

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
9 JULY 2019	PUBLIC REPORT

Report of:	Liz Robin	
Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health.	
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RECOMMISSIONING CONTRACEPTION AND SEXUAL HEALTH SERVICES

R E C O M M E N D A T I O N S	
FROM: Val Thomas, Consultant in Public Health and Peter Taylor	Deadline date: <i>The contract for the new integrated contraception and sexual health service will be awarded in October 2019 and the new service will commence on April 1 2020.</i>
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Endorses the scope of the consultation that is part of the re-commissioning of the integrated contraception and sexual health services in Peterborough. 2. Indicates the Health Scrutiny's priorities for the new integrated contraception and sexual health service. 3. Indicates if and how members would like to have further involvement in the consultation processes. 	

1. ORIGIN OF REPORT

1.1 The Health Scrutiny Committee requested a report on the re-commission of the integrated contraception and sexual health services.

2. PURPOSE AND REASON FOR REPORT

2.1 The Health Scrutiny Committee received a paper in November 2018 that secured its support for Peterborough City Council (PCC) along with Cambridgeshire County Council being one of two areas in England that Public Health England is sponsoring to undertake a collaborative commissioning pilot. Since 2013 local authorities, clinical commissioning groups and NHS England have been commissioning different sexual and reproductive health services and reports had confirmed that consequently service pathways were not aligned and patient experiences required improvement. The pilot would be included in the planned re-commission of integrated contraception and sexual health services as one service across Peterborough City Council (PCC) and Cambridgeshire County Council (CCC).

However the Committee expressed that it would want assurance that the specific needs of Peterborough residents are addressed by the new service. Therefore the purpose and reason for

this paper are as follows.

- To provide assurance to the Health Scrutiny Committee that the proposed consultation being undertaken to inform the development of the service specification for the new service will capture the needs and priorities of the Peterborough residents and key stakeholders.
- To ensure that the members' knowledge of the needs and priorities of the local population along with their views are reflected in the re-commission.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

1. Public Health

2.3 ***How does this report link to the Corporate Priorities?***

2.3.1 This re-commission of the integrated contraception and sexual health services will support the Corporate priority of 'First rate futures for our children, young people – and quality support for our adults and elderly.

2.3.2 The re-commission of the integrated contraception and sexual health services will have a focus upon vulnerable and high risk groups. These groups will be consulted with to ensure that their needs are included and addressed along with ensuring safeguarding issues are a priority for the new service. This will include Children in Care and their needs that are described in the Children in Care Pledge..

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. **BACKGROUND AND KEY ISSUES**

4.1 The sexual and reproductive health of the Peterborough population has been changing in recent years.

- Between 2014 and 2018 there has been an increase in the new diagnoses of sexually transmitted infections from 1097 to 1171, which is above the English average.
- Early diagnosis and treatment of HIV can with current treatment mean a normal life expectancy for a person living with HIV. In Peterborough there has been some improvement in late diagnosis decreasing from 62.5% (2013-15) to 51.2% (2015-17). However this remains above the national average.
- Testing for HIV has improved consistently from 2009. Numbers of HIV diagnosed increased from 17 in 2014 to 21 in 2017.
- Chlamydia screening for the 15-24 year olds has been highly successful achieving a high number of screens. However importantly this means that amongst young people there is an underlying high rate of infection.
- The numbers of teenage pregnancies in Peterborough fell from 102 in 2014 to 74 in 2017. This is the lowest number recorded in Peterborough, and was the first time in six years that the number was similar to the national figure and not significantly worse.
- More women under the age of 25 years attended specialist contraception clinics at the integrated contraception and sexual health service in Peterborough; increasing from 1482 in 2014 to 2117.

4.2 This information provides important insights into the contraception and sexual health needs in Peterborough. However an additional important consideration for Peterborough is the number of vulnerable high risk groups that live in the City. These include migrants from other countries,

intra-venous drug users and sex workers. Ensuring that services are accessible to these groups is important as they may not routinely access services.

- 4.3 Another factor for consideration is the increased demand for the integrated contraception and sexual health services that has occurred since it was commissioned in 2014. Appointments at the integrated contraception and sexual health clinic located at Kings Chambers in the centre of Peterborough increased from 18,213 in 2014/15 to 25,438 in 2018/19. This a 29% increase against the initial contracted level of 20,000 appointments. This included appointments for both STI testing and contraception. There is a need to explore new approaches to delivering services. These have started to be developed across the country and focus on addressing increasing needs using innovative approaches.
- 4.4 Previously PCC and CCC have individually procured their contraception and reproductive health services. Although these individual procurements led to the same provider being awarded both contracts. This re-commission will as described above be for one service established through one contract across PCC and CCC. Both contracts are now due for renewal, no further extensions are available and the councils are required to carry-out a full procurement process. The rationale for establishing a shared contract with a lead commissioning organisation is that it affords the potential of a more cost-effective service model. A legal agreement between the two local authorities will capture this and provide the appropriate assurances for the new contract that will start in April 2020.
- 4.5 Local Authorities have been mandated since 2013 to provide contraception and sexual health treatment services. The other commissioning authorities, the Clinical Commissioning Group and NHS England have responsibility for a number of other sexual and reproductive health services.
- The PHE sponsored collaborative commissioning study has been developing in recent months. The focus amongst the local authority and NHS commissioners is upon improving reproductive services for women to enable them to access a wider range of services in one location.
- 4.6 The residents from PCC and the different areas within CCC have different needs which reflect a wide range of issues which include for example different population groups, deprivation and access to services. Therefore the consultation processes that are part of the re-commission of the services will ensure that the differing needs are identified and that services in the different areas are designed to meet them. This will demand a wider range of consultation events to ensure that the new service can address these needs and manage changes in demand effectively.
- 4.7 The re-commission of the integrated contraception and sexual health services is complex. It must address the differing needs across the two local authorities along with increases in demand. It must support ongoing improvement and contribute to maintaining the improvements in sexual health. Innovation is required but this must be acceptable to the local residents. Commissioners are endeavouring to ensure that the consultation is comprehensive and captures the views of all stakeholders especially the vulnerable more hard to reach groups. These factors need to be considered in the context of the Public Health Grant in Peterborough which benchmarks 20% lower than average for its level of need. The most effective and efficient use of resources to meet the different and complex needs of residents is a priority for this re-commission.

5. CONSULTATION

- 5.1 The scope of the consultation will include the following areas along with other issues if they emerge in the course of the consultation.
- Strengths and weaknesses of the current services.
 - Accessibility in terms of location and opening hours
 - Self-referral options
 - Priority aspects of services
 - Innovative service delivery – digital/online

5.2 The following consultation has already taken place.

- A stakeholder event was held in October 2018 that brought together local authority and NHS commissioners along with providers of sexual and reproductive health services to identify and agree priorities for collaborative commissioning.
- Various service-user engagement methods were used in May and June 2019, including:
 - Waiting Room Survey within the Peterborough integrated contraception and sexual health service.
 - Online survey for integrated contraception and sexual health service users.
 - Online survey for Peterborough HIV Care and Treatment users.
 - One-to-One and Group work consultations with service users of third sector partners (facilitated by the voluntary sector organisations).
- Papers in relation to the scope of the work have been presented to partner authorities.

5.3 Further planned consultation.

- 9 July 2019: Health Scrutiny Committee feedback on needs and key priorities for Peterborough;
- June to August 2019: Consultation with vulnerable hard to reach groups in Peterborough
- 9 August 2019 – Stakeholder Event to discuss key issues/ priorities
- 12 August 2019 – consultation on draft service specification with stakeholders.

5.4 Procurement timetable for the re-commission of the new service is as follows

- 29 July – Prior Information Notice (PIN) to be published
- 12 August – Soft Market Testing (of Draft Service Specification & KPIs) commences. (includes consultation with stakeholders)
- 30 August – Market Warming Event - Bidders can hear directly from commissioners and ask them questions.
- 9 September – Invitation to Tender (ITT) published
- 28 September – Clarification Window closes
- 7 October – Final date for ITT submissions

5.5 Subsequent provisional timetable

- October 21 2019: Bidders informed of their individual outcomes and 10 day standstill period commenced.
- October 31 2019: Publication of the winning bidder.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Commissioners will have a comprehensive understanding of the contraception and sexual health needs and priorities of Peterborough residents.

6.2 The new Service Specification and planned Service will reflect resident and member knowledge and understanding of needs and priorities along with most cost effective approaches to addressing them.

7. REASON FOR THE RECOMMENDATION

7.1 The contraception and sexual health needs in Peterborough are complex and challenging. The consultation already undertaken and planned will capture the diversity of needs in Peterborough and how people think services should be delivered.

- 7.2 The planned consultation processes will be modified in response to Health Scrutiny member feedback if necessary. Members are invited to take part in any of the planned consultation events.
- 7.3 Health Scrutiny member feedback on the contraception and sexual health needs of Peterborough residents and the priorities for the new Service will be reflected in the development of the Service Specification for the new Service.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 Undertake a more limited consultation. This would not fully explore the differing needs of Peterborough residents.
- 8.2 Re-commission the integrated contraception and sexual health services for PCC only. This would make any management savings difficult to achieve.

9. IMPLICATIONS

Financial Implications

- 9.1 The current funding allocated to CCC and PCC integrated contraception and sexual health services contracts are as follows.
- PCC annual contract value: £1,566,298
 - CCC annual contract value: £3,230,418

It is proposed that the new contract will have a maximum length of 5 years with potential breaks at the third and fourth years.

Legal Implications

- 9.2.1 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. These require the provision of:-
- 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.

- 9.2.2 The procurement and contract award will be undertaken in line with legal requirements found in the Public Contract Regulations 2015 and the Council's Contract Rules.

- 9.2.3 A Memorandum of Understanding shall be entered into by Peterborough City Council and Cambridgeshire County Councils to document each party's responsibilities throughout the procurement/re-commissioning exercise. A Delegation Agreement between the Peterborough City Council and Cambridgeshire County Council will be prepared to enable Cambridgeshire County Council to contract with the successful bidder on behalf of Peterborough City Council - this agreement shall legally delegate Peterborough's statutory function to Cambridgeshire County Council. The Delegation Agreement (with reference to the Joint Working Agreement) shall set out the grounds upon which the two Councils will work together to deliver their objective of ensuring that the Services are properly provided to Peterborough Council under the new Contract, as well as confirming the terms of the arrangements between the Parties relating to attribution of their respective costs and allocation of risks between them.

Equalities Implications

- 9.3 The new service will be universal but will need to include targeted actions to address any

inequalities and improve the outcomes for the most vulnerable and at risk populations.

Rural Implications

9.4 N/A

Other Relevant Implications

9.5 Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the appropriate governance structures before proceeding.

9.6 A Community Equality Impact Assessment will be completed and potential bidders will be invited to detail what specific provisions, reasonable adjustments to delivery; or additional steps taken to reach and support 'hard to serve' communities they will offer/ put in place in order to ensure access to services for specific groups, for example provision for young people under 25 years; children in care and care leavers; or specialised services for gay and bisexual men, people with learning disabilities or sex workers.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 Public Health England: Making it work: A guide to whole system commissioning sexual health, reproductive health and HIV 2015

<https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services>

Public Health England: Sexual Health, Reproductive Health and HIV: A Review of Commissioning 2017

<https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review>

11. APPENDICES

11.1 N/A