

Decision Maker: Executive

For Pre-Decision Scrutiny by the Care Services PDS Committee on:

Date: 10th March 2016

Decision Type: Non-Urgent Executive Key

Title: GATEWAY REVIEW OF SEXUAL HEALTH SERVICES

Contact Officer: Mimi Morris-Cotterill, Assistant Director
Tel: 020 8461 7779 E-mail: mimi.morris-cotterill@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Boroughwide

1. Reason For Report

- 1.1 The Council currently contracts for a range of community sexual health services from Bromley Healthcare (BHC) through a joint block contract with the Bromley Clinical Commissioning Group (CCG). This contract is due to expire on 31 March 2017 but the CCG is extending the contract for a period of six months.
- 1.2 This report is seeking approval to extend the contract for the range of community sexual health services for a period of six months to 30 September 2017 as detailed in this report.
- 1.3 Approval is sought at this stage because the contract requires a 12 month notice period.

2. **RECOMMENDATIONS**

- 2.1 That the Care Services PDS Committee supports the recommendation to the Executive to extend the contract for services described below for a period of six months.
- 2.2 That the Executive agrees to extend the contract for the following services for six months when the Bromley Clinical Commissioning Group (CCG) community contract expires:
 - Contraception and Reproductive Health Services
 - Community Sexual Health Services
(Health Improvement Service and HIV Community Nurse Specialist Service)

Corporate Policy

1. Policy Status: Existing policy. In line with the Council's proposal for the Public Health Budget 2016/17 and 2017/18
 2. BBB Priority: Supporting Independence. Safer Bromley
-

Financial

1. Cost of proposal: Estimated cost £558k for six months extension
 2. Ongoing costs: Recurring cost. £1,116k p.a.
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: £13,935k
 5. Source of funding: Public Health Grant
-

Staff

1. Number of staff (current and additional): N/A
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): None
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

Estimated Contract Value – (Project/Activity) Other Costs

£1,116k p.a. (Cumulative value of £4,464k (Four years to March 2017))

Proposed Contract Period (including extension options)

Extension for six months from 1 April 2017 to 30 September 2017 – Value of £558k for the six months

Context

- 3.1 The Council has an obligation under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, to provide open access Contraception and Genitourinary medicine (GUM) services for everyone present in their area. Appendix 1 sets out the legal duties for provision of open access for these services.
- 3.2 Currently, a range of community sexual health services including contraception are commissioned from Bromley Healthcare (BHC). Other primary and community providers are also commissioned to deliver contraception, outreach and prevention programmes.
- 3.3 The contract with BHC is a joint block contract with Bromley Clinical Commissioning Group (CCG). It is due to expire on 31 March 2017 but the CCG is extending their schedule of services for six months.
- 3.4 This paper therefore focuses on the future commissioning intentions and the procurement options for Contraception and the range of community sexual health services in the current block contract with BHC.

Current Commissioning Arrangements

- 3.5 Table 1 sets out the current block arrangements relating to contraception and community sexual health services:

Table 1: Current Block Arrangements:

Contract	Annual Value £000	Contract period
Contraceptive and Reproductive Health Services	721	Apr 2013 to Mar 2017 with potential to extend for 6 months
Health Improvement Service that includes: <ul style="list-style-type: none">• Sex Relationship Education (SRE)• Associated Training Programmes• Outreach Programmes• Condom Distribution Schemes	229	Apr 2013 to Mar 2017 with potential to extend for 6 months
HIV Community Nurse Specialist Service	166	Apr 2013 to Mar 2017 with potential to extend for 6 months
TOTAL	1,116	

- 3.6 Contraceptive and Reproductive Health Services is required to provide unrestricted access to all methods of contraception along with health promotion and health advice for all age groups operating from a number of health clinics across the borough.
- 3.7 With the exception of SRE programme which is a universal programme, all the other Health Improvement Service and HIV Community Nurse Specialist Service are key sexual health prevention programmes, targeting those high risk vulnerable populations.
- 3.8 The local SRE programme (Your Choice Your Voice) is delivered to year 9 pupils in schools in Bromley. The programme aims at empowering young people by building knowledge, improving their confidence and resilience to make better choices about their sex and well being. An associated training programme is available to support professionals, parents and carers in this regard.
- 3.9 The two condom distribution schemes, one for young people and one for Men having sex with Men (MSM) and Black African/Caribbean Communities are effective and value for money programmes. They help to prevent unplanned pregnancies and transmissions of STIs. Outreach programmes that deliver health promotion and safe sex messages are designed to target those particularly hard to reach high risk population such as young people outside of school setting, gay men and Black African communities.
- 3.10 HIV Community Nurse Specialist Service aims at preventing late and very late HIV diagnosis. It enables people affected by HIV to protect themselves from acquiring new STIs and avoiding onward transmission through regular screening and prevention interventions; to increase focus on self-management approaches and live independently thereby reducing demand on costly health and social care.
- 3.11 Apart from BHC, there are a number of other providers commissioned to provide these services:.
- General Practices for the provision of Long Acting Reversible Contraceptives (LARCs). Spend is activity based and vary from year to year and the spend for 2014/15 is £244,018.
 - Community Pharmacies for provision of Emergency Hormonal Contraception (EHC). Again spend is activity based and vary from year to year and the spend for 2014/15 is £15,478.
 - The Metro Centre Limited for provision of outreach and campaign activities targeting at hard-to-reach and high risk groups with a total annual contractual value of £50,000. This contract however will cease on 31 March 2016.

Provider Performance

- 3.12 Evidence available begins to show that the local prevention strategy, through the delivery of targeted sexual health advice and education messages coupled with provision of effective contraception including condom scheme, begins to have a positive impact on the local teenage pregnancy rate.
- 3.13 Local teenage conception rate is now at its lowest since 1998. While more focused effort is required to reduce further the under 16 conception rate, Bromley is amongst those boroughs with the lowest rate in London for the under 18 conceptions. STI rates in Bromley continue to be below England rates.

3.14 However, analysis of provider performance highlights that:

- An increase in provision of the more effective LARC methods to reduce unplanned pregnancies as the number of under 18 conceptions leading to abortion remains high.
- while school based sexual health services have positive effects on reduction in births to teenage mothers, there is a need to widen the current local SRE programme to cover the broader subject of risky behaviours. The programme would benefit from further integration with the PHSE curriculum.
- Promotion of condom use and early detection through frequent testing need to continue to minimize onward transmission of STIs with a particular focus on men who have sex with men. Bromley is ranked 53 out of 326 local authorities for the rate of Gonorrhoea which is a marker of high levels of risky behavior with 28% new STIs were among men who have sex with men (MSM).
- HIV infection in Bromley continues to rise and disproportionately affects MSM and Black African groups with Bromley figures for late and very late diagnosis shown to be above the London average. Increasing both the frequency and uptake of testing amongst these groups will play a key role in tackling HIV.

Commissioning Intentions

- 3.15 To sustain and further improve the above outcomes, it is necessary to continue investment in these prevention programmes. Targeting high risk individuals to take responsibility of their own health and wellbeing will result in better control of STIs thereby minimize the use of expensive GUM treatments; decrease the need for housing and dependency on wider health and social care when teenage pregnancies are further reduced.
- 3.16 Equally, a more cost effective and sustainable strategy in the long term needs to be found in order to address the issues highlighted in section 3.14. Currently, London sexual health commissioners are collaborating on the introduction of a set of integrated tariffs which include contraception. Pending the assessment of financial impact on individual boroughs, implementation could potentially take place during the latter part of 2016/17.
- 3.17 In tandem with this development, South East London commissioners are working together to explore the expansion of local online home sampling services on a scale that could potentially reduce costly GUM activities by 10-20% over the next few years. There is a further potential of introducing an e-service for some contraceptions which would further reduce the overall commissioning cost in this area.
- 3.18 More work is planned for clinical pathways and redefining service specifications, activity modelling, financial impacts and risk assessment to assure the shift in activity will realise the cost benefits identified so far. It is estimated that this would take 12 months before procurement could take place.
- 3.19 In the light of these potential changes and the indicative timescale for due diligence, it would seem premature to proceed to tender for new services commencing on 1 April 2017 when the BHC contract expires.
- 3.20 It is therefore proposed to extend the contract with the CCG for the provision of these services for a period of six months. This will allow time for local evaluation and assessment of risks associated with the introduction of these changes, especially integrated sexual health tariffs.

3.21 The proposed timetable for the above is shown below:

Table 2: Proposed Timetable for Tendering Process

April to September 2016	Service Model Developed National Specification Localised with Specific Local Metrics and KPIs
October 2016 to March 2017	Tendering process from advertisement to award contract
April to September 2017	Mobilisation
1 st October 2017	Commence new service

4. POLICY IMPLICATIONS

4.1 The proposals set out in this report are consistent with current policy and is in line with the proposal for the Council's Public Health Budget 2016/17 and 2017/18.

4.2 The Council's Contract Procedure Rules (CPR 5.3) require that "Where the value of the intended arrangement is £1,000,000 or more the Executive will be *Formally Consulted* on the intended action and contracting arrangements."

5. FINANCIAL IMPLICATIONS

5.1 The cost of the extension of the contracts for six month would be £558k (£1,116k p.a. equivalent).

5.2 Expenditure on sexual health services for 2016/17 is £3.5m and provision for these contracts have been made in the budget. See below for information on the total budget.

<u>DESCRIPTION</u>	<u>BUDGET</u> <u>£'000</u>
Staffing, running expenses, etc	294
Payments to Health Organisations	1,688
Payments to Voluntary Organisations	100
Contraceptive and reproductive health services	721
Health improvement services	229
HIV community nurse specialist services	166
Payments to other third party contractors	109
Payments to GP's/Pharmacists	231
	<u>3,538</u>

5.3 The contracts totaling £1,116k are contained within the payments above.

5.4 Whilst there are savings being made in this area (£104k in 2016/17), these contracts have not be affected

5.5 The Public Health Grant is a central government grant which is ring-fenced until 2017/18. In the next few years Bromley will see a reduction in grant as outlined in the table below.

	16/17	17/18
	BUDGET	BUDGET
	£000	£000
Grant income	-12,954	-12,954
Additional Health Visiting Grant	-3,802	-3,802
2015/16 in year grant reduction	919	919
Grant reductions announced	358	740
Total Grant	-15,479	-15,097

5.6 The 2016/17 Budget includes further losses on public health funding over the period 2016/17 to 2019/20. Recently announced grants reductions in the settlement show a loss of £358k in 2016/17 and an additional reduction in 2017/18 of £382k (cumulative £740k).

6. LEGAL IMPLICATIONS

6.1 Local Authority has a statutory responsibility to commission open access contraception and reproductive health and genitourinary medicine services under the Health and Social Care Act 2012 - Regulation 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

7. PROCUREMENT IMPLICATIONS

7.1 The schedule of services described in this report is included in the community block contract held by the CCG. A Section 75 agreement with the CCG that covers these services is already in place and is reviewed and signed on an annual basis.

8. LOCAL POPULATION PROFILE

8.1 See Appendix 2

9. STAKEHOLDER CONSULTATION

9.1 CCG was informed of the potential 6 month extension for the community sexual health services.

10. MARKET CONSIDERATIONS

10.1 N/A

11. SUSTAINABILITY / IMPACT ASSESSMENTS

11. It is expected to conduct impact assessments as an integral part of the procurement process at a later stage.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	CS15924 Public Health Contracts Update, 23 September 2015 CS15925 Public Health Commissioning Intentions 2016/17, 23 September and 14 October 2015 Bromley Local Authority HIV, sexual and reproductive health epidemiology report (LASER):2014, Public Health England, November 2015

Local Authorities are mandated by the following to provide and have been statutorily responsible for commissioning open access contraception and sexual health services since 1st April 2013:

- **Health and Social Care Act 2012**

The responsibility of Public Health function along with its associated budget was transferred from the NHS to Local Authorities under the Health and Social Care Act 2012. The Council is now responsible for commissioning most sexual health interventions and services as part of their wider public health responsibilities.

- **The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013**

The Council has an obligation to provide a number of health service functions set out in these Regulations and Part 2 Section 6 relates to sexual health provision by the local authority. These require the provision of open access sexual health services for everyone present in their area; covering:

- Free sexually transmitted infections (STI) testing and treatment; and notification of sexual partners of infected persons; and
- Free contraception and reasonable access to all methods of contraception, covering both regular and emergency contraception. There are fifteen different methods of regular contraception, including condoms, the oral contraceptive pill and long-acting reversible contraception (LARC).

- **NHS Constitution**

All the commissioning bodies (including local authorities in the exercise of their public health functions), will be required by law to have regard to the NHS Constitution in their decisions and action, including those in relation to sexual health services.

LOCAL POPULATION PROFILE

An extract of key findings from the Bromley Local Authority HIV, sexual and reproductive health epidemiology report (LASER):2014, Public Health England published in November 2015

Figures below relate to 2014 unless otherwise specified:

STIs

- Overall 2200 new sexually transmitted infections (STIs) were diagnosed in residents of Bromley, a rate of 692.0 per 100,000 residents (compared to 797.2 per 100,000 in England).
- Bromley is ranked 125 (out of 326 local authorities in England; first in the rank has highest rates) for rates of new STIs excluding chlamydia diagnoses in 15-24 year olds; with a rate of 694.6 per 100,000 residents (compared to 828.7 per 100,000 in England).
- 43% of diagnoses of new STIs in Bromley were in young people aged 15-24 years (compared to 46% in England). This includes those tested in genitourinary medicine clinics (GUM) only.
- For cases in men where sexual orientation was known, 28.2% of new STIs in Bromley were among men who have sex with men (GUM clinics only).
- The chlamydia detection rate per 100,000 young people aged 15-24 years in Bromley was 1799.3 (compared to 2012.0 per 100,000 in England).
- Bromley is ranked 53 (out of 326 local authorities in England; first in the rank has highest rates) for the rate of gonorrhoea, which is a marker of high levels of risky sexual activity. The rate of gonorrhoea diagnoses per 100,000 in this local authority was 65.4 (compared to 63.3 per 100,000 in England).
- In Bromley, an estimated 4.6% of women and 8.9% of men presenting with a new STI at a GUM clinic during the five year period from 2010 to 2014 were reinfected with a new STI within twelve months.

HIV Infection

- Among genitourinary medicine (GUM) clinic patients from Bromley who were eligible to be tested for HIV, 72.9% were tested (compared to 68.9% in England).
- There were 37 new HIV diagnoses in Bromley and the diagnosed HIV prevalence was 2.6 per 1,000 population aged 15-59 years (compared to 2.1 per 1,000 in England).
- In Bromley, between 2012 and 2014, 36.8% (95% CI 26.7-47.8) of HIV diagnoses were made at a late stage of infection (CD4 count <350 cells/mm³ within 3 months of diagnosis) compared to 42% (95% CI 41-43) in England.

Contraception

- The rate per 1,000 women of long acting reversible contraception (LARC) prescribed in primary care was 31.7 for Bromley, 16.1 for London and 32.3 per 1,000 women in England. The rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women aged 15 to 44 years was 16.8 for Bromley, 33.0 for London and 31.5 for England.

- In Bromley upper tier local authority, the total abortion rate per 1,000 females population aged 15-44 years was 18.1, while in England the rate was 16.5. Of those women under
- 25 years who had an abortion in that year, the proportion of those who had had a previous abortion was 34.8%, while in England the proportion was 27.0%.
- In 2013, the under 18 conception rate per 1,000 females aged 15 to 17 years in Bromley was 19.5, while in England the rate was 24.3.