

PUBLIC HEALTH RECOMMISSIONING: SEXUAL HEALTH CONTRACT

Report of the Director of Public Health

1. INTRODUCTION AND PURPOSE OF REPORT

- 1.1 This paper outlines the proposed approach to the re-commissioning of the Integrated Sexual Health service in Stockport.
- 1.2 The integrated sexual health service contract is due to expire on 31st March 2022, following a one-year extension using Covid-19 procurement procedures. This extension was approved on the understanding that a full tender process would then take place. The current contract is commissioned on a cluster basis with Stockport MBC, Tameside MBC and Trafford MBC. Stockport MBC is the lead commissioning authority and holds the contract.
- 1.3 The re-tender is being undertaken with the aim of transforming the sexual health system in Stockport to improve outcomes for local people, ensuring that people get appropriate advice, support and treatment from the right service at the right time and in the right place. The new service will be a system leader, working alongside Public Health, to shape the local system.
- 1.4 The service will embed the 'ONE Stockport' shared vision in its approach and support the ONE Health and Care Plan, with a focus on early help and prevention. There will be a commitment to improving physical and mental health and addressing inequalities through targeted support and neighbourhood working. This will include targeted outreach support for our most vulnerable residents, supporting the development of Primary Care Networks providing sexual health services and working in partnership with children and young people's services to provide a comprehensive, joined-up offer. By moving beyond purely commissioning a demand / activity led, traditional clinical-focused service, we can transform our local system, enabling effective, accessible and value for money services.
- 1.5 Stockport Council will co-commission the service with Tameside Council. Stockport will continue to be the lead commissioning authority and there will be an Inter-Authority Agreement in place. Trafford MBC are developing separate contractual arrangements with the current provider as part of their existing Community Services contract and will therefore not be part of any new contractual arrangements.
- 1.6 For Stockport, the current annual budget is £1,483,938 plus an additional amount of up to £75,514 for PrEP (Pre-Exposure Prophylaxis). This is a new element of grant funding within the Public Health grant for the PrEP HIV prevention drug. Tameside have indicated that their annual budget is £1,274,924, with a potential additional allocation for PrEP of £68,320. Additional contributions of up to 5% of the contract value may be required as part of the NHS Agenda for Change uplift. Currently this has not been requested by the provider in 21/22.

- 1.7 The proposal is to have an initial 5-year contract with the option to extend further for up to a further 5 years. This contract term will enable us to secure interest from providers who are fully committed to driving our local vision of system re-design. They will be held to account for the delivery of system wide outcomes (such as reducing teenage conceptions and reducing the late diagnosis of HIV). This will be a developmental style contract, with key system change milestones that the provider must deliver in order for any contract extension to be considered. Any extension over the initial 5- year term would be subject to approval from both Stockport and Tameside. The maximum contract value over 5 years + up to 5 years would be as follows:

	Main	PrEP	Annual	5 year	10 year
Stockport	1,483,938	75,514	1,559,452	7,797,260	15,594,520
Tameside	1,274,924	68,320	1,343,244	6,716,220	13,432,440
Total	2,758,862	143,834	2,902,696	14,513,480	29,026,960

- 1.8 The paper seeks permission to proceed with work to progress with the tender. Subject to this paper being reviewed and approved by Scrutiny (17th June 2021) and Cabinet (29th June 2021), the tender process will be conducted with STaR procurement, with tender documentation being published on the Chest on 26th July 2021. We also ask that following the tender, the approval to award the contract is delegated to the Director of Public Health in line with her duties in terms of managing the Council's Public Health functions and delegation to enter into contracts.

2. BACKGROUND

- 2.1 Local authorities are responsible for commissioning open access sexual and reproductive health services within their areas. This is a mandated function within the Health & Social Care Act 2012. Ensuring the delivery of high quality, accessible services for our residents is key to improving the wide-ranging health outcomes linked to sexual & reproductive health, and also to delivering longer term savings.
- 2.2 The current sexual & reproductive health offer for Stockport residents comprises of a number of different services (in addition to the service which is being re-tendered). These include but are not limited to the relationship and sex education young people's service, school nursing, primary care provision, screening programmes, support for teenage parents, midwifery services, the Family Nurse Partnership, and HIV prevention and support programmes. It is essential that all services are part of a joined up and co-ordinated system wide approach.
- 2.3 The current specialist integrated Sexual and Reproductive Health services is part of Manchester University NHS Foundation Trust (MFT). It is an integrated, consultant-led, all-age service designed to meet the sexual and reproductive health needs of residents through the provision of HIV testing, STI testing and treatment (excluding HIV treatment and care) and contraception and reproductive health services.

- 2.4 The current contract started on 16th September 2016 and was awarded for an initial period of 30.5 months, ending on 31st March 2019, with the option to extend for up to a further 2 years. The option to extend was invoked, and then a further 12-month Covid extension was agreed. The current contract expiry date is 31st March 2022.
- 2.5 The current service provides contraception and sexual health advice; sexually transmitted infection (STI) testing and treatment; specialist support for complex issues; counselling; safeguarding support for more vulnerable residents; support through pregnancy (including pregnancy testing and advice); PrEP HIV prevention programme; non-clinical and clinical outreach support and community gynaecology (as per a local commissioning agreement with Stockport CCG).
- 2.6 In addition to providing essential sexual health services, the new tender will incorporate our 'One Stockport' vision and our ambition around the wider sexual health system redesign. All parts of the system must work together to meet the needs of residents and ensure value for money and effective services. There is need for system wide oversight, leadership and development which this service must play a pivotal role in.

3. COVID-19, SERVICE DEMANDS AND CAPACITY

- 3.1 Covid-19 has led to challenges in providing sexual health services and related support. Some services were suspended due to the wider pressures on NHS services and the risk of Covid transmission in the community, and some clinical staff were deployed. However, provision for the most vulnerable and those with an urgent need, remained in place.
- 3.2 Contraception, STI and HIV care were classed as 'essential services' and prioritised by the service and have been provided in new ways and in line with national guidance throughout the pandemic. This includes delivery taking place via remote/digital consultation (phone, video or online) where possible, and face-to-face where clinically necessary. The learning from this will be built into the new service, including embedding digital and remote delivery into future provision.
- 3.3 There have been surges in demand at different stages of the pandemic due to stages of re-introduction of routine procedures (e.g. fitting of long acting reversible contraception (LARC)). It is expected that there is high degree of unmet need that will present as lockdown further eases, resulting in increased demand during 21/22 and potentially during the start of the new contract period.
- 3.4 Using an expression of interest exercise ran via STaR, we have sought feedback from prospective providers around interest in and capacity around the tender process. This was issued in light of Covid-19 and the additional demands placed on services. Our current provider informed us they would submit a tender but raised issues over capacity and resource, noting as an NHS Foundation Trust, they were facing a number of wider Covid-19 recovery

pressures. Other prospective providers (9 in total) indicated their interest and capacity to submit a bid, with several requesting longer than the standard bid submission deadlines.

- 3.5 The STaR procurement legal team have advised that there would be no grounds for the current provider to challenge our decision to go out to tender. However, to maximise the number of quality bids and in light of other provider feedback, we will adapt the procurement timeline and extend the bid submission period. We will also keep the process as simple as possible to minimise resource implications.
- 3.6 Of note, other areas in Greater Manchester (a cluster of Oldham, Rochdale and Bury) are also proposing to go out to tender at the same time as Stockport and Tameside. We will work with these other areas alongside STaR to ensure a consistent procurement approach. These areas have also outlined intentions around a 5 + 5 contract period to enable local system transformation and redesign.

4. THE NATIONAL AND GREATER MANCHESTER CONTEXT

- 4.1 The 2019 Health & Social Care Parliamentary Committee Review into sexual health highlighted a number of challenges and recommended the need for sufficient funding to deliver high quality sexual health services and information. It noted that cuts to spending on sexual health can lead to higher financial costs for the wider health system, and inadequate sexual health services may also lead to serious personal long-term health consequences for individuals and jeopardise other public health campaigns such as the fight against antimicrobial resistance. It also highlighted the range of provision required to meet the needs of the general and more vulnerable populations. The tender specification will incorporate all such requirements.
- 4.2 The Greater Manchester Health & Social Care Partnership (GMHSCP) also conducted a review during 2019. This demonstrated high levels of STIs and abortions across Greater Manchester as well as dropping contraception uptake, particularly LARC. This further emphasised the need for change in the sexual health system across Greater Manchester.
- 4.3 The GMHSCP proposed a model to address these issues which all GM local authorities can work towards in transforming our system-wide response to improve these outcomes for local residents (see figure in Appendix A). The fourth pillar refers to integrated specialist care which this tender relates to. For Stockport, as part of the new contract, there will be a local requirement for the service to work with us to transform the system across all pillars.
- 4.4 The new procurement exercise will be based on the core principles of the GM model. To support this, we will have a common GM wide specification which will be the basis for the new service, with additional Stockport requirements, articulating our local vision and system development areas which they will be driving forward.

5. NEEDS ASSESSMENT DATA

- 5.1 Public Health England (PHE) provide Sexual and Reproductive Health Profiles to support areas to monitor the sexual and reproductive health of their population and the contribution of local public health related systems. A summary of our local activity and performance is provided in Appendix B for information.

6. PROPOSED NEW SERVICE MODEL

- 6.1 Local authorities are responsible for commissioning open access sexual and reproductive health services within their boroughs. The new service model will ensure that this mandated function is in place, whilst additionally having a broader remit supporting the 'ONE Stockport' shared vision and ONE Health and Care.
- 6.2 The core elements of the current service will be retained and will be commissioned in line with all relevant clinical standards and national guidance relating to the safe and effective delivery of sexual health support and treatment. The provision will range from advice and information through to complex clinical support.
- 6.3 The service will comprise of an all-age, integrated contraception & sexual health advice (CASH) and genitourinary medicine (GUM) model, under one contract, with specific outcomes around provision and activity around young people. We will liaise with key stakeholders to ensure that any specific young people's provision will complement and work with existing Stockport structures.
- 6.4 We are currently liaising with Stockport CCG to see if they wish to continue to include community gynaecology within this contract. If so, funding and activity/outcome targets will be agreed with them.
- 6.5 In line with our local ambition, the provider will be required to have a focus on and be accountable for key population-level outcomes (including reducing unintended pregnancies, terminations and under-18 conception; further reducing the late diagnosis of HIV; increasing chlamydia screening rates; reducing STI rates; and increasing contraception usage particularly LARC prescribing.)
- 6.6 The provider will also have a key role as a system leader around sexual and reproductive health across a wide range of partners including acute health services; safeguarding partnerships; primary care; tertiary services including HIV treatment; and other community providers such as substance misuse services.
- 6.7 There will be an increased focus on a community and prevention focussed approach with direct access to services across the borough either in neighbourhood-based physical locations offering elements of the Sexual and Reproductive Health service, or via a clinical and non-clinical outreach offer to target vulnerable groups who are less likely to access centralised services. This will support the wider system work around addressing health inequalities.

- 6.8 The performance management for the new contract will be outcome focused with qualitative elements included alongside a focus on the impact of services and links/joint work with other key stakeholders. We will also look to include potential escalation measures/penalties if KPIs and key milestones have not been achieved.

7. ESTATES

- 7.1 The current service is based at St Peter's Square in central Stockport.
- 7.2 On 28 July 2008, Stockport PCT entered into a 25-year Lease of the Premises with Touchstone Properties Limited (lease end date 2033). When Stockport PCT was abolished, NHS Property Services acquired the PCT's legal interest in the Premises and became the Tenant.
- 7.3 The cost of lease is currently funded by Stockport CCG, although payments are routed via Stockport Council. The next break clause in the lease is 28th July 2023.
- 7.4 At the time of the previous tender (2016), there was a requirement for the service to operate from these premises, with the costs of the lease excluded from the contract value.
- 7.5 Further discussions are taking place with Stockport CCG to agree premises arrangements for the new service.

8. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 8.1 The proposal is to have an initial 5-year contract with the option to extend further for up to a further 5 years. As previously noted, this contract term will enable us to secure interest from providers who are fully committed to driving our local vision of system re-design and hold them to account for the delivery of system wide outcomes. The maximum contract value over 5 years + up to 5 years would be as follows:

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- 8.2 A number of alternatives have also been considered as follows.
- 8.3 The authority could opt to allow the existing contract to lapse and cease delivery. The provision of open access sexual health services is a mandated function for local authorities, so this is not feasible. This approach would also carry significant risks involved including reputational damage for the Council and be highly detrimental to health outcomes.

- 8.4 The option to contract for a shorter term has also been considered. Due to the scale of ambition for system-wide development and the need for stability, a minimum initial contract length of 5 years is requested. The contract length reflects our ambition for service development within the contract term. This will provide stability and encourage the provider to make longer-term investments in capacity and capabilities within the service and establish itself in a system leader role. However, this does not remove the ability of the local authority to hold the provider to account via the 6-month break clause built into the contract, as well as other performance management elements.
- 8.5 The option to reduce the current contract value has been considered and the price of bids will be one of the key criteria in selecting the provider. The preferred approach is to retain the current level of investment and use this as the maximum financial envelop. This includes an inflationary saving arising from paying costs at the 2016-2021 rate (cost avoidance at an estimated rate of 3% per annum). The new contract also places additional responsibilities on the provider in line with our local vision and their role as a system leader, within current funding.
- 8.6 Any significant reductions would impact on service delivery which may see our residents accessing sexual health services elsewhere. Due to the open access requirement of these services, we would incur out of area costs for our residents, which could negate any savings made on this contract. Plus, we would have no control over the running and quality of the service our residents are accessing.
- 8.7 The health and other associated outcomes arising from effective sexual health services support the need to retain investment in this area, both from a prevention and treatment perspective.

9. LEGAL CONSIDERATIONS

- 9.1 The current contract expires on 31st March 2022. We are now legally required to conduct an open and transparent procurement process. There will be a competitive tender process to ensure best value against the agreed evaluation criteria.
- 9.2 As this is a cluster contract with Tameside, the procurement process will be undertaken by commissioners in Stockport and Tameside, with support from STaR procurement.
- 9.3 The proposal is to have a 5-year contract with the option to extend further for up to a further 5 years. Any extension over the initial 5-year term would be subject to approval from both Stockport and Tameside. In order for the contract extension period to be considered the provider must achieve key milestones.

10. HUMAN RESOURCES IMPACT

- 10.1 There are no direct HR impact for council other than officer time and resources. Transfer of Undertakings (Protection of Employment) regulations 2006 (TUPE) will apply for this contracted service, and we will support the provision of any required TUPE information as part of the tender.

11. EQUALITIES IMPACT

- 11.1 It is not anticipated that re-tendering this service will have any direct or indirect negative impacts on any groups of people with protected equality characteristics. The service is open to all and will ensure that all needs are considered and catered for. For example, certain programmes will be specifically tailored for certain groups, such as men who have sex with men.
- 11.2 An Equality Impact Assessment will be completed prior to going out to tender to provide further assurance around this.

12. ENVIRONMENTAL IMPACT

- 12.1 Some elements of this provision are well suited for digital solutions, with delivery taking place via remote/digital consultation (phone, video or online) and we will consider that within the context of reducing environmental impact.

13. CONCLUSIONS AND RECOMMENDATIONS

- 13.1 Local authorities are responsible for commissioning open access sexual and reproductive health services within their areas. This is a mandated function within the Health & Social Care Act 2012.
- 13.2 Ensuring the delivery of high quality, accessible services for our residents is key to improving the wide-ranging health outcomes linked to sexual & reproductive health, and also to delivering longer term savings.
- 13.3 This retender will be fundamental in enabling the transformation of the sexual health system in Stockport to improve outcomes for local people, ensuring that people get appropriate advice, support and treatment from the right service at the right time and in the right place. The new service will be a system leader, working alongside Public Health, to shape the local system
- 13.4 It is recommended that feedback is provided on this proposal and approval given to progress with the tender process for the Sexual & Reproductive Health Service on the basis outlined in the report.
- 13.5 It is noted that the paper has been reviewed by the Adult Social Care and Health Scrutiny (17th June 2021) who were supportive of the proposals. It is proposed that, subject to review and support by and Cabinet (29th June 2021), the service will go out to tender and details will be published on the Chest on 26th July 2021.

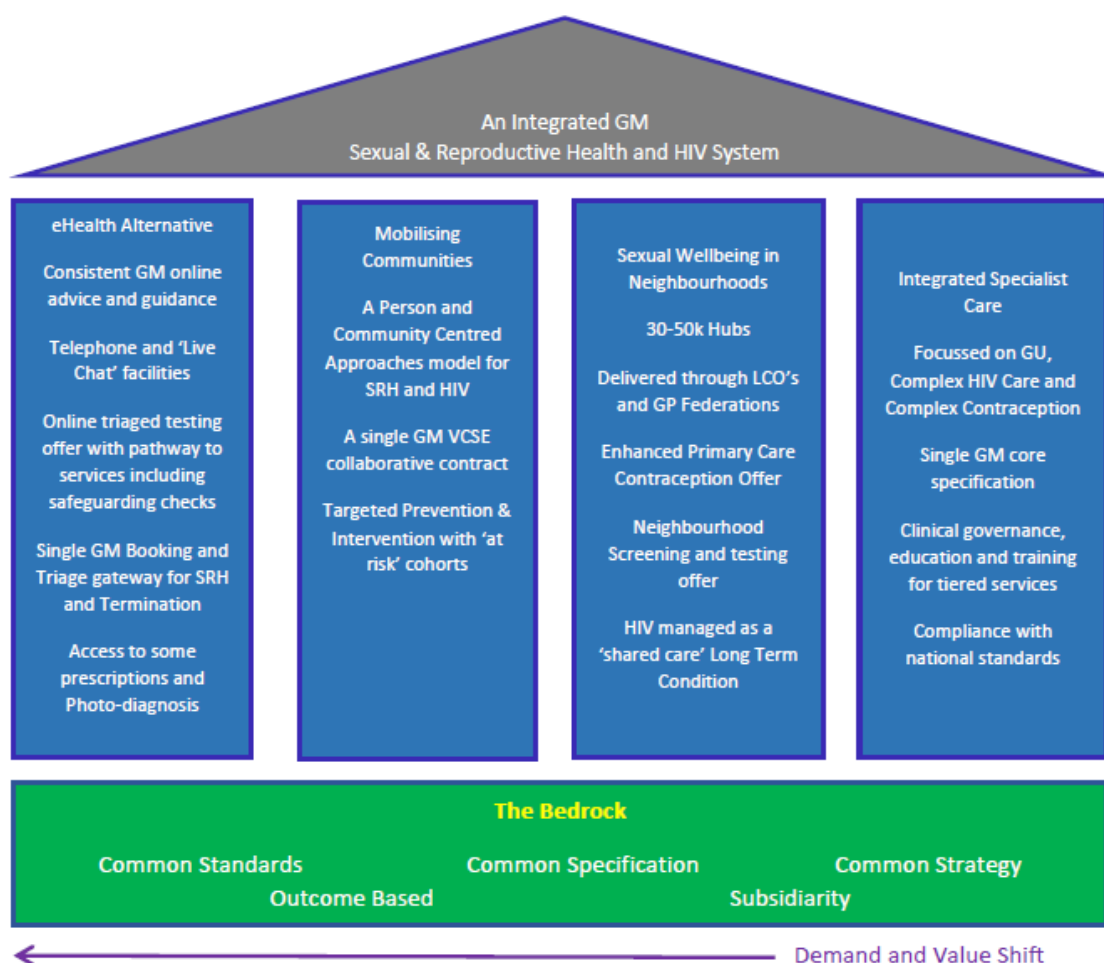
- 13.6 It is recommended that subject to approval to go out to tender, the approval to award the contract is delegated to the Director of Public Health in line with her duties in terms of managing the Council's Public Health functions and delegation to enter into contracts, following consultation with the appropriate Cabinet member.

BACKGROUND PAPERS

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Jennifer Connolly on 0161 474 2442 or by email on jennifer.connolly@stockport.gov.uk

APPENDIX A: GM MODEL FOR AN INTEGRATED SEXUAL & REPRODUCTIVE HEALTH AND HIV SYSTEM



APPENDIX B: NEEDS ASSESSMENT DATA

1.1 Public Health England (PHE) provide Sexual and Reproductive Health Profiles to support areas to monitor the sexual and reproductive health of their population and the contribution of local public health related systems. A summary of our local activity and performance is provided below

1.2 Stockport has a similar/better diagnostic rate of syphilis (11.9 per 100,000) and gonorrhoea (69 per 100,000) than the England average (13.8 and 123 respectively). Syphilis is an important public health issue in men who have sex with men (MSM) among whom incidence has increased over the past decade. Gonorrhoea is used as a marker for rates of unsafe sexual activity. The majority of cases are diagnosed in sexual health clinics, and consequently the number of cases may be a measure of access to sexually transmitted infection (STI) treatment.

1.3 Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. By diagnosing and treating asymptomatic chlamydia infections, chlamydia screening can reduce the duration of infection, which will reduce an individual's chance of developing complications, and also reduce the time when someone is at risk of passing the infection on, which in turn will reduce the spread of chlamydia in the population. The chlamydia detection rate per 100,000 young people aged 15-24 years is currently 1,590. Guidance recommends local areas achieve an annual chlamydia detection rate of 2,300 per 100,000 15-24-year-olds in order to detect and treat sufficient asymptomatic infections to effect a decrease in incidence. Stockport's local screening rate for chlamydia (asymptomatic screens and symptomatic tests) is better locally than both the national and GM average.

1.4 HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission. HIV testing coverage is below target in Stockport at 52.9% against an England average of 64.8%. The indicator is the percentage of eligible new attendees at specialist sexual health services that have an HIV test.

1.5 HIV late diagnosis is the percentage of adults newly diagnosed with HIV with a CD4 count lower than 350. These are white blood cells that fight infection, so as HIV infection progresses, the number of these cells declines. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. In Stockport, HIV late diagnosis is 50%, compared to the England average of 43.1%.

1.6 Stockport's performance around new HIV diagnoses rates is better than the England figure. Our rate is 3.3 per 100,000 population aged 15-59, against the national figure of 8.1.

1.7 The long- term trend around under 18s conception rate is downwards and significant progress has been made in this area over the past 15 years. In 2006, the rate was 40.7 and generally, there has been a reduction year on year. The

latest conception rate data for Stockport is 15 per 100,000 against the England figure of 16.7. Of these under 18s conceptions, 64.7% led to abortions in Stockport (England figure is 53.0%).

1.8 27.7% of England abortions for the under 25s are repeat abortions, compared to the Stockport figure of 28.9%. Lower numbers of repeat abortions are an indicator of access to good quality contraception services and advice and fewer problems with individual use of the chosen contraceptive method.

1.9 The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist and non-specialist sexual health services per 1,000 women aged 15-44 years living in Stockport was 50.9 in 2019, similar to the rate of 50.8 per 1,000 women in England, and the highest in Greater Manchester.

1.10 The total abortion rate per 1,000 women aged 15-44 years in 2018 was 19.7 in Stockport, higher than the England rate of 18.1 per 1,000. Of those women under 25 years who had an abortion in 2018, the proportion who had had a previous abortion was 26.6%, similar to 26.8% in England.

1.11 In November 2020, Stockport together with the other 9 local authorities of Greater Manchester rolled out a survey to find out what the contraceptive needs of residents are and how COVID-19 may have impacted them. The intention was to obtain a greater understanding of how local residents currently access contraception and sexual health services, as well as their perceptions of these services and how they could be improved. 130 adults over 20 years old responded in total, of which a quarter (33) were from Stockport. The key findings are outlined below.

1.12 In terms of seeking advice on contraception, GP remains the most popular source, with 85% stating they seek advice from their GP, and 49% seeking advice from sexual health services. When asked where they would prefer to receive contraception, GP and sexual health services ranked at the top. Other alternatives included the pharmacist, supermarket and the internet. Flexibility in location of service, time of the day they can be accessed, the lack of requirement to make an appointment and proximity to home or work were also important. The most popular opening times were after 6pm or late afternoon slots Mon – Fri. Weekend slots were not as popular as evening appointments during the week. The ability to book appointments in advance, especially via an online platform was rated as the single most important factor for those who responded. This is corroborated by the ‘free text’ section of the questionnaire and local service feedback forms where users expressed frustration at the inability to book in advance, for a time that suited them, outside of working hours.

1.13 Whilst number of responders is relatively low, this gives an indication of what is important to residents and any new service will reflect the needs raised.