

SURREY COUNTY COUNCIL

LEADER OF THE COUNCIL

DATE: 20 MARCH 2017

LEAD OFFICER: HELEN ATKINSON, STRATEGIC DIRECTOR ADULT SOCIAL CARE AND PUBLIC HEALTH

SUBJECT: INTEGRATED SEXUAL HEALTH SERVICE



SUMMARY OF ISSUE:

1. In 2013 Local Authorities became responsible for the commissioning of certain aspects of sexual health services, including open access contraceptive and GUM (genitourinary medicine) services. NHS England are responsible for HIV treatment and care.
2. Current sexual health service provision in Surrey is provided by Virgin Care Ltd, Ashford St Peters Hospital and Frimley Park Hospital.
3. Following engagement which included a concept day and market engagement, event Surrey County Council (SCC) and NHS England ran a joint procurement in 2016/17 for three contracts: an Integrated Sexual Health service, an HIV treatment and care service (NHS England) and Sexual Health services in prisons (NHS England). The services are of an interdependent nature and best practice guidance dictates that they are co-commissioned.
4. There was one bidder, Central and North West London NHS Trust (CNWL). The decision was made to award the Integrated Sexual Health contract to CNWL by SCC Cabinet on 20 September 2016. Neither NHS England nor SCC contracts have been signed.
5. During mobilisation, there has been a lack of clarity on the nature of interdependent local arrangements referenced in the national specification of the NHS England HIV treatment and care contract which was tendered. Throughout the mobilisation process NHS England and CNWL worked through a number of issues to refine the HIV treatment and care solution and ensure it met local requirements:
 - a. The number of HIV patients within scope has fluctuated throughout the tender and mobilisation period due to inconsistency between local and national datasets.
 - b. Through the clarification process CNWL sought to further understand the independent local arrangements of the HIV treatment and care service locally as this was unclear within the tender documentation.
 - c. This has led to a delay and disruption to the full mobilisation of the services of both sexual health and HIV treatment and care.
6. In February 2017 CNWL raised concerns about their ability to safely transition the HIV treatment and care cohort of patients currently accessing services at Ashford St Peters Hospital (ASPH) within the available timescales. The

delays resulted in insufficient time to consult thoroughly with patients and staff before 1 April 2017.

7. The current contract with Frimley Park Hospital involves cross boundary dependencies with Hampshire. The delay to mobilisation has resulted in an inability of commissioners and CNWL to fully engage with this complex exit in the timescales available.
8. The exit of the total Virgin community contract of which sexual health and HIV is a part has been led by North West Clinical Commissioning Group. CNWL have fully engaged with the transfer of the Virgin cohort of HIV treatment and care patients into the new service.

RECOMMENDATION:

It is recommended that the Leader of the Council agrees to extending the existing arrangements for sexual health services with Ashford St Peters Hospital and Frimley Park Hospital for an interim period to allow for sufficient time to exit from these contracts safely. The recommended interim period is six months subject to final agreement with providers.

CONSULTATION:

9. The model of care proposed by CNWL will result in a significant change in location of service for ASPH cohort of patients. A six month extension to current arrangements will allow NHS England and CNWL to undertake appropriate levels of consultation with these patients.

Financial and Value for Money Implications

10. The new proposed service was expected to realise £2 million per annum of cashable savings for SCC from 2017/18. This is delayed for six months. There are the following consequences:
 - a. To extend arrangements with ASPH and FPH for six months based on current contract baseline will cost circa £1,140,000.
 - b. CNWL will deliver the sexual health service currently provided by Virgin from 1 April with a phased introduction of the services currently provided by ASPH and FPH. The majority of this service will be paid on activity with an agreed ceiling amount as per the September 2017 Cabinet paper. The proposed interim arrangements mean that CNWL will need to maintain existing cohort of Virgin staff for this interim period and will therefore be unable to begin transformation of services. The indicative cost of supporting this is £133K a month for a maximum of six months. It is anticipated that the overall payment to CNWL will be in the agreed ceiling amount because CNWL will not be able to access the level of activity as patient flows will still be going to some existing services during the interim period.
11. NHS England and SCC will undertake a rapid joint review with regard to the financial consequences of this change.

Section 151 Officer Commentary

12. The County Council is facing a very serious financial situation whereby it is having to identify unprecedented levels of savings to manage mounting pressures, particularly in relation to social care, and reduced Government funding in order to achieve a sustainable budget. A significant proportion of the savings for future years are currently still to be identified.
13. The Section 151 Officer notes that the Council's contractual obligations in relation to the provision of sexual health services mean it is no longer possible to deliver the full saving of £2m budgeted in the 2017/18 Medium Term Financial Plan. Given the Council's very serious financial position it is paramount that alternative savings or additional funding is identified to replace this as identified in paragraph 14.

Legal Implications – Monitoring Officer

14. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, National Health Service Act 2006, and Local Government and Public Involvement in Health Act 2007 require local authorities to arrange for the provision of sexual health services.
15. The contract extension can be lawfully undertaken under Regulation 72 (1) (b) or (c) of the Public Contract Regulations 2015 as a contract modification. A notice will need to be published following the contract extension.

Equalities and Diversity

16. An EIA was completed and attached to the Cabinet paper produced in September. This has been updated to reflect the changes in locations of services in relation to residents with protected characteristics. This is attached in Annex 1.

Safeguarding responsibilities for vulnerable children and adults implications

17. The terms and conditions of contract stipulate that the provider will comply with the Council's Safeguarding Adults and Children's Multi-Agency procedures, any legislative requirements, guidelines and good practice as recommended by the Council. This will be monitored and measured through the contractual arrangements.
18. The service will operate a client centred approach, working collaboratively with other Health and Social Care Services.

Public Health implications

19. The specification of the new contract stipulates that the provider will develop links and referral mechanisms into other health improvement programmes such as services for young people: particularly Youth Support Service, early help, substance misuse services (including alcohol) and smoking cessation.

WHAT HAPPENS NEXT:

20. Subject to approval from the Leader of the Council, the following steps will be followed:
- seek retrospective approval at Sourcing Governance Meeting;
 - agree and award extension to ASPH;
 - agree and award extension to FPH;
 - execute contract with CNWL; and
 - publish the relevant notices altering the market of the contract awards.
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Contact Officer:

Rachel Maloney, Category Specialist (Procurement) Tel: 0208 5417529
Lisa Andrews, Senior Public Health Lead Tel: 01483 519634

Consulted:

Diane Owens, Principal Solicitor
Ruth Hutchinson, Deputy Director of Public Health
Laura Forzani, Head of Procurement and Commissioning

Annexes:

Annex 1 - Updated Equalities Impact Assessment

Sources/background papers:

- All background papers used in the writing of the report should be listed, as required by the Local Government (Access to Information) Act 1985.
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