

Cabinet Member for Adults and Health	Ref No: AH03 19/20
May2019	Key Decision: Yes
Approval to commence an open procurement for Integrated Sexual Health and HIV Services	Part I
Report by Chief Executive and Director of Public Health	Electoral Division(s):

Summary

This report seeks approval for the initiation of a joint procurement with NHS England, for Integrated Sexual Health and HIV Services for the population of West Sussex with the service to commence in February 2020.

This report concerns a joint procurement process with NHS England for the Integrated Sexual Health and HIV Services with a service commencement date of February 2020.

Local Authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected people, advice on and reasonable access to a broad range of contraception, and advice on preventing unplanned pregnancy. National Health Service England (NHSE) is responsible for HIV treatment and care services

The integrated sexual health and HIV service model aims to improve sexual health by providing non-judgemental and confidential services through open access provision where the majority of sexual health, HIV testing and treatment and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and locations which are accessible by public transport.

West Sussex Plan: Policy Impact and Context

Mandated Service under the Health and Social Care Act (2012)

Public Health Outcome Framework:

- 2.04 Under 18 years conception rate
- 3.02 Chlamydia detection rate in young people under the age of 25 years
- 3.03 Late diagnosis of HIV
- Total prescribed Long-Acting Reversible Contraception to be added as a PHOF indicator 2019-20.

Financial Impact

Through contractual arrangements that emphasise the need for innovation specifically online and digital and by rebasing the tariff for the activity led part of the contract, re-procurement is planned to offer a modernised and efficient service. This will contribute savings of £0.3m per annum to the Public Health grant and has been factored into the maximum ceiling value of the new contract.

Through the tariff re basing there is also an additional £0.1m released into the contract value to support innovation including the development of the online and digital offer and to support vulnerable people

Recommendations

The Cabinet Member for Adults and Health is requested to approve;

- (1) agreement to the commencement of an open competitive procurement process for a contract for the provision of integrated sexual health for service commencement on 1st February 2020 for an initial period of three (3) years with the option to extend up to two (2) further years at a total value of £21.5m. This to be undertaken jointly with NHSE HIV service recommissioning;
- (2) that authority is delegated to the Director of Public Health to: (a) award the contract to the bidder that submits the most economically advantageous tender which meets the requirements of the specification, (b) to enter into the contract and (c) to agree to future extensions of the contract up to a maximum contract period; and
- (3) the decision making regarding the protection of NHS pensions is undertaken in collaboration with NHSE and delegated to the Director of Finance and Procurement

Proposal

1. Background and Context

- 1.1. The Council has had the responsibility for commissioning sexual health services since the transition of the public health functions from the Primary Care Trust to the Council in 2013.
- 1.2. Regulations made under Section 6C of the NHS Act 2006 require local authorities to take particular steps in exercise of their public health functions. Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 makes provision for the steps to be taken by local authorities in exercising their public health functions. In particular regulation 6 requires local authorities to provide, or make arrangements to secure the provision of open access sexual health services in their area. HIV treatment and care, abortion, vasectomy and sterilisation services will continue to be commissioned by the NHS.
- 1.3. The division of commissioning responsibilities is as follows:

Local authorities commission:

- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception

- sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
- specialist services, including young people's sexual health, teenage pregnancy services, sexual health elements of psychosexual services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

CCGs commission:

- most abortion services
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynaecology including any use of contraception for non-contraceptive purposes

NHSE commissions:

- contraception provided as an additional service under the GP contract
- HIV treatment and care (including drug costs for PEPSE)
- promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
- sexual health elements of prison health services
- sexual assault referral centres
- cervical screening
- specialist fetal medicine services 16 (specialist support for Pregnant Woman with HIV)

- 1.4. The current contract commenced in February 2013 on a three year contract plus four year extension which expires in January 2020. There are no further extension options available under the contract.
- 1.5. Over the period of the current contract the Council has moved from a block contract to a locally commissioned tariff resulting in significant reduction in budget over the term of the contract.
- 1.6. Non contract out of area activity (for West Sussex patients using open access services across England) accounts for an additional £0.6m per annum.
- 1.7. The current contract is split by activity tariff and a block. During the course of the current contract a nationally accepted tariff has been introduced for activity which accounts for £4.35m per annum. There is also a block payment of £0.23m to enable outreach, innovation and health promotion and prevention activity.

- 1.8. The current arrangements in place are on NHS terms and conditions, as this was previously a PCT contract that transferred to WSCC on 1st April 2013 on its existing terms.
- 1.9. The services are currently provided on a 'hub and spoke' basis with the consultant-led hubs being in Chichester, Worthing and Crawley, and the nurse-led spokes clinics being in local communities (Bognor, Littlehampton, Lancing, Horsham and East Grinstead) to ensure that access to the majority of services can be delivered as close as possible to where people live.

2. Proposal Details

- 2.1. In order to deliver an effective and efficient service to the population of West Sussex which is as streamlined and person centred as possible, it is intended to undertake a joint commissioning process with NHSE and WSCC for sexual health services and HIV services. This will enable individuals to receive an integrated offer at the point of service delivery and reduce the risks of duplication or omission. This is regarded as national best practice (Making it work: a guide to whole system commissioning for sexual and reproductive health and HIV¹) in improving and enhancing sexual health in the population.
- 2.2. This will be based on best evidence of good practice and be a localised version of the national service specification.
- 2.3. It is proposed that the service will be procured via an open tender to be published in April 2019 and awarded by August 2019 to enable effective mobilisation of the new service.
- 2.4. The service contract will be for three (3) years with potential extension of two years (2) with a total value of £21.5m over the lifetime of the contract
- 2.5. The Council is co-commissioning the services with NHS England and the parties will jointly agree the contract specifications, procurement process, evaluation and award of the contracts. There will be one procurement exercise with WSCC leading the procurement process on behalf of both parties for two separate but aligned contracts to provide for an integrated sexual health service meeting the statutory responsibilities of both parties. This is a critical partnership to ensure a seamless service for patients. NHSE will be responsible for wholly funding the HIV service, including drugs, which will be on an NHS standard contract. A memorandum of understanding between parties has been signed which enables a co-commissioning approach to be taken and a more formal collaboration agreement will be in place

¹ <https://www.gov.uk/government/consultations/making-it-work-a-guide-to-whole-system-commissioning-for-sexual-and-reproductive-health-and-hiv>

between the parties for the duration of the contract, setting out how the parties will jointly manage the separate contracts in an aligned manner.

- 2.6. The WSCC funded sexual health services contract will be based on WSCC contract terms and conditions for the duration of the contract period.
- 2.7. The integrated sexual health and HIV service will be effectively linked to all key care pathways eg for sexual assault referral services (SARC) and wider health screening.
- 2.8. The service will be designed to ensure open access with full county coverage. There will be clear performance requirements and an emphasis on ensuring access to the service for those with additional vulnerabilities. There will be clear pathways for those experiencing:
 - Mental health issues
 - Homelessness or insecure housing
 - Being paid for sex
 - Drug and alcohol issues
 - Learning disabilities.
- 2.9. The Service Provider will support delivery of an overall improvement in the sexual health of the population by demonstrating the following:
 - Delivery of sexual health and HIV services in line with national guidance and evidence base.
 - Increased development of evidence-based practice.
 - Effective service user engagement.
 - Maintenance of research governance and other necessary arrangements to participate in relevant clinical trials.
 - Support to participants to be able to access clinical trials through the commissioned service in the event of the provider changing.
 - High quality data reporting including input into the national HIV and AIDS Reporting System (HAARS) (PHE) database, the GUMCAD STI Surveillance System, Sexual and Reproductive Health Activity Dataset (SRHAD) and the CTAD Chlamydia Surveillance System and provide information on anti-retroviral therapies generic switching.
 - The Service Provider will agree with the Council a yearly programme of audit, research and evaluation to ensure continuous improvements in the quality of service delivery.
 - Access to relevant clinical trials for people living with HIV.
 - Increased take up of services by the most at risk or vulnerable to poor sexual health outcomes: while everyone who is sexually active risks poor sexual health outcomes, there are some groups who are most at risk, these include: younger adults, men who

have sex with men, people from black and minority ethnic groups, people in prisons and immigration removal centres. The Service Provider is expected to deliver services in such a way as to improve take up of the services by these groups and others with vulnerabilities including those who sell sex, people with a learning disability, those with substance misuse issues, those with mental health issues.

2.10. The Service Provider will support delivery against the four main sexual health Public Health Outcome Framework² measures:

- Under 18 conceptions.
- Chlamydia diagnoses (15-24 year olds).
- People presenting with HIV at a late stage of infection.
- Total prescribed Long-Acting Reversible Contraception. (excluding injections) proposed for 2019-203.

Factors taken into account

3. Consultation

3.1. A sexual health needs assessment has been completed earlier this year taking account of service information and evidence of best practice. Key recommendations from the needs assessment are included within the service specification and include the following:

- A sexual health strategy group should be established and led by the council to: increase communication between services across the county, including services for vulnerable groups, partners, service user groups and service users, identify emerging issues and risks across the system and actively engage with wider stakeholders on issues around sexual health.
- Expand performance indicators and monitoring relating to service user experience and views.
- Young people: increase detection of chlamydia to meet PHE targets, ensure clinic hours continue to meet the needs of young people, maintain outreach efforts that promote and normalise services, monitor the effectiveness of the pilot fast-track pathway for Children Looked After
- Outreach for higher risk groups and links to other services. The needs of higher risk groups, including outreach, should be prioritised and barriers to service access addressed, treatment

²

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf

³

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778214/PHOF_refresh_proposal.pdf

pathways should be developed (where absent) between services including those for higher risk and vulnerable groups including children leaving care, adults with learning disabilities, people with substance misuse issues and people selling sex. Co-commissioning of service for people most at risk of poor sexual health and harmful drug and alcohol should be considered.

- Advocate the use of Pre-Exposure Prophylaxis; maintain HIV testing coverage to increase the chance of timely diagnosis; sustain efforts to ensure early diagnoses and treatment: on-going access to treatment and services that promote good health and wellbeing; and work to ensure the viral load remains low or undetectable; continue to pursue late diagnoses with the same urgency, treating all cases as a critical incident, follow the UNAIDS 90:90:90 strategy implemented in England by PHE. This focusses on achieving the 90:90:90 targets, which has implications for both minimising onward transmission and maximising quality of life for people living with HIV, ensure support for outreach work on HIV, especially for harder to find cases such as ethnic minorities and cases of heterosexual transmission.

- 3.2. A soft market testing event was undertaken in December 2018 to understand the current market and potential range of providers. This demonstrated that there are a number of providers in the market. The providers present endorsed the need to move to a digital and online offer and the WSCC intention to ensure access to vulnerable groups.
- 3.3. Consultation with service users and the public has been undertaken via the WSCC consultation website during April 2019 and HIV service users approached for their views via the community HIV service. The service specification has been modified to include the perspectives of service users as expressed through these routes. The Cabinet member and HASC (through the Centre for Public Scrutiny) have been engaged in reviewing sexual health within the county
- 3.4. Clinical perspectives have been sought through a Clinical Reference Group which includes specialist sexual health practitioners from outside the current service, GPs, CCG Quality leads. Their advice has been incorporated into the service specification
- 3.5. The commissioning steering group made up of commissioning, contracts, legal, procurement, finance (from both WSCC and NHSE) has undertaken an options appraisal of different procurement models. This has been taken to the procurement board stage 2 on 21st Feb 2019, the Board supported the proposal to proceed to the tender stage of the procurement process for an Integrated Sexual Health Service contract in partnership with NHSE for a 3 year contract with the option to extend for a further 2 years to a maximum of 5 years.

3.6. Consultation on the proposed model has been on the WSCC Have your say website and received endorsement from responders.

4. Financial (revenue and capital) and Resource Implications

4.1. WSCC Revenue consequences of proposal

	Year 1 2019/20 £m	Year 2 2020/21 £m	Year 3 2021/22 £m	Year 4 2022/23 £m
Revenue budget	4.6	4.55	4.30	4.30
Cost of Proposal	4.55	4.30	4.30	4.30
Remaining budget	0.05	0.25	0	0

The funding for the WSCC Integrated Sexual Health contract is set out above.

Whilst this is a collaborative procurement with NHSE, there will be a separate contract on NHS terms for the HIV service which is fully funded by NHSE over and above the values in table 4.1. NHSE contract values are:

HIV Drugs	£	2,657,751
Clinic cost and pathology	£	897,890

4.2. The effect of the proposal

£0.3m of budgeted savings will be realised through the re-basing of the tariff to a comparable level with neighbouring areas. The tariff has been set at a level that takes account of the demographics and geography within West Sussex i.e. ensuring there would be full coverage across the county including rural areas and responding to the needs of different age groups e.g. older service users, including those living with HIV, may not engage with a primarily digital offer and younger people may rely on public transport to access services. The contract will be structured to enable response to any external or policy changes.

In addition to the £0.3m saving £0.1m will be released to be invested in:

- increasing the digital offer
- increasing the drive for access to service for high risk groups and vulnerable people
- protecting Public Health through access to assessment of and treatment for emerging conditions e.g. mycoplasma genitalium and resistant gonorrhoea.

4.3. *Future transformation, savings/efficiencies being delivered*
The impact on online access to screening will have implications for service delivery which are currently being explored.

4.4. *Human Resources, IT and Assets Impact*
In relation to staff resource implications the Transfer of Undertakings (Protection of Employment) Regulations 2006 ("TUPE") protect employees' terms and conditions upon the transfer of a service. The Pensions Act 2004 provides that employers of TUPE transferred staff must offer transferring employees a minimum level of pension provision in an occupational defined contribution/benefit scheme. Part of the procurement evaluation process will test the staff skill, experience, configuration and resilience offer which may well be influenced by the terms and conditions being offered to staff by bidders.

5. Legal Implications

5.1. The Council has a statutory obligation to commission sexual health services for its population.

5.2. The proposed contract is for "light touch" services with a total value above the current EU threshold of £615,278 and as such the Council will procure the contract in accordance with the "light touch regime" of the Public Contracts Regulations 2015 and the Council's Standing Orders on Procurement and Contracts.

5.3. TUPE will apply in the event the services are carried out by a different service provider under the new contract. TUPE information has been obtained from the current service provider and appropriate provisions for TUPE will be included in the Invitation to Tender and Contract. Redundancies are not envisaged as a result of this procurement process. There are no current or ex-County Council employees in scope of TUPE. The employees of the current Service Provider are members of the NHS pension scheme. The Council will consider pension provision in respect the existing Service Provider employees as part of preparing the Invitation to Tender documents.

6. Risk Assessment Implications and Mitigations

6.1. Risk of not having an effective or disrupted ISHS include increases in Teenage Pregnancy and increases in unintended pregnancy rates, late diagnosis of HIV (with serious health implications for the patient and significant cost implication for health and social care). Any disruption in service is likely to have an impact on STI incidence and prevalence and to impact on contraceptive provision (especially for the more vulnerable groups who access the ISHS).

6.2. A risk register is being developed to underpin the procurement process. Each risk is being tested and tolerance and mitigation plans are being created for each one.

- 6.3. The reduction in tariffs for the service might have the risk of no organisations tendering for the service, tariff calculation have taken into account tariffs in neighbouring and are balanced with them.

7. Other Options Considered (and reasons for not proposing)

- 7.1. Do nothing- there is no option to extend in the current contract.
- 7.2. Consider a single tender with current provider: the soft market testing indicates that there are other potential providers. There are key innovations that are required that a procurement would drive providers to develop.

8. Equality and Human Rights Assessment

- 8.1. Sexual ill-health disproportionately affect some sections of the population with protected characteristics including: young people, men who have sex with men, and people from Black and Minority Ethnic communities. The proposed service specification requires potential providers to articulate how they will meet the needs of vulnerable groups and will form part of the evaluation process.

9. Social Value and Sustainability Assessment

- 9.1. ISHS is a mandated service for WSCC. Good sexual health supports positive, physical and emotional wellbeing. Effective contraception enables women to make informed choices about child birth, family and work. Teenage parents and their children are likely to have poor health and social outcomes. HIV can be life limiting and late diagnosis has significant health and social care costs associated with it. Some sexually transmitted infections impact on long term health and effect fertility. The stigma associated with poor sexual health can impact on access to services and delay in seeking rapid diagnosis and treatment.
- 9.2. Good ISHS services have an important role to play in reducing the stigma attached to sexual ill-health. As part of the specification and evaluation of tenders, bidders will be required to set out how they will deliver social value to the population (especially those groups most impacted by poor sexual health) by reducing the stigma associated with sexual health, improving access to appropriate self-care and providing confidential, accessible, open access services for the population.

10. Crime and Disorder Reduction Assessment

- 10.1. Child Sexual Exploitation is an emerging issue for the population of West Sussex, the service specification highlights the needs for safeguarding and will form part of the evaluation process.

Nathan Elvery
Chief Executive

Anna Raleigh
Director of Public Health

Contact Officer: Paul Woodcock,
Commissioner Sexual Health
Tel 0330 22 28701

Background papers: [Memorandum of Understanding between WSCC and NHSE re procurement](#)

Appendices: None