

Forthcoming Executive Key Decision by an Officer with Delegated Powers Published on the Forward Plan

Dates between which the decision will be taken by the
Director of Public Health:

Earliest: 20 March 2023 / Latest: 31 March 2023

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By 5pm, 17 March 2023

Executive Decision Making by an Officer with Delegated Powers

Decision to be taken by: Siobhan Farmer, Director of Public Health

Pursuant to an Authorisation from: Cabinet decision 29th January 2020 - Specialist Sexual Health Service delivery arrangements April 2020 – End March 2024

Report title: Specialist Sexual Health Service delivery arrangements 2023/24

The decision	Following a review of the council's current Section 76 funding transfer agreement (pursuant to the National Health Services Act 2006) with NHS Gloucestershire Integrated Care Board (ICB) and the Specialist Sexual Health Services funded thereunder; and having consulted with the Leader of the Council (in his capacity as portfolio holder for Public Health and Communities) in accordance with the Cabinet decision dated 29 th January 2020: <u>DECISION</u> To continue with the current Specialist Sexual Health Service delivery model for the financial year 2023/24 by extending the term of the Council's Section 76 funding transfer agreement with NHS Gloucestershire ICB for a period of 12 months commencing 1 st April 2023.
Background documents	<ol style="list-style-type: none">1. Cabinet Decision to approve the specialist Sexual Health Service delivery arrangements April 2020 - End March 20242. Officer Key Decision - SHS delivery arrangements 2022-23

	<p>3. Officer decision for the Incorporation of the routine commissioning of Pre-Exposure Prophylaxis (PrEP) for HIV into the service requirements for the specialist sexual health service</p> <p>4. Due regard statement - Specialist sexual health service delivery arrangements April 2020 - End March 2024</p>
<p>Reasons for the decision</p>	<p>The decision 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 with the ICB which will continue to ensure a more efficient use of public funds than the deployment of such funds by the council, by reducing fragmentation of sexual and reproductive health commissioning responsibilities through an integrated delivery model with a single provider appointed by the ICB.
<p>Resource implications</p>	<p>The decision is within budget and sufficient resources are available.</p> <p>The Specialist Sexual Health Service is funded through the Public Health Grant and a £930K annual contribution from NHS Gloucestershire Integrated Care Board (ICB).</p> <p>The current (F.Y. 2022/23) annual expenditure by the Council on the Specialist Sexual Health Service under its Section 76 Agreement with NHS Gloucestershire ICB is £1.844 million. The current annual expenditure includes £75,000 for the delivery of PrEP (Pre-Exposure Prophylaxis), a drug which prevents HIV transmission and which must be delivered within a Level 3 Specialist Sexual health service. 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. The decision hereunder is to transfer the same level of funding in respect of FY 2023/24</p> <p>The current provider of the Specialist Sexual Health Service, commissioned by the ICB, is Gloucestershire Health and Care (GHC). Since GHC is an NHS Foundation Trust, Agenda for</p>

	<p>Change pay conditions apply for the staff working in the service. The funding to be transferred under the council's Section 76 Agreement with NHS Gloucestershire ICB in respect of Financial Year 2023/24 is likely to increase to allow for Agenda for Change pay costs. GCC and the ICB work closely with GHC to negotiate annual uplifts to reflect increases in staffing costs. Any additional costs will be funded through the Public health grant.</p>
<p>Who has been consulted?</p>	<p>Consultation has taken place with:</p> <ul style="list-style-type: none"> • Cllr Mark Hawthorne, Leader of the Council (the Public Health and Communities portfolio having transferred to the Leader since the Cabinet decision of 29th January 2020) • Legal Services • Strategic procurement • Finance <p>The ICB (formerly Gloucestershire Clinical Commissioning Group (GCCG) at the time of the Cabinet decision in 2020) was also consulted with as part of the original Cabinet decision covering the period April 2020 to March 2024.</p>
<p>What were their comments?</p> <p>The Leader of the Council was supportive of this decision.</p>	
<p>Background/Context</p> <p>In January 2020 Cabinet approved a decision to continue with the current Specialist Sexual Health Service delivery model whereby the Council agree to transfer monies to NHS Gloucestershire Integrated Care Board (ICB) (formerly Gloucestershire Clinical Commissioning Group - CCG at the time of the Cabinet decision in 2020) 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.</p> <p>As part of the decision, Cabinet delegated authority to the Director of Public Health in consultation with the Cabinet Member for Public Health and Communities (the Public Health and Communities portfolio having subsequently transferred to the Leader since the Cabinet decision of 29th January 2020), to review and extend the term of such Section 76 agreement annually up to a maximum period of four years (i.e., up to end March 2024).</p> <p>This paper seeks approval to extend the term of such agreement in accordance with the said delegated authority and to continue the current delivery model for specialist sexual health services as outlined above for a further period of one year (F.Y. 2023/24).</p> <p>Further background information can be found in the original cabinet paper (background document 1).</p>	

Alternative options considered and why they were rejected

The Cabinet decision is not implemented and the current Specialist Sexual Health Service delivery model is not continued.

This option was rejected on the basis that it goes against the Cabinet decision of January 29th 2020 and would potentially result in the Council being in breach of its statutory responsibilities for the provision of open access sexual health services (as set out in the Health and Social Care Act 2012) if it caused a break in service provision.

Risk Analysis

The decision is considered low risk.

Risk that the Council does not meet its statutory duties in relation to the provision of sexual health services under the Health and Social Care Act (2012). Risk is considered low. The decision mitigates the risk of any break or reduction in service provision by continuing with the current arrangements for providing the service.

Risk of disruption 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 decision supports the continuation of the current delivery model supporting a joined up care pathway for patients between services and care settings.

Equalities considerations

A Due Regard statement was completed for the Cabinet decision in January 2020 (background document 4). This has been reviewed and it is considered that continuation of the current delivery model and Section 76 Arrangement for a further year will have no adverse impact on any of the protected characteristics.

As part of the recent Cabinet decision of 25th January 2023, Specialist Sexual Health Service delivery arrangements 2024 – 2033, an updated Equality Impact Assessment (EqIA) was carried out, and whilst for a decision regarding service provision from 2024 onwards, it concerned the same service delivery and utilised more up-to-date data. As with the previous Due Regard statement, no adverse impact was found against any of the characteristics, however a number of areas were identified in which there are opportunities to strengthen data collection. Provider and Commissioners will work together to review these opportunities and explore options for improved data collection going forward.

Has an Equality Impact Assessment been completed?

A Due Regard Statement was completed as part of the original 2020 Cabinet decision (background document 4). The Equality Impact Assessment for the 25th January Cabinet decision regarding service provision for 2024 onwards can be found here:

[Specialist Sexual Health Service EIA FINAL SIGNED.pdf \(gloucestershire.gov.uk\)](#)

<p>Has any conflict of interest been declared by any Cabinet Member consulted on the decision?</p> <p><i>The council's Monitoring Officer should be consulted, in the first instance, if any conflict of interest is declared by a Cabinet Member.</i></p>	No
<p>If any conflict of interest declared, was a dispensation granted by the Audit and Governance Committee of the Council?</p>	N/A
<p>Does this decision report form or any supporting papers provided contain confidential or exempt information?</p> <p><i>(Refer to Democratic Services Unit for advice if necessary)</i></p>	No
<p>Does this decision need to be published on the GCC website?</p> <p><i>(Refer to guidance on "Executive Decisions taken by Officers").</i></p>	Yes
<p>In coming to this decision I have given due and full regard to the requirements of the Public Sector Equality Duty contained in section 149 of the Equality Act 2010 ("the Act") by reference to the law itself and also the relevant Equality Impact Assessment, which was/were prepared in accordance with the requirements of the Act.</p> <p>Having fully considered all available information, I have decided to reject any alternative options and take the recommended decision(s), for the reasons set out in this report.</p> <p>Signed Siobhan Farmer, Director of Public Health</p>	
Date	
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