

Subject:	Integrated sexual health service contract		
Date of Meeting:	12 February 2015		
Report of:	Director of Public Health		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 To update the committee on the outcome of negotiations for a new contract for the provision of an integrated sexual health service.

2. RECOMMENDATIONS:

- 2.1 That the committee notes the successful outcome of negotiations and intention to award the contract to Brighton and Sussex University Hospitals Trust in partnership with the Sussex Community Trust.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The Policy and Resources Committee of 20th March 2014 agreed for commissioners to seek to negotiate a contract to deliver an integrated sexual health service with the current providers.
- 3.2 The Committee granted delegated authority to the Director of Public Health to conduct negotiations on the Council's behalf.
- 3.3 The Committee agreed to receive a report on the outcome of negotiations before a new contract was awarded.
- 3.4 Negotiations have included the agreement of a new service specification for an integrated sexual health service.
- 3.5 An integrated sexual health service model aims to improve the sexual health of the local population by providing easy access to services through open access 'one-stop-shops' where the majority of sexual health and contraceptive needs can be met in one place, usually by one professional, in a single visit.
- 3.6 The provision of integrated sexual health services is supported by guidance from the relevant professional bodies including the Faculty of Sexual and Reproductive Health (FSRH), British Association of Sexual Health and HIV (BASHH), the British HIV Association (BHIVA), the Medical Foundation for AIDS

and Sexual Health (Medfash), the Royal College of Obstetricians and Gynaecologists (RCOG) and NICE, and relevant national policy and guidance issued by the Department of Health and Public Health England.

- 3.7 The integrated service will be delivered through a partnership between the current NHS providers of sexual health (GUM) and community contraception services: Brighton and Sussex University Hospitals Trust and the Sussex Community Trust.
- 3.8 The service will be delivered under a single contract between Brighton & Hove City Council and Brighton and Sussex University Hospitals Trust.
- 3.9 The contract will be awarded for a period of three years plus an optional two years subject to satisfactory performance.
- 3.10 The contract value will not exceed £3.5 million per annum
- 3.11 Contract delivery will be remunerated using a tariff based payment mechanism.
- 3.12 An integrated sexual health tariff has been developed in conjunction with the London Sexual Health Programme. This tariff covers over 140 care pathways using the latest best practice and clinical standards required to deliver better health outcomes. Each component of care has been priced based on what it costs to deliver.
- 3.13 The tariff system allows for a direct link to be made between outcomes and payment. They are based on best-practice pathways and should deliver the highest standards of care. Implementation of the tariffs will safeguard against perverse incentives which can drive service provision towards maximising income at the expense of optimising patient care.
- 3.14 Implementation of the tariff is an important move away from current split funding arrangements. Community contraception services on block contracts and GUM services on non-mandatory payment by results (PbR) tariff do not support the integration of sexual health services and care.
- 3.15 The main driver for the service re-design has been to improve quality and patient care but the tariff has demonstrated to be cost saving compared to expenditure under the non-mandatory PbR tariff and block contracts.
- 3.16 It is difficult to quantify precisely the value of the savings that will be achieved under the tariff but they are estimated to be in excess of £100,000 in year one.
- 3.17 It is anticipated that further financial savings will be realised over the life of the contract through service efficiencies, increased use of technology and review of the tariff prices.
- 3.18 A paper to provide additional background to this report on the integrated sexual health service has been posted in the Members' rooms.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The alternative option to the recommendation would be to offer a competitive tender to the open market. This option was considered unlikely to deliver any further improvements in quality or price to those achieved through this negotiation.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 A patient, public and stakeholder consultation on the future of sexual health services was undertaken in during January and February 2014.
- 5.2 The consultation addressed the characteristics of sexual health services that are important to residents to inform service planning.
- 5.3 The consultation was via the Brighton & Hove City Council consultation portal and through a paper questionnaire distributed from a variety of services across the City.
- 5.4 The consultation was also promoted widely through the local media and relevant websites.
- 5.5 The results demonstrate that a significant majority of respondents would prefer an integrated sexual health service.

6. CONCLUSION

- 6.1 An integrated sexual health service will deliver significant improvements in quality and patient experience. Delivery of the service under a tariff based contract will increase value for money and achieve efficiency savings.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The current contracts in place for clinical sexual health services of approximately £3.6m are funded through the ring fenced public health grant (£18.6 million for 2014-15 and 2015-16 respectively). Any resulting cost savings from the new integrated sexual health tariff on the new contract will be captured through the budget monitoring process and reflected in future budget strategies..

Finance Officer Consulted: Name Anne Silley

Date: 21/01/15

Legal Implications:

- 7.1 The Health and Social Care Act 2012 gave the Council statutory responsibility for commissioning a range of sexual health services. These services are commissioned externally and therefore involve the award of a public services contract which is regulated by the EU Rules.
- 7.2 Members were given detailed legal advice about the process to be followed in awarding this contract in the earlier report relating to this service (March 2014).

- 7.3 Given the value of the proposed agreement, the contract will need to be in a form approved by the Head of Law, and executed as a deed.

Lawyer Consulted: Jill Whittaker Name Date: 22 January 2015

Equalities Implications:

- 7.4 Equalities questions were addressed as part of the public and patient consultation on the future of sexual health services. These responses will inform the full equalities impact assessment of the integrated service that is currently being undertaken

Sustainability Implications:

None

Any Other Significant Implications:

None