

Meeting:	Cabinet member health and wellbeing
Meeting date:	Thursday, 15 March 2018
Title of report:	Review of service model in line with required efficiencies – Public Health – Sexual health
Report by:	Better care fund and integration manager

Classification

Open

Decision type

Key

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

(All Wards);

Purpose and summary

The council is reviewing current spend against services in line with efficiency savings and has identified a need to review the sexual health service provided by Herefordshire Integrated Sexual Health for the financial year 2018/19 and beyond.

The council is in discussion regarding reasonable adjustments to the budget with the current service provider to achieve savings of approximately £300,000, reducing the annual budget from the current spend of £1,389,675 to £1,089,675. This reduction in budget incorporates the cost of primary care prescribing of contraception by GPs, which has over the last two financial years

been paid by the council in addition to the block contract payments, but which now is required to be administered and paid directly by the provider.

The council has recognised that the service is in the final year of the initial three-year contract period, which was awarded following an open procurement exercise, and that the contract end date is currently 30 November 2018. Approval is therefore being sought for the two-year extension option within the current contract to be applied, moving the final end date to 30 November 2020. This allows for a phased implementation of the proposed savings of £120,000 in the first financial year and £180,000 in the second financial year. This will also assist with service continuity and provide planning time to consider the future following the ending of the public health grant in 2020.

Should it not prove possible to agree this savings target with the current provider, then a re-procurement exercise will be required with immediate effect.

Recommendation(s)

That:

- (a) the extension of the contract to 30 November 2020 is approved to maintain service continuity and allow for the £300,000 efficiency savings to be delivered over a phased period;**
- (b) authority is delegated to the director for adults and wellbeing to initiate a competitive procurement exercise if an agreement cannot be reached with the current service provider in regard to either the efficiency savings target identified or the proposed extension period;**
- (c) subject to the completion of a tendering process, authority to award a contract for an integrated sexual health service, is delegated to the director of adult services, in consultation with the s151 officer and Cabinet Member for Health and Wellbeing.**

Alternative options

1. Take no action to reduce current spend on sexual health services. This is not recommended as the council is required to address current spending in line with the medium term financial strategy and ahead of the cessation of the public health ring fenced grant in 2020 which will make the current spend on these services potentially unsustainable. The council needs to respond to this financial forecast now in order to maintain future service delivery.
2. Allowing the contract to expire without ensuring sufficient provision going forward is not recommended. The council has a legal obligation to ensure adequate service provision for sexual health as set out in the Health and Social Care Act 2012 and The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Key considerations

3. Councils have, since 1 April 2013, been responsible for improving the health of their local population and for commissioning the range of public health services transferred to them from the NHS by the Health and Social Care Act 2012.

4. The Health and Social Care Act 2012 and The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 outline the minimum requirements for open access service provision including;
 - Contraceptive services encompassing, advice and access to a broad range of contraceptive devices
 - Advice on avoiding unintentional pregnancies,
 - Preventing the spread of sexually transmitted infections,
 - Testing, treatment and care for individuals with sexually transmitted infections and
 - The notification of partners of individuals with such infections.
5. The current service provider, Herefordshire Integrated Sexual Health (HISH), is a partnership of Worcestershire Health and Care NHS Trust (which holds the contract with the council) and Herefordshire's GP federation, Taurus. The partnership was developed specifically to deliver the sexual health service across Herefordshire.
6. HISH provides a service through a combination of open access drop in and bookable appointments for residents. They also carry out outreach where necessary and work in collaboration with local schools, colleges and GP practices. On average, the service sees approximately 228 individuals per quarter (2017/18). Approximately 10% of attendances each quarter are from Welsh residents, which is permissible under national policy, however re-charging of services provided is not. The majority of attendances are from heterosexual females aged between 20 and 34 years.
7. HISH provides the council with data and analysis of activity and service provision and developments on a quarterly basis. The service is performing well, waiting times for clinics are limited and service users are able to access the service to their convenience. Anecdotally the service reports a number of attendances from female service users unable to get contraceptive appointments at GP practices. Online testing has proven to be highly effective and is a popular choice for service users. However, as a consequence costs associated are being urgently reviewed by the provider as the original forecast for this has been vastly overspent.
8. There have been significant delays in HISH establishing outreach sites for service provision across the county, outside Hereford. These delays have been reportedly due to IT difficulties and as such the initiative has been placed on hold. Despite this, the service appears to be meeting the needs across the county, based on the data submitted and feedback generated by the NHS trust's 'family and friends' feedback system.
9. Within the current contract with the provider, which was awarded following an open procurement exercise, there is the option to extend by two years, to November 2020. The proposed reduction in budget supports the council's savings agenda and the proposed extension to the current contract term would provide stability for the service and time to implement the identified savings and service adaptations. The proposed new service delivery model aims to form a more targeted service delivery model. This would include some reduction in outreach services and therefore some changes to service user experience, but given that there has been limited progress in establishing this element of the service to date, this is unlikely to change the numbers of service users accessing the service. The core service delivery and statutory elements will be unaffected and the clinic

base in Hereford will be unchanged. Key savings have been proposed to the provider by reviewing back office spend on equipment, reviewing service delivery times with a recommendation to reduce these, reducing outreach work, removing the health promotion element as a separate role and instead incorporating this across the staff team and restricting contraceptive access to young people and vulnerable adults, removing duplication with the universal service already commissioned by NHS England from GPs. These proposals may result in the redundancy of some members of staff.

10. Although the council is working closely with the HISH to redesign the service to a targeted provision, the scale of change required is significant and it is possible that there may not be mutual agreement on the efficiencies and changes required. In order to mitigate this risk, therefore, a recommendation to delegate authority to the director for adults and wellbeing has been included. This would allow for a competitive tender process to commence if joint agreement is not reached and ensure this is delivered within the remaining contractual period up to the end of November 2018.
11. It is likely that some performance outcomes would be negatively affected by the reduction in overall budget specifically with regards to waiting times for appointments.
12. It should be noted that, nationally, service provision for sexual health is delivered in the majority by NHS trusts and there is limited provision of this type from other non-statutory providers. Initial engagement with potential providers has indicated that there would be sufficient interest to make an open procurement exercise viable.
13. The proposal will require communication and consultation with key stakeholders including, Herefordshire CCG, primary care, local pharmacies and Public Health England, along with consultation with members of staff.

Community impact

14. The sexual health service utilises the JSNA, best evidence and latest clinical guidance to achieve desired outcomes for healthier communities. The ongoing service will be equitable and accessible for any individual and is not restricted to residents of the county or those registered with a Herefordshire GP. With exception of those resident in Wales, service costs for contraception can be re-charged to the individual's county of residence. The service has the potential to reduce demand on acute and intensive services within the health and social care system, particularly with regard to the prevention and treatment of infection and the management and reduction of unintended pregnancy.
15. The service proposed re-design will address inequalities in health through a targeted approach focusing on young people and vulnerable adults as evidence suggests that these groups in the population are disproportionately affected by avoidable disease and unintended pregnancy. The service will help meet the corporate objectives of enabling residents to live safe, healthy, independent lives and securing better services, quality of life and value for money.
16. The service falls within the implementation of Herefordshire's adult wellbeing blueprint for developing self-care and building community resilience within healthier communities under a strategic preventative approach. The proposal is not anticipated to negatively affect the achievement of the corporate plan or health and wellbeing priorities. The proposal has no

negative impact on looked after children or the council's parenting role as young people including looked after children will remain a priority group. If these services are not provided, there would be a considerable impact on the health and wellbeing of the community and the council would be failing to meet its statutory requirements. The impact on primary care practices and the county hospital without this provision would be significant resulting in higher system costs.

Equality duty

17. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
18. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.
19. The Equality Act 2010 established a positive obligation on local authorities to promote equality and to reduce discrimination in relation to any of the nine 'protected characteristics' (age; disability; gender reassignment; pregnancy and maternity; marriage and civil partnership; race; religion or belief; sex; and sexual orientation). In particular, the council must have 'due regard' to the public sector equality duty when taking any decisions on service changes.
20. If the recommendations are not approved there would be a significant impact on a vulnerable cohort of people many of whom share protected characteristics. Approving the recommendation to extend the current contract period would demonstrate the council's commitment to our equality duty.

Resource implications

21. The proposed funding reduction:
- i. Supports the medium term financial strategy (MTFS) and assists in preparing for the ending of the public health ring fenced grant which is due to be absorbed within the

council's core funding from April 2020, thus creating a service which will be more financially sustainable in the longer term.

- ii. Will be introduced over an 18 month period from April 2018 with the majority of the saving anticipated in the second financial year. The budget is set out below in contract years and runs from 1 December to 30 November therefore spanning two financial years:

<i>Period</i>	<i>Revised budget (inc savings)</i>	<i>Calculation Notes to Convert Financial Year Budgets to Contract Year Budgets</i>
01 April 2018 – 30 November 2018 (8 months)	£846,450	8 months of annual budget £1,269,675 (this is £1,389,675 minus 18/19 savings targets of £120,000)
01 December 2018 – 30 November 2019	£1,149,675	4 months of annual budget £1,269,675 (this is £1,389,675 minus 18/19 savings targets of £120,000) plus 8 months of annual budget £1,089,675 (this is £1,269,675 minus 19/20 savings target of £180,000)
01 December 2019 – 30 November 2020	£1,089,675	12 months of annual budget £1,089,675 (this is £1,296,675 minus 19/20 savings targets of £180,000)

Legal implications

- 22. As this Report notes, the council has a legal duty to commission the sexual health services described in this Report, pursuant to the Health and Social Care Act 2012, The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 and the NHS Constitution.
- 23. The value of the proposed extension to this contract does not raise any procurement legal implications because the option to extend was included in the original contract which was competitively tendered.
- 24. The council has a duty to obtain best value in the discharge of all of its functions and this Report explains why the proposed extension represents a best value solution at the present time.

Risk management

- 25. There is a potential risk relating to overall service performance with a decreased financial envelope causing possible increases to overall workload for the service and individual staff particularly if redundancies occur. This will be managed by continuing with a robust contract and performance management framework including quarterly submission of data to Public Health England and the council and monthly mobilisation review meetings as well as quarterly performance monitoring.

There is a significant level of risk surrounding the agreement from the current provider to accept the proposed extension period and reduction in contract value. Should the current provider reject the proposal the anticipated savings will be delayed by a procurement process and may not be realised until later on in the 2018/2019 financial year. This risk has been escalated to the Director for Adults and Wellbeing and is being proactively addressed through discussions with the current provider.

26. The service provides a dedicated safeguarding nurse who is integral in ensuring the safety of young people including looked after children as well as vulnerable adults. The safeguarding nurse provides a link to other partner agencies and multi-agency meetings with regards to the management of risk for vulnerable individuals as well as directly working with service users to enable them to manage the risks to themselves. The safeguarding nurse also works collaboratively with partner agencies to mitigate and manage the risk of child sexual exploitation in the county as well as facilitating education sessions with groups or individuals. In Q3 17/18, 20 referrals were made to the safeguarding nurse, 17 of whom were young people aged between 13 and 17, with the largest group being aged between 13 and 15 (15 individuals). 12 of those referred were either a Looked after child, had a child protection plan in place or had been identified as a child in need. If this element of service delivery, although not a statutory requirement, is not retained there would be a significant and negative impact on the community and the councils parenting role.

Consultees

27. Consultation is being undertaken with partner agencies and stakeholders including; CCG, primary care practices, adult and children safeguarding board, Public Health England and staff at the service.
28. Consultation has been made with the lead cabinet member for health and wellbeing and the political group leaders. No specific comments have been received.

Appendices

- i. Equality Impact Assessment

Background papers

None identified