



JOINT PUBLIC HEALTH BOARD

Developing commissioning options for sexual health services in Dorset

Date of Meeting: 15 July 2019

Lead Member: Councillor Laura Miller, Lead Member for Adult Social Care and Health, Dorset Council, Councillor Lesley Dedman, Lead Member for Adult Social Care and Health, BCP Council

Lead Officer: Sophia Callaghan

Executive Summary:

Sexual health services in Dorset are currently provided by a consortium of NHS providers. The two-year contract is due to expire in April 2020, and the service requires re-tendering under full, open competition in order to comply with Public Contract Regulations. This paper summarises local consultation on a preferred model and approach, reports on service transformation conducted to date, and recommends a preferred commissioning option.

Equalities Impact Assessment:

An EqIA will be taken to the relevant panel in July 2019, dependent on the outcome from the Board.

Budget:

The contract value of services being procured is £4.8m per annum.

Risk Assessment:

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

Current Risk: MEDIUM

Residual Risk MEDIUM

Other Implications:

The delivery of this service has potential impacts on a number of other health and social care services. Sexual health services have a key role in safeguarding both children and vulnerable adults. These links are discussed in sections of the paper covering consultation and priority groups.

Recommendation:

- (i) Support the sexual health services recommended option
- (ii) Approve the development of a procurement process and to proceed with an invitation to tender for a new contract
- (iii) Delegate authority to the Director of Public Health, in consultation with the Portfolio Holder, to award a contract to an appropriate provider on the best terms achievable and within the budget.

Reason for Recommendation:

The preferred option allows continued service development, aiming for full integration of the services current commissioned by Public Health Dorset on behalf of Councils. It also allows for integration with NHS England commissioned sexual health services at a future break point in the proposed contract.

Appendices:

Appendix 1: Sexual health services responsibility by commissioner
Appendix 2: Current sexual health service model
Appendix 3: Indicative procurement timetable

Background Papers:

JPHB February 2019: Public Health Dorset Business Plan 2018/19 – monitoring delivery
JPHB June 2017: Public Health Dorset Business Plan Developments
JPHB February 2015: Progress report on the procurement of integrated sexual health service

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1. Background

- 1.1 Sexual health services are one of the five programmes that local authorities 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 (see Appendix 1). The vision for local authority commissioned sexual health services has been to develop a single integrated service with the same pan-Dorset footprint. This approach seeks to ensure the system is as straightforward as possible and improves joint working between services.
- 1.3 In 2015 Public Health Dorset began a full, open tender procedure for a new, integrated sexual health service. At that time, services were fragmented, with genito-urinary medicine and community services not well integrated. There were also inequities in provision between East and West Dorset. During the tender period, national reductions to public health funding were announced. The contract value of the service was reduced to stay within budget, and the tender process was terminated following legal challenge by one of the bidders.
- 1.4 Public Health Dorset then explored alternative ways to develop services and improve integration without public procurement, including transfer of commissioning responsibility under Section 75 of the 2006 National Health Service Act. This would enable the CCG to act as a single commissioner of sexual health services and potentially integrate the service. However, Dorset CCG was unable to support the proposal at the time.
- 1.5 The Monitoring Officer advised in 2017 that the risk of continuing to commission the service from the current providers without tender was unsustainable. However, the providers were starting to work together and

integrate services. A formal lead provider agreement was agreed in 2018. The Joint Public Health Board agreed to support this approach and Dorset County Council issued a formal Voluntary Ex Ante Notice (VEAT) and directly awarded the contract to Dorset Healthcare as the lead provider for two years (until April 2020).

- 1.6 During this lead provider contract, service providers have achieved the required service efficiencies, and since 2015/16 collectively have managed to provide services within a contract that has progressively reduced in value – by around 20 per cent to achieve the reduction in the Public Health Grant allocation.
- 1.7 There is now less than one year left on the current core contract. Following the award of the negotiated contract, there has been interest from other providers, and legal and procurement advice from Dorset Council is therefore that the service must be procured following a competitive tendering process. The new service following tender would need to begin in April 2020, as this is the point at which the current contract expires.
- 1.1 Additional services (long-acting reversible contraception and emergency hormonal contraception) have been re-tendered using an ‘any qualified provider’ model as part of a broader suite of community health improvement services (CHIS), going live in April 2019, and are outside of the scope of this project.

2 Service transformation under current contract

- 2.1 When Public Health Dorset took on commissioning responsibility for sexual health services, different providers were contracted to run separate services across Dorset, Bournemouth and Poole. Many attendees would visit specialist hospital services for a check-up, which was a high-cost way to access provision that could be delivered in the community. People attending services with uncomplicated requirements could be more appropriately supported – and potentially more quickly – with a different level of service as often no treatment or follow up was required (see Appendix 1 for an outline of different service levels).
- 2.2 Under the current lead provider contract, the following service changes are taking place:
 - Simplified contract management to deliver more outcomes focused services, ensuring these are equitable and easy to access with effective targeting of higher-risk groups;

- Integration of delivery of contraception and sexual health (CASH) and Genitourinary Medicine (GUM) services at levels 1-3;
- Improving systems to manage and triage demand effectively across level 2 and 3 services, ensuring services are in the right locations to meet the needs of the people in Dorset;
- Developing innovative digital solutions including a single phone line, website, online STI testing development and services to improve information and self-care for sexual health;
- Embed prevention strategies at the heart of the ethos of sexual health services;
- Improve access to community contraception services, through the use of the Any Qualified Provider (AQP) framework led and commissioned by Public Health Dorset.

2.3 Significant progress has been made towards achieving these service development objectives.

3 Consultation

3.1 To better understand the options for designing and commissioning services, Public Health Dorset has planned four elements of research and scoping. This includes understanding how other areas are configuring services and specifications, local stakeholder feedback, service user feedback, and market feedback. A full description of feedback from the consultation and research is included in Appendix D. This feedback has been used to develop the following proposal for how Public Health Dorset intends to commission services.

4 Proposal for commissioning services from April 2020

4.1 Following legal and procurement advice from Dorset Council there is only one viable option for tendering the service – a full, open public procurement, timed to ensure the new service starts from April 2020. Extending the current contract arrangement is not an option, due to the relatively high risk of legal challenge over non-compliance with Public Contract Regulations.

4.2 Initial consultation suggests that partners would welcome deeper integration with CCG-commissioned services (and potentially those commissioned by NHS England). However, providers and commissioners are not currently aligned to enable this to be agreed and put in place by April 2020. Contracts held by Dorset CCG and NHS England do not all have the same end dates as those held by Public Health Dorset, meaning that new arrangements for all relevant services could not all start at this point. These contracts are often linked with other clinical specialties and it would require further work to define where collaboration is likely to be most effective and efficient.

- 4.3 The current contractual arrangement has allowed considerable work to be undertaken to improve sexual health services and deepen integration of contraceptive and sexual health services and genito-urinary medicine services at levels 1, 2 and 3. This work can continue without the need to integrate further with other commissioned services.
- 4.4 The principle of wider integration remains an aspiration of the Public Health Dorset commissioning team, although it would not be achievable in the tender timescales by April 2020. Therefore, we are proposing a break point in the contract to be tendered at 2 years (2022) to allow for further integration with NHS England and Dorset CCG services to be considered.
- 4.5 Some sexual health services are currently delivered by community providers through the Any Qualified Provider model, including provision of emergency hormonal contraception and long-acting reversible contraception services. There may be opportunities to integrate these elements into a wider sexual health service, in future. However, the current recommendation is that these services are excluded from the current procurement of sexual health services as these contracts only commenced on 01 April 2019. Public Health Dorset will continue to review them to ensure they are effective, efficient and accessible services.
- 4.6 Public Health Dorset recommends that the following preferred procurement option is supported:
- a full, open, competitive tender for an integrated contraceptive and sexual health and genitourinary medicine service, covering levels 1, 2 and 3, with a pan-Dorset footprint. The length of contract would be 6 years in total, with break points for review and refinement at 2 and 4 years.
- 4.7 The current budget envelope for core sexual health services is £4.8M. No change is proposed to this overall envelope.
- 4.8 This option does not rule out either tailoring services to specific needs or opportunities in different localities, as it is possible that the service could be configured flexibly in urban and rural areas. Based on the consultation, priority groups and issues have been identified as detailed in Appendix 4, and these will be highlighted within the service specification and evaluation questions.
- 4.9 This approach does not preclude the development of a joint commissioning approach with the CCG and NHSE in the future. In fact, the development of this model, particularly given the proposal of a two-year break point,

specifically allows Public Health Dorset to continue to work with these organisations to develop a long-term integrated approach.

4.10 This break point also offers the opportunity to develop the service as two or more separate contracts should the new unitary authorities so wish, once commissioning roles and responsibilities are clarified. This option therefore future-proofs the arrangement.

4.11 The overall possible length of the arrangement – six years – is in line with other examples of sexual health commissioning seen across the country, as noted in the consultation and research findings (Appendix 4).

5 Next Steps

5.1

5.2 In order to comply with procurement regulations and ensure that services are operational on 01 April 2020, the following steps are required:

June – September 2019: Consultation with stakeholders

July – September 2019: Preparation of tender documentation and processes

October – Nov 2019: Competitive tender open

November 2019: Evaluate bids

December 2019: Formal award of contract

January – March 2020: Service Mobilisation

April 2020: New contract starts

A more detailed timetable is included as Appendix 3.

6. Recommendations

6.1 The Joint Public Health Board is asked to:

- Support the sexual health services recommended option
- Approve the development of a procurement process and to proceed with an invitation to tender for a new contract
- Delegate authority to the Director of Public Health, in consultation with the Portfolio Holder, to award a contract to an appropriate provider on the best terms achievable and within the budget.

Sophia Callaghan
Assistant Director Public Health Dorset
July 2019

Appendix 1:

Sexual health services responsibility by commissioner

Public Health Dorset	Dorset CCG	NHS England
<ul style="list-style-type: none"> • Contraception and all prescribing costs (excluding contraception provided as an additional service under the GP contract) • STI testing and treatment and HIV testing including partner notification • Sexual health advice, guidance and information including advice on unplanned pregnancy • Sexual health aspects of psychosexual counselling • Sexual health specialist services including young people's services, teenage pregnancy, outreach, HIV prevention and sexual health promotion, services in schools, colleges and pharmacies 	<ul style="list-style-type: none"> • Termination of pregnancy services • Sterilisation • Vasectomy • Non-sexual health elements of psychosexual health services • Gynaecology including; any use of contraception for non-contraception purposes 	<ul style="list-style-type: none"> • Contraception provided as an additional service under a GP contract • HIV treatment and care (including drug costs for post-exposure prophylaxis after sexual exposure) • Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs • Sexual health elements of prison health services • Sexual Assault Referral Centres (SARC) • Cervical screening • Specialist foetal medicine services

The mandated sexual health services that Public Health Dorset commission are delivered on 3 levels.

Core Offer Level 1

Sexual risk assessment, emergency contraception, HIV post-exposure, signposting to appropriate sexual health services, Chlamydia screening, Asymptomatic STI screening and assessment of asymptomatic attendances, Partner notification of STIs, Sexual health education and promotion, Psychosexual referral.

Core Offer Level 2 (incorporates above plus)

All Contraception services, STI testing and treatment of symptomatic but uncomplicated infections

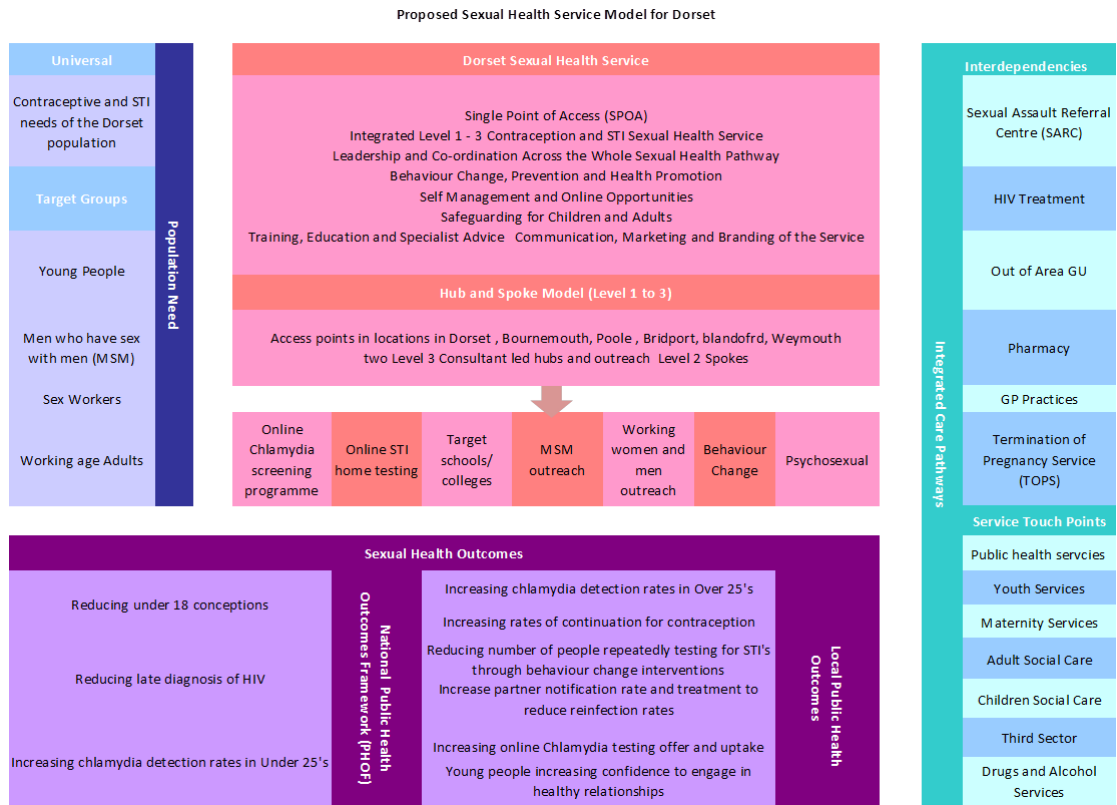
Complex Level 3 (incorporates above plus)

STI testing and treatment of more complex cases including MSM, men with dysuria and genital discharge, extra-genital sites, STIs with complications, with or without symptoms

STIs in pregnant women, recurrent conditions, management of syphilis and blood borne viruses, Tropical STIs, Specialist HIV treatment and care

Appendix 2:

Current Sexual Health Service Model



Appendix 3:

Indicative Procurement Timetable

Stakeholder Engagement	
Identify list of stakeholders and conduct a stakeholder analysis	04/06/2019
Liaise with stakeholders re draft specification (e.g. check we have reflected consultation feedback in draft)	13/09/2019
Service user/family engagement	13/09/2019
Complete and gain approval for EqIA	28/06/2019
Service Model	
Research other areas service model	21/06/2019
Write Service Specification and any annex/supplementary information	30/09/2019
Business Intelligence	
Review current sexual health service data	12/07/2019
Develop service outcome/KPI measures	29/07/2019
Establish reporting requirements and schedule with PHD business intelligence service	23/08/2019
Identify requirements and develop process and links with the service and data warehouse/tableau	23/08/2019
Tender Evaluation	
Agree evaluation approach - quality weighted	30/09/2019
Write Tender Evaluation Model - sign off by procurement lead	30/09/2019
Write tender evaluation questions - Qualification (pass/fail) questions (e.g. financial requirements, insurances, references, safeguarding, GDPR, infection control etc)	30/09/2019
Write tender evaluation questions - Award questions (about 5 broad questions)	30/09/2019
Write procurement documents and upload on e-procurement system	30/09/2019
Write pricing schedule	30/09/2019
Identify evaluators and any panel (s)	07/10/2019
Plan for scoring and/or interviews	07/10/2019
Procurement Process	
EQIA to be completed and reviewed by DC E&Q Group	12/07/2019
Advertise tender opportunity (OJEU notice)	04/10/2019
Tender period	04/10/2019 - 18/11/2019
Evaluation period	18/11/2019 - 29/11/2019
Notification to applicants	06/12/2019
10 day standstill	06/12/2019 - 16/12/2019
Formal award	17/12/2019
OJEU award notice	17/01/2019

Appendix 4: consultation and research findings

Appendix D: Summary of consultation and research findings to inform recommended approach to commissioning sexual health services in Dorset

A. How other areas configure services

To better understand models and approaches in other areas as part of the Public Health Dorset procurement process searches were carried out for open and closed procurements for integrated sexual health services using the Tenders Electronic Daily (TED) system. In total 16 procurements were reviewed, and 13 areas were contacted via email to request any relevant service and procurement documentation.

Responses and information were received from 9 areas across England, which showed variations in procurement approaches with 4 areas opting to procure using lots. Several services were commissioned with a contract lifespan of 5+ years with contract values reflective of the duration. Commissioners from these other areas have offered their time for further discussion should if required as part of the development of the service design process.

As an example, the South East have a collaborative arrangement with all 7 CCGs with a single specification for Hampshire, Southampton and Portsmouth. The service has been split into lots for C&SH and GUM, Psychosexual services, network and leadership (including governance and primary care support for Long-Acting Reversible Contraception) and sexual health promotion. The contract is 5 years with the option for an extension of 2 years. A spending cap was put in place for Emergency Hormonal Contraception to make it available free of charge only to those aged under 25 years.

Further examples include; Cornwall Council, which tendered three separate lots for (i) open access all ages, (ii) young person's sexual health service (universal and targeted) and (iii) HIV prevention services. Derbyshire County Council have a lead provider model working with multiple organisations including the acute sector, general practice, pharmacy and voluntary sector. East Riding of Yorkshire have commissioned an integrated service in partnership with their CCG. Other commissioning took place as a single service with a lead provider model.

The review of the service specifications has been particularly useful in informing the development of the Public Health Dorset specification in terms of best practice around content and level of detail. General themes from this review process have been collated and, overall, the various service designs for integration are similar to the Public Health Dorset emerging model and the core features of an integrated sexual health service. In addition, other areas have specified how the provider will work with GPs and pharmacies, details of non-mandatory training, data and maps for areas and populations of need and sub-contracting and cross-charging information.

The defined service outcomes from other areas have also been reviewed against the existing Public Health Dorset outcomes through a mapping process to identify any areas of development for local outcomes and any gaps. This information will be taken to the planned internal data workshops for further discussion.

B. Stakeholder feedback

Initial consultation has taken place with key stakeholders across the local authorities and health services, to identify key views regarding service design, priority elements of the service and target groups of potential service users. Participants include

- primary care
- community pharmacies
- local authority adult commissioners
- local authority children's commissioners
- community safety professionals
- substance misuse commissioners and providers
- housing support commissioners and providers

Key principles that have emerged from these discussions include:

- Ensure there a single point of contact / information (e.g. Sexual Health Dorset website)
- Ensure service is holistic and preventative (i.e. not only focused on providing treatment but looking at individuals' wider health needs and conducting preventive work that covers broader life skills)
- Ensure staff and service design are 'intelligence led' – aware of the latest practices in the population and the latest ways to support people
- Avoid duplication with other services (e.g. primary care, 0-19 nursing)
- Focus on those who are less likely to access 'mainstream' services (e.g. primary care)
- Tailor level and type of support to individuals' needs
- Ensure equity of access (e.g. for people living in rural areas)
- Ensure services offer trauma informed care
- Ensure services share information to understand and act on potential risks (e.g. risk of exploitation, risk of domestic abuse)

Specific target groups identified included:

- Young people (including students)
- People with special education needs (SEND) and learning disabilities
- Children in Care and Care Leavers
- Young people excluded from school / education
- People with mental health needs
- People who use drugs, in particular in combination with risky sexual behaviour

- Sex workers
- Men who have sex with men (MSM)
- Older people entering into dating and new relationships

Several elements of service design were identified as being critical:

- Identify risk and support / refer people appropriately
- Ensure services are at accessible times and places for target groups (e.g. evening openings, pharmacies, community centres)
- Face-to-face services must be central (note that online testing may suit low-risk, older individuals better than younger people)
- Improve digital offer, not only for potential service users but also parents and teachers
- Ensure there is recognition of the risks associated with social media
- Build skills and capacity for schools to address issues quickly themselves
- Understand how the needs of those still in education but not school can best be met across partner organisations (e.g. FE colleges, universities)

All these elements of feedback will, where possible, be incorporated into the specification for the service, and the key elements will form the basis of evaluation questions by which potential service providers will be assessed through the tender process.

C. Service user feedback

The final service design will include feedback from young people conducted as part of a young inspectors report, due to be published in September. At this point no other consultation has been undertaken with young people, as further questions may be raised by this report, which would be addressed through further engagement work.

Adult service users will be engaged over the summer and early autumn through HealthWatch and other appropriate routes to be discussed with partners.

D. Market feedback

Based first on the procurement process begun in 2015 and subsequent feedback from current and potential providers, Public Health Dorset are confident that there is market interest in the proposal.

The funding envelope for this service is understood to be viable as the proposal is to maintain this as at present. Therefore, given that the level of service is should be comparable to current services, it should be affordable both for provider and commissioner.