



Doncaster Council

Report

Date: 10/03/20

To the Chair and Members of the Cabinet

Adult Sexual Health Services Retender

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture	All	Yes

EXECUTIVE SUMMARY

1. Local authorities are mandated to commission comprehensive open access sexual health services, including free sexually transmitted infections (STIs) testing and treatment, notification of sexual partners of infected persons, free provision of contraception, and sexual health aspects of psychosexual counselling.
2. Sexual Health service in Doncaster are currently provided by Doncaster and Bassetlaw Teaching Hospitals (DBTH) as primary provider. DBTH subcontract with Rotherham, Doncaster, and South Humber Trust (RDaSH) and some primary care providers to provide a range of contraception options. Psychosexual therapy services are currently provided by Leger Therapy Services Limited.
3. Whilst current sexual health services in Doncaster are rated highly by service users, the retender will offer opportunities to provide services with a stronger emphasis on access to provision in localities, and more choice on how and when people access sexual health care. To this end, we are proposing that the tender should be split into 3 'lots': specialist provision; community provision; and psychosexual therapy provision.
4. The new model will increase opportunities for individuals to self-manage their own health and well-being through an improved on line/digital offer; and better access locally based provision, utilising primary care and other community providers to greater effect.

5. The current contract to deliver adult sexual health services in Doncaster will end 31.03.2021. All contract extension options have been exhausted

EXEMPT REPORT

6. There is no exempt information contained in the report

RECOMMENDATIONS

7. Recommendation 1: Cabinet is asked to agree the proposed new sexual health service delivery model for adults
8. Recommendation 2: Cabinet is asked to agree to commencement of a tender process to find a suitable provider or providers to deliver adult sexual health services in Doncaster
9. Recommendation 3: That Cabinet APPROVE the delegation of the contract award to the Director of Public Health, after consultation with the portfolio holder and subject to compliance with the Council's Standing Orders.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

10. Doncaster citizens will be able to access quality sexual health services in a timely manner in a place that suits them, with greater opportunity to self-manage their own sexual health through community service provision and an increased online/digital offer.

BACKGROUND

11. Local authorities are mandated to commission comprehensive open access sexual health services, including free sexually transmitted infections (STIs) testing and treatment, notification of sexual partners of infected persons, free provision of contraception, and sexual health aspects of psychosexual counselling.
12. Sexual health is an important and wide-ranging area of public health. Most of the adult population of England are sexually active, and having the correct sexual health interventions and services can have a positive effect on both individuals' and population health and wellbeing.
13. Sexual ill 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), teenagers, young adults, and black and minority ethnic groups. HIV infection also has an unequal impact on some ethnic and other minority groups. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.
14. Local data – key points
15. Young people aged between 15 and 24 years experience high rates of new STIs. This is reflected in Doncaster where 56% of diagnoses of new STIs made were in young people in this age-group. Young people are also more likely to become re-infected with STIs,

contributing to infection persistence and health service workload. In Doncaster, an estimated 8.6% of 15-19 year old women and 8.3% of 15-19 year old men presenting with a new STI at a SHS during the 5 year period from 2013 to 2017 became re-infected with an STI within 12 months.

16. Socio-economic deprivation is a known determinant of poor health outcomes and data shows a strong positive correlation between rates of new STIs and the index of multiple deprivation across England. In Doncaster, rates of new STI diagnosis are increased by approx. 40% in the most deprived than those of the least deprived area (636/100,000 population most deprived verses 367/100,000 population in the least deprived).
17. Doncaster currently has a good uptake of Long Acting Reversible Contraception (LARC) at 56.6 per 1,000 compared to England at 47.4/1,000. LARC are the most effective methods of contraception as they are not reliant on user action. Despite good uptake of LARC methods, Doncaster still sees a significant number of women with unintended pregnancies. Doncaster has an abortion rate of 20.0/1,000 compared to the national rate of 17.5/1,000. Doncaster has the highest abortion rate in Yorkshire and Humber.
18. National context
19. The 2013 Framework for Sexual Health Improvement in England highlights a commitment to work towards an integrated model of service delivery to allow easy access to confidential, non-judgemental integrated sexual health services. An integrated sexual health service 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 one site, often by one health professional, in services with extended opening hours and locations that are accessible by public transport.
20. The provision of integrated sexual health services is supported by current accredited training programmes and guidance from relevant professional bodies including Faculty of Sexual and Reproductive Health (FSRH), British Association for Sexual Health and HIV (BASHH), British HIV Association (BHIVA), Royal College of Obstetricians and Gynaecologists (RCOG) and National Institute for Health and Care Excellence (NICE) and relevant national policy and guidance issued by the Department of Health and Social Care (DHSC) and Public Health England (PHE).
21. Local context and proposed model
22. Sexual Health service in Doncaster are currently provided by Doncaster and Bassetlaw Teaching Hospitals (DBTH) as primary provider. DBTH subcontract with Rotherham, Doncaster, and South Humber Trust (RDaSH) and some primary care providers to provide a range of contraception options. Psychosexual therapy services are currently provided by Leger Therapy Services Limited.
23. Whilst current sexual health services in Doncaster are rated highly by service users, the tender will offer opportunities to provide services with a stronger emphasis on access to provision in localities, and more choice on how and when people access sexual health care.
24. Community based sexual health services are central to a well-functioning sexual health system. Access to services closer to where people live or work

ensure timely provision of essential care which is critical in particular for those people who may be more vulnerable and/or most at risk of poor sexual health.

25. Provider sites must represent coverage across Doncaster and pay particular attention to areas with high levels of need. The size of localities will vary, but will need to feel “right” to people living and working in the area: large enough to offer sufficient scope for service improvement, but small enough to feel local and “real”.
26. To this end, we are proposing that the tender should be split into 3 ‘lots’: specialist provision; community provision; and psychosexual therapy provision.
27. Lot 1 - Specialist provision, will deliver from a centrally located hub:
 - Confidential integrated sexual and reproductive health service where the majority of sexual health and contraceptive needs can be met on one site, usually within a single consultation.
 - A full range of open access, level 1-3 (all methods) contraception services including long acting reversible contraception (LARC) and emergency methods.
 - Full range of open access, level 1-3 STI testing and treatment
28. The service will provide level 1-2 care for adults aged 19 and over, and level 3/complex care to all, regardless of age. There will be some selected outreach provision for vulnerable groups.
29. Although a full range of contraception will be offered through the specialist service, the vast majority of non-LARC will be shifted into community provision, and specifically efforts will be made to increase access to primary care for all non-LARC contraceptive needs.
30. The specialist provision will be responsible for coordinating patient flow across the borough via a single point of access offer.
31. Lot 2 – Community provision, will deliver from community settings:
 - A full range contraception services including long acting reversible contraception (LARC) and emergency methods.
 - Testing for chlamydia, gonorrhoea, syphilis, and HIV.
 - Treatment for chlamydia infection.
32. The community provider will be expected to sub-contract with other health providers in the community where possible. Provision of LARC in GP and emergency contraception in pharmacy are examples where elements should be subcontracted.
33. The service provider to work with GP and community pharmacy providers to develop and implement robust care pathways which support patients to self-navigate and be navigated through services and give opportunity for communities and allied professionals to take an active role in, and provide leadership for, local planning of service provision.
34. There is an expectation both specialist and community provision will explore options for self-care and digital services which might include:
 - Online triage
 - Postal STI (including HIV) testing kits for self-declaring asymptomatic service users

- Condoms and lubricant
 - Online appointment booking
35. Lot 3 – Psychosexual Therapy services, will deliver:
 - A service to provide help for clients presenting with problems of sexual dysfunction including erectile dysfunction, performance anxiety, and pain with sexual intercourse.
 - An integrated therapeutic programme using a behavioural, systemic and psychodynamic model which openly explores sexual problems and emotional blocks.
 36. Providers cannot work in isolation and there will be a requirement to work with each other to address the needs of service users and manage patient flow across the borough. Providers will have shared joint outcomes, be required to develop joint referral pathways and a joint communications plan.
 37. The proposed model mirrors the vision described in Doncaster Council Corporate Plan 2020-2021 and principles set out in Doncaster Place Plan to increase opportunities to self-manage their own health and well-being through an improved on line/digital offer; and a greater emphasis on locality-based models of support utilising primary care and other community providers to greater effect.
 38. Based on previous activity and projected activity modelling, it is anticipated the block funding currently allocated to the single service contract will be split with approximately 40% of the available funding allocated to Lot 2 community services and 60% to Lot 1 specialist services.
 39. There will be no change to funding for Lot 3 Psychosexual therapy services.
 40. The proposed contract length for all lots is 5 years plus the option to extend for a further 2 years.
 41. The current contract to deliver adult sexual health services in Doncaster will end 31.03.2021. All contract extension options have been exhausted.

OPTIONS CONSIDERED

42. Option 1 – To retender sexual health services for adults using current service delivery model
43. Option 2 – To retender sexual health services for adults using new service delivery model
44. Option 3 – Do nothing
45. Option 2 is the preferred option.

REASONS FOR RECOMMENDED OPTION

46. The new service delivery model has a stronger emphasis on access to provision in localities, and more choice on how and when people access sexual health care.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

47.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	

	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Retendering effective sexual health services will support this priority.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	

RISKS AND ASSUMPTIONS

48. Failure to commission or partially commission sexual health services and the council fails to fulfill its legal requirements under the health and social care act (2012).
49. Substantial change in size or status of ring-fenced public health grant. This option assumes that the public health grant continues to be ring fenced and is of a similar quantum. A reduction in the grant will require additional savings and if the ring fence is removed the Council may choose to use the grant differently and/or take money out of contracts.
50. Insufficient volume in contracts. As reductions in investment in any programme are almost entirely related to staff costs there is a possibility that clinic hours will be reduced and waiting lists will have to be introduced. Risks associated with this scenario include:
 - Increased time between referral and treatment thus there is potential for service users conditions to get worse thus requiring more intensive, costly treatment.
 - Increase in individuals who do not attend as the increased waiting time means they lose the courage to attend.
 - Potential for untreated individuals with STI to infect other individuals

- Potential for individuals requiring contraception to become pregnant with an unwanted pregnancy
- The reduced hours of provision may mean that staff are not able to adequately support clients with multiple and complex needs, this may mean costs in other areas.
- Council does not fulfil its legal requirement to provide open access sexual health services

LEGAL IMPLICATIONS [Officer Initials NJD Date 13/02/2020.]

43. Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do. Section 111 of the Local Government Act 1972 gives the Council the power to purchase goods and services.

Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.

This contract will be tendered in compliance with the Public Contracts Regulations 2015 and is consistent with the Councils Contract Procedure Rules.

FINANCIAL IMPLICATIONS [Officer Initials...HR...Date...11/02/2020]

44. Sexual Health services are funded from the Public Health Grant. The financial envelope for the services outlined in this report is expected to remain the same as the current annual budget, £2,069,220 for Lots 1 & 2 and £76,000 for Lot 3.

Under the current contract arrangements Lots 1 & 2 were procured as one, the proposal to now separate the service elements into two Lots will mean that the budget of £2,069,220 will need to be split accordingly. Using data from TriHealth over a three-year period a financial modelling exercise is currently under way to consider the requirements of each Lot. Should either of Lots 1 & 2 have an element of payments by activity there could be a risk of an additional budget requirement, in this event any additional cost will be met from within the Public Health Grant.

HUMAN RESOURCES IMPLICATIONS [Officer Initials EL Date 13/02/20]

45. There are no Human Resource implications.

TECHNOLOGY IMPLICATIONS [Officer Initials...PW Date...06/02/20]

45. There are no technology implications in relation to this report.

HEALTH IMPLICATIONS [Officer Initials CW. Date 06/02/2020]

47. Poor sexual health may lead to infections some of which may be recurrent or chronic, fertility problems and unintended pregnancies. There is a clear link between poverty, social exclusion and poor sexual health with a

greater proportion of sexually transmitted infections affecting marginalized groups and higher rates of under 18 conceptions in more deprived areas.

Comprehensive, equitable sexual health services that are designed around the needs of the local population are vital to ensure residents have the information and means to make good choices that affect their sexual health.

EQUALITY IMPLICATIONS [Officer Initials CW Date 06/02/20..]

48. This report outlines how services are being redesigned to ensure provision is available locally, with greater options to access services. The report acknowledges there are sexual health inequalities and these changes may go some way to reducing inequalities in sexual health and improve health outcomes for those who experience disadvantage and poorer health outcomes. Delivery of sexual health services in localities aims to reduce inequalities for groups with protected characteristics and to promote equitable access.

CONSULTATION

49. Consultation has been undertaken with both service users and staff. While there were some concerns about how well the integrated service met the needs of some patients around appointment availability it is important to recognise that these concerns co-existed with a verdict that overall service quality was no worse following integration.

77% of respondents felt the service was 'very good'. Access was also felt to be 'very good' with only 23% of those consulted indicating that they sometimes had 'rare issues' receiving the service they required. 54% of surveyed patients identified that they 'no barriers' in accessing the services they required from TriHealth and the second most selected option highlighted that 'availability' was sometimes an issue for 21% of those completing the survey.

BACKGROUND PAPERS

51. Doncaster Integrated Sexual Health Service evaluation.

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

BASHH - British Association for Sexual Health and HIV

BHIVA - British HIV Association

DBTH - Doncaster and Bassetlaw Teaching Hospitals

DHSC - Department of Health and Social Care

FSRH - Faculty of Sexual and Reproductive Health

HIV - Human Immunodeficiency Virus

LARC - Long Acting Reversible Contraception

MSM - Men who have Sex with other Men

NICE - National Institute for Health and Care Excellence

PHE - Public Health England

RCOG - Royal College of Obstetricians and Gynaecologists

RDASH - Rotherham Doncaster and South Humber Trust

STI - Sexually Transmitted Infection

REPORT AUTHOR & CONTRIBUTORS

Carrie Wardle, Public Health Specialist
01302 734471 carrie.wardle@doncaster.gov.uk

Rupert Suckling
Director of Public Health

Rupert.suckling@doncaster.gov.uk **01302 734010**