

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	POLICY COMMITTEE		
DATE:	11 MARCH 2019		
TITLE:	RECOMMISSIONING OF INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICES		
LEAD COUNCILLOR:	COUNCILLOR	PORTFOLIO:	HEALTH
SERVICE:	GRAEME HOSKIN	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Sexual and reproductive health [SRH] services are a mandated provision for Local Authorities [LAs] under the Health and Social Care Act 2012. LAs are mandated to fund SRH provision for their residents irrespective of point of access.

1.2 The paper pertains to the re-procurement of RBCs main integrated SRH provision - which is not all of the local SRH commissioned services but is the main service. The existing integrated SRH provision is jointly commissioned with West Berkshire and Wokingham Councils and is delivered by Royal Berkshire Hospital [RBH] Trust. The existing contract is due to end on the 31st March 2020.

1.3 This paper recommends and seeks approval for RBC to participate in a joint competitive tender with Wokingham and West Berkshire over 2019/20 in line with relevant and current EU legal framework.

1.4 List of Appendices:

Appendix A - Reading Summary of Berkshire Sexual Health Needs Assessment 2017

Appendix B - Reading Public Health Outcomes Framework (PHOF) - extract

Appendix C - Equality Impact Assessment

2. RECOMMENDED ACTION

That Policy Committee:

2.1 Approve the intention to undertake procurement for Reading's SRH services, with new provisions being awarded and commencing from 1st April 2020.

2.2 Approve the preferred Option 1, to jointly procure services in principle with the two other Berkshire West Local Authorities.

- 2.3 Delegate that the Director of Public Health, Director of Adult Care & Health Services, in consultation with the Lead Councillor for Health, Chief Executive, Head of Finance and Head of Legal & Democratic Services, agree the final contract value, contract period and award the sexual and reproductive service contract, following the completion of the procurement process.
- 2.4 Note the indicative tender timeframe detailed under section 6 of this report.

3. POLICY CONTEXT

3.1 SRH services are a mandated provision under the Health and Social Care Act 2012. LAs are mandated to fund SRH provision for their residents irrespective of point of access. Costs are met from the Public Health grant. Provision is based on local need and there are also specific legal requirements ensuring the provision of certain services, which are set out in the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* (see Table 1).

3.2 An extract from the regulations, which cover the provision of sexual health services, is outlined in Table 1 (below), and these require the provision of open access sexual health services: covering free Sexually Transmitted Infection testing and treatment, notification of sexual partners of infected persons; free contraception, and reasonable access to all methods of contraception.

Table 1. Sexual Health Commissioning Responsibilities from April 2013

Local Authorities will	Clinical Commissioning	NHS Commissioning
<p>comprehensive sexual health services, including:</p> <ul style="list-style-type: none"> • Contraception, including LESs (implants) and NESs (intrauterine contraception) including all prescribing costs – but excluding contraception provided as an additional service under the GP contract • STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing • sexual health aspects of psychosexual counselling • Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies 	<p>most abortion services (but there will be a further consultation about the best commissioning arrangements in the longer term)</p> <p>sterilisation</p> <p>vasectomy</p> <p>non-sexual health elements of psychosexual health services</p> <p>gynaecology, including any use of contraception for non-contraceptive purposes.</p>	<p>contraception provided as an additional service under the GP contract</p> <p>HIV treatment and care, including post-exposure prophylaxis after sexual exposure</p> <p>promotion of opportunistic testing and treatment for STIs, and patient requested testing by GPs</p> <p>sexual health elements of prison health services</p> <p>Sexual Assault Referral Centres</p> <p>cervical screening</p> <p>specialist fetal medicine</p>

- 3.3 England's open access services are essential to controlling infections, prevent outbreaks and reduce unwanted pregnancies. Good sexual health enables healthy relationships, planned pregnancies and prevention of disease.
- 3.4 The regulations reference to the provision of "*open access services for the benefit of all persons present in the area,*" meaning that anyone who is in an area is entitled to use the services provided in that area. Whilst these services are demand led, promotion of prevention is the key to reducing sexually transmitted infections.

4.0 CURRENT PROVISION & CONTRACT

- 4.1 Berkshire West integrated SRH services is currently jointly commissioned by RBC, West Berkshire and Wokingham Borough Council and is provided by Royal Berkshire Hospital [RBH] Trust who delivers:

- Sexually Transmitted Infection testing & treatment
- Contraception (aged 25 and under)
- Contraception (referrals from GPs for over 25 for complex cases)
- Open access sexual health services for everyone present in the Reading area
- Nurse-led outreach services for vulnerable groups

The service operates in a 'hub and spoke' basis with RBH being the main hub in Berkshire West region. This service is linked in with non-specialist integrated services within each of the local authority areas - which are commissioned separately, such as promoting good sexual health.

- 4.2 The current contract is a block, cap and collar contract, this means irrespective of demand, RBC has a minimum annual collar payment of £1.316m or a maximum cap payment of £1.404m. Based on local demand RBC has paid the maximum of £1.404m per year. RBC residents equate to using just over 60% of the local service provision. The service is currently meeting local need, and provides a good quality service. The evidence supports that the current provision and contract arrangements demonstrates good value for money when benchmarked against other areas.
- 4.3 The Shared Bracknell PH Team Business & Contracts Manager oversees the service and contract with oversight of local performance and budgets sitting within the RBC Public Health Team. There are a number of quality Key Performance Indicators within the existing contract which are regularly monitored and commissioners also use Public Health Outcomes Framework (see appendix B) indicators, service user feedback, feedback from interdependent services or other community provision (GPs, Pharmacies, Health Visitors, Drug & Alcohol Services, Children/Adults services on outreach nurses who work with vulnerable women and men who have sex with men) as a measure of quality.

5. LOCAL NEED

- 5.1 A comprehensive SRH needs assessment for Berkshire was completed in 2017 - Reading's summary (Appendix A - see Key Points pages 7-9) provides an overview of local need. This recognises the national commentaries around current SRH commissioning arrangements, which raises concerns around the fragmented nature with commissioning split between local authorities, clinical

commissioning groups (CCGs), and NHS England. Both are being used to inform work around the tender and new contract by ensuring that our services meet the specific needs of Reading residents.

- 5.2 Commissioners use the national [Public Health Outcomes Framework](#) (PHOF) to monitor need. Reading's performance against PHOF key indicators for sexual and reproductive health can be found attached as Appendix B. The rate of new STI diagnosis in Reading residents is not reducing and this is not in line with national trends, indicating there is still a real need to retain STI testing and treatment in the borough. In addition, whilst abortions have reduced, they are not reducing in line with the national rate.

6.0 COMMISSIONING OPTIONS

- 6.1 The following section sets out the options considered. Not procuring SRH services is not an option due to the legal obligations placed on Local Authorities and the significant negative health impact it would have on the population.

Option 1 - RBC to work with West Berkshire and Wokingham partners to recommission a new contract and specification making it clear within the contract terms the expectation of each partner. We have agreed in principle with relevant Berkshire West Local Authorities that the current arrangements with a single provider supporting delivery across the area provides an efficient and effective service which meets the SRH needs.

Option 2 - RBC to develop our own specification and tender a contract independent of other local authorities. This option creates significant complexities due to the open access nature of the service, the need for integration and interdependencies between sexual health services and with other specialist services. This is also likely to impact on the viability of the tender and attracting bidders. This could also mean increasing costs as we would not benefit from the efficiencies gained from a joint arrangement.

6.2 RECOMMENDATION

Option 1 is the preferred option. The Bracknell Forest Council's Shared Public Health Team will lead the recommissioning of the Integrated SRH Tender the Berkshire West region, working in partnership with each participating Local Authority to commission one provider to deliver the main SRH under a single arrangement.

Jointly commissioning will support the delivery of robust local SRH services and will improve the tendering team's ability to negotiate with provider/s to seek best value. (see Section 9 for financial implications).

The contract will be written to be flexible to allow for possible integration of other SRH services as they are reviewed, possible changes in legislation or funding, and still provide assurances to any potential bidders so as to ensure we retain having a safe and effective sexual health service provision. It is proposed that negotiations will result in the provision of a financial security for Local Authorities, similar to what we currently have in place.

Further negotiation is required across the Berkshire West to come to a consensus about the final contract period. There has been an initial that the contract be for a

period commencing 1st April 2020, expiring on 31st March 2023, with additional extension option/s. This will continue to be negotiated between partners.

6.3 PROCUREMENT TIMETABLE

The table below is an indicative timeline for the procurement process.

Specification Development/ Procurement papers	November 2018 - March 2019
Advertise OJEU	1st April - 30th April 2019
Tender Close	15th May 2019
Clarification period & Short listing	15th May- 30 May 2019
Evaluation process (incl Presentations)	June 2019
Clarification of evaluations & recommended award	July 2019
Council Process including Standstill	August to November 2019
External award	December 2019 (Giving time for possible TUPE)
Service implementation	April 2020

It is imperative that there is no delay in the procurement commencement date as this is likely to impact on the proposed procurement timetable, and the recommended joint tender arrangements that are to be agreed.

6.4 RISKS AND OPPORTUNITIES

Equality & Diversity - The recommendation will have a positive impact in Reading as the procurement ensures a new provision is in place that meets the SRH of the population, ensuring accessibility to any resident who chooses to use the service. RBC is required to comply with the Equality Act 2010 in the provision of Public Health Services, and the NHS Constitution when making decisions affecting the public health in its area to ensure that inequalities are not worsened by the way services are provided.

Value for Money - the procurement process will award the tender to the provider who submits the most economically advantageous bid (both quality and cost). We understand the current national benchmarking regarding cost and will negotiate accordingly.

All Councils are facing unprecedented challenges in providing quality of service provision whilst at the same time dealing with increased demand against a backdrop of reduced funding. There is risk within tendering that it will not result in bidders and and/or a successful award. Failure to award may result in direct negotiation with the existing provider which could have negative financial implications.

Accessible and effective sexual health services make an important contribution to the economic, health and social wellbeing of Reading's residents, of all ages.

7. CONTRIBUTION TO STRATEGIC AIMS

- 7.1 SRH services contribute towards RBC's aims to '*Protect; to protect and enhance the lives of vulnerable adults and children*'.
- 7.2 Having an efficient and effective integrated SRH service impacts on wider health determinants. Its interdependency with drug and alcohol services and HIV peer support programmes are critical in encouraging harm reduction messages, reducing health risks in the community, reducing harm from prostitution and drug use and can also provide key information, support and advice to troubled families.
- 7.3 SRH services support the delivery of Reading's mandated responsibilities. The provisions also make a contribution towards Reading's Health and Wellbeing Strategy 2017-2020 this includes: Priority 1 *Supporting people to make healthy lifestyle choices*; Priority 3 - *Promoting positive mental health and wellbeing in children and young people*; and Priority 7 *Increasing the uptake of breast, bowel and preventions services*.
- 7.4 SRH services make a significant contribution to health protection of the wider community. Early diagnosis of Sexually Transmitted Infections and blood borne viruses (HIV, hepatitis C) significantly contributes to the improving outcomes for individuals, but reducing risk of onward transmission to others.

8. COMMUNITY ENGAGEMENT AND INFORMATION

- 8.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".
- 8.2 RBC have consulted on the views of public health services in the public health consultation which closed January 2019. The views of people and partners specifically involved with, or interested in SRH services, were sought by Officers with a view of these being utilised to review and design the specification of services going forward.
- 8.3 Respondents commented that SRH services generally, and HIV support services in particular, are both important sources of support as taboos prevent many people from being able to talk openly about these issues and so understanding how to manage their health in this area. Respondents noted the wider impact of poor sexual health practice, in particular the lack of access to contraception.
- 8.4 Further consultation with the wider partners and people will take place once the draft service specification is available. There is a plan in place to engage with service users so that they are involved in the tender process.

9. EQUALITY IMPACT ASSESSMENT

- 9.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—
 - eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

9.2 An EIA has been considered and is attached (Appendix C), the service specification will state that new service will not discriminate, harass or victimise and will promote opportunities to ensure sexual and reproductive health services are accessible to all as defined by current legislation.

9.3 Sexual health services must be open access so there will be a continued need to ensure that the new service provision reflects this.

10. LEGAL IMPLICATIONS

10.1 An open process will be required to be advertised in the Official Journal of the European Union, [OJEU] in accordance with the current Public Contract Regulations 2015, and in accordance with the Council's Contract Procedure Rules.

10.2 A successful tender and award for new provisions will be effective from 1st April 2020 and will ensure that RBC is meeting the mandated function.

11.0 FINANCIAL IMPLICATIONS

11.1 The Public Health grant value for 2019/20 is £9.500m. There is a reduction of £0.258m from the Public Health Grant value in 2018/19. The grant has reduced from £10.269m in 2016/17. These grant reductions have led the Council to seek efficiencies across all areas of Public Health.

11.2 SRH services are demand led and Councils are required to provide and pay in accordance with this requirement¹. The current contract has a payment structure that is partly on a block basis and partly payment by activity. In 2018/19 the expenditure on this service will be between £1.316m and a maximum of £1.404m. The block, cap and collar contract provides financial stability for a demand led service.

11.3 The current contract ends on 31st March 2020. The tendering team will negotiate with providers to seek the best value for money for the council and financial protection within this service.

11.4 The tendering team will negotiate with providers to seek the best value for money for the council. A benchmarking exercise has been completed and will be used to inform value for money. It is planned that the tender will be put out in line with the lower expenditure outlined in the medium term financial plan.

11.5 Failure to successfully award the SHR contract will result in the current commissioners completing a direct negotiation with existing provision due to Local Authority's legal obligations to provide this mandated service. This will also require further resource from local authorities to repeat the tender process.

¹ Section 6C of the NHS Act 2006 and Part 2 of the Local Authorities Regulations 2013 (S1 2013/3510.Regulation 6 and charging is in Part 3, Regulation 9

- 11.6 Current contract operates on a block and cap basis. There is a significant emphasis on promoting safe sexual health practice and prevention of sexual infection. Due to the demographics of the Reading population demand for sexual health services are high in Reading hence the focus will remain upon providing information and advice via IT solutions.
- 11.7 Integrated sexual and reproductive health services are complex and specialist - this has an impact on the number of quality providers likely to bid for the contract.
- 11.8 The existing service provision is under no obligation to allow others to use their premises.