



**CABINET - 26 MAY 2023**

**RECOMMISSIONING OF SEXUAL HEALTH SERVICES – OUTCOME  
OF CONSULTATION AND PROPOSED NEW MODEL**

**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 sexual health services across Leicestershire, and to seek approval of the final service model and to proceed to the procurement stage.

**Recommendations**

- 2 It is recommended that:
  - (a) The outcome of the public consultation on the proposed new model for sexual health services across Leicestershire be noted;
  - (b) The final model for sexual health services in relation to Leicestershire as detailed in paragraph 47 of this report, be approved;
  - (c) 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 sexual health services across Leicestershire with effect from 1 April 2024.

**Reasons for Recommendations**

- 3 The Council has a statutory responsibility to provide comprehensive open access sexual health services for the population.
- 4 The current contracts for the provision of sexual health services across Leicestershire and Rutland end on 31 March 2024.
- 5 The revised delivery model offers a more consistent and localised approach to meet the needs of the population.

- 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 16 January 2023 and 12 March 2023 to seek views on the proposed new delivery model and make appropriate variations where required.
- 8 The Health Overview and Scrutiny Committee considered the proposals at its meeting on 18 January 2023. The Committee supported the proposed new model, and its comments are summarised in paragraph 39 below.
- 9 The consultation feedback and final service model require approval by Rutland Council and will be taken to its Cabinet meeting on 6 June 2023. If the proposals are not approved, Leicestershire can proceed with the procurement independently.
- 10 The existing contracts end on 31 March 2024. 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 1 April 2024.

### **Policy Framework and Previous Decisions**

- 11 The proposal is informed by the Leicestershire Sexual Health Strategy 2020-2023, enabling informed choice and accessible sexual and reproductive health services. This Strategy was approved by the Cabinet in June 2020.
- 12 The proposal is aligned with the Public Health Strategy – Delivering good health and prevention services 2022-2027, the Leicestershire Joint Health and Wellbeing Strategy 2022-2032 – Staying Healthy, Safe and Well, and the Leicestershire County Council Strategic Plan 2022-26 – Keeping people safe and well.
- 13 In December 2022, a paper with recommendations for a draft service model, and request for permission to consult on the proposed model was presented to the Cabinet. This was approved and formal consultation commenced on 16 January 2023.

### **Resource Implications**

- 14 The total financial envelope for the proposed service model to be procured is £4,020,000.
- 15 The service is funded from the public health grant and does not form part of the MTFS proposal.
- 16 The budget has been apportioned based on identified need and outcomes of the consultation and soft market testing. Further details are provided in paragraph

50. The provider/s of the new model will be expected to manage predicted growth within the financial envelope.
- 17 Due to budgetary constraints, it was not possible to include a separate offer of targeted health promotion activity within the proposed model. Instead, the majority of this work will be picked up via internal services provided by the public health department and by the Integrated Sexual Health Service (ISHS).
- 18 Personnel resource will be required to complete the procurement. This will be through existing resource. The Sexual Health Services Recommissioning Group is established and made up of subject matter experts (Communications, legal services, Commissioning Support Unit, information governance).
- 19 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**

- 20 This report has been circulated to all Members of the County Council.

### **Officers to Contact**

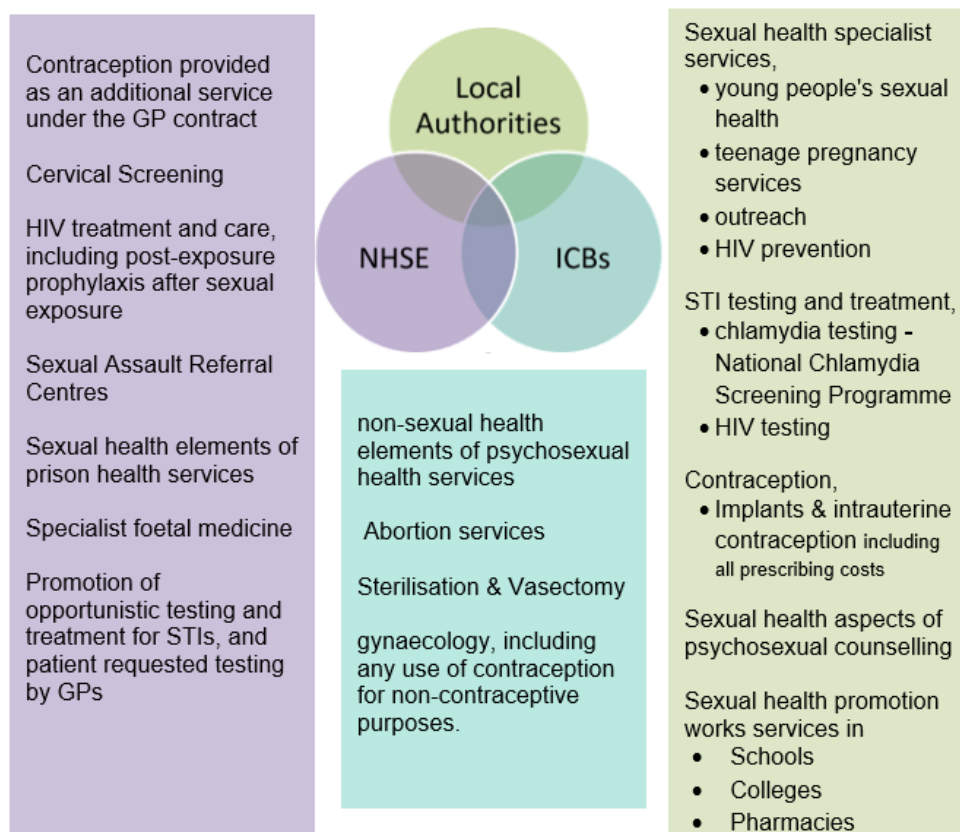
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## PART B

### Background

- 21 The commissioning responsibilities of local government, Integrated Care Boards (ICBs)<sup>1</sup> and NHS England (NHSE) are set out in the Health and Social Care Act 2012. Additionally, local government responsibilities for commissioning most sexual health services and interventions are mandated by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. This instructs local authorities to commission confidential, open access services for Sexually Transmitted Infections (STIs) and contraception as well as reasonable access to all methods of contraception and advice on preventing unintended pregnancy.
- 22 The commissioning responsibilities for Sexual Health, Reproductive Health and HIV (Human Immunodeficiency Virus) are organised as below.



- 23 Local authority commissioned sexual health services for Leicestershire and Rutland comprise the Integrated Sexual Health Service (ISHS) and Community Based Services (CBS).

<sup>1</sup> Following the Health and Care Act 2022, clinical commissioning groups ( CCGs ) are abolished with effect from 1 July 2022 and ICBs take on their commissioning functions.

## **Integrated Sexual Health Service (ISHS)**

- 24 The current ISHS was jointly commissioned by Leicester City Council, Leicestershire County Council and Rutland Council. The service is provided by Midlands Partnership NHS Foundation Trust (MPFT). Each authority holds a separate contract with MPFT which commenced on 1 January 2019 and ends on 31 March 2024.
- 25 The ISHS provides the following services:
- contraceptive services
  - sexually transmitted infection testing and treatment
  - a specific young people's service
  - psychosexual counselling
  - outreach and health promotion
  - professional training
  - network management
  - sexual health leadership role across LLR.
- 26 The service is currently delivered from two hub locations (Haymarket Health Centre in Leicester, and Loughborough Health Centre) alongside a range of sessional 'spoke' locations (8 in Leicester City, 3 in Leicestershire and 1 in Rutland) together with dedicated outreach activity.
- 27 MPFT sub-contracts the provision of online sexual health services to SH:24 (an online sexual health service provider). This service includes the provision of STI test kits, STI treatment, oral contraception, and emergency hormonal contraception.

## **Community Based Services (CBS)**

- 28 Community Based Services include the provision of long-acting reversible contraception (LARC) provided by GPs and emergency hormonal contraception (EHC) provided by pharmacies.
- 29 CBS are commissioned across Leicestershire and Rutland. The contracts for this service end on 31 March 2024.

## **Review of current service model**

- 30 The COVID-19 pandemic led to a significant change in the way sexual health services are accessed. Usage data for the current service shows that the proportion of Leicestershire residents accessing clinic services has reduced dramatically (from 64% to 39%), with a marked increase in the use of online sexual health services (from 21% to 50%).
- 31 There has also been a decline in long-acting reversible contraception (LARC) provision between 2019 and 2020 in primary care and within sexual health services. Post-pandemic numbers are beginning to rise again but are still considerably lower than in previous years.

32 The table below summarises the current model and challenges with the current provision.

<b>Current provision</b>	<b>Challenges with current provision</b>
<b>ISHS - as described in paragraphs 24 to 26</b>	<p>Due to workforce shortages, there have been multiple occasions when the hub and spoke clinics across Leicestershire have had to close to service the Haymarket hub.</p> <p>Some activity undertaken through the ISHS is non-complex and could be delivered through more cost effective channels e.g. through a community based model and through self-managed care.</p>
<b>Online sexual health service - as described in paragraph 27</b>	<p>Online sexual health services are sub-contracted by the existing provider leaving little autonomy for the commissioner to influence the delivery model.</p> <p>Performance data is not detailed enough to provide meaningful analysis of how the service is performing.</p> <p>Requests for additional data have to be made through the ISHS provider which is time consuming.</p>
<b>CBS - LARC services</b>	<p>The current provision is delivered via a combination of individual GP practices or through a GP federation with some settings holding specific LARC clinics while others do not. Also, some settings offer LARC to registered patients only, while others offer LARC to any eligible resident. There have also been challenges in securing enough trained staff to provide LARC services across all GP practices resulting in:</p> <ul style="list-style-type: none"> <li>• differences in service availability across Leicestershire</li> <li>• reliance on the ISHS to provide LARC services (not cost-effective)</li> <li>• residents having to travel across Leicestershire to access LARC services.</li> </ul>
<b>CBS - EHC services</b>	<p>Reduction in uptake of EHC within pharmacies, predominantly due to a channel shift to online provision.</p>

### **Consultation**

33 An 8-week consultation exercise took place across Leicestershire and Rutland commencing on 16 January 2023 to seek views on the proposed future service model which included:

- The hub and spoke model of sexual health clinic provision to be retained and delivered from suitable premises, and to be based on need.
- Expanding the accessibility of chlamydia screening services.
- Continuing the condom distribution service for under-25s.
- Continuing the availability of online sexual health services.
- Dedicated LARC provision within community settings.
- Continuing to expand EHC provision locally.

- 34 The consultation comprised an electronic questionnaire with paper versions and easy-read options available on request. The proposed model was also presented to numerous partnership groups for feedback.
- 35 A total of 119 individuals responded to the consultation and a further 20 Leicestershire residents responded to Leicester City's consultation.
- 36 Alongside responses to the online questionnaire, the consultation included feedback from the Health Overview and Scrutiny Committee, CYCLe Youth Group (County Youth Council Leicestershire), the autism partnership board and County Council staff equalities groups.
- 37 A summary report of findings from the formal consultation questionnaire, engagement events, meetings and briefings undertaken during the consultation period can be found at Appendix A.
- 38 Key themes arising from the consultation include:
- **Access to services**
    - Difficulties accessing ISH and community based LARC due to unsuitable location or unsuitable appointment time and lack of local service provision for LARC.
    - Online sexual health services and EHC through pharmacies are easier to access.
  - **Satisfaction**
    - Once seen there is good satisfaction with the service received within the ISH.
    - Online service is quick and efficient with respondents reporting good satisfaction.
    - EHC users also report good service satisfaction.
    - Respondents reported general dissatisfaction with the current LARC provision.
  - **Preferred access methods**
    - Preference towards a range of options for service provision to meet individual needs e.g., self-care, face-to-face etc.
    - Preferred method for accessing STI testing is via the online sexual health service.
    - Preferred methods for accessing non-LARC contraceptive services is via the online sexual health service and via pharmacies.
    - Preferred method for accessing LARC is via primary care.
  - **Service Locality/availability**
    - Preference towards services being available from own home, near to home or near to place of work/education.
    - Willingness to travel to access specialist services.
    - Preference towards a local service rather than a City based service – 75% of respondents reported they would be unlikely to use the city clinic if there were local options available to them.

- Importance of flexibility in service operational hours to include evenings and weekends.
  - Lack of local services in Rutland.
  - Concerns over equity of existing offer for underserved groups e.g., people with learning difficulties, LGBT, people living with HIV.
- **Awareness and Promotion**
    - Poor awareness of existing offer therefore greater promotion needed within local settings/services.
    - Difficulties in finding information regarding services. ISHS website was specifically mentioned as being difficult to navigate.
    - Importance of reducing stigma associated with accessing sexual health services.
    - Lack of join up between existing sexual health services
    - Limited/no links with educational settings particularly in relation to RSHE.

### Health Overview and Scrutiny Committee

- 39 In January 2023, the Health Overview and 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 proposed new model made greater use of online services. However, it was acknowledged that some sexual health services could not be carried out online and there was a clinical need for face-to-face appointments.
  - Some parts of Leicestershire were a long way from the hub in Loughborough.
  - As sexual health services are open access Leicester City residents could access County services and vice versa and therefore there needed to be joined up working between the authorities.

### Soft Market Test

- 40 There were nine responses to the Soft Market Test exercise. Five of these organisations are currently delivering services under current contracts in the sexual health system.
- 41 Themes arising from the feedback include:
- Desire to work as part of a bigger system.
  - An appetite to fully integrate the service into local communities.
  - An interest in the potential to bid for more than one area of the sexual health provision.
  - Recognition of the value of prevention and outreach services.
  - Providers saw value in working with commissioners on ongoing service
  - Developments.
  - Preference towards a contract with an initial period of 5 years.



- Preference towards a ring-fenced fund for prevention and outreach work for underserved communities.
- Proposed model provides better opportunities to retain skilled staff and increase provision.
- Preference towards the commissioner establishing the comms to support individuals to access services.
- Opportunity to offer up sites for other providers.
- Matters that would deter providers from bidding include not being able to bid for lots, insufficient budget, and mandated venues for service delivery especially ones with high costs.
- Providers were not deterred by a Leicestershire and Rutland offer but did raise concerns around potential confusion amongst residents regarding the service offer, and concerns around potential cost pressures due to loss of economies of scale if the Leicester City service is separate.

### **Proposed new service model**

- 42 As highlighted in the Cabinet paper in December 2022, the current model commissioned with Leicester City Council and Rutland Council is not meeting the evolving needs of Leicestershire residents.
- 43 Leicestershire County Council and Rutland Council wish to use a combined approach to strengthen pathways between primary care and the ISHS, to ensure seamless transition for patients between services. Leicester City has different procurement timelines for the various elements of sexual health services and has indicated that it is not intending to make significant changes to the current offer. The existing provision is not meeting the needs of Leicestershire residents and therefore commissioning the service as it is, is not a viable option for Leicestershire.
- 44 The rurality of Leicestershire and Rutland, combined with the growth of online sexual health services, has changed the way residents access sexual health services. The proposed approach will continue to provide the range of services currently offered to Leicestershire and Rutland residents alongside improved access to spoke clinics, increased local provision of LARC, continued provision of EHC services via pharmacies, as well as an opportunity to broaden the chlamydia screening offer within local settings.
- 45 The proposed new service model aims to provide a holistic approach to sexual health service delivery across health and local authority partners in Leicestershire, thereby supporting residents to make informed and positive choices around their sexual health and improving the sexual health and wellbeing of residents.
- 46 The model will support delivery against the following Public Health Outcome Framework measures:
- New STI diagnoses rate.
  - Chlamydia screening proportion (aged 15-24).
  - HIV testing coverage.

- People presenting with HIV at a late stage of infection.
- Under-18 conceptions.
- Long-Acting Reversible Contraception provision.

47 Details of the new model related to Leicestershire residents, are set out below:

- Hub and spoke model of sexual health clinic provision to be retained and delivered from suitable premises and to be based on need.
- Expand the accessibility of chlamydia screening services.
- Continue the condom distribution service for under-25s.
- Continue the availability of online sexual health services. The proposed change from current provision is to procure this service under a separate lot rather than with the ISHS. This will not affect the offer available to residents.
- Dedicated LARC provision within community settings.
- Continue the availability of community based EHC provision.
- Provision of a health promotion offer aimed at high-risk groups.

48 The intention is that by commissioning the various elements of the sexual health service within one procurement exercise, it will allow bidders to have oversight of the entire local sexual health system and offer the opportunity for providers to deliver more than one service.

49 While procurement and contract management will take place jointly with Rutland Council, each local authority will have its own contracts.

50 Further information on the services being procured and their associated budgets and contractual information is provided in the table below.

Service	Budget (per annum)	Contract term (Years)		Contract type (block/activity)
		Initial	Possible extension	
Integrated Sexual Health Service	£2,120,000	4	+1+1	Block
Online sexual health services	£1,000,000	4	+1+1	Activity
Community based long-acting reversible contraceptive services	£875,000	4	+1+1	Block
Community based emergency hormonal contraception services	£25,000	1	+1+1+1	Activity

### **Equality and Human Rights Implications**

51 An Equality and Human Rights Impact Assessment (EHRIA) has been completed and updated post-consultation (Appendix B). Specific actions have been included regarding continual review of the provision of online services, review of service access, and provision of information for patients with a disability or where English is not their first language.

### **Partnership Working and Associated Issues**

52 The proposal to jointly commission sexual health services with Rutland Council was agreed by its Cabinet on 12 January 2023.

53 Sexual Health Services operate within a complex landscape for both commissioners and service providers. Continued engagement with partners in the production and delivery of the new model is therefore essential.

### **Risk Assessment**

54 A detailed risk assessment has been undertaken as part of the recommissioning project and a risk log is being kept and monitored by the Sexual Health Services Recommissioning Group which reports into the Public Health Departmental Management Team.

### **Background Papers**

Report to the Health Overview and Scrutiny Committee - Recommissioning of sexual health services - 18 January 2023

<https://bit.ly/3WaPyHT>

Report to the Cabinet – Recommissioning of Sexual Health Services – Proposal for consultation– 16 December 2022

<https://bit.ly/3LO3p1G>

Report to the Cabinet - Leicestershire Sexual Health Strategy (2020-2023) – 23 June 2020

<https://bit.ly/3VFp3sp>

### **Appendices**

Appendix A - Consultation Summary report

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

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