutory Authority	Health and Social Care Act 2012
Relevant County Council policy	Draft Gloucestershire Joint Health and Wellbeing Strategy 2019-2030 Gloucestershire Looking to the Future 2019-2022
Sustainability checklist:	
Partnerships	The Collaborative Commissioning Agreement between the County Council and the CCG enables a partnership approach to the provision of key health services. The CCG have been consulted in the development of this report.
Decision Making and Involvement	The decision requires Cabinet approval.
Economy and Employment	There will be no change if the proposed recommendation is approved.
Caring for people	The Council has a statutory duty under the Health and Social Care Act (2012) to provide, or make arrangements to secure the provision of, open access sexual health services in its area. This forms part of the Council's statutory responsibilities for improving the health of the local population.
Social Value	There will be no change if the proposed recommendation is approved.
Built Environment	n/a
Natural Environment' including Ecology (Biodiversity)	n/a
Education and Information	The provision of sexual health and contraceptive services supports residents to take steps to improve and look after their sexual health.

Tackling Climate Change	Carbon Emissions Implications? Neutral Vulnerable to climate change? No
Due Regard Statement	Has a Due Regard Statement been completed? Yes Yes - considerations included in main body of report A copy of the full Due Regard Statement can be accessed on GLOSTEXT via http://glostext.gloucestershire.gov.uk/uuCoverPage.aspx?bcr=1 Alternatively a hard copy is available for inspection from Jo Moore, Democratic Services Unit, e-mail: jo.moore@gloucestershire.gov.uk .
Human rights Implications	n/a
Consultation Arrangements	A formal public consultation on sexual health services in Gloucestershire was carried out in 2016. This informed the strategy for the development of the Specialist Sexual Health Service; approved by Cabinet in December 2016.