

Report of the Director of Public Health

Report to Executive Board

Date: 4th September 2013

Subject: Sexual Health Service Integration

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	X Yes All	No
Are there implications for equality and diversity and cohesion and integration?	X Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	X Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	X No

Summary of main issues

1. Leeds City Council is mandated to commission 'open access' sexual health services.
2. National direction recommends that sexual health services should be reconfigured or remodelled to meet the service user's needs. A series of consultations in Leeds has identified clearly what service users now want and expect from services. This will require the integration of sexual health services.
3. The key feature of integration is that it will provide contraception and Human Immunodeficiency Virus / Sexually Transmitted Infections (HIV/STI) testing in one visit. This will eliminate the need for multiple services, remove duplication and provide an opportunity for the optimum sharing of skills and resources. Using this approach will make sexual health services more efficient therefore deliver better value for money, significantly improve the service user experience.
4. The new, integrated, sexual health services, will also lead to better health outcomes by reducing unintended conceptions and by reducing the amount of sexually transmitted infections in the population.
5. A stakeholder engagement event in June 2013 revealed there are a number of providers interested in tendering for an integrated sexual health service contract. Sexual health services have been successfully integrated in other areas regionally and nationally.

Recommendations

6. Executive board is recommended to approve the proposal to tender for integrated sexual health services for Leeds.
7. Executive board is recommend to approve the proposal to also tender for a number of additional sexual health contracts delivering direct preventive work targeting those most at risk of sexual ill health (men who have sex with men, young people, female sex workers and African communities).

1 Purpose of this report

- 1.1 This report seeks to gain approval to tender for integrated sexual health services and a number of additional prevention contracts for Leeds.

2 Background information

- 2.1 Leeds City Council (LCC) is mandated to provide open access sexual health services. Good sexual health services can contribute to improving the sexual health within a population if they have rapid access and are commissioned against local need assessments.
- 2.2 National direction from the Department of Health and local evidence recommends that sexual health services should be integrated.
- 2.3 Leeds traditionally has had a high demand for sexual health services offering over 56,000 appointments per year across the Genito-Urinary Medicine (GUM clinic also known as the Centre for Sexual Health) and CaSH (Contraception and Sexual Health) service. Leeds sexual health services are self-referral, open access and commissioned separately from different providers. Legislation means that these services are free of charge and to be provided in ways to make it easy for people to be provided with contraception and testing and treatment for sexually transmitted infections.
- 2.4 Nationally, the levels of sexual health care are split into 3 levels of service provision with level 1 providing routine sexual health care typically in a range of settings, to level 3 providing specialist cares in open access services.
- 2.5 Open access services are characterised as being open to any patient regardless of where they live and with a fully confidential record keeping system. The open access services in Leeds offer level 1 to 3 care and are provided by two separate providers. The Leeds GUM clinic (STI management level 1-3) is commissioned via Leeds Teaching Hospital Trust (LTHT) and the Contraception and Sexual Health Service (CaSH), (Contraceptive services level 1-3) is commissioned from Leeds Community Health Care (LCH).
- 2.6 Neither service fully meets the needs of women. It is evident there are missed opportunities to provide contraception or STI/HIV testing at appointments.
- 2.7 The CaSH service provided 23,000 contraception appointments mainly to women in 2012/13.

- 2.8 The GUM service provided 22,619 new appointments (of which approximately half are women mainly of reproductive age) and 10, 940 follow up appointments in 2012/13.
- 2.9 At present, LTHT has a city-centre GUM clinic which provides STI/HIV testing and treatment and LCH has a Contraception and Sexual Health (CaSH) service which provides clinics in six locations (including a city centre location) offering all methods of contraception.
- 2.10 An integrated model for the city would bring these functions together to deliver a service with one city-centre location, plus clinics in community settings in areas of highest need. A draft service specification has been developed and the lead clinicians from Leeds sexual health services are in agreement about the need and benefits of integration.
- 2.11 The current budget for all LCC commissioned sexual health prevention and clinical activity is £6,616,392.
- 2.12 The model has been implemented in different cities within the UK. Hull, Sheffield and Bradford have integrated models of sexual health provision. All local authority partners in West Yorkshire all looking to implement an integrated model within the next two years.
- 2.13 A range of level 1 care is also commissioned by LCC in the community; 70 GPs across the city have a Locally Enhanced Service (LES) for Long Acting Reversible Contraception (LARC); 40 Pharmacies offer chlamydia screening, free emergency hormonal contraception and pregnancy testing for under 25s via a Patient Group Directive; the chlamydia screening service for under 25s is offered on-line and in over 150 services across Leeds. The pathways between level 1 care and the specialist integrated sexual health service will be improved via this process.

3 Main Issues

3.1 Why sexual health services need to change

- 3.1.1 The sexual health services in Leeds have never been out to tender and do not fully meet local needs. To comply with procurement legislation and to generate competition, a formal tender exercise must be undertaken.
- 3.1.2 A new national model of integrating HIV/STI testing, STI treatment and contraception can lead to better health outcomes such as more women supplied with contraception therefore reducing unintended conceptions and more STI/HIV screening done which results in a reducing the amount of infections in the population. Both services operate from separate city centre locations duplicating premises / reception staff.
- 3.1.3 Since 2010/11 commissioners have received an increase in the number of service user complaints regarding access to the GUM service.
- 3.1.4 Long waiting times are on on-going challenge for the GUM service. The waiting time is advertised as 2 hours.

- 3.1.5 Women are expected to navigate through two services to meet sexual health needs.
- 3.1.6 Worried well patients (those with no symptoms) are managed in clinical service provision at a high cost of care. This impacts on the clinic being busy resulting in access problems around getting an appointment and waiting times. New self-testing options, more level 1 testing in primary care and nurse led models of care can help manage service users without symptoms.
- 3.1.7 STI testing and contraception at Level 2 and 3 is not available together in one location across the city. These are more complex levels of care which require these specialist services. Women would have to use the city-centre GUM clinic plus visit a CaSH clinic to have their full sexual health needs met.
- 3.1.8 Primary care delivers a range of sexual health interventions without clear pathways to the main providers.
- 3.1.9 There is a limited choice of clinic locations for men.
- 3.1.10 There is a pool of undiagnosed STIs/HIV in the community; we need to continue an upward volume of screening to reduce the infection rate.
- 3.1.11 There are certain groups with higher rates of infections and repeat infections and unplanned pregnancies. We need prevention services and clinical services to work well together for a targeted preventative approach to reduce sexual ill health.
- 3.1.12 Primary care is the largest provider of sexual health services, we need to support workforce development and provide clinical leadership to enable GPs to manage their patients sexual health needs where possible.

3.2 Ambition

- 3.2.1 Our ambition is to improve the sexual health of the Leeds population. Good quality accessible services contribute towards achieving this.
- 3.2.2 Leeds has made substantial progress towards improving services, diagnosing more STIs through supporting people to access services and providing different ways to test.
- 3.2.3 Leeds needs to offer more STI/HIV testing early to reduce the pool of undiagnosed infections and provide better access to contraception to reduce the high abortion and repeat abortion rates. The benefits of integrated specialist sexual health services will be:
 - **Better experience for the service user:** One appointment, therefore removing the need to visit two separate services.
 - **Better health outcomes:** Better access will test people quickly and early and will stop on-ward transmission of STIs and reduce unplanned pregnancies. Rapid and supported access into the right service at the right time can be co-ordinated better by one specialist provider of sexual health and ensure that those with the highest rates of sexual ill health are managed well.

- **Better value for money:** One provider and one appointment will reduce duplication, this will help realise efficiencies to invest in meeting the increasing demand. Further, most cases of sexual ill health can be prevented. We will continue work with service users to help promote good sexual health by building more prevention and risk reduction work into sexual health services. Preventing sexual ill health is cost-effective. For every £1 spent on contraception saves £11 in costs to the public sector. Each HIV infection avoided saves the NHS on average about £350,000 in treatment and care.

3.2.4 The integrated service will provide a city centre hub, plus clinics in areas with the highest rates of poor sexual health as indicated in the Joint Strategic Needs Assessment. The consultation work with current and future service users is helping to inform the service specification around opening times and requirements for the clinic environment.

3.3 Procurement route

3.3.1 The integrated service will be procured through the open market, complying with procurement legislation and the council's Contract Procedure Rules. A national Department of Health service specification for integrated sexual health services (June 2013) outlines an integrated service as the joining of the GUM and CaSH service functions.

3.3.2 LCC has numerous contracts around sexual health which all require re-procurement. This provides an opportunity to re-procure all prevention and clinical services together to improve the pathways between services.

3.3.3 An options appraisal has been carried out to consider all possibilities of how best to procure integrated sexual health services. This was informed by an options workshop, attended by service leads from ASC, Children's Services and Public Health.

3.3.4 The preferred option is to re-procure all LCC commissioned sexual health prevention and clinical activity through one procurement exercise.

The key benefits of this option are:

3.3.5 Opportunity to review all sexual health services in one exercise and align service specifications;

3.3.6 Encourages and supports better partnership working and improved care pathways through commissioning targeted prevention work and clinical service activity with common performance measures;

3.3.7 Encourages leadership including clinical leadership across the Leeds service providers via encouragement of consortia working, communication and partnership working around governance and service delivery to meet outcomes;

3.3.8 Potential reduced overheads via reduced city centre premises and less duplication of appointments; value for money in the procurement process by putting all sexual health contracts through one procurement process.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 The integration of sexual health services is acceptable to service users. There has been extensive local engagement and feedback on services.
- 4.1.2 We have undertaken three major patient and public involvement (PPI) exercises in 2011 and 2012 engaging with 7000 people. Our most recent survey found 84.6% (3796) ranked contraception and STI testing available at the same service as very important / important. The way we currently commission services does not meet this need.
- 4.1.3 In a recent student survey (November 2012) 61% of 958 students asked said it was very important or important that contraception and STI testing is available at the same service.
- 4.1.4 Other key findings from PPI with Leeds residents highlight that future sexual health services need to be; easy to get to by public transport; offer a choice of drop in or booked appointments; offer some early evening and weekend provision; have reduced waiting times; enable on-line testing.
- 4.1.5 Around half of respondents within the large surveys indicated they wanted their sexual health services available at their GPs. GPs remain the largest provider of level 1 sexual health services offering contraception services and Chlamydia screening, this will continue and will remain an option for people without complicated sexual health needs.
- 4.1.6 Over the last couple of months, focus groups held with communities at risk of sexual ill have indicated that integrated sexual health service provision is acceptable to them. Views around service times, locations, environment and elements of service provision have been collected during this work to inform the service specification.
- 4.1.7 Every key decision undertaken on the service review has been informed whenever possible by consultation with clients and other key stakeholders. Service users have been at the heart of the process, and their views and experiences have directly influenced the design and delivery of a new service.
- 4.1.8 The clinical leads in the current services have contributed to its development. A meeting held with the existing 3rd sector providers has also informed the service specification from the needs of those that experience the poorest sexual health outcomes.
- 4.1.9 There will be further consultation with the market on the draft service specification via YORtender, the council's electronic tendering system.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 The project has undertaken a formal screening as part of its quality assurance processes. An Equality Impact Assessments has been completed and this is appended to this report.

4.2.2 The main outcome from this was around HIV. HIV treatment is commissioned by NHS England and is separate to the integrated service specification. However, it is currently co- delivered by our GUM providers at LTHT. If LTHT is not successful during the tendering stage then HIV treatment will be provided separately. Those diagnosed as HIV positive in the integrated service will be supported by specialist nurses to ensure the transition to treatment and care is seamless. To ensure there is no negative impact on service users, the bridging of the two services will be monitored to ensure service users are receiving the best care during service transition.

4.3 Council Policies and City Priorities

4.3.1 The project supports the council's value of 'spending money wisely' as there is current duplication between two services both providing aspects of open access services. Any efficiency savings will be realised and used to support the increasing demand on sexual health services.

4.3.2 This project supports the council's value of 'working with communities' via the extensive Patient and Public Involvement work to get the service specification right. Further, the new service will be measured on its service user's satisfaction levels and responding to service improvements in a timely manner.

4.3.3 This project supports the council's value of 'being open, honest and trusted' by having transparent and open methods of working through the procurement process.

4.3.4 Improving the sexual health outcomes of the Leeds population will contribute to the Leeds Health and Wellbeing Strategy Outcome: People will live longer and have healthier lives.

4.4 Resources and value for money

4.4.1 The costs of delivering the project to date have been internal staffing costs. During the life of the project, there will be costs for procurement and project management support from the Public and Private Partnership Unit (PPPU).

4.4.2 It is proposed that by eliminating duplication, resources will be freed up to reinvest in the new service to meet the rising demand in services.

4.4.3 A full benefits realisation plan has been developed to understand the positive outcomes during the procurement phase but also for the new services once it's in place.

4.4.4 A project board is in place to oversee the project and maintain governance.

4.5 Legal Implications, Access to Information and Call In

4.5.1 There will be provider to provider TUPE implications with respect to the procurement and the council's Legal Services will be consulted. Tenderers will be advised to take their own legal advice and the council will not provide them with any legal advice.

4.5.2 All key decisions on the project have been taken in strict accordance with the Council's Contract Procedure Rules.

4.6 Risk Management

4.6.1 All key decisions on the project have been subject to detailed risk assessments. These have included assessment of risk for the Council and clients when decommissioning, remodelling and re-tendering services. Risks have been identified and will be managed by the project risk register.

4.6.2 The project will be managed by the Office of public health (Sexual Health) with procurement and project management support from Public Private Partnerships & Procurement Unit which will ensure Public Health follows the council's processes and procedures. A Project Board will be established and will ensure all key partners in the city and kept up to date with progress.

4.6.3 A project time line plan will be developed to ensure the project team keeps to timescales and regular progress reports will be sent to the Project Board.

4.6.4 Specifically, linkages will be maintained with GPs, CCGs, LTHT, LCH, Public Health, NHS England, 3rd sector organisations, community pharmacies and other relevant sexual health and secondary health service providers to understand any new risks and issues that have not been planned for.

5 Conclusions

5.1 National direction and local evidence recommends the integration of sexual health services.

5.2 The services currently provided in Leeds do not meet demand, duplicate resources and miss the opportunity to resolve service users sexual health needs at one, holistic appointment.

5.3 An integrated service will improve service users experience by reducing the need for onward referral; meeting all sexual health needs at one appointment where possible; and ensuring that they are directed to the most appropriate level of care.

5.4 There are opportunities to realise efficiencies by reducing the number of city centre premises and back office functions and effectively directing service users to the right level of care.

5.5 The model has been successfully implemented in different cities within the UK. Hull, Sheffield and Bradford have integrated models of sexual health provision.

5.6 It is expected the new integrated service will be in place from 1st April 2015.

6 Recommendations

6.1 Executive board is recommended to approve the proposal to tender for integrated sexual health services for Leeds.

6.2 Executive board is recommended to approve the proposal to also tender for a number of additional sexual health contracts delivering direct preventative work

targeting those most at risk of sexual ill health (men who have sex with men, young people, female sex workers and African communities).

7 Background documents¹

7.1 None.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.