



**Author/Lead Officer of Report: Amy Buddery,
Health Improvement Principal, People Services**

Tel: (0114) 273 5482/07791 320636

Report of: *Jayne Ludlam, Executive Director, People Services
& Greg Fell, Director Of Public Health*

Report to: *Cabinet*

Date of Decision: *18th July 2018*

Subject: *Procurement of Sexual Health Services*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? People Services		
Which Scrutiny and Policy Development Committee does this relate to? Children, Young People and Families Support		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? 275		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>		

Purpose of Report:

To seek Cabinet approval and authorisation to undertake a procurement exercise for Sexual Health Services for Sheffield.

Recommendations:

It is recommended that, to the extent not already delegated by the Leader's Scheme of Delegations, Cabinet:

- (i) Delegates authority to the Director of Finance and Commercial Services in consultation with the Director of Public Health and the Executive Director of People Services Portfolio to procure the provision for Sexual Health Services including undertaking market testing and determining the final procurement strategy.
- (ii) Delegates authority to the Director of Public Health and the Executive Director of People Services Portfolio in consultation with the Director of Finance and Commercial Services to award the contracts for Sexual Health Services, in line with this report.
- (iii) Delegates authority to the Director of Finance and Commercial Services in consultation with the Director of Legal and Governance to take all necessary steps to negotiate and enter into the contracts which will commence on 01st April 2019, in line with this report.

Background Papers:

(Insert details of any background papers used in the compilation of the report.)

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: <i>Liz Gough</i>
	Legal: <i>Henry Watmough-Cownie</i>
	Equalities: <i>Bashir Khan</i>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	EMT member who approved submission: <i>Jayne Ludlam/Greg Fell</i>
3	Cabinet Member consulted: <i>Cllr Jackie Drayton</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.
	Lead Officer Name: <i>Amy Buddery</i>
	Job Title: <i>Health Improvement Principal</i>
Date: 5 th July 2018	

1. PROPOSAL

- 1.1 The sexual health commissioning landscape is complex with responsibility divided across local authorities, Clinical Commissioning Groups (CCGs) and NHS England. Since 2013 Sheffield City Council (SCC) has held a statutory responsibility for commissioning the majority of sexual health services as outlined in the 2012 Health and Social Care Act. This includes the commissioning of comprehensive and integrated sexual health services including contraception, Sexually Transmitted Infections (STIs) testing and treatment and specialist services including HIV prevention. By law SCC must ensure provision of open access sexual health services for everyone in the area to control infection prevent sexually transmitted Infections outbreaks and reduce unintended conceptions.

Sexual health services in Sheffield, over recent years, have gone through a rapid process of integration and re-design. This has been in response to a move laid out nationally by the Department of Health, to integrate Genitourinary Medicine (GUM) and contraception services. The need for change is now being driven by evolving and emerging needs, a need to re-design a service model to further develop preventative approaches and increase access to services for people across the city. In Sheffield, SCC commissioned sexual health services are currently provided by Sheffield Teaching Hospitals Foundation Trust, General Practice, Community Pharmacy and the VCF Sector.

The intention is, through the commissioning process, to achieve a citywide service model which reduces duplication and fragmentation across care pathways, making it easier for people to reach and use services. This will impact positively on the patient experience and ensure that services are more visible and accessible.

Re-specifying and procuring a new service model presents an opportunity to shape a model based on detailed needs assessment and consultation, which will be based on what matters most to people. Access and equity of service is central to a well-functioning sexual health system. The new service model will be informed by an assessment of transport links and clinic locations, and will pay particular attention to service provision for those who might find it more difficult to access services.

Due to the level of anticipated spend, SCC has a legal obligation as outlined in the 2015 Public Contract Regulations to undertake a formal procurement for these services. Although the services in question fall under the new 'Light Touch Regime' which allow flexibility of approach, there are still statutory rules that must be followed and any procurement exercise must ensure a fair and open competition.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 During 2018/19 intends to undertake a formal procurement of sexual health services with the intention of having providers in place delivering a re-designed service model from 1st April 2019. Market testing will be carried out to understand the extent of provider/market interest. The outcomes from this will be used to determine the shape of the procurement strategy.

The re-designed model aims to:

- improve patient experience and sexual health outcomes
- increase access to sexual health services through a variety of approaches and methods, to include the availability of drop in clinics and bookable appointments and ensuring that services are available closer to people's homes
- ensure services and interventions are cost effective and clinically effective
- prioritise preventative approaches across all service models
- strengthen and increase capacity across the sexual health workforce
- reduce sexually transmitted infections and unwanted pregnancies
- ensure that the sexual health needs of those most at risk are prioritised and therefore impacting on reducing health inequalities by providing targeted support for people with protected characteristics
- support the development of a women's sexual and reproductive health offer which promotes access and improves outcomes for all women
- improve and increase collaborative working across providers and community organisations to reduce duplication and fragmentation of services

Key components of the Procurement Strategy will be based on:

- assessment of needs, being shaped by users via consultation and by taking an all age/life course approach
- prioritising prevention, early intervention and promoting self-care to better manage supply and demand, to include the increased availability of contraception and opportunities to access self testing kits for sexually transmitted infections (STIs)
- Increased focus on locality working to develop community based provision through the CCG neighbourhood model/SCC locality model

and to include city centre location and access

- partnership and collaborative working to make the best use of resources to improve outcomes
- ongoing review to ensure provision is meeting population need, whilst ensuring financial rigour to meet the challenge of reduced budgets
- allowing and supporting flexibility to innovate across service models including the use of social media and digital and online services
- Supporting workforce development and capacity to educate and train the current and future workforce
- Development of care pathways to improve the patient journey and ensure rapid access to sexual health services, abortion services and maternity services

3. HAS THERE BEEN ANY CONSULTATION?

3.1 A range of consultation has been undertaken which includes:

- Citywide online questionnaire aimed at those who have and haven't used a sexual health service in Sheffield
- Online questionnaire aimed at young people
- Face to face questionnaires with young people
- Focus groups with lesbian, gay, bisexual and transgender (LGBT) and black, Asian, minority ethnic and refugee (BAMER) young people
- Questionnaires in GP Practices with high proportion of black and minority ethnic (BME) patients
- Consultation with the sexual health services workforce (inc sexual health service staff, GPs and Practice Nurses and Pharmacists)
- A 'Sexual Health Conversation' event held with representatives from the Equality Hubs

Outcomes from the consultation will be used to inform the future service model and service specifications.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

Decisions need to take into account the requirements of the Public Sector Equality Duty contained in Section 149 (1) of the Equality Act 2010. As part of documenting the meeting of the requirements of the duty, we have carried out an Equality Impact Assessment. Section 149 (1) identifies the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

The Equality Act 2010 Section 149 (7) identifies the following groups as a protected characteristic: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex and sexual orientation.

An EIA has been completed and highlights impacts across many of the characteristics assessed. There are impacts on young people, a particularly relevant issue in Sheffield due to the higher than average number of students living in the city; Black, Asian, Minority Ethnic and Refugee (BAMER) communities where various cultural differences and norms exist in relation to sexual health; a range of access and understanding issues for people with disabilities and learning difficulties; mother and unborn baby where STI's have been detected; the sensitivities and challenges involved in providing sexual health services to faith groups; women are more likely to access services than men; the prevalence of HIV is increasing at a higher rate nationally in men who have sex with men (MSM); the relationship between deprivation and poor sexual health outcomes and a link between unplanned teenage conceptions, levels of educational attainment and subsequent outcomes.

There have been ongoing reductions to the Sexual Health budget since 2013-14 which has led to service re-configuration. Further re-design is required to ensure that the future service model best meets everybody's sexual health needs. The contract links to other Public Health contracts.

Consultation will include an online questionnaire; detailed and focused insight and consultation work with young people and a 'Sexual Health Conversation' is planned to take place with the Equality Hubs in September. Detailed consultation has already been carried out with LGBT and BAMER young people.

- 4.1.1 Formal procurement presents a fair and transparent process for potential providers of sexual health services by giving each an equal opportunity to bid for contracts.

4.2 Financial and Commercial Implications

- 4.2.1 Undertaking a procurement exercise for the provision of sexual health services ensures that SCC meets its commercial obligations featured in procurement regulations. Establishing future year's contract values as part of the procurement reduces any financial risk to SCC in relation to spend on sexual

health services.

4.3 Legal Implications

- 4.3.1 Under s2B of the National Health Service Act 2006 a local authority must take such steps as it considers appropriate for improving the health of the people in its area. This can be achieved by:
- (a) providing information and advice
 - (b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way)
 - (c) providing services or facilities for the prevention, diagnosis or treatment of illness
 - (d) providing financial incentives to encourage individuals to adopt healthier lifestyles;
 - (e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
 - (f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement
 - (g) making available the services of any person or any facilities

SCC has to comply with 2015 Public Contract Regulations, although this particular service would be categorised under the 'Light Touch Regime' there are still statutory regulations that must be followed ensuring fair and open competition across the EEU. Compliance with the Council's Contracts Standing Orders should achieve the required legal obligations.

4.4 Other Implications

Public Health

- 4.4.1 Re-design and development of a new service model will improve public health and wider health and care outcomes through provision of a needs led model. This will aim to provide an equitable model promoting access for all including those who may need additional support.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Option to remain with current service model

This option would not ensure value for money nor bring about the level and pace of change required. Undertaking a procurement exercise for sexual health services is considered to be the fairest and most transparent option for SCC to achieve the intended service model at this stage given the extent of re-design and reshaping of existing services.

6. REASONS FOR RECOMMENDATIONS

6.1 A procurement exercise is recommended to facilitate the level of change and transformation required to secure the intended service model. This option provides an opportunity to design services based on need which are shaped by what matters most to people when using sexual health services.

Intended outcomes include:

1. Increased access to sexual health services through mobilisation of a citywide model
2. Reduction in unwanted pregnancy and unintended teenage conceptions
3. Reduction in prevalence of sexually transmitted infections
4. Reduction in late diagnosis of HIV
5. Improved patient satisfaction and experience
6. Reduction in health inequalities
7. Provision of cost effective and clinically effective service