Agenda Item 11

Leicestershire County Council

CABINET – 24th November 2017

INTEGRATED SEXUAL HEALTH SERVICES – OUTCOME OF CONSULTATION AND RE-PROCUREMENT

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PART A

Purpose of the Report

1. The purpose of this report is to advise the Cabinet of the outcome of the consultation on the proposed new model for integrated sexual health services across Leicester, Leicestershire, and Rutland (LLR) and to seek approval of the final service model and to proceed with partners to the procurement stage.

Recommendation

2. It is recommended that:

   a) The outcome of the public consultation on the proposed new model for integrated sexual health services across Leicester, Leicestershire and Rutland be noted;

   b) That the final model for integrated sexual health services detailed in paragraph 28 so far as it relates to Leicestershire, be approved;

   c) That the Director of Public Health following consultation with the Director of Law and Governance, be authorised to enter into any contractual arrangements necessary to bring into effect the provision of an integrated sexual health service across Leicestershire, Leicester and Rutland with effect from 1 January 2019.

Reasons for Recommendation

3. Upper tier local authorities have a statutory responsibility to provide a comprehensive open access sexual health service. The current integrated service contract commissioned by the County Council and Leicester City and Rutland Councils ends on 31st December 2018.

4. The revised delivery model would offer a more consistent and targeted approach to meet the needs of each local authority population under one integrated service.

5. The continued joint procurement of services will enable the Council and its partners to achieve efficiency savings whilst continuing to co-ordinate services and improve outcomes and ensure high quality and sustainable service provision.

6. The consultation exercise showed good support for the proposed new model and enabled concerns to be addressed.

Timetable for Decisions (including Scrutiny)

7. A consultation exercise took place between 21 August 2017 and 16 October 2017 to seek views on the proposed new delivery model and make appropriate variations where required.

8. On 6th September 2017 the Health and Overview Scrutiny Committee considered the proposals as part of the consultation process. The Committee supported the proposed new model and its comments are summarised in paragraph 26 below.

9. The existing contract ends on 31 December 2018. Subject to approval by the Cabinet, the process of procuring providers to deliver the new service model will begin as soon as practicable, with a view to the new contract being in place from 1st January 2019.

Policy Framework and Previous Decisions

10. The proposals are informed by the Leicestershire Sexual Health Strategy (2016 – 2019) which was approved by the Cabinet in April 2016.

11. In June 2016 the Cabinet considered the outcome of an independent review of Early Help and Prevention (EHAP) Services and approved the EHAP Strategy arising from that review. The proposed new model for integrated sexual health services is within the scope of the review and Strategy.

12. On 23 June 2017 the Cabinet approved the consultation to be undertaken on the draft new model for the delivery of integrated sexual health services, based on the priorities of the Leicestershire Sexual Health Strategy 2016/19 and agreed that a further report be presented on the outcome of the consultation along with the final service model for approval.

Resource Implications

13. The Medium Term Financial Strategy for 2017/18 to 2020/21 (MTFS) was agreed by the County Council in February 2017 and sets out the overall saving of £3.04m for EHAP Services following the outcome of the independent review considered by the Cabinet in June 2016. The new model of integrated sexual health services will support the delivery of this saving.

14. For 2018/19, £2.8m of the County Council's Public Health budget allocation for sexual health services which will be included within the re-procurement exercise as follows:

    - Integrated Sexual Health Service - £2,736,416
    - C-card (free condom scheme for 13 – 24 year olds) - £30,000
    - HIV Co-ordination - £6,000
    - HIV prevention (People who are HIV positive and their families) - £19,792
    - HIV prevention (Men who have sex with men) - £41,620
    - HIV prevention (People of African descent) - £4,994

15. The new service contract is expected to achieve annual savings of £238,000 as part of EHAP savings for Leicestershire County Council. Areas where savings are expected to be achieved include the development of new tariff arrangements, the

introduction of self-sampling online sexually transmitted infection (STI) tests, transfer of the delivery of some services into the integrated sexual health service contract, and a potential re-location of the Leicester City Centre Hub.

16. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Circulation under the Local Issues Alert Procedure

17. This report has been circulated to all Members of the County Council via the Members' News in Brief Service.

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PART B

Background

18. The current Integrated Sexual Health Service (ISHS) contract is commissioned by Leicestershire County Council, Rutland County Council and Leicester City Council and delivers a range of services across Leicestershire, Leicester and Rutland (LLR) including:
    - contraceptive services
    - psychosexual services(sexual health aspects)
    - sexually transmitted infection testing and treatment
    - a specific young people's service (i.e. for under 25 year olds)
    - outreach and health promotion services
    - professional training
    - network management
    - sexual health leadership role across LLR

19. The outcome of a joint review with partners across LLR regarding access and use of current sexual health services has formed the basis of the proposed new model.

Review of Current Service Model

20. The service is currently delivered from two main sexual health service clinic locations (St. Peters Health Centre, Leicester and Loughborough Health Centre) and a range of sessional clinic locations (4 in Leicestershire, 12 in Leicester City, 1 in Rutland). There are additional sessions specifically for under 25 year olds and outreach sessions for targeted groups such as; men who have sex with men, sex workers and military personnel. The current model also offers the following:
    - Opportunistic chlamydia screening for 15-24 year olds via online self-sampling tests or from sexual health service sites.
    - A condom distribution scheme for 13-25 year olds.
    - Sexual health promotion and HIV prevention services for specific at-risk groups (Men who have sex with men, people with HIV, people of Black African heritage, sex workers)
    - Professional training

21. Following a review of service usage at the sessional clinics in Leicestershire, more than half of all attendances were aged under 25 and the clinic in Melton had the lowest usage (14%) compared with other sessional clinics.

22. Currently, some elements of the integrated sexual health service, such as the condom distribution scheme and sexual health promotion and HIV prevention for at-risk groups, are separately commissioned and therefore have separate contracts. The re-procurement of integrated sexual health services provides an opportunity to consider whether these separately commissioned services can be integrated into the new service model.

Consultation

23. An 8 week consultation exercise took place across Leicestershire, Leicester and Rutland starting on 21 August to seek views on the proposed future service model which included:
    - Availability of an online appointment booking service

- Methods of accessing face to face services
- Online ordering of self-test kits for sexually transmitted infections (STIs)
- Use of vending machines to obtain specific sexual health products and suggestions for locations to place vending machines
- Availability of an online and telephone advice service
- Age restrictions for sessional clinics in the Leicestershire area
- Combining the sessional clinic and young people's clinic in Hinckley.
- Closure of the sessional clinic in Melton
- Changes to opening hours of sessional clinics
- Moving the delivery of sexual health promotion and HIV prevention work for all at-risk groups (such as people with HIV and people of Black African heritage) from a separate contract into the main sexual health contract

24. This consultation comprised of an electronic questionnaire (with paper versions and easy-read options available) and a number of drop-in sessions and focus groups aimed at staff groups, service user groups and young people. A formal report attached as Appendix A sets out the findings from the consultation which indicated the following:

- Support in relation to:
  - An online appointment booking service.
  - The availability of an online ordering service for self-test kits.
  - The availability of sexual health vending machines with pharmacies, sexual health services and universities being the preferred locations.
  - The availability of online support and advice
  - The availability of telephone support and advice.
  - The availability of both bookable fixed appointments and a 'turn up and wait' service when accessing face to face services.

- Concerns in relation to:
  - An age restriction at the sessional clinics in Coalville, Hinckley and Market Harborough.
  - Closure of the sessional clinic in Melton.
  - Changes to the opening hours of the sessional clinic in Coalville.

- Indifference in relation to:
  - Combining the Hinckley sessional clinic with the young people's 'Choices' clinic.
  - Moving the delivery of sexual health promotion and HIV prevention work for all at-risk groups (such as people with HIV and people of Black African heritage) from a separate contract into the main sexual health contract.

25. The concerns identified from the consultation were focused on accessibility of services locally. This was considered during the development of the proposed model and the effects will be mitigated by promoting the provision of sexual health services already available from primary care providers, by the provision of a domiciliary service for vulnerable individuals such as those with severe physical and/or learning disabilities and Looked After Children, and by increasing and promoting the availability of self-service options such as:
    - Online access to self-sampling tests for STIs and HIV
    - Vending access to self-sampling tests for STIs and HIV
    - Expanding the age range for condom distribution
    - Improving access to information and advice services.

Such alternative service options will help reduce the need for residents to access these services via a clinic.

26. In September 2017, the Health and Overview Scrutiny Committee considered the proposed new service model as part of the consultation process. In supporting the proposed model, the Committee noted the following;

- The Service would continue to work with 'at risk' groups such as some ethnic minorities, to raise awareness of sexual health issues
- People under the age of 25 were the most frequent users of the sexual health clinics and as a consequence sessional clinics for young people had been established. People over the age of 25 were more likely to visit their GP. Nevertheless, the 'all age' sites were used by older people and work was undertaken to target all age groups.
- The new service model proposed to introduce vending machines in various locations (e.g. Loughborough University), which would dispense condoms and pregnancy testing kits free of charge. The vending machines had a discreet design and the products were not on display. A pilot scheme was underway which would include identifying the best locations for their installation. A similar scheme had already been implemented in Teeside and best practice was being learnt from that scheme.

Proposed New Service Model

27. The proposed new service model aims to ensure that service users are provided with the most time and cost efficient service based upon clinical need. The model will support delivery against the three main sexual health Public Health Outcome Framework measures which are as follows:

- Under 18 conceptions
- Chlamydia detection (15-24 year olds)
- People presenting with HIV at a late stage of infection

28. Details of the new model so far as it relates to Leicestershire residents, are set out below:

- The main clinics in suitable premises in Leicester City and Loughborough are to be retained with current services to continue.
- Sessional clinics in Coalville, Hinckley and Market Harborough are to be retained and delivered from suitable premises in those towns. These clinics will focus on under 25 year olds.
- The sessional clinic in Melton Mowbray will close due to low usage. The closest alternative sessional clinic will be in Oakham, Rutland.
- The current model of chlamydia screening available via online self-sampling tests for 15 to 24 year olds will be retained and expanded to include a full STI (Sexually Transmitted Infection) test and HIV self-sampling test that will be made available to all age groups.
- The condom distribution service for the under 25 year olds will be retained and expanded to all age groups where an appropriate need is identified.
- Strengthened access to community based pregnancy testing for under 25 year olds in appropriate settings, for example at existing condom distribution sites.

- Increasing access to information and advice services via the sexual health service website and over the telephone.
- A self-care and self-serve service for those users who can manage their own care or require basic check-ups.
- Increasing the opportunity to book more appointments online.
- HIV and STI testing to be via mainstream sexual health services and through the provision of self-test kits.
- The current clinical outreach services provided for men who have sex with men, sex workers and military personnel to be retained.
- The delivery of a young people's specific integrated sexual health service (for the under 25s) to be retained.
- Inclusion of the current separately commissioned services such as the condom distribution scheme and sexual health promotion and HIV prevention for at-risk groups into the integrated sexual health services contract.

29. The new model is expected to result in the following key outcomes:

- Reduction in teenage conceptions.
- Reduction in unintended conceptions and terminations of pregnancy.
- Reduction in repeat terminations of pregnancy.
- Reduction in rates of STIs including HIV.
- Reduction in the late diagnosis of HIV.
- Improved uptake of the national Chlamydia screening programme for 15-24 year olds
- Improved co-ordination and availability of integrated sexual health services to the local population in response to identified needs.
- Reduce the prevalence of undiagnosed STIs.
- Increased uptake of effective methods of contraception, specifically LARC (Long Acting Reversible Contraception).
- Improved knowledge of sexual health and sexual health services amongst the local population.

30. The effect of the new model will continue to be monitored and reviewed by members of the LLR Sexual Health Commissioner's meeting, through the key indicators of the Public Health England Sexual and Reproductive Health Profiles and local performance dashboards. The LLR Sexual Health Commissioner's meeting is an officer led meeting involving representation from commissioners of the sexual health service and representation from external partners such as Public Health England, NHS England and local Clinical Commissioning Groups.

Re-procurement and Contract Management

31. The Cabinet approved the procurement of the existing integrated sexual health service in January 2013. It was commissioned as a single LLR service with each local authority holding an individual contract. Budgets were not pooled. A partnership agreement was developed and a Partnership Board established to oversee the contracts. Contract management for all three local authority areas has been via a single process and is currently co-ordinated by Public Health at Leicestershire County Council. It is proposed that these arrangements continue in the same format.

32. The current timescales for re-procurement entail political approval being sought from each partner Local Authority during November and December 2017, with a view to the invitation to tender documentation being ready for December 2017

and the tender opportunity being published at the end of January/early February 2018.

33. The length of the contract will be 3 years 3 months (to align with the financial year) with an option to extend for a further two years.

Background Papers

Report to the Health and Overview Scrutiny Committee – Re-procurement of Integrated Sexual Health Services – 6 September 2017
http://politics.leics.gov.uk/documents/s131279/Scrutiny%20Paper%2006092017_Final.pdf

Report to the Cabinet – Re-procurement of Integrated Sexual Health Services – 23 June 2017.
http://politics.leics.gov.uk/documents/s129546/FINAL%20Re-Procurement%20of%20Int%20Sexual%20Health%20Services.pdf

Early Help and Prevention Review and Strategy – 17 June 2016.
http://politics.leics.gov.uk/documents/s119782/FINAL%20Early%20Help%20and%20Prevention.pdf

Report to the Cabinet - Leicestershire Sexual Health Strategy (2016-2019) – 19 April 2016
http://www.lsr-online.org/uploads/leicestershire-sexual-health-strategy-2016-19.pdf

Report to the Cabinet – Procurement of Sexual Health Services – 16 January 2013
http://politics.leics.gov.uk/documents/s76089/I%20procurement%20sexual%20health%20services.doc.pdf

Appendices

Appendix A – Consultation Report

Appendix B - Equality and Human Rights Impact Assessment (EHRIA)

Relevant Impact Assessments

Equality and Human Rights Implications

34. An Equalities and Human Rights Impact Assessment has been completed for the Sexual Health Strategy 2016-19, which includes aspects of the proposed service changes.

35. A separate Equality and Human Rights Impact Assessment (EHRIA) has been completed in relation to the impact of a change in service model for residents of Leicestershire (Appendix B). The EHRIA indicates that the Leicestershire Sexual Health Services delivery model has a positive impact overall with some exceptions. However when balancing the evidence base together with the requirement to reduce sexual health budgets as part of the reduction to Public Health grants, and the range of mitigating actions proposed to support individuals to access sexual health services, these proposals are considered appropriate.

36. The results from this EHRIA will be reviewed as part of ongoing contract management and sexual health strategy progress monitoring.

Partnership Working and Associated Issues

37. Partners, including current providers, have been consulted on this re-procurement. In addition, the re-procurement of integrated sexual health services

involves a partnership between Leicestershire, Leicester, and Rutland Councils to allow a provider to exploit economies of scale in providing services across LLR.

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Risk Assessment

38. The re-procurement of integrated sexual health services is a project within the County Council's Transformation Programme. As such, risks are managed through the Transformation Programme, with project management support from the Transformation Unit.

39. An Integrated Sexual Health Service Project Delivery Board was established in June to include each of the three local authorities. The Board has a risk management and governance role and is accountable through member organisations.

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