

Report to: EXECUTIVE CABINET

Date: 24 April 2024

Executive Member: Cllr Eleanor Wills – Executive Member (Population Health & Wellbeing)

Reporting Officer: Debbie Watson – Director of Public Health

Subject: **CONTRACT FOR THE PROVISION OF A PASH (PASSIONATE ABOUT SEXUAL HEALTH) PROGRAMME**

Report Summary: Local Authorities are mandated to commission HIV/Sexually Transmitted Infections (STI) testing services, STI treatment services (excluding HIV treatment) and contraception services on an open-access basis in line with requirements set out in Local Authorities (Public Health Functions) Regulations 2012. In addition to these mandated requirements, local authorities can also choose to commission HIV prevention and support services and related programmes, including sexual and reproductive health promotion.

The PaSH programme is provided by three voluntary, community and social enterprise (VCSE) partners: Black Health Agency (BHA) for Equality (the lead provider), the LGBT Foundation and George House Trust (GHT). The contract for this service is due to expire on 30 June 2024.

In its capacity as lead commissioner, Manchester City Council has reviewed the contract and been given approval to issue a Direct Award under the Public Contract Regulations (PCRs) on the grounds that PaSH is a unique provider of the services required across GM and there are no alternative providers with the knowledge and skills to deliver the services.

This report provides an overview of the service and the contractual arrangements in place and seeks approval to enter into a Memorandum of Agreement (MOA) with Manchester City Council to hold a contract with Black Health Agency (BHA) for Equality, the LGBT Foundation and George House Trust (GHT) to deliver the PaSH service.

Recommendations: That Executive Cabinet be recommended to give approval to enter into a Memorandum of Agreement (MOA) with Manchester City Council to hold the contract with Black Health Agency (BHA) for Equality, the LGBT Foundation and George House Trust (GHT) to deliver the PaSH (Passionate about Sexual Health) Programme. The contract is for three years commencing on 1 July 2024 to 30 June 2027 with the option to extend for a further two years to 30 June 2029. The cost for the Tameside contribution to this contract is £0.025m p. a (Total cost over five years £0.125m).

Corporate Plan: The proposed activities directly support the delivery of the following priorities;

- Longer and Active lives with good mental health
- Independence and Activity in Older Age and dignity and choice at end of Life

Policy Implications: The commissioning intentions outlined in this report will ensure that key public health functions are delivered including some mandated functions of the local authority under the Health & Social Care Act (sexual health provision).

Financial Implications: The Directorate are requesting approval to enter into a Memorandum of Agreement with Manchester City Council in order to contribute to the funding of a direct award to Black Health Agency (BHA) for Equality, the LGBT Foundation and George House Trust (GHT) as part of the PaSH (Passionate about Sexual Health) Programme. The contract is for a 3-year period from 01/07/2024 – 31/06/2027, with the option to extend for two years to 31/06/2029.

(Authorised by the statutory Section 151 Officer)

Budget has been identified within the Sexual Health Service function of the Public Health directorate in order to fund the contribution towards the PaSH programme, totalling £0.025m per annum.

The funding consists of £0.023m from Public Health General Fund along with £0.002m from the HIV pre-exposure prophylaxis (PrEP) grant. The PrEP grant is a recurrent grant allocated as part of the wider Public Health grant received annually from DHSC.

As per standard procurement practice, the Directorate have included appropriate break clauses within the Memorandum of Agreement to ensure that the contribution towards the PaSH Programme can be altered or withdrawn, should it be required, to mitigate any adverse financial impact on the Council.

It is essential that value for money is evaluated as part of the direct award process and that this is clearly evidenced and retained for Section 151 Officer assurance.


Legal Implications: The Memorandum with MCC will need to be agreed by legal before it can be signed.

(Authorised by the Borough Solicitor)

Risk Management: There will be a continued dialogue between the GM commissioners and the provider to ensure that best value is delivered against the contract, which will be monitored through regular performance management.

Access to Information: Non confidential

Background Information: The background papers relating to this report can be inspected by contacting Pamela Watt, Public Health Strategic Lead.

 Telephone: [07970887830](tel:07970887830)

 e-mail: Pamela.Watt@tameside.gov.uk

1. INTRODUCTION

- 1.1 Local Authorities are mandated to commission HIV/Sexually Transmitted Infections (STI) testing services, STI treatment services (excluding HIV treatment) and contraception services on an open-access basis in line with requirements set out in Local Authorities (Public Health Functions) Regulations 2012. In addition to these mandated requirements, local authorities can also choose to commission HIV prevention and support services and related programmes, including sexual and reproductive health promotion.
- 1.2 NHS England is responsible for commissioning and funding HIV treatment and care services and funding general practices to offer patient requested and opportunistic screening for HIV/STIs.

2. IMPACT OF HIV

- 2.1 Currently there is no cure for HIV and AIDS; however, many treatments allow HIV-positive patients to live long and healthy lives. As long as a patient has access to treatment, being HIV positive no longer has the same impact on health outcomes and life expectancy that it once did. HIV is now considered a long-term condition and effective treatment helps reduce the risk of onward transmission to other people.
- 2.2 Preventing new diagnoses of HIV is particularly cost effective. According to NICE, the overall HIV treatment and care costs of HIV are around £800 million for England, which equates to an estimated £280,000 - £360,000 in costs over a person's lifetime¹. A more recent lifetime costs estimates for HIV range from £73,000 to £404,300, depending on a person's age when they were diagnosed².
- 2.3 Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a 10-fold risk of death compared to those diagnosed promptly.
- 2.4 It is therefore essential that people at risk of becoming HIV positive reduce their risk of exposure to HIV and are tested regularly to ensure if they do become HIV positive, they are diagnosed early and can start their treatment as soon as possible to ensure they remain well and to reduce possible onward transmission.
- 2.5 However, people living with (PLW) HIV are also more likely to have poor health outcomes if their HIV is not managed effectively and many HIV positive people feel stigma when accessing mainstream services.
- 2.6 As a result, it is important to offer PLW HIV support and services that enable them to access effective treatment and address their more holistic health and wellbeing needs in order to live long, healthy lives and prevent onward transmission.

3. HIV DATA

- 3.1 The need for targeted work on STIs and HIV remains. Data from the Office for Health Improvement and Disparities (OHID) Sexual and Reproductive Health Profiles³ illustrates:
 - Tameside had the 6th highest HIV diagnosed prevalence rate in the NW and 4th highest in GM: 2.22 people per 1,000 aged 15-49 in 2022.
 - The number of PLW HIV locally (all ages) is 340 in 2022.
 - Prevalence of HIV (rate per 1,000 people aged 15-59 in 2022) in Tameside (2.22) is

¹ Medical Research Councils Trials Unit 2015 nice.org.uk/guidance/NG60 document/economic report

² KJ Ong et al 2019.

³<https://fingertips.phe.org.uk/profile/sexualhealth>

similar to England (2.34)

- There is a similar proportion of late diagnoses in Tameside (44.4%) compared to England (43.3%) (2020-2022).
- Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Also, people that may be living with HIV without knowing their HIV status, are at risk of ill health and complications and may have passed the infection onto others.

4. THE PaSH (PASSIONATE ABOUT SEXUAL HEALTH) PROGRAMME

4.1 The PaSH programme is provided across Greater Manchester by three voluntary, community and social enterprise (VCSE) partners: Black Health Agency (BHA) for Equality (the lead provider), the LGBT Foundation and George House Trust (GHT).

4.2 The programme supports the Department of Health and Social Care's (DoH&SC's) ambition to become one of the first countries to reach HIV elimination by 2030, and supports PLW HIV, both newly diagnosed and as a long-term condition, in GM to receive effective treatment and manage their comorbidities.

4.3 PaSH also provides a multi-faceted prevention and support programme that addresses the health inequalities experienced by communities that suffer the greatest health burdens of STIs and HIV, particularly those from Black, Asian and Minority Ethnic (BAME) communities and men that have sex with men (MSM).

4.4 The main aims of PaSH are to:

- Improve and protect the sexual and reproductive health of residents in population groups most at-risk of exposure to HIV and sexual health inequalities, particularly MSM and people of Black African origin.
- Improve the health and wellbeing of residents living with HIV.
- Help the system move away from treating symptoms, towards prevention and screening.

4.5 The programme:

- provides support to the ambition to end new cases of HIV in a generation
- supports people living with HIV ensuring people are receiving effective treatment
- supports those ageing with HIV & managing comorbidities
- addresses the health inequalities of the communities (BAME and men who have sex with men) that have the greatest burden of STIs

5. PaSH DELIVERY

5.1 Performance highlights for Tameside 1st July 2022- 30th June 2023:

PaSH Activity Report	Tameside
Number of outreach sessions delivered	8
Total number of 1-2-1 brief interactions	206
HIV support: Unique service users – any PaSH service	54
HIV support: Number of interventions – any PaSH service	421
HIV support: Booked appointments	65

5.2 Although it may be perceived that low numbers of Tameside residents' access support, this support would not be financially viable to provide on a Tameside only footprint. Therefore, vulnerable Tameside residents are able to receive support that they would not otherwise have access to if Tameside MBC did not commission on a collaborative footprint with other GM boroughs.

6. ONGOING NEED FOR PaSH

- 6.1 The need to commission a programme that promotes and supports the sexual and reproductive health of people at risk of exposure to HIV and other marginalised communities remains, alongside further challenges:
- Health inequalities continue amongst communities that have the greatest burden of STIs - people of Black African ethnicity and MSM.
 - Support is needed for an ageing community of PLW HIV and managing their co-morbidities.
 - Tameside continues to see increases in overall HIV prevalence as well as lower rates of regular HIV testing, particularly among women, and while low numbers, there are still late-HIV diagnoses reported among Tameside residents.
 - Support the ambition to end new cases of HIV in a generation - PrEP use, tackling stigma, increased STI and HIV testing.

7. CONTRACTUAL ARRANGEMENTS

- 7.1 Before 2016, individual GM boroughs commissioned three VCSE providers separately. These different commissioning arrangements were brought into a single GM partnership in 2016 to deliver the Greater Manchester Sexual Health Improvement Programme (GMSHIP), now referred to as Passionate about Sexual Health (PaSH) programme, which started delivering on 1st July 2017, saving £100,000 across the city region due to economies of scale, additionality and collaborative working under a single GM contract. During this time, Salford City Council was the lead commissioner.
- 7.2 As part of the arrangement, localities transferred funding to Salford City Council to commission PaSH on behalf of all GM authorities. Tameside's contribution is £0.023 per annum and the funding for PaSH has remained static since the contract was originally awarded:

GM Borough	Contribution £
Bolton	£0.053m
Bury	£0.022m
Manchester	£0.473m
Oldham	£0.032m
Rochdale	£0.025m
Stockport	£0.030m
Tameside	£0.023m
Trafford	£0.083
Wigan	£0.024m
Salford	£0.138m
Total GM PaSH budget	£0.901m

GM LA funding contributions for PaSH confirmed up to 30 June 2024

- 7.3 The service is open access within GM for GM residents, anyone living in GM can access the services across the GM footprint regardless of where they live and/or services are delivered.
- 7.4 This collaborative commissioning arrangement has enabled additional investment from GM Health and Social Care Partnership.
- 7.5 The contract with PaSH was due to expire on 30th June 2021. However, due to the impact of COVID, both Board and SCB gave permission in January 2021 to extend the contract for one year to the 30th June 2022, to allow conditions to stabilise post COVID.

- 7.6 In June 2021, Salford City Council, as lead commissioner, undertook a review of the contract and considered commissioning options to meet the ongoing need across GM. The review concluded that the PaSH partnership is a unique provider of the services required across GM and there are no alternative providers with the knowledge and skills to deliver the services. Given there are no alternative providers or routes to the market, Salford concluded that going out to tender would be a costly and time-consuming exercise resulting in the same provider continuing to provide the service going forward. Therefore, Salford's review concluded with the proposal to award a contract for a further two years (to 30th June 2024) to the current provider.
- 7.7 On 20 December 2021, via a Delegated Officer Decision, Tameside obtained approval to enter into an agreement with Salford Council to hold a contract with the PaSH partnership for a further period of two years from 1 July 2022 to 30 June 2024.
- 7.8 In October 2023 the contractual arrangements for this contract transferred from Salford City Council to Manchester City Council. With the current contract coming to an end there was an opportunity to change the commissioning lead responsibilities. As Salford led on these arrangements for six years, managing the associated MOU, contract monitoring and management, it was fair that this should pass on to another Local Authority to take the lead. Manchester as the lead funder of this contract providing 52% of the contract value agreed to take the lead responsibility for the next phase of commissioning this area of work.

8. COMMISSIONING PROPOSALS

- 8.1 In its capacity as lead commissioner, Manchester City Council has reviewed the contract and have been given approval to issue a Direct Award under PCRs on the grounds that PaSH is a unique provider of the services required across GM and there are no alternative providers with the knowledge and skills to deliver the services a Direct Award would be the most appropriate procurement route.
- 8.2 Tameside commissioners have consulted STAR procurement following the decision to issue a Direct Award who have confirmed that they are happy with this approach.
- 8.3 Since 2021, Tameside MBC has received funding, initially directly from the DoH&SC and latterly as part of the GM Business rates allocation, for PrEP promotion and delivery programmes. The majority of this funding is passed on to the specialist sexual health service which manages routine PrEP administration. However, Tameside has also used the PrEP funding to provide a grant to BHA (as the lead provider of the PaSH Partnership) to provide an outreach programme to targeted communities at risk of HIV. This grant has been confirmed on an annual basis to the value of £0.002m per annum. Other GM localities provide a grant to BHA to differing values to deliver a PrEP programme in their area and it is the intention that the PrEP awareness programme will form part of the contractual obligations for the delivery of the PaSH programme going forward.
- 8.4 Approval is sought to enter into a Memorandum of Agreement (MOA) with Manchester City Council to hold the contract with Black Health Agency (BHA) for Equality (the lead provider), the LGBT Foundation and George House Trust (GHT) to deliver the PaSH (Passionate about Sexual Health) Programme together with an outreach programme to targeted communities at risk of HIV, funded by the PrEP grant, which was previously commissioned as a separate service at a cost of £0.002m per annum. The contract with PaSH is for three years commencing on 1 July 2024 to 31 June 2027, with the option to extend for a further two years at a cost to Tameside of £0.025m per annum (includes £0.002 m PrEP funding). The total cost over five years is £0.125m.

9. RECOMMENDATIONS

9.1 As set out at the front of the report.