



Oldham
Council

Report to Health Scrutiny Committee

Integrated Sexual Health Service

Portfolio Holder:

Councillor Chauhan, Cabinet Member Health and Social Care

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Purpose of the Report

To report to the Health Scrutiny Committee on the outcome of the collaborative commission with Rochdale and Bury Councils for an Integrated Sexual Health Service and provide a progress update on the implementation of arrangements established under the new contract.

Executive Summary

Oldham, Rochdale and Bury Councils (ORB) have worked collaboratively to jointly commission a provider for the provision of a high quality Integrated Sexual Health Service (ISHS) through an open competitive tendering procedure to support population health and meet our mandated responsibilities for open access sexual health services.

Following completion of the tender evaluation processes, the Director of Public Health delegated authority to Rochdale Council and STAR Procurement to award the contract on behalf of the Council, as per the delegated authority agreed by Cabinet in March 2021, to the provider who submitted the most economically advantageous bid, HCRG Care Group (previously known as Virgin Care Limited).

The specification for the Integrated Sexual Health Service has been revised considerably via collaborative approach at a GM level to ensure consistency of provision across the city region and common standards, and at a locality level to ensure that there is a clear focus on reducing health inequalities by ensuring targeted provision for those individuals who are most at risk of sexual health related harm or poorer sexual health outcomes.

Recommendations

Health Scrutiny Committee are recommended to note the collaborative commissioning exercise undertaken by Oldham, Rochdale and Bury Councils and the outcome of the recent tender exercise to procure a provider for the delivery of the Integrated Sexual Health Service.

Health Scrutiny Committee are also asked to consider the new enhanced Integrated Sexual Health Service offer that will contribute to our vision of improving the sexual health and wellbeing of the people of Oldham, Rochdale and Bury via delivery of innovative prevention-orientated interventions and responding to the changing health needs of our residents, improving population health and reducing health inequalities.

Integrated Sexual Health Service

1 Context

- 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. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations.
- 1.2. Improving the sexual health of the population remains a public health priority. The consequences of poor sexual health include:
 - unplanned pregnancies and abortions
 - psychological consequences, including from sexual coercion and abuse
 - poor educational, social and economic opportunities for teenage parents and their children
 - HIV transmission
 - cervical and other genital cancers
 - hepatitis, chronic liver disease and liver cancer
 - recurrent genital herpes
 - recurrent genital warts
 - pelvic inflammatory disease, which can cause ectopic pregnancies and infertility
 - poorer maternity outcomes for mother and baby
- 1.3. 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].
- 1.4. Commissioners based within Local Authorities work in partnership through the Greater Manchester Sexual Health Network (GMSHN) to plan, procure and develop sexual and reproductive health provision. Commissioners within the local authorities link to counterparts within NHS England in relation to HIV treatment and care and the CCGs in relation to the provision of related reproductive health provision (e.g. permanent methods of contraception) and abortion services.
- 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. Integrated Sexual Health Services contribute to several key public health outcomes including reducing STIs, reducing unwanted pregnancies, and reducing repeat abortions.

2. Background

- 2.1. The current contract for the delivery of Integrated Sexual Health Services, held by Virgin Care Limited, is a collaborative commissioning contract between Oldham Council, Bury Council and Rochdale Council (known as North East Sector [NES] or ORB) and has been in place since January 2016. Rochdale are the lead commissioner of this cluster arrangement and hold the contract with Virgin Care Ltd, under a tripartite legal agreement whereby Oldham and Bury Councils are associates to the contract.
- 2.2. In March 2021, Cabinet approved the request to proceed to market for the procurement of an Integrated Sexual Health Service in collaboration with Rochdale and Bury Councils and for STAR procurement to lead on the process on behalf of Oldham Council.
- 2.3. The rationale for Oldham to remain a part of the collaborative commissioning arrangement, was to standardise quality of care across the localities as well as to manage costs associated with the process, reduce duplication and avoid unnecessary expense. The cluster arrangement between Oldham, Rochdale and Bury has worked well to date and there have been significant benefits to collaboratively commissioning the service for the three boroughs. The locality footprints and demographics are such that the population health needs are similar across the cluster. The service has also benefited from reduced overheads and management costs and has been able to provide a more flexible service in response to staffing pressures or other service need.
- 2.4. Our collaborative vision is to improve the sexual health and wellbeing of the people of Oldham, Rochdale and Bury. We aim to achieve this by commissioning an innovative prevention-orientated integrated sexual health service which can lead the local health care system in responding to the changing sexual health needs of our residents. The service will reduce health inequalities and improve population health outcomes, building an open culture where everyone is able to make informed and responsible choices about relationships and sex.
- 2.5. To achieve this vision, we sought a system leader to manage and develop sexual and reproductive health (SRH) care across Oldham, Rochdale and Bury, forging critical partnerships with NHS trusts, primary care providers, voluntary sector organisations and our local residents in order to truly improve patient care and population health outcomes. The service will coordinate and support the delivery of SRH care across this network with the aim of strengthening community-based preventative services and reducing demand for specialist care over time. The service will have overall responsibility for improving SRH outcomes at a population level through its role as the local system leader, bringing together professionals and organisations from across Oldham, Rochdale and Bury to achieve improvements in sexual health and wellbeing. The service will determine the best approach for developing the local SRH system ensuring it encompasses the following core elements:
 - Development and coordination of pathways for people accessing SRH care, ensuring these are streamlined across community and specialist services
 - Provision of expert clinical governance, advice and consultation for professionals working across all the local organisations that play a role in improving sexual health and wellbeing
 - Building capacity in the local multidisciplinary sexual health workforce through the provision or facilitation of training and continuous professional development (CPD) activities
 - Coordination and active participation in strategic, operational and professional networks across Oldham, Rochdale and Bury and Greater Manchester

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- 2.6. The service will support delivery against the indicators relating to sexual health in the Public Health Outcomes Frameworks, which are currently as follows:
- C01: Health Improvement: Total prescribed LARC, excluding injections rates
 - C02: Health Improvement: Under-18 conceptions rates
 - D02a: Health Protection: Chlamydia diagnoses (15-24 year olds)
 - D02b: Health Protection: New STI Diagnoses (excluding chlamydia aged <25)
 - D07: Health Protection: People presenting with HIV at a late stage of infection.

Provision of the integrated sexual and reproductive health service is also expected to contribute to achieving the following outcomes:

1. Reducing the number of unintended conceptions among women of all ages
2. Reducing the number of under-18 conceptions
3. Reducing the number of abortions and repeat abortions among women of all ages
4. Increasing the proportion of abortions performed under 10 weeks
5. Reducing the prevalence of undiagnosed STIs including HIV
6. Controlling the transmission of STIs including HIV
7. Reducing the proportion of residents diagnosed with HIV at a late stage of infection
8. Increasing the proportion of residents vaccinated against Hepatitis B.
9. Narrowing of inequalities in sexual health between people of different age groups.
10. Narrowing of inequalities in sexual health between at-risk groups (e.g. men who have sex with men, trans and non-binary people, people from Black African communities etc.) and the general population.

2.4 As part of the commissioning process, considerable work was done to update the service specification for the Integrated Sexual Health Service to include additional elements based on data and intelligence from the Sexual Health Needs Analysis and better align with local and regional ambitions, as well as including new required provision, to ensure that we have a high functioning and appropriate service for Oldham. A sub-group of Greater Manchester Sexual Health Commissioners was established to develop a standard GM specification for Integrated Sexual Health Services, based on the national specification developed by the Department of Health, in collaboration with independent clinicians and professionals from PHE. Clusters took responsibility for the development of individual locality requirements, informed by SHNAs and Market Engagement, which were appended to the standard specification. Taking this standardised approach aims to maintain a consistent sexual health service offer across the Greater Manchester city-region, as far as possible, and ensure equity of access for residents, regardless of where they live or where they choose to access sexual health services.

2.5 As a result of this process, the following additional elements have now been included as standard in the specification for the ORB ISHS:

HIV Pre-Exposure Prophylaxis (PrEP): PrEP (pre-exposure prophylaxis) is medicine people at risk for HIV take to prevent getting HIV. When taken as prescribed, PrEP is highly effective for preventing HIV. Routine provision of PrEP has been included in the specification as standard, as per national guidelines, following the national roll out of routine commissioning of PrEP in October 2020.

Priority Groups and Targeted Interventions: The Provider will be required to recognise and take steps to address the needs of marginalised, vulnerable and at-risk groups. This includes establishing links with local networks, working alongside other local providers to strengthen the support offer for these communities and deliver targeted sessions aimed to improve sexual health outcomes in specific communities who may be at higher risk of

poor sexual health outcomes or sexual health related harm. This includes targeted provision for the following:

- Young people
- LGBTQ+ residents
- Sex Workers
- Those with special educational needs and disabilities
- Homeless people
- Residents participating in casual sexual encounters
- Men who have sex with men
- Asylum seekers
- Specific ethnic minorities that are evidenced to be at higher risk of STIs and/or poorer sexual health outcomes
- Older people who are sexually active, including those who are still working and who may also be ending previous long-term relationships and entering into new ones
- Black and other ethnic minority populations

Outreach provision (clinical and non-clinical) There is now a clear directive to develop an assertive clinical outreach function to address the more complex sexual health needs of the most vulnerable, marginalised and socially disengaged people in our communities. The initial focus will be to provide clinical outreach to LGBTQ+ people, sex workers and ethnic minorities that are evidenced to be at higher risk of STIs and/or poorer sexual health outcomes from the start of the new contract. This will then be widened out during the first year to include vulnerable adults, including the homeless, disabled people, people with learning disabilities and other higher risk groups. The outreach offer of the main ISHS will complement and not duplicate the offers from local young people's sexual health services. Clinical outreach workers will be able to deliver universal and targeted sexual health interventions in community settings, but will also:

- Address the more complex sexual health needs of the most vulnerable and hard to reach people in Oldham, Bury and Rochdale
- Target hot spot areas and settings within ORB where there are known to be poor sexual health outcomes in the population or in accessing sexual health services
- Provide fast-track sexual health services for vulnerable people
- Facilitate vulnerable people to access sexual health and sexual health related services across primary, secondary and specialist services for more complex STI, GUM and contraception needs
- Increase access to LARC fitting for residents, particularly younger women under 25 years old
- Address safeguarding issues within client group
- Provide an effective method for confidential communication with vulnerable groups
- Engage with existing services and provision in the community to build on the work and resources of partners
- To develop and implement appropriate and effective cross agency pathways and referrals relating to sexual health.
- Provide advice, support, and information for residents and partner agencies.

The Provider will also develop a non-clinical outreach function as part of the service which is flexible in order to respond to local intelligence and changing circumstances. This will be targeted at those most at risk of poor sexual health to contribute to a reduction in health inequalities and will comprise of proactive robust prevention interventions, such as information provision or education, marketing and advertising, and outreach to support people to develop the knowledge and skills to prevent poor sexual health and therefore reduce demand for reproductive and sexual health services.

Primary care LARC offer – The provision of contraception is widely recognised as a highly cost-effective public health intervention. This is because it reduces the number of

unplanned pregnancies which bear high social, wellbeing and financial costs to individuals, the health service and to the state. Methods of contraception can be broadly divided into two groups - Long acting reversible contraception (LARCs) and User Dependent Methods (UDMs). LARCs are the most cost-effective method of contraception according to NICE, and they are also clinically effective as they are not reliant on daily compliance. Local authorities are mandated to commission LARCs which are provided through GPs and sexual health clinics, this encompasses implants and IUDs. In addition to the LARC offer available as part of the ISHS, Oldham Council currently commission individual GP practices to deliver LARC. However, ISHS is achieving better outcomes around LARC provision than Primary Care locally and it was determined that the ISHS Provider would work developmentally with Primary Care to support the provision of LARC, and other SRH provision in Primary Care Networks. This would include a training and development offer to build workforce capacity for LARC fitters in Primary Care and commissioning of PCNs to deliver LARC. The GP LARC model will be developed by the ISHS Provider in Year 1 and go live in Year 2, subject to approval by Commissioners.

Digital and Remote Services – Accessing appointments can be a barrier for people using sexual health services. For those that work, look after children or have limited access to transport, flexibility and choice is critical. For some people, privacy and anonymity greatly influence their decisions about which services they access. And unfortunately, there is still a level of embarrassment and stigma around accessing sexual health services, which can lead to mental health issues and isolation and have a detrimental effect on whether a person accesses appropriate and timely treatment and support and how they manage any conditions. Findings from the 2019 SHNA showed that the most popular source of sexual health information is online sites. As such, digital access to information, advice and guidance and sexual health services play an integral role in enabling people to manage their sexual health. Innovation in service delivery such as online or tele-consultations for HIV and hepatitis, STI and blood-borne virus (BBV) self-sampling kits, and access to postal or ‘click and collect’ offers around condoms, oral and emergency hormonal contraception and STI treatments has happened at pace during 2020/21, as a result of the COVID-19 pandemic. Therefore, the new specification for the service includes a greater emphasis on the Digital and Remote offer, taking learning from COVID plus building on best practice and scoping work undertaken by GM in 2019/20 around a SRH digital offer, which included engagement with service users, residents and professionals.

3 Integrated Sexual Health Service – Procurement Process

- 3.1 The procurement of the ORB Integrated Sexual Health Service was led by STAR Procurement, as the strategic sourcing function for Rochdale Council, the lead commissioning authority for this collaborative commissioning arrangement. A core working group was established to plan, monitor and deliver the work required to carry out a full procurement exercise and met on a fortnightly and then weekly basis to enact the detailed project plan.
- 3.2 Prior to commencement of the tendering process, preparatory work included a Sexual Health Needs Assessment¹ and a Market Engagement Event that took place on 4 March 2020 with providers operating in the sexual and reproductive health market in order to help determine future requirements and to shape the proposal and specification for the formal tendering process. The Market Engagement session was conducted collaboratively with commissioners from Stockport, Tameside and Trafford.
- 3.3 An open tender process was advertised on the e-tendering Due North Portal ‘The Chest’, which is used by all GMCA local authorities, and on Find a Tender service plus Contracts Finder Notice. The tender was publicised on 6 August 2021 with a deadline to respond by

¹ SHNA can be viewed at <http://www.oldham-council.co.uk/jsna/ORB-SHNA-2019>

12 noon on 20 September 2021. The Oldham, Rochdale and Bury ISHS invite to tender was Lot 1 of two lots advertised at the same time – the other being for Stockport and Tameside ISHS.

- 3.4 Stage 1 was a Supplier Questionnaire (SQ) to establish a list of approved providers or consortia. All providers or consortia (all members of any proposed consortia bids were required to provide the information in all sections of the SQ as part of a single composite response) were evaluated by the evaluation panel on a Pass/Fail basis on a range of competencies including economic and financial standing, compliance with equality and health and safety legislation and data protection and information security, to ensure due diligence of providers. References and certificates of past performance were also requested to demonstrate past experience in delivering similar provision.
- 3.5 During the second stage, providers were asked to compile responses to award criteria questions which formed part of the evaluation stage and was used to determine the most economically advantageous tender for the cluster. The Technical Capacity section of the evaluation questionnaire asked bidders to describe their proposed delivery model. It also asked for clarification of the bidders' mobilisation, implementation and communication plans and their approach to managing change, information and performance. Social Value was also evaluated using both a proxy value in accordance with the National TOMS Framework via the Social Value Portal and a narrative response. The financial envelope for the delivery of the Integrated Sexual Health Service was fixed and took into account the amounts allocated from each local authority, asking bidders to ensure when submitting their pricing schedule that they did not exceed the maximum budget indicated for either the total lot or for any individual council within that lot, or they would be excluded. Therefore, bidders were not competing on price, however consideration was given to the value and impact of each bidder's proposed model and resource configuration.
- 3.6 Upon completion of the Technical Capacity evaluation, all bidders who were within 20% of the highest scoring bidder were passed through to the presentation stage where providers were asked to present two presentations: the first based on their approach to supporting two case studies and the second that focused on their approach to working with the most socially disadvantaged, least likely to engage and those groups who are most at risk of sexual health related harms with a view to improving population health and reducing health inequalities.
- 3.7 Comprehensive evaluation and moderation processes were in place throughout the process. The responses to the Evaluation Questions were evaluated by a panel of senior officers from Public Health at each of the cluster Councils, plus a Public Health Consultant, a Safeguarding Lead from NHS Heywood, Middleton and Rochdale CCG, an independent GU/HIV Consultant (from Blackpool Teaching Hospital NHS Trust), an independent Reproductive Health and Gynaecology Consultant (from Leeds Community Healthcare NHS Trust), HIV Specialists from NHS England and NHS Improvement and a Youth Councillor. Some of the panel evaluated all questions and presentations whilst others only evaluated specialist elements.
- 3.8 The outcome of the evaluation process found that the most economically advantageous tender (based on quality, social value and financial modelling) was submitted by Virgin Care Services Limited (now known as HCRG Care Group).
- 3.9 As agreed by Cabinet in March 2021, the Director of Public Health, in consultation with the Cabinet Member for Health and Social Care, approved the delegation of authority to Rochdale Council, as lead commissioning authority, and STAR Procurement to award the contract post tender evaluation on behalf of Oldham Council to the successful bidder.

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- 3.10 The contract term is for a period of five years up to the end of 31 March 2027. There is an option to extend the contract for up to a further five years, adding up to 10 years in total until 31 March 2032. Overall contract value is £3,710,000 per annum (contribution from Oldham Council = £1,292,000 p.a. for Year 1 increasing to £1,337,000 from Year 2 onwards) equating to £18,550,000 (£6,460,000 from Oldham) over the initial 5-year term, or up to £37,100,000 (£12,920,000 from Oldham) should the full 10 years duration be taken.
- 3.11 The new service will commence delivery from 1 April 2022, subject to successful completion of due diligence, contract negotiations and service mobilisation.

4 Service delivery model and implementation

- 4.1 Commissioners will present an overview of the service delivery model that will be implemented by HCRG Care Group to deliver the Integrated Sexual Health Service and an update on the proposed implementation plan, and progress to date, at the Health Scrutiny Committee Meeting.

5 Key Issues for Health Scrutiny to Discuss

- 5.1 Health Scrutiny Committee are recommended to note the collaborative commissioning exercise undertaken by Oldham, Bury and Rochdale Councils, and the outcome of the recent tender exercise to procure a provider for the delivery of an Integrated Sexual Health Service.
- 5.2 Health Scrutiny Committee are also asked to consider the new enhanced Integrated Sexual Health Service offer which will be available from 1 April 2022 and delivered by HCRG Care Group (previously Virgin Care Limited) and aims to reduce health inequalities, improve population health outcomes and build an open culture where everyone is able to make informed and responsible choices about relationships and sex.

6 Key Questions for Health Scrutiny to Consider

- 6.1 Health Scrutiny Committee is asked to consider whether an update on the first 12 months of delivery of the Integrated Sexual Health Service, including relevant performance management information and contributions towards health outcomes, would be useful or if they wish to invite relevant partners and stakeholders from across the Reproductive and Sexual Health system for a deep-dive or further discussion around how we will take a collaborative approach to improving sexual health outcomes locally.

7 Links to Corporate Outcomes

- 7.1 The Integrated Sexual Health Service, as with all Public Health commissioned services, fully supports the Council's cooperative agenda as it promotes the active engagement of Oldham residents and providers delivering in Oldham in Thriving Communities, Co-operative Services and an Inclusive Economy. The commissioning of the service and the award of the contract to HCRG Care Group (previously Virgin Care Group) is consistent with the commitment within the Oldham Plan to take a person and community centred approach, that places prevention at the heart of our emerging new model of delivery.

8 Consultation

- 8.1 A comprehensive consultation process was undertaken as part of the development of the specification and included engagement with residents and the market, as well as key stakeholders. This included the development of a comprehensive Sexual Health Needs Assessment.

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- 8.2 Officers from Procurement, Finance and Legal were part of the project team for the procurement exercise and were consulted throughout the process for any implications relevant to their respective specialisms. Procurement, finance and legal implications were included in the delegated decision for the award of the contract.
 - 8.3 The Director of Public Health, as the key relevant statutory officer, and the Cabinet Member for Health and Social Care have been briefed prior to and throughout the commissioning process.
 - 8.4 An Equality and Diversity Impact Assessment has been completed prior to the tender exercise taking place. A copy is available on request.

9 Appendices

- 9.1 None