

# WEST NORTHAMPTONSHIRE COUNCIL CABINET

7<sup>TH</sup> MAY 2024

## CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH – COUNCILLOR MATT GOLBY

<b>Report Title</b>	Commissioning of the Integrated Sexual and Reproductive Health services for West Northamptonshire.
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### List of Appendices

Appendix 1 – Sexual and Reproductive Health care pathway and Model of delivery

#### 1. Purpose of Report

- The purpose of this report is to seek approval from cabinet members for commissioning the West Northamptonshire Sexual and Reproductive Health services, and to delegate authority to the Director of Public Health (DPH) in consultation with the Adult Social Care and Public Health portfolio leader to initiate commissioning process.

## **2. Executive Summary**

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- 2.1. The document provides an update on the findings and the recommendations of improvement outlined in the West Northamptonshire Sexual Health Needs Assessment and Service Evaluation.
- 2.2. Sexual and Reproductive Health service is a mandatory service provision funded through the Public Health ring-fenced grant.
- 2.3. The existing Sexual Health contract commenced on 1<sup>st</sup> April 2019, with it being extended for two-years since 1<sup>st</sup> April 2023 and is due to expire on 31<sup>st</sup> March 2025.
- 2.4. Following a decision being taken at the Shared Service Joint Committee to split the countywide service contract and both local authorities to commission a service apt for their population's Sexual and Reproductive Health needs.
- 2.5. It has been recommended that the new contract is procured for a longer period and the suggested contract length is eight years (4+2+2) which is two years longer than the existing contract for stability, consistency, efficiency, and sustainability in service provision. The rationale behind the recommendation is:
  - 2.5.1.1.1. Sexual Health is a predominantly clinical service incorporating wide ranging health needs from emergency to lifelong care and requires consistent follow up to maintain a robust care and outcome. Some of the health outcomes are visible after a long treatment and follow up, therefore shorter contracts may interrupt the continuity of the service provision; also, frequent changes of the contractual arrangement and process will impact the stability in the service delivery, bring in logistic and financial implications of developing and implementing a new service. Implementation and mobilisation of a new service demands rebuilding trust and rapport with the patient population and may affect consistency of care contributing towards poor Sexual Health outcomes. A longer contract length will be more appealing to the market and facilitate alternative providers submitting tenders as they will have more opportunities to better invest in setting up a new service, leasing premises, etc. Internal efficiency saving will also be made through reducing the amount of commissioning and procurement activities.
- 2.6. The contract is a block contract with a financial envelope of £2,462,000 (£2.46 million) per year with a total cost of £19,696,000 (£19.7 million) towards 8 years (4+2+2) of contract.
- 2.7. The Sexual Health service also includes HIV (Human Immunodeficiency Viruses) Services which is commissioned by NHS England under Section 75 arrangements and has a separate budget allocation of £4,467,000 (£4.6 million) per year. The West Northamptonshire Services is apportioned with around £2.35 million per year towards primary and community services (approx. 25%), and for treatment and rehabilitation in secondary and tertiary care (approx. 75%). This comes from the NHS England under a separate commissioning arrangement.

## **Recommendations**

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- 2.8. It is recommended that the Cabinet members:
  - 2.8.1. Approve the commissioning of integrated Sexual and Reproductive Health Services for West Northamptonshire and.

- 2.8.2. Delegate authority to the Director of Public Health to initiate the commissioning process in consultation with the portfolio holder.

#### **Reason for Recommendations:**

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- 2.9. Sexual and Reproductive Health is a mandatory service.
- 2.10. To comply with legislation and the policy of the Council.
- 2.11. The recommended care pathway and service model is both cost efficient and clinically effective and has been enhanced to meet the future health needs of the population due to the continuously changing demographic profile of West Northamptonshire.

### **3. Report Background**

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- 3.1. A joint Sexual Health Needs Assessment has been carried out in 2022 – 2023 and the report was completed in November 2023. West Northamptonshire also conducted a Service Evaluation to analyse gaps in service provisions and its impact on Sexual Health Outcomes.
- 3.2. The observations from the needs assessment report demonstrate:
  - 3.2.1. The rate of all new Sexually Transmitted Infections (STI) was 411.1 per 100,000 in the year 2022, which was lower than the East Midland (571.9 per 100,000) and England (694.2 per 100,000) average.
  - 3.2.2. STI testing rates in the similar period was 1,541.5 per 100,000 which were significantly lower than the East Midland (3,046.6 per 100,000) and England (3,856.1 per 100,000) average and continue to decline.
  - 3.2.3. HIV testing coverage in 2022 was 64.2% which was higher and better than the East Midland (38.5%) and England (48.2%) averages. However, a five-year trend is showing a decline for West Northamptonshire.
  - 3.2.4. Late HIV diagnosis for West Northamptonshire is a concern as the percentage of those between 2020 to 2022 was 65.5%, which was significantly higher than the East Midland (47.9%) and England (47.9%) averages.
  - 3.2.5. Under 16 conception rates reported in 2021 was 1.4 per 1,000 and was better than the East Midland (2.0 per 1,000) and England (2.1 per 1,000) averages and.
  - 3.2.6. Abortion rates in 2021 were 21.1 per 1,000 which was higher the East Midlands (17.3 per 1,000) and the England (19.2 per 1,000) averages.
- 3.3. The observations from the Service Evaluation suggest:
  - 3.3.1. Budget redistribution and reallocation required to meet the changing demand within the Sexual Health care activities.
  - 3.3.2. Unclear guidance to the provider in the service specification to meet the needs of underserved, marginalised and hard to reach high-risk groups.
  - 3.3.3. The outreach model of care delivery was not clearly defined in the existing service specification affecting service delivery and monitoring.
  - 3.3.4. Decentralisation of services required to reach out to periphery and improve accessibility.

- 3.3.5. Inadequate resources and capacity to deliver Relationship and Sex Education curriculum.
- 3.3.6. Lack of comprehensive communication plan to educate and promote importance of Sexual Health and.
- 3.3.7. Undefined formal collaboration and co-production with neighbouring local authorities and health partners to improve accessibility.
- 3.4. Our enhanced care pathway and model of service delivery has been devised based on the following recommendations from the Health Needs Assessment and Service Evaluation:
  - 3.4.1. An option appraisal has been carried out to develop the most feasible service delivery model for addressing the existing gaps to improve service provisions and access to service with both cashable and non-cashable efficiency saving.
  - 3.4.2. Revised service model will align with the National service specification published in March 2023 as well as the Northamptonshire Live Your Best Life ambitions and will have additional key performance indicators to have improved measures of the output of the activities and health outcomes.
  - 3.4.3. An extended outreach model with additional resources and capacity will be included in the new contractual arrangements.
  - 3.4.4. Contribute to improved delivery of Relationship and Sex Education (RSE) by developing a consistent RSE curriculum across West Northamptonshire and.
  - 3.4.5. Equitable financial allocation to various service activities within the provisions informed by programme budgeting and marginal analysis findings.
  - 3.4.6. The new model of delivery will ensure that the service provisions include:
    - 3.4.7. Integrated services (i.e., the provision of STI testing, diagnosis, treatment, and contraception being available on one site, at levels which are appropriate to that site, so service users can have all their sexual health and contraception needs met in one visit where appropriate);
      - 3.4.7.1 Dual-trained staff to deliver the integrated services.
      - 3.4.7.2 Open access services (i.e., individuals from anywhere in the county will be able to access our services and the residents of WNC can access services out of the county);
      - 3.4.7.3 A shift from the centralised service provision to community-focused provision;
      - 3.4.7.4 Targeted provision to address areas of high needs with individuals and groups having particularly high rates of STIs and unwanted conceptions identified through Local Area Partnership profiling.
      - 3.4.7.5 Outreach testing to vulnerable and at-risk groups, potentially in partnership with voluntary sector.
      - 3.4.7.6 Provision of psychosexual services (to be considered in conjunction with the ICB, as the commissioners of non-sexual health elements of psychosexual services);
      - 3.4.7.7 Development of a self-care approach, including provision of information, sexual health education across all age groups and availability of home-sampling;
      - 3.4.7.8 Working with clinical colleagues in primary and secondary care to reduce late diagnosis through increased awareness, early screening, and timely treatment;

- 3.4.7.9 Improved targeting of provision to those most at risk of STIs, Blood Borne Viruses infections and unplanned pregnancy, particularly through partnership work with other providers/agencies/departments and outreach into target communities;
- 3.4.7.10 Provision of training for front line sexual health staff on safeguarding, domestic violence, and Female Genital Mutilation;
- 3.4.7.11 Training and skills for front line staff working with particularly vulnerable groups to identify need and proactively signpost patients to relevant services (e.g. sex workers, drug and alcohol users, victims of domestic violence, asylum seekers);
- 3.4.7.12 Yearly communication plan and health education to raise awareness around Sexual Health and the local service offers.
- 3.4.7.13 Work with the systemwide inequality group to address inequality and inequity in service provision and access to service.
- 3.4.7.14 Link Sexual Health to other wider determinants of health such as alcohol and substance misuse, mental health, and violence.
- 3.4.7.15 Yearly clinical audit to assess the process output and clinical outcomes and two-yearly service evaluation to inform further improvement.
- 3.4.7.16 The varying needs of the population at the Local Area Partnership level (LAP) of West Northamptonshire and.
- 3.4.7.17 The model will see efficiency saving of around 8% from the second year onwards and non-cashable saving with better output in STI and HIV testing and treatment, contraception, and abortion services.

## **4 Issues and Choices**

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### **4.4 Do nothing:**

- 4.4.7 Is not feasible because the existing service will cease on 31<sup>st</sup> March 2025. “Choosing to do nothing” will disrupt continuity of care affecting health and wellbeing of people receiving treatment and care; and the local authority will be failing in its mandatory duties of commissioning comprehensive Sexual Health services.

### **4.5 Procure an improved and enhanced care pathway and service model:**

- 4.5.7 Local authorities are mandated to commission comprehensive and open access Sexual Health services.
- 4.5.8 Advantages of this service model are:
- 4.5.9 It includes a holistic perspective of Sexual Health involving physical, emotional, psychological, and intellectual dimensions to facilitate development of Sexually Healthy people over their life span.
- 4.5.10 The new service model will be based on collaboration and co-production with the neighbouring local authorities and health partners to ensure comprehensive and open access provision to provide confidential, non-judgemental service delivery including Sexually Transmitted infections, Blood Borne Viruses (including HIV), Contraception provision, Health promotion and prevention, and relevant Vaccinations to all the people who attend the service.

- 4.5.11 The new service model will be aligned with the Section 75 of the 2006 Act to exercise prescribed local authority and prescribed NHS functions for the delivery of the HIV services including HIV treatment, management, rehabilitation, and prevention with both pre and post exposure prophylaxis.
- 4.5.12 The contractual arrangements will be amended to align with the new National Sexual Health service specification published in March 2023.
- 4.5.13 The National service specification will be localised and inform WNC's new specification and care pathway.
- 4.5.14 Will have an improved care pathway of Integrated Sexual and Reproductive Health services aligned with the Section 75 HIV services.
- 4.5.15 The new service model will strengthen its outreach provisions to address the inequality and inequity of care identified in our underserved, marginalised and high-risk vulnerable groups; and
- 4.5.16 Please see appendix 1 for recommended model of service delivery and care pathway.

## **5 Implications (including financial implications)**

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### **5.4 Resources and Financial**

- 5.4.7 The Sexual and Reproductive Health services will be procured within the allocated budget (£2,462,000 per year) received from the Public Health Grant and will be adequate to meet the current Sexual Health needs of the population. Understanding of the budget allocation, spend and health outcome will allow us to reinvest money into other Public Health functions.
- 5.4.8 The new service demand is not expected to have additional resource or financial implications.
- 5.4.9 The new service will be a cost-efficient model of delivery with cashable efficiency saving of around 8% from the second year of service implementation; and foresee, for it to increase up to 12% towards the end of the contract. The new model will also bring in a non-cashable efficiency saving with better output in Contraception, STI and HIV testing and treatment.
- 5.4.10 The recommended model of service delivery will have improved clinical effectiveness due to enhanced collaboration and coproduction with NHS and non-NHS providers, neighbouring local authorities, also, with other public sectors including Police and prescribed places of detention; and by aligning it with other mandated council services such as 0-19 Children services, Adult and children Social Care and Education. This will have additional clinical benefits with measurable outcomes.

### **5.5 Legal**

- 5.2.1 The obligations and standards required for the Sexual and Reproductive Health services will be incorporated into the terms and conditions that will govern the delivery of these Services through the contracts to be let. These terms will be drafted by the Council's Legal Services and be included in the invitation to tender documentation.

Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 each local authority shall make arrangements for the provision of Sexual Health services being offered to eligible persons in its area.

## 5.6 Risk

Risk	Mitigation	Risk Rating	Residual Risk
Failure to deliver Sexual Health services beyond March 2025 will result in a failure of the Council responsibility to deliver mandated Sexual Health services.	Commissioning a new sexual and reproductive health service integrated with NHS commissioned HIV service under section 75 arrangements.	High	Low
Reputational risk to the local authority for not being able to deliver the mandated service.	Maintaining commissioning cycle timeline without a gap in sexual and reproductive health service provision.	High	Low
Failure to deliver these services beyond March 2025 will result in a significant impact on the population's Sexual Health outcomes of Sexually Transmitted Infections, Reproductive health, and Blood Borne Viruses (including HIV).	Maintaining commissioning cycle timeline without a gap in sexual and reproductive health service provision and avoid delays in procurement.	Moderate	Low
Indirect Implications on other local authority services such as Adult Social Care, Children's Services and Education.	Ensuring continuity of Sexual and Reproductive Health services are in place.	Moderate	Low
Failure to deliver local Sexual Health services beyond March 2025 will add burden of increased future cost due to West Northamptonshire residents accessing out of area services.	Ensuring continuity of Sexual and Reproductive Health services are in place.	Moderate	Low
Changing demography may increase demand of services which subsequently lead to potential resource and financial implications.	Regular service review and financial auditing to ensure resource and budget mobilisation within the given envelope.	Low	Low



## **5.7 Consultation and Communications**

- 5.7.7 The new service specification and model of delivery is an improved version of the existing model of service provision based on the recommendations of Health Needs Assessment, and Service Evaluation where service users and providers were consulted.
- 5.7.8 This report has been produced for West Northamptonshire Council and submitted through the established governance arrangements.
- 5.7.9 There are clear National guidelines for the delivery of the clinical elements of the Sexual Health services and the specification, model of care will adhere to the National guidance.
- 5.7.10 Following a provider being appointed, communications will be issued to ensure residents, stakeholders and partners are aware of the new service delivery model.
- 5.7.11 Communications will work closely with the appointed provider to share and raise awareness of any messaging and comms activity regarding raising awareness of the service offers.

## **5.8 Consideration by Overview and Scrutiny**

- 5.8.7 Not Applicable

## **5.9 Climate Impact**

- 5.9.7 During the preparation for new arrangements from 2025 climate impact has been given consideration in the new model of service delivery.
- 5.9.8 We will use 'Social Value Portal' for the procurement, and in this process, bidders will have opportunity to say how carbon emission will be reduced through their service delivery and will be rewarded with extra scores for including carbon reduction process and actions. The contract and tendering process will be aligned with WNC TOM's (Themes, Outcomes and Measures) guidance.

## **5.10 Community Impact**

- 5.10.7 The report considers the Sexual Health and wellbeing of West Northamptonshire resident population. Improved accessibility and enhanced delivery of the Sexual Health services will have a positive health and wellbeing outcome for the population. It will also address the inequality and inequity experienced by the underserved, marginalised and high-risk vulnerable groups and will improve health and quality of their life.

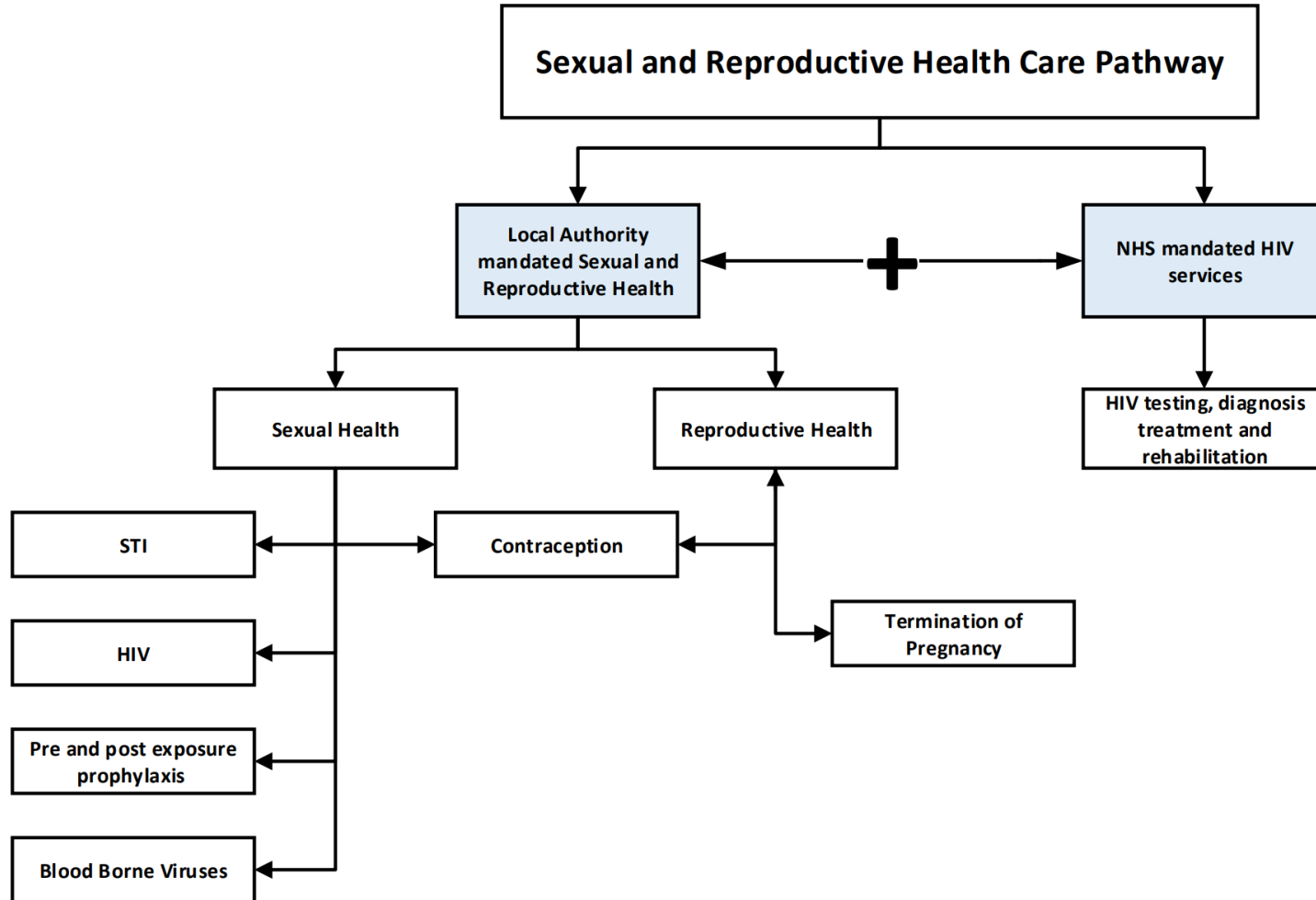
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## **6 Background Papers**

- 6.1 Sexual Health Needs Assessment and Service Evaluation are available on request.

Appendix 1: Sexual and Reproductive Health care pathway and Model of delivery

Figure 1 Sexual and Reproductive Health Care Pathway Diagram



**Figure 2: Sexual and Reproductive Health Model of delivery diagram**

