

CABINET

DATE	14 th June 2023
REPORT OF	Councillor Shreeve, Portfolio Holder for Health, Wellbeing and Adult Social Care
RESPONSIBLE OFFICER	Derek Ward Director of Public Health
SUBJECT	Procurement of Integrated Sexual Health Service (ISHS)
STATUS	Open
FORWARD PLAN REF NO.	CB 06/23/12

CONTRIBUTION TO OUR AIMS

Sexual health is relevant throughout a person's life, through to adolescence and into older age, not only during their reproductive years.

Sexual health is an important area of public health and access to quality sexual health services improves the health and wellbeing of both individuals and populations. A specialist integrated sexual health service (ISHS) model aims to improve sexual health by providing non-judgmental and confidential services through open access, where the majority of sexual health and contraceptive needs can be met at once.

Offering a mixture of face-to-face, sit and wait, online and outreach services is required to meet the needs of different population groups. Services and models of delivery are designed to meet the needs of local populations and work to reduce inequalities in both access and health outcomes.

Sexual health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), trans community, young people, and people from ethnic minority backgrounds.

Good sexual health is fundamental to the overall health and well-being of individuals, couples and families, quality, and safety of people's relationships and to the social and economic development of communities.

The effective collaborative commissioning of sexual health services across councils will provide for a more flexible and resilient provision in responding to current and emerging population needs and is more attractive to the market. This provides the opportunity to take beneficial efficiencies, for example to streamline governance arrangements and procedural processes across a Greater Lincolnshire sexual health provision.

EXECUTIVE SUMMARY

This report presents the case for re-commissioning the Integrated Sexual Health Service in North East Lincolnshire and seeks approval from Cabinet to procure new contracts to commence 1st April 2024.

At a local level Councils are mandated to commission a comprehensive open access integrated sexual health service to meet the needs of the local population, including free sexually transmitted infections (STI) testing and treatment, notification of sexual partners of infected persons, advice on, and reasonable access to, a broad range of contraception, and advice on preventing unplanned pregnancy. Some specialised services are directly commissioned by integrated care systems (ICSs), and at the national level by NHS England, Appendix A – commissioning responsibilities.

The current contracted ISHS provision is due to end on 31st March 2024 and needs to be recommissioned and put out to tender. The contract was jointly commissioned and procured with North Lincolnshire Council. North East Lincolnshire Council acts as the Lead Authority for the purposes of executing and holding the contract.

The current service covers access to routine and specialist contraception, sexual health screening, Genito Urinary Medicine (GUM), sexual health promotion, HIV prevention and psycho-sexual counselling provision.

To support our decision making on the future scope, commissioning, and procurement of an ISHS for North East Lincolnshire, a comprehensive review of the current contract has been undertaken for the NEL element. The review included learning from service delivery, performance against contract measures and an analysis of current demand intelligence. The review findings have been considered alongside stakeholder feedback, current legislation, national strategies, and the emerging policy landscape surrounding sexual health services to inform the proposed service re-commissioning of an ISHS with a contract and service start date of 1st April 2024.

The current service model performs well, and effective elements will be retained in addition to several changes and refinements to the model, including:

1. the scope of the ISHS will include all elements of the new national service specification, including testing and treatment for sexually transmitted infections, the provision of HIV PrEP and provision of the full range of contraception;
2. greater emphasis on improvement of pathways to address system fragmentation;
3. increased focus on digital as an enabler and enhancement to access and choice; and
4. enhanced focus on prevention and health promotion, ensuring the population can navigate the sexual health system and access support at the most appropriate place.

The service will include an outreach provision which is essential for many individuals / groups who really need the services of the sexual health service, and who would not usually present themselves in a traditional sexual health clinic for

many different reasons. Consequently, getting outreach into the right places to meet this demand is crucial.

RECOMMENDATIONS

It is recommended that Cabinet:

1. Approves the undertaking of a procurement exercise to deliver an Integrated Sexual Health Service contract, commencing on 1 April 2024 for an initial period of 5 years, with the possibility of a further 2 year extension.
2. Approves the undertaking of a procurement exercise to deliver a Sexual Health Outreach, HIV Prevention and Support Services shared contract for Greater Lincolnshire (LCC, NLC and NELC) commencing on 1 April 2024 for a period of 5 years, with the possibility of a further 2 year extension.
3. Authorises the Director of Public Health in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care to commence the above procurement exercises.
4. Delegates responsibility to the Director of Public Health, in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care, to deal with all ancillary matters reasonably arising from and leading to and including the award of contracts.
5. Authorises the Assistant Director Law and Governance (Monitoring Officer) to complete and execute all legal documentation arising from the above recommendations.

REASONS FOR DECISION

1. The services address and support the statutory requirements for local authorities with a statutory public health responsibility to commission open access services for the provision of contraception and detection and treatment of STIs.
2. Doing more or less of the same would not radically change outcomes for patients or provide better value. There is no one right way – it is for local teams to make collaborative commissioning for sexual health, reproductive health and HIV a local reality.
3. Collaborating on the commissioning and procurement of sexual health services across the Greater Lincolnshire area will improve access to services, particularly in bordering areas and enable potential efficiencies to be realised through standardisation of services and a single competitive process.
4. The proposed service model will support the sexual health needs of adults and children across North East Lincolnshire. The core Integrated Service will ensure that most sexual health and contraceptive needs can be met at one site, often by one health professional, as recommended by the latest evidence.
5. Accessible and effective sexual health services make an important contribution

to the economic, health and social wellbeing of North East Lincolnshire residents – adults and children alike.

1. BACKGROUND AND ISSUES

- 1.1 **The context** - The World Health Organisation (WHO) defines sexual health as a state of physical, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction or infirmity. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.
- 1.2 The WHO defines reproductive health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people can have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.
- 1.3 Some groups within the population are disproportionately affected and experience worse sexual health including men who have sex with men, young people, black and minority ethnic groups, and people living in socio-economically deprived areas. They often experience additional stigma, discrimination and obstacles in accessing services which can further impact their sexual health. The responsibility falls on healthcare providers, commissioners and wider health economy / system to relentlessly better define, address and mitigate these inequities.
- 1.4 A shared vulnerability across many groups, and one of the fundamental barriers to access, is stigma. Sex, sexuality and sexual health can still all be viewed as taboo topics by some individuals and communities, leading to people feeling reluctant or embarrassed to seek help.
- 1.5 For example, many people find it hard to walk into a sexual health clinic because of the stigma related to STIs and sexual expression. Some people who identify as transgender/non-binary can be afraid to leave their home due to discrimination and fear of violence. Lack of representation and relevant sexual health information for all is another barrier. If people do not feel represented in the imagery and content produced by services, they may feel unwelcome, and this discourages access.
- 1.6 The consequences of poor sexual health are preventable and include unplanned pregnancies, infections including HIV, cervical and other genital cancers, pelvic inflammatory disease and infertility, psychological consequences, stigma, and poorer educational, social and economic opportunities. There are notable inequalities in access and outcomes in relation to SRH which must be addressed if meaningful improvements in population outcomes are to be achieved.
- 1.7 Since 1st April 2013, the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require

local authorities to arrange for the provision of, open access sexual health services in its area:

- for preventing the spread of sexually transmitted infections (STIs);
- for treating, testing and caring for people with such infections;
- for notifying sexual partners of people with such infections;
- advice on, and reasonable access to, a broad range of contraceptive substances and appliances; and
- advice on preventing unintended pregnancy.

1.8 In 2013 the government set out its ambitions for improving sexual health in its publication, 'A framework for sexual health improvement in England'. In December 2021, the government published an action plan towards ending HIV transmission, AIDS and HIV-related deaths in England 2022 to 2025.

1.9 An overarching new national strategy for sexual health is expected imminently, complementing the new national service specification published on 20th March this year for specialist integrated sexual health services.

1.10 The ISHS forms part of a wider landscape of local sexual health provision eg GPs, pharmacy, abortion services, midwifery, school nurses. In addition, the NHS Long Term Plan highlights the importance of NHS services supporting action taken by local government in relation to sexual health service provisions. In 2022, NHSEI commenced a roll out of a contraception offer through community pharmacies who opt in to deliver basic oral contraception. This is a progressive development that offers greater choice from where women can access contraception services and creates additional capacity in primary care and sexual health clinics.

1.11 The current ISHS contract was commissioned and procured jointly as a Northern Lincolnshire Integrated Sexual Health (NLISH) service by North and North East Lincolnshire Councils in 2017. The NLISH service provides two central hubs, one in Scunthorpe and second in Grimsby with the additionality of various outreach provision across the two localities in line with local needs. The contract is set to expire for both Councils on 31st March 2024, however we have reserved the right to utilise the unused contract extension of 8 months should it be required.

1.12 The contract was awarded to Virgin Care Limited (VCL) in November 2017, VCL subsequently sold the business entity in November 2021 to a private equity firm called Twenty20 Capital. The new owner has transferred the VCL business and its staff into its structure and now operates as HCRG Care Group. The contract officially novated over to the new owner in January 2022 when both Councils acknowledged the transfer of ownership and consequently accepted the notification of change.

1.13 **Recommissioning and procurement** - To support the recommissioning of a new ISHS, a Greater Lincolnshire project team has been established and resources secured to deliver a contract and service start date of 1st April 2024. This commissioning and procurement project is well underway and is part of the Greater Lincolnshire Public Health pilot work programme. Essentially, the

project team is a Greater Lincolnshire collaborative for the public health commissioned Sexual Health Services on behalf of North East Lincolnshire, North Lincolnshire and Lincolnshire County Councils. All 3 partner Councils have aligned current contract end dates to expire on 31st March 2024.

- 1.14 We have an in-principle agreement with NLC and LCC to pursue the collaboration and are working towards a shared service specification for ISHS and Outreach HIV and MSM (men who have sex with men) to standardise requirements as far as possible. We will utilise a single tender process but retain separate contracts for each participating Council through a tender lotting structure.
- 1.15 LCC will lead the procurement due to the comparative size and value of LCCs services. However, the specification, tender drafting, evaluation, and mobilisation will be completed by a team with representatives from all 3 Councils.
- 1.16 The Greater Lincolnshire approach is a tripartite vision between LC, NEL and NL Councils to ensure consistency in service provisions for the population of Greater Lincolnshire. This approach aims to deliver more joined up services with consistency in service model, digital interface, and a one specification approach.
- 1.17 This approach also allows autonomy within each organisation to contract manage the provider via separate ISHS contracts, whilst retaining a shared vision and service specification.
- 1.18 The approach ensures that for those living close to or on the borders between the 3 Council geographies, or who regularly travel across the Council boundaries for sexual health services, see consistency in service provision and in health promotion messaging.
- 1.19 The ISHS will have a strong focus on prevention and health promotion including providing a universal service whilst targeting prevention and treatment to population groups who are at greater risk of poor health outcomes.
- 1.20 To help inform the development of the new service specification and service model a comprehensive sexual health needs assessment (SHNA) and current was undertaken within the context of North East Lincolnshire.
- 1.21 The findings identified the importance of services that can be accessed across the week, during a daytime, evening and across a weekend. The emergent themes have reinforced the importance of maintaining a focus on services for younger people under 25 years of age, outreach to communities with higher sexual health risks and continued promotion of safer sex and support for behavior change to reduce repeat infections.
- 1.22 The new service specification has been developed to reflect the national service specifications, these findings, and the desired outcomes of local and external stakeholders (including current patients, visitors and people who work

in but do not live in NEL) engaged and consulted as part of the SHNA and review of the current NLISH service.

1.23 It is proposed to maximise the attractiveness of the contracts and to meet the different requirements of each of the 3 Councils, the tender will be separated into the following lots:

- Lot 1 – Lincolnshire Integrated Sexual Health Service (for Lincolnshire County Council)
- Lot 2 – Northern Lincolnshire Integrated Sexual Health Service (for North and North East Lincolnshire Councils)
- Lots 3 - Greater Lincolnshire Sexual Health Outreach, HIV Prevention and Support Services (all 3 Councils)

1.24 The tender will allow organisations to bid and be successful in 1 or more lots which should help to maximise the level of competition.

1.25 A transition and mobilisation period has been built into the project plan to allow time for transfer of staff between the incumbent provider and successful bidder, as well as full system data transfer, and to allow time for a smooth transition in the services delivered to our respective residents, in order to minimise disruption.

2. RISKS AND OPPORTUNITIES

2.1 Attractiveness of the contract – Through research and engagement with the market, it is understood that the market for sexual health services is small, with 6 organisations participating in the pre-tender market engagement exercise. That exercise highlighted estates as a potential barrier to entry to the Greater Lincolnshire market for interested organisations not already based in the geographical area.

2.2 Integrated Service – Engagement with the market showed that providers have contracts with other Councils for both integrated and non-integrated services. There is a risk that SMEs will be unable to bid for the ISHS as the service model carries a higher financial risk for them or they may be unable to meet the requirements. One advantage of maintaining a separate HIV/MSM (men that have sex with men) outreach support contract in the new model, is that it enables SMEs to bid for a sexual health contract eg tender will be in lots.

2.3 Greater Lincolnshire – The Greater Lincolnshire (GL) approach was explored as part of market engagement and the responses received were mixed due to the shared geographical coverage. Timescales to achieve the proposed collaboration are constrained, and there is a risk to all GL partners not being ready to go out to tender at the same time. To mitigate the associated risks to continuity of SH services across GL clear deadlines and expectations have been set with GL partners to ensure the tender documentation can be published on time.

2.4 Additionally, in the event that different providers are successful for Lincolnshire and Northern Lincolnshire contracts, a high level of partnership

working to achieve the outcomes and benefits of the Greater Lincolnshire approach will be required.

3. OTHER OPTIONS CONSIDERED

- 3.1 Continue with the status quo and utilise maximum remaining contract extensions with requirement on provider to accelerate the transformation plan. *(Not pursued as Greater Lincolnshire sexual health commissioning and procurement project proposed statutory public health responsibility to commission comprehensive open access sexual health services.)*
- 3.2 Recommission service in Autumn 2023 solely for North East Lincolnshire Council - *Greater Lincolnshire project will deliver greater efficiency and effectiveness.*
- 3.3 Recommission service in Autumn 2023 jointly with North Lincolnshire Council – *Greater Lincolnshire project will deliver greater efficiency and effectiveness.*
- 3.4 Do nothing, let contract expire and decommission ISHS– *not an option as Council has statutory public health responsibility to commission comprehensive open access sexual health services.*

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

- 4.1 The Council may be at risk of clawback from the Department for Health and Social Care (DHSC) of the Public Health Grant if this service or an equivalent service is not procured and available to access for local residents.
- 4.2 Consequence of 4.1, Council would receive negative feedback from the public, interest groups and coverage in the media.
- 4.3 The service is customer facing and based at Stirling Street medical centre. Disruption to the sexual health service may impact on the primary care medical centre if changes to service provision are not well publicised. A communication plan will be developed as part of the commissioning and procurement process and services kept informed.
- 4.4 The successful bidder will be required to produce a communication plan that will include promotion of the new service, raise awareness and media campaigns; and methodology of how they will reach the different audiences and stakeholders.

5. FINANCIAL CONSIDERATIONS

- 5.1 Sexual health services are paid for through revenue provided via the ring-fenced Public Health Grant as part of the responsibilities that transferred to councils from PCTs under the Health and Social Care Act 2012.
- 5.2 The proposal outlined within this report supports the Council's key financial objective to shift financial resource to support delivery of the Council's vision.

The proposal will be financed through existing revenue budgets and require no capital expenditure. There will be no net effect on Council reserves over the life of the project. The proposal will contribute to improved value for money within the service.

- 5.3 The working assumption is that the new services will be re-commissioned within the current available budget of £700,400 from the Public Health grant.
- 5.4 The existing ISHS Service contract expires 31st March 2024, with the new contracts needing to commence 1st April 2024.
- 5.5 The proposed duration of these contracts will be for an initial period of 5 years with an extension period of 2 years. The attractiveness of this approach was tested as a part of the market engagement process, and the views of the market provided validation that the proposal is a realistic, reasonable and an attractive term for the contracts.
- 5.6 It is expected that the proposed changes and improvements to the sexual health services through the proposed structure for contracts, specification and associated processes, including standardisation of services across the Greater Lincolnshire area, will enable the Council to maximise the service impact and benefit to end users as well as improving the ability to evidence value for money.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

- 6.1 There are no children and young people implications as a direct result of this report.
- 6.2 The service specification sets out the legislative and procedural frameworks the provider is required to comply with. In particular: Working Together to Safeguard Children (2018), Mental Capacity Act (2005) the Care Act Guidance (2014) and other relevant legislation including the Children Act (1989), the Children Act (2004); and the Sexual Offences Act (2003).

7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

There are no climate, change and environmental implications applicable to this report.

8. CONSULTATION WITH SCRUTINY

No consultation has been held with Scrutiny at this stage.

9. FINANCIAL IMPLICATIONS

The new service will be commissioned within the current budget available of £700,400. This budget is fully funded by the Public Health grant and any variation to the contract would also need to be met by Public Health Grant funding.

10. LEGAL IMPLICATIONS

- 10.1 The procurement exercises will be conducted so as to comply with the Council's policy and legal obligations, specifically in compliance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015 and supported by relevant officers.
- 10.2 The delegations sought are consistent with an exercise of this nature.
- 10.3 Officers should note that an award constitutes a further decision and will be subject to completion of an Officer Decision Record. Where key decision criteria are met such Officer Decision Record will be subject to call in. Award and implementation timelines should accommodate this.

11. HUMAN RESOURCES IMPLICATIONS

There are no direct HR implications.

12. WARD IMPLICATIONS

Affects all wards.

13. BACKGROUND PAPERS

- 13.1 [Sexual health commissioning in local government | Local Government Association](#)
- 13.2 [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013 \(legislation.gov.uk\)](#)
- 13.3 [Commissioning sexual health, reproductive health and HIV services - GOV.UK \(www.gov.uk\)](#)
- 13.4 [A Framework for Sexual Health Improvement in England - GOV.UK \(www.gov.uk\)](#)
- 13.5 [Integrated sexual health service specification \(publishing.service.gov.uk\)](#)
- 13.6 [Towards Zero: the HIV Action Plan for England - 2022 to 2025 - GOV.UK \(www.gov.uk\)](#)
- 13.7 [Internet access – households and individuals, Great Britain - Office for National Statistics \(ons.gov.uk\)](#)
- 13.8 [Public Health Outcomes Framework - GOV.UK \(www.gov.uk\)](#)
- 13.9 [Audit and commissioning sexual health services - GOV.UK \(www.gov.uk\)](#)
- 13.10 [Advancing our health: prevention in the 2020s - GOV.UK \(www.gov.uk\)](#)
- 13.11 [Women's Health Strategy for England](#)
- 13.12 [Home | Primary Care Women's Health Forum \(pcwhf.co.uk\)](#)
- 13.13 [Making it Work](#)

14. CONTACT OFFICER(S)

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Commissioning local HIV sexual and reproductive health services

Sexual and reproductive health is not just about preventing disease or infection. It also means promoting good sexual health in a wider context, including relationships, sexuality and sexual rights.

Commissioning responsibilities

Sexual health services are commissioned at a local level to meet the needs of the local population, including provision of information, advice and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy.

Local authorities commission comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). Some specialised services are directly commissioned by integrated care systems (ICSs), and at the national level by NHS England.

Local authorities commission:

- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- STI testing and treatment, chlamydia screening and HIV testing
- specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

ICSs commission:

- most abortion services
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynaecology including any use of contraception for non-contraceptive purposes

NHS England commissions:

- contraception provided as an additional service under the GP contract
- HIV treatment and care (including drug costs for post-exposure prophylaxis following sexual exposure (PEPSE))
- promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
- sexual health elements of prison health services
- sexual assault referral centres
- cervical screening
- specialist fetal medicine services

Across England there is considerable regional variation in how sexual health services are provided and commissioned. They vary from distinctly separate general practice and community-based contraceptive provision with hospital-based abortion and genito-urinary medicine (GUM) services, to fully integrated sexual health services in the community. The variations occur because of differences in commissioning and contractual models used in local areas.