Delegated Decision by Cabinet Member for Public Health & Inequalities
5 September 2023

INTEGRATED SEXUAL HEALTH SERVICE

Report by Corporate Director for Public Health and Community Safety

RECOMMENDATION

The Cabinet Member is RECOMMENDED to:

a) Approve the extension of a commissioned contract, via the appropriate procurement and legal route, for an Integrated Sexual Health Service provided by Oxford University Hospitals NHS Foundation Trust (OUHFT) for a period of 3 years.

b) Approve the offer of an 8% tariff uplift to the provider, effective from 1st April 2023 to meet the additional costs of service change due to change in population health needs post the covid-19 pandemic.

c) Delegate authority to the Director of Public Health in consultation with the Head of Legal, and Deputy Monitoring Officer and s.151 Officer, to extend the current contract and to issue a contract variation to reflect the tariff uplift and the provision of the additional services as detailed in the body of the document (bullet point 11,a,b,c,d).

Executive Summary

1. The Sexual Health Service is a legally mandated public health service that the council is responsible for commissioning.

2. The Oxfordshire Integrated Sexual Health Service provides open access to sexually transmitted infection (STI) testing, diagnosis and treatment services which are free at point of delivery. The Service also provides access to a full range of contraceptive choice and pre-conception advice. The Service is delivered through various healthcare settings across Oxfordshire (a combination of primary care (GP's) and secondary care (acute) sites) and online/selfcare service.

3. The Service commenced on 1st April 2019. The contract period is 5+3 years, therefore reaching its breakpoint on 31st March 2024. The Council has the option to extend for up to 3 years. On 07/02/2023 Public Health DLT approved the strategic case to continue with the provision of the integrated sexual health service beyond its breakpoint and to negotiate a contract variation with OUHFT to meet the current needs for sexual health services.

4. The annual value of the contract and the proposed tariff uplift is over £500,000 and therefore is required to be entered in the Forward Plan in accordance with the Access to Information Rules. This is a 'Key Decision' and a delegated decision to the Cabinet Member, consistent with overall Council policy to deliver agreed strategy/plans within the area of responsibility and within approved budgets.

Background

5. The sexual health service is a mandatory service. It is an important public health priority as most of the adult population are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and the population as a whole.

6. Sexual health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), the transgender community, teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

7. If an STI is not identified and treated early, its sequelae can raise both direct and indirect costs. E.g pelvic inflammatory disease, ectopic pregnancy, infertility, adverse pregnancy outcomes, including abortion, stillbirth and premature delivery.
If undetected and not treated STIs spread to many partners, and their partners in the community, therefore good and early treatment and contact tracing carried out in a timely manner by the service protects the whole population.

8. Sexual and reproductive health services are proven to be cost-effective and good value for money. For example, the estimated cost per annum to the public sector for unwanted pregnancies is £1,380,087 per pregnancy[1]. This includes costs that would be borne by other parts of the Council (such as education and social services), therefore preventing unplanned pregnancy through the use of contraception results in a cost saving across the wider council. Similarly, reducing the rate of under 18 conceptions reduces the associated costs to the council and to society as a whole. Investment in testing for HIV results in significant reductions in new HIV diagnoses therefore reducing the need for expensive long term care and cost saving for ASC.

9. 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

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730292/contraception_return_on_investment_report.pdf

one site, often by one health professional, and in services with extended opening hours and locations which are accessible by public transport.

10. The current Contract for the provision of an Integrated Sexual Health Service also includes the provision of the Sexual Health Promotion, HIV Prevention, a Condom Distribution Service and HIV Pre-Exposure Prophylaxis (PrEP) Service.

11. The exiting contract makes provision for an annual tariff review, in acknowledgement of the fact that sexual health procedures are affected by developments in technology and innovation and the changing needs of the local population and disease prevalence. Following benchmarking, assessment of needs and discussion with the provider, an uplift an 8% has been agreed which will support additional sexual health services. The additional services that will be provided by OUHFT following the 8% tariff uplift will include:

    (a) Expansion of the sexual health outreach service in order to address the diverse needs of Oxfordshire's unserved population such as the homeless population, sex workers, gypsies and travellers, alcohol and substance users, and the new influx of refugees and asylum seekers in Oxfordshire. There has been a sudden growth in our local refugee and asylum seeker population with unmet sexual and reproductive needs.
    (b) Introduction of a new and innovative method for improving detection of gonorrhoeal disease. The UK is seeing a rapid increase in gonorrhoea diagnoses; with a 50% increase in diagnoses in 2022 compared to 2021, and a 16% increase compared to 2019 (prior to the COVID-19 pandemic).
    (c) Provision of mobile clinics for STI testing and treatment and provision of contraception to those least likely to attend sexual health clinics, E.g. providing a package of Blood Born Viruses screening, STI screening, contraception, and HIV prevention, such as pre-exposure prophylaxis (PrEP) and Post-Exposure Prophylaxis following Sexual Exposure (PEPSE). This will provide an opportunity for trained staff to have conversations with patients about how they might make positive improvements to their health or wellbeing, referring them onto healthy lifestyle services as appropriate, thus implementing "Making Every Contact Count" (MECC).
    (d) The continuation of combined Face to Face (F2F) and online and telemedicine consultations with increased capacity in F2F clinics and reintroducing a drop-in service in clinics without the need for an appointment.

Corporate Policies and Priorities

An Integrated Sexual Health Service fits with the **local strategic priorities** of both the Council and Public Health Directorate.

12. The **Council's Strategic Plan 2022-25**[2] sets the Council's vision to lead positive change by working in partnership to make Oxfordshire a greener, fairer and healthier county. This includes three priorities aligned to an Integrated Sexual Health Service (tackle inequalities, prioritise the health and wellbeing of residents and create opportunities for children and young people to reach their full potential).

13. Since 1st April 2013, the Council has been mandated under the **Health and Social Care Act 2012**[3] to secure provision of comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and advice on, and reasonable access to, a broad range of contraception; and advice on preventing unplanned pregnancies.

14. The **Public Health Directorate (Draft) Service Delivery Plan 2023/24**[4] includes a priority to assess the sexual and reproductive health needs of the population and to undertake appropriate commissioning actions ahead of the Integrated Sexual Health Service Contract break point in March 2024.

An Integrated Sexual Health Service fits with **national strategic priorities**[5] including**:**

15. The **Public Health Outcomes Framework**[6] (PHOF) sets a vision for public health and desired outcomes for our population. An Integrated Sexual Health Service supports delivery against several PHOF measures:
    - Total prescribed LARC (PHOF indicator C01)
    - Under 18 conceptions rate (PHOF indicator C02a)
    - Under 16 conceptions rate (PHOF indicator C02b)
    - Chlamydia detection rate per 100,000 aged 15-24 year olds (PHOF indicator D02a)
    - New STI diagnosed (excluding chlamydia aged under 25 (PHOF indicator D02b)
    - HIV late diagnosis in people first diagnosed with HIV in the UK (PHOF indicator D07).

16. The Department of Health and Social Care has set out its ambitions for improving the sexual and reproductive health in its publications:
    - A Framework for Sexual Health Improvement in England.
    - Towards Zero: The HIV Action Plan for England 2022 to 2025.
    - Women's Health Strategy for England.

Financial Implications

17. The Public Health budget for the Sexual and Reproductive Health services is £6.4m per year which covers the cost of the integrated sexual health Services provided by OUHFT and the contraception services provided by Primary Care.
18. The current maximum contract value of delivering the integrated services is £5.6m per annum, which is paid to the provider through three different routes:

[2] Strategic Plan 2022-2025 (oxfordshire.gov.uk)
[3] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012 (legislation.gov.uk)
[4] 20221011 Public Health Service Plan 2023-24.docx
[5] https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-strategic-action-plan
[6] Public Health Outcomes Framework - Data - OHID (phe.org.uk)

a) Integrated Sexual Health Service – This is the core function of the Service that is paid on Payment by Results (PbR) using the Sexual Health Tariff Grouper up to a maximum amount of £5,300,000 per year.
b) System Integration, Leadership and Training - Block payment of £100,000 per year.
c) Sexual Health Promotion, HIV Prevention and Condom Distribution Service (provided via a sub-contract with Terence Higgins Trust) - Block payment of £200,000 per year.

The 8% tariff uplift will apply to the PbR part of the contract ONLY. Based on the latest activity data in 2022/23, it can be estimated that the 8% uplift would amount to approximately £300k per annum.

In summary, the monetary value of continuing to provide this service is expected to continue to be in the region of £5.6m per annum as per the core contract value. The contract extension and the tariff uplift are still affordable within the existing PH budget of £6.4m per year. Therefore, the maximum contract extension of three years if agreed will require a total contract value of up to £16.8 million over the 3 years, as per the original procurement.

Comments to be checked by:
Stephen Rowles, Public Health Assistant Finance Business Partner, Stephen.Rowles@Oxfordshire.gov.uk

Procurement Implications

19. Procurement implications considered in relation to the subject matter of this paper are:
    (a) the issue of the contract extension notice
    (b) Issuing a contract variation to reflect the additional services agreed due to the tariff uplift.
20. In relation to (a), the extension can be achieved using pre-existing contractual options and therefore, does not require a procurement to extend on the same terms and conditions.
21. In relation to (b), the tariff uplift is expected to increase cost under the contract by £900,000 in total over the 3-year extension period. This exceeds the relevant procurement threshold. Therefore, the contract may only be varied if the changes are considered not substantial within the definition of Regulation 72(8) Public Contract Regulations 2015 (“PCR 2015”).
22. An assessment against the criteria within the Regulation has taken place and the proposed variation has been confirmed as not substantial. Therefore, the variation can be enacted without requiring a further procurement.

    Comments checked by:
    Alex White, Category Manager – Public Health, Procurement and Contract Management Hub alex.white@oxfordshire.gov.uk

Legal Implications

23. The proposed extension is an option exercisable by the Council which forms part of the contract and was communicated to all bidders during the original procurement. It is therefore lawful under procurement rules. There are no legal implications in exercising the option to extend the contract.
24. The proposed contract variations (additional services and tariff increases) are permissible under Regulation 72(1)e and 72(8) of PCR 2015

Comments checked by:
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Staff Implications

25. The Age Well Team will continue to performance manage the contract.

Equality & Inclusion Implications

26. Good sexual health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), the transgender community, teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

    The service model Integrated Sexual Health Service model aims to improve sexual health by providing non-judgmental and confidential services through open access to ensure a more equitable distribution of sexual health among these populations.

Sustainability Implications

27. Not applicable at this stage.

Risk Management

28. The following risks are considered and reviewed:

Risk	Mitigation
Reputational Risk to the Council: If we allow the current Contract to expire and we do not extend or recommission a new service, there will be no contractual mechanism in place for providing a mandated service. This would cause severe reputational damage to the Council both locally and nationally.	Gain agreement through this paper to proceed with the provision cycle.
Risk to population health and wellbeing: Good sexual health is important for both physical and mental wellbeing. Poor sexual health creates a health burden for both individuals and society as a whole. Evidence suggests that there is a disproportionate burden of STIs and unintended pregnancies	Gain agreement through this paper to fund additional services to address the diverse needs of our underserved population such as the homeless population, sex workers, gypsies and travellers, substance users, the new influx of refugees and asylum in

leading to abortion on people from BAME communities, and those living in the most deprived areas. Protecting the contacts of those with STIs helps to stop the spread of these diseases in the whole population and so benefits all residents.	Oxfordshire, BAME communities and those living in the most deprived areas.
Financial Risk: Poor sexual health creates direct and indirect financial burdens in the system. For example, the estimated cost per annum to the public sector for unwanted pregnancies is £1,380,087. This includes costs that would be borne by other parts of the Council (such as education and social services), therefore preventing unplanned pregnancy through the use of contraception results in a cost saving across the wider council. Similarly, reducing the rate of under 18 conceptions reduces the associated costs to the council and the society as a whole. Investment in testing for HIV results in significant reductions in new HIV diagnoses therefore reducing the need for long term care and thus making a cost saving for ASC.	Gain agreement through this paper to proceed with the provision cycle for services that are proven to be cost-effective and good value for money.
Management risk: 1. a large complex Contract of this nature requires considerable management. 2. Short timescale to complete this work.	Public Health staffing resources have already been committed to this area of work within the Age Well team. The specification, and the market, is already well defined – with the former being defined nationally. The Contract Period may be extended for up to three years in aggregate, giving flexibility to build-in additional time (if required).

Key Dates / Next Steps

29. If this key decision is agreed the contract extension will be enacted before 30 September 2023 in time for the contract notice period, following customary due process for contract extension and variation.

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Background papers: Nil

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