

# Public Document Pack

## Officer Decisions

**Friday, 23rd November, 2018**  
**Time Not Specified**

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### AGENDA

**Integrated Sexual Health Service Contract Extension**

**2 - 6**

Date Published: 23<sup>rd</sup> November 2018  
Harry Catherall, Chief Executive



# RECORD OF DECISION TAKEN UNDER DELEGATED POWERS OUTLINED IN THE CONSTITUTION – Part 3 Section 16

## DELEGATED

OFFICER DECISION Dominic Harrison

## TAKEN BY:

PORTFOLIO

## AREA:

Health and Adult Social Care

**SUBJECT:** Continuation of Service contract with Lancashire Care NHS Foundation Trust (LCFT) for the provision of the 'All Age Integrated Sexual Health Services' from 1<sup>st</sup> of April 2019 to 31<sup>st</sup> March 2021, in line with the award of contract agreed by the Council's Executive Board 12<sup>th</sup> November 2016.

### 1. DECISION

Agreed to continue the contracted provision from 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2021. The value of the contract will continue at the same annual rate of £830,700 per annum, of which £124,800 will be performance related dependent up on the achievement of the annually agreed, coproduced local development priorities.

### 2. REASON FOR DECISION

LCFT were commissioned to provide this service from April 1<sup>st</sup> 2016 and has continued to improve service delivery in line with the requirements and expectations of both the Council as the commissioner, wider partners and key stakeholders. The service has provided value for money, innovation, improved governance and quality when compared with the previous service provision and provision in other parts of the country.

Outcomes have improved for people from across the life course with regard to integrated sexual health service provision, including access to all three levels of sexual health interventions and in-line with national requirements. The service has provided open access, cost effective, high quality provision of contraception, prevention, diagnosis and management of sexually transmitted infections (STIs) according to evidence based protocols which have been adapted to the needs of the local population of Blackburn with Darwen (BwD).

The provision has ensured the delivery of a strong preventative approach with a focus on building resilience and self-esteem, whilst promoting healthy choices and self-care to empower individuals to enjoy positive sexual health.

LCFT have been creative in developing their approaches to: -

- Single point of access
- Merged clinical records
- Sharing of safeguarding information
- Pathways for HIV care including social care and outreach
- Targeted HIV prevention work in partnership with Healthier living
- Collaboration with partners and subcontractors to ensure streamlined care for patients
- Making Every Contact Count (MECC)
- Open access
- Digital interventions, digital access to services and communications
- Working with and promoting an ABCD approach, increasing local assets via local community champions and volunteers

- Assertive outreach and targeted work including provision within public sex environments
- Integrated ways of working for example; with Substance Misuse Services, General Practitioners (GPs) and Pharmacists, Engage Team and Youth Services
- Consultation with young people
- Developing and improving specific training programs to skills up volunteers and professionals as part of their wider workforce.
- A successful and competent workforce which is Consultant led.

The service has achieved a wide range of positive outputs and outcomes e.g: -

#### Level 1

- Training for Health care support workers to provide 'Test and Go' clinics
- Sexual health education and awareness
- 'Wrapped' scheme including condom distribution at 40 sites across BwD
- On-line HIV testing
- On-line Chlamydia testing
- Ongoing provision of contraception and STI testing in primary care
- Sexual health and wellbeing champions
- Links with 0-19 services to develop care pathways

#### Level 2

- GP Local Improvement Service (LIS) provision mapped and reviewed
- Training for primary care professionals to enhance offer of STI testing and treatment, and provision of long acting reversible contraception (LARC)
- Dual training of nursing staff to deliver both sexual and reproduction health services (SRH) and genitourinary medicines (GUM)
- Contraceptive implant provision and training of staff to manage STIs across the integrated service to ensure equitable quality of clinical
- Blood borne virus (BBV) testing and vaccinations
- Reduction of late diagnosis of HIV

#### Level 3

- Training for internal staff, primary care staff and relevant wider stakeholders
- Extended level 3 contraception care with provision of on-site ultrasound
- Microscopy service extended to all sessions
- Fully integrated walk-in clinic
- Provision of high quality psychosexual counselling
- Support for local initiatives to provide targeted services for street sex workers.

From 1<sup>st</sup> of April 2016 to end of Q1 2018/19:-

- 6101 new GUM patients have been seen
- 3148 HIV screens have been undertaken in the service (NB: additional screens have been facilitated via on line testing / postal kit and via assertive outreach)
- 4777 STI screens carried out by LCFT as the prime provider, 37% of which were positive (NB: additional screens have been carried out by Brook but data was only amalgamated towards the end of year 2 of the contract)
- STI testing coverage has improved compared with 2012 baselines
- HIV testing uptake is better than the England average
- HIV testing of (men who have sex with men) MSM is similar to the English average with significant improvements noted

The local service is doing well when compared with the English average at:-

- New STI and HIV diagnosis rates
- HIV testing uptake
- The fitting of LARC via the Integrated Sexual Health Service

It is acknowledged that there are number of work areas that still require improvement and LCFT have been proactively implementing a service development action plan agreed for 2018-19 to focus on further enhancements in provision to address these priorities which include:-

- Wider access to online screening for syphilis, HIV, gonorrhoea and chlamydia.
- Improved accessibility across the Borough underpinned by a detailed audit.
- Improved communications for key stakeholders to increase service uptake and awareness of improvements in provision.

### **3. BACKGROUND**

A local Sexual Health Expert Reference was established in 2015 with membership that included representation from the Public Health Team, the Integrated Strategic Commissioning Team, Public Health England, NHS England (who commission HIV treatment and care), BwD Clinical Commissioning Group (CCG), representation from British Association of Sexual Health and HIV (BASHH) and Independent Leads that were involved in the production of the local Sexual Health Strategy.

This group: a) considered the local model requirements based on the Integrated Strategic Needs Assessment (ISNA), Equality Impact Assessment (EIA) and the Sexual Health Strategy consultation and, b) consideration of the requirements across all three levels of sexual health interventions in line with commissioning guidance from Public Health England 'Making it Work' for both young people and adults.

The design of the model of delivery considered service users across the life course with regards to a) Primary Prevention, b) Targeted Prevention and c) Tertiary Prevention. It was acknowledged that there was a need to improve the monitoring and performance against both local and national agreed KPIs, whilst exploring opportunities to improve qualitative outcomes via a process of co-production.

The commissioning of LCFT as a prime provider of this service following the tender in 2015, offered opportunities for integrated responses in line with the recommendations of the locally agreed Integrated Sexual Health Strategy, the NHS 5 year Forward View and wider commissioning guidance produced by a number of advisory bodies such as The Kings Fund and New Economics Foundation (NEF).

The integrated sexual health service provided by LCFT has worked with the sub contracted providers and commissioners to improve and develop the LIS contracts with GPs and Pharmacists in operation that provide LARC and the provision of emergency hormonal contraception.

### **4. OPTIONS CONSIDERED AND REJECTED**

**Option 1:** Service end 31<sup>st</sup> March 2019 – rejected due to numerous risks associated with not continuing to commission this service as outlined below: -

- It is a mandated responsibility to provide Integrated Sexual Health Services.
- The service ensures the delivery of 3 main Public Health Outcomes Framework (PHoF) indicators which have all improved and these are: under 18 conception rates, chlamydia diagnosis rates and HIV late diagnosis rates.
- Dedicated education, prevention and training are essential.
- It is a requirement of Public Health to prevent harm, reduce incidents of morbidity / co-morbidity and mortality.

- The service has a positive impact on wider partners such as primary care, acute care, education and young people's service.
- The service is a consultant led service with specialist support in line with clinical guidelines which are endorsed by Public Health England (PHE) and the Department of Health (DoH) and they encourage improved quality from the wider clinical infrastructure – without this service we would lose the specialist expertise.
- Public health protection requirements – this service reduces major risks associated Blood Borne Viruses including HIV / cross contamination / infection.
- Costs associated with the client group would continue significantly to impact on the demand for public services..



**Option 2:** Retender the service - rejected due to:-

- Potential to destabilise the current provision, which is providing value for money, good quality service provision and improved outcomes for our population.
- Lack of time, capacity and resources available.

## 5. DECLARATION OF INTEREST

All Declarations of Interest of the officer with delegation and the any Member who has been consulted, and note of any dispensation granted should be recorded below:

**VERSION:** 1

<b>CONTACT OFFICER:</b>	<b>Karen Cassidy</b>
<b>DATE:</b>	15.11.2018
<b>BACKGROUND DOCUMENTS:</b>	 PHE 2016-2019  BwD Integrated SRHandHIVStrategicFSexual Health Strateg

Signed:

*Dominic P. Harrison*

**Director Dominic Harrison**

**Date: 19/11/2018**

## EQUALITY IMPACT ASSESSMENT CHECKLIST

***This checklist is to be used when you are uncertain if your activity requires an EIA or not.***

An Equality Impact Assessment (EIA) is a tool for identifying the potential impact of the organisation's policies, services and functions on its residents and staff. EIAs should be actively looking for negative or adverse impacts of policies, services and functions on any of the nine protected characteristics.

The checklist below contains a number of questions/prompts to assist officers and service managers to assess whether or not the activity proposed requires an EIA. Supporting literature and useful questions are supplied within the [EIA Guidance](#) to assist managers and team leaders to complete all EIAs.

<b>Service area &amp; dept.</b>	Public Health	<b>Date the activity will be implemented</b>	01/04/2019
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<b>Brief description of activity</b>	Continuation of Service contract with Lancashire Care NHS Foundation Trust (LCFT) for the provision of the 'All Age Integrated Sexual Health Services' from 1 <sup>st</sup> of April 2019 to 31 <sup>st</sup> March 2021, in line with the award of contract agreed by the Council's Executive Board 12 <sup>th</sup> November 2016.
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Answers favouring doing an EIA	Checklist question	Answers favouring not doing an EIA
<input checked="" type="checkbox"/> Yes	Does this activity involve any of the following: - Commissioning / decommissioning a service - Change to existing Council policy/strategy - Budget changes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	Does the activity impact negatively on any of the protected characteristics as stated within the Equality Act (2010)?	<input checked="" type="checkbox"/> No
<input type="checkbox"/> No <input type="checkbox"/> Not sure	Is there a sufficient information / intelligence with regards to service uptake and customer profiles to understand the activity's implications?	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<b>Does this activity:</b> Contribute towards unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act (i.e. the activity creates or increases disadvantages suffered by people due to their protected characteristic)	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> Not sure	Reduce equality of opportunity between those who share a protected characteristic and those who do not (i.e. the activity fail to meet the needs of people from protected groups where these are different from the needs of other people)	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> Not sure	Foster poor relations between people who share a protected characteristic and those who do not (i.e. the function prevents people from protected groups to participate in public life or in other activities where their participation is disproportionately low)	<input checked="" type="checkbox"/> No
<b>FOR =1</b>	<b>TOTAL</b>	<b>AGAINST =5</b>

**Will you now be completing an EIA?**

☐ Yes

☒ No

The EIA toolkit can be found [here](#)

<b>Assessment Lead Signature</b>	
<b>Checked by departmental E&amp;D Lead</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	19/11/2018