Report to CABINET

Request for approval to collaboratively commission an Integrated Sexual Health Service with Rochdale and Bury Councils

Portfolio Holder: Councillor Chauhan, Cabinet Member Health and Social Care

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Reason for Decision

To ensure that Oldham has a high quality integrated sexual health service to support population health and meet our mandated responsibilities for open access sexual health services.

Executive Summary

The current Integrated Sexual Health Service has been provided by the current provider since January 2016 as part of a cluster commissioning arrangement with Bury and Rochdale Councils. In June 2020, Cabinet agreed to extend the contract, under Regulation 72 (1)(c) of the PCR2015, for a period of 12 months (1 April 2021 to 31 March 2022) due to the COVID-19 outbreak.

This paper outlines proposals to recommission the service, with the same cluster arrangement, and proceed to market for procurement of a new service for commencement from 1 April 2022. Rochdale Council would act as the lead commissioner for the service, and STAR Procurement (Stockport, Trafford and Rochdale Procurement) would lead the procurement.

Recommendations

Cabinet is requested to:

1. Approve the request to proceed to market for the procurement of an Integrated Sexual Health Service in collaboration with Rochdale and Bury Councils.

2. Approve the decision for STAR procurement to lead on the process on behalf of Oldham Council.

3. Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Health and Social Care, to approve the recommendation of the evaluation panel, in accordance with the results of the tendering exercise (based on quality, social value and financial modelling), on behalf of Oldham Council.

4. Delegate authority to Rochdale Council to award the contract post tender evaluation on behalf of Oldham Council.

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1. Background

1.1 Good sexual health is important to individuals, but it is also a key public health issue. Sexual ill health and wellbeing is strongly linked to deprivation and health inequalities and presents a significant cost to society as well as to the individual. Sexual and reproductive health is not just about preventing disease or infection. It also means promoting good sexual health in a wider context, including relationships, sexuality and sexual rights.

1.2 The Health and Social Care Act 2012 divided responsibility for commissioning sexual health, reproductive health and HIV services between local government, CCGs and NHS England. Local authorities are mandated to commission and fund comprehensive, open-access HIV/STI testing services; STI treatment services (excluding HIV treatment); and contraception services for the benefit of all persons of all ages who present in their area. Integrated Sexual Health Services (ISHS) include contraception and sexual health [CASH, also known as family planning] and genito-urinary services [GUM].

1.3 Across England there is considerable regional variation in how sexual health services are provided and commissioned. They vary from distinctly separate general practice and community-based contraceptive provision with hospital-based abortion and genito-urinary medicine (GUM) services, to fully integrated sexual health services in the community. The variations occur because of differences in commissioning and contractual models used in local areas.

1.4 Public Health England (PHE) in its 'Making it Work' guide to whole system commissioning for sexual health, reproductive health and HIV highlights the benefits of establishing collaborative arrangements. These arrangements ensure services provide value for money, make best use of skills, expertise and resources and secure the efficiencies of a larger footprint whilst remaining sensitive to local needs.

1.5 The Greater Manchester (GM) Sexual Health Strategy's vision is to improve sexual health knowledge, provide accessible sexual health services, improve sexual health outcomes and achieve HIV eradication in a generation. The ten local authorities of Greater Manchester have taken a collaborative approach to the commissioning of integrated sexual and reproductive health services in order to maintain consistent sexual health provision across all of GM whilst reducing the costs of providing sexual and reproductive health services and minimising the risk of unanticipated or increasing spend. The local authorities, working in clusters and on a phased basis, have procured a number of integrated sexual and reproductive health services for Greater Manchester. Our services operate on an open-access basis and offer the full range of sexual and reproductive healthcare provision.

1.6 The specialist Sexual and Reproductive Health system in Greater Manchester experiences significant levels of demand, with over 300,000 face to face appointments taking place each year within specialist clinics. In line with the national picture, there has been an increase in incidence of some STIs in Oldham, Rochdale and Bury, including syphilis and gonorrhoea. The provision of PrEP (Pre-Exposure Prophylaxis for HIV) has also increased the demand on services.

1.7 Integrated Sexual Health Services contributes to several key public health outcomes including reducing STIs, reducing unwanted pregnancies, and reducing repeat abortions.

2. Current Position

2.1 The current contract for the delivery of Integrated Sexual Health Services is a collaborative commissioning contract between Oldham Council, Bury Council and Rochdale Council (North East Sector [NES]) and has been in place since January 2016. Rochdale are the lead commissioner of this cluster arrangement and arrangements between the three Councils are set out in a tripartite legal agreement.

2.2 A procurement exercise was originally scheduled to take place during 2020 with the view to going out to tender for a service with a commencement date of 1 April 2021, however, all work in relation to the procurement was suspended as a result of the ongoing global pandemic.

2.3 In June 2020, Cabinet agreed to a 12 month contract extension, under Regulation 72 (1)(c) of the PCR2015, to enable appropriate consultation with all stakeholders in relation to pre-procurement planning and to allow for an open and robust procurement process to take place. The current contract ends on 31 March 2022, with no further option to extend.

2.4 At contract end, the recommendation is to procure an Integrated Sexual Health Service that aligns to emerging public health priorities, takes in to account learning from service delivery during COVID-19 restrictions and addresses identified gaps in service provision.

2.5 Further detail regarding preparatory work to date is set out in the report in the restricted part of this agenda.

3. Points to Consider

3.1 <u>COVID Recovery</u>

3.1.1 We are continuing to respond to the global COVID-19 pandemic at a local, regional, national and international level. Early findings in the December 2020 Public Health England (PHE) Report 'The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England'(using provisional data from January to September 2020) indicate that the COVID-19 pandemic response, including social and physical distancing measures, has led to a re-prioritisation and disruption in provision of, and patient access to, health services for HIV, STIs and viral hepatitis.

3.1.2 It is anticipated that there will be an increase in demand as COVID restrictions around social distancing are lifted. A resurgence in HIV, STIs and hepatitis tests and diagnoses, and an increase in hepatitis C virus (HCV) treatment initiations, were observed from June 2020, following the easing of national lockdown restrictions. This reflected a partial recovery in service provision and demand. Nevertheless, numbers of consultations, vaccinations, tests, diagnoses, and treatment initiations in the summer of 2020 were considerably lower than in corresponding months in 2019. Significant planning is underway to ensure that robust system-wide recovery plans are in place to meet this anticipated increased demand and reduce the risk of further impact on population health, as a result of unmet demand or delayed response to need.

3.2 Further points to consider are set out in the report to be considered in the restricted part of this agenda.

4. Options

4.1 These are set out in the report in the restricted part of this agenda.

5. Preferred Option

5.1 This is detailed in the report in the restricted part of this agenda.

6. Financial Implications

6.1 These are set out in the report in the restricted part of this agenda.

7. Legal Services Comments

7.1 These are set out in the report in the restricted part of this agenda.

8. Co-operative Agenda

8.1 All Public Health services fully support the Council's cooperative agenda as they promote the active engagement of Oldham residents and providers delivering in Oldham in Thriving Communities, Co-operative Services and an Inclusive Economy.

9. Human Resources Comments

9.1 None

10. Risk Assessments

10.1 As set out in the report in the restricted part of this agenda.

11. IT Implications

11.1 None

12. Property Implications

12.1 These are set out in the report in the restricted part of this agenda.

13. Procurement Implications

13.1 These are set out in the report in the restricted part of this agenda.

14. Environmental and Health & Safety Implications

14.1 None

15. Equality, community cohesion and crime implications

15.1 Local authority commissioned integrated sexual and reproductive health (SRH) services are required to be open access, so people can choose where they attend, anywhere in the country. Many people choose out of borough services but most people in Greater Manchester (GM) attend services within GM. For sexual health services, the authority where the individual is resident is required to pay for service use wherever that is.

15.2 The GM sexual health commissioners from each Local Authority have worked together to provide shared service specifications and standards, to ensure that people are offered a consistent service, wherever they choose to attend.

16. Equality Impact Assessment Completed?

16.1 Yes – available upon request

17. Key Decision

17.1 Yes

18. Key Decision Reference

18.1 HSC-01-21

19. Background Papers

19.1 None

20. Appendices

20.1 These are included in the report in the restricted part of this agenda.