CABINET	AGENDA ITEM No. 8
16 JULY 2024	PUBLIC REPORT

Report of:	Acting Director of Public Health	
Cabinet Member(s) responsible:	Cllr Shabina Quayyum, Cabinet Member for Adults and Health	
Contact Officer(s):	Val Thomas, Acting Director of Public Health (Cambridgeshire)	Tel. 07884 183373

RECOMMISSIONING SEXUAL AND REPRODUCTIVE HEALTH TREATMENT SERVICES

RECOMMENDATIONS	
FROM: Acting Director of Public Health: Cambridgeshire County Council	**Deadline date:** N/A

The Cabinet Member is recommended to:

1. Approve the commission of the Integrated Sexual and Reproductive Health Treatment Services and authorise the delegation of authority to CCC to act as the lead authority for commissioning the Integrated Sexual and Reproductive Health Treatment Services across Peterborough and Cambridgeshire. PCC shall enter into a delegation and partnering agreement with CCC for the duration of the delegated function between 1 April 2025 and 31 March 2031 (to include break clause option at contract year four and five) and a total value to PCC of £11,272,590.00.

2. Endorse the establishment of a Section 75 partnering arrangement between CCC and Cambridgeshire Community Services to deliver the Integrated Sexual and Reproductive Treatment Service across Peterborough and Cambridgeshire throughout the period of the delegated function (1 April 2025 to 31 March 2031 with a break clause option at contract year four and five) and a total value of £36,112,278.00, consisting of £11,272,590.00 contribution from PCC and £24,839,688.00 contribution from CCC for the duration of the arrangement.

1. ORIGIN OF REPORT

1.1 This report is submitted to Cabinet following a referral from CLT on 25 June 2024.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide Cabinet information about the issues that impact upon the re-commissioning of the Integrated Sexual and Reproductive Health (SRH) Adult Treatment Service. The Committee is asked to consider the description of the current services, the epidemiology, needs assessment information along with Service scope and procurement options for commissioning the services when reviewing the recommendations.

2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.4

To be responsible for budget planning, monitoring and expenditure/savings over £500,000, including Discretionary Rate Relief, with the exception of any time critical, operational, or routine decision, which may be determined by the relevant portfolio holder.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	**N/A**

4. BACKGROUND AND KEY ISSUES

4.1 Sexual and Reproductive Health (SRH) Services Scope

The provision of sexual health services is a mandatory Public Health function for local authorities. Robust sexual health services enable sexually transmitted infections to be treated promptly to reduce the risk of their spread. Historically sexual health or Genito Urinary Medicine (GUM) services were provided in acute hospital settings but in recent years they have become community services and integrated with contraception services. In Cambridgeshire, the model is known as community Integrated Contraception and Sexual Health (iCaSH) services.

It is mandatory that Sexual Health Services provide open access and they do not require a referral. People can access the services anywhere. Local authorities are obliged to pay “out of area” providers who have treated any of their residents. The service is for those above the age of 16 years, acknowledging the legal age of consent, but it will treat young people if they present with a clinical concern as an exception and will undertake a full safeguarding assessment along with any appropriate referrals.

Currently Cambridgeshire County Council (CCC) has a Section 75 with Cambridgeshire Community Services (CCS) for the provision of Sexual and Reproductive Health (SRH) services, known as iCaSH, across Cambridgeshire and Peterborough. This shared service was established though Peterborough City Council (PCC) delegating authority, through a Partnering and Delegation agreement to CCC to enter into the Section 75 on its behalf.

The current Section 75 was established to cover 2021-22 and was extended until March 2025. A competitive procurement had been planned for 2020 with a new contract effective from April 2021 but due to the pressures created by the COVID-19 pandemic the then Health Committee agreed the initial Section 75 and its extension to March 31, 2025.

The service model for re-commissioning had been evolving into a more integrated service following several national reports. The Health and Social Care Act 2013 divided the commissioning responsibilities for SRH services between Local Authorities, Clinical Commissioning Groups (CCGs), and NHS England (NHSE). In 2017 Public Health England (PHE) and the Department of Health and Social Care (DHSC) surveyed commissioners of sexual health services across the country to gather feedback on their commissioning experiences. The survey reported fragmentation of commissioning that was associated with the spread of commissioning responsibilities across three main commissioning bodies (Local Authorities, NHSE, and CCGs) because of the commissioning arrangements created through the 2013 Health and Social Care Act.

PHE invited local commissioners of SRH services across Cambridgeshire and Peterborough to explore opportunities for alignment and collaborative commissioning of SRH services. Consequently prior to 2020/21 a considerable amount of work, led by CCC commissioners, was undertaken to develop a collaborative model that would better meet the often-multiple complexes needs of iCaSH service users.
The pandemic necessitated a more pragmatic approach, and Section 75 was more limited in scope than had been planned. Currently it includes sexual health treatment and contraception services along with HIV services. HIV commissioning is the responsibility of NHSE, and it is a partner to Section 75. The current Section 75 did, however, include a Single Point of Access which is well supported by service users. Developing a more integrated model will be an objective for the new service.

Currently we commission the Terence Higgins Trust (THT) to provide the Prevention of Sexual Ill Health Service. This is a shared service working across the PCC and areas. PCC has

delegated the authority to CCC, through a Delegation and Partnering agreement, to commission the service on its behalf. The Service was commissioned through a competitive tendering process and the contract ends on the 31 March 2025. This is included in the recommended Section 75 found in this paper. However, PCC is not recommissioning the service but will develop alternative models and the Prevention work is only relevant for CCC.

4.2 **Trends in Sexual and Reproductive Health in Cambridgeshire and Peterborough**

National increases in sexually transmitted infections.

Recent national reports have described large increases in the rates of Sexually Transmitted Infections (STIs). The Local Government Association (LGA) report published in January 2024 reported the following:

- That over two-thirds of local authority areas had seen increases in rates of gonorrhoea and syphilis since 2017.
- Almost all (97 per cent) council areas have seen an increase in the diagnoses rate of gonorrhoea, with 10 local authorities seeing rates triple.
- 71 per cent of areas have seen increases in cases of syphilis.
- More than a third (36 per cent) of local authority areas have also seen increases in the detection of chlamydia.
- Demand for sexual health services has continued to grow, with nearly 4.5 million consultations carried out in 2022, up by a third since 2013. In 2022 there were 2.2 million diagnostic tests carried out, a 13 per cent increase from the year before.
- Although some of the rise has been attributed to increased diagnostic testing, and the ongoing work of councils to improve access to services to make it easier for people to get tested regularly, the scale suggests a higher number of infections in the community.

4.3 Local trends: Cambridgeshire and Peterborough Sexual Reproductive Health Needs Assessment

- This needs assessment was completed in February 2024 with the objective of informing any new SRH commission. The needs assessment identified the recent trends across both areas that reflect the national picture found in the LGA report.
- New STI diagnosis rate per 100,000 was highest in Cambridge followed by Peterborough. The rate in Cambridge City was higher than the England average. All other areas are below the England average although Peterborough is above the regional average. East Cambridgeshire and Fenland have the lowest rates in Cambridgeshire and Peterborough at less than half the rate of the England average.
- Overall STI rates declined during the COVID-19 pandemic. However, in some areas such as Cambridge City and Huntingdonshire these rates started to increase in 2022 although not yet to the levels in 2019.
- The national increase in gonorrhoea rates in 2022 meant they were higher than in 2019. There was a similar overall pattern in Cambridgeshire and Peterborough but with variations between the districts. Diagnosis rates were highest in Cambridge City and Peterborough and were similar to the England figure, but five times higher than East Cambridgeshire, which has the lowest rate.
- Similarly, there has been national upward trend in syphilis diagnosis between 2008 and 2019 although this has slowed in recent years. In Cambridgeshire and Peterborough

diagnosis rates have increased driven by rates in Cambridge City and Peterborough but currently remain similar to the England figure.

- The new diagnosis HIV rate was significantly higher in 2022 in Cambridge and Peterborough than the England average. Testing is an important part of addressing HIV and the testing rate has been falling across all areas. It is significantly lower in all districts compared to the national rate with the exception of Peterborough.

- There has been concern in recent years about late HIV diagnosis in Cambridgeshire and Peterborough. Late HIV diagnosis increases the risk of HIV-related morbidity and mortality for individuals. It may also increase the chance that they have unknowingly passed HIV on to contacts.

- Nationally teenage conception rates more than halved between 2011 and 2021. The England under 18s conception rate per 1,000 females aged 15-17 is 13.1%. Cambridge, Fenland and Huntingdonshire have rates that are similar to the England average. East Cambridgeshire and South Cambridgeshire have an under 18s conception rate significantly below the England average. Peterborough has a higher rate than the England or regional average however it still represents a lower rate than seen in Peterborough 10 years ago.

In summary there is an overall increasing upward trend in STI rates with the diagnosis rate for most STIs highest in the two cities (Cambridge and Peterborough). Both areas have younger populations, and it is known that young people experience the highest diagnosis rates of the most common STIs, this may be due to higher rates of partner change among those aged 16 to 24 years. These higher values may also reflect a greater access to testing services, and this has identified unmet need.

There are now national action plans to address these upward trends. The national HIV Action Plan (15), published in 2021 by the Department of Health and Social Care (DHSC), commits to ending HIV transmissions in England by 2030, and has an interim target of reducing HIV transmissions by 80% between 2019 and 2025.

4.4 **Increase in service activity**

There has been an increase in demand for treatment services and this needs to be seen in the context of the epidemiology described above. Clinic activity is divided into face-to-face consultations, virtual services, and telephone contacts. Face to Face consultations have returned to pre-pandemic levels along with an increase in numbers accessing tests online, which also increases demand for treatment appointments. Consultation with service users and the public as part of the needs assessment found that a large proportion of people preferred face to face appointments, but many would access virtual services.
An additional factor is the growth in the 16–25-year-population group, who are the highest users of the Service and favour virtual options.

Table 1 shows an increase in activity of over 18% in the iCaSH service from 2019 to 2022/23. The pressures are attributed to virtual services, dating apps and geosocial networks along with the increase in the 15–24-year-old population is contributing to these pressures. (The overall fall in activity for 2020/21 reflects the impact of the COVID-19 pandemic)

Table 1: Activity increases.

Local authority	Total activity 19/20	Total activity 20/21	Total activity 21/22	Total activity 22/23
Peterborough Total	23,658	24,559	22,455	25,288

Cambridgeshire Total	34,398	29,294	48,243	45,816
Total	**58,056**	**53,853**	**70,698**	**71,104**

4.5 **Main Issues**

Overall, the needs assessment findings show that there are some ongoing and new challenges for the services. New diagnoses of sexually transmitted infection rates have returned to pre-pandemic or in some cases such as gonorrhea higher than the 2019 rate. In Peterborough the teenage pregnancy rate, although improved, has stagnated at just above the national rate. SRH services must be able to respond to situations which pose a threat to population health. The Service had to deal with the Monkeypox outbreak, on top of the pandemic, which put a considerable strain on the service. Looking forward as gonorrhea rates increase nationally it has been indicated that the services will be asked to offer vaccination for both monkeypox and gonorrhea. The introduction of HIV "opt out" testing initially at Hinchingbrooke and Peterborough hospitals will mean that HIV testing will be routine. This potentially could increase the demand for HIV services at SRH clinics.

The new integrated SRH treatment service will not significantly change in scope or the model for delivery. However, the consultation and engagement activities with service users and the public, undertaken as part of the needs assessment, identified development areas. These include accessibility, communication and the unmet need of specific groups and areas. Other development drivers are the integration of related services, for example gynaecological and termination services, to enable patients to have their holistic clinical care needs met along with services that will enable wider socio-economic needs to be addressed. The integration of services was started prior to the pandemic prompted by national concerns about fragmented commissioning and will be revisited.

4.6 **Shared Service across Cambridgeshire and Peterborough: Integrated Sexual and Reproductive Treatment Service**

It is recommended that the shared service model across PCC and CCC is continued and that PCC delegates authority to CCC for it to commission the Service on its behalf. There are some key benefits and risks underpinning this recommendation that are considered in the options appraisal found in Table 2.

Table 2: Options for commissioning SRH services across Cambridgeshire and Peterborough

Criteria	Shared	PCC only
Meets needs of residents/patients through a more collaborative model of service delivery.	Patient flows: Service users access services across both local authorities.	More difficult to understand demand for services, less easy in some situations to trace contacts quickly, therefore a higher risk of the spread of infections.
Value for money	In periods of increased demand, a block contract arrangement across the two areas supports easier management of cost pressures through the avoidance of tariffs.	There is national tariff that applies to residents who access services out of their local authority where they reside. In periods of increased demand PCC would have to fund residents receiving care at CCC services at tariff rates, which could create a cost pressure.
Reduces infection risk.	Users access services outside of their local authority area as they often work, socialise, or go to school/college in other	There would be slower identification of trends and risks as these would have to be processed by national agencies

	areas. This facilitates the spread of infection. It is important to identify infection risks and treat as quickly as possible. A shared service can pick up any trends/risks that are found across both areas along with taking action to reduce spread more widely.	which can take several weeks or even months.
Strengthens specialist workforce	SRH services have specialist clinicians. They are in short supply and recruiting is challenging. A shared services means that the more highly skilled staff can work across the whole service according to need.	Potential competition for scarce specialist staff. Unsafe staffing levels.
Shared management costs	Management cost efficiencies at service manager level.	These would not be available in a PCC only model.
All residents/patients receive the same level of quality services	Residents would have the same standard of care wherever they access services across Cambridgeshire and Peterborough. It supports collaborative working to further develop the service with the Integrated Care System/NHS England which commission related services for the whole area e.g. termination services, cervical screening	Risk of lack of consistency of care for residents and inequities.

The advantages of a shared service are supported by the consultation undertaken as part of the needs assessment with service users, the public, clinicians/managers in current provider and other local services.

4.7 **Commissioning Approach: Section 75**

It is recommended that a Section 75 is entered into again with Cambridgeshire Community Services for the delivery of the Integrated Sexual and Reproductive Health Treatment Service as a shared service across Cambridgeshire and Peterborough. The rationale provided by the local authority legal and procurement teams is in line with the legislation that where Section 75 partnering arrangements are likely to lead to an improvement in the way in which the function can be exercised, and consultation with interested parties has been fulfilled, then the local authorities may exercise power to enter into section 75 agreements.

It is also recommended that Section 75 includes the Prevention Service as well as the Treatment service for CCC **only**. PCC is not proposing to recommission a specific SRH prevention service for Peterborough though Section 75. The integration of the Prevention Service into Section 75 would help mitigate THT's main concern about the loss of staff through their concerns about an uncertain future for the service. Staff would be able to TUPE into the new Service.

There is clear evidence that the current Section 75 with Cambridgeshire Community Services has enabled collaborative working with CCC commissioners and led to the development of the Service and the management of challenges which have arisen in recent years.

The Service is clinical and is governed largely by clinical standards for delivering treatment. This will not change going forward. The findings from the needs assessment identified development requirements for aspects of delivery e.g. website developments but these are building on what is currently delivered. In terms of prevention there is a need to focus on the inequalities experienced by high-risk groups. A new Section 75 will build on the collaborative approach that is well established between CCS and the commissioners.

The advantages and potential risks of a new Section 75 with CCS are described below.

4.8 Section 75: Positive service delivery, collaborative working, and service development

CCS is delivering the current contract to a high standard. It has increased its activity and is meeting targets for delivery. These positives have been over the course of the contract when it has also managed a considerable increase in activity with numbers post pandemic above those of 2019. (Table 3)

Table 3: Activity increases.

Local authority	Total activity 19/20	Total activity 20/21	Total activity 21/22	Total activity 22/23
Peterborough Total	23,658	24,559	22,455	25,288
Cambridgeshire Total	34,398	29,294	48,243	45,816
Total	**58,056**	**53,853**	**70,698**	**71,104**

CCS has had a long experience of working in the area and knows the needs of the wider population and its high-risk groups very well. The Service has demonstrated on many occasions when it will flex to meet the needs of high-risk groups with complex needs and who experience inequalities. The Service links with organisations working with these groups. And there are many examples when clinicians have made exceptional efforts to ensure that high risk patients are diagnosed and treated, for example sex workers or patients not accessing their HIV treatment.

This work has meant that the Service has built up an effective trusted relationship with local providers and organisations which includes Safeguarding services, the police and housing services. These have evolved overtime and enable the service to meet the range of different needs. A new provider would have to develop their own relationships which would take time and would not have an organisational “memory” of addressing local issues and working in close partnership with other bodies. These factors present a risk to these partner agencies as there is always a period of de-stabilisation when there is change of provider which can impact on how other services are provided. For example, the homeless have high risk of sexual poor health but there are long standing links between the services.

During the COVID-19 pandemic and the Monkeypox outbreak the Service responded quickly and flexibly. It took on additional work without any additional funding. This included introducing and developing new technologies for virtual services, on-line testing, and postal contraception. The Service has recovered well from the pandemic and continues to work to improve services. For example, there has been consistent feedback that there is a gap in meeting the psychosexual needs of patients. The Service is currently piloting these services as there is limited information about their impact on outcomes and clinic attendances.

The Service has quality standards in place that meet the requirements of National Institute for Care Excellence (NICE) and British Association for Sexual Health and HIV (BASHH). The last Care Quality Commission (CQC) assessment was for the Trust took place in 2019 when it was

given an outstanding rating. The iCaSH services were praised for an innovative approach in providing accessible information and new approaches to testing and HIV treatment.

The recent Sexual and Reproductive Health needs assessment included surveys and interviews with service users, the public, iCaSH clinicians and other service clinicians along with non-clinical staff. The responses consistently stated a very high satisfaction with the quality of the services provided assessment from service users which and highlighted the following key areas

- Patients were positive about their clinical experiences with iCaSH with nearly all saying that they would be happy to recommend the service to their friends and family.
- Patients praised the care and attention shown by practitioners.
- Good local relationships and commitment to delivery of high-quality services were clear through the engagement and expert panel.
- Feedback on being able to order STI testing kits online was positive, with its speed and ease of use being positive points.

The current workforce has built up a very skilled workforce in this specialist field. They have an ongoing staff training programme which has enabled the recruitment and the building of a highly skilled team increasing capacity and quality. Although TUPE would apply a change of provider is associated with service de-stabilisation and staff losses. This is a concern as it is difficult to recruit this specialist workforce and the CCS staff have played a key role in the service developments.

4.9 Section 75: Net Zero

As an NHS organisation it is obliged to adhere to its commitment to net zero and CCS is committed to meeting the ambition. It has its own Green Plan that lays out a number of commitments which highlights some specific areas such as the provision of sexual transmitted testing kits directly to homes (postal), further telephone and video consultations and holding staff meetings virtually.

4.10 Section 75: Social value

The current iCaSH Service has very specialist clinical staff and offers opportunities to those not trained to develop their skills.

5. CORPORATE PRIORITIES

5.1 *1. The Economy & Inclusive Growth*

- *Environment*

Carbon Impact Assessment
This is a continuation of the current service and therefore no carbon impact is expected.

- *Homes and Workplaces*

Many service users are vulnerable with many needs such as homelessness, poverty and poor health which affects their ability to work. The Service treats their conditions but also has links with other services that can help address the wider needs. It has a working relationship with these services and acts as a referral agency for its patients to this support

- *Jobs and Money*

Service users often have complex health and socio-economic needs which require a holistic approach if the person is to remain fit and well and able to access training/job opportunities. The Service treats their conditions but also has links with other services that can help address the wider needs. It has a working relationship with these services and acts as a referral agency for its patients to this support

2. Our Places & Communities

- *Places and Safety (including any rural implications)*

The Service has strong links with community groups and work with them to ensure that they inform the ongoing development of services but also to identify those most at risk and provide support.

- *Lives and Work*

The Service is committed to providing a safe working environment for its staff and patients. There are strict governance requirements to ensure for example clinical safety for both staff and patients. Many aspects of the Service are digitalised.

- *Health and Wellbeing*

These services are mandated Service for local authorities which acknowledges their importance to health and wellbeing. They ensure that people are able to access services and receive prompt treatment, which is vitally important for their health but also prevents the spread of infection and/or unwanted pregnancies.
Many patients experience health inequalities and live many years in poor health or die prematurely e.g. HIV sufferers can have a normal life expectancy if they receive the correct treatment promptly. These services are vital to prevent these inequalities.

3. Prevention, Independence & Resilience

- *Educations and Skills for All*

The Service treats patients and improves their overall health outcomes. Good health enables them to access educational/training and achieve better outcomes.

- *Adults*

The Service plays a key role in treatment and care for adults not just directly through its clinical care but ensuring that its patients wider health and social care needs are met.

- *Children*

The Service is for adults but will treat those under the age of 16 if they present with an infection of unplanned pregnancy as a duty of care. They will of course receive a safeguarding assessment and any necessary services will be made aware. Identifying and taking appropriate action will help ensure that any young person remains safe and receiving the appropriate support that will help ensure that all their health, education, housing, and employment needs are met.

4. Sustainable Future City Council

- *How we Work*

In recent years, the Service has developed and modernised extending its digital and virtual offers that best suit many of the Service users and are cost effective, offering value for money. Service.

- *How we Serve*

As a commissioned service we ensure that it is focused upon its patients based on their needs rather than our structures. The Service offers a secure, accessible, usable, and inclusive digital service.

- *How we Enable*

As a commissioned Service it is robustly performance managed and excellent data collection processes are at the heart of the Service. The Service is also obliged to report at national level on its outcomes. The Service requires a very specialist workforce, and we work with our providers to ensure that training is embedded into the Service's workforce.

6. CONSULTATION

6.1 A Sexual and Reproductive Needs Assessment was completed in February 2024. This included extensive consultation and engagement with service users, the public, clinicians, and managers for within the service and other related services.

6.2 Other consultations considered N/A.

6.3 *Has this recommendation been considered by the below? If not, please provide reasoning.*

- *Corporate Leadership Team (CLT) Planned 25/06/24*
- *Cabinet Policy Forum (CPF) Planned 01/07/24*

Assessment of whether the following groups should consider this paper was undertaken through reference to the Meeting Pathway Guidance Meetings Pathway Guidance Link

- *Financial Sustainability Working Group (FSWG) Not applicable*
- *Group Leaders' Meeting Not applicable*
- *All Party Policy (APP) Not applicable*

7. ANTICIPATED OUTCOMES OR IMPACT

7.1 The key outcomes of recommissioning Adult Sexual and Reproductive Health Treatment services are as follows.

- Provide access to robust Sexual and Reproductive Health Treatment Services.
- It will improve the health outcomes of Peterborough residents and contribute to a reduction in Health Inequalities through prompt treatment and follow up of patients.
- It will reduce the risk of sexually transmitted infections outbreaks and unplanned pregnancies.

8. REASON FOR THE RECOMMENDATION

There are number of reasons for the recommendations found in this paper.

8.1 Recommissioning Sexual and Reproductive Health Adult Treatment Services

- It is mandated that local authorities provide sexual health services and therefore the provision of this Service will meet the terms of the Public Health Grant.
- The increase nationally and locally in sexually transmitted infections described in the paper demands robust sexual and reproductive health services. (4.2 & 4.3)

8.2 Recommissioning Sexual and Reproductive Health Adult Treatment Services as a Shared Service with Cambridgeshire County Council with Peterborough City Council delegating authority to Cambridgeshire County Council though a Delegation and Partnering agreement to commission the Service on its behalf.

- There are positive advantages to commissioning a shared service that captured on Table 2 (4.6) which can be summarised as follows.
- Cost benefits through avoidance of tariffs enabling better management of costs and shared management costs
- Reduces the risk of infection as patients access services across the two areas and outbreaks can be identified earlier and management can be quicker and more targeted.

- Avoids competition between the services in the two areas for very specialist staff which are hard to recruit.

8.3 Establishing another Section 75 agreement with Cambridgeshire Community Services (CCS)

The rational is described in detail the paper (4.7 to 4.11) and it includes a number of factors

- The rationale provided by the local authority legal and procurement teams is in line with the legislation that where Section 75 partnering arrangements are likely to lead to an improvement in the way in which the function can be exercised, and consultation with interested parties has been fulfilled, then the local authorities may exercise power to enter into section 75 agreements. The commissioners have worked with the provider to undertake ongoing development of the Service which the Section 75 would maintain and continue.

- CCS is delivering the current agreement to high standard; it has increased its activity and is meeting targets for delivery. It has managed increases in demand and inflationary pressures without additional funding.

- CCS has long experience of working in the area and has effective trusted relationship with many organisations enabling it to meet the complex needs of many of its patients.

- During the COVID-19 pandemic and the Monkeypox outbreak the Service responded quickly and flexibly. It took on additional work without any additional funding.

- The recent Sexual and Reproductive Health needs assessment included surveys and interviews with service users, the public, iCaSH clinicians and other service clinicians along with non-clinical staff. The responses consistently stated a very high satisfaction with the quality of the services provided assessment from service users which and highlighted the following key areas

- CCS has built up a very skilled workforce in this specialist field. Although TUPE would apply a change of provider is associated with service de-stabilisation and staff losses. This is a concern as it is difficult to recruit this specialist workforce and the CCS staff have played a key role in the service developments.

- CCS has a track record of investing in developing and modernising the clinic sites. In addition, CCS owns the clinic sites and many other across Peterborough and Cambridgeshire, consequently it does not have rental costs. A new provider would be asked to locate services in similar locations but would not have the advantage of lower estate costs.

- It is cost effective service compared with services in the East of England.

9. ALTERNATIVE OPTIONS CONSIDERED

9.1 The provision of sexual health services is one of the mandatory Public Health services that Local Authorities must provide or commission.

Therefore, no other options were considered.

Any other options relating to this recommission are described in the paper.

10. IMPLICATIONS

Financial Implications

10.1 **Section 75: Value for Money**

This paper references the value for money advantages of establishing a new Section 75 with Cambridgeshire Community Services which are summarised below.

- CCS has over the past ten years worked with the local authority to improve access to the Service and has invested in upgrading and modernising the clinic in Peterborough.

- CCS owns the clinic sites and many other across Peterborough and Cambridgeshire and consequently does not have rental costs. A new provider would be asked to locate services in similar locations but would not have the advantage of lower estate costs.

- Benchmarking current service costs have limitations as areas include different elements in their services. However Public Health colleagues from local authorities in the East of England did share their costs for analysis. In summary Peterborough and Cambridgeshire have the lowest cost per patient accessing the services, partly attributed to high number of patients who access its virtual services.

- CCS currently provides the majority of SRH services across the East of England, and this has not encouraged the development of the provider market. However, comparing the quality and value of services against the risks of de-stabilising the delivered services with the need to develop the market supports a Section 75 agreement. Two recent procurements in the area have attracted single bidders who were awarded the contracts, but CCS did not bid for these.

- Inflationary pressures have become increasingly worse over the past eighteen months. The provider has managed these through making efficiencies without any additional funding.

10.1.1 **SRH Treatment Services Current pressures, activity, and costs**

The current iCaSH Service has experienced considerable cost pressures because of the increased demand (see above 18% increase) and inflationary pressures.

- Staffing Cost pressures: Although the service has received the Agenda for Change staff pay increases this does not include the uplifts to highly paid medical staff pay.
- Consumables cost pressures: SRH services (iCaSH) is a clinical service and has a high use of medicines, testing equipment including pathology costs and general clinic costs.

The forecasted overspend for 2023/24 was £525,000, (Peterborough £175,000 Cambridgeshire £350,000) and a similar cost pressure is anticipated for 2024/25. A number of cost pressure mitigations have been put in place, but some pressures remain.

Additional funding has been identified from the Public Health Grant and it is proposed to include this in the current (2024/25) agreement and in the new agreement starting in 2025/26.

PCC
Total additional funding £130,880
Remaining Funding gap: £32,720

CCC
Total additional funding £250,000
Remaining funding gap: £62,400

The remaining funding gaps will be reviewed over 2024/25 to ensure that any improvements in inflationary pressures will be able to plug the outstanding gap. This is along with service developments to reduce costs.

It will include the provider reviewing its staffing models which was undertaken previously but in the light of new delivery approaches and pressures this will be revisited during 2024/25.

Table 8 lays out the total cost of the recommended Section 75 including the CCC Prevention Service.

Total Recommended Funding for Integrated SRH Services

The funding schedule is found in Table 4

Table 4: Total recommended Section 75 value for Treatment and Prevention (CCC only) for 6 years 2025/31 with break options at years four and five

LA	25/26 £	26/27 £	27/28 £	28/29 £	29/30 £	30/31 £	Total 25/21 £
PCC	1,878,765	1,878,765	1,878,765	1,878,765	1,878,765	1,878,765	**11,272,590**
CCC	3,808,588	3,808,588	3,808,588	3,808,588	3,808,588	3,808,588	**22,851,528**
CCC Pr.	£331,360	£331,360	£331,360	£331,360	£331,360	£331,360	**1,988,160**
Total	**6,018,713**	**6,018,713**	**6,018,713**	**6,018,713**	**6,018,713**	**6,018,713**	**36,112,278**

NB: Funding allocation does not include any future Agenda for Change uplifts.

Legal Implications

10.2 Section 75 NHS Act 2006 enables NHS bodies and local authorities to enter into arrangements which are prescribed in secondary legislation. The NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000, as amended, is the relevant secondary legislation that sets out details of the permitted arrangements, i.e., that NHS bodies can carry out local authorities' health-related functions together with their NHS functions. Such arrangements can only be formed if it is likely to lead to an improvement in the way in which the functions are exercised.

Legal implications shall be considered and addressed within the Delegation and Partnering Agreements underpinning the transfer of commissioning authority to CCC. PCC shall delegate its commissioning responsibility and delivery of these functions to CCC and shall transfer funding to CCC accordingly. CCC shall therefore act as lead commissioner and enter contractual arrangements on the council's behalf.

The parties shall enter into a Delegation and Partnering Agreement in reliance on their powers and the exclusive rights given to local authorities to undertake administrative arrangements of this nature in sections 101 and 113 of the Local Government Act 1972, and sections 19 and 20 of the Local Government Act 2000 and the regulations made under these Acts; together with the general power within section 2 of the Local Government Act 2000 and the supporting provisions within section 111 Local Government Act 1972.

The Delegation and Partnering Agreement shall set out clear roles and responsibilities for both councils, including (but not limited to) liabilities, financial arrangements, information governance, data protection and performance management.

Equalities Implications

10.3 There are particular groups e.g. homeless, men who have sex with men, that have a high risk of acquiring a sexually transmitted infection.

The SRH Treatment Service is designed to ensure that these groups can easily access the Service and that they are able to have prompt treatment. The Service has strong working links with services that work with these groups.

10.4 Children in Care and Care leavers are associated with high risk of poor sexual and reproductive health outcomes.

The CCS will be required to establish “fast track” referrals and treatment routes for these groups of children and young people.

11. BACKGROUND DOCUMENTS

11.1 Public Health Outcomes Framework: Public Health Outcomes Framework - OHID (phe.org.uk)

Sexual and Reproductive Health Profiles: Sexual and Reproductive Health Profiles - OHID (phe.org.uk)

Cambridgeshire and Peterborough Sexual and Reproductive Health Needs Assessment: Cambridgeshire and Peterborough Public Health – will be available on Insight.

Local Government Association: Breaking point: Securing the future of sexual health services. January 2024 Breaking point: Securing the future of sexual health services | Local Government Association

Cambridgeshire Provider Selection Regime Guidance: Procurement and Commercial Team: Finance and Resources - Provider Selection Regime - All Documents (sharepoint.com).

12. APPENDICES

12.1 *None attached.*