

Adults and Health Select Committee
4 September 2017
Surrey Integrated Sexual Health Services



Purpose of report: To provide a summary of the process undertaken to commission an Integrated Sexual Health Service for Surrey

Introduction

This paper will outline:

1. Sexual health commissioning responsibilities
2. Decision to go to tender
3. Services in scope of the tender
4. Sexual Health Needs Assessment
5. Rationale for service reconfiguration and service specification design
6. Tender process and evaluation of bids
7. Contract award
8. Service model
9. Patient and stakeholder engagement
10. Performance management
11. The procurement financial envelope
12. Conclusions and Recommendation

1. Sexual health commissioning responsibilities

The fields of sexual health, sexually transmitted infection (STI), contraception, reproductive health and HIV are frequently interwoven at individual, population and service delivery levels, yet each is separate and has its own defining features and interfaces. Different elements have different commissioning arrangements which adds to the complexity¹.

In 2013, as a result of the Health and Social Care Act 2012, the responsibility for commissioning of certain sexual health services transferred to Local Authorities. This included:

- Contraception (including the costs of Long Acting Reversible Contraceptive – LARC - devices and prescription or supply of other methods including condoms)
- Advice on preventing unintended pregnancy
- Testing and treatment for sexually transmitted infection (STI), chlamydia screening as part of the National Chlamydia Screening Programme (NCSP)

¹ [Public Health England. Making it work. A guide to whole system commissioning for sexual health, reproductive health and HIV. 2014](#)

- HIV testing including population screening in primary care and general medical settings, partner notification for STIs and HIV
- Sexual health aspects of psychosexual counselling
- Any sexual health specialist services, including young people's sexual health services and outreach and
- HIV prevention and sexual health promotion, service publicity, services in schools, colleges and pharmacies.

NHS England (NHS England) hold responsibility for commissioning:

- Contraceptive services provided as an 'additional service' under the main General Medical Services (GMS) contract with primary care
- HIV treatment and care services for adults and children and cost of all antiretroviral treatment
- Testing and treatment for STIs (including HIV testing) in general practice when recommended by a healthcare professional or requested by individual patients, where provided as part of 'essential services' under the GMS contract (i.e. not part of public health commissioned services, but relating to the individual's care)
- HIV testing when clinically indicated in other NHS England-commissioned services
- All sexual health elements of healthcare in secure and detained settings
- Sexual assault referral centres (SARCs)
- Cervical screening in a range of settings
- The HPV (human papilloma virus) immunisation programme
- Specialist fetal medicine services, including late surgical termination of pregnancy for fetal anomaly and
- Screening for infectious diseases in pregnancy.

Clinical Commissioning Groups (CCGs) are responsible for commissioning:

- Abortion services, including STI and HIV testing and contraception provided as part of the abortion pathway
- Female and male sterilisation
- Non-sexual health elements of psychosexual health services
- Contraception primarily for gynaecological (non-contraceptive) purposes
- HIV testing when recommended by a healthcare professional in CCG-commissioned services (including A and E and other hospital departments).

2. Decision to go to tender

With the ending of the Virgin Care Community contract in March 2017, Surrey County Council (SCC), having sought advice from the Competition and Markets Authority, was legally bound to carry out a full tender process, compliant with European Union Public Contract Regulations and the Council's Procurement Standing Orders. This included advertising the contract opportunity in the Official Journal of the European Union.

3. Services in scope of the tender

The services that were in the scope of the tender are shown in the table below. All services are commissioned by SCC unless indicated otherwise e.g. NHS England commissioned services indicated by 'NHS E'. SCC is also responsible for funding sexual health services delivered outside of Surrey when they are accessed by Surrey residents (around 15,000 attendances per year).

SCC also commission sexual health services directly from individual GPs and pharmacists. These services were out of the scope of the tender. These are annual contracts for the provision of:

- Long Acting Reversible Contraception (LARC)
- Emergency Hormonal Contraception and
- Chlamydia screening.

These services will remain and the new provider is expected to work in conjunction with GPs and pharmacists to ensure a complementary service.

Provider	Services commissioned	Approximate annual activity	Contract end date
Virgin Care Services Ltd	Contraception and Sexual health (CASH), genito urinary medicine services (GUM), outreach, prevention, chlamydia screening programme management. HIV treatment (NHS E)	17.5k GUM attendances 21.5 CASH attendances	March 2017
Frimley Health NHS Foundation Trust	GUM services HIV treatment (NHS E Specialised)	3.6k attendances	March 2017
Ashford and St. Peter's Hospitals NHS Foundation Trust	GUM services, Psychosexual health services HIV treatment (NHS E Specialised) HIV treatment and sexual health (NHS E Health and Justice)	8k attendances	March 2017
Terence Higgins Trust	MSM ² outreach services	Not applicable	March 2017

² Men who have sex with men

The commissioning process

The points below outline the local processes that have been, or will be, undertaken for each stage of the commissioning cycle.

4. Sexual Health Needs Assessment

This procurement is underpinned by a detailed [sexual health needs assessment](#) carried out in 2015 which particularly identified that:

- In 2014 there were 287 under 18 conceptions (rate of 14.2 per 1,000) in Surrey with around a third of those resulting in a live birth. Although this rate is low compared to national rates, outcomes, in terms of health and wellbeing are reduced for very young mothers and their children.
- Runnymede and Spelthorne boroughs have historically shown higher than the national average rates of under 18 conceptions (19.7 per 1,000 and 20.3 per 1,000 respectively in 2014).
- Woking has a higher than national rate of HIV prevalence. This has financial implications for both health and social care. Costs of HIV care and support are even higher when people are diagnosed late.
- Chlamydia detection rates in 15-24 year olds are low (1296 per 100,000 in 2014) compared to national rates.
- STI rates in Surrey are lower than those for England as a whole.

5. Rationale for service reconfiguration and service specification design

In 2013, the Department of Health released a [national service specification](#) to help local authorities to commission effective, high-quality, integrated sexual health care. This specification provides the evidence-base for commissioning effective and easy to access services through open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional i.e. an integrated service.

NHS England Specialised Commissioning can only contract with providers using nationally agreed service specifications. It was agreed therefore to include the community elements of the national specification [B06/s/a Specialised Human Immunodeficiency Virus Services \(Adults\) within the scope of the procurement](#).

In December 2015 Surrey County Council held a concept day to present the findings and recommendations of the sexual health needs assessment, introduce the national Integrated Sexual Health Service Specification and consult on the model of care. All key stakeholders including clinicians, CCGs and service users were invited to this meeting. The invitation was extended to service users through the GUM clinics, HIV support services and the outreach services that were then delivered by Virgin Care.

Based on:

- feedback from the Concept day
- the [national service specification](#) and
- the [sexual health needs assessment](#).

SCC and NHS England chose to procure an integrated sexual health service with a lead provider using a 'hub, spoke and clinical outreach' model. The hubs are centrally located and offer a full range of services (complex level 3 service provision in addition to levels 1 and 2) whilst the spokes and clinical outreach would offer generic services such as basic STI testing and condom distribution (Levels 1 (basic) and 2 (intermediate) care). Please see appendix A for full details of the range of services that comprise these levels of care.

The 'hub and spoke' model is used and endorsed nationally and broadly the objectives of the model are to:

- ensure a service user is able to access a range of services at one location, in one appointment and usually with dual trained healthcare professionals ('one-stop-shop' integrated care)
- offer extended opening hours at accessible locations
- offer an effective outreach service to 'at risk' groups to ensure targeted and appropriate prevention strategies are in place
- ensure equitable service delivery across the county and
- ensure care pathways are clearly defined and that service users experience quality interventions and seamless care provision.

The service specification also contained the following requirements of the provider:

- to work in partnership with GPs and pharmacies who also provide sexual health services as part of the wider treatment pathway
- to develop links with secondary schools, colleges and other health and social care services in order to reach priority groups
- to target young people via schools and colleges working alongside the Healthy Schools programme
- to work proactively with other services who engage with people aged 13 to 15.
- To provide support to deliver relationships and sex education in collaboration with Public Health, school nursing services and the Council's services for young people and
- to support best practice within the school nursing service to enable the delivery of sexual health services and good relationships and sex education in line with government guidance.

The service specification was not prescriptive in terms of exact service model, only stipulating that the model proposed should deliver the specified outcomes and that the [integrated \(sexual health\) tariff](#) was to be used.

Several options were considered when completing the Strategic Procurement Plan (a SCC procurement governance mechanism) prior to commencing the procurement activity. After a

full and detailed options appraisal it was decided that commissioning a specialist integrated sexual health service was the preferred option as this demonstrated best value for money from the options appraisal completed.

A paper outlining this process was taken to the Surrey Health Scrutiny Committee in March 2015.

In summary, Surrey's vision for sexual health services includes:

- An integrated service aiming to offer a one-stop-shop for service users.
- A service which has links with other services addressing risky behaviours, particularly in younger people.
- A service which is focussed on improving sexual health, reducing STIs and unintended conceptions; building self-reliance and resilience.
- A cost effective and modern service meeting the needs and expectations of users, making full use of developing technologies.
- Targeted universalism that will ensure services for all with additional support for those at risk of poorer sexual health.

6. Tender process and evaluation of bids

Surrey County Council collaborated with NHS England (South East) to lead a joint procurement which incorporates HIV Treatment and Care and also sexual health services in prisons for which NHS England are the responsible commissioner. The Council, NHS England Specialised Commissioning and NHS England Health and Justice would each award a separate contract for their own elements of service and followed their own governance processes.

In April 2016, SCC Procurement Review Group, on reviewing the Strategic Procurement Plan, advised that an open tender procedure was the most appropriate route to market and bidders were given 45 days to complete and submit their tender.

A market engagement event for providers was held on 27 April 2016 prior to the issue of the tender and, following Invitation to Tender (ITT), a competitive tendering exercise was undertaken.

Invitation to Tender (ITT) documents included:

- The service specifications
- Current activity data, included within the needs assessment. This defined the providers and what they were commissioned to deliver and the annual throughput of activity.
- Transfer of Undertakings- Protection of Employment (TUPE) liability information
- Sexual health needs assessment
- NHS England key principles
- Draft contract for SCC commissioned service
- Draft contract for NHS England commissioned service

The evaluation panel included an external evaluator from the British Association for Sexual Health (BASH) and representatives from NHS England pharmacy, general practice (a local Surrey GP) and Surrey services for young people. Evaluation of the received tender involved an analysis of submission against quality, cost criteria, and weightings.

7. Contract award

Following a full procurement process, [SCC Cabinet and NHS England gave approval to award contracts to Central and North West London NHS Foundation Trust](#) (CNWL) (paper 174/16) for the provision of an Integrated Sexual Health Service to commence on 1 April 2017, for three years with the option to extend for a further two years. CNWL are a large, established provider of healthcare services (including sexual health).

CNWL were the only organisation to submit a bid. The Public Contract Regulations 2015 do not prohibit the Council from awarding a contract where there is only one bidder.

An [Equalities Impact Assessment](#) on the commissioning of a new integrated sexual health service (Public Health commissioned elements) was submitted as part of the public cabinet papers. This is a 'live' document, continually updated as the service is mobilised and we gain further clarity on operational configuration.

8. CNWL service model

The focus of the new service will be:

- Open Access
- Greater focus on self-care, prevention and targeting 'at risk' population groups
- Diagnosing, treating and preventing STIs
- Improving access to a wide choice of contraception
- Reducing unwanted pregnancies
- Increasing effective contraception, particularly LARC (Long acting reversible contraception)
- Reducing repeat abortions
- Increasing HIV testing and preventing late diagnosed HIV
- Treatment and care for HIV (outpatients)
- Partnerships to address wider social determinants of health.

During 2017 CNWL will be delivering:

- Services from three Clinical Hubs:
 - Buryfields (Guildford). Level 3 GUM, HIV and contraception
 - Earnsdale (Redhill). Level 2+ GUM, HIV and contraception
 - Woking. Level 2+ GUM and contraception

Please see appendix A for definitions of 'levels'

- Spoke Clinical Outreach services:
 - Leatherhead Hospital. Mondays and Fridays: 10:00 am to 12:30 am
 - Epsom Clinic. Mondays (4pm to 7pm) and Wednesdays: (3 pm to 7pm) (improving access for young people)
 - Based on public health need Runnymede and Spelthorne spoke clinical outreach services are in development are due to start imminently.

- Outreach Programme (including Chlamydia and Gonorrhoea screening in Under-25s)

'Outreach' is the term used to describe the delivery of sexual health services and health promotion which takes place in community settings and this includes Chlamydia and Gonorrhoea screening for young people under-25 and the C-Card (condom distribution) Scheme for young people. CNWL will maintain the outreach services delivered by the previous provider and therefore there will be no reduction in provision for residents.

Outreach services are designed and targeted at those most in need, either because they are at high-risk of sexual ill health or unintended pregnancy or are unable or do not want to use mainstream sexual health services. Reducing health inequalities and improving sexual health outcomes is a key aim of outreach services. Therefore CNWL has been commissioned to work with the following priority populations who are disproportionately affected by sexual ill health or unintended pregnancies:

- Young people under 25
- Black and Minority Ethnic communities
- Sex Workers
- Men who have sex with men (MSM)
- People with disabilities
- Those engaged in ChemSex (sexual activity engaged in while under the influence of stimulant drugs such as methamphetamine or mephedrone, typically involving several participants)
- Transgender communities.

The outreach service will be promoted by posters and leaflets in community settings, on the website and in the HUB clinics.

CNWL will be delivering a fully operational service model in 2018 with:

- Patients able to register online, book appointments and collect test results (including through a new mobile app)
- Extended clinical outreach working with at risk and vulnerable groups including young people, Black African populations, men who have sex with men and sex workers
- Full availability of home screening kits, online, in hubs and in General Practice (subject to a pilot)
- More dual trained staff (in GUM and Contraception services) so where possible care be provided in one appointment

- Saturday opening hours in all three hubs
- Improved support for General Practice and Pharmacies and
- In reach telephone advice to HIV inpatients within other acute providers in Surrey.

9. Patient and stakeholder engagement

9.1 Procurement phase

SCC began the engagement process in 2015 by completing the Surrey [sexual health needs assessment](#). The development of the needs assessment included a task and finish sub group of an existing sexual health expert reference group. This group had representation from professionals working with residents with varying sexual health needs. As part of the needs assessment work SCC carried out a Survey Monkey questionnaire on current and future sexual health services to which SCC received nearly 300 responses from professionals and service users. The survey was distributed to all key stakeholders via the sexual health expert reference group. Additionally SCC held focus groups with young people to gain their view on current and future sexual health service. These included young parents and lesbian, gay, transgender or questioning (LGBTQ) young people. The responses from the surveys and focus groups were incorporated into the needs assessment.

In December 2015 SCC held a 'Sexual Health Concept Day' to present the findings and recommendations of the needs assessment, introduce the Integrated Sexual Health Service Specification and consult on the model of care. All key stakeholders were invited to this meeting. The invitation was extended to service users through the GUM clinics, HIV support services, and the outreach services that were then delivered by Virgin Care.

Surrey County Council published the presentations from the event and welcomed feedback. Feedback from the above process contributed to development of a **localised** integrated sexual health service specification fit for purpose for the needs of the county.

In April 2016 SCC held a market engagement event that outlined the route to market for prospective bidders.

The Local Pharmaceutical Committee and the Local Medical Committee were engaged and have had the opportunity to comment on an ongoing basis. Representatives from each committee attended the concept day, market engagement event and/or received all relevant documentation.

In addition, a survey published on 'Surrey Says' allowed for further input on how to tailor the service to local needs. The link to this survey was publicised on [the Healthy Surrey](#) website, emailed to partners, including CCGs and promotional material distributed to clinics. It was open for two months following the concept day.

In relation to engagement on HIV treatment services, NHS England has developed a Communications and Engagement plan which is regularly reviewed. In addition, NHS England has completed an assessment and assurance for patient public participation template under section 13Q of the National Health Service Act 2006 (as amended by the

Health and Social Care Act 2012) as NHS England has a statutory duty to 'make arrangements' to involve the public in commissioning services for NHS patients.

9.2 Mobilisation phase

Mobilisation is the stage in the commissioning lifecycle which plans and oversees the transfer of responsibility for a new or revised service to 'go live' and become business as usual.

Mobilisation of the contract began in November 2016. Surrey County Council and NHS England continue to hold monthly mobilisation meetings with CNWL. NHS England provides regular updates to the Senior Management Team in the South to ensure they are fully sighted on progress and risk mitigations. In addition the national NHS England HIV lead is also informed.

The staff employed by the previous and current providers were offered (or will be in the case of ASPH staff) the opportunity to transfer to the new provider (CNWL). This will help to retain local knowledge and the local skill base whilst the service is redesigned to improve outcomes and value for money.

The Virgin Care service exit was managed by North West Surrey CCG (as this CCG was the lead commissioner for this exiting contract) with representatives from SCC in attendance. The Virgin Care service staff and patients transferred to CNWL on 1st April 2017 (phase 1).

Surrey County Council and NHS England have phased the transfer of services from Frimley Health NHS Foundation Trust and Ashford and St. Peter's Hospitals NHS Foundation Trust (ASPH) to allow for the safe continuation of care for patients accessing those services. Frimley patients and staff transferred to CNWL on 1st July 2017 (phase 2). ASPH patients and staff will transfer to CNWL on 1st October (phase 3).

NHS England and Surrey County Council are working with previous and existing providers and CNWL to ensure that all patients receiving ongoing treatment are safely transferred to the new service and all access issues are addressed.

Information about the changes to the sexual health services is available and continuously updated on [CNWL's website](http://www.cnwl.org.uk) and the Healthy Surrey Web site:

<https://www.healthysurrey.org.uk/your-health/sexual-health>

Phase 3 mobilisation – Blanche Heriot Unit (ASPH)

The mobilisation of services from ASPH (BHU- Blanche Heriot Unit) is due to be completed on 30th September 2017. This has involved:

- Senior clinicians at both ASPH and CNWL are meeting regularly to discuss transfer arrangements for Sexual Health and HIV. This will include patient level discussions where more complex care planning is required.
- Commissioners are regularly reviewing any clinical issues and risks as they arise and taking actions to mitigate with both the sending organisation (ASPH) and the receiving organisation (CNWL).

- Engagement with BHU Patient Users Group. Directors from ASPH, Surrey County Council and NHS England met with the BHU patient group on Monday 7th August to hear concerns and answer questions.
- Patient information and discussion events. Commissioners attended a patient user group on Saturday 13th May. Two further 'Patient Information and Discussion Events' are being planned (one has already taken place), hosted by ASPH, SCC and NHS England in conjunction with Healthwatch. The questions and answers from the meetings will be available on the Healthwatch website.
 - *Wednesday 9 August (evening event) Chertsey House, St Peter's Hospital.*
 - *Saturday 9 September from 10.30 am - 12.00 pm, Room 3, Chertsey House, St Peter's Hospital.*
- Webinar. There will be a webinar on 13 September from 12.00 pm - 1.30 pm for those unable to attend the Patient Information and Discussion Events [Register for this webinar here](#).
- Online survey. There is an online survey for past/current service users of the Blanche Heriot Unit to share their views <https://www.engage.england.nhs.uk/survey/009611c3/>
- Patient working group. SCC and NHS England have committed to an ongoing dialogue with patients, particularly those accessing HIV services. As a result of the discussion on Wednesday 9th August commissioners committed to working with a patient working group during and beyond mobilisation.
- HIV. All HIV patients have been given information about the new services and will be offered face to face appointments on the ASPH site, if they choose, to discuss their future care and concerns. ASPH has agreed to provide clinical space at St Peter's Hospital for temporary HIV clinics to ensure that plans can be put in place for individual patients with complex needs over the next few months. It is currently envisaged that the temporary clinics will run for 6 – 9 months, but this will be kept under review.

During the mobilisation process it has become clear that there are a number of other services delivered by BHU, specifically pelvic pain and dermatology. The trust recognises its duty in continuing to provide the best care for patients needing these services. Surrey County Council and ASPH are working with North West Surrey CCG to ensure that pelvic pain and dermatology services are provided in line with national clinical guidance and that strong governance is in place.

A joint statement between ASPH, NHS England and Surrey County Council was issued on Tuesday 22 August in answer to some of the comments and questions raised by patients at the BHU. A copy of the statement can be found in appendix 3 of this report.

9.3 Ongoing Service User engagement

The provider will be expected to maintain a dialogue with service users as part of service delivery. The provider will need to report on the following:

Service User Experience across all services provided

Maintain/achieve <i>You're Welcome</i> accreditation	100%	National Expectation
Evidence of at least one user experience survey annually	100%	For local determination
Percentage of service user feedback on surveys that rates satisfaction as good or excellent	70%	For local determination
Quality Outcomes Indicators	Threshold	Technical Guidance Reference (if applicable)
Evidence of improvements made to service as a result of user feedback	Demonstrable evidence of improvements and changes made to service delivery in response to feedback	BASHH (British Association of Sexual health and HIV) Standard 9
Number of service users making formal complaints about the service (verbal or written)	Provider to notify Commissioner in accordance with <i>Incidents Requiring Reporting Procedure Section - Appendix G</i>	BASHH (British Association of Sexual health and HIV) Standard 9

10. Performance management

CNWL will perform against the service specifications and the recommendations detailed in the Sexual Health Needs Assessment. Joint quarterly contract meetings will be held between SCC, NHS England and CNWL. Performance of the contract will be monitored robustly through a series of key performance indicators (KPIs) as detailed in the specifications and reviewed at the quarterly meetings. This is in line with the contract management plan as laid out in the contract documentation and the [Council's supplier relationship management principles](#).

A number of KPIs are set nationally by the Department of Health and these are in line with the [public health outcome framework](#) and others are set locally to reflect local priorities as determined by the needs assessment. Please see appendix B for the monitoring template that will be completed on a monthly basis by the provider. In addition, sexual health services are monitored by two national datasets:

- [GUMCAD](#) (Genitourinary medicine activity dataset) is the dataset for STI testing and treatment and
- [SHRAD](#) (Sexual health and reproductive activity dataset) is the dataset for contraception.

All services are required to report into these systems.

Commissioners are to be kept informed of any subcontracting arrangements and CNWL are liable for contractual obligations, including those delivered by subcontractors.

Although there are separate contracts with CNWL from NHS England and SCC respectively, performance monitoring will be carried out jointly by both commissioners.

10.1 Patient safety

CNWL's bid was formally evaluated and judged to have met the quality standards required within the service specification.

All statutory providers of healthcare (of which CNWL is one) must operate within the [National Framework for Reporting and Learning from Serious Incidents Requiring Investigation](#) (National Patient Safety Association 2010). This guidance can be found here: [NHS Serious Incident Framework 2015](#)

The provider will be contractually obliged to comply with the Council's Safeguarding Adults and Children's Multi-Agency procedures, any legislative requirements, guidelines and good practice.

The provider has designated, Surrey specific, leads for both child and adult safeguarding. The provider will become a member of the Surrey Safeguarding Children Board and the Surrey Safeguarding Adults Board. They will be expected to participate in the health subgroups of both these Boards. The provider will be mandated to participate in the child safeguarding section 11 audit and adult safeguarding self-assessment processes.

Serious Incident Management (including safeguarding) will be a standing item at each contract review meeting.

11. The procurement financial envelope

11.1 NHS England financial position

NHS England does not expect to see any reduction in costs (i.e. savings) of HIV inpatient or outpatient care. Nationally Pharmacy HIV leads are being asked to use the most cost effective treatments for HIV. Prescribing will be monitored locally and reported nationally by NHS England as part of the performance management process outlined above.

11.2 Surrey County Council overall financial position

Continued cuts to funding, rising costs and increasing demand for key services means that the need for Surrey County Council to find savings has reached unprecedented levels. This year alone the Council as a whole needs to make savings of around £150m – that's about 10% of the overall budget.

Surrey County Council are determined to meet our responsibilities and will continue to support our residents as effectively as we can, but despite having achieved £450m worth of savings since 2010, changes to services are still needed.

11.2 (i) The Public Health Grant

Public Health in local authorities is funded directly by a grant received from the Department of Health. The target grant allocation for Local Authorities is calculated nationally according to a formula that aims to represent variations in need between Local Authorities. However, due to historical patterns of funding allocation, Local Authorities do not currently receive their target grant allocation. Surrey's 2017/18 grant allocation was more than 30% below the level of funding we would have if we received our target allocation³ and this has been frozen with no timeline for moving closer to target. The allocation in 2017/18 equated to £31/per head compared to £59/head for England as a whole. Surrey County Council continue to raise this with Government and participate fully in any consultation regarding the Public Health grant. We continue to add our support to our professional bodies (the Faculty of Public Health and the Association of Directors of Public Health) and their stance on Government decisions regarding the grant (see the list of sources at the end of this paper for links to further information on these bodies).ⁱⁱ

By 2019/20, the budget available to spend on core public health programmes will be 30% less than it was at the start of 2015/16⁴.

As a result of these pressures, it has been necessary to review and significantly rationalise the budgets for all Public Health commissioned programmes.⁵ The public health budget has been presented to the Surrey Health Scrutiny Committee on a number of occasions which on all occasions has included an outline of the budget allocation and savings.

[In September 2016 SCC Cabinet gave approval for contract award](#). (See agenda item 174/16 in the attached). The contract value for the SCC contract is £4.3m per year totalling £21.7m for the lifetime of the contract (five years including the two year extension provision).

The new service is commissioned using the [integrated \(sexual health\) tariff](#) as its costing model which allows providers to receive appropriate funding for the level of complexity of the service actually delivered. The tariff uses a menu of agreed prices ensuring that the unit price paid reflects the complexity of the intervention. The tariff prices include all costs (clinical staff costs, on costs, cost of significant equipment and overheads). Adopting tariff based pricing enables the commissioner to pay for service actually delivered rather than the traditional block contract method with its associated void cost. Analysis carried out on

³ The original target allocations for 13/14 and 14/15 were based on based on ACRA's final recommendations for PH grants based on population need. The 'Exposition Book Public Health Allocations 2013-14: Technical Guide' provides more information on the calculations in the exposition book. These target allocations were not published beyond 14/15 and in 15/16 funding for Health Visiting services were transferred to Local Authorities from NHSE. The "target" allocation for Surrey for 2017/18 referred to above is therefore based on the 14/15 target, plus the Health Visiting transfer.

⁴ prior to the in-year reduction and including 0-5 budget transfer at full year effect

⁵ These include: health visiting services, school nursing services, substance misuse services, smoking, healthy weight health checks and public mental health.

existing sexual health service activity in London and Surrey indicates that applying the integrated tariff is likely to secure efficiencies for commissioners compared to previous contract prices and result in a contract that represents better value for money for Surrey residents.

In addition the contract will include a small block contracted element of service for targeted outreach.

The new contract has a greater focus on prevention and innovation which will mean a shift from the traditional model of face-to-face consultations to a model where online booking, online triage and self-sampling (where service users are sent testing kits in the post and return a sample to the provider for testing) become more prominent. This will allow consultant time to be carefully managed and targeted to focus more on acute care with dual trained nurses (trained to deliver both contraception services and genito-urinary medicine) providing a significant element of the general care. This move to a more modern and efficient model of service delivery is in line with changes being made nationally by other local authorities and will enable the Council to continue to deliver services within a reduced budget envelope.

Conclusion

The responsibility for commissioning sexual health services is held by several different organisations including Local Authorities, NHS England and CCGs.

Surrey County Council was legally bound to go out to competitive tender for sexual health services to be delivered from April 1st 2017. SCC led a joint procurement with NHS England for an integrated sexual health services (contraception and GUM), HIV community treatment services and prison sexual health services (but have contracted separately on these services). This tender process followed a comprehensive population healthcare needs assessment, public engagement and stakeholder/market engagement. The service specification is based on [national guidance](#) and feedback from these engagement activities.

Following a formal evaluation, the contracts went to Central and North West London NHS Trust (CNWL) for the provision of services to commence on 1 April 2017, for three years with the option to extend for a further two years.

Significant public and stakeholder engagement was held throughout the whole commissioning cycle so far, including a full healthcare needs assessment, concept day, a survey and market engagement. Commissioners and CNWL continue to meet and make future arrangements to meet existing staff and patients to discuss the changing services.

CNWL will be held to performance levels, service quality and service user engagement metrics as outlined in the service specification.

Surrey County Council is under increasing financial pressure and this includes the public health budget. This means that the financial envelope available for commissioning sexual

health services has necessarily been reduced. However, new tariff arrangements are likely to result in a more efficient service.

Recommendation

It is proposed that the provision of sexual health services in Surrey should be reviewed again by the Committee in 12 to 18 months' time when the new service will have become established and results from performance management processes will be available.

Next steps

Mobilisation of the new integrated service continues including:

- Transfer of services from ASPH to new locations (1st October 2017)
- Establishment of fully operational service model (2017-2018)

Communications and engagement with patients and staff to continue, including specific engagement events with ASPH patients in July, August and September 2017.

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Providers:

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Sources/background papers:

ⁱ Department for Communities and Local Government and Department of Health. Public health grants to local authorities: 2017 to 2018. December 2016.
<https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2017-to-2018>

ⁱⁱ Statements on the public health funding cuts from public health professional bodies and respected research organisations can be read via the links below:

Association of Directors of Public Health

<http://www.adph.org.uk/wp-content/uploads/2015/11/ADPH-Press-Release-Spending-Review-Announcement.pdf>

The Faculty of Public Health

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