

Integrated Commissioning Executive Officers Group

Integrated Sexual Health Service Tendering Process

Date	Monday 9 th November 2015
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Sponsor	Frances Howie – Head of Public Health
Purpose	For information only APPENDIX A – Draft Service Specification APPENDIX B – Equality Impact Assessment
Recommendations	a) ICEOG notes the process for the tender for the Integrated Sexual Health Service.
Background	<ol style="list-style-type: none">1. The process to re-commission sexual health services began in January 2015 with a view to the commencement of a new single integrated contract from October 2016.2. The procurement process is currently ongoing, and the finalised tender pack will be advertised on the WCC e-tendering portal in January 2016, with a view to announcing a preferred Lead Provider in May 2016. The preferred Lead Provider will be responsible for all aspects of agreed service delivery, including the management of all sub-contracting and partnership working arrangements.3. A market engagement event held in October showed that there is significant interest from external providers as well as the current providers; 20 plus organisations were in attendance.4. Following the transfer of commissioning sexual health services to the Local Authority in April 2013, there has been no further review of the commissioning responsibilities of the services that were transferred, and ongoing delivery of these services has continued unchanged within each of the current contracts.5. Following the in-year reduction to the Public Health Ring-fenced Grant, the local authority is proposing a reduction in the overall value of the sexual health contract when it is re-commissioned. Service improvement work already underway is likely to mitigate the impact of this reduction, and the strengthening of exclusion criteria will further mitigate the impact, as well as clarify responsibilities for the longer term.6. The local authority recently commissioned a review of all prevention services by Impower, which recommended that sexual health

Service Re-design

services should be better targeted towards vulnerable and high risk populations so as to minimise the impact on higher cost treatment services.

7. Poor sexual health continues to be an issue for some people in Worcestershire. It is more common amongst young people/adults, MSM, ethnic minority populations and in areas of greater deprivation, and although the population of reproductive age (15-44 years) is projected to decrease, the sexual health needs of more at risk groups such as deprived young people, Looked After Children (LAC) & care leavers, MSM, BME, and the needs of the rising older population are likely to increase.
8. Under the current system of delivery of services, the majority of spend and sexual health provision is predominantly focused on identifying, treating and preventing the onward transmission of STIs through the use of clinical sexual health services rather than working to prevent the initial acquisition of STIs.
9. The rate of GUM attendances at HACW GUM clinics (JAC & Arrowside) by CCG indicates that attendance rates have been increasing in recent years. There are higher attendance rates from R&B CCG and low rates from WFCCG.
10. There are also a very high number of "rebooks" attending GUM services. A rebook is where a patient is attending again for another new episode of care. The rebook rate has been increasing over recent years and is highest for R&BCCG.
11. In 2013/14 there were nearly 5000 GUM attendances that did not require treatment – this includes both first and follow up attendances. The % of attendances not requiring treatment in Worcestershire was 34% compared to 24% nationally. This includes follow ups where treatment might not necessarily be required.
12. The aim of the new Integrated Sexual Health Service is to encourage the resident population to achieve and maintain positive health and wellbeing as a result of positive sexual health behaviour. The service will have a major shift in focus towards greater prevention, health promotion and self-management, and will encourage people to make safe and healthy lifestyle choices in relation to their sexual health. It will also provide easier access to key services such as contraception and reproductive health, and testing and treatment for STIs, from a range of countywide community based settings.
13. The main purpose of this report is to provide clarity on the commissioning responsibilities of sexual health services following the transfer of public health services to the local authority in April 2013. Based on this, the set of exclusions outlined in paragraph 10 will be applicable to the service specification for the Integrated Sexual Health Service.
14. The following table outlines the commissioning responsibilities of Worcestershire sexual health services across the whole system:

Commissioning Responsibilities

Local authorities	Comprehensive, open access sexual health services, including: Contraception (including implants, intrauterine contraception, emergency contraception), including all prescribing costs – but excluding contraception provided as an additional service under the GP contract; STI testing and treatment , including Chlamydia and HIV testing; *Sexual health aspects of psychosexual health services ; and Sexual health specialist services , e.g. young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work.
CCGs	Termination of pregnancy services ; Sterilisation , including vasectomy; *Non-sexual health elements of psychosexual health services ; and Community gynaecology , including use of contraceptive services for non-contraceptive purposes (e.g. menorrhagia; part of hormone replacement therapy).
NHS England	Standard contraception provided under the GP contract ; Wyre Forest and Redditch and Bromsgrove CCGs HIV treatment and care , including post-exposure prophylaxis (PEPSE); Promotion of opportunistic testing and treatment for STIs (including patient-requested testing by GPs); Sexual health elements of prison health services ; Sexual Assault Referral Centres ; and Cervical Screening
Co-commissioning	Standard contraception provided under the GP contract - South Worcestershire CCG

***Sexual health aspects of psychosexual health services** - non-organic sexual dysfunction that applies to people on a sexual health pathway. Support services for these are generally non-prescribing and treated with talking therapies etc.

***Non-sexual health elements of psychosexual health services** – organic sexual dysfunction that generally applies to people not on a sexual health pathway. They are the result of comorbidity with illnesses such as diabetes, vascular diseases or in reaction to medication for another condition. These services are often prescribing services.

15. As outlined in the table above, the Health and Social Care Act reforms stipulate that local government has a mandated responsibility to commission open access Sexual Health Services*. This is specified within the Local Authorities Regulations 2013, as provision of the following:

- Open access Sexual Health Services to everyone present in Worcestershire regardless of place of residence or GP registration** 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.

*The provision of sexual health services commissioned by LAs other than STI testing, treatment and contraception are discretionary.

**Under the terms of the GMS Contract, GP practices must also provide the option for registered patients to receive Level 1 services (contraception, STI and HIV testing, and sexual health promotion) from a primary care setting.

16. Following a review of commissioning responsibilities across the whole sexual health system, Public Health has provisionally agreed that the following services and responsibilities will be excluded from the new service specification on the grounds that they are either not the responsibility of the Local Authority, or that they are not a mandatory service requirement:

- HIV treatment and care including post-exposure prophylaxis (PEPSE); which are subject to separate service agreements by NHS England;
- Other sexual health services which should be provided by GPs under the terms of the General Medical Services (GMS) contract;
- Sexual and non-sexual health elements of Psychosexual counselling services*
- Termination of pregnancy services including pregnancy assessment and advisory services**
- Sterilisation services including vasectomy;
- Sexual health elements of prison health services;
- Sexual Assault Referral Centres;
- Cervical Screening***
- Gynaecological services for non-contraceptive purposes or where related to non-STI treatment (e.g. menorrhagia; part of hormone replacement therapy);

*Sexual health aspects of psychosexual counselling (LA): These are a discretionary requirement, and are generally non prescribed, treated with talking therapies. They are currently provided as part of the main WCC sexual health block contract held by WHaCT. This would fit best within mental health talking therapies and counselling

**Pregnancy assessment and advisory services (CCGs): The pregnancy advisory service is currently provided for South Worcestershire and Redditch and Bromsgrove as part of the main WCC sexual health block contract held by WHaCT. These services are the responsibility of the CCG and should have been transferred in 2013 to form part of the termination of pregnancy pathway.

***Cervical Screening (NHS England): Cervical screening is currently provided in sexual health clinics as part of the main WCC sexual health block contract. It is provided as a method of increasing patient choice within the national cervical screening programme. From October 2016, screening will only be offered in sexual health clinics as a direct outcome of an episode of care within the sexual health care pathway (unless a separate agreement to continue to offer them as part of the national screening programme is agreed between NHS England and the new provider). GP practices will no longer be able to give their patients the option of using sexual health clinics for a routine cervical screen.

Financial Implications

17. Following discussion at the HWB Board 30th September, it was agreed that Marcus Hart would make a final decision on the future budget for sexual health services by mid-November. This would be based on the following recommendations:

- Main sexual health contract - Reduce funding by 10% from October 2016 with savings made by service redesign and recommissioning (this figure is now 12.5%);
- Consider the role of these services in identifying child sexual exploitation, and ensure that access is available to highest risk groups;
- Reduce funding by 10% from October 2016 with savings made by service redesign and recommissioning, focusing on the mandated elements of Sexual Health services. (This figure is now 12.5%).

Next Steps

18. Tendering for the Integrated Sexual health service will follow the timeline below:

SEXUAL HEALTH SERVICES: TENDER TIMESCALE	
Process	Timescale
Advertise Tender	13 th January 2016
Closing date for submission of questions	12 noon, 3 rd February 2016
Open meeting for potential Tenderers	8 th February 2016
Summary published of response to questions	10 th February 2016
Closing date and time for receipt of completed Tenders	4pm, 8 th March 2016
Evaluation of Tenders	<u>Stage 1:</u> 9 th March 2016 <u>Stage 2:</u> 10 th – 31 st March 2016
Clarification (if required)	W/c 4 th April 2016
Visits (if required)	W/c 18 th April 2016
Preferred Tenderer announced	3 rd May 2016
Contract commences	1 st October 2016