

# PROCUREMENT GATEWAY I – BUSINESS CASE

Integrated Sexual Health Services Procurement



## Contact Details

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<b>Service:</b>	<b>Public Health</b>
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## Project Details

<b>Estimated Project Value:</b>	<b>£2,638,926 per year over 5 + 3 years = £21,111,409</b>
<b>Source of Funding:</b>	<b>Ring-fenced allocation from Public Health Grant</b>
<b>Timescale:</b>	<b>5 years with option to extend up to 3 years additional</b>

## Executive Summary

Plymouth City Council has a statutory obligation under the Health and Social Care Act 2012 and the Local Authorities Regulations 2013 to provide confidential, open access sexual and reproductive health services for the population of Plymouth. This includes the provision of comprehensive contraception, testing and treatment for sexually transmitted infections, sexual health promotion and HIV prevention services.

This business case supports the decision to directly award a contract for Integrated Sexual and Reproductive Health services to the existing provider of services, University Hospitals Plymouth, with the aim of commencing a new contract by 1<sup>st</sup> April 2024, to continue for a period of up to 8 years (5 years initially with options to extend for 1 year annually for 3 years thereafter).

This decision is made in accordance with the new Provider Selection Regime as per The Health Care Services (Provider Selection Regime) Regulations 2023 (the Regulations)<sup>1</sup> which have been designed to give the more flexibility in selecting providers for health care services, including sexual health services.

This business case sets out the specific nature of the locally commissioned Integrated Sexual and Reproductive Health Service and:

- a) how current arrangements are working well*
- b) that there is no realistic alternative to the existing provider. (As per direct award process A of the Provider Selection Regime)*
- c) that there is no value for people who use the service in seeking an alternative provider.*

### Specific Nature of Current Service

The contract for Integrated Sexual Health Services is currently delivered through a collaboration of NHS and voluntary sector partners (Sexual Health In Plymouth) 'SHiP', with University Hospitals Plymouth (UHP) as lead provider with The Zone and The Eddystone Trust. The award followed a comprehensive process in which the local authority received legal authorisation to carry out a negotiated procedure without prior publication. This

<sup>1</sup> [NHS England » The Provider Selection Regime: draft statutory guidance](#)

enabled four separate sexual health services (UHP, The Zone, Eddystone and Livewell SW) to work with commissioners as a new partnership and design an integrated model of provision under a new single contract. The provision of Integrated Sexual Health Services is supported by current accredited training programmes and guidance from relevant professional bodies including; Faculty of Sexual and Reproductive Health (FSRH), British Association for Sexual Health and HIV (BASHH), British HIV Association (BHIVA), Royal College of Obstetricians and Gynaecologists (RCOG) and National Institute for Health and Care Excellence (NICE), as well as relevant national policy and guidance issued by the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA).

(a) Evidence of current arrangements working well

Since the contract was awarded in October 2017, we have seen continued significant developments across the local sexual health system. The partnership delivers a locally available, integrated model of provision through an enhanced focus on primary prevention, early intervention and planned care. The partnership has met a number of the achievements. These include:

- An integrated ‘front door’ with a central telephone number and online system for advice, information, self-management and appointment bookings <https://yourship.uk>
- Development of telemedicine and digital based services including telephone and video consultations
- An increase in online home testing for sexually transmitted infections
- Wider use of remote prescribing of some contraception and treatments for sexually transmitted infections
- The launch of routine access to HIV pre-exposure prophylaxis (PrEP) following the PrEP Impact Trial.
- Specific focus on building capacity for long acting reversible contraception (LARC) in specialist services and General Practice
- Service resilience and continuity through periods of significant disruption and adversity.

The partnership strives to provide high-quality and innovative STI testing and treatment services and reduce the local burden of STIs, in particular amongst those disproportionately affected. All services have a number of key performance indicators (KPI’s) and currently all our contractors strive to perform against the contract and provide value for money within the budget available. Due to reductions in the Public Health Grant annual financial efficiencies have also been built into the contract and met as below.

<b>Contract Year</b>	Oct 20	Oct 21	Oct 22	Oct 23
<b>Savings Identified</b>	£191,050	£283,940	£329,940	£329,940

During the COVID19 pandemic, the partnership worked hard to maintain services to the population of Plymouth and accelerated the development of telemedicine and digital based. This included telephone and video consultations, an increase in online home testing for sexually transmitted infections and new remote prescribing of some contraception and treatments for sexually transmitted infections. It is important that these developments are able to continue and be further scaled up as they form a crucial part of the service model going forward.

During 2022 Monkeypox (MPOX) outbreak, the partnership continued to adapt and change at scale around the needs of our community, working within measures not dissimilar to those of the pandemic, rapidly standing up services and leading on the subsequent vaccine roll out.

(b) Evidence No Realistic Alternative

The delivery of an Integrated Sexual Health Service requires specific experience and competence and is highly specialist in nature. The model provides non-judgmental and confidential services through open access, where the majority of sexual health *and* contraceptive needs can be met at once, often by one health professional, through a single point of contact, in services which are easily accessed by everyone in a single visit. Implementation of the local Integrated Sexual Health Service has entailed some major structural change to for each organisation in the partnership which continues to be forward thinking and focused on better ways to transform, collaborate more and work together. The system knowledge and experience that the

partnership brings should not be underestimated as it allows for a greater depth of both strategic planning and intrinsic decision-making for the best outcomes for the people of Plymouth. There is no alternative provider who can offer this.

The partnership has built the capability to work effectively in the interface across the reproductive health system and this is further enhanced through services for HIV, maternity, abortion and sexual health being situated next to each other at Derriford Hospital, with an integrated clinical team ensuring seamless pathways for service users. A new advanced patient management system has recently been implemented to improve efficiency in service delivery and better understand performance and plan future services. It includes the functionality to support access to a digital Personal Health Record (PHR) and give users the tools to manage their own sexual health needs. There is good evidence of the popularity of the new digital offer with a greater degree of activity now being delivered online as well as to face to face.

The Zone as the lead for young people's sexual health services, remains key to the partnership's ability to provide information, advice and support to young people and young adults. They provide the collaborative with a wide range of competence and skills internally and from daily experience of supporting young people in Plymouth and drawing on that to shape their work. There is no realistic alternative to this element of provision.

The Eddystone Trust works as part of the partnership to provide HIV prevention services, HIV Point of Care testing, advocacy, care and support services and broader sexual health promotion services. They interface between people living with HIV and their clinicians, holding crucial links with the local community through delivering a range of targeted outreach services in public sex environments and to street sex workers and other vulnerable people. There is similarly no realistic alternative to this element of provision.

The partnership is highly respected and has an excellent reputation within the sexual health system. University Hospitals Plymouth along with the council is a key partner in the Plymouth Local Care Partnership which was formed to strengthen on existing partnerships and relationships across the health and care sector, to drive change, reduce inequalities and lead to better more joined-up care for the benefit of our population.

(c) There is no value in seeking an alternative provider

This is a maturing partnership involving major health providers and the local voluntary sector, which has taken time to develop and the building blocks for deeper partnership and integration for the betterment of the populations served have been well established. To bring in a new provider (or new and significant partners) would require extensive relationship building (complex relationships) from a new beginning in addition to time, resource and additional investment from the local authority. It would also mean the loss of much benefit from the progress made. A re-procurement of a health and social care service of this contract value will be very expensive and, in this case, where there is evidence of arrangements working well, would not be efficient use of public money.

In summary, there are no alternative providers that could provide a fully Integrated Sexual Health Service for people in Plymouth, meeting our specific requirements of working in partnership with the local voluntary and community sector and as a fully embedded part of our local health and care system.

## Project Information

Plymouth City Council has a statutory responsibility to provide a number of sexual service and they must be commissioned from the ring fenced Public Health Grant. They include:

- Contraception services including those commissioned from general practice and community pharmacies as 'local enhanced services'. This includes meeting the costs of devices and prescriptions and condoms

- Sexually transmitted infection (STI) testing and treatment including chlamydia screening and HIV testing
- Sexual health aspects of psychosexual counselling
- Other specialist services such as young people's sexual health services, outreach, HIV preventions and sexual health promotion

## Objectives

### • **What is your goal?**

- To enable Plymouth City Council to meet its statutory requirements to provide a high quality, affordable Sexual Health service, which meet the needs of the local population.
- To continue to provide an integrated approach to the prevention and management of sexual health and wellbeing across the life course.
- To act in compliance within the scope of Provider Selection Regime
- To enable the current providers to work with commissioners and continue the design and delivery an integrated model of provision. This approach would ensure continuous service improvement and cost efficiencies.

### • **How will the project support the business support Council / Service strategy?**

This business case supports the principles laid out as per The Plymouth City Council Corporate Plan, updated in 2023, to, 'Work *with* the NHS to provide better access to health, care and dentistry" through:

- Providing quality public services,
- Trusting and engaging our communities
- Spending our money wisely, and
- Focusing on prevention and early intervention

The ambition of the [NHS Long Term Plan](#) published in January 2019 is for the NHS and local authorities to work together at the community level to tackle the root causes of poor health and provide targeted services for those most at risk particularly in sexual health services. This ambition is underpinned by the findings from the House of Commons Health and Social Care Committee report on sexual health published in June 2019 which recommends that the NHS should work much more closely with local authorities to ensure collaborative commissioning of sexual health services.

The council is a key partner in the Plymouth Local Care Partnership which was formed to strengthen on existing partnerships and relationships across the health and care sector, to drive change, reduce inequalities and lead to better more joined-up care for the benefit of our population, as set out in the

- Its priorities are:
- Improve health and wellbeing outcomes for the local population
- To reduce inequalities in health & wellbeing of the local population
- To improve people's experience of care
- To improve the sustainability of the health and wellbeing system
- To develop into autonomous "place based" partnership with delegated responsibility from the ICB

## Budget and Costs

The existing contract is funded by the ring-fenced Public Health grant. The net budget is **£2, 638, 926** for financial year 2023/24. As the Public Health grant allocation does not get confirmed beyond each financial

year, this may impact on the availability of funding, though it is anticipated that financial resources will be available to enable the commissioning of the services going forwards.

## Issues and Risks

### Financial

This business case seeks to award a new contract for Integrated Sexual and Reproductive Health services, over a period over a lifetime of up to 8 years. There will be financial implications for local authority by way of approving this decision given that the proposed envelope for the service falls within the ring-fenced Public Health budget, which is not fixed and has experienced large real-term reductions<sup>2</sup>. In acknowledgement of this, the total financial envelope for the proposed service will be fixed at an annual amount of £2, 638, 926. Robust financial monitoring and open-book accounting will continue as per usual contract review processes.

I should be noted that sexual health services are under intense pressure financially, presenting a significant challenge for providers to respond at the scale needed, within the budgets made available. Despite this, the existing partnership has continued to:

- a) Deliver sexual services as per the current model within the agreed budget from the local authority Public Health grant.
- b) Deliver an Integrated Sexual Health Service, as a partnership of providers with a pooled budget, under one single contract.

There is therefore a financial risk *to not* approving this business case. Plymouth would be left without any sexual health services from 1<sup>st</sup> April 2024. We have a mandatory duty to provide sexual health service and therefore people would need to be diverted to other services including GPs and adults services which are paid on tariff and would not provide best value for money.

### Reputational

The intention to award a new sexual health contract via this route was agreed in principle in 2022, with the rationale agreed by Ruth Harrell (Director of Public Health), Anna Coles (formerly Head of Commissioning, now Strategic Director for People and Service Director Strategic Cooperative Commissioning), Craig McArdle (former Strategic Director for People). Mo Sajjad (former Head of Legal). The partnership accepted the proposal and work towards a new contract was approved at Board level by University Hospitals Elective Recovery Group in March 2023. *By not* approving this business case, the local authority risks damaging relationships with the partnership and wider health system.

### Legal

This business case is made in line with procurement law and the new NHS Provider Selection Regime<sup>1</sup> which has been designed to give the relevant authorities to which it applies more flexibility in selecting providers for health care services, including sexual health services. Under the regime (namely direct award process A) the local authority is authorised to direct award this contract to the existing provider when:

*'the nature of the service means there is no realistic alternative to the existing provider (or group of providers). Even when there are alternative providers in the market, as long as these are not considered to be realistic alternatives for the relevant authority's specific requirements.'*

The regime makes it possible to continue with existing arrangements for service provision where those arrangements are working well and there is no value for people who use the service in seeking an alternative provider. This business case therefore evidences that that there are no realistic alternative providers who could provide an integrated service as a partnership, within the NHS, as part of our local care partnership and within the budget allocated.

<sup>2</sup> <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant...>

## Options Appraisal

### Three options have been considered:

- Option 1: Do nothing
- Option 2: In-sourcing
- Option 3: Direct award without any competitive process, involving a directly negotiated solution with the current provider, with the aim of commencing a new contract by 1<sup>st</sup> April 2024

### Analysis

Option 1: Do nothing. This option would entail letting the current contract run out leaving Plymouth without any sexual health services from 1<sup>st</sup> April 2024. The impact of the service ceasing to exist would be approximately 262,100 people not receiving a services including, STI testing and treatment, contraception, counselling, education and safeguarding opportunities (ONS 2019). We have a mandatory duty to provide sexual health service and therefore people would need to be diverted to other services including GPs and adults services which are paid on tariff and would not provide best value for money.

Option 2: In-Sourcing The Council would not have the infrastructure in place to deliver this service. The Council does not currently deliver health services for residents and there is no identifiable directorate that a service like this would sit under. As a clinical service it requires clinical oversight and governance of practice and registration, training and development. Delivering a clinical and psychological service internally would require a longer time to mobilise. The majority of the staff team delivering this contract have NHS terms and conditions including agenda for change and TUPE rights. With this option, the Council would be responsible for any related costs and potentially the transfer of NHS terms and conditions. There is no evidence of any Local Authority in England in-sourcing a sexual health service and is not a recommended option.

### Option 3: Directly award a new contract to the current provider, with the aim of commencing by 1<sup>st</sup> April 2024

There are a number of advantages to this option. The partnership has been a trusted provider of sexual health services in Plymouth for 7 years and has an excellent track record for performance delivery within the budget envelope available. There is a great deal of confidence that the current service delivers value for money. The previous negotiated process and direct contract award in 2017, provided a lever to make long-needed changes and transform the service at a pace that would otherwise not have been possible. This contract award would provide further stability and encourage the provider to continue with longer-term investments in capacity and capabilities within the service. This option would also enable the current provider to continue delivering the service with no additional set-up costs or time required.

The establishment of a new SHiP alliance agreement has been agreed by the partnership and will provide joint accountability for the contract going forwards, This will provide the council with a high degree of assurance about ongoing performance, quality and value for money.

### Preferred Option

Option 3: Direct Award a new contract to the the current provider, with the aim of commencing by 1<sup>st</sup> April 2024

This option would enable continued close working and joint approach with Your Ship to deliver a sustainable, integrated, and innovative sexual health clinic offer.

This work will continue to progress the commitments set out in 2017: to provide high-quality and innovative STI testing and treatment services and reduce the local burden of STIs, in particular amongst those disproportionately affected.

This option will have least impact on the system and support Plymouth's approach to collaboration as part of the local care partnership.


The local authority is authorised to direct award a contract of this nature and value within the scope of the Provider Selection Regime (Direct Award Process A)

### Recommended Decision


**It is recommended that the Cabinet:**

- Approves this Business Case
- Authorises the proposed contract award to the SHiP Partnership

### Project Officer

<b>Name:</b>	Gemma Scott		
<b>Job Title:</b>	Public Health Specialist		
<b>Additional Comments (Optional):</b>			
<b>Signature:</b>		<b>Date:</b>	17/11/23

### Head of Service / Service Director

<b>Name:</b>	Ruth Harrell		
<b>Job Title:</b>	Director of Public Health		
<b>Additional Comments (Optional):</b>			
<b>Signature:</b>		<b>Date:</b>	28/02/2024