

**Report to:** EXECUTIVE CABINET

**Date:** 27 January 2021

**Executive Member:** Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)

**Clinical Lead:** Dr Jane Harvey

**Reporting Officer:** James Mallion, Consultant in Public Health

**Subject:** **SEXUAL HEALTH CONTRACTS TO SUPPORT HIGH RISK COMMUNITIES**

**Report Summary:** A number of contractual arrangements are in place for additional sexual health services to meet our statutory obligations and support our most high-risk residents. This report proposes ongoing arrangements for these contracts including allocation of a new grant award and proposed recurrent savings to one of these programmes. These include: permission to allocate a new grant for provision of the PrEP (Pre-Exposure Prophylaxis) HIV prevention treatment (£27k); permission to extend the PASH (Passionate About Sexual Health) GM community outreach contract for 12 months due to Covid impacts (£22k); permission to issue a Covid-19 Emergency Contract Award for the provision of the chlamydia screening programme due to Covid service disruption (£49k inc. recurrent 20% saving proposal); and utilisation of in-year underspend on the current chlamydia screening budget to support enhanced clinical outreach capacity in our most vulnerable communities via the existing integrated sexual health service (£45k)

**Recommendations:** That Strategic Commissioning Board be recommended to agree:

- (i) That Permission is granted to implement the contractual arrangements as detailed in the report to ensure Tameside Council continue to meet its mandated obligations around the provision of open access sexual and reproductive health services;
- (ii) That permission is granted to award the grant allocation for the provision of Pre-Exposure Prophylaxis to Manchester University NHS Foundation Trust, with 4% held back by Tameside Council to pay for Tameside residents accessing this service out of area
- (iii) That permission is granted to extend the Passionate About Sexual Health contract for Tameside as part of GM-wide arrangements for 12 months from 30 June 2020
- (iv) That permission is granted to issue a Covid-19 Emergency Contract Award for the chlamydia and gonorrhoea screening programme to Brook to commence immediately for a period of 11 months (this includes a proposed 20% recurrent saving for this service going forward);
- (v) That permission is granted to re-allocate in-year underspend for the previous RU Clear chlamydia screening programme as a contract variation for the

integrated sexual health service provided by MFT to provide an enhanced clinical outreach offer.

**Financial Implications:**

**(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**

1. Funding of £27,804 from DHSC for the provision of PrEPP has been awarded. Therefore the allocation of grant of (£26,692) to the Northern Sexual Health, Contraception and HIV Services (part of MFT) for the provision of PrEP with a small proportion of the grant (4% - £1,112) held by the local authority to pay for Tameside residents accessing services in other areas under open access arrangements is within budget.
2. Tameside's budget for the PaSH (Passionate about Sexual Health) partnership is £22.560 for both 20/21 and 21/22 so extension of the service will remain within budget.
3. As outlined in Para 5.7 there is funding for a Covid-19 Emergency Contract Award for the chlamydia and gonorrhoea screening programme to Brook to commence immediately for a period of 11 months and to provide an enhanced clinical outreach offer.

**Legal Implications:**

**(Authorised by the Borough Solicitor)**

It is imperative that legal and procurement advice is sought from STAR and adhered to ensure that both internal processes and also a legislative requirements are complied with.

**How do proposals align with Health & Wellbeing Strategy?**

The proposals align with the Starting Well and Developing Well programmes for action

**How do proposals align with Locality Plan?**

The service is consistent with the following priority transformation programmes:

- Enabling self-care
- Locality-based services

Planned care services

**How do proposals align with the Commissioning Strategy?**

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities
- Commission for the 'whole person'

Create a proactive and holistic population health system

**Recommendations / views of the Health and Care Advisory Group:**

n/a

**Public and Patient Implications:**

None

**Quality Implications:**

Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness

**How do the proposals help to reduce health inequalities?**

Provision of Sexual and reproductive health services has a positive effect on health inequalities. Poor sexual health and lack of access to contraception contributes to inequalities, with more deprived populations experiencing worse sexual health.

**What are the Equality and Diversity implications?**

The proposal will not affect protected characteristic group(s) within the Equality Act.

The service is available to Adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re-assignment, pregnancy/maternity, marriage/ civil and partnership. Also the approach of these programmes is supportive of inclusion of these groups to further tackle inequalities – particularly around sexual orientation, gender re-assignment and ethnicity.

**What are the safeguarding implications?**

Sexual and Reproductive Health Services have an important role in the identification and response to abuse. The service has explicit resources for this, is linked into Child Sex Exploitation and Domestic Abuse services and has pathways to safeguard children and vulnerable adults

**What are the Information Governance implications? Has a privacy impact assessment been conducted?**

There are no information governance implications within this report therefore a privacy impact assessment has not been carried out.

**Risk Management:**

The purchasers will work closely with the provider to manage and minimise any risk of provider failure consistent with the provider's contingency plan

**Access to Information:**

The background papers relating to this report can be inspected by contacting James Mallion, Consultant in Public Health



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## **1. INTRODUCTION**

- 1.1 This report is seeking permission to implement a number of contractual changes to ensure the continued delivery of programmes aimed at supporting and improving sexual health outcomes for those in the community at increased risk.
- 1.2 This comprises four separate elements:
- (a) Grant allocation award to MFT (Manchester University NHS Foundation Trust) for the provision of Pre-Exposure Prophylaxis (PrEP) treatment to prevent HIV infection.
  - (b) Extension of the PASH (Passionate About Sexual Health) contract across Greater Manchester for 12 months from 30 June 2021.
  - (c) Covid-19 Emergency Contract Award of the contract for the chlamydia and gonorrhoea screening programme to Brook as the service ceased with immediate effect earlier in the year due to the pandemic (this includes a proposed recurrent 20% saving for this service going forward).
  - (d) Re-allocation of underspend for the chlamydia screening programme in the Population Health budget to vary to the integrated sexual & reproductive health service (MFT) to support ongoing enhancements of clinical nursing outreach capacity to offer more services to the most vulnerable and isolated groups across Tameside.

## **2. PrEP GRANT ALLOCATION**

- 2.1 Further efforts are required to reduce the estimated 4,700 new HIV infections occurring annually in England, of which 2,800 occur among men who have sex with men (MSM).
- 2.2 Following the successful Impact Trial, which Tameside took part in, NHS England and the Department for Health and Social Care (DHSC) have confirmed additional funding for local authorities to provide universal routine access to PrEP. This will continue to be targeted towards groups at high risk of contracting HIV including men who have sex with men (MSM), black Africans, and transgender men and women, to prevent them catching HIV.
- 2.3 Grant conditions and funding were released by DHSC on 25 September 2020 for immediate implementation, Tameside Council has been awarded a ring fenced grant of £27,804 from DHSC for the provision of PrEP. The grant conditions mean that this must be procured from our level 3 sexual health provider. The grant funding relates to the financial year 2020/21 with future years funding dependent upon the spending review.
- 2.4 Provision will commence upon award of the contract with patients previously receiving PrEP via the impact trial being moved over to this funding first. Due to the open-access arrangements already in place as part of the wider sexual and reproductive health obligations on local authorities, Tameside residents are able to access PrEP in other areas, where the providers will subsequently recharge us for this activity. Based on current out-of-area activity levels, £1,112 (4%) of the £27,804 funding will be held back to pay for Tameside residents accessing services in other areas under open access arrangements already in place as part of the wider sexual and reproductive health obligations on local authorities.
- 2.5 The grant conditions state that existing Level 3 sexual & reproductive health services should be the responsible providers for PrEP. BHIVA/ BASHH guidelines describe that 'Initiation of PrEP should occur within the context [of] a comprehensive package of prevention services including level 3 sexual health services'. Conditions also state that relevant data surveillance returns should be submitted to the GUMCAD national monitoring system, which restricts provision to Level 3 sexual health service providers. In Tameside our provider is The Northern service, part of Manchester University NHS Foundation Trust (MFT).
- 2.6 We hold a joint contract with MFT with Stockport and Trafford local authorities. Stockport MBC hold the contract on behalf of the three Local Authorities and are working with STAR

procurement to vary the contract with MFT to include the provision of PrEP as a universal service.

- 2.7 We are seeking permission to award the majority of the grant (£26,692) to the Northern Sexual Health, Contraception and HIV Services (part of MFT) for the provision of PrEP with a small proportion of the grant (4% - £1,112) held by the local authority to pay for Tameside residents accessing services in other areas under open access arrangements.

### **3. EXTENSION OF THE PASH CONTRACT**

- 3.1 The PaSH (Passionate about Sexual Health) partnership was created in 2016, prior to this arrangement each GM borough was commissioning 3 VCSE providers separately. A £100,000 saving was made by commissioning across GM and under one partnership programme. Salford City Council is the lead commissioner. The programme provides economies of scale, additionality and collaborative working under a single GM contract.
- 3.2 The PaSH programme is made up of 3 VCSE partners, Black Health Agency (BHA) for Equality (the lead provider), the LGBT Foundation and George House Trust. The partners deliver a multi-faceted programme of HIV and STI prevention for GM residents and support for those People Living with HIV (PLW HIV), both newly diagnosed and as a long-term condition.
- 3.3 The main aims are to:
- (a) Improve and protect the sexual and reproductive health of residents in population groups most at-risk of exposure to HIV (particularly men who have sex with men and people of Black African origin).
  - (b) Improving the health and wellbeing of residents living with HIV
  - (c) Help the system move away from treating symptoms, to prevention and screening.
- 3.4 Preventing new diagnosis of HIV is particularly cost effective. According to NICE the overall HIV treatment and care costs around £800 million for England, which equates to an estimated £280,000 - £360,000 in costs over a person's lifetime (Medical Research Councils Trials Unit 2015 nice.org.uk/guidance/NG60 document/economic report).
- 3.5 The PaSH programme has delivered innovative and responsive programmes and all three providers have continued offering their services to Tameside residents in different formats in response to COVID-19 issues. PaSH are part of our resilience, providing services to some of our most vulnerable people.
- 3.6 The need for the targeted work on STIs and HIV remains, data from the Public Health Outcomes Framework Sexual Health Profiles illustrates:
- (a) Tameside had the 6<sup>th</sup> highest new HIV diagnosis rate in the NW in 2019 and an increasing overall prevalence of HIV with 2.18 people with HIV per 1,000 adults (15-59).
  - (b) While HIV testing coverage in Tameside has improved, it is still significantly lower than the national average.
  - (c) A 5% increase in new overall STI diagnoses across the NW, including a 22% increase in gonorrhoea diagnoses in Tameside in 2019.
- 3.7 With the high prevalence of disease and the existing need in our highest risk communities, Tameside commissioners, along with other GM commissioning partners, are satisfied that the aims of the programme and delivery model are meeting needs. This programme supports the ambition to end new cases of HIV in a generation; supports PLW HIV to receive effective treatment and manage their comorbidities; and seeks to address the health inequalities of the communities that suffer the greatest health burdens of STIs (particularly those from BAME communities and men who have sex with men).

- 3.8 Provider resilience and their ability to produce high quality bids, as part of a competitive tender exercise, will be affected by the additional pressure relating to COVID-19. This will include new and existing providers. Given the disruption and uncertainty caused by the current pandemic, providers have indicated that market conditions are not conducive to a full tender exercise therefore there is a risk that carrying out a costly tender exercise may not return the high quality bids that we would want to attract from a wide range of providers. Extending the current contract will allow existing providers to continue to innovate to meet current challenges and will also allow market conditions to stabilise following the impact of the pandemic before going out to tender at a later date.
- 3.9 The risk of not commissioning this programme is that HIV and STI rates will increase in Tameside, adding further financial pressure into the system for treatment and more complex support. Preventing HIV must be a key priority - According to NICE the costs of a single HIV diagnosis, in terms of ongoing treatment and care are between £280,000 and £360,000 over a person's lifetime. There would also be a disproportionate impact on some of our more vulnerable, high risk communities who experience sexual health inequalities if this service were not in place.
- 3.10 This report is seeking permission to extend the contract for 12-months from 01 July 2021 to 30 June 2022. Tameside's budget for this service is and will remain £22,560 per annum.

#### **4. DIRECT AWARD OF CONTRACT – CHLAMYDIA SCREENING (BROOK)**

- 4.1 Chlamydia infection is the most diagnosed bacterial sexually transmitted infection in the UK, with higher prevalence in young people. All age groups have also seen increases in the rates of gonorrhoea and chlamydia infection in recent years. The National Chlamydia Screening Programme in England was established in 2003 and it is important that local areas continue to meet the recommendations from Public Health England to work towards detecting high levels of chlamydia infection in the community to prevent further spread and harm. The increasing prevalence of gonorrhoea also has a disproportionate impact on men who have sex with men, therefore contributing to existing inequalities.
- 4.2 The RU Clear Programme was previously commissioned across GM from MFT to provide chlamydia and gonorrhoea screening for young people. This was due to end in June 2020 however the service ceased with immediate effect in March 2020 due to the impact of the Covid-19 pandemic on lab capacity. The longer-term intention will be to go out to tender for this service, however initial market scoping has indicated that this will not be possible at this time due to the limited capacity of providers to engage in a full tender exercise due to Covid-19 pressures. There are also additional providers who, in the coming months will be in the market to provide this service, including MFT, once the required lab capacity is identified. For these reasons, an interim arrangement has been sought for a period of 11-months to ensure provision of this service remains in place for Tameside residents. This timeframe has been identified as reasonable to allow market conditions to stabilise and be able to engage in a full tender exercise.
- 4.3 Brook are a national charity who specialise in sexual health advice, support and services for young people. Initial market scoping work has identified that Brook are able to provide a replacement chlamydia and gonorrhoea screening service for young people, at reduced cost compared to previous arrangements and also at lower cost than the two other providers currently in the market for this service. Brook also have a strong local presence with existing services in neighbouring areas, whereas other providers do not have local bases, which is important for those wanting to access the service face-to-face. Manchester City Council have also already entered into similar interim arrangements with Brook. Due to the ongoing situation with Covid-19, it would not be possible to run a full procurement exercise due to the limited capacity of providers to engage in this.

- 4.4 The service will prevent and control the spread of sexually transmitted infections in young people (under 25). It will provide asymptomatic screening for chlamydia and gonorrhoea for young people via an online ordering system. It will also ensure that any residents diagnosed with infection will receive the appropriate treatment either via local pharmacies or the local specialist sexual health service. The service will have a website to access this screening, which the service will be responsible for promoting. The service will also take responsibility for the full diagnosis and management pathway including all laboratory services, results management, treatment, partner notification and data reporting.
- 4.5 In terms of cost, this is a needs-led service. The maximum total amount required for the full length of this 11-month service will be £49,087 (but could be a minimum of £36,621 if activity is lower). This represents a lower cost than previous models and, while this is only for an interim service over an 11-month period, we are proposing a recurrent saving of 20% of the overall amount allocated for this service in the Population Health budget going forward, which would represent a recurrent £15,000 saving (from the total allocated annual budget of £75,000). It should be noted that we expect this service to commence during quarter 4 of the 20/21 financial year, therefore the cost of this short-term contract will be spread across two financial years.
- 4.6 A direct award to Brook with a maximum value of £49,087 for a period of 11-months is being sought in the short term to ensure that this equivalent replacement service can be put in place following the abrupt ending of the previous service in March 2020. This arrangement is being entered into alongside Trafford and Stockport local authorities with Trafford acting as the lead commissioner. These are also our commissioning partners for the full integrated sexual health service provided by MFT. Advice has been sought from STAR procurement regarding these arrangements who have advised to enact this utilising a Covid-19 Emergency Contract Award. For further information please see enclosed Modification Report in **Appendix 1**. A full engagement process and procurement exercise will subsequently take place for a longer-term service next year. The proposal is for this service to commence as soon as possible once approved.

## **5. REALLOCATION OF UNDERSPEND FOR CLINICAL OUTREACH PROVISION**

- 5.1 As outlined above, the RU Clear service ceased abruptly with immediate effect in March 2020 due to the impact of the Covid-19 pandemic on the provider (MFT) both from an acute clinical perspective and also in terms of the lab capacity required for the asymptomatic chlamydia testing, which was utilised for Covid-19 testing.
- 5.2 As a result of this service ceasing earlier in the year, there is currently an underspend in the Population Health budget for the financial year 2020/2021 as this is a needs-led service where spend relates directly to the volume of activity.
- 5.3 The total allocated budget for the RU Clear service is £75,000 per annum. As of December 2020 the current in-year underspend due to this service ceasing is £70,790.
- 5.4 Alongside this underspend, other sexual health services are struggling for capacity to manage current demands. In the core integrated sexual health service, provided by MFT, there has been significant disruption due to the pandemic due to staff redeployment into acute settings; increased staff absences; and the requirement to change day-to-day working to move to more remote consultations and manage the risk of Covid-19 transmission in face-to-face appointments. This presents resource challenges for the service.
- 5.5 During 2020 the service has enhanced the outreach offer, working alongside the Population Health team, to provide some clinical outreach capacity in the form of a part-time nurse who is able to operate outside of the core service based at Ashton Primary Care Centre. This role targets some of the most vulnerable residents in the borough who need support with

contraception and STI testing & treatment. This is particularly important for those residents who struggle to access the core service.

5.6 This new outreach capacity has been extremely valuable, with 66 referrals of vulnerable young people supported by the service in the first 4 months. These referrals have been from a range of partners the service has engaged with including LAC nurses; teenage midwife; children’s residential homes; family nurse partnership; school nurses; teachers; and social workers. These residents have been provided fast track access to advice, STI testing & treatment and contraception, including LARCs. A number of onward referrals to other support services have also been made including social services; complex safeguarding teams; termination clinics; domestic abuse service; substance misuse service; carers support; GPs; and mental health services. This extent of support provided demonstrates the high impact of this outreach capacity.

5.7 We are proposing to take £15,000 of the in-year underspend as a non-recurrent saving and £45,790 of the underspend will be re-allocated to MFT via a contract variation as a one-off payment to fund additional capacity in the clinical nursing outreach post (full-time NHS Band 6 nursing post) for the duration of the remaining contract with MFT (up to 31 March 2022). See table below for breakdown of the overall impact on this budget, also considering that this spans two financial years due to the nature of the direct award to Brook for the chlamydia screening service.

	20/21 £	Saving proposed- ongoing	21/22 £
Budget	75,000	15,000	60,000
Expenditure in year			
--RUClear	4,210		0
--Brook	10,000 (maximum)		39,087 (maximum)
MFT variation for outreach (non-recurrent)	45,790		0
Remaining allocation for 21/22 once Brook contract ends			£20,913
Projected Underspend at year end	<b>15,000</b>		<b>0</b>

5.8 This increased resource, from existing budgets, will enable enhanced clinical outreach for the remainder of the current contract to vastly increase the number of vulnerable people this service is able to support including our most vulnerable communities. Some of the target groups for support will include those who are homeless and rough sleeping; vulnerable young people at risk of safeguarding issues and sexual exploitation; sex workers; people living in more deprived and isolated communities in Tameside such as vulnerable young people in Hattersley.

## 6. RECOMMENDATIONS

6.1 As set out on the front of the report.