



REPORT TITLE: Specialist Sexual Health Service delivery arrangements 2024 - 2033

Cabinet Date	25 th January 2023
Cabinet Member	Councillor Mark Hawthorne, Leader of the Council
Key Decision	Yes
Purpose of Report	To seek Cabinet approval to continue to commission the Specialist Sexual Health Service via a Section 76 agreement with NHS Gloucestershire Integrated Care Board from 1 st April 2024, in order to secure the delivery of the Council's statutory responsibilities for sexual health. Utilising the current arrangement, this will be under Section 76 agreement.
Recommendations	<p>That Cabinet delegates authority to the Director of Public Health, in consultation with the Leader of the Council to:</p> <ol style="list-style-type: none">1) transfer monies to NHS Gloucestershire Integrated Care Board (the ICB) under a Section 76 Agreement (pursuant to s.76 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012), in order for the ICB to commission the delivery of the Specialist Sexual Health Service. The proposed funding arrangement shall continue for an initial period of 7 years and include an option to extend for a further period of not more than two years (1st April 2024 to 31st March 2033).2) determine whether to exercise the option to extend the arrangement for a further period of not more than 2 years, on the expiry of the initial 7 year term.
Reasons for Recommendations	<p>The recommendation will:</p> <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 and reproductive health services in the county;• support the objectives of the Health and Care Act 2022, and Gloucestershire's Integrated Care System, to promote integration of services for the benefit of patients.• utilise a funding arrangement which ensures an efficient and effective use of public funds by reducing fragmentation of sexual and reproductive health commissioning responsibilities through an integrated delivery model with one provider.

Resource Implications	<p>The current <u>annual</u> expenditure by the Council on the provision of Specialist Sexual Health Services is £1.844 million (this figure includes £75,000 for the delivery of Pre-Exposure Prophylaxis (PrEP), which is currently funded by a separate Section 76 agreement but will be included as part of the overall Specialist Sexual Health Services specification from 2024). 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> <p>The projected sum to be transferred by the Council to the ICB in the period April 2024 to March 2033 (i.e. should the council exercise the two year extension) would be £16.596 million. This excludes any additional annual expenditure for postal STI testing (up to the value of £1.1million across the maximum 9 year funding agreement). This also excludes any additional agreed annual uplifts to meet Agenda for Change pay conditions, which are negotiated on an annual basis.</p> <p>The funding for the service will be met annually from within the ring-fenced Public Health grant, which includes funding for the delivery of sexual health services.</p>
Background Documents	<p>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)</p> <p>Specialist Sexual Health Service delivery arrangements April 2020-March 2024 (January 2020)</p>
Statutory Authority	<p>Health and Social Care Act 2012</p> <p>Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013</p> <p>Section 76 of the National Health Service Act 2006 (as amended)</p>
Divisional Councillor(s)	<p>Countywide</p>
Officer	<p>Name: Vikki Clarke Tel. no: 01452 328613 Email: vikki.clarke@gloucestershire.gov.uk</p>
Timeline	<p>The Council's proposed new funding arrangement with the ICB will commence 1st April 2024.</p>

Background

1. Good sexual health is a vital aspect of overall health and wellbeing. Most adults are sexually active and good sexual health is important to individuals and communities. Poor sexual health can lead to unintended pregnancies and sexually transmitted infections at great personal consequence for individuals and financial impact to the health and social care system.
2. Under the powers conferred by the Health and Social Care Act 2012, the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require local authorities to arrange for the provision of certain services, which include:
 - open access sexual health services for everyone present in their area; covering
 - free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and
 - free contraception, and reasonable access to all methods of contraception.

Current provision

3. As part of its statutory responsibilities, the Council makes arrangements for the provision of the Specialist Sexual Health Service. The service provides testing and treatment for sexually transmitted infections (STIs), contraceptive services, provision of Pre-Exposure Prophylaxis (PrEP) for HIV prevention and psychosexual services. It has a particular focus on more complex and/or specialist cases, and individuals at higher risk of poor sexual health.
4. The Specialist Sexual Health Service is currently commissioned by the ICB via a Section 76 Agreement, as part of The National Health Service (Conditions Relating to Payments by Local Authorities to NHS Bodies) Directions 2013, whereby the Council transfers funding for the commissioning of the service to NHS Gloucestershire Integrated Care Board. A Section 76 agreement is permissible where a local authority is satisfied that the payment is likely to secure a more effective use of public funds than the deployment of an equivalent amount on the provision of local authority services.
5. Approval was given by Cabinet in January 2020 to commission the Specialist Sexual Health Service via a Section 76 Agreement with the ICB¹. This arrangement commenced 1st April 2020 for a four year period, which is due to end 31st March 2024. The ICB commissioned Gloucestershire Health and Care NHS Foundation Trust (GHC) to deliver the Specialist Sexual Health Service.

Service interdependencies

6. Commissioning arrangements for sexual and reproductive health services are complex. Since the implementation of the 2012 Health and Social Care Act, responsibilities for commissioning different parts of the sexual and reproductive health system have been split across local authorities, ICBs (formally CCGs) and NHS England (NHSE). This complexity

¹ The NHS Gloucestershire Integrated Care Board was established 1st July 2022, therefore at the time of the Cabinet decision in January 2020, the Section 76 agreement was made with Gloucestershire Clinical Commissioning Group (CCG).

was highlighted in the House of Commons Health and Social Care Committee report on sexual health published in June 2019 and is shown below in Figure 1.

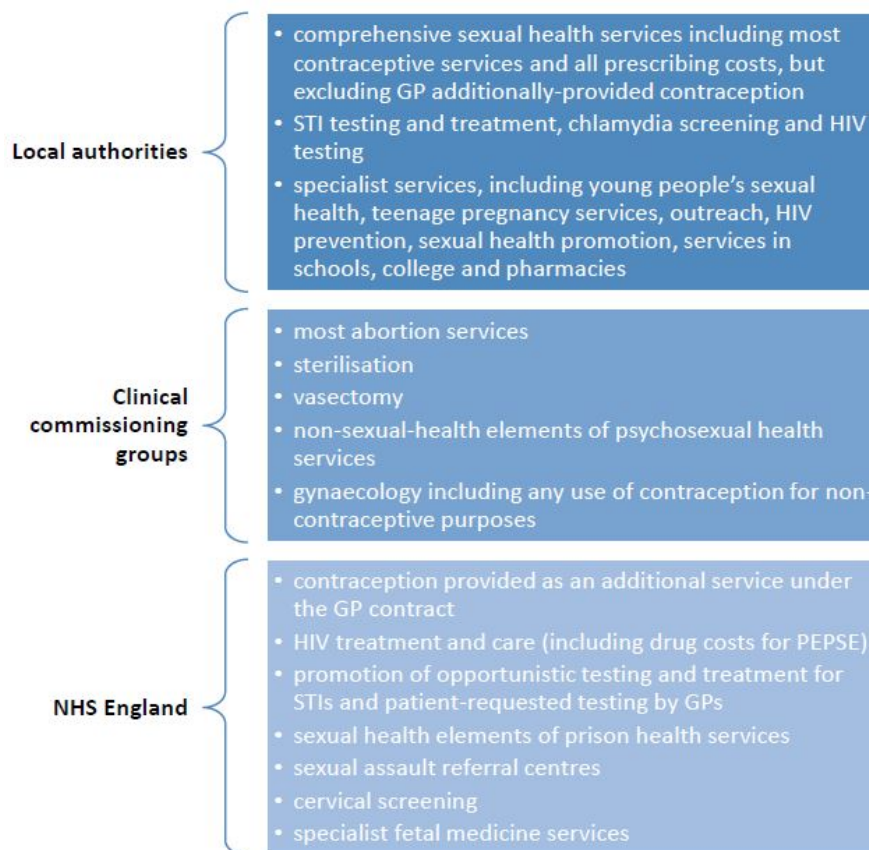


Figure 1: Commissioning responsibilities for sexual health and HIV services. House of Commons Health and Social Care Committee (2019)

7. A review of commissioning arrangements in sexual and reproductive health by Public Health England in 2017 recommended that a more co-ordinated and collaborative commissioning model is needed, which reflect local circumstances and methods of working. This was reiterated by the House of Commons Health and Social Care Committee report on sexual health (2019), which recommended strengthening collaboration is key to reduce fragmentation across commissioning responsibilities.
8. In Gloucestershire, the Specialist Sexual Health Service is a key part of an integrated sexual and reproductive health service delivery model. Alongside the Specialist Sexual Health Service, pregnancy advisory services (commissioned by the ICB), the specialist HIV treatment service (commissioned by NHSE) and the Sexual Assault Referral Centre (also commissioned by NHSE) are all provided by GHC and co-located within the same building.
9. This integrated model of delivery helps ensure a joined-up care pathway for patients and reduces the fragmentation of sexual and reproductive health commissioning responsibilities. It is therefore appropriate to utilise a Section 76 agreement to commission the Specialist Sexual Health Service to support the collaborative commissioning arrangement and secures a more effective use of public funds.

Service developments and performance

10. The Specialist Sexual Health Service has implemented a number of service improvements over the last few years, which include:
- Delivery of a Pre-Exposure Prophylaxis (PrEP) clinic for HIV prevention;
 - Development of a PrEP outreach worker to support those at risk of HIV, and who would benefit from PrEP, to access the service;
 - Introduction of video consultations and digital imaging (where clinically appropriate) to ensure continued access to appointments during the pandemic and to encourage attendance from those who may not feel able to attend a clinic in person; as well as increasing convenience for patients.
11. Alongside these service developments, the Specialist Sexual Health Service has more recently provided a rapid response to the ongoing mpox outbreak, including the rollout of the vaccination programme for those at risk.
12. Overall, the service performs well, with similar sexual and reproductive health outcomes across several indicators to neighbouring areas and against national figures. For example, overall, the rate of new sexually transmitted infections (STIs) diagnosed among residents of Gloucestershire in 2021 was 332 per 100,000 residents, lower than the rate of 551 per 100,000 in England, and similar to the average of 339 per 100,000 among its nearest statistical neighbours. The rate per 100,000 for gonorrhoea diagnoses (a marker of high levels of risky sexual activity) in Gloucestershire was 30, better than the rate of 90 in England.²
13. Consistent high scores in the Friends and Family Test³ demonstrate that patients are happy with the level of care they are receiving. For the period 1st September 2021 to 1st September 2022, of those accessing the service and asked about their overall experience, 85% responded with “very good”. When asked if they felt they were treated with respect and dignity, 96% responded with “yes definitely” and 95% reported that they were “definitely” involved as much as they wanted to be in decisions about their care and treatment. Finally, 96% of respondents felt that the service was delivered safely and protected their welfare. A total number of 1,442 patients responded to the survey for the above mentioned period.

Options

Option 1 – Continue to fund the provision of Specialist Sexual Health Service via a Section 76 agreement with the ICB.

14. The recommended option is to continue with the current funding model and Section 76 arrangement for a further period of up to a maximum of nine years (1st April 2024 - 31st March 2033, should the council exercise the two year extension option). If during this time there is any change in the Council’s requirements or any change in the ICB’s contractual

² Sexual and Reproductive Health Profiles, Office for Health Improvement and Disparities: <https://fingertips.phe.org.uk/profile/sexualhealth>

³ The NHS Friends and Family Test is a survey given to patients of NHS services to gather feedback on their experiences. When launched in 2013, the survey included a question about whether people would recommend the service they used to their friends and family.

arrangements with GHC, the arrangement will be reviewed, and a further decision sought from Cabinet.

15. The recommended option presents a number of benefits.
- Provides the ability to maintain and improve access for our residents to sexual health services and to ensure seamless pathways of care.
 - 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 Health and Care Act 2022, and Gloucestershire's Integrated Care System, to promote integration of services for the benefit of patients.
 - The contract between the ICB and GHC is reviewed annually which provides the flexibility to review the service model should the budget envelope or service requirements change.
16. There is no statutory requirement for GCC to procure the service itself given that funding for the service will be transferred to the ICB (pursuant to Section 76 of The National Health Service Act 2006 (as amended) in order for the ICB to commission Specialist Sexual Health Services from the current provider, namely GHC, under a contract entered into between the ICB and GHC.

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

17. 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 ICB and GHC is reviewed annually.
18. This option is not recommended for the following reasons:
- As the other commissioning bodies (ICB 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.
 - Given that the service 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 value of the proposed contract is not deemed sufficiently attractive to the market. I.e., if the Council and ICB sought to procure

multiple sexual and reproductive health services from multiple providers, the value of each contract for such services would be unlikely to attract the interest of prospective tenderers.

Risks

19. *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.
20. *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.
21. *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 statutory requirement for GCC to procure the service itself given that funding for the service will be transferred to the ICB (pursuant to Section 76 of the National Health Service Act 2006 (as amended) in order for the ICB to procure Specialist Sexual Health Services from its commissioned provider, namely GHC.

Financial implications

22. The current annual expenditure by the Council on the Specialist Sexual Health Service is £1.844 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.
23. The current annual expenditure of £1.844 million includes £75,000 for the delivery of PrEP. The funding for the delivery of PrEP is currently transferred using a separate Section 76 agreement to that of the funding of the Specialist Sexual Health Service. This was done initially as PrEP was a new service which Local Authorities took commissioning responsibility for in 2020. As PrEP must be delivered within a Level 3 Specialist Sexual Health service, and the delivery and clinical pathway is now well established in Gloucestershire, it is logical to include it as part of the overall service specification and budget for the Specialist Sexual Health Service from 2024.
24. The projected sum to be transferred by the Council to the ICB in the period April 2024 to March 2033 (i.e., should the council exercise the two year extension) would be £16.596 million. This excludes any additional annual expenditure for postal STI testing (up to the value of £1.1million across the maximum 9 year funding agreement). The funding for the

service will be met annually from within the ring-fenced Public Health grant, which includes funding for the delivery of sexual health services.

25. Since GHC is an NHS Foundation Trust, Agenda for Change pay conditions apply for the staff working in the service. GCC and the ICB work closely with GHC to negotiate annual uplifts to reflect increases in staffing costs. The contract value will increase over the period of the funding arrangement to reflect these negotiations which will be funded through the Public Health grant. At present the level of the increase is uncertain.
26. GHC and GCC commissioner leads will work together to ensure that there will be no impact on service outcomes as contract values change. This will be achieved through identifying opportunities for service improvements which will produce efficiencies.

Climate change implications

27. Following discussion with a member of the Council's Sustainability team, it was agreed that there were no significant negative implications in terms of climate considerations arising from the recommended option to continue to commission the Specialist Sexual Health Service via a Section 76 agreement with NHS Gloucestershire Integrated Care Board. The recommended option supports the achievement of the Council's net-zero ambitions through the continuation of existing service provision by GHC, utilising existing staff and premises, maximising access for local residents and minimising the need for car usage due to its central locations and easy transport links.
28. Through its five year Trust Strategy 2021 – 2026, GHC is formally committed to being an “environmentally proactive organisation working with our communities to tackle the health impact of pollution and climate change”. Sustainability is one of the four strategic aims of GHC and they have a goal to “demonstrate that we are reducing our total carbon footprint”. More information regarding the Trust Strategy and Sustainability can be found here: <https://www.ghc.nhs.uk/who-we-are/trust-strategy/>

Equality implications

Has an Equalities Impact Assessment (EIA) been completed? Yes

29. An equalities impact assessment has been completed and accompanies this report. It indicates that continuation of the current commissioning model and Section 76 arrangement will have no adverse impact on any of the protected characteristics. Cabinet Members should read and consider the Equalities Impact Assessment in order to satisfy themselves as decision makers that due regard has been given.

Data Protection Impact Assessment (DPIA) implications

30. Due to the processing of Personal and Special Category Data as part of this service, a Data Protection Impact Assessment will be completed with support from the Information Management Service. We will also ensure that adequate privacy information is available to the data subjects, to keep them informed of their rights, and work with the ICB and GHC to understand and support the data security requirements. Following completion of an Information Management risk assessment, it has been determined that the risk scoring was

high due to the processing of special category data. Whilst unlikely, a potential risk of a data breach by the provider could lead to loss of sensitive data; therefore, the minimum security accreditation required for this service would be Cyber Essentials Plus & ISO 27001.

Social value implications

31. There would be no change if the proposed recommendation was approved.

Consultation feedback

32. The ICB have been consulted on the recommended option put forward in this paper to continue the current commissioning arrangement and transfer funding under the Section 76 payment mechanism.

Officer recommendations

33. That Cabinet approves Option 1 set out above and, more particularly, the Recommendations contained in this report.

Performance management/follow-up

34. Should the recommendation to continue with the current commissioning arrangement be approved, the current performance management processes will remain in place. The overall contract between the ICB and GHC will continue to be monitored by the ICB 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 quarterly performance meetings held between the Specialist Sexual Health Service leads and GCC commissioning leads.