

Agenda Item:

Joint Public Health Board

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Bournemouth, Poole and Dorset councils working together to improve and protect health

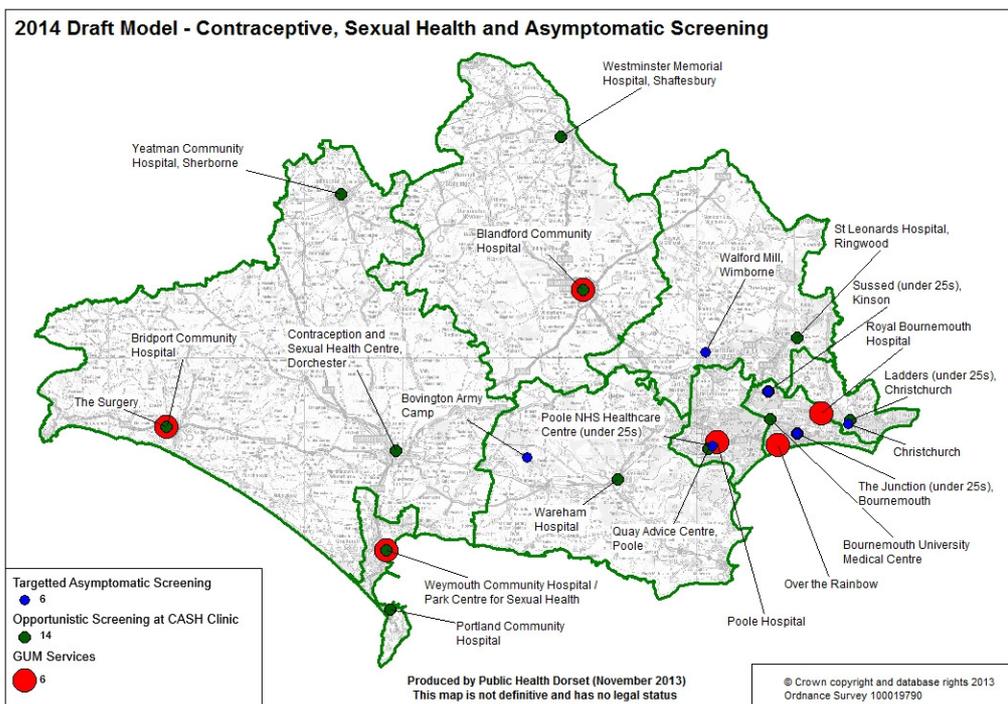
Date of Meeting	6 November 2014
Officer	Director of Public Health
Subject of Report	Developing an integrated sexual health service in Dorset
Executive Summary	<p>This paper provides an update on commissioning developments over the last year for sexual health as one of the mandatory programmes commissioned by Public Health Dorset.</p> <p>The paper covers three main areas:</p> <ul style="list-style-type: none"> • Background and overview of the sexual health service; • The vision for local authority commissioned sexual health services; • The way forward. <p>Approval is sought for the re-procurement of this service to commence.</p>
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	<p>An Equalities Impact Assessment Screening Tool has been completed and indicates that a full Equalities Impact Assessment is not necessary.</p> <p>Use of Evidence to inform service commissioning intentions as outlined in the prospectus:</p> <p>Make use of:</p> <ul style="list-style-type: none"> • National surveys and local service user consultation. • Provide performance and activity monitoring information • Professional standards for service management • National policy for service development and integration • Latest evidence on what is effective for sexual health services • Information on effective procurement models and options

	<p>provided by Dorset procurement team.</p> <hr/> <p>Budget:</p> <p>The prospectus for the integrated sexual health service outlines an anticipated annual contract value of approximately £5.5 - £6 million. Sexual health services are open access services where people can self-refer and therefore the annual cost varies and the values above are based on current usage.</p> <p>Further work will be undertaken to model different service options before the final value is placed in the procurement documentation.</p> <hr/> <p>Risk Assessment:</p> <p>There is a Medium Financial Risk as the value of services being commissioned through a single managed contract is in excess of £1 million.</p> <p>The risks to Strategic Priorities, Health & Safety, Reputation and Service Delivery remain Low.</p> <p>A “live” Risk Assessment documents the detail of identified risks and mitigation activities and will be reviewed at key development milestones throughout the procurement process.</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as: Current Risk: MEDIUM Residual Risk MEDIUM</p> <hr/> <p>Other Implications:</p>
<p>Recommendations</p>	<p>The Joint Public Health Board is asked to:</p> <ol style="list-style-type: none"> I. Note progress in service development for sexual health including market engagement in September 2014. II. Approve the commencement of a procurement process for an integrated sexual health service. III. Approve contract notice to be published in the Official Journal European Union in 2015.
<p>Reason for Recommendations</p>	<p>To ensure that the process for developing an integrated sexual health service can commence.</p>

Appendices	Appendix 1: Service user brochure for information Appendix 2: Business case for the provision of an integrated service Appendix 3: Prospectus: Sexual Health Services in Dorset County Council
Background Papers	National Integrated Specification Contracting for outcomes, A value based approach Making it Work, A guide to whole system commissioning for sexual health, reproductive health and HIV
Report Originator and Contact	Name: Sophia Callaghan, Consultant in Public Health Tel: 01202 26 1105 Email: s.callaghan@dorsetcc.gov.uk

1. Background

- 1.1 This paper provides the background to current sexual health services and outlines the re-procurement process. This approach has been developed in a similar way to the health improvement hub commissioning market development.
- 1.2 Sexual health services are one of the five mandatory programmes to be commissioned by local authorities under the 2012 Health Act, covering the following core areas of provision:
- Most contraceptive services (including prescribing costs);
 - Young people’s sexual health;
 - HIV prevention, sexual health promotion, services in educational settings and pharmacies;
 - Sexually transmitted infections (STI) testing and treatment at Genitourinary Medicine (GUM) clinics;
 - Chlamydia screening and HIV testing.
- 1.3 Other sexual health services are commissioned by the Clinical Commissioning Groups (CCG) and NHS England (NHSE); these include abortion services, sterilisation, vasectomy, HIV treatment and care and sexual health in prisons, and, so are not within the scope of this paper.
- 1.4 Sexual health services are based in a range of settings; for example, community, hospitals, General Practice, Pharmacies and acute hospitals. The map below gives an outline of where some of these services are situated geographically across Dorset.



1.5 As the map shows, services are delivered in a variety of settings with contracts for Contraception, STI Testing and Treatment and Health Promotion and Prevention. There are good examples of integrated care; however, most patients will require more than one service to meet their needs.

1.6 The community Contraception and Sexual Health Service (C&SH) provided by Dorset HealthCare, provides each year:

- Contraception advice and treatment for over 14,000 patients through 13 community clinics;
- Co-ordinates the National Chlamydia Screening Programme, screening 24,000 young people aged 15 – 24;
- Delivers Sex and Relationships Education in Schools, Colleges and the University reaching over 16,000 young people.

This service has a significant number of Nurse Led clinics, supported by Specialty Doctors and health care specialists.

1.7 Testing and treatment for Sexually Transmitted Infections is mainly provided by the two Acute hospitals, Dorset County Hospital Foundation Trust (DCHFT) and Royal Bournemouth and Christchurch Hospitals Trust (RBCH). There are 8 clinics each week, servicing just under 30,000 patients each year, two thirds of whom were new and a third follow up. The clinics are often led by Consultant grade staff, with support from specialist nurses and health practitioners. The Acute Trusts are also responsible for HIV prevention, care and health promotion and outreach to higher risk groups.

2. An overview of sexual health service development.

2.1 Over the last two years commissioners and providers of current sexual health services have been working together to coordinate development of some initial improvement plans. These were to improve staff skills and competency, develop specific targeted

programmes and update pathways between providers. The main aim of this first stage was to support and inform future commissioning intentions for sexual health in Dorset.

- 2.2 Progress this year also includes work to update and improve historic NHS contracts, and move them across to Dorset County Council contracts. The contracts remain a legacy of the former working under the PCT and do not reflect ambitions for a new integrated system for sexual health. Programme evaluations and user consultations are also underway to further inform commissioning intentions.
- 2.3 More detail on the development of user engagement for the integrated sexual health service is included in **Appendix 1: Service user brochure**.
- 2.4 Analysis of activity for last year, indicated that much of the current spend (48%) occurs within the higher cost GUM services. However, more than a quarter of the activity in GUM services requires no treatment or intervention and therefore suggests that some of these attendances may be better supported in a different way, by different staff, in a different setting.
- 2.5 In many cases sexual health services work well and to recognised standards, however they do remain as separate services and largely fragmented. The next stage is to commission local integrated services through our core principles of equity, efficiency and effectiveness.
- 2.6 The current scope of the integrated service will focus on open access provision of most contraceptive services, specialist services including young peoples sexual health, outreach, HIV prevention, sexual health promotion, sexually transmitted infection testing and treatment, Chlamydia screening and HIV testing. The scope of this commissioning exercise currently excludes GP and Pharmacy contracts. There will be future opportunities for further integration with primary care as services evolve.
- 2.7 More detail on the development of the current integrated sexual health service model is included in **Appendix 2, Business Case**, and **Appendix 3 Prospectus**.

3. Transforming sexual health services

- 3.1 The vision for sexual health services is to procure a comprehensive, integrated service that enables transformation to a single managed system providing the right intervention, by the most appropriate professional, at the right time and place to meet population needs.
- 3.2 Dorset County Council, on behalf of Public Health Dorset, is seeking to conduct a fully EU compliant procurement process for the development of an integrated open access sexual health service for our local population.
- 3.3 To progress development of an integrated service, a supplier engagement event was planned by Public Health Dorset and delivered on 15th October 2014.
- 3.4 The current contract values outlined in the prospectus is approximately £6.8m for a range of contracts with different providers. These contracts are made up of a mix of block and payments by results, where ranges are negotiated at the start of each financial year with providers. The integrated sexual health service outlines an anticipated annual contract value within a £5.5 - £6 million bracket. Sexual health services are open access services where people can self-refer and therefore the annual cost values will be within a payment range.

- 3.5 It is expected that the redesign work will be undertaken as part of the integrated specification development, with subsequent efficiencies realised through implementation of a managed system. Therefore further efficiencies and any reinvestments can be made where applicable and appropriate to develop the full integrated model. This will result in a more appropriate spend for each of the services provided.
- 3.6 Further analysis will be undertaken to model different service options before the final value is placed in the procurement documentation. In addition there will be further opportunities to define costs and charges, at various points within the contract period, as payment process evolve and move from volume and activity to outcomes based systems.
- 3.7 In addition to the indicative value range for the main contract there are some costs associated with programme development. These include public engagement and consultation programmes, prospectus development and the supplier engagement events, which are outlined in the sexual health business case. In addition there may be some costs for improving IT development across providers, however this cannot be considered until the market interest and capability to meet aspirations is better understood.

4. Potential Programme Risks

- 4.1 On initial assessment of risk, the register outlines two thirds as low and a third as medium risk. The low level risks that have been highlighted are:
- no providers coming forward;
 - asset issues;
 - increased financial risk if payment processes change;
 - the need for new IT system development;
 - implications for the current workforce;
 - the need for effective contract management and reporting systems.
- 4.2 Some of the risks identified as medium include willingness for short term extension of existing contracts, the impact on sexual health outcomes during service change, any legal challenge for the procurement of an historic NHS service and future assurance of public health budget to cover contract duration.
- 4.3 The aim of the supplier engagement event is to ensure that the scope is achievable before going to tender and to agree a staged approach to implementation. A control plan is in place to mitigate potential risk of service change and will be updated following the supplier engagement event.

5. Findings from the market supplier event

- 5.1 The first supplier event was held on October 15th 2014, there were 21 different organisations and a total of 34 people in attendance. The vision for sexual health was presented and some models for integration discussed. Some of the key issues that providers raised included; access to and capturing data and IT investment issues, service fragmentation and working with other commissioners for sexual health; the procurement process and what this meant; what was in and out of scope.

5.2 There were some anxieties raised by the workforce about managing change and how working along side other providers under a single managed system may look. The questions were discussed in a panel forum and the challenges and risk were acknowledged by the Public Health Dorset for further work and consideration for the next event.

6. Next steps

6.1 The next steps are to work through issues raised, continue modelling work and develop a draft service specification for integrated sexual health services. This will form the basis of discussion at a second Supplier event in January 2015.

7. Recommendations

7.1 The Joint Public Health Board is asked to note progress in service development for sexual health.

7.2 The Joint Public Health Board is asked to note market engagement by placing a prior information notice in the press in September 2014.

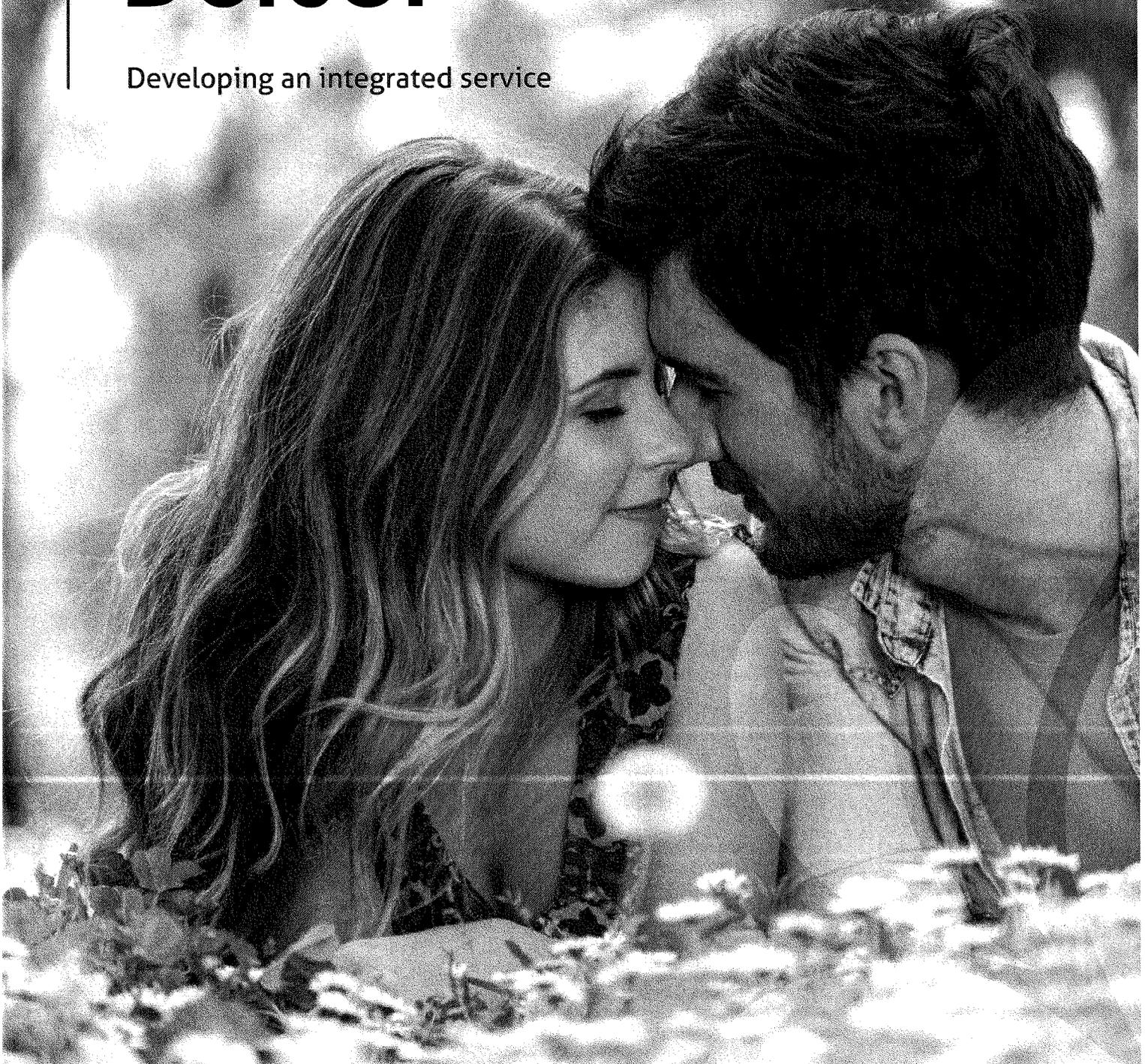
7.3 The Joint Public Health Board is asked to approve the commencement of a procurement process.

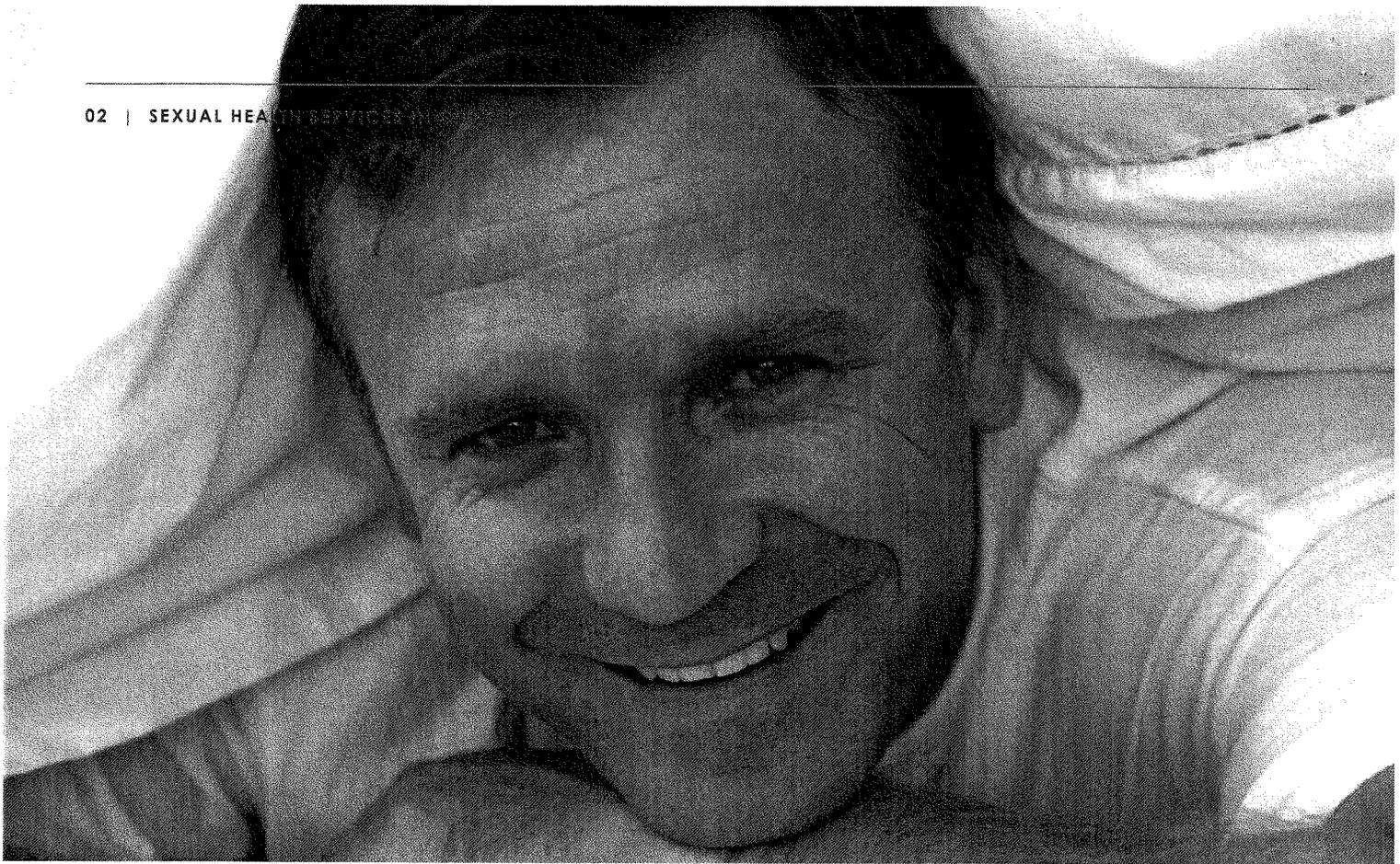
7.4 The Joint Public Health Board is asked to approve contract notice in the Official Journal European Union in spring 2015.

Sophia Callaghan
Assistant Director of Public Health
November 2014

Sexual health services in Dorset

Developing an integrated service





WHO IS PUBLIC HEALTH DORSET?

We are the public health service supporting Bournemouth Borough Council, Borough of Poole, and Dorset County Council.

Councils now have a legal duty to improve the health and wellbeing of residents and to reduce differences in health outcomes between populations they serve. This includes commissioning all sexual health services across Dorset.

We serve a diverse population of 750,000, covering rural and urban areas, some small areas of which are among the most deprived in the South West of England.

THE CURRENT PICTURE

Most of the adult population are sexually active and many will need to access sexual health services at some point. That doesn't mean that people always access the most appropriate service they need, when they need it. We want to make sure people know where they can access help and the benefits of looking after their sexual health.

Sexual health service needs vary for groups in different geographical areas of Dorset. When setting up our support services, we must take into consideration all potential users and vulnerable groups where social, cultural and behavioural pressures can influence sexual practice.

We know that:

- sexual behaviour of young people and how they access information is changing
- awareness of sexually transmitted infections (STIs) among older adults can be low, especially for those coming out of long-term relationships
- the culture surrounding men who have sex with men (MSM) often encourages risky sexual behaviour across all age groups



CHANGING HOW WE WORK

We want to improve and update how we meet the needs of our population, providing the right intervention, by the most appropriate professional at the right time and place.

The amount of information around sexual health advice can be overwhelming and change is required to make access to help clearer. Currently, more than a quarter of those seeking sexual health support attend a hospital Genitourinary Medicine (GUM) clinic when they may not need to and could be more appropriately supported through a different level of service. We hope the future of sexual health services offer:

- better online services – seek advice, book appointments and order kits
- simple access - find out where and when to go
- a focus on prevention
- consistent countywide services

WE WANT YOUR VIEWS

This public consultation has been designed to hear from Dorset residents like yourself.

Tell us your views about personal experiences of accessing sexual health services and how you feel we can improve.

You may be asked to talk about situations where you have accessed a GUM clinic and what your reasons were plus how aware you are of other options available to visit. You might also be asked about how effective you feel safer sex messages are in preventing unwanted pregnancies and STIs and what influences the decisions you make regarding your sexual health and safer sexual practice.

We will use your input to help develop our services to make the process simpler and more appropriate for all our needs.

All views collected will be anonymous, confidential and will only be used to help us to improve services.

For more information:

To let us know your view and help make a difference, email: PHTenders@dorsetcc.gov.uk



BUSINESS CASE

Project Name	Provision of an Integrated Sexual Health Service
Author:	Dawn Adams, Dorset Procurement
Project Sponsor:	David Phillips, Director of Public Health
Release	Draft/Final Date : 8th September 2014
Revision:	Final

Purpose

The purpose of this Business Case is to record the initial stage of the procurement activity in relation to securing the provision of an Integrated Sexual Health Service.

Contents This Business Case contains the following topics:

1	Reasons
2	Options
3	Benefits Expected
4	Costs
5	Risks
6	Timescales
7	Investment Appraisal

1. Reasons

On 1st April 2013 the responsibility for public health services within the County of Dorset transferred from the NHS to the local authorities of Dorset County Council, Bournemouth Borough Council and the Borough of Poole as part of the changes in the Health and Social Care Act 2012. All authorities working together as Public Health Dorset with Dorset County Council being the host authority.



Forward together



As this responsibility is with local authorities all spend, contracts, etc., are subject to competitive tender in line with The Public Regulations 2006 and EU Regulations.

Dorset County Council, on behalf of Public Health Dorset, is considering seeking tenders for the provision of an integrated sexual health service to be delivered across the County of Dorset.

The specification is being developed in consultation with a range of parties. The service must however assist Public Health Dorset to measure three particular outcomes for sexual health, and work towards reducing:

- Chlamydia rates in young people aged 15-24
- Under 18 teenage conception rates
- Late diagnosis of HIV

Principles of equity, efficiency and effectiveness shall drive forward commissioning intentions to provide a needs-based service that is preventative, integrated and cost-effective.

The vision of Public Health Dorset is:

"We want to meet needs of our population through an accessible service that provided the right intervention, by the most appropriate professional at the right time and place".

3. Benefits Expected

To fully understand the potential benefits and if these can be realised under such a model, the Council intends to provide the opportunity for interested providers to discuss the proposed model of specification and in so doing discuss/encourage consortia working where providers may have different skills and experience. The Council therefore issue an EU Prior Information Notice (PIN) on 6 September 2014 [OJEU ref: 2014/S 171-303340] to invite interested providers to attend the following Supplier Engagement Events.

Date and Times

Title: Integrated Sexual Health Services [First Supplier Engagement]
Purpose: Discuss initial scope and aims
Date: Wednesday 15th October 2014
Time: 9.30am – 1.00pm

Title: Integrated Sexual Health Services [Second Supplier Engagement]
Purpose: Discuss draft final purpose and scope of tender
Date: Wednesday 21st January 2015
Time: 9.30am – 1.00pm



Forward together



Venue for Both Events

Lighthouse, Poole's Centre for the Arts, 21 Kingland Road, Poole, BH15 1UG

Prospectus

Public Health Dorset has developed an initial prospectus on the purpose and scope of this project to share with interested providers.

Communication

To manage this and future procurements Public Health Dorset has set up the following dedicated email address for all enquiries.

Email: PHTenders@dorsetcc.gov.uk

Dorset Procurement shall ensure clear lines of communication via this email address during the period between PIN and commencement of the formal procurement process.

4. Costs

The cost of each supplier event is dependant on number of employees supporting, travel cost, hours, number of hardcopy prospectus printed for the events and number of attendees. The fixed costs are however:

Hire of Conference Room - Supplier Event

@ £ 240.00 exc VAT

Refreshments for Potential Attendees - Supplier Event

@ £ tba

Supplier Prospectus [may vary subject to final approval/print]

Design @ £ 2,996.25 exc VAT

Print @ tba

Public Prospectus [may vary subject to final approval/print]

Design proposed cost @ £ 637.50 exc VAT

Print @ tba



Forward together



5. Risks

The purpose of supplier engagement is to inform the scope and also to consider potential risks / risk mitigation.

Initially the risks identified are in terms of the potential level of spend, ensuring EU compliance and reputational impact of not delivering the project satisfactorily.

6. Timescales

The following is an extract of the project timetable based on anticipated work known at this point in time:

PROJECT START		DA	01/04/2014	
1	Early Market Engagement / Research	PH Team	01/04/2014	17/10/2014
2	Business Case / Work Plan approval	DA	30/05/2014	27/08/2014
3	EQI, Risk, SIA etc	PH Team	12/05/2014	07/03/2015
3	Developing of Purpose and Scope	PH Team	12/05/2014	07/03/2015
5	Prior Information Notice - Draft approved	DA	04/09/2014	04/09/2014
6	Prior Information Notice - Submitted	DA	04/09/2014	05/09/2014
7	Prior Information Notice - Published	DA	06/09/2014	06/09/2014
8	PH Board / Cabinet Approval secured	SC	Nov 2014	Nov 2014
SUPPLIER ENGAGEMENT		Project Team	01/08/2014	
1	Book Venue for Events	PH Team	01/08/2014	01/08/2014
2	Produce Engagement Media - Presentations	PH Team	01/09/2014	30/09/2014
3	Team Meeting - Prep / Engagement Briefing	PH Team	01/10/2014	01/10/2014
4	<u>Supplier Event 1 : Wednesday 15th October 2014</u>	DA	15/10/2014	15/10/2014
5	Collate & Produce Summary Feedback	DA	16/10/2014	22/10/2014
6	Team Meeting - Review	PH Team	23/10/2014	23/10/2014
7	Amend / Feed into Scope Development	DA	24/10/2014	22/12/2014
8	Produce Engagement Media - Presentations	PH Team	01/12/2014	09/01/2015
9	<u>Supplier Event 2: Wednesday 21st January 2015</u>	DA	21/01/2015	21/01/2015
10	Collate & Produce Summary Feedback	DA	22/01/2015	22/01/2015
11	Team Meeting - Review	PH Team	23/01/2014	23/01/2014
12	Amend / Feed into Scope Development	DA	26/01/2015	24/02/2015
13	Review EQI, Risk, SIA etc - Finalise	PH Team	27/01/2015	24/02/2015
14	End of Scoping	DA	24/02/2015	24/02/2015
15	Finalise PID	DA	25/02/2015	25/02/2015
TENDER PREP		DA		
1	Agree final scope	PH Team	25/02/2015	25/02/2015
2	Terms and Conditions - Approved	DA	01/02/2015	21/02/2015
3	Plan Contracting Model / questions etc	DA / Team	27/01/2015	24/02/2015
4	Agree Contracting Model / questions etc	DA / Team	24/02/2015	24/02/2015
5	PID approved	DA / Team	25/02/2015	03/03/2015
6	Tender Evaluation Model - Submitted	DA	25/02/2015	25/02/2015
7	Tender Evaluation Model - Approved	DA	25/02/2015	03/03/2015
8	E-Tender Build - 3 weeks poss	DA	24/02/2015	16/03/2015
9	OJEU Contract Notice - Draft	DA	03/03/2015	03/03/2015



Forward together



10	OJEU Contract Notice - Draft Approved	DA	03/03/2015	04/03/2015
11	Implementation / Communication Plan - Scoped	PH Team	01/01/2015	01/03/2015
TENDER PROCESS		DA		
1	OJEU Contract Notice - Submitted (5 days max)	DA	23/03/2015	27/03/2015
2	OJEU Contract Notice - Published	DA	27/03/2015	27/03/2015
3	Tender Release	DA	27/03/2015	27/03/2015
4	Clarifications Closed - 7 Working Days	DA	24/04/2015	24/04/2015
6	Tender - Opening Date	DA	06/05/2015	06/05/2015
5	Tender - Return Period (Start / End)	DA	28/03/2015	06/05/2015
5	Company Accounts - Submit to Accountancy	DA	07/05/2015	17/05/2015
8	Tender - Evaluation Period (Start / End)	PH Team	07/05/2015	20/05/2015
9	Interview / Presentations	PH Team	25/05/2015	29/05/2015
10	Tender - Evaluation Concluded	PH Team	01/06/2015	01/06/2015
11	Tender Award Report - Approvals	DA	01/06/2015	05/06/2015
12	Successful Tenderers - Proposed Award Notified	DA	08/06/2015	08/06/2015
13	Unsuccessful Tenderers - Proposed Award Notified	DA	08/06/2015	08/06/2015
14	Standstill Period - 10 Calendar Days	DA	09/06/2015	18/06/2015
15	Formal Award - Tenderers Notified	DA	19/06/2015	19/06/2015
16	Successful Tenderers - Award Meeting	DA	01/07/2015	14/07/2015
17	Corporate Contracts Database - Insert Contract	DA	22/06/2015	22/06/2015
18	Contract / Framework - Legal Sign Off	DA	22/06/2015	21/07/2015
19	OJEU Award Notice - Submitted within 48 Calendar Days	DA	22/06/2015	22/06/2015
20	OJEU Award Notice - Published	DA	22/06/2015	26/06/2015
21	Implementation Period	PH Team	22/06/2015	30/09/2015
22	Communication Plan - Implemented	PH Team	22/06/2015	30/09/2015
23	Contract Start Date	DA	01/10/2015	01/10/2015
CONTRACT MANAGEMENT		DA		
1	Agree Roles and Responsibilities	DA / Team	15/07/2015	21/07/2015
2	Set Up Contract Review Meetings	DA / Team	15/07/2015	21/07/2015

7. Investment Appraisal

Indication Value Range

At this stage, based on past spend and activity, the indicative 12 month spend value ranges from £5,500,000 to £6,000,000

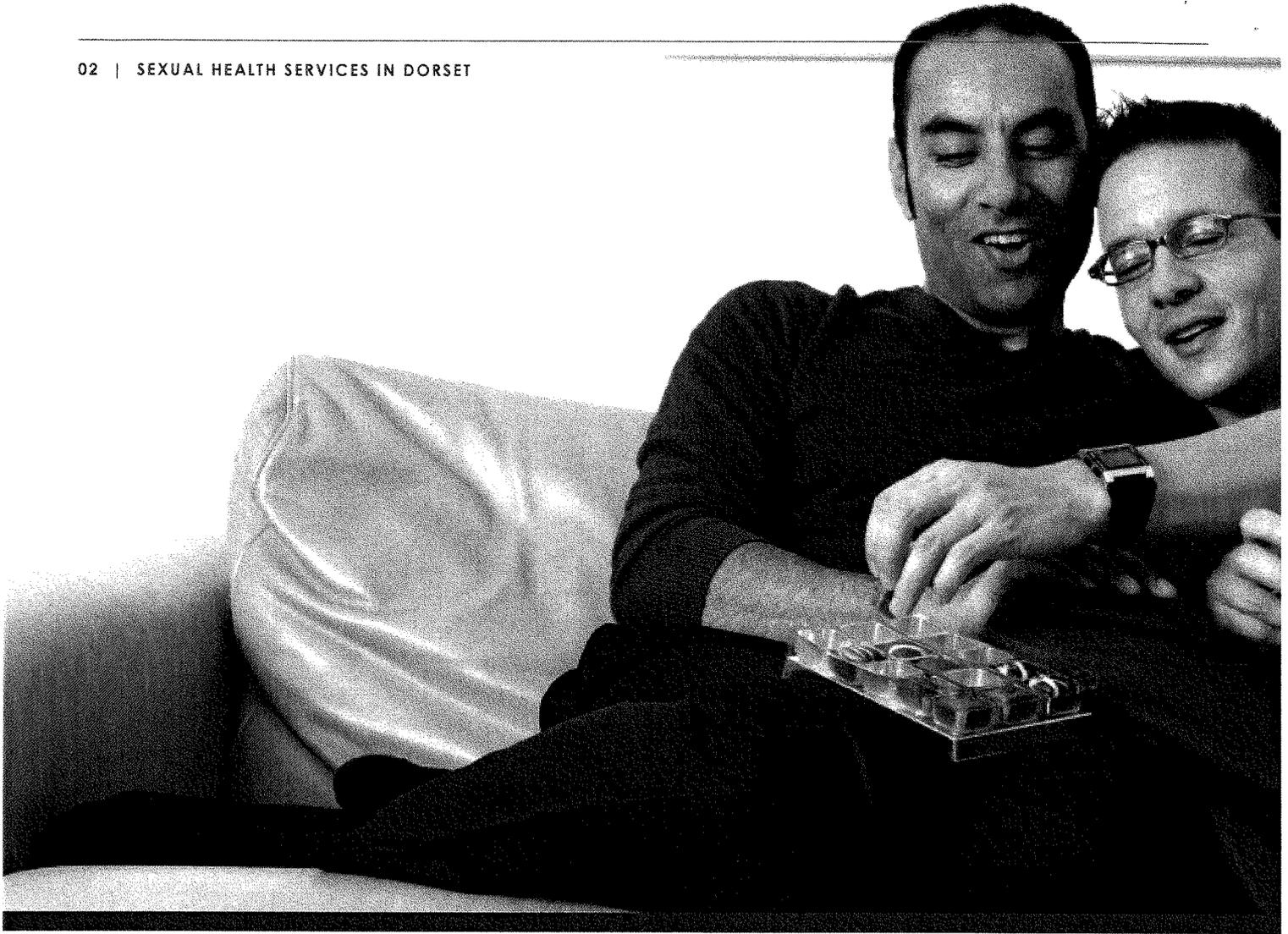
The aim of supplier engagement is to ensure that the scope is achievable before going to tender. This proposal is deemed to be prudent bearing in mind, a) the cost of a full procurement exercise; b) carrying out a procurement exercise that does not secure a satisfactory outcome / not fit for purpose; c) the high level of spend; and d) reputational risk of both Dorset County Council and Public Health Dorset as answerable to all three authorities.



Sexual health Services in Dorset

Developing an integrated service





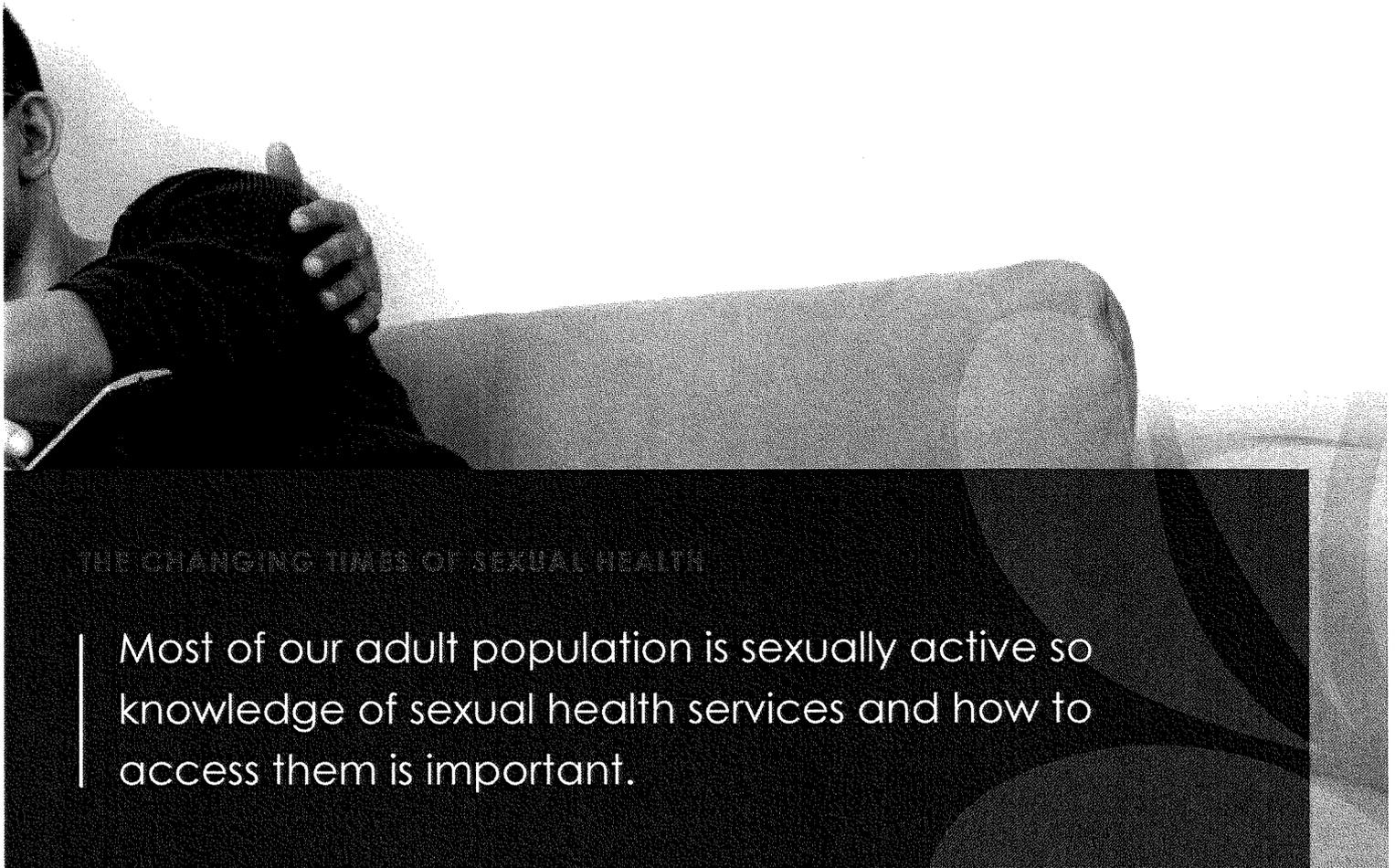
WHO IS PUBLIC HEALTH DORSET?

We are the public health service supporting Bournemouth Borough Council, Borough of Poole, and Dorset County Council, which transferred from the NHS on 1 April 2013 as part of the changes in the Health and Social Care Act 2012.

Councils now have a legal duty to improve the health and wellbeing of residents and to reduce differences in health outcomes between populations they serve.

Public Health Dorset commissions a range of public health services, including health improvement, the NHS Health Checks programme, sexual health services and drug and alcohol services in partnership with the councils.

We serve a diverse population of 750,000 covering rural and urban areas – some small areas of which are among the most deprived in the South West of England.



THE CHANGING TIMES OF SEXUAL HEALTH

Most of our adult population is sexually active so knowledge of sexual health services and how to access them is important.

This is particularly important for some of the more vulnerable groups where different social, cultural and behavioural pressures have a strong influence on sexual practice.

This brings with it a range of behaviour challenges for sexual health services to effectively meet the needs of a diverse population.

The behaviours of young people are changing, with sexual experiences often starting at a younger age, and often in concurrent relationships. Through the popularity of various social media platforms, sharing of explicit images, exposure to pornography, the risk of online bullying and sexual grooming of young people is a

growing concern. Young people are at risk of sexually transmitted infections (STIs), teenage pregnancy, and are vulnerable to abuse. They may also inappropriately use emergency contraception and abortion services after unsafe sexual practices due to a lack of awareness of what is available.

Men who have sex with men (MSM) often display risky sexual behaviours across all age groups. The use of smartphone apps tailored around seeking partners for casual sex is also a common trend and these practices result in high-volume sexual activity, therefore increasing risk of transmission and infection with STIs.

The profile of local sex workers is changing, with evidence of a more even split of men and women working in the sex trade. The workers 'off-street' tend to be more aware

of safer sexual practice than those working on the streets who exhibit more risky sexual practices. Men working in the sex trade often consider themselves to be escorts.

Awareness of STIs among older adults can be low with poor perception of risk and knowledge of transmission, especially for those coming out of long-term relationships. There may be a lack of understanding around consistent safer sexual practice and condom use. This is resulting in increasing numbers of STIs among this group.



OUTCOMES FOR DORSET

We need to understand not only how to manage existing activity more effectively, but also how to improve overall outcomes.

Public Health Dorset measures three outcomes for sexual health:

- chlamydia rates in young people aged 15-24
- under 18 teenage conception rates
- late diagnosis of HIV

The incidence of new STI cases in Dorset has remained relatively stable with about 6,000 cases a year. We have seen a slight increase since 2009. Almost half of that increase is in positive chlamydia rates with small rises in gonorrhoea and herpes.

However, late diagnosis HIV percentages in Dorset and Poole have also detected that just under half of those diagnosed are still diagnosed too late.

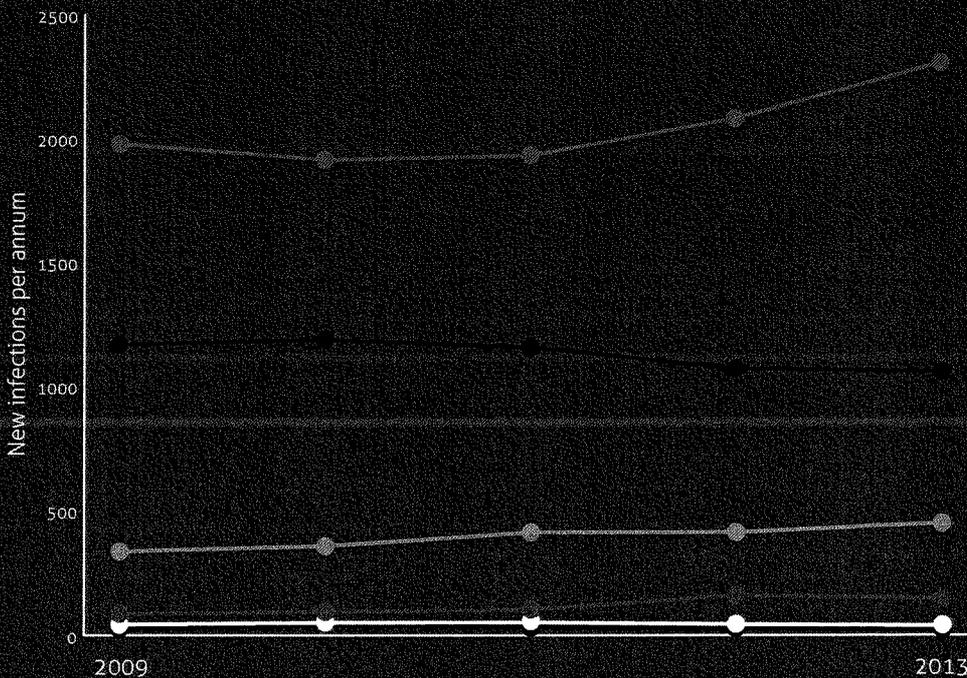
Teenage pregnancy rates have declined but there are areas of deprivation where numbers remain high, namely in Bournemouth, Poole, Weymouth and Portland.

Teenage pregnancy 2009 - 2011

- Significantly higher
- Not significant
- Significantly lower
- Supressed

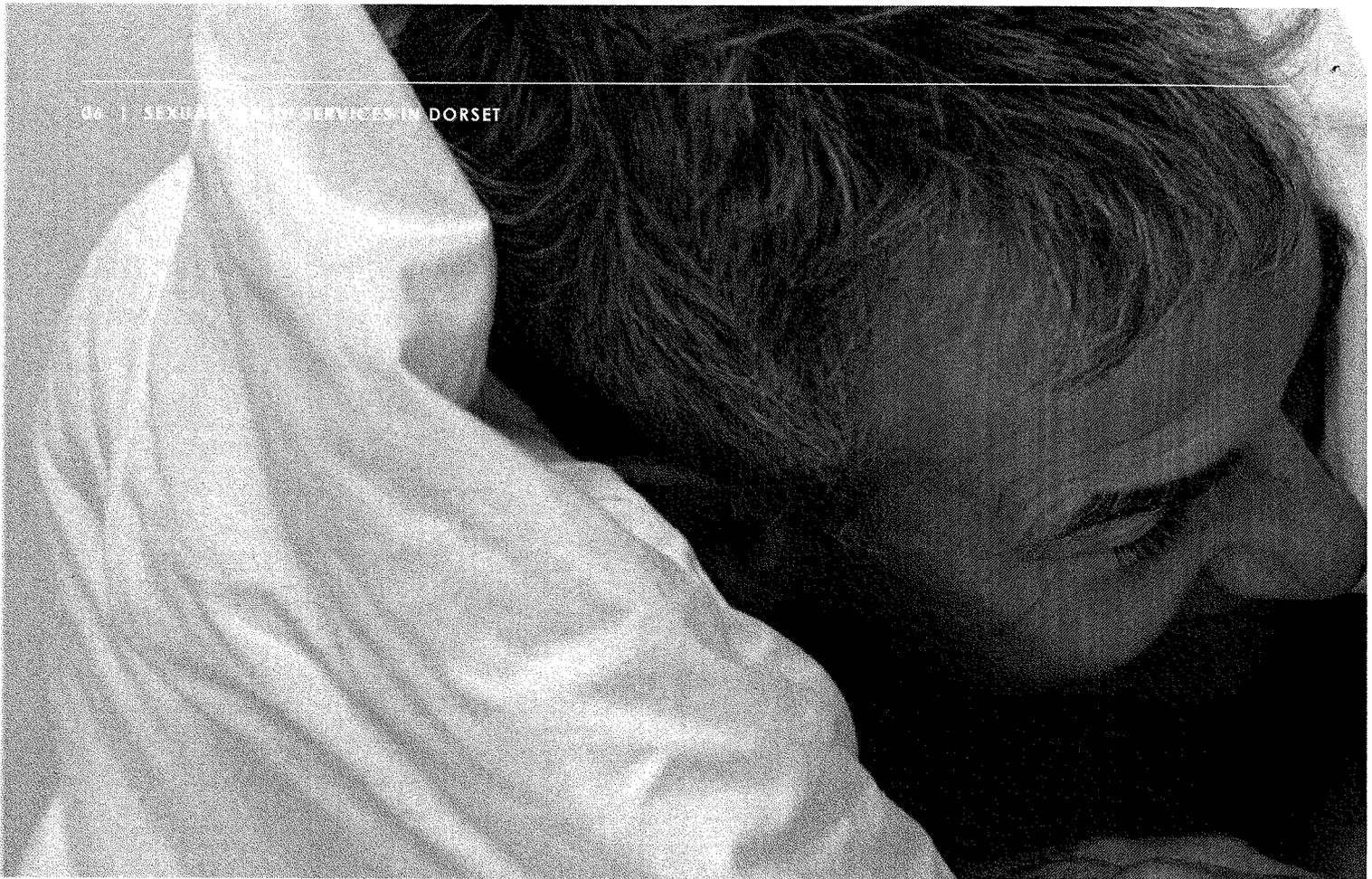


Top 20 most deprived wards in Dorset



Diagnosis of STIs in Dorset

- Chlamydia
- Warts
- Herpes
- Gonorrhoea
- HIV
- Syphilis



WHAT DO WE WANT TO ACHIEVE?

We want to meet needs of local people through a service that provides the right intervention, by the most appropriate professional, at the right time and place.

Our principles of equity, efficiency and effectiveness drive forward our commissioning intentions to provide needs-based service that is:

Cost-effective, integrated and puts prevention at the heart of what we do.

A COST-EFFECTIVE SERVICE

Much of the current spending occurs in level three, where many people attending are asymptomatic and use services for follow-up checks. We know it makes sense to provide more cost-effective, evidence-based interventions. We will:

- create simple and easy access points across sexual health services
- ensure service users can access the appropriate level service based on their need
- deliver user-focused digital and web presence to help people find the right information, service and online testing.

AN INTEGRATED SERVICE

In many cases, sexual health services work well and to recognised standards.

We want to embed prevention at the heart of a quality service model across Dorset. Integration will bring together a service that provides access in one place where the majority of contraception and sexual health (CASH) service needs can be met. We will:

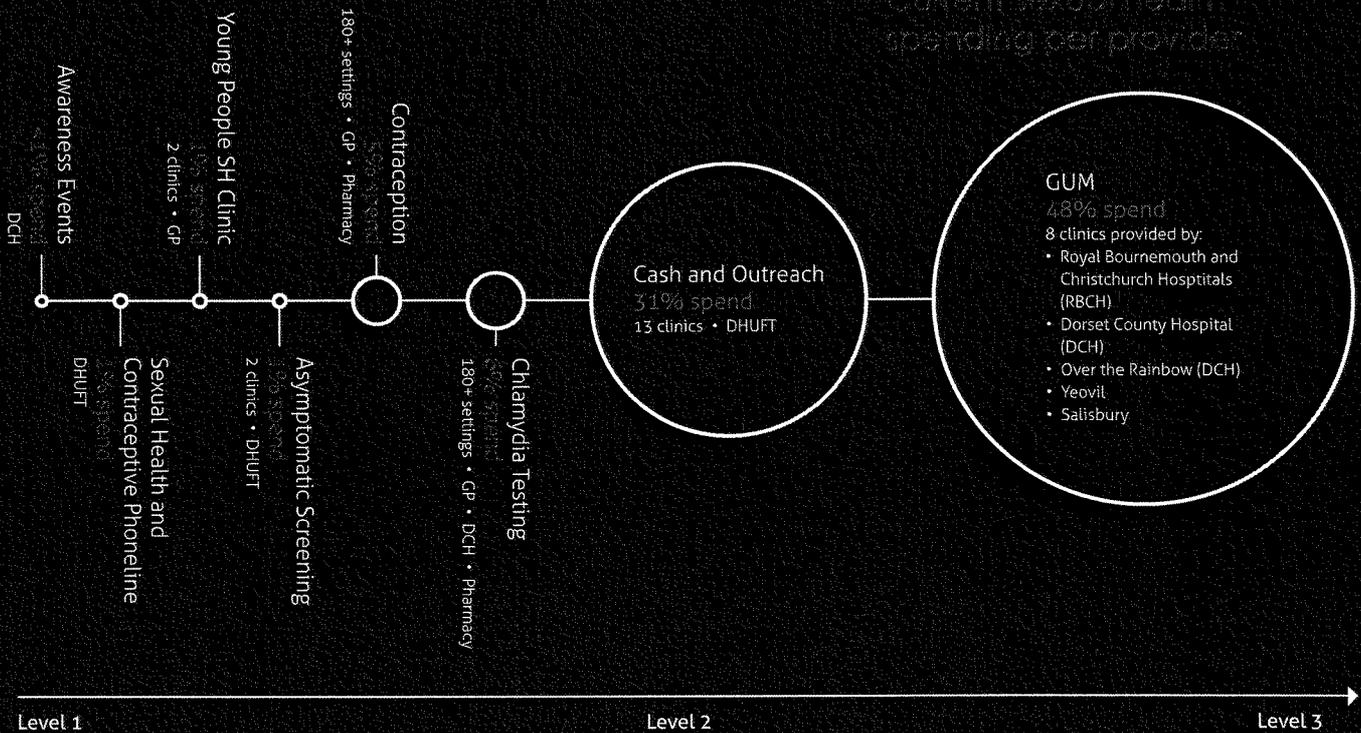
- achieve integration for CASH, GUM clinics including full engagement with GPs and pharmacies
- bring together all the prevention, early intervention, treatment service delivery and signposting elements that we commission
- improve data collection and data sharing between providers
- create a managed system across services for appropriate triage, referral and follow up services.

PUTTING PREVENTION AT THE HEART OF EVERYTHING WE DO

Behaviours and attitudes towards sex and sexual health are changing. As a result of this, principles of prevention and behaviour change theory need to be fully integrated within our services. We will achieve:

- improved behaviour change strategies across services, to strengthen people's awareness and confidence to prevent STIs and unwanted pregnancies
- sexual health assessments which develop both quality opportunistic and structured risk assessment processes
- an effective multi-risk brief intervention and education model that reflects new challenges in promoting safer sex
- effective marketing to make sure sexual health messages are targeted and effective.

Current sexual health spending per provider



WHY WE NEED CHANGE

Change is required to make our systems more effective. Currently, more than a quarter of attendees to sexual health services go to higher-cost services that can be delivered at lower-cost elsewhere. These people may be more appropriately supported with a different level of service as often no treatment is required. Follow up rates also vary: the majority are often one off but a large number also return, some frequently.

We need to understand the needs of people in Dorset and develop appropriate models and pathways across services.

WORKING TOGETHER TO ACHIEVE OUR GOALS

We recognise that engaging stakeholders and working in collaboration to commission sexual health services is important.

- Management and appropriate triage across level two and three services.
- simplified management of contracts for a range of outcomes with different providers.
- both equitable and easy-access services as well as effective targeting of high-risk groups. Services need to be in the right locations to meet the needs of the people in Dorset.
- development of online STI testing and information services for sexual health to update ourselves through changing times and practice;
- development of models to embed education, behaviour change and multi-risk prevention strategies to the core and ethos of our services.

STAGES OF CHANGE

The table below shows an example of the direction of travel to ensure development of the service over a three to five year contract period. It is vital to ensure seamless continuity of care for patients and therefore a staged approach to implementation is required with contract break clause points to allow flexibility and change. Some services are well-established and some areas will need more development than others.

STAGE 1	STAGE 2	STAGE 3
To establish the integrated model approach and management process	To develop, pilot and evaluate an education and marketing model to suit changing needs	Review changes and future contract requirements with partners
To progress and pilot the improved points of access to all providers and market	Extend and embed access provision and market with web presence	Fully established and well recognised access systems and web presence provision across Dorset
To develop an accurate and clinically appropriate model for implementing online STI/HIV testing	Establish online testing STI/HIV provision and monitor outcomes	Sophisticated and well recognised online offer in place
To position services based on need and target or signpost where required	Develop behaviour change /multi-risk offer for sexual health	To progress links with Public Health Dorset health improvement programme
To integrate level 2 provision in the community. Develop a level 3 model	Monitor outcomes for asymptomatic testing and embed level three model	Comprehensive managed referral system to meet demand appropriately
To progress a model for data sharing protocols	Shared data systems, and outcome measures in place	Established systems in place
To progress development of education models for young people and sexual health workforce development	Established education models and training pathways	Whole system in place for education provision/ training and staff competency development

FINDING OUT MORE

We are holding a development marketing day on 15 October 2014 in Poole.

We would like to hear your thoughts on how we can achieve this vision. The day will provide a forum to pose questions to commissioners and providers and explore elements within each of our intentions: what can be achieved, timescales and how best it can be developed.

Following that, a second supplier day on 21 January 2015 will be more focused on the specification, proposed contractual arrangements including more detailed expectations on activity, expected outcomes and payment.

We would like to hear your thoughts and hope you can attend the first event.

For more information, to register interest and confirm your attendance please email: PHTenders@dorsetcc.gov.uk

