
**Health, Housing and Adult Social Care Policy
and Scrutiny Committee**

20 June 2018

Report of the Director of Public Health

Portfolio of the Executive Member for Adult Social Care and Health

Re-procurement of Sexual Health and Contraception Services

Summary

1. The purpose of this report is to seek feedback and comments from Health, Housing and Adult Social Care Policy and Scrutiny Committee ahead of the report to the Executive which will be seeking authorisation to approach the market for the tendering of sexual health and contraception services, and to receive approval that the decision to award the contract be delegated to the Director of Public Health. In line with City of York Council own Contract Procedure Rules and EU procurement legislation, the Council is required to procure these services through a competitive process.
2. Local authorities have a statutory responsibility to commission specialist sexual health services for their population. This includes HIV prevention, sexual health promotion, open access genitourinary medicine and contraception services.
3. The proposal is to award a new contract for three years with an option to extend by two years plus consideration of a further two years, subject to performance, up to a maximum of seven years. Extensions will be based on performance related quality measures and delivery of key health outcomes. This is considered to be the option which will lead to the Council obtaining best value for money whilst meeting its statutory obligations and provide a clinically safe and effective service for its residents.

Recommendations

4. Health, Housing and Adult Social Care Policy and Scrutiny Committee is asked to comment on the report and the recommendations below that will be presented to the Executive for decision:
 - a) Authorise officers within City of York Council to approach the market to inform the commissioning and procurement of a sexual health service to start from 01 July 2019.
 - b) Authorise the Director of Public Health to accept the highest scoring tender, in accordance with evaluation criteria and award a contract.
 - c) Delegate authority to the Director of Public Health to manage this contract including any variations and planned extensions as per City of York Council policy and procedures.

Reason: To meet the council's statutory responsibilities under the Health and Social Care Act 2012 and enable sexual health services to be available to York residents that are clinically safe, value for money and responsive to local need.

Background

5. City of York Council became responsible for commissioning sexual health and contraception services when responsibilities for public health functions were transferred to the Council in April 2013.
6. Sexual health and contraception services are funded by the local authority ring-fenced Public Health Grant Allocation. The Department of Health sets out a number of conditions for use of the public health grant. Local authorities are required to submit performance monitoring reports on sexual health outcomes as part of the Public Health Outcomes Framework.
7. Sexually transmitted infections (STI's) are a recognised issue for any city and York is no exception, all cities need to maintain services to protect the health of residents and prevent disease outbreaks.
8. Providing open access, all age services across the city reduces sexual health inequalities and risks to the population. The table below shows the age and gender of service users across York during 2017/18. The majority of people accessing the service are aged between 19 and 34 years of age.

Number of service users age <16 (female)	253
Number of service users age <16 (male)	16
Number of service users age 16 – 18 (female)	1261
Number of service users age 16-18 (male)	208
Number of service users age 19 -24 (female)	5490
Number of service users age 19 – 24 (male)	1798
Number of service users age 25 – 34 (female)	2229
Number of service users age 25 – 34 (male)	1394
Number of service users age 35 – 44 (female)	677
Number of service users age 35 – 44 (male)	524
Number of service users age over 45 (female)	422
Number of service users age over 45 (male)	515

9. A sexual health needs assessment has been completed following customer and stakeholder consultation. The indicators listed below require improvement so that sexual health inequalities across the city are reduced.
 - Late diagnosis of HIV
 - Sexually transmitted infection testing and diagnosis rates
 - Under 18s conception rates
 - Chlamydia screening
10. The impacts of poor sexual health are felt across the population and the evidence base shows that investment in sexual health services results in a strong and substantial return on investment.
11. This proposal falls within Key Decisions due to the annual value of the contracts and as such will be presented to Executive for decision.

Proposed Procurement Strategy

12. The proposal is to go to the open marketplace with a fixed budget and defined specification based on the local need.

13. The tender evaluation will follow an 80% quality and 20% financial assessment model. This is to reflect the complex nature of the submission which cannot be dealt with on a lowest price submission weighting. A waiver has been approved for this methodology.
14. Tender documentation will be published in October 2018 following a pre determined procurement timetable to meet the required legal benchmarks.

Service detail

15. The service specification will be developed as a result of several influencing factors: National statutory obligations, clinical safety, best practice guidelines, local needs analysis, stakeholder and customer consultation as well as benchmarking against other models in similar local authorities.
16. The service specification has not been included as part of this report, this will form part of a public facing competitive tender and as such has not been made available to potential bidders yet.
17. The specification will set out City of York Councils ambition for the transformation of sexual health services in York and will explain the detailed requirements the Council have to provide the specialist expertise that will be vital in leading and achieving the desired outcomes for its residents.
18. Any service specification for this type of service must follow a recognised clinically safe framework which is set out at national level.

Consultation

19. Work has been undertaken with a range of partners and clinical experts to inform the service delivery model and vision for the service:
 - a. A time limited sexual health commissioning steering group has been established. This includes key partners and provides a forum for ongoing discussion.
 - b. Clinical practitioners have been engaged through the Vale of York Clinical Commissioning Group and Public Health England.
 - c. Consultation with service recipients and professionals, including schools, through surveys, workshops and face to face meetings.
 - d. Key academic research and national best practice was searched and analysed to inform thinking.

20. Further consultation is planned as part of the market place engagement and soft market testing event.
21. Engagement with Vale of York Clinical Commissioning Group and primary care partners is ongoing through the development of a clinically safe service specification.

Options

22. There are two options for Members to consider:

Option 1: Do not approve the re-procurement

Option 2: Approach the market to re-procure sexual health services for York through competitive tender.

Analysis

23. **Option 1:** Do not approve the re-procurement

This option would mean that City of York Council will not fulfil its statutory duty as set out in the Health and Social Care Act (2012)

Failure to ensure that the City has safe and effective sexual health services would have negative consequences for the health of residents. Some of the consequences include increasing levels of sexually transmitted infections, increasing numbers of unplanned pregnancies including teenage pregnancies, increase in long-term preventable health conditions and preventable deaths.

Therefore this option is not recommended.

24. **Option 2:** Approach the market to re-procure sexual health services through competitive tender

This is the recommended option.

Reason: To meet the council's statutory responsibilities under the Health and Social Care Act 2012 and enable sexual health services to be available to York residents that are clinically safe, value for money and responsive to local need.

Council Plan

25. The proposal directly relates to the Council Plan 2015-19 priorities:
 - **'A focus on frontline services'** - to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.

Specialist Implications

Financial

26. York is one of the lowest funded local authorities in the Country (£37 per head compared to £55 per head average) and, like other authorities, the Public Health Grant received from the Government is reducing by approximately 2.6% each year from 2016/17 through to 2019/20. In these circumstances, the Council is facing difficult decisions when service contracts are renewed.
27. A benchmarking exercise has shown that York has a spend of £9.23 per head of population on Sexual Health which is lower than the England average of £10.51. This is primarily due to the low level of Grant the authority receives. It should be recognised, however, that York has one of the largest proportions of 15 to 24 year olds in its population who are the highest users of sexual health services, and this number is expected to grow with the anticipated increase in university student numbers and so there will be pressures on this budget.
28. Total spend on sexual health services in 2017/18 was £1.79 million which includes £298k for primary care contraception delivered in GP surgeries and £47k spent on out of area cross-charging for STI testing and treatment.
29. Savings of £79k were agreed as part of the 2018/19 budget proposals. Overall, following a reallocation of funds for contraception services, the proposed budget available to commission sexual health and contraception services and award a contract from 2018/19 onwards will be £1.74 million per annum.
30. This represents a reduction in spend on sexual health services provision which was £2.4 million per annum at the point of transfer of commissioning responsibilities from the NHS to the Council in April 2013.
31. It is the professional opinion and advice of the Director of Public Health that £1.74 million per annum is the minimum value that will allow the Council to procure the delivery of safe and effective sexual health services for the City's residents. Given the importance of sexual health services provision within Public Health it is not currently proposed to seek further service reductions to be made over the length of the contract term.

Human Resources (HR)

32. The implications for employers will be determined by the results of the re-tendering exercise and could involve significant TUPE impact for those providers delivering services. The impact of this is for the winning bidder to manage and there are no Human Resources implications for the Council.

Equalities

33. The Council must, in the exercise of its functions have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it. The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.
34. It is crucial that the differing needs of men and women and of different groups in society are considered when planning services and interventions. Nationally females are statistically more likely to access specialist sexual health services and the provision of sexual health services has a positive affect on the general and sexual health and wellbeing of women.
35. Locally MSM (men who have sex with men) populations are statistically more likely to be diagnosed with Syphilis infection which is rising. MSM communities are also more likely to have higher instances of HIV. Providing services for this customer group enables individuals to live healthy lifestyles and avoid early mortality.
36. Although it is difficult to estimate the numbers of residents affected in York, sexualised recreational drug use or chemsex is associated with an increase in sexual risk-taking behaviours in men who have sex with men (MSM)ⁱ. Chemsex is associated with group sex and multiple sexual partners, serodiscordant condomless sex and STI transmission. Chemsex is, therefore, an important public health issue among MSM.

37. In York, like any city in the UK, we have both licensed sexual establishments and informal sex worker (SWs). SW's are assumed to be at increased risk of sexually transmitted infections (STIs), there are limited comparative data studies with other population group's available and there is very little data available about York specifically. This is recognised as a vulnerable population and statistically is likely to include a higher than average representation of women, MSM and transgender residents.
38. Using the Making Better Decisions tool shows that there is a potential negative impact of the reduction in the budget available for sexual health services related to particular vulnerable groups.

Legal

39. Section 12 of the Health and Social Care Act 2012 imposes a statutory duty on local authorities to take such steps as it considers appropriate for improving the health of the people in its area and addressing behaviour that is detrimental to health. The provision of the services discussed within this report should therefore fall within this section.
40. The procurement of these services will be undertaken in accordance with the Public Contracts Regulations 2015 as well as in compliance with the Contract Procedure Rules of the Council.

Crime and Disorder

41. There are some shared links to crime and disorder, the service offer will include occasional contact with victims of sex crime, domestic violence as well as illegal sex working, modern slavery and child sexual exploitation cases.

Information Technology (IT)

42. There are no IT implications.

Property

43. There are no property implications.

Risk Management

44. There are risks associated with securing a safe and effective service with a reduced budget, particularly as the population of York is

predicted to expand in the key 15-25 age group inevitably leading to increased demand for services. These key risks and mitigations are set out below:

- Failed tender procedure
- Inability to provide mandated sexual health service
- Poor sexual health outcomes for the population of York including -
 - Reduced clinical safety leading to an increased risk of uncontrolled sexually transmitted infection outbreaks including a rise in HIV and late diagnosis of HIV
 - Increased risk of drug resistant gonorrhoea
 - Future negative financial impact on CYC through increase demand on social care
 - Negative social impact on the population of York e.g. a rise in under 18 conception rates leading to an increased demand on children's services
 - Increase in morbidity and premature mortality rates
- Reputational damage to the Council for not meeting its statutory duty to ensure free and open access to sexual health services for its residents

45. These risks are being mitigated through partnership working and system wide public health leadership through the newly established York Sexual Health Expert Partnership, and ongoing clinical engagement with the Vale of York Clinical Commissioning Group and Primary Care. Identifying areas of joint working and seeking to establish shared care pathways.
46. The risk of a failed tender procedure is being mitigated through market appraisal and soft market testing. The sexual health services provider market has expanded over the last five years, since the Council last re-procured its sexual health service, and so it is anticipated that there will be sufficient interest from suitably experienced bidders for the contract.
47. North Yorkshire County Council has announced its intention to re-procure their sexual health services provision in 2019. If, despite the

above mitigations, we are unable to award a contract for the provision of sexual health services on a City of York footprint, the intention will be to submit a further report to Executive for a decision to approach NYCC to jointly commission a sexual health service on a North Yorkshire and York geographical footprint.

Contact Details

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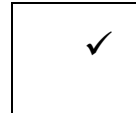
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**Report
Approved**



Date 01/0618

Specialist Implications Officer(s)

Finance – Patrick Looker, Finance Manager

Legal – Ryan Bell

Equalities – Will Boardman, Head of Policy and City Partnerships

Wards Affected:

All



For further information please contact the authors of the report

Glossary of Terms

CYC – City of York Council

EU – European Union

HIV – human immunodeficiency virus

MSM – men who have sex with men

NYCC – North Yorkshire County Council

STI – Sexually transmitted infection

SW – Sex worker

TUPE – Transfer of Undertakings (Protection of Employment)

Background Papers

Sexual Health Needs Assessment

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Making better decisions

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ⁱ Ottaway Z, Finnerty F, Buckingham T, *et al*

Increasing rates of reported chemsex/sexualised recreational drug use in men who have sex with men attending for postexposure prophylaxis for sexual exposure. *Sex Transm Infect* 2017;93:31.