

# **Cabinet Member Briefing Note**

## **Integrated Sexual Health Service**

**To: Cabinet Member for Adults and Health**

**Date: 26<sup>th</sup> January 2021**

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Author:	Director of Public Health
Wards:	All
Parishes Affected:	All

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### **1. Purpose and Reasons**

- 1.1 The purpose of this Cabinet Member Briefing Note is to give the Director of Public Health authority to enter into a partnership agreement pursuant to Section 75 National Health Service Act 2006 with Great Western Hospital NHS Foundation Trust ("GWH") for the provision of an Integrated Sexual Health Service.
- 1.2 The Council has a mandatory responsibility under the Health and Social Care Act 2012 and The Local Authorities (Public Health Function and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to commission confidential, open access Sexual Health services for the population of Swindon.
- 1.3 This proposal links to the Council's Priority Four: help people to help themselves while always protecting our most vulnerable children and adults.

### **2. Recommended Action to be taken by Officers Under Delegated Powers**

Recommended that the Cabinet Member agrees to:

- 2.1 The Director of Public Health, using his delegated authority under Paragraph J General Delegations of the Constitution (Scheme of Delegations), shall enter into a partnership agreement under under Section 75 of the NHS Act 2006 with the Great Western Hospital NHS Foundation Trust to provide an Integrated Sexual Health Service for the period 1st April 2021 to 31st March 2026, with the option to extend for a further two years subject to performance, budget availability and market development on such terms as the Chief Legal Officer considers necessary to protect the Council's interests

### **3. Detail**

Background

- 3.1 Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to effective and efficient sexual health services improves the health and wellbeing of both individuals and populations.
- 3.2 Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and Sexually Transmitted Infections (STIs), under 18 year old conceptions and

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abortions, with the highest burden borne by women, men who have sex with men (MSM), young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans who reside here. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

- 3.3 An integrated Sexual Health Service Model improves sexual health by providing easy access to services through open access one stop shops, where the majority of sexual health and contraceptive needs can be met at one site, usually by a single health professional, in services with extended opening hours and in accessible locations including online.
- 3.4 Sexual Health services are patient led and the Council has an obligation to fund the treatment of its residents regardless of where they access Sexual Health services in the UK.

### Current Section 75 Partnership Agreement

- 3.5 The GWH currently provides a specialist Integrated Sexual Health Service which has been delivering a fully integrated contraceptive and Genito-Urinary Medicine Services (GUM) since October 2011. The integrated model is recommended by the Department of Health (2015) in the key guidance *Making it Work: A Guide to Whole System Commissioning for Sexual Health, Reproductive Health and HIV*. Therefore, it is not recommended to split the integrated service into separate elements.
- 3.6 The current agreement expires on the 31st March 2021. This agreement includes the provision of Sexually Transmitted Infections (STI) testing and treatments, HIV care and co-ordination including the PrEP service, delivery of the Chlamydia Screening Programme, management of community pharmacy sexual health services, contraceptive services including outreach for vulnerable groups. The service has with a strong focus on prevention through training and health promotion.
- 3.7 The Integrated Sexual Health Service is a fully integrated system which is recognised as providing high levels of patient care and contributing to the meeting the Sexual Health outcomes in the Public Health Outcomes Framework.

### Proposed Section 75 Partnership Agreement

- 3.8 Section 75 of the National Health Service Act 2006 enables the provision of partnership agreements between National Health Service (NHS) bodies and local authorities. The aim is to provide flexibility to allow partners to be able to respond effectively to develop and improve services by joining up existing or developing new co-ordinated and innovative services to improve health outcomes for its population.

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- 3.9 An open tender process for these services would not improve the value for money or quality of services over and above the proposed Section 75 Agreements during this period of service development and redesign implementation.
- 3.10 Prior to entering into the Section 75 certain pre-conditions must be complied with, these are:
- 3.10.1 The parties must be able to show that the arrangement is likely to lead to an improvement in the way in which the functions are exercised.
  - 3.10.2 The parties must consult such persons as appears to the NHS body and the local authority to be affected by the arrangement
  - 3.10.3 The Section 75 agreement must govern the formal responsibilities between the Council and NHS England as to who commissions the services to be delivered.
- 3.11 The agreement between the Council and the GWH will fall outside of the rules of the Public Contracts Regulations 2015 ("PCR") as long as all of the below conditions are fulfilled:
- 3.11.1 the contract establishes or implements a co-operation between the participating contracting authorities with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common;
  - 3.11.2 the implementation of that co-operation is governed solely by considerations relating to the public interest; and
  - 3.11.3 the participating contracting authorities perform on the open market less than 20% of the activities concerned by the co-operation.
- Any sub-contracting of the services by the GWH will have to comply with their internal procurement rules which may include compliance with the PCR
- 3.12 Under Section 75 of the 2006 Act the Council and GWH have a duty to jointly consult with our population on the proposed agreement. A joint consultation took place from 1<sup>st</sup> September 2020 to 30<sup>th</sup> September 2020. No negative responses to the consultation were received and all comments have been considered as part of this process.
- 3.13 The intention of entering into a Section 75 partnership agreement with the GWH is to improve sexual and reproductive health services and outcomes for our population through a commitment to collaboration and the pooling of expertise and resources to increase efficiencies through innovation and service improvements and re-design. Detailed provisions in the agreement will include such issues as governance, funding, performance management and monitoring. There will be a break clause to allow for early termination if required.
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- 3.14 The proposed maximum budget for 2021/22 is up to £1.913M per annum. Future budgets will be agreed annually to take into account the settlement available in the Public Health Grant.

### **Market for specialist Integrated Sexual Health Services**

- 3.15 The Council is part of the South West Regional Sexual Health Commissioners Network which regularly undertakes soft market testing revealing a lack of providers with the capacity, equipment, premises and experience to provide integrated whole system Sexual Health services at the required levels of clinical expertise at this time.
- 3.16 The Council is working with the South West Regional Sexual Health Commissioners Network on future procurement strategy and is exploring alternative co-commissioning options such as a regional framework and future collaboration subject to the alignment of existing contracts for Sexual Health services.
- 3.17 Intelligence from other local authorities highlights concerns that the market has not evidenced its ability to deliver the service quality that is required. Therefore, there is a high risk to service continuity if this service was tendered at this time. The decision to enter into a Section 75 agreement will ensure best value and negate the risks of failing to secure a service from an open tender exercise.

### **Patient Care**

- 3.18 It is vital to ensure that the quality of patient care is maintained in line with NHSE clinical guidelines. There are risks involved in commissioning non-NHS organisations to provide these services in terms of maintain staffing levels, clinical governance and compliance. In addition there is a requirement to align commissioning with NHSE who co-commission the GWH to provide HIV care for Swindon patients.

### **Health Service Infrastructure**

- 3.19 There is a requirement within the service specification to ensure that the close interrelationships with other clinical services at the GWH are maintained, for example laboratory services, HIV Care commissioned by NHSE.

## **4. Alternative Options**

- 4.1 The Council could determine to enter into a procurement exercise for this service. However, for the reasons detailed in the report, no alternative options are proposed owing to the specialist nature of the services, the risk of the services being fragmented and the risks to quality and timely provision of services to residents as highlighted in the report.

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### **5. Implications, Diversity Impact Assessment and Risk Management**

#### Financial and Procurement Implications

- 5.1 The costs will be met from the ring fenced Public Health Grant. The budget provision is up to £1.913M per annum.

#### Legal and Human Rights Implications

- 5.2 Legal and Human Rights considerations have been taken fully into account in compiling this report. It is considered that the recommendations of this report are compatible with Convention Rights.

#### Climate Change Impact

- 5.3 The proposals would not bring a change in service delivery and Officers believe that there is no expected effect on the Council's carbon footprint.

#### Diversity Impact Assessment

- 5.4 The 2014 Integrated Sexual Health Service DIA was reviewed in October 2020. The following potential adverse impacts were identified:

- 5.4.1 Financial Economic Status: people living in more deprived areas have poorer sexual health. Therefore access must match needs in areas of high deprivation.
- 5.4.2 Young People: ensure continuing access to youth clinics and outreach through our work at the colleges with a focus on preventing unwanted pregnancies and teenage conceptions.
- 5.4.3 Men who have sex with men (MSM). To continue to provide specialist outreach reach this target group along with an on-going local awareness campaign.
- 5.4.4 BME People: community and faith organisations (especially Black led churches) to be targeted to continue to raise awareness of safe sex, STI testing and access to the Service.
- 5.4.5 Disabled People: the Service continues to be accessible to people with disabilities and complies with the Equality Act (2010). A continued programme of training is planned for the workforce to ensure that people with learning difficulties make supported decisions regarding their sexual health in line with the Mental Capacity Act 2005.

- 5.5 This decision provides mitigation for these potential adverse impacts. A copy of the reviewed DIA can be obtained from the report author.

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### Risk Management

- 5.6 A Risk Assessment has been completed. There is a high risk of being unable to secure an adequate service if the service was subject to open competition at this time. Consequently, the Council would not be able to fulfil its responsibilities under the Health and Social Care Act 2012 and The Local Authorities (Public Health Function and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to provide confidential, open access Sexual Health services for the population of Swindon.

### **6. Consultees**

- 6.1 The Corporate Director of Finance and Assets (s151 officer) and Chief Legal Officer (Monitoring Officer) are consulted in respect of all reports.

### **7. Background Papers**

- 7.1 There are no background papers.

### **8. Appendices**

- 8.1 There are no appendices.

### **9. Declarations of Interest**

- 9.1 Cabinet Members are reminded to consider whether they have any known interests in any of the matters referred to in this Briefing Note. If such an interest exists this should be declared to the Monitoring Officer (or Committee and Member Services Manager), and they should take no part in the consideration of the Briefing Note and should refer the Briefing Note to the Leader of the Council instead for consideration.

### **10. Sign-off**

- 10.1 The Cabinet Member is requested to respond with 5 days of the date of this report 1<sup>st</sup> February 2021.

- 10.2 The Cabinet Member is requested to indicate one of the following responses to the Recommendations set out in Section 2 of this report:

[to be signed electronically]

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