

SLOUGH BOROUGH COUNCIL

REPORT TO: *Slough Wellbeing Board*

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PART I

FOR DECISION

UPDATE ON SEXUAL HEALTH SERVICES PROCUREMENT

1. **Purpose of Report**

This report is to update the Health and Wellbeing Board (HWB) on the Sexual Health Service Review and the procurements options appraisal exercise,

In addition this is a report on the key findings of the Slough sexual health needs assessment and identified improvement areas.

2. **Recommendation(s)/Proposed Action**

For the Health and Wellbeing Board to note the contents of this report

3. **Synopsis**

Since the transfer of Public Health Function to the Local Authority, the Public Health Shared Team has led a review process in accordance with the Council's procurement standing orders, reflecting a requirement for competitive tendering for high value contracts.

In October 2013, the Public Health Advisory Board endorsed the decision to embark on the review process of Sexual Health Services in Berkshire, aimed at delivering service integration, in line with national quality standards and the National Standard Service Specification for Sexual Health Services.

Berkshire Healthcare Foundation Trust is the main provider for level 2 and level 3 sexual health services in Slough.

The Berkshire Sexual Health review has been delivered with the involvement of Sexual Health Leads from all six Unitary Authorities. The shared team has led the review process delivering a common integrated sexual health service specification, underpinned by local specifications for each UA that reflect local need and service requirements.

4. Context: Public Health Sexual Health Services Commissioning

Prior to April 2013, Primary Care Trusts (PCTs) led on the commissioning of Genitourinary Medicine (GUM) and reproductive health services, including some HIV prevention services.

Sexual health services are now commissioned by several commissioners:-

NHS England and Clinical Commissioning Groups commission related services including:

- NHS England commission: HIV treatment and care, health services for prisoners, sexual assault referral centres, cervical screening
- General practitioners are commissioned by NHS England to provide standard contraception services under the GP contract.
- Clinical commissioning groups commission: community gynaecology, vasectomy and sterilisation and abortion services.

Local Authorities are now responsible for commissioning comprehensive open-access, accessible and confidential contraceptive and sexually transmitted infections (STIs) testing & treatment services, for the benefit of all persons of all ages present in their area. The local authority mandate includes sexual health promotion and disease prevention¹.

Sexual Health information and services are integral to disease prevention initiatives and have an impact on the wider community by ensuring sexually transmitted infections (STI's) are not transmitted to a wider population base within localities. Early prevention, diagnosis and treatment provide a safeguard for families and at risk groups by ensuring that people have access to sexual health provision that is anonymous and confidential, enabling people to have confidence whilst maintaining healthy communities.

The Sexual Health services represent significant proportions of the Public Health spend, currently £7 million per year across Berkshire and impact on a range of Public Health Outcome Framework indicators for 2013-16.

The Local Public Health Outcomes for Slough are aligned with the national PHO framework indicators with a focus on;

- Maintaining the reduction in teenage pregnancy through targeted approaches with young vulnerable adults

- Decreasing the incidence of HIV in Slough. (Slough currently has a rate of 3.4 per 1000 and in excess of 2 per 1000 - the threshold for further action)
- A reduction in the proportion of people with HIV whose infection is diagnosed late
- Increasing the rates of Chlamydia testing and diagnosis to 2300 per 100000 people aged 16-24.
- Increasing access to Long Acting Reversible Contraceptive (LARC) and uptake.

5. Sexual Health Needs Assessment

Sexual health is a health priority across the Berkshire area and significant work has been achieved in developing a Berkshire wide Sexual Health Needs Assessment. The needs assessment covered all six local authorities within Berkshire and provided information for future commissioning intentions

HNA / Service Review

	Bracknell	Reading	Slough	W Berkshire	RBWM	Wokingham	England
All ages (2012)	115,058	157,112	141,838	154,486	145,822	156,663	
15-24 (2012)	13,617	23,854	17,568	16,905	15,239	17,081	
25-49(2012)	43,616	63,704	58,516	52,978	51,884	54,334	
Pregnancy rate (2012)	76.9	89.6	101.5	76.7	76	73.3	78.8
% leading to abortions(2012)	19.1	21.1	22.2	18.8	19.7	15.7	20.9
Teenage Preg(2012)	17.3	35.9	21	19.7	14.6	15.4	27.7
HIV prevalence (2012)	1.33	3.14	3.38	0.84	1.21	0.85	2.05
HIV Late Diag (2010-12)	63.6%	45.7%	55.7%	50.0%	55.6%	66.7%	48.3%
Ch Diag Rate(2012)	929	3571	1345	1053	988	1117	1979
Acute STI rate (2012)	518	1265.6	692.2	443.7	476.2	502.8	803.7
Activity (1 year est.)							
GUM (-HIV)	2,571	9,100	6,593	3,178	3,101	4,615	
RSH	2222	3756	7715	1075	3052	1558	
Sexual Offences (12/13)	0.85	0.98	1.12	0.64	0.7	0.46	0.83

Source: National Sexual Health Need Assessment Report

Qualitative feedback

A comprehensive service review and Sexual Health Needs Analysis were undertaken and completed, with a stakeholder event held on the 28th January 2014. In addition the Sexual Health Needs assessment included the survey findings from young people aged 16- 25 years, who are the main users of services across Berkshire.

Stakeholder feedback as part of the service review reported high levels of service user satisfaction/feedback with the Garden Clinic.

In general the views on the main services were positive with the Garden Clinic being judged as providing good quality care in a confidential setting

- Separate Young People Clinic works well
- Garden Clinic receiving strong positive feedback on service model, access, location, quality and user satisfaction
- Positive reputation of Garden Clinic as long established, integrated service, good partnership working and reputation of staff
- Fast tracking of vulnerable people into sexual health by other agencies works well

Quantitative standards

In general BHFT also delivers well against national standards - access targets are given in below

KPI/Performance	Quality & Performance Indicator (s)	Target 2013/14	Apr	May	Jun	Jul	Aug	Sep
National access target for sexual health GUM	% of patients offered access within 48 hours	100%	100%	100%	100%	100%	100%	100%
	% of patients seen within 48 hours	95%	100%	100%	100%	100%	100%	100%

Source: Berkshire Health Care Trust activity report month 6

The main gaps in services were in the community setting, not delivered through BHFT, including the following:

- lack of information and visibility in social media about services.
- patchy provision of young people services / condom provision – no C Card scheme (although condoms are provided through other routes)

- GP Services – All GP provision with the exception of three practices are under a PMS contract and historically local practices have not delivered the same levels of long acting reversible contraception as compared to other areas, under the Local Enhanced Service (LES) agreement
- Young people drop-in services operated by Windsor Medical Services and East Berkshire College Campus at Langley and Britwell campus have ceased
- Limited provision of outreach contraception and health promotion services for young and vulnerable women including specialist outreach LARC nurses for vulnerable women
- See Appendix 2 for more details

6 Current Activity and Sexual Health Services in Slough

By the end of 2013/14; the spend was £1.6 m on outpatient appointments (excluding those from other areas outside the main Berkshire Providers) and other Sexual Health services are planned.

Sexual health services are delivered in line with best practice in a tiered approach - where level 3 is the most complicated - see Appendix 1

Sexual Health services are delivered through a range of contracts with NHS providers, GPs, Pharmacies and third sector organisations providing outreach and condom distribution service. The services are free and open access and confidential.

The main NHS provider in Slough is Berkshire Healthcare Trust (BHFT)

BHFT provides a range of contraceptive and sexual health services, for all ages, for the population of Slough. The service is located at the Garden Clinic, Upton Hospital and provides:

- A range of sexual health information and health promotion
- Comprehensive contraceptive services
- HIV testing
- Testing, treatment and partner notification for a full range of sexually transmitted infections.

GPs and pharmacists provide Emergency Hormonal Contraceptive services (Level 2) and in addition GPs provide family planning (contraceptive services) services via the core contract. In addition long acting contraception is available through most GPs as part of their PMS contracts. However it should be noted that this provision is benchmarked low in comparison to other primary care services in neighbouring areas.

Chlamydia screening – is available in all wards in Slough with the reporting and training hub hosted in the GUM service at Upton. Targeted outreach work is delivered to more vulnerable young people through the Slough Targeted Youth Service.

Specialist advocacy and educational awareness is provided for HIV patients through a service commissioned from a local charity, Thames Valley Positive Support.

Service use

There are higher than average activity levels at the Garden Clinic which reflect the needs of the community however the Garden Clinic has considerably more simple family planning (RSH) attendances, covered by the GP core contract, than might be expected which may reflect perceived poor access to GP services or preference for a more anonymous service.

Service use 1st April 2013 to 31st Jan 2014 (10 months)

Slough	Total	GU	RSH	%
Attendances	14,375	75%	25%	
Interventions	30,754	22,100 (71.8%)	8,654 (28.2%)	
Average interventions per attendance	2.14			
HIV related (NHS England responsibility)		6500 (29.4%)		
Contraception			4180*	48.30%
Combined pill			1108	26.50%
Progesterone only pill			502	12%
Inject able Contraception			326	7.80%
Contraceptive Patch			75	1.80%
Natural Family planning			8	0.20%
Total could be diverted to Primary Care			2019	48.30%

GU: Genitourinary Medicine; RSH: Reproductive Sexual Health

*Estimated from % for the different types of total BHFT contraceptive activity

7. Stakeholder Consultation and Key Findings: -

A series of workshops were undertaken across Berkshire including one in Slough and one with the voluntary sector to develop our understanding of the services.

A wide range of providers took part in the workshops, and a variety of clinicians have been involved in developing the service specification moving forward.

In addition a separate web based survey was undertaken aimed at users aged 16 – 25 years

8. Summary

The recent consultation of users has shown strong support for the current clinical services and identified areas of development within community services.

9. Slough Wellbeing Strategy Priorities

This paper relates to the Wellbeing Strategy Priority 6.1 Health which has the aim of improving the sexual health of adults and young people. The priority action is to enhance the uptake of effective sexual health screening and family planning services.

10. Other Implications

(a) Financial

Financial Implication

The 2013/14 total spend for Sexual Health services for Slough was estimated from a risk share basis until actual activity was identified. Total costs for 2013/14 will not be known until the revenue outturn in June, when all late invoices for non contracted activity are received. For 2014-15 this is projected to be £1,524,256.

The average spend per person aged 15-44 is difficult to estimate as many patients receive both STI and family planning advice at one visit.

Chlamydia screens carried out and the average cost per screen will not be known until Q4 figures are published in June 2014. Costs of the service in Slough are estimated as £70350 for 2014-15.

(b) Risk Management

There is a risk to the procurement process if the right provider is not found to meet the needs of the populations of Slough. However, through an integrated, open access approach, these risks can be mitigated by offering more choice to patients and residents of Slough.

Risk	Mitigating action	Opportunities
Legal	Discussions held with legal services on inter-authority agreement.	Joined up approach that is cost effective and integrated across Berkshire,
Property	NONE	NONE
Human Rights	NONE	Meet the needs of specific groups in society.

Risk	Mitigating action	Opportunities
Health and Safety	NONE	NONE
Employment Issues	NONE	NONE
Equalities Issues	Fed into the Equalities impact assessment	Services are more responsive to the groups represented by the protected characteristics, including the most socially excluded.
Community Support	Stakeholder service review event held on the 29 th January 2014.	Local stakeholders help identify need and shape future provision.
Communications	Ongoing	Ongoing.
Community Safety	NONE	NONE
Financial	Financial modelling for local authority as part of the procurement completed and finding reported on in this report.	NONE.
Timetable for delivery	For immediate decision.	Contract extension for three years sought.
Project Capacity	Not applicable	Support local delivery and add capacity for Slough Public Health team.
Other		

(c) Human Rights Act and Other Legal Implications

NONE

(d) Equalities Impact.

An Equalities Impact Assessment for the procurement plan was completed in March 2014

11. Comments of Other Committees / Priority Delivery Groups (PDGs)

This report has been considered by the Corporate Management Team which requested that the Wellbeing board considers the report and makes a recommendation to Cabinet to waiver SBC procurement processes on the basis that value for money has been demonstrated and the quality of care is nationally benchmarked as best practice.

12. Conclusion

Following an in-depth review of the current provision, including the quality delivered by the current provider, a value for money test, stakeholder and clients feedback, it is recommended that the current contract is extended for a period of three years (plus two) so ensuring best value. The plan would be to undertake an options appraisal of the market at year two to check if the market has developed and re tendering would offer better value for money.

13. Background Papers

- '1' Appendix 1 - description of local services -
- '2' Appendix 2 - summary of stakeholder views on service gaps

Appendix 1: Description of local services

1 Sexual Health / Genitourinary Medicine (GUM) Services

1.1 What are GUM services?

Sexual health or genitourinary medicine (GUM) clinics offer a range of services that may include:

- testing and treatment for sexually transmitted infections (STIs)
- advice and information about sexual health
- free condoms
- contraception, including emergency contraception such as the morning-after pill
- pregnancy testing
- HIV testing, including rapid tests that give results in about 30 minutes and counselling for people who are HIV positive
- PEP (post-exposure prophylaxis) – medication that can help prevent people from developing HIV if they've been exposed to it
- hepatitis B vaccination
- advice about abortion
- help for people who have been sexually assaulted
- if necessary, a referral to a specialist

In addition we commission services which provide access to contraception outside the mainstream GUM services, to ensure ease of access and flexibility of care. These type of services support achievement of a range of aims e.g. teenage pregnancy targets. They may be stand-alone services e.g. Thames Valley positive support or part of other service specifications e.g. school nursing.

1.2 Sexual Health Services are a mandatory service – each unitary authority must ensure access to these services

1.3 Levels of services in Sexually Transmitted Infections (STI) management and reproductive sexual health

Sexual Health services are delivered by arrange of staff ranging from the giving of information and screening (level 1), to non complex treatment often nurse led services (level 2), to consultant led care (level 3).

Levels in Reproductive and Sexual Health Services

	Level 2	Level 3
Level 1	Incorporates Level 1 plus:	Incorporates Level 1 and 2 plus:
<ol style="list-style-type: none"> 1. Sexual history and risk assessment 2. Contraceptive information and services 3. Pregnancy testing and referral 4. Hepatitis B immunisation 5. Cervical cytology screening and referral 6. STI testing for women 7. Assessment & referral of men with STI symptoms 8. HIV testing and counselling 	<ol style="list-style-type: none"> 1. Intrauterine device insertion (IUD) 2. Contraceptive implant insertion 3. Vasectomy 4. Testing and treating STI 5. Partner notification 6. Invasive STI testing for men (until non-invasive tests are available) 	<ol style="list-style-type: none"> 1. Highly specialised contraception 2. Outreach contraception services 3. Outreach for STI prevention 4. Specialised infections management, including co-ordination of partner notification 5. Specialise HIV treatment and care 6. Quality & Clinical governance requirements at all levels

Appendix 2 - Findings of local review

The needs assessment undertaken across Berkshire has identified the following issues and recommendations. These give a clear direction for dealing with gaps and duplication, for improving access and drawing efficiencies in subsequent redesign of selected services.

a) Responses from Young People

The findings from a local consultation with young people aged 16- 25 (who are the main users of services across Berkshire) include opening times as well as how people access different services.

b) Local services for Chlamydia Screening, condom provision and the CCard Service (access to condom and advice)

- The Chlamydia screening teams share a website which is an example of good practice, is countywide and caters for the needs of young people. However access / visibility of the site is not clear - in future this should be accessed easily from an overarching site that brings provider and client information together.
- The two screening teams and the CCARD service are already physically based in Berkshire Healthcare Foundation Trust sites, though funded differently. Condom provision though integral to the service is provided through the CCARD scheme in the West and through a hosted service in the East. This means the services are disjointed and opportunities exist to coordinate and draw efficiencies from developing a single; ordering, reporting and training contact point across the county, that could be advertised through a new integrated website. Similarly the payments to GPs to participate in the scheme vary and these should be reviewed.
- There is a strong need to focus the distribution points for self testing kits into areas of identified need. e.g. there is over representation in Reading and under-provision in West Berkshire and Wokingham compared to the density of young people and other vulnerabilities identified in the Census
- There are variations in the types of testing implemented across Berkshire, with different pricing structures and these could be streamlined further.
- In addition a merger would allow a review of the CCards which are limited as vulnerable young people may wish to access more than just condoms from local pharmacies and there is scope to add in other contracted services.

c) Responses from local pharmacists

- Provision of training is disjointed and the ability to offer services is not consistent, nor flexible for the needs of each community at present

d) Responses from GUM and Contraceptive and Sexual Health services

- There is a notable lack of up to date methods of engaging with young people (i.e. Facebook, Twitter, YOUTUBE etc) although they have links to the Chlamydia site. Both GUM services wish commissioners to provide an up-to-date young people friendly web page, which they could update remotely to modify clinic details. However, corporate restrictions about web page design restrict their services from producing accessible young people friendly information
- Analysis has shown that these services are providing a significant proportion of time on family planning rather than for specialist GUM services and this will need to be addressed in the new service design. There is also a concern that the national KPIS for sexually transmitted infection do not cover the bulk of their work which is around contraception
- Need to coordinate care and treatment for services commissioned by other commissioners and ensure on-going training of staff.
- Consistent protocols for sexual exploitation across local safeguarding boards are welcomed as safeguarding does take a large proportion of their time.
- concerns about the governance of and communication with independent providers of school and college based drop ins
- concerns around estimating the costs of their work around HIV care

e) Providers of drop in services in schools and colleges have noted

- variable support from head teachers for services to be set up, advertised and sustained
- the need for three year contracts to ensure staff are recruited and retained
- a risk that if paid on outcomes uneconomic venues, where the demand is low, are likely to close
- maintaining clinical governance for prescribing leads is vital regarding oral contraception, EHC and pregnancy tests,
- delays in collating and converting data for benchmarking services against national systems as hand written notes are taken

ⁱ Department of Health (2011) Public Health in Local Government Factsheet