
Health and Social Care Scrutiny Board (5)
Cabinet

2nd April 2014
13^h May 2014

Name of Cabinet Member:

Cabinet Member (Health and Adult Services) – Councillor Gingell

Director Approving Submission of the report:

Director of Public Health

Ward(s) affected:

All

Title:

Sexual Health Services Review and Retendering

Is this a key decision?

Yes

The proposals within the report require funding in excess of £1m per annum.

Executive Summary:

From the 1st April 2013, Local Authorities have been mandated to commission comprehensive open access sexual health (SH) services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). An integrated sexual health service model aims to improve sexual health by providing easy access to services through open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations.

Coventry City Council is looking to tender for sexual health services jointly with Warwickshire County Council during 2014/15, and discussions are under way with the NHS England Specialised Commissioning Team with regard to their responsibilities for HIV treatment services and the possibility of joint commissioning. The incumbent contractor of the main contract in Coventry is Coventry and Warwickshire Partnership Trust and notice was issued on the contract on 17th March 2014, with a view to the new contract commencing on 1st April 2015. The current contract value is approximately £4m for Coventry (and £3m for Warwickshire).

This report includes a summary of the review of sexual health services which has been undertaken (including a consideration of the health needs in Coventry related to sexual health), a

summary of the engagement and consultation work carried out and the planned process for retendering jointly with Warwickshire County Council.

Recommendations:

The Health and Social Care Scrutiny Board (5) is requested to:-

1. Consider the summary of sexual health needs, the engagement findings, and the planned process for retendering.
2. Forward any recommendations regarding the proposed plan to the Arden Joint Sexual Health Project Board and Cabinet.

The Cabinet are requested to:-

1. Consider any recommendations from the Health and Social Care Scrutiny Board (5), following their consideration of this matter on 2nd April 2014.
2. Delegate authority to the Director of Public Health, as Coventry representative on the Arden Joint Sexual Health Project Board, to procure sexual health services jointly with Warwickshire County Council and to award the contract(s) at the end of the procurement process, following consultation with the Cabinet Member (Health and Adult Services).

List of Appendices included:

- Appendix 1: Summary of Sexual Health Needs in Coventry 2013/14
- Appendix 2: You Said We Will document
- Appendix 3: Conceptual Model of New Services
- Appendix 4: Equality Impact Analysis

Other useful background papers:

Local Papers (contact nadia.inglis@coventry.gov.uk)

Sexual Health in Coventry, 2013/14 (Review Document) - currently draft, Public Health.
Sexual Health Services Engagement Results 2013 – currently in draft, Public Health.

National Papers (all available on the internet)

Department of Health (2013). A Framework for Sexual Health Improvement in England.
(<http://www.dh.gov.uk/health/2013/03/sex-health-framework/>)
Department of Health (2010). Healthy Lives, Healthy People: Our Strategy for Public Health in England
(http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941)
Department of Health (2013), Commissioning Sexual Health Services and Interventions
(<http://www.dh.gov.uk/health/2013/03/sexual-health-services/>)

Has it been or will it be considered by Scrutiny?

Yes

Health and Social Care Scrutiny Board (5) on 2nd April 2014

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

Report title: Sexual Health Services Review and Retendering

1. Context (or background)

- 1.1 There is an increasing rate of sexually transmitted infection diagnoses in Coventry; with a total of 2,864 new (non-HIV) infections diagnosed in Genitourinary Medicine (GUM) clinics in 2012, significantly higher than the average for the West Midlands. HIV prevalence is also amongst the highest in the West Midlands, with a significant proportion of individuals being diagnosed late. There was a significant change to the model of delivery of sexual health services in Coventry in 2009. Since then the rate of non-HIV sexually transmitted infection diagnoses has increased, but this is likely to partly be a result of increased testing in GUM clinics, indicating that the right people are being tested and diagnosed. There has also been an ongoing reduction in the rate of under 18 terminations in Coventry, with a rate of 19 per 1,000 in 2012, and a consecutive four year decrease in under 18 conception rates. Despite these reductions, the rate remains higher than the West Midlands and England. Please see Appendix 1 for Summary of Sexual Health Needs in Coventry.
- 1.2 Coventry City Council is committed to working to reduce the rate of sexually transmitted infections in the City, to decrease the number of individuals with HIV who are diagnosed late, and to continue to build on the success of the downward trend in teenage pregnancies that we have seen in recent years. The Health and Wellbeing Board in Coventry recognises HIV as a priority for the City, and one which is highlighted in the latest Health and Wellbeing Strategy (Dec 2012). To achieve the stated aims, it is essential to ensure that sexual health services provided across the City are of high quality, with the health of patients and the public being central to their function. Sexual health services are one of the five mandated public health services.

2. Options considered and recommended proposal

- 2.1 The current main contract for integrated sexual health services with Coventry and Warwickshire Partnership Trust is due to end on 31st March 2015. In order to ensure best use of public money, a retendering exercise is proposed, which is being undertaken jointly with Warwickshire County Council (Coventry City Council lead organisation for the procurement).
- 2.2 Current contracts and service provision have been reviewed, and a public engagement exercise conducted (with plans to consult on the new model for sexual health services). As a result of this work, a new model for sexual health services is proposed for Coventry. However, the changes proposed build on the successes of the current model of Integrated Sexual Health services in the City and take into account the results of the engagement exercise.
- 2.3 In addition to the changes that will be made in response to the engagement findings, it is intended that the provider of integrated sexual health services will enter into subcontractual arrangements with providers of primary care sexual health services (these contracts are currently held by Public Health, Coventry City Council), and also manage the current C-card (condom distribution) scheme (currently provided by Coventry City Council). Furthermore, the procurement options for the Information Technology requirements for the new service are currently being considered.

3. Results of consultation undertaken

- 3.1 At the end of 2013, a survey was conducted to ask the general public, service users and professionals with an interest in the area of sexual health their opinions on how sexual services are currently delivered and how they think they should be provided in the future. A consultation event was also organised for professionals and members of the public to further listen to and understand views about current services.
- 3.2 Three versions of the survey were offered: i) for members of the public who had used sexual health services in Coventry ii) for members of the public who had not used sexual health services in Coventry and iii) for professionals or stakeholders (who weren't members of the public). An email invite to an online survey was sent to the Council's Corporate Contact Database (a database of local people who have expressed an interest in taking part in our consultations and surveys). This database contains over 800+ people. In addition to this, the Coventry Facebook page posted a status update inviting followers to take part in the survey. The Council's Consultation Management System (ModernGov) also shared a link to the online survey for the duration that the survey was live. Paper copies of the survey were also left at a range of service provider venues for service users to complete. Professionals were able to access the survey via the Council's Consultation Management System (ModernGov). An email was sent to various relevant contacts across the organisation including commissioning organisations, it was also sent to external professionals. Paper copies of the survey were also taken to specific contacts for their completion.
- 3.3 In total there were 495 responses to the survey, 52 of whom were service providers, (non-public) stakeholders or professionals, 370 were members of the public who had experience of accessing sexual health services in Coventry, and 73 were members of the public with no experience of accessing the services in Coventry. There was over-representation (compared to the general population) of responses from individuals in groups with the highest sexual health needs, i.e. individuals from black ethnic groups and those from LGBT communities.
- 3.4 The consultation event was attended by 48 people. This included both service providers, other professionals and members of the public. 25% (12) were young people aged 15-18. Given that overall there were significantly fewer respondents to the survey who were under 18 years of age, a further focus group was carried out with young people from Voices of Care.
- 3.5 A number of key conclusions were drawn from the engagement findings:
- There must be more awareness-raising about the services on offer amongst both professionals and members of public.
 - There should be an online single point of access for both information and an online booking service, with information regarding what services are available and what they do.
 - Services' opening times must be made more flexible and there should be more availability in the evenings and at weekends.
 - Staff involved in the provision of sexual health services should be able to access appropriate high quality training. This includes staff working at the Integrated Sexual Health Service, as well as General Practice staff, pharmacy staff and school nurses.

- Services need to demonstrate a high level of discretion and cultural awareness. This includes awareness of religious issues, language barriers and understanding of minority groups such as Lesbian, Gay, Bisexual Transgender (LGBT) communities, as well as being accessible to people of all ages. The availability of translation should also be addressed.
- Services should be properly joined up and integrated. This includes the integration of the actual sexual health services as well as closer links with other providers such as schools, and alcohol & drugs services, as well as other lifestyle services
- There were many positives; especially in relation to the Integrated Sexual Health Service, its staff and location.

3.6 There are plans to consult with the public on changes to the model, which are being made on the basis of the service review findings and the engagement results above. Please see Appendix 2 for “You Said, We Will” document which is being used to feed back to the public following the engagement exercise, and Appendix 3 for the conceptual model (or a version of this) which will be presented to the public, for how services will look in the future. This consultation will again be conducted through a short online/paper survey during March/April. Further, some focus groups will be conducted with high need groups, e.g. BME communities (and new communities), people with learning/physical disabilities, young people, and also victims of sexual violence. A provider consultation event is being held on the 10th April.

4. Timetable for implementing this decision

Public Consultation on changes to the model for services to be conducted in Mar/Apr 2014.
 Provider Consultation to take place 10th April 2014
 Tendering to start May/June 2014
 Award of contract Sep 2014

5. Comments from Executive Director, Resources

5.1 Financial implications

The contract value for sexual health services in scope for this tender for 2014/15 is £3,912,796. Expenditure on these services are fully funded from the ring-fenced Public Health Grant. It is envisaged that the joint procurement of an integrated sexual health service will facilitate greater value from the service provision and opportunities will be sought over the life of the contract (5 years, plus possibility of extension of up to 10 years reviewed on an annual basis) to generate efficiencies and cost reductions.

5.2 Legal implications

Local Authorities and the NHS can enter into agreements to exercise NHS functions with health related functions of local authorities and have found it necessary to do so following changes made by the Health and Social Care Act 2012. This is particularly so in respect of commissioning specialised services such as HIV and other related sexual health offerings of the local authorities. There is an overlap and good argument for co-ordinating the two areas of services together, as in this case.

Additionally, as part of those arrangements local authorities have also commissioned various services jointly and Warwickshire County Council and Coventry City Council have often collaborated on various schemes. Originally, under S111 of the Local Government Act 1972 a local authority, such as Warwickshire County Council and its partner, Coventry City Council, have powers to do anything calculated to facilitate, or is conducive or

incidental to the discharge of their functions. The two councils can proceed with the proposals set out in this paper due to a general power of competence under the Localism Act 2011.

The proposal does, therefore, have legal authority as the two councils can make joint arrangements and under Section 75 of the Health and Social Care Act 2012 they can include the Health Authority, as proposed, to ensure a co-ordinated sexual health service throughout Warwickshire.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

The proposals for sexual health services build on the current integrated model in Coventry, and contribute to the Council's objectives related to citizens living healthier lives, developing a more equal city, ensuring that children and young people are safe, and making services easily accessible.

6.2 How is risk being managed?

A joint risk register has been developed by the Arden Joint Sexual Health Project Group, and is reviewed regularly. The key risks relate to:

Destabilisation of current health services, as this relates to the potential termination of contract with current providers. This risk is being addressed through discussions with commissioning colleagues in other organisations. TUPE considerations are also being taken into account.

Fragmentation of services (in particular regard to HIV treatment services, which are currently commissioned by NHS England Specialised Commissioning Team) – actions taken to avoid this risk include current negotiation with NHS England Specialist Commissioning Team regarding potential joint commissioning arrangements.

6.3 What is the impact on the organisation?

Impact on current C-card (condom distribution scheme currently delivered by Coventry City council, which will be included in the tender to be managed by the incoming provider of integrated sexual health services.

6.4 Equalities / EIA

Please see Appendix 4 for EIA

6.5 Implications for (or impact on) the environment

There is no foreseen impact on the environment. Services will be asked to demonstrate how they will minimise any environmental impact they exert, and how they will ensure they are a sustainable organisation.

6.6 Implications for partner organisations?

No further implications, other than those outlined above.

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This report is published on the council's website:

www.coventry.gov.uk/councilmeetings

Appendices

Appendix 1: Summary of Sexual Health Needs in Coventry 2014

Appendix 2: "You Said We Will" document

Appendix 3: Conceptual Model of new Services

Appendix 4: Equality Impact Analysis