Directorate Leadership Team
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INTEGRATED SEXUAL HEALTH SERVICE TENDER – EXCLUSION CRITERIA RECOMMENDATIONS

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Recommendations

1. **The authors recommend that:**

    a) **The Leadership Team notes and agrees with the proposed recommendations for the exclusion criteria for the tender for the Integrated Sexual Health Service.**

Background information

1. The process to recommission sexual health services began in January 2015 with a view to the commencement of a new single contract from October 2016. Previous papers to DLT have resulted in the decision to procure services on the open market, and acknowledgement of the key findings in the Sexual Health Needs Assessment.
2. The procurement process is ongoing, and the finalised tender pack will be advertised on the e-tendering portal on 13th January, with a view to announcing a preferred Lead Provider on 3rd May 2016. The preferred Lead Provider will be responsible for all aspects of agreed service delivery, and the management of all sub-contracting and partnership working arrangements.
3. A market engagement event held in October showed that there is significant interest from external providers as well as the current providers; 20 plus organisations were in attendance.
4. Following the transfer of sexual health services to the Local Authority in April 2013, there has been no further review of the commissioning responsibilities of the services that were transferred, and ongoing delivery (which includes eligibility) has continued unchanged within each of the current contracts.
5. Following the in-year reduction to the Public health Ring-fenced Grant, the local authority is proposing a reduction in the overall value of the sexual health contract when it is recommissioned. Service improvement work already underway is likely to mitigate the impact of this reduction, and the strengthening of exclusion criteria will further mitigate the impact, as well as clarify responsibilities for the longer term.
6. The local authority recently commissioned a review of all prevention services by Impower, which recommended that sexual health services should be better targeted towards vulnerable and high risk populations so as to minimise the impact on high cost treatment services.

Exclusion criteria

7. The following table outlines the commissioning responsibilities of sexual health services across the whole system:

Local authorities	Comprehensive, open access sexual health services, including: **Contraception** (including implants, intrauterine contraception, emergency contraception), including all prescribing costs – but excluding contraception provided as an additional service under the GP contract; **STI testing and treatment**, including Chlamydia and HIV testing; **Sexual health aspects of psychosexual health services**; and **Sexual health specialist services**, e.g. young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work.
CCGs	**Termination of pregnancy services**; **Sterilisation**, including vasectomy; **Non-sexual health elements of psychosexual health services**; and **Community gynaecology**, including use of contraceptive services for non-contraceptive purposes (e.g. menorrhagia; part of hormone replacement therapy).
NHS England	**Standard contraception provided under the GP contract**; **HIV treatment and care**, including post-exposure prophylaxis (PEPSE); **Promotion of opportunistic testing and treatment for STIs** (including patient-requested testing by GPs); **Sexual health elements of prison health services**; **Sexual Assault Referral Centres**; and **Cervical Screening**

8. In line with the table above, the Health and Social Care Act reforms stipulate that local government has a mandated responsibility to commission open access Sexual Health Services. In particular, as part of the Local Authorities Regulations 2013, Local Government is required to arrange for the provision of the following:

- 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.

9. Based on a review of commissioning responsibilities across the whole system, Public Health recommends that the following services and responsibilities are excluded from the new service specification on the grounds that they are not the responsibility of the Local Authority, or that they are not a mandatory requirement of the service:

- HIV treatment and care including post-exposure prophylaxis (PEPSE); which are subject to separate service agreements (Cross reference B6a *Specialised HIV Services for Adults* and B6b *Specialised HIV Services for Children,* NHS England);
- Any services which should be provided by GPs under the terms of the General Medical Services (GMS) contract;
- Sexual and Psychosexual counselling services*
- Termination of pregnancy services including pregnancy assessment and advisory services**;
- Sterilisation services including vasectomy;
- Sexual health elements of prison health services;
- Sexual Assault Referral Centres;

- Cervical Screening***;
- Gynaecological services for non-contraceptive purposes or where related to non-STI treatment (e.g. menorrhagia; part of hormone replacement therapy);

*Sexual and Psychosexual counselling services**:** These are a discretionary requirement, and could be picked up by mental health services, or via an ongoing episode of care via the GMS contract. They are currently provided as part of the main WCC sexual health block contract held by WHaCT.

**Pregnancy assessment and advisory services: These are currently provided in South Worcestershire and Redditch and Bromsgrove as part of the main sexual heath block contract held by WHaCT. They are the responsibility of the CCG and should be transferred to form a single joined up termination of pregnancy pathway.

***Cervical Screening (NHS England): Some aspects of cervical screening are currently provided in sexual health clinics as part of the main WCC sexual health block contract. They are provided as a method of increasing patient choice within the national screening programme. This practice should be ceased, and screening only offered in sexual health clinics as a direct outcome of an episode of care within the sexual health care pathway. Activity numbers and associated budget are currently unknown. Figures gave been requested from WHaCT.

9. Following agreement with DLT, these criteria will be shared through ICEOG and with existing commissioners who may wish to change their own contracts to reflect change. NHS England, for example, may wish to contract with a new provider to enable drop-in cervical screening to facilitate patient choice, but this will be subject to negotiation with the new provider and this will be referenced in the tender pack.

Financial implications

10. The current annual budget for sexual and psychosexual health services is approximately £70,000 and is part of the main block contract held by WHACT.

The budget for pregnancy assessment and advisory services is approximately £35,000, and is also part of the main block contract held by WHACT.

Cervical screening is also being delivered as part of the sexual health block contract. Levels of activity are unknown, and activity data has been requested from WHaCT.

Following discussion at the HWB Board 30th September, it was agreed that Marcus Hart would make a final decision on the future budget for sexual health services by mid-November. This would be based on the following recommendations:

- Main sexual health contract - Reduce funding by 10% from October 2016 with savings made by service redesign and recommissioning (this figure is likely to increase);
- Consider the role of these services in identifying child sexual exploitation, and ensure that access is available to highest risk groups
- Reduce funding by 10% from October 2016 with savings made by service redesign and recommissioning, focusing on the mandated elements of Sexual Health services (primary care prescribing costs for contraception). (This figure is likely to increase).