
Cabinet

30 August 2022

Name of Cabinet Member:

Cabinet Member for Public Health and Sport – Councillor K Caan

Director Approving Submission of the report:

Chief Partnership Officer

Ward(s) affected:

All

Title:

Modernising Sexual Health Services

Is this a key decision?

Yes - the proposals involve financial implications in excess of £1m per annum and are likely to have a significant impact on residents or businesses two or more electoral wards in the City.

Executive Summary:

The Council has a statutory duty to ensure that residents have open access to services for the screening and treatment of Sexually Transmitted Infections (STI) and contraception.

The current contract which the Council holds for Integrated Sexual Health Services is due to expire in March 2023.

This report includes a summary 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 re-procurement of sexual health services jointly with Warwickshire County Council and NHS England (NHSE). The report includes a description of key service priorities, including a focus on community outreach and engagement to support the reduction of sexual health inequalities.

Recommendations:

Cabinet is recommended:

- 1) To approve the commencement of a competitive procurement tender exercise for the provision of Sexual Health Services jointly with Warwickshire County Council and NHS England.
- 2) To note that the current contract with Coventry and Warwickshire NHS Partnership Trust has been varied for a further 12-month term until 31st March 2024 in order to facilitate the tendering exercise of the new service.
- 3) To approve proposals to recommission the service for a period of five years with the option to extend for up to a further five years, making the total potential contract length 10 years.
- 4) To grant delegated authority to the Director of Public Health and Wellbeing, following consultation with the Chief Legal Officer and the Cabinet Member for Public Health and Sport to:
 - a) award a contract for the provision of Sexual Health Services to the successful provider; and
 - b) to finalise the terms of, and enter into, the relevant legal agreements as well as any associated documents deemed necessary to enter into the contract.

List of Appendices included:

Appendix 1 - Equalities Impact Assessment

Background papers:

None

Other useful documents

None

Has it been or will it be considered by Scrutiny?

No

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

Procurement Board

Will this report go to Council?

No

Report title: Modernising Sexual Health Services

1. Context (or background)

- 1.1 The Health and Social Care Act 2012 places a duty on local authorities to provide open access services for contraception and for prevention, testing and treatment of sexually transmitted infections (STIs) for their residents. This is mandatory and entails the key principles of providing services that are free, confidential, open access and not restricted by age. The term 'open access' refers to services being available to anyone requiring testing for sexually transmitted infections and subsequent treatment (not including HIV treatment), irrespective of their personal characteristics, place of residence, GP registration or immigration status, and without referral.
- 1.2 The Integrated Sexual Health (ISH) Service in Coventry is currently delivered by Coventry and Warwickshire NHS Partnership Trust (CWPT) and is based on a hub and spoke model, with the hub in the City of Coventry Health Centre. The service provides clinic-based interventions and sub-contracts GPs and pharmacies to provide contraceptive (emergency contraception, long-acting reversible contraception and condom distribution) and sexual health services (chlamydia screening) within community settings. The cost of all testing and drug treatments is included within the contract. Currently, online and pharmacy HIV testing services are commissioned outside of the main contract for ISH.
- 1.3 The current contract commenced in 2015 and integrated a number of separate contraception and STI services. The service was jointly procured between Coventry City Council and NHSE, who are responsible for commissioning HIV treatment, to enable a more effective patient pathway from HIV testing into treatment. The current contract was due to expire on 31 March 2023 but has been extended to 31 March 2024 in order to allow for the procurement proposed in this paper to take place.
- 1.4 Similar services are currently commissioned jointly by Warwickshire County Council (WCC) and NHSE, with the contract delivered by George Eliot NHS Trust and some direct locally enhanced services in primary care.
- 1.5 Procurement Board has agreed that each party's financial contribution to the contract be proportionate to the level of patient engagement within current services and that, therefore, the maximum financial contributions for the annual value of the contract shall be:

Financial envelope – all scope £7,743.017		
	WCC contribution	CCC contribution
Proportionate	53.7%	46.3%
Value of proportionate	£4,158,000	£3,585,017

- 1.6 In order to support a stable health system, it is intended that the contract for sexual health services is for an initial 5 year term, with the option to extend for a further 5 years.
- 1.7 Most adults are sexually active and good sexual health is important to individuals and communities. Poor sexual health can lead to unintended pregnancies and sexually transmitted infections. Sexual ill health is not equally distributed within the population and there are strong links between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black African populations. Some groups at higher risk

of poor sexual health face stigma and discrimination, which can influence their ability to access services.

1.8 Some key national sexual health trends include:

- teenage pregnancy and abortion rates have fallen in the last decade
- overall STI rates have stabilised in recent years but some infections – e.g. Syphilis and antimicrobial resistant infections – are showing an increase
- new HIV infections has been falling in recent years, due to increases in testing, rapid access to anti-retroviral therapy and new preventative medications. Late diagnosis rates remain high, although linked with a smaller number of cases.

1.9 Sexual health needs remain high within the City and are significant in Warwickshire. Headline needs are outlined in the table below:

		Warwickshire	Coventry	England
1	Chlamydia proportion screened aged 15 to 24 years (2020 figures)	12.3 (7,956 people)	11.7 (7,692 people)	14.3 (940,978 people)
2	Under 18s conception rate / 1,000 (2019)	15.3 (138 people)	25.8 (145 people)	15.7 (14,019)
3	Syphilis diagnostic rate / 100,000 (patients) (2020 figures)	4.1 (24 people)	7.9 (30 people)	12.2 (6,926 people)
4	Gonorrhoea diagnostic rate / 100,000 (patients) (2020 figures)	75 (435 people)	107 (405 people)	101 (57,084 people)
5	Chlamydia diagnostic rate /100,000 all age (2020 figures)	219 (1,276 people)	331 (1,256 people)	286 (161,672 people)
6	All new STI diagnosis rate / 100,000 aged 15+ (2020 figures)	414 (2,416 people)	662 (2,513 people)	562 (317,901 people)
7	New HIV diagnosis rates / 100,000 (2020 figures)	2.5 (12 people)	10.0 (31 people)	5.7 (2,622 people)
8	HIV diagnosed prevalence rate / 1,000 aged 15-59 (2020 figures)	1.24 (406 people)	3.10 (757 people)	2.31 (75,509 people)

Source: OHID Fingertips

1.10 The chart above shows that only 11.7% of all 15-24 year olds in Coventry were screened for chlamydia in 2020 (row 1) which is worse than the national average and the conception rate among under 18s remains considerably worse than the national average (row 2). The proportion of people testing positive for various STIs (rows 3-8) is broadly higher in Coventry than the national average and, in the case of HIV prevalence is significantly higher.

1.11 Between 2017 – 2020, 56,596 individuals accessed Coventry’s sexual health service for an STI-based intervention and 22,495 attended for a contraception-based intervention (some people would have attended for both an STI and contraception intervention).

1.12 A local sexual health needs assessment has been completed and demonstrates that future commissioning should prioritise the narrowing of sexual health inequalities and services should be flexibly delivered to proactively engage patients across the social gradient and among communities with greater barriers to accessing testing and treatment.

1.13 Further priorities, which also reflect national guidance and good practice, include:

- increasing the number of people accessing STI testing, including the considered use of online testing services
- improving engagement with Black and Black British populations
- improving engagement with populations in deprived neighbourhoods, in particular within those on the periphery of the city, as well as individuals in underserved communities, such as sex workers, substance misusing communities, people with learning difficulties, newly arrived migrants etc.
- increasing number of people accessing contraceptive services incl. C-card and Long Acting Reversible Contraception (LARC)
- improve pathways with termination of pregnancy services to reduce abortions and repeat abortions
- through the above maintain a focus on reducing under 18 conceptions
- delivery of effective and flexible delivery to support populations with complex needs
- maintaining a strong focus on contact tracing
- continuing delivery of safe services meeting national specification, minimising the risk of drug resistance, and responding to novel infections
- Continuing an integrated pathway with HIV treatment services
- Continuing delivery and widening the use of Pre-Exposure Prophylaxis (PrEP)

2. Options considered and recommended proposal

2.1 It is proposed that the service is re-procured by the City Council jointly with Warwickshire County Council and NHSE to deliver both ISH and HIV treatment services within an integrated model, providing efficiency and a smooth patient journey from HIV testing to treatment. The recommended approach is that, following appointment of a provider via a joint procurement process, that the Councils will hold a single contract for sexual health service provision and NHSE will hold a second, separate, contract for HIV treatment to ensure contract management remains within specialist teams. Warwickshire County Council will operate as contract holder for sexual health service provision and Coventry City Council will have third party rights. A supporting contract will be drawn up between Coventry City Council and Warwickshire County Council to clarify roles, risk sharing and liabilities and a joint overseeing board will be established involving Directors of Public Health from each local authority.

2.2 To respond to the needs assessment, it is proposed that the procurement process is designed in a manner which allows for negotiation with bidders to encourage the

development of service models which proactively engage with communities to reduce health inequalities. It is anticipated that bids involve core provision from health providers, acting in partnership with primary care services and other local or specialist organisations to engage in community-based health promotion and STI testing activity. It is anticipated that targeted communities would include those in greater deprivation and Black / Black British populations.

- 2.3 The procurement of a sexual health contract separately from Warwickshire County Council and NHSE was considered. Coventry's current ISH service and HIV treatment service are delivered by the same provider and separating this provision would have a significant negative impact on pathways between testing and treatment services. While there are limited opportunities to achieving significant savings by combining Coventry City Council and Warwickshire County Council's sexual health provision under a single contract, there may be scope for improving the skills mix and streamlining some back office tasks by procuring jointly. Savings achieved against the Coventry contract are noted in section 6.1 below and Warwickshire County Council has increased its financial envelope for sexual health services following an independent review. Therefore, an approach of commissioning a Coventry-only sexual health contract is not recommended.
- 2.4 The procurement of separate services, for example one service delivering core sexual health services and a separate service delivering proactively community engagement and sexual health promotion, was also considered. This approach would introduce a significant risk of duplication of work, higher cost and a fragmented patient pathway and is therefore not recommended.
- 2.5 The nature of clinical services working within complex health systems means that longer-term contracts are commonplace and often required by potential bidders. Hence, the length of contract will be 5 years, with an option to extend of a period of up to another 5 years. Similar to other public health services, the provider will be required to deliver a clear focus on service improvement throughout the contract to ensure it adapts to changes and remains relevant for the local population.
- 2.6 The existing contract includes a financial incentive scheme which makes payment of up to 10% of the contract value on performance. The effectiveness of the current financial incentive scheme is unproven and such schemes may introduce a barrier for bids which involve a number of different partners and so it is proposed that the future contract does not include any financial incentivisation, but to ensure strong performance management against key performance indicators.
- 2.7 A saving was achieved during the procurement of services in 2015 and a further £200,000 was withdrawn when the contract was extended in 2020/21. Given the level of sexual health needs within Coventry, it is not recommended that the financial envelope for the contract is significantly reduced.
- 2.8 Transfer of monies under Section 75 – or similar style – agreements involving NHSE and the City Council to align contract responsibility under a single body has been considered. There are a small number of examples where NHSE funds have been transferred to local authorities under a Section 75 agreement, however, the benefits of this are unclear and such arrangements increase the professional risk for the local authority and potential loss of specialist knowledge about HIV treatment and pathways within specialist health services.

3. Results of consultation undertaken

- 3.1 A sexual health needs assessment has been completed, and is currently being aligned with Warwickshire's needs assessment, with summary details included at 1.9 to 1.11, above.

3.2 An analysis of the marketplace for sexual health services has been conducted, including desktop research and interviews with a range of providers to understand the nature of the marketplace and key issues facing potential bidders. Sexual health services are predominantly delivered by NHS Trusts with a small, but growing, number of voluntary sector or private providers. There are a number of NHS Trusts delivering sexual health services outside of their 'home' area. Due to the nature of HIV Treatment, there are currently no voluntary or private sector providers delivering HIV treatment commissioned by NHSE. Online testing services are predominantly provided by private sector companies, with some NHS Trusts delivering in-house online services. There are a large number of specialist services, delivering activity like outreach, young people's services and HIV targeted interventions. Potential bidders were supportive of procurement approaches which include dialogue to improve the two-way understanding of requirements, opportunities and constraints

3.3 Consultation has been underway with members of the public to understand preferred methods of service delivery, including focussed consultation with people from deprived neighbourhoods on the outskirts of the city and Black and Black British communities. Consultation is ongoing and will inform the procurement dialogue process designed to improve proactive engagement with specific communities

4. Timetable for implementing this decision

4.1 The Invitation to Tender documents will be released in late 2022. It is intended that the procurement process – including any dialogue – will take approximately 9 months and will enable contract award to take place in September 2023 and allow for a 6-month mobilisation period for the new provider. It is intended that the new contract will commence on 1st April 2024.

5. Comments from Director of Finance and Director of Law and Governance

5.1 Financial implications

The current contract is valued at £3,614,626 per annum, funded through the Public Health Grant, which reflects:

- a contract reduction of £200,000 pa on the original contract value, agreed in 2020/21
- a contract increase of £204,626 pa on the original contract value to reflect additional funding for the delivery of PrEP (pre-exposure prophylaxis for HIV – preventative treatment for those at high risk of contracting HIV) and the nationally agreed Agenda for Change NHS pay increase for 2020/21. From 2021/22 these two additional elements of funding are included within the Public Health Grant.

It is intended that the total financial envelope for the proposed service will be £7,743.017, with Coventry City Council contributing £3,585,017.

The contract will be managed through a single contract management arrangement involving both local authorities and a notional pooling of budgets with Coventry City Council paying Warwickshire County Council quarterly the agreed contract sum.

5.2 Legal implications

The Health and Social Care Act 2012 places a duty on local authorities to provide open access services for contraception and for prevention, testing and treatment of sexually transmitted infections (STIs) for their residents.

The current contract (together with the extension stated in this report) will expire on 31st March 2024. In order to ensure that the service is maintained, we are legally required to conduct an open and transparent procurement process which will be a competitive tender process to ensure best value against the agreed evaluation criteria.

The Council will ensure that we comply with the Public Contracts Regulations 2015 and the Council's contract procedure rules as well as any applicable legislation when tendering for the services.

Whilst there are no implications for staffing at this stage, in the event that the winner of the procurement exercise is not the current provider there will be implications for staff transfer under TUPE. This, however, is an issue for the old and new providers to resolve although the Council will ensure that the mobilisation process is sufficiently robust to manage the issue.

6. Other implications

6.1 How will this contribute to the Council Plan (www.coventry.gov.uk/councilplan/)?

The services support the One Coventry Corporate Plan's vision to help to make communities safer, improve the health and wellbeing of local residents and protect our most vulnerable people by preventing the spread of sexually transmitted infections and supporting family planning.

6.2 How is risk being managed?

An officer group, including representatives from the City Council, Warwickshire County Council, NHSE and Coventry and Warwickshire Integrated Care Board has been working to develop a procurement strategy to understand and minimise risks. These include:

- **Failure to appoint a provider.** Interviews with potential bidders have helped understand the minimum requirements of providers. As such, the contract will be of 5 years, with an option to extend for a further 5 years, providing financial stability and time to embed pathways and partnership working.
- **Failure to deliver on priorities.** The procurement process may include dialogue to ensure bidders fully understand commissioner's requirements in relation to the delivery of outreach and community engagement. The contract will include a requirement of the service to review and produce service improvement plans.
- **Changes in demand.** The procurement process will include dialogue to engage a positive and transparent relationship between the two local authorities and the provider to help understand the changing demand on services during the course of the contract.

6.3 What is the impact on the organisation?

Good sexual health is a significant issue for many functions of the City Council, including Children's Services, Safeguarding and Public Health.

6.4 Equality Impact Assessment (EIA)

The contract will support efforts to reduce health inequalities and prioritise engagement with known populations are greater risk of sexually transmitted infections and unwanted pregnancies.

An Equalities Impact Assessment has been conducted via Warwickshire County Council as lead commissioner. The EIA is included as an appendix (this uses the WCC EIA format).

6.5 Implications for (or impact on) climate change and the environment

There are no implications

6.6 Implications for partner organisations?

Sexual health services are a core health service and will operate closely with primary and secondary healthcare providers.

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