

Wiltshire Council

Cabinet

21 November 2013

Subject: **Community Contraception and Sexual Health Services Procurement**

Cabinet member: **Cllr Keith Humphries – Public Health and Public Protection**

Key Decision: **No**

Executive Summary

The purpose of this report is to:

Inform Members of the intention to undertake a tendering process of the community contraceptive and sexual health service currently provided by Sirona Care and Health.

This contract transferred without competitive tender when the PCT split commissioning and provider services in 2011 and is now coming to an end of the transition agreement and therefore needs to be put out for competitive tender.

Proposals

That Cabinet:

- agree in principle to the proposal to undertake a tendering process to provide community contraception and sexual health services for 5 (3+2) year agreement;
- delegate authority of consideration of a procurement options paper to determine the appropriate procurement route and execute the contracts resulting from this tendering activity to Maggie Rae, Corporate Director, in consultation with the Cabinet Member for Public Health, Public Protection and Adult Care and Housing, the Solicitor to the Council and the Chief Financial Officer.

Reason for Proposal

As part of the Health and Social Care Act reforms, Wiltshire Council has a mandated responsibility to commission Open Access Sexual Health Services, to address the disease burden of sexually transmitted infections and reduce unintended pregnancy through the provision of a full range of contraceptive methods.

**Maggie Rae
Corporate Director**

21 November 2013

Subject: **Community Contraception and Sexual Health Services Procurement**

Cabinet member: **Cllr Keith Humphries – Public Health and Public Protection**

Key Decision: **No**

Purpose of Report

The purpose of this report is to:

1. Update Members on the new mandated responsibility of Wiltshire Council to commission Open Access Sexual Health services.
2. To invite Members to agree to the proposed procurement of the Community Contraception and Sexual Health Services in Wiltshire.

Background

3. *Liberating the NHS*, July 2010 and the Public Health White paper *Healthy Lives, Healthy People*, November 2010, signalled a significant change in the way in which health services are commissioned and the role that Public Health has to play in the commissioning of public health services in particular.
4. As part of the transfer of public health to the Local Authority, there were a number of services that became the responsibility of the Council, one of which was the mandated responsibility to commission Open Access Sexual Health Services.
5. Within this, the landscape has become somewhat fragmented with responsibilities for specific elements of sexual health commissioning being split between local authorities, Clinical Commissioning Groups (CCGs) and NHS England. These new responsibilities are outlined in table 1 overleaf:

Table1: Sexual Health Commissioning Responsibilities

Local authorities will commission	Clinical Commissioning Groups (CCGs) will commission	The NHS Commissioning Board will commission
Comprehensive sexual health services, including: Contraception over and above what is already in the GP contract Testing and treatment of sexually transmitted infections (excludes treatment of those with HIV) Sexual health advice, prevention and promotion	Abortion services Sterilisation and vasectomy Gynaecology	Contraception services commissioned through the GP contract HIV treatment and care Sexual Assault Referral Centres

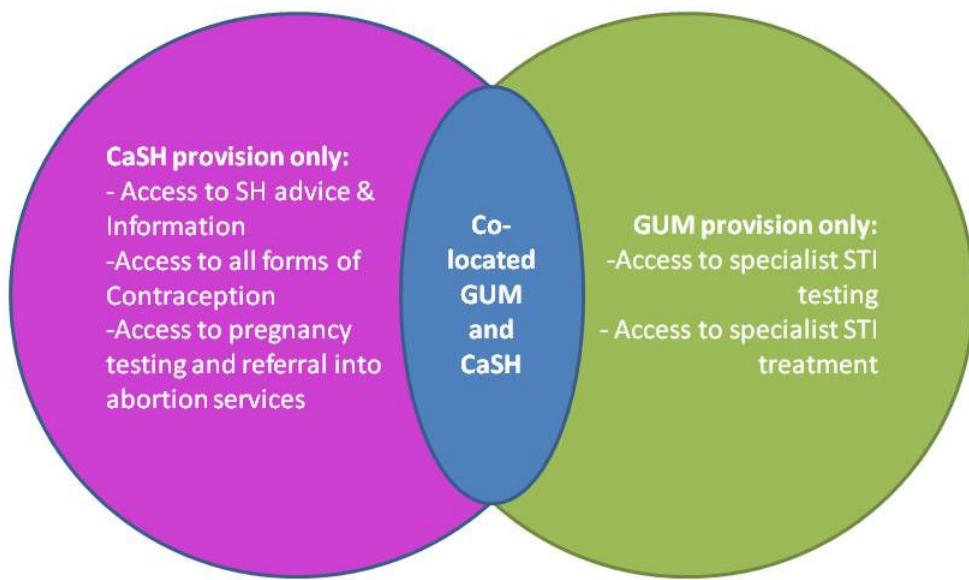
6. The commissioning of specialist sexual health services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion, services in schools, colleges and pharmacies is also included in the range of services that local authority is now mandated to commission.

Sexual Health Services in Wiltshire

7. There are three levels of service provision within sexual health, covering primary care, enhanced primary care and specialist services.
8. **Primary care and enhanced primary care** – In Wiltshire, GP practices provide a range of sexual health services as part of their contract including access to some methods of contraception and access to some STI testing and treatment. Some practices are also commissioned to provide enhanced contraceptive provision, enabling women to get better access to the full range of contraception Wiltshire wide.
9. **Specialist services** – this includes Genitourinary Medicine Clinic (GUM) and Community Contraception and Sexual Health (CaSH) services.
10. GUM services are commissioned through Great Western Hospital (GWH), Salisbury Foundation Trust (SFT) and the Royal United Hospital (RUH). However, individuals are able to access any GUM services in the country and these are cross charged to local authorities based on the person's residence.
11. The Community CaSH services are currently commissioned from Sirona Health. Wiltshire patients can access their Bath based sites and they also

provide five community CaSH clinics in Wiltshire, which are based in; Trowbridge, Melksham, Chippenham, Calne and Devizes. (The provider arm of NHS BaNES transferred to Sirona Health, a social enterprise on 1st October 2011).

12. The current model in Wiltshire is outlined in the diagram below. We have a mixture of CaSH only provision, GUM only provision and co-located GUM and CaSH provision.

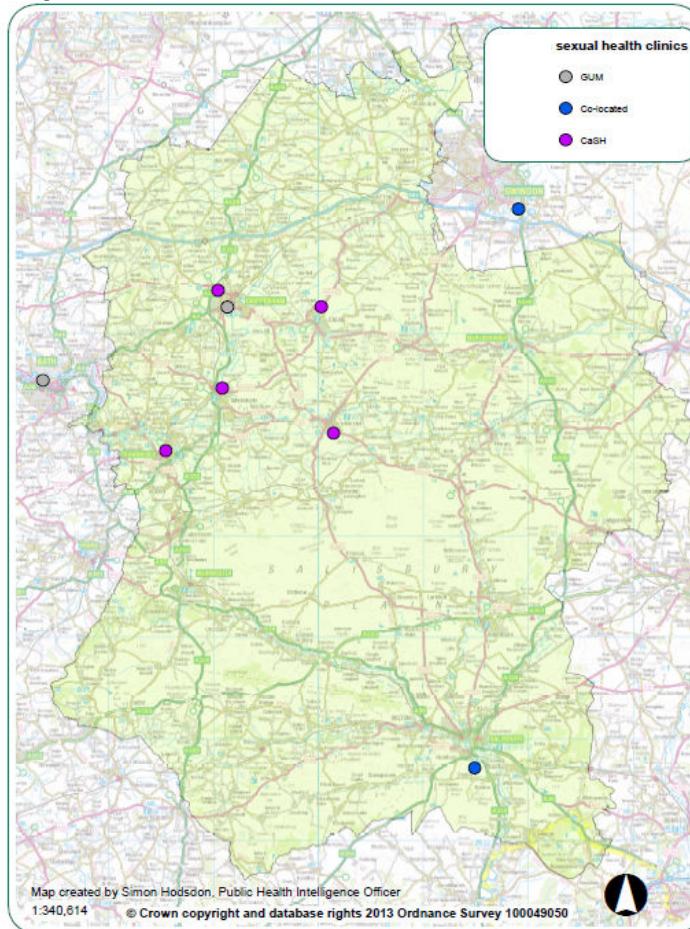


13. This procurement will be for the CaSH element of specialist services only.

Key Issues with Current CaSH Service Provision

14. There is inequity in the distribution of CaSH services across Wiltshire (see map 1 overleaf), with the majority of specialist provision being located in the North.

Map 1: Current Distribution of sexual Health Services



15. There was no competitive tender process when the CaSH services were transferred to Sirona in 2011.
16. The contract with Sirona ends on the 31st March 2014.

Main Considerations for the Council

17. The procurement of CaSH services in Wiltshire is required to meet our mandatory responsibilities to commission Open Access Sexual Health services.
18. Furthermore, due to the current inequitable distribution of services and the fact that the contract is due to expire on the 31st March 2014, there is greater need to re-commission CaSH services to ensure that the sexual health needs of Wiltshire Residents are met.
19. CaSH services in Wiltshire are well used; during 2012/13 there were 6,301 appointments attended in CaSH clinics. This could be improved further with the provision of more integrated sexual health service provision and a better geographic spread.

20. Wiltshire residents experience better sexual health outcomes compared to South West England and England averages (see Appendix A for further information on sexual health outcomes), but there are key high risk groups; including:

- Women
- Young people
- Men who have sex with men
- People from African communities
- People living with Human Immunodeficiency Virus (HIV)
- Sex workers
- Victims of trafficking
- Victims of sexual and domestic violence and abuse
- Prisoners

21. These groups are at greater risk of poor sexual health outcomes, therefore the provision of improved geographic spread and better integration will enable improved access and timely assessment, treatment and advice.

Environmental and climate change considerations

22. The proposal to deliver CaSH services closer to home will reduce the environmental impact of people needing to travel long distances, frequently outside of the County, for often brief appointments.

Equalities Impact of the Proposal

23. The current location of services leads to an inequity of access. Better geographic placement will enable easier access to specialist services for more vulnerable people, especially young people who rely more on public transport.

24. The service specification will state that providers will be expected to demonstrate the use of local resources and provision of services which take account of relevant Wiltshire Council policies.

25. An Equality Impact Assessment will be conducted as part of the procurement process and the findings will be shared for consideration by the officer with delegated responsibility to execute the contract. Once the new service is in place a further EIA will be undertaken and registered with Wiltshire Council.

Risk Assessment

26. The establishment of integrated CaSH services will improve service delivery and enable easier access to a full range of sexual and reproductive health services. This is crucial for tackling the burden of poor health outcomes associated with poor sexual health.

27. A more visible service will help with awareness campaigns targeted at higher risk populations, including young people.

28. This proposal is supported by a sexual health service review, the findings of needs assessments undertaken with targeted populations, the sexual health peer review and the national support team visit.

29. The contract with Sirona will expire on 31 March 2014, a contract extension has been agreed to 30 September 2014 to allow sufficient time to undertake the procurement process.

Financial Implications

30. Funding for sexual health transferred from NHS Wiltshire as part of the Public Health ring-fenced budget to Wiltshire Council along with commissioning responsibilities for sexual health.

31. The payment for sexual health services currently follows two payment streams. Contraception and non complex sexual health (CaSH) is paid under block contract, GUM is paid by payment by result (PBR) i.e. per activity.

32. The block contract funding will be transferred to the new provider; this is a contract value of 285,000 per annum.

Legal Implications

33. Adequate measures will be taken to ensure sufficient procurement capacity and expertise to ensure a robust procurement process is carried out to mitigate against any potential for legal challenge to the process.

34. Because of the service type and its value this procurement will be regulated by the less strict regime of the Public Contracts Regulations (“PCR”). This means that although much of the PCR procedures will not be applicable (such as placing notices in the OJEU) the advertisement of the procurement will have to be sufficiently widespread to alert the likely market of healthcare providers to this service requirement. If this is done and the tendering procedure itself is fair then there is little or no risk of challenge on procurement grounds and as well the Council’s “VFM” duty will be satisfied.

Public Health Implications

35. Sexual health is one of the mandatory services that transferred with public health to the council in April 2013. In addition, this addresses the key issues regarding the current system and equity of access to high quality services, which has been highlighted in the JSA for Health and Wellbeing.

Safeguarding Considerations

36. Safeguarding is at the heart of sexual health and as such there are strong processes in place to ensure that service providers identify those at risk

of harm and / or exploitation and that such concerns are reported appropriately. Public Health work closely with the both adult safeguarding teams and children's safeguarding and child protection teams to ensure that any risks, concerns or incidents are escalated in line with council protocols.

Options considered

37. The Wiltshire Sexual Health Partnership considered several options including the development of existing services. However the contract for the Community CaSH services expired on the 31 March 2013 and has been signed off for an additional year until March 31 2014 and the absence of a transparent tendering process may lead to challenge. It is also an opportunity to commission a provider who can help implement all the changes towards service and access improvement.

Conclusions

38. Significant progress has been made in Wiltshire to reduce the burden of ill health associated with sexual ill health and unintended pregnancy and many more initiatives have been put in place to improve sexual health, be positive about sexuality, identify and respond to sexual exploitation.
39. At the core of good sexual health is an exemplary sexual health service, which promotes safer sex and healthy relationships, identifies and treats STIs as early as possible and has in place robust processes for partner notification to reduce further transmission.
40. The procurement of improved CaSH services is crucial to our continued efforts to improve sexual health outcomes and reduce the burden of sexual ill health.

Proposal

41. That Cabinet note the importance of easy access services for reducing the burden of sexual ill health and agree in principle to the proposal to undertake a tendering process to provide an integrated CaSH service.
42. That Cabinet delegate authority of consideration of a procurement options paper to the Cabinet Member and Corporate Director.
43. That Cabinet delegate authority to execute the contracts resulting from this tendering activity to Maggie Rae, Corporate Director, in consultation with the Portfolio Holder, Solicitor to the Council and the Chief Financial Officer.

Name of Director; Maggie Rae

Designation: Corporate Director, Public Health, Adult Care and Housing

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Glossary of terms

Co located clinics	Where GUM and CaSH clinics are available at the same venue but operate as separate clinics. Patients will require two appointments if they require a contraceptive service and testing for symptomatic sexually transmitted infections
CaSH	Contraceptive and Sexual Health services
Contraception and Sexual Health (CaSH)	Non symptomatic testing, provision of all forms of contraception
Genitourinary Medicine (GUM)	Sexual health for complex or symptomatic conditions, specialist care for long term infections and HIV
GUM	Genitourinary Medicine
HIV	Human Immunodeficiency Disease
LARC	Long Acting Reversible Contraceptives
Open Access Clinics	GUM and CaSH work alongside each other and patients can access the full range of services in one appointment.
PCT	Primary Care Trust
RUH	Royal United Hospital
SFT	Salisbury Foundation Trust
STI	Sexually Transmitted Infection

Appendix A – Sexual Health in Wiltshire

1. Key Stats:

STIs:

- There were 2,344 acute sexually transmitted infections in Wiltshire in 2012 which is 494.2 per 100,000 people and represents a 3% increase since 2010 when there were 2,270 infections.
- Wiltshire's rate is much lower than the England rate (803.7 per 100,000), the South of England rate (666.6 per 100,000) and the Avon, Gloucestershire and Wiltshire area rate (661.9 per 100,000).

HIV:

- In 2010, 69,424 HIV – diagnosed persons (all ages) were seen for HIV care in the UK, representing an increase of 6% on the number seen in 2001.
- Overall in Wiltshire 182 people accessed HIV treatment and care in 2011.
- At the UK level in 2010 51% of persons living with diagnosed HIV were men and women infected via heterosexual sex which compares to 56% in Wiltshire. In the UK overall 44% were men infected through sex between men compared to 39% in Wiltshire.
- It is estimated that, nationally, 25% of people living with HIV are unaware they are infected.
- The percentage in Wiltshire diagnosed with HIV at a late stage, which means they had a CD4 count of 500 or less and were likely to be diagnosed after the point at which treatment should have began has fallen from 55% in 2008 to 45% in 2010. Although the decrease is positive, the health outcomes for people diagnosed with HIV at a late stage is much worse.

Abortions:

- In 2011/12 there were 1108 terminations of pregnancy accessed by Wiltshire Women.
- 31% of these procedures were second or subsequent procedures, meaning that 31% of women had undergone at least one previous abortion in her lifetime.
- 52% of teenage conceptions end in abortion. 79.1% of abortions in Wiltshire are completed under 9 weeks of pregnancy, early abortions are viewed as decreasing physical and emotional impact on the woman.

Young people and sexual health:

- Nationally young people, make up 12% of the population, but are responsible for 60% of new diagnoses STI infection.

Chlamydia Screening:

- During 2011/2012, 11,108 Chlamydia tests were carried out in the 15-24 years old age range, this is 21.8% of the targeted population.
- 8% of young people taking a Chlamydia test are diagnosed with positive Chlamydia infection

- Chlamydia has few symptoms and therefore opportunistic testing can help identify the infection. Left untreated, the infection can lead to infertility in genders, painful swelling, pelvic inflammatory disease in women and a form of arthritis in men.
- To improve access to testing and to identify possible infections earlier, young people aged 15-24 years that are tested for Chlamydia, are now also screened for Gonorrhoea. This has been in place since November 2012.

Teenage Pregnancy:

- The current teenage pregnancy rate is 22.4 per 1,000 females aged 15-17 years, (2011/2012) this fell from 24.2 per 1,000 in 2010/11. There has been an overall reduction of 30.2% on the baseline year 1998 when the rate was 32.1 per 1,000 females aged 15-17 years.

Service Use:

- During 2012/13 there were 10,892 appointments attended by Wiltshire residents in GUM and 6,301 appointments attended in CaSH clinics.
- There is no data available for the number of sexual health appointments in primary care but there were 106,403 sessions in primary care issuing some form of Contraception.

2. Cost Efficiencies for Sexual Health Services:

Contraception:

- For every £1 spent on contraception we save £11 in costs associated with unintended pregnancy
- If half of women currently using the oral contraceptive pill switched to long-acting reversible contraception, the proportion using long-acting contraception would increase from about 5% to 20%, and estimated savings of over £9 million would be expected in the South West. About half of this gain occurs in women aged 15 to 24.

HIV:

- A person diagnosed with HIV late will cost 4x more than someone diagnosed early - The typical cost of treatment is £7,000 per year this can be as high as £30,000 per year in patients with late diagnosis.
- The typical cost over a lifetime for HIV treatment is £300,000 – prevention and reduction of onward transmission is therefore crucial.

Chlamydia:

- £100m a year is spent on tubal factor infertility resulting from undiagnosed Chlamydia
- Increased infection rates alone could place an additional cumulative burden of £314 million on the NHS by 2020 and could see incidences of Chlamydia account for 40% of NHS treatment costs for STIs between 2013-2020.