
Sexual Health Services Re- Procurement

For Consideration by Health Scrutiny Commission

Date of meeting: 7th November 2023

Lead director/officer: Rob Howard, Director of Public
Health

Useful information

- Ward(s) affected: All
- Report author: Laura French, Consultant, Public Health
- Author contact details: laura.french@leicester.gov.uk
- Report version number: 1.0

1. Summary

The current contract for providing sexual health services to the city comes to an end in March 2024. The process of re-procurement has now been completed, with the new contract being awarded to the incumbent provider, NHS Midlands Partnership Foundation Trust. The process has involved a detailed programme of stakeholder and community engagement as well as a sexual health needs assessment for the city and discussions with experts in the field and consulting of the national specification. This exhaustive information gathering has all been used to inform the design of a model and specification which will work well for our communities. There have also been some additional benefits of the engagement and model development process which includes newly forged relationships and strengthened existing ones with local community organisations and groups.

Previously, sexual health services have been co-procured with Leicestershire County and Rutland Councils. On this occasion however, the authorities have procured separately, with Leicester City undertaking one process and Leicestershire and Rutland together undertaking another. This paper therefore relates to the Leicester City integrated sexual health service (ISHS) only from March 2024.

2. Recommended actions/decision

The commission is asked to note the contents of this report, and with it, the public health and commissioning team's appreciation and thanks for all of those who have worked with us to make the process successful, particularly those members of the public who took the time to fill out our surveys and engage with our focus groups.

3. Scrutiny / stakeholder engagement

A previous report issued to the Scrutiny Commission detailed the engagement process undertaken as part of the re-procurement exercise. A summary of the findings and actions in the format of 'we asked, you said, we did' is available on the citizen space portal here: [We Asked, You Said, We Did - Leicester City Council - Citizen Space](#)

4. Background and options with supporting evidence

Since the Health and Social Care Act in 2013, Local Authority public health teams have had responsibility for commissioning an integrated sexual health service for their populations, which should be open access and provide both testing and treatment of sexually transmitted infections, and advice and provision of contraception/family planning services. Open access in this instance means that anyone from anywhere in the country can access a sexual health service wherever they are; they are not restricted to accessing services where they are registered with a GP for example. This is true for face-to-face services, but not always true for online services, which are often geography-specific.

In addition to these functions, sexual health contracts also encompass elements of community outreach work with specific groups, sex and relationship education in schools and colleges, psychosexual counselling and HIV prevention work including pre-exposure prophylaxis (PrEP). Some elements of sexual and reproductive healthcare such as termination of pregnancy, vasectomy services, gynaecology and HIV medicine have remained the commissioning responsibility of NHS colleagues and are not within the scope of the local authority contract.

The population of Leicester City is, on average, younger than other cities in England. The combination of this fact, and the presence of two universities in the city, along with the diverse nature of the communities and the high levels of deprivation in parts of the city can make responding to the sexual health needs of the population challenging. Poor sexual health outcomes are not evenly distributed throughout the population and, though these inequalities are complex and multi-factorial, an important part of tackling them is working with communities to help design and build services that work for them. As part of this process, a detailed health needs assessment of sexual health was undertaken. The full findings have been published here: [Sexual health in leicester: A summary Needs assessment](#) and can be found on the City Council website here: [Joint Specific Needs Assessments \(leicester.gov.uk\)](#).

5. Detailed report

After a procurement process where tenders were invited from suitably qualified and experienced providers of sexual health services, and then appraised and scored by a panel, the contract was awarded to Midlands Partnership University NHS Foundation Trust- Inclusion (MPFT). The contract has been awarded for an initial term of four years to 21st March 2028, with the option to extend for two further periods of one year. Many of the fundamentals of the model and contract have remained the same as the current service, but there have also been some important changes.

What will remain the same?

The service will remain open access as per the statutory guidance, which means that anyone can attend, regardless of their place of residence.

The service will still be provided via a 'hub and spoke' model, with the central hub in the Haymarket in Leicester City Centre and several 'spoke' clinics in the community offering various different services from contraception to STI testing and advice. The hub in the Haymarket will provide all services from levels 1 to level 3 care which includes complex

contraception, all STI testing, treatment, contact tracing and counselling. The 'spokes' will vary in what is provided between levels 1 and 2, depending on the skill mix and facilities available. The face-to-face service at the hub and other clinics will be supplemented by an online service offering access to STI testing, oral contraceptive prescribing and emergency contraception. People will be able to access the service through a mixture of pre-booked appointments, 'sit and wait' clinics, online and telephone appointments.

As it does now, in addition to the statutory functions of contraception and STI testing and treatment, the service will work with local organisations and system partners to provide:

- Outreach for vulnerable groups who are at particular risk of adverse sexual health outcomes.
- A programme of sex and relationship education for children and young people in educational settings.
- Psychosexual counselling services.
- The 'c-card' scheme which allows users to access free condoms and lube at various places across the city.

Long-acting reversible contraception (LARC) such as coils and implants will also continue to be provided by GP surgeries across the city, though this is a separate contract and is procured differently.

Likewise, emergency oral contraception will still be available without charge to those under 25 by participating pharmacies. Again, this is a separate contract and has been procured separately.

What will be different?

The current service provided by MPFT is highly regarded by users and other commissioners alike and receives excellent patient feedback, thus there has been no drastic changes from the existing model. That said, through a combination of user and public engagement, review of the new national specification and consultation with subject experts, we discovered elements that could be improved or altered to improve the responsiveness and suitability of the model for our communities in Leicester.

Appointments:

We discovered via our engagement process and service user feedback that people value the flexibility of being able to book in advance or turn up at a 'sit and wait' clinic that does not need advance booking. Consequently, both sorts of appointment will be available in the service moving forwards. Additionally, people fed back that they liked being able to book online as well as via telephone as it is easier and more convenient. Online appointment booking will therefore continue to be available, and we are working with the provider to make telephone access faster and more straightforward for those things that cannot be booked online or those that prefer to phone up.

Access:

The many different elements of the sexual health service can mean that it can feel unclear about how to access what and where, and when. This came through from our engagement work when people often stated that they didn't feel that they knew exactly what was on offer and how to get it. In order to tackle this, as part of the sexual health service website, the plan is to include a 'self-help hub' which will include:

- A section where people can self-triage to support managing their own care where appropriate, including STI self-testing
- Online appointment booking (where possible)
- *Information on access points for things like STI testing and contraception, including key links to provision offered in General Practice and beyond*
- *Clear descriptions of what is on offer for the following areas: sexually transmitted infection (STI) screening and treatment services, free pregnancy testing, contraception, emergency contraception, HIV PEP and PREP, psychosexual counselling, sexual violence, domiciliary services, C-Card*
- Ability to request an interpreter or translator for an appointment
- Automatic appointment booking for three-month post STI testing with a text reminder
- Signposting to other useful services and sources of help
- A professionals page for links to those delivering other sexual and reproductive health services such as GPs, pharmacies, public health nursing, maternity.

This will provide a 'one stop shop' for information on all aspects of sexual health, as well as allowing users to see where these are offered and how to get appointments. It also aligns with the greater emphasis on self-managed care which is seen in sexual health services nationally and results from service user's increased usage of online services during the pandemic. Although it is important to maintain a high-quality face to face service as there are many things that cannot be adequately managed via an online self-service, many users enjoyed the flexibility and empowerment that self-managed care offered them and therefore the new model needs to have a mix of both aspects.

The providers plan to work with partners in primary care to simplify community access to LARC with the aim of creating a single point of access phone number/website where anyone from anywhere in the city can find out what options are available to them for fitting a coil or implant and get them booked in for the appropriate appointments.

Increased work with communities:

Our network of community wellbeing champions (representatives from communities, organisations and faith groups across the city) continues to grow and has become an invaluable resource in working with communities to improve health and wellbeing. These groups assisted us greatly in facilitating engagement with their communities during the process of defining the new model and improving knowledge and access to the service. In our consultation we also asked our respondents if they would like to see more partnership working in this way and the majority were in favour.

The current sexual health service has always worked closely with partners in the VCSE sector as well as community groups to help provide outreach and improve access for diverse communities, but the new model will see an increased emphasis on this work, building on the relationships with our CWC network partners and even seeking to establish community link worker roles within the service who help facilitate access and care for people in the City.

Where do we go from here?

Now the procurement process has been successfully completed and the contract awarded to MPFT, work has begun on planning for the implementation of the new model and contract. Though there is a lot of work ahead, the commissioning team are looking ahead

with anticipation of what promises to be an excellent service with new and exciting developments for the people of Leicester. A particular area of focus going forwards will be system integration, and making sure that as the new contract is mobilised, there is seamless cross-system working between the ISHS in the City, primary care, community pharmacies and any other work going on, such as the implementation of the national Women's Health Strategy and Women's Health Hubs. It is also important that the city service works closely with their counterparts in the county to ensure everyone is provided for.

6. Financial, legal, equalities, climate emergency and other implications

6.1 Financial implications

- There are no direct financial implications arising from this report.

For information:

- The contract will be for an initial period of 4 years to commence on 1st April 2024 to 31st March 2028 (initial term) with an option to extend, subject to satisfactory performance outcomes and agreement by the Authority, for two further periods of one year to 31st March 2030, taking the contract term to a maximum of 6 years.
- The contract value assigned to this service is £3,255,100 per annum excluding VAT for the initial 4 years.
- A one-off 'Management of Change Implementation Fund' of £200,000 is available to assist with changes to the staffing structure to reflect new ways of delivering the service. Access to this fund will be subject to the Provider submitting a plan and full costings against such requirements which is approved by the Authority, as referred to in the Contract Appendix O Management of Change Implementation Plan. The Authority expects that this fund would be accessed before 31st March 2025.

Rohit Rughani, Principal Accountant, Ext. 37 4003

6.2 Legal implications

There does not appear to be any direct legal implications arising from the information contained within this report. The service has been successfully procured in accordance with the Public Contract Regulations 2015 and the Authority's internal Contract Procedure Rules.

Ongoing legal advice and assistance should be sought in the event of any changes to the information contained within this report, to ensure continued compliance with any legal requirements.

Mariyam Suleiman, Commercial Lawyer. 0116 454 3867

6.3 Equalities implications

When making decisions, the Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The report includes a description of key service priorities, including a focus on community engagement to support the reduction of sexual health inequalities.

An equalities impact assessment has been conducted and iterations of this should continue to be active throughout the process. Consultation that has taken place should be used to help to inform the impact assessment. The Equality Impact Assessment process should continue to be used as a tool to aid consideration around whether we are meeting the aims of the Public Sector Equality.

The services aim to help to make communities safer, improve the health and wellbeing of local residents and protect our most vulnerable people by preventing the spread of sexually transmitted infections and supporting family planning. This should lead to positive impacts for people from across many protected characteristics.

Equalities Officer, Surinder Singh Ext 37 4148

6.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report.

6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

n/a

7. Background information and other papers:

N/A

8. Summary of appendices:

N/A

9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)? No

10. Is this a “key decision”? No