

WEST NORTHAMPTONSHIRE COUNCIL

CABINET

13TH FEBRUARY 2023

**CABINET MEMBER RESPONSIBLE FOR
ADULT CARE, WELLBEING AND HEALTH INTEGRATION – COUNCILLOR
MATT GOLBY**

Report Title	Public Health and NHSE (NHS England) Integrated Sexual Health Services
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Contributors/Checkers/Approvers

Monitoring Officer	Catherine Whitehead	31 st January 2023
Chief Finance Officer (S.151)	Martin Henry	1st February 2023
Other Director/SME	Sally Burns Director of Public Health Stuart Lackenby Director of People	31 st January 2023
Head of Communications	Becky Hutson Head of Communications	30 th January 2023

List of Appendices

None

1. Purpose of Report

- 1.1 The purpose of this document is to provide Cabinet members with an update on the Northamptonshire Integrated Sexual Health and HIV Service (NISHH) contract and to seek approval to extend for 2 years (1+1 years) as per one of the clauses in the current contract.
- 1.2 West Northamptonshire Council (WNC) currently has a contract in place with NHS England, through a Section 75 (S75), for the delivery of sexual health and HIV services. The service is a mandatory service funded through the Public Health ring-fenced grant. The current service is provided by Northamptonshire Healthcare NHS Foundation Trust (NHFT), GPs, and Pharmacies across the county, as an open access service. North Northamptonshire Council is holding the commissioning responsibility for this service on behalf of WNC.
- 1.3 This paper is to seek approval from Cabinet members to delegate authority to the West Northamptonshire Council Director of Public Health (DPH) in consultation with the Cabinet Member for Adult Care, Wellbeing and Health Integration. The authority is required to extend the existing Section 75 agreements with NHS partners from April 2023 to March 2025.
- 1.4 This extension will enable the continuity of service delivery without disruption and will support Public Health to carry out a needs assessment to facilitate benchmarking and longer-term commissioning options. The benefit of this extension will help to focus on improved collaboration under the S75 agreement, which will allow outcome focussed service delivery, emphasising prevention and protection, through an effective contractual agreement.
- 1.5 Continuing existing organisational and policy arrangements with commissioning and provider organisations would be the least disruptive option during this period of review.
- 1.6 The extension does not impinge on public procurement rules. The terms and conditions of the original contract will continue to apply, subject to any variations agreed by the parties. A letter of extension is sufficient to formalise the 2 years (1+1) contract extension between the parties.

2. Executive Summary

The report provides summary information on the progress of the integrated approach for Sexual Health and HIV services and options for the future arrangement.

The current NISHH contract commenced on 1 April 2019 and is due to expire on 31 March 2023. The contract was approved by Northamptonshire County Council (NCC) Cabinet in 2017.

The service currently covers both North and West Northamptonshire. The provider is Northamptonshire Healthcare NHS Foundation Trust (NHFT). The contract has an extension clause, with an option of 2 (1+1) years, which would subsequently end the contract on 31 March 2025.

Extending this contract for a further 2 years would incur a total cost of £20.9m (£20,983,052). The contribution from NHSE for the 2-year extension would be £10.9m (£10,993,588). The remaining contribution from the local authorities would be £9.98m (£9,989,464). WNC's contribution value (51.4%), equates to £5.1m (£5,134,584). The residual amount (£4,854,880) would be contributed by NNC as per their contribution value (48.6%).

3. Recommendations

It is recommended that the Cabinet Members agree to:

- 3.1 Delegate authority to the Director of Public Health, in consultation with the Cabinet member for Adults, Wellbeing and Health Integration, to extend the current NISHH contract with the existing provider for 2 years (1 + 1).

4. Reason for Recommendations

- 4.1 To enable the contract to be extended in order to continue to provide the service as described in the report.
- 4.2 The recommended course of action is the most cost and clinically effective service provision and enables a review of the current need and service to be carried out ahead of re-procurement.

5. Report Background

- 5.1 In September 2017 NCC's Cabinet approved Section 75 arrangements with NHS England to commission a countywide integrated sexual health service, which included prevention, diagnosis and treatment of sexually transmitted infections, HIV, and contraception.

5.2 NHSE and NCC jointly prepared a service specification and opened the tender for this service in February 2018, and the new service launched on 1 April 2019.

5.3 Contract Services, Providers and Funding

Service	Provider / Commissioner	Annual Contract Value
Northamptonshire Sexual Health Service	NHFT	£4,414,732
Long-Acting Reversible Contraception Services (LARC)	Primary Care	£550,000
Emergency Hormonal Contraception (EHC)	Pharmacies	£15,000
HIV Testing	Preventx	£15,000
HIV Treatment and Care Services <i>No financial liability to the local authority</i>	NHSE	£5,496,794

5.4 NISHH Performance

During 2022/23 the Service was available to the 325,000 residents (age 15 and above) of the West Northamptonshire area, and has provided:

- All people (100%) contacting the sexual health service were either provided an appointment within 48 hours or were seen at a walk-in clinic.
- All people (100%) accessing the service for emergency contraception have been provided with EHC.
- There has been an increase in the numbers of people accessing the service. The service is now supporting more people than pre COVID-19 pandemic through face to face and virtual delivery. This helps to address the gap in the required number of community sites as there are currently only 5 active pharmacies operating countywide.

5.4 Service Delivery Outcomes

Public Health Outcome Profiles	Period	WNC	England	CIPFA neighbours	Trend in comparison to previous year
HIV					
HIV testing coverage	2021	47.5%	45.8%	n/a	Decreasing trend of testing
HIV diagnosed prevalence rate aged 15-59 / 1,000	2021	2.43	2.34	1.59	No significant change for the past 5 years
The number of new HIV diagnoses among people	2021	2.7	4.8	n/a	Decreasing trend in new HIV diagnoses

Public Health Outcome Profiles	Period	WNC	England	CIPFA neighbours	Trend in comparison to previous year
aged 15 years and above population / 100,000					
HIV late diagnosis in people first diagnosed with HIV in the UK	2019-21	66.7%,	43.4%	n/a	No significant change, stays similar in comparison to previous 2 years
Chlamydia Screening and Detection					
Chlamydia proportion aged 15 to 24 screened	2021	15.6%	14.8%	13.4%.	Worsening trend, although screening is higher than England and CIPFA neighbours
Chlamydia detection rate aged 15 to 24 / 100,000	2021	1,385	1,334	n/a	Rate has reduced in previous 2 years
Conception and Abortion					
Total abortion rate / 1,000	2020	20.7	18.9	17.3	Increasing rate with worsening trend over the past 5 years
Under 18 conception rate / 1,000	2020	9.9	13.0	n/a	Improving trend in comparison to previous 2 years
Under 18 conceptions leading to abortion	2020	55.9%	53.0%	50.4%	No significant change over the past 5 years

6. Issues and Choices

Options/Choices

- 6.1 **Do nothing:** Service will cease at end of March 2023 and disrupt service provision and the health and wellbeing of West Northants residents and lose delivery of mandatory services.

- 6.2 **Procuring alternate integrated service:** The commissioning and procurement process cycle will take time before an alternative provider is commissioned to deliver the integrated service. The commissioning process cannot start before the end of the current arrangement. There will be disruption in service delivery when the existing contract comes to an end. The local authority and Public Health are in a transitional phase of managing the change, this may further impact the service.
- 6.3 **Procuring separate sexual health and HIV services:** The commissioning and procurement process cycle will take time before an alternative provider is commissioned to deliver the separate services. This would require a re-design of both services with separate specifications and care pathways and commissioning formalities. To deliver 2 separate standalone services will require duplication of resources and capacity which will incur additional costs. The commissioning process cannot start before the end of the current arrangement. There will be disruption in service delivery when the existing contract comes to an end. The local authority and Public Health are in a transitional phase of managing the change, this may further impact the service.
- 6.4 **Extend current Integrated service:** The extension of the current service will continue the delivery of the mandated service and avoid affecting the health and wellbeing of West Northants residents. Time will be available to carry out a needs assessment, review the current service and design a service model and a care pathway fit for future purpose and subsequently procure the service. NHSE is in agreement to extend the service for 2 years (1 + 1). This is the most cost and clinically effective option in the current scenario.

7. Implications (including financial implications)

7.1 Resources and Financial

The financial implication for WNC is £5.1m for 2 years. A further breakdown of costs and funding can be viewed in the tables below:

Contract Costs

Sexual Health Service Total Annual Costs	£4,994,732
HIV Treatment and Care Service Total Annual Costs	£5,496,794
Integrated Service Annual Total Costs	£10,491,526
Integrated Service Extension Total Costs (2 years)	£20,983,052

Funding Allocation (2 years)

NHSE	£10,993,588
Local authorities (combined)	£9,989,464
WNC (Contribution Value 51.4%)	£5,134,584
NNC (Contribution Value 48.6%)	£4,854,880

Total	£20,983,052
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7.2 Legal

7.2.1 The proposal is to use the existing S75 arrangement to enable the extension of the current arrangements. Detailed legal work is required to ensure that s75 continues to be the best form of agreement to achieve the goals and can be extended in the way described. .

7.3 Risk

There are several risks identified in the table below.

Risk	Rating
Reputational damage to the local authority for the loss of a mandatory service	Red
Failure to deliver sexual health services beyond March 2023 will result in a failure of the Council to provide mandatory services	Red
Failure to deliver these services beyond March 2023 will result in a significant impact on the population's sexual health status including unplanned pregnancy, sexually transmitted infections, and HIV	Red
Wider implications for other local authority services such as adult social care, children's services, education, and families.	Yellow
Failure to retain full integration of NISHH with HIV treatment services will negatively impact uptake of treatment and increase untreated HIV prevalence in the population	Yellow
Separation of NISHH service delivery will increase costs, due to the need for additional skilled staff and other resources to facilitate separate sexual health and HIV services	Yellow
Failure to continue sexual health services beyond March 2023 will lead to increased future costs due to West Northamptonshire residents accessing out of area services	Yellow
Instability of the contract may affect workforce wellbeing and a loss of staff, affecting capacity and the provider performance	Yellow

7.4 Communication and consultation

- 7.4.1 Consultation took place with all stakeholders involved in the delivery of the current contract during the initial procurement process.
- 7.4.2 NHSE and the current provider has been consulted with this proposal.
- 7.4.3 This report has been produced for both local authorities and is being submitted through the established governance arrangements of the respective councils.

7.5 Consideration by Overview and Scrutiny

Not applicable

7.6 Climate Impact

No impact

7.7 Community Impact

Any disruption to the sexual health and HIV service will widen existing health inequalities and inequities. Therefore, the health and wellbeing of West Northamptonshire's population will benefit from stability provided by the delivery of an ongoing service.

8. Background Papers

None