Committee: Cabinet

Date: 12 October 2016

Wards: All

Subject: Merton Sexual Health Commissioning Strategy And Procurement Intentions

Lead officer: Dr. Dagmar Zeuner, Director of Public Health

Lead member: Tobin Byers, Cabinet Member for Adult Social Care and Health

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Recommendations:

That the cabinet:

A. Agrees the outline sexual health commissioning strategy.

B. Agrees delegation to the cabinet lead for the full endorsement of the completed Merton sexual health commissioning strategy once ready.

C. Approves the tendering of a new integrated sexual health service (level 2 and 3) with the London Boroughs of Wandsworth and Richmond upon Thames, contracted for 5 years (with the possibility of two one year extensions) as part of the London Sexual Health Transformation Programme.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

PURPOSE OF REPORT

1.1. The purpose of this report is to brief cabinet members about the overall picture of sexual health in Merton, the challenges and the proposed direction of travel, and

1.2. Furthermore to outline the sexual health commissioning strategy in Merton and,

1.3. To seek approval of the commissioning plans for the joint procurement of a new integrated sexual health service in Merton in partnership with the London Boroughs of Wandsworth and Richmond upon Thames.

EXECUTIVE SUMMARY

1.4. Under the Health and Social Care Act 2012 local authorities have a duty to secure the provision for their residents of open access services for

contraception and for testing and treatment of sexually transmitted infections (STIs).

1.5. This is mandatory and entails the key principles of providing services that are free of charge, open access (open to all those ‘present’ in the area not just local residents), not restricted by age and confidential.

1.6. Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

1.7. The main elements of a modern, comprehensive sexual health service are:

- contraceptive care and abortion;
- diagnosis and treatment of sexually transmitted infections and HIV;
- prevention of sexually transmitted infections and HIV.

1.8. In general sexual health services are structured in three levels:

- Level 1 Services - these are usually STI testing and treatment, immunisation and contraceptive services for uncomplicated cases, usually provided through GP Practices and community pharmacies. In Merton Level 1 services are provided by GP Practices and community pharmacies, and payment is based on activity according to an agreed payment structure;
- Level 2 Services – these are more specialised services for contraception and STIs, provided by a specialist community health service. In Merton Level 2 services called CaSH (Contraceptive and Sexual Health) services are provided by the local Community Health Service through CLCH (Central London Community Healthcare NHS Trust), and this is funded through a block contract;
- Level 3 Services – these are highly specialised services for people who have complex, chronic and intensive needs. This is provided through Genito-urinary medicine clinics (GUM clinics) typically based in an NHS Acute Trust. Level 3 services are all provided outside Merton as we do not have an acute trust in the borough. Majority attend GUM services in St Georges Hospital, followed by Epsom and St Helier NHS Trust and Kingston NHS Trust. We are cross-charged by these trusts for any patients they see who are resident in Merton according to their tariff structures.

1.9. Most sexual health services are directly funded by the Merton Council and others (e.g. terminations) through the Merton CCG and NHS England (screening, immunisation, HIV treatment and care). Because we do not have

local GUM services (level 3), nor an integrated service, we have very little control over the spend of a significant portion of the sexual health budget.

1.10. There is a wider Pan-London programme of work underway to maximise the effectiveness and efficiency of the sexual health provision across London, called the London Sexual Health Transformation Programme (LSHTP) and this is a major driver for changes in sexual health service design to an integrated model (the integration is across the three levels described above, particularly levels 2 and 3). This is also a key driver for all SW London boroughs and facilitates a more joined up and seamless service to residents, while achieving potential savings, economies of scale and enhancing quality and patient experience.

1.11. The outcomes we wish to achieve for our Merton residents are to:

1. Reduce unwanted pregnancies, including teenage pregnancies
2. Reduce harm from STIs and HIV
3. Reduce inequalities in sexual health
4. Fulfil our statutory duty to provide open access services for contraception and for testing and treatment of sexually transmitted infections

1.12. Our main commissioning priorities are to:

1. Promote prevention of STIs including HIV, through greater awareness and education, use of condoms, and better self-care
2. Provide the right care in right place & effect a channel shift to the most cost-effective level of care that is clinically appropriate through the provision of an integrated CASH and GUM services that incorporates e-services
3. Improve quality, access, equity and safety, including safeguarding such as Female Genital Mutilation (FGM), and Child Sexual Exploitation (CSE)

1.13. Additionally, the total PH grant for 2015/16 was £9,236,000 (pre-in year cuts). The Sexual Health (SH) expenditure in the year was around £3,000,000, which is viewed as disproportionate to the overall PH budget (33% of PH grant). Public Health Merton is seeking to change this shape by finding savings from 2017/18 onwards from the SH budget rather than other PH areas.

1.14. By 2020 we aspire to have a fully integrated sexual health service, joining up community pharmacy and GP Practice services in primary care with Level 2 CaSH services and Level 3 GUM services in a seamless provision, underpinned by a negotiated Integrated SH Tariff and the Pan-London e-service that effectively triages patients and forms the portal to sexual health services in Merton and across London.

1.15. An opportunity has presented to Merton to create an integrated sexual health pathway for Merton residents, through the procurement of a integrated sexual health service in Merton in partnership with the London Boroughs of Wandsworth and Richmond upon Thames.

2 DETAILS

A. Context

2.1. Under the Health and Social Care Act 2012 local authorities have a duty to secure the provision for their residents of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs).

2.2. This is mandatory and entails the key principles of providing services that are free of charge, open access (open to all those 'present' in the area not just local residents), not restricted by age and confidential.

2.3. Adapted from the current WHO (World Health Organisation) working definition, sexual health is:

"…a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, and the sexual rights of all persons must be respected, protected and fulfilled." (WHO, 2006a)[1]

2.4. STIs are spread by infectious organisms between sexual partners. Some STIs present with symptoms such as discharge, pain and ulcers while others are asymptomatic and may remain undetected without testing. STIs are largely treatable but if undiagnosed can cause serious health problems and long term consequences.

2.5. As can be appreciated from the definition, this is a complex area of need and provision, and includes areas such as the prevention, early diagnosis and treatment of STIs like HIV, syphilis, gonorrhoea and chlamydia- there are 27 different STIs[2], contraception, unplanned teenage conceptions, condom distribution, contact tracing and partner notification, screening, immunisations, counselling, sex and relationships education especially to young people, risk reduction and other areas (termination of pregnancies).

2.6. Sexual health has particular public health significance to individuals and society because of the implications of person to person spread of STIs and transmission from mother to child. Addressing sexual health encompasses both a population-based approach towards prevention, promotion of sexual well-being and reduction in risk-taking behaviour; and an individual approach

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[1] http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/
[2] https://www.medinstitute.org/faqs/how-many-stis-are-there-and-what-are-their-names/

to early detection, treatment and contact tracing. It can be a highly emotive issue, with conflicting social, religious and cultural norms and values, and issues of stigma, discrimination and violence.

2.7. The main elements of a modern, comprehensive sexual health service are:

- contraceptive care and abortion;
- diagnosis and treatment of sexually transmitted infections and HIV;
- and prevention of sexually transmitted infections and HIV.

2.8. In general sexual health services are structured in three levels (appendix A for details):

- Level 1 Services - these are usually STI testing and treatment, immunisation and contraceptive services for uncomplicated cases, provided generally through GP Practices and community pharmacies.
- Level 2 Services – these are more specialised services for contraception and STIs, provided by a specialist community health service.
- Level 3 Services – these are highly specialised services for people who have complex, chronic and intensive needs. This is provided through Genito-urinary medicine clinics (GUM clinics) typically based in an NHS Acute Trust.

2.9. Who commissions what[3]

Local authorities commission:

- Comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- Sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
- Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

CCGs commission:

- Most abortion services
- Sterilisation
- Vasectomy
- Non-sexual-health elements of psychosexual health services

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[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf

- Gynaecology including any use of contraception for non-contraceptive purposes
- HIV testing when clinically indicated in CCG-commissioned services (including A&E and other hospital departments)

NHS England commissions:

- HIV treatment and care including drug costs
- Sexual health elements of prison health services
- Sexual assault referral centres
- Cervical screening
- HPV immunisation programme
- Specialist foetal medicine services

B. Outline Sexual Health Commissioning Strategy

2.10. Picture in Merton

2.10.1 Acute STIs

In Merton there were 2,130 cases of STIs diagnosed in 2014, a rate of 1048 per 100,000 of the population, which was significantly higher than the England rate of 797 per 100,000 but lower than the rate in London *(HPA, 2014)*. Compared to the 33 local boroughs in London, Merton is ranked 19 (where 1st is the highest rate) for rates of new STI diagnoses. When compared to the 326 local authorities in England, in 2014 Merton was ranked 24th for rates of new sexually transmitted infections (where 1st is the highest rate). Although the number of new STI cases have remained fairly stable between 2013 to 2014, during this period Merton has gone from having the 43rd highest rate of STI diagnoses amongst England' local authorities to the 24th highest rate *(Laser Report, 2014)*.

2.10.2 HIV/ AIDS

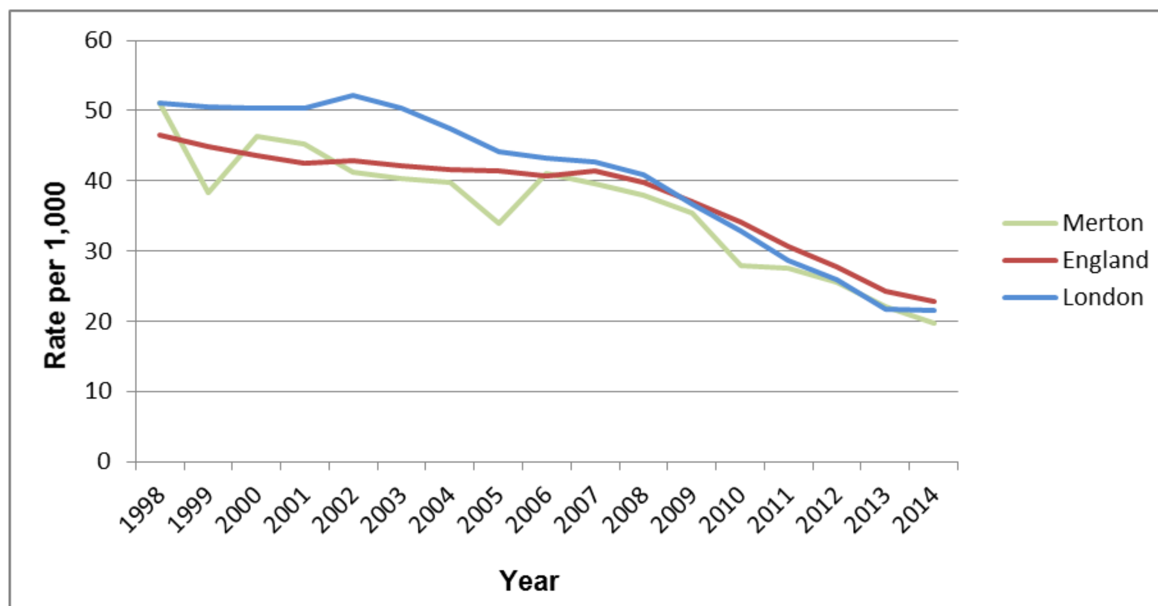
In 2014, 542 people in Merton were known to be living with HIV. This equates to a prevalence rate of 4.1 per 1,000 population amongst those aged 15-59 year, which was significantly higher compared to the rate in England of 2.2 per 1,000 population. In London, Merton is ranked 21 out of the 33 boroughs (with 1 having the highest prevalent rate).

2.10.3 Teenage Conception

In 2014, there were 60 conceptions in Merton to women under the age of 18 years. This is equivalent to a conception rate of 19.7 per 1,000 women aged 15 to 17 years, and is comparable to that for London at 21.5 per 1,000 and for England at 22.8 per 1,000 (HPA, 2014).

From figure below it can be seen that rates have been reducing fairly consistently over time. Between 1998 to 2014, Merton achieved a 61% reduction in its under 18 conception rate. This reduction in rate is greater than that seen for London (58%) and for England (51%).

Figure: Under 18 Conception Rates per 1,000 females aged 15-17 years in Merton, London and England (1998-2014)



(Source: HPA, 2014)

2.10.4 **At Risk Groups in Merton (inequalities)**

Sexual health is affected by socioeconomic inequalities with those living in areas of deprivation being more at risk of adverse outcomes. In Merton deprivation is higher in the eastern wards, in particular areas around Figges Marsh and Pollards Hill.

The groups in Merton that are disproportionately at risk of poor sexual health include Black and Minority Ethnic Groups (BAME), Lesbians, Gay, Bisexual and Transgender people (LGBT) and young people.

2.11. **Current Services in Merton**

The following services are commissioned by Public Health Merton in the Council:

2.11.1 ***Level 1 services*** are provided in Merton through GP practices and community pharmacies. All GP practices can provide oral contraception (OCP) and emergency hormonal contraception (EHC) via NHS Merton CCG funding. Through Public Health funding 10 Practices additionally provide LARC (long active reversible contraception). 19 GP practices also provide

chlamydia testing. Community pharmacies provide EHC (8 pharmacies) and chlamydia testing (18 pharmacies). All the services provided by GP practices and pharmacies are described as locally commissioned services (LCS) and are directly funded by Public Health Merton. Payments are activity based.

2.11.2 ***Enhanced open access Level 2 services*** are provided by CaSH services as part of the wider contract for community services which is managed by Merton CCG. The new provider, Central London Community Healthcare (CLCH) NHS Trust commenced delivery of this service on the 1st April 2016. There are two sites - Patrick Doody clinic in Wimbledon is the hub and Wideway Clinic in Pollards Hill is the satellite. Services provided include: contraception, cervical screening, Chlamydia and gonorrhoea screening (as part of the national screening program for under 25s), sexual health advice and assessment and psychosexual counselling. This is a block contract.

2.11.3 ***Level 3 GUM services*** are not provided within Merton as there is no Acute Trust in the borough. Residents have to travel out of borough to attend clinics. The principal providers of GUM services to Merton residents include St George's Hospital GUM (42.9%), St Helier's Hospital GUM (12.6%) and Kingston Hospital GUM (11.0%). However Merton residents often attend GUM services in and around London, with roughly a fifth of Merton residents attending GUM services beyond their neighbouring boroughs. Payments are activity based.

2.11.4 ***Other services*** include a SW London HIV service and a young people's service provided through the CaSH service (Check It Out) and the Risk and Resilience Service.

2.12. Merton CCG and NHS England commission services as outlined earlier in section 2.9

2.13. London Sexual Health Transformation Programme (LSHTP)

Within London there is a very high level of cross-boundary travel for sexual health services. Because of this, and to secure a strengthened negotiating position with providers, the majority of London boroughs have worked together through the London Sexual Health Transformation Programme (LSHTP).

This joint working has three main elements:

2.13.1 ***Procurement of e–services***. This programme seeks to establish an electronic 'front door' for sexual health services. The purpose of this is to provide an on-line triage assessment, enable users of the service to access home testing kits, and to route those who need to be seen in a clinic to the most appropriate service. The objective is that around 30% of those who would otherwise have attended clinics will have their needs fully met by this service.

2.13.2 ***The Integrated Sexual Health Tariff (ISHT)***. The tariff defines the main categories of activity undertaken in contraception and STI services, and assigns an expected cost to each intervention. The intention is that all boroughs will pay providers commissioned by any London borough in accordance with the volume of activity and at the ISHT price. For almost all boroughs, ISHT when applied to the actual activity undertaken in 2015/16, would have secured a significant saving compared to the contract price actually paid.

2.13.3 ***Sub-regional procurement of clinic-based services.*** The objective of this strand of activity is to shape the configuration of sexual health clinics within London, on the basis of an agreed service model. This model brings together previously separate services (predominantly community based Reproductive Sexual Health (RSH) /Contraception and Sexual Health (CaSH) services, which have been mainly concerned with contraception, and predominantly hospital based GUM services, which have been mainly concerned with STIs) into a system where patients are seen according to their level of need,, This entails a hub (complex or Level 3) and spoke (Level1/2) model, underpinned by triage through the London e-service described above. This service offer is in line with Department of Health best practice models and seeks to ensure consistency across London.

2.14. Challenges and case for change for Merton

2.14.1 The vision is to focus on prevention and self-management so as to decrease the need for attendance at services. Where services are required the focus is on channel shift to ensure that patients are seen at the right time and the most appropriate level for their needs. Behaviour change is a challenge and will take time to establish so Merton will work with other London boroughs to achieve these changes across the capital.

2.14.2 Sexual health is a complex area of commissioning. Sexually Transmitted Infections (STIs) are increasing in London at the same time as finances are decreasing. Demand is continuing to rise and while there is some levelling in the overall rates of STI infection, there are worryingly high levels of increase in the rates of diagnosis of Syphilis and drug-resistant Gonorrhoea.

2.14.3 Merton has a high rate of acute STI diagnosis and without our own GUM services this poses a challenge both in terms of prevention and also in terms of a spiralling GUM cost pressure to Merton Council.

2.14.4 Current total value of the SH budget under Public Health in 2016/17 is £3,011,314 of which the GUM provision costs £2,136,100 and the CaSH service costs £638,436. The total PH grant for 2015/16 was £9,236,000 (pre-in year cuts). The Sexual Health expenditure is viewed as disproportionate to the overall PH budget (33% of PH grant). Public Health Merton is seeking to change this shape by finding savings from 2017/18 onwards from the SH budget rather than other PH areas.

2.14.5 There is a statutory duty for local authorities to provide open access sexual health services, which are open to all those 'present' in the area not just local residents. In the short term changing the payment mechanism for these services, by moving to a new London Integrated Sexual Health Tariff (ISHT) from April 2017, should lead to savings for the council. However in the longer term system re-design is needed to ensure continued efficiencies whilst also meeting client needs.

2.14.6 Commissioning and paying for separate level 2 and 3 services rather than having an integrated service means Merton cannot obtain the same cost efficiencies as other boroughs, or achieve the required system re-design. For example in the current system there would be instances where double charging may occur. Furthermore with the LSHTP procuring an e-service provision, the introduction of ISHT and the cost pressures on the Public Health budget, an integrated sexual health clinical service presents the opportunity to improve patient experience and service quality by creating a seamless service for our residents in Merton, achieve the channel shifts for patients to be seen at the most appropriate levels, while increasing our control over the services in order to achieve savings.

2.14.7 On a SW London footprint, three boroughs (Kingston, Croydon and Sutton) have either already got an integrated service provider who they are negotiating with to achieve service model changes, or in the case of Sutton have recently commissioned a new integrated sexual health service.

2.14.8 Wandsworth plan to commence procurement for a fully integrated sexual health service underpinned by the LSHTP e-services in November 2016. Merton and Richmond have the option of joining this procurement and collaboratively commissioning across a smaller SW London sub-region.

2.14.9 In the wider and longer term context, services that promote sexual well-being particularly for young people, with appropriate PSHE in schools, SRE that bolsters emotional and mental health, and the provision of young people friendly services must be strengthened in order to stem the "flow" into clinical services.

2.14.10 The interfaces of risk taking behaviour between sexual health, substance misuse and mental health must be addressed as part of the wider integration agenda. There are safeguarding areas where alignment is imperative such as around domestic violence, child sexual exploitation, and female genital mutilation.

2.14.11 New emerging areas such as Chemsex have increased the challenges in terms of HIV and STIs particularly among MSM – our sexual health strategy needs to be able to tackle this area.

2.15. **The outcomes we wish to achieve for our Merton residents:**

2.15.1 *Reduce unwanted pregnancies, including teenage pregnancies*

Merton has seen significant reductions in teenage pregnancies but this needs to be continued. As the numbers get smaller, each additional unwanted conception becomes harder to prevent. Merton also has a high rate of repeat terminations for women under 25 years of age, and to fully optimise the gains seen in reducing unwanted pregnancies, assertive outreach and intervention is required to reduce repeat terminations.

2.15.2 *Reduce harm from STIs and HIV*

This required a robust and strengthened prevention programme, particularly geared towards young people. It also requires continued early detection and treatment. While significant improvements have been seen in timely HIV diagnosis, the late diagnosis rate can be improved further. This ties in with service redesign and channel shift, through a fully integrated sexual health service that eventually encompasses primary care as well.

2.15.3 *Reduce inequalities in sexual health*

In Merton Black and Minority Ethnic Groups (BAME), Lesbians, Gay, Bisexual and Transgender people (LGBT) and young people are disproportionately at risk of poor sexual health. We must ensure that services are designed and provided to reduce inequities and inequalities, and are culturally sensitive and appropriate.

2.15.4 *Fulfil our statutory duty to provide open access services for contraception and for testing and treatment of sexually transmitted infections*

The commissioning of an integrated sexual health service is central to this outcome, in order to provide a virtual open access gateway through the e-portal and simultaneously achieve savings.

2.16. **Our main commissioning priorities are to**:

2.16.1 Promote prevention of STIs including HIV, through greater awareness and education, use of condoms, and better self-care

2.16.2 Provide the right care in right place & effect a channel shift to the most cost-effective level of care that is clinically appropriate through the provision of an integrated CASH and GUM services that incorporates e-services. This is through a fully integrated sexual health service.

2.16.3 Improve quality, access, equity and safety, including safeguarding such as Female Genital Mutilation (FGM), and Child Sexual Exploitation (CSE)

2.17. **Proposed process for finalising the Merton sexual health commissioning strategy**

The refresh of the Health Needs Assessment (HNA) is almost complete and will inform the development of a five year sexual health strategy for Merton. This will be a joint strategy with Merton NHS CCG. The challenges and opportunities above will form the basis for the action plan. A multi-partner steering group (including MCCG commissioners, local authority colleagues from LBM Adult Social Care and Children's, Schools and Families, clinical colleagues from Primary Care and voluntary sector partners) will be established to help the development of the draft strategy, which will be consulted on with key stakeholders. Considerable public health engagement has already taken place in a deep dive review of sexual health services that was undertaken by MBARC (a Management Consultancy and Social Research organisation http://www.mbarc.co.uk/). The final strategy will be submitted for endorsement by the Cabinet Lead, should the cabinet approve delegated authority.

For timetable please see section 5.

C. Procurement plan for an integrated level 2 and 3 sexual health service

2.18. **Joint Procurement of Integrated Sexual Health Clinical Services with Wandsworth and Richmond, as part of LSHTP**

In the immediate context, the opportunity to jointly procure an integrated sexual health service with Wandsworth and Richmond is a high priority.

2.18.1 The integrated model would consist of a 'hub' providing level 2 and 3 sexual health services located in Wandsworth, with several level 2 'spokes'. It would be specified that one or more of these 'spokes' must be in Merton. At a later stage the Merton provision is envisaged to become a "fully integrated" service whereby services provided by GP Practices and Community Pharmacies are incorporated.

2.18.2 This model will incorporate the LSHTP e-service, supporting self-testing at home and the ISHT.

2.18.3 A paper was presented to the Merton Procurement Board on 20th September 2016, and this was approved with certain caveats and subject to final approval by the Cabinet.

2.18.4 The paper describes the risks and the benefits in detail. Members will note that this joint procurement presents Merton Council with the opportunity to develop an integrated sexual health service that achieves many of the outcomes set out above. Of necessity it also entails the discontinuation of the CLCH provided CaSH service with effect from October 2017, when the new service is envisaged to commence.

2.18.5 There are potential financial penalties for decommissioning CLCH CaSH services. The financial risk of terminating the CLCH contract is being estimated.

2.18.6 The procurement will consist of:

- As a minimum, an integrated sexual health service for Merton and Wandsworth, replacing the current contract with St George's University Hospitals NHS Foundation Trust and the CaSH contract in Merton;
- The procurement of services for Merton consists of:
  a) Procuring sexual health services in Merton as part of the procurement of an integrated sub-regional service. It is likely an integrated model would consist of a 'hub' providing level 2 and 3 sexual health services with several level 2 'spokes'. It would be specified that one or more of these 'spokes' must be in Merton;
  b) Decommissioning CaSH services currently provided by CLCH. Merton has the option of terminating the contract with the current provider to allow for its incorporation in the current procurement, and has had formal discussions with the current provider that this is under consideration. CLCH will be invited to bid for the remodelled integrated services
- Procurement of a community contraception and sexual health service for Richmond. Depending upon Richmond's decision, this might either be as provision within a single procurement of an integrated sub regional service or as a stand-alone CaSH service to be procured as a separate lot.

3 ALTERNATIVE OPTIONS

3.1. This is relevant for the proposed joint procurement of an integrated sexual health service with Wandsworth and Richmond.

3.2. The alternative option is business as usual: Continue with the current contract for enhanced level 2 sexual health services with CLCH but with a contract variation to use the London integrated sexual health tariff (ISHT) from 1st April 2017, and pay for GUM service cross charging as before but under ISHT.

3.3. The alternative option has major disadvantages in the long run:

3.3.1 There is very limited scope in this model to develop a seamless and integrated service for residents that meets their needs.

3.3.2 It will be difficult to create the channel shifts so that residents are seen at the right level for their need, and make savings.

3.3.3 It is in fact very likely to cost Merton Council more when growth is factored in, and the implementation of the ISHT in the current CaSH service. There are a number of reasons for this:

- There is the possibility that there will be double charging between separate CaSH and GUM services for diagnostics.
- There is no incentive for CaSH services to work in an integrated way with GUM providers, so some of the projected savings are not going to be experienced in this model.

3.3.4 Merton Council would be out of step with the wider sub-regional and London-wide move to integrated services.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. Sexual Health Strategy

4.1.1 As mentioned in the strategic framework (section 2.22), the development of the strategy will be led by a multi-partner steering group and key stakeholders will be consulted on the draft.

4.1.2 Considerable public health engagement has already taken place in a deep dive review of sexual health services that was undertaken by MBARC. A survey was conducted amongst current and potential sexual health service users in order to gather qualitative data regarding the services and provisions provided by Merton. Summary included in appendix as Merton voice.

4.1.3 Further consultation will be undertaken with service users and residents if indicated.

4.2. Joint procurement of an integrated sexual health service with Wandsworth and Richmond

4.2.1 As clinic-based services are specialised service provision, there are only a limited number of prospective suppliers, which are mostly NHS Trusts. A soft market testing questionnaire was issued, to which responses were returned on 14th September, exploring a number of issues that may affect the response to the procurement. In particular, this sought views over whether a single procurement exercise or division of the procurement into borough lots is most likely to secure market interest, and which option offers the greatest potential for efficiency saving. In the process of the procurement, once agreed, a further provider engagement event/ exercise will be undertaken

5 TIMETABLE

5.1. Sexual Health Commissioning Strategy

5.1.1 The timetable has not yet been developed but the strategy is aimed to be developed October to December 2016 and finalised in the last quarter of this financial year (Jan-Mar 2017).

5.2. Joint procurement of an integrated sexual health service with Wandsworth and Richmond

5.2.1 This is commercially sensitive information but the all the three boroughs are undertaking an internal approval process similar to Merton concurrently. Once all three boroughs have agreed to jointly procure and the necessary Inter Agency Agreements (IAAs) are in place (by October), the service will go out to tender by end November 2016. The contract will be awarded by April 2017 and the service will commence in October 2017.

5.2.2 CLCH require to be given a notice of the termination of their CaSH contract with LBM with at least six months' notice.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. Total value of the 2016/17 SH budget is £3,011,314 which includes GUM and CaSH provision of £2,774,536.

6.2. Of this, the estimated value for GUM services through St George's Hospital and CaSH combined will be £1.7m in 2017/18 and annually, modelling with ISHT. This assumes an annual growth of 3.5% and modelling suggests upto a maximum of 13% saving.

6.3. This complex modelling was undertaken by LSHTP for all the boroughs participating in the LSHTP. A sample of three months of real-time activity from 2015/16 was used to model the financial implications for each borough, and then extrapolated to a full financial year factoring in growth and other parameters. In Merton's case, using modelled assumptions there could be a maximum of upto 13% reduction in spend (Estimated actual spend for 2015/16 £2,590,859 and the projected spend through ISHT with caveats is £2,235,786) on these sexual health services. This is a maximum saving of £355,073 annually. In the first year as the service is establishing from October 2017, it is unlikely that this level of saving will be experienced. However once the service embeds it is hoped that we will be able to achieve a significant proportion of the projected savings.

6.4. Potential financial penalties could be incurred by Public Health Merton for decommissioning CLCH CaSH services. The financial risk of terminating the CLCH contract is being estimated, given the contract value of £638,436.

6.5. The table below shows the total PH budget for sexual health in 2016/17. Current budgetary commitments for sexual health relevant to levels 2 and 3 sexual health services are highlighted.

Table: 2016/17 PH budget for sexual health

HIV services (SWL) Contract		£ *49,900*
HIV services (Pan-London) Contract		£ *20,278*
Locally Commissioned Services	Emergency Contraception in pharmacies and Webstar IT system Contract	£ *25,600*
	LARC GP Contracts	£ *84,100*
	Chlamydia Testing Contracts (Including Free Test Me and Check Urself)	£ *23,900*
CaSH Contract (CLCH)		£ *638,436*
GUM Services (includes CSU contract)		£ *2,136,100*
LSHTP (London Sexual Health Transformation Programme)		£ *33,000*

Total value of the 2016/17 SH budget £3,011,314 which includes GUM and CaSH provision of £2,774,536.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. Under the Health and Social Care Act 2012 local authorities have a duty to secure the provision for their residents of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs). This is mandatory.

7.2. The procurement of the integrated sexual health services will be undertaken as part of the London Sexual Health Transformation Programme in collaboration with the London Boroughs of Wandsworth and Richmond.

7.3. Merton will enter into an inter-agency agreement for this joint procurement, with Wandsworth as the lead procurement borough. That a Procurement Project Board, of which Merton is a part, represented by Public Health Merton and if capacity permits, a procurement officer, jointly chaired by the Deputy Director of Public Health (Designate) for Richmond and Wandsworth and the Head of Commissioning for Prevention and Wellbeing (Designate) for Richmond and Wandsworth shall be established to secure agreement of the remaining details of the procurement, subject to sign-off by all three Councils.

7.4. Upon the successful procurement and award of contract, London Borough of Merton will enter into a collaborative agreement with Wandsworth and Richmond for the duration of the contract length.

7.5. Merton council legal services and procurement are closely involved in the work and will provide continued support and advice.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The outline commissioning strategy and proposed joint procurement of an integrated sexual health service explicitly aim to reduce sexual health inequalities. The full commissioning strategy and integrated service specifications will have EIA (Equality Impact Assessments) undertaken.

9 CRIME AND DISORDER IMPLICATIONS

None

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. There are clear risks in relation to the integrated sexual health services procurement. The main risks are:

10.1.1 Financial risk of decommissioning CaSH services in CLCH.

10.1.2 Risk of instability of the CaSH service in 2016/17 once our commissioning intentions become public.

10.1.3 Risk of the procurement failing.

10.2. The Procurement Board considered these risks and made a few recommendations to mitigate the risk in this complex procurement.

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Appendix A: Sexual health service Levels 1, 2 and 3
- Appendix B: Merton Voice- summary of MBARC findings

12 BACKGROUND PAPERS

Procurement Board Paper on Sexual Health that was discussed at the Procurement Board meeting on 20.09.2016

Appendix A: Sexual health service Levels 1, 2 and 3

The following lists comprise elements of STI management that are appropriate at various levels of service provision. They are drawn from the three Levels (1, 2 and 3) defined in the *National strategy for sexual health and HIV,* published by the Department of Health in 2001.

- Sexual history-taking and risk assessment
- Signposting to appropriate sexual health services
- Opportunistic screening for genital chlamydia in asymptomatic males and females under the age of 25
- Asymptomatic STI screening and treatment of asymptomatic infections (except treatment for Syphilis) in men (excluding MSM) and women
- Partner notification of STIs or onward referral for partner notification
- HIV testing
- Point of care HIV testing
- Screening and vaccination for hepatitis B
- Information about the full range of contraceptive methods
- First prescription and continuing supply of oral contraception
- First prescription and continuing supply of injectable contraception
- Emergency oral contraception
- IUD/IUS routine follow-up
- Pregnancy testing, and advice and non-directive support about pregnancy choices
- Referral for Termination Of Pregnancy (TOP) assessment
- Referral for antenatal care
- Referral for vasectomy and female sterilisation
- Sexual health promotion
- Condom distribution
- Assessment and referral for psychosexual problems

Incorporates Level 1 plus:

- STI testing and treatment of symptomatic but uncomplicated infections in men (except MSM) and women excluding:
  - men with dysuria and/or genital discharge
  - symptoms at extra-genital sites, e.g. rectal or pharyngeal
  - pregnant women
  - genital ulceration other than uncomplicated genital herpes
- IUD insertion and removal including emergency IUD

- Contraception implant insertion and removal
- Investigation and treatment of problems with oral contraceptives
- Referral to level 3 STI services where appropriate for follow up of complex symptomatic infections

Incorporates Levels 1 and 2 plus:

- STI testing and treatment of MSM
- STI testing and treatment of men with dysuria and genital discharge
- Testing and treatment of STIs at extra-genital sites
- STIs with complications, with or without symptoms
- STIs in pregnant women
- Recurrent or recalcitrant STIs and related conditions
- Management of syphilis and blood borne viruses
- Tropical STIs
- Specialist HIV treatment and care
- Provision and follow up of HIV post exposure prophylaxis (PEP)
- Management of complex problems with IUD/IUS and implants
- STI service co-ordination across a network including:
- Clinical leadership of STI management
- Co-ordination of clinical governance
- Co-ordination of STI training
- Co-ordination of partner notification

Appendix B: Merton Voice- summary of MBARC findings

As part of the MBARC report, a survey was conducted amongst current and potential sexual health service users in order to gather qualitative data regarding the services and provisions provided by Merton. From the demographic data of the respondents, 52% were female, 45% male and 3% were transgender. From those who disclosed their sexuality 81% of survey participants were heterosexual, 10% gay or lesbian, 1% bisexual and 8% preferred not to say.

Key findings from the survey regarding sexual health services in Merton included:

- 37% had used sexual health services in the borough within the last 12 months
- Of those who did not access sexual health services, 11% did not know what services were available, 17% did not know where they were located and a further 5% said the borough did not offer what they needed.
- Respondents were extremely or fairly satisfied with the expertise of staff (92%); felt they were treated with dignity and respect (88%); friendliness of staff (88%); information given by doctor, nurse or health advisor (87%); were heard/listened to be a doctor, nurse or health advisor (86%); location of service (83%); confidentiality (80%) and diagnosis/treatment received (72%).
- There were very low levels of extreme dissatisfaction – with only speed of receiving treatment (2%) and confidentiality of the service (1%) rated at this level
- The majority of respondents felt that their sexual health needs were being met, with 35% agreeing and another 38% strongly agreeing (63% overall): 18% neither agreed nor disagreed, 9% disagreed and 1% strongly disagreed.

When asked about barriers to accessing sexual health services, responses included:

- ‘Fear of being seen by someone I know’ (58%)
- ‘Services not available at convenient times’ (40%)
- ‘Fear that family/friends will find out that I used a sexual health service’ (35%)
- ‘Confidentiality concerns’ (28%)
- ‘Not having a same sex advisor’ (16%)
- ‘Not having a sexually segregated facility – separate facility for men and women’ (13%)
- ‘My religion’ (12%), ‘Language issues’ (13%), ‘my sexual orientation’ (6%) and ‘other cultural barriers’ (16%) were also raised by respondents.