

# **Joint Public Health Board**

## **5 November 2020**

### **Sexual health services update including COVID-19 response**

#### **For Recommendation to Council**

**Portfolio Holder:** Cllr L Miller, Adult Social Care and Health, Dorset Council  
Cllr N Greene, Covid Resilience, Schools and Skills,  
Christchurch and Poole (BCP) Council

**Local Councillor(s):** All

**Executive Director:** Sam Crowe, Director of Public Health

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**Report Status:** Public

#### **Recommendations:**

- To note successful joint procurement award to Dorset Healthcare NHS Foundation Trust and subsequent service mobilisation progress
- To note additional COVID measures and phased recovery planning

**Reason for Recommendation:** To update on progress and delivery during COVID-19.

#### **1. Executive Summary**

- 1.1 During 2020 Dorset Healthcare NHS Foundation Trust was successfully awarded the contract to provide Sexual Health and HIV services, following a collaborative joint procurement exercise undertaken between Public Health Dorset and NHS England.
- 1.2 The new community-based pan Dorset service commenced on 1st October 2020. The new service has simplified fragmented delivery arrangements

and has brought together a range of services to work together in an integrated model. This new service model, developed over the past two years, is more equitable, much more straightforward, efficient, effective and over time has made the required cost savings in line with the national savings made to the Public Health Grant.

- 1.3 This procurement presented an opportunity to improve service delivery, providing the right level of service, by the most appropriate professional (complex and routine care) at the right time and place. Designing a responsive community-based clinical service, where people would be seen efficiently for testing or treatment, but with an added focus on prevention, education, self-care and innovative digital solutions to improve virtual access and meet changing population need.
- 1.4 The new pan Dorset service has mobilised effectively and relatively smoothly, and risks and challenges largely worked through, with additional measures put in place because of COVID-19. In order to comply with guidance, the service is working differently, including using digital service offers, virtual clinics and community pick up points to keep essential services running.
- 1.5 Services have stayed open for emergencies. As recovery begins the service is working to risk assess and reopen the satellite clinics that closed during lockdown. The recovery will be a phased approach due to capacity and change in practice due to COVID-19.

## **2. Financial Implications**

None

## **3. Climate implications**

No direct implications.

## **4. Other Implications**

N/A

## **5. Risk Assessment**

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

## **6. Equalities Impact Assessment**

An Equalities Impact Assessment is not considered necessary for this agreement.

**7. Appendices**

None

**8. Background Papers**

None

**1. Background**

- 1.1 Sexual health services are one of the five programmes that Councils are mandated to provide under the 2012 Health and Social Care Act. In Dorset they include:
  - 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.
- 1.2 The service is commissioned on a pan-Dorset basis, from the pooled budget provided to Public Health Dorset from the Public Health Grant. Other sexual health services are commissioned by different organisations – Dorset Clinical Commissioning Group (CCG) and NHS England (NHSE).
- 1.3 The vision for sexual health services locally was to develop a single integrated service, with a single service model on a pan-Dorset basis. Traditionally, sexual health services were fragmented, with genito-urinary medicine (GUM) and community services running separately with little integration. HIV services, which were managed by the same GUM department, were separate and commissioned by NHSE. There were also inequities in provision between East and West Dorset. Service integration would ensure that the system was as straightforward as possible with effective joint working between services.
- 1.4 Public Health Dorset and NHS England worked together under a collaborative procurement agreement, with Dorset Council providing legal and procurement oversight, to procure and award an integrated sexual health and HIV service to Dorset Health Care. The new integrated model started as a new pan Dorset service on 1st October 2020.

- 1.5 Public Health Dorset wanted to improve how the service met population need, providing the right level of service, by the most appropriate professional at the right time and place. The procurement process enabled the opportunity to develop a new community-based model for the sexual health and HIV service to provide:
- A successful lead provider model, with integrated delivery of levels 1,2,3 services (called Contraception and sexual health (CASH) and Genitourinary Medicine (GUM))
  - A model which embeds education, behaviour change and multi-risk prevention strategies to the core and ethos of sexual health services.
  - Innovative digital solutions including a single phone line, website, online STI testing and services to improve access, information and self-care
  - A more outcomes focused service, which is equitable and easy to access with effective targeting of higher-risk groups.
  - Responsive services that are in the right locations to meet the needs of the people in Dorset.
- 1.6 Historically, the sexual health services were paid for through a cost and volume contract with a fixed tariff. Activity (and cost) varied each month. In order to manage any financial risk associated with cost and volume contracts, one of the initial changes was that Public Health Dorset switched the tariff to a fixed block annual sum. Since 2015/16 the service providers have worked in collaboration to achieve the required service efficiencies and have managed to provide services within a reducing annual budget. In total, the contract values have reduced by around 20 per cent to achieve the reduction in the National Public Health Grant allocation. The agreed contract envelope has reduced from £6M in 17/18 to £5.6M in 19/20 and a further reduction to £4.8M in 2020/21. The new sexual Health Dorset service continues with these reductions in contract value in place.

## **2. Service Mobilisation Update**

- 2.1 The mobilisation of the new service has gone smoothly. Robust contract management arrangements are in place (including agreed joint working processes with our co-commissioner NHSE/I). The provider has handled the dual challenge of responding to COVID-19 under the previous contract and mobilising the new one well. Overall, the mobilisation plan has remained on track, with some tasks being accelerated and others slightly delayed due to the pandemic. Some highlights include:
- **Staff engagement and TUPE:** the process of forming a single team under one provider is complete and was accompanied by a change management programme to keep people informed and successfully overcoming some significant risks around potential disengagement.
  - **Premises move:** the move of the service in the east from the hospital (RBCH) to the Boscombe and Springbourne hub was successfully completed, and the new location is now open.
  - **Online provision:** the implementation of online testing and contraception provision was rapidly accelerated due to the closing of face-to-face services during lockdown. This offer became fully operational well before the new contract go-live date. Dorset Healthcare is satisfied with SH:24 as their sub-contracted provider of the online service.
  - **Patient record systems:** as scheduled, the whole service is now using electronic patient record systems where previously multiple systems were in use under different Trusts.
  - **Pharmacy:** subcontracts are in place for drug supply and the appropriate connections have been made to support the governance of HIV pharmacy provision.
- 2.2 Some of the challenges with mobilisation include the test results element of the service with a delay in labs being able to complete the work (due to COVID pressures). The provider has contingency plans in place for recording test results and is exploring the options. An additional challenge for both commissioner and provider is the recent national mandate for routine commissioning of Pre-Exposure Prophylaxis (PrEP) for HIV to be the responsibility of Councils; a pan-Dorset roll out is planned by Public Health Dorset and PHE/NHSE are keen to support.

### **3. Changes Due to COVID-19 Response**

- 3.1 During COVID-19 sexual health services coordinated a plan to support alternative ways of working e.g. digital/virtual access and maintenance of essential services for high risk /vulnerable individuals. The service closed the satellite clinics and kept the two hubs open in the East and the West. This was because staff had been redeployed, therefore capacity had been reduced, also to manage and reduce possible infection and to ensure the main centres were COVID secure and open for emergencies only. Virtual consultations were undertaken, and emergency procedures were undertaken face to face. Pick up points were offered for people requiring oral contraception; routine implants and coils were stopped during lockdown, with other forms of contraception offered in their place. Online STI testing was rapidly mobilised to ensure continued access.
- 3.2 Currently the service has successfully caught up on any backlog. Some of the service changes made during COVID-19 have been beneficial and therefore remained. These include online STI testing, telephone consultations and the contraception pick-up service. These measures have meant that people are getting booked in directly following the consultation to see the right professional for their procedure. So, although telephone consultations take time, it has resulted in efficient use of staff and has reduced non-attendance (DNAs).
- 3.3 As the services enter recovery the team are working to step up clinics within COVID-19 secure parameters and have opened an additional clinic in Poole. The other clinics are being risk assessed, and their return will be a phased approach as measures continue to impact on capacity and therefore activity levels.

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