

Decision Report - Executive Decision

Forward Plan Reference: FP/23/04/02

Decision Date – 1st September 2023

Key Decision – Yes



Somerset-wide Integrated Sexual Health Service Approval to Award Contract

Executive Member: Cllr Adam Dance - Lead Member for Public Health, Equalities and Diversity

Local Members and Division: All Divisions

Executive Director: Trudi Grant - Executive Director for Public and Population Health

Lead Officer: Alison Bell – Strategic Manager for Public Health

Author: Michelle Hawkes – Service Manager for Public Health

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Summary / Background

1. Somerset Council are mandated to provide open access sexual health services including free testing for sexually transmitted infections (STIs) including HIV, treatment of STIs (excluding HIV), notification of sexual partners of infected persons and free provision of contraception. Open access services are essential for the local population to control infection, prevent outbreaks and reduce unwanted pregnancies.
2. Somerset Council led the successful modernisation and integration of specialist sexual health and contraceptive services in Somerset through the development of the community based Somerset-wide Integrated Sexual Health Service (SWISH). This includes targeted prevention interventions with those at highest risk of poor sexual health outcomes and to make services more accessible for those who might not typically use them, thereby reducing health inequalities. Following a competitive tender process a 5 year contract, with options to extend for a further 3 years, was awarded to NHS Somerset Foundation Trust from 1st April 2016. All extensions have now been utilised and the current contract will end on 31st March 2024.
3. A new two year contract term was agreed for SWISH rather than 8 years due to the changing commissioning landscape for sexual health services across the system and imminent new procurement regulations for NHS services through the Health and Social Care Act 2022's Provider Selection Regime (PSR). This will

ensure that mandated sexual health services continue whilst enabling time to better understand the future model, delivery and commissioning of sexual health services. A competitive tender process is now complete and a preferred bidder has been identified to deliver the new contract from 1st April 2024 to 31st March 2026.

Recommendations

4. The Executive Director, Trudi Grant, agrees
 - a. To award the contract for the Somerset-wide Integrated Sexual Health Service (SWISH) for the two year period 1st April 2024 to 31st March 2026 to Bidder A.

Reasons for recommendations

5. Local authorities are mandated to provide sexual health services. The contract for the Somerset Integrated Sexual Health Service (SWISH) ends on the 31st March 2024 with no further options to extend.
6. To agree that Appendix B should be exempt information and to be treated in confidence on the grounds that it contains information relating to the financial or business affairs of the tenderers and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Other options considered

7. Three options were considered, which were to:
 - a. Direct award the contract – the Health and Social Care Act 2022 outlines proposed changes to the procurement of NHS services through a Provider Selection Regime (PSR), which may be relevant for local authority commissioned specialist services where there is a limited market, such as sexual health. However, there has been a delay in the publication of guidelines for the PSR, and compliance with commissioning regulations has not been tested with public health contract awards. In addition, a direct award at this point would not have enabled collaborative working with NHS Somerset to inform any future model of sexual health service provision aimed at reducing the impact of fragmented commissioning for the Somerset population.

- b. Extend the current contract for one year to maintain the status quo whilst awaiting the PSR regulation. This would have required a waiver as there were no further contract extensions available. However, this was not considered appropriate as does not comply with commissioning regulations and would therefore be open to challenge.
- c. Tender for a new two year contract term – this was the preferred option. The two year contact term maintains the status quo whilst enabling time to develop the future model of sexual health service provision collaboratively with NHS Somerset, who are taking on new sexual health commissioning responsibilities. In addition implications for commissioning through the new PSR will be better understood.

Links to Council Plan and Medium-Term Financial Plan

8. The Somerset-wide Integrated Sexual Health Service (SWISH) contributes to the ambitions of the County Plan for Somerset through supporting:
 - A healthy and caring Somerset: the service supports the health and wellbeing of the Somerset population through the identification and treatment of sexually transmitted infections and the reduction in unplanned pregnancies.
 - A flourishing and more resilient Somerset: the service supports individuals and families to self-manage their sexual and reproductive health and contributes to a reduction in teenage conceptions and unplanned pregnancies.
 - A fairer ambitious Somerset: the service seeks to reduce the stigma associated with sexual health and provides targeted interventions to reduce inequalities in sexual health outcomes known to adversely affect some sectors of the population.

Financial and Risk Implications

9. Funding for this statutory provision is provided through the Public Health Grant; following liaison this has been confirmed by the service finance manager. The annual budget for the Somerset-wide Integrated Sexual Health Service is £1,940,000 plus additional funding for pre-exposure prophylaxis for HIV (PrEP) of £77,191, a total annual value of £2,017,191. The value of the two year contract for the period 1st April 2024 to 31st March 2026 is £4,034,382.
10. Demand for the Somerset-wide Integrated Sexual Health Service has been increasing, particularly in 2022-2023 onward, with activity levels at their highest

level since the service began in 2016. This has been driven in part by the impact on sexual behaviour and service access through the COVID19 pandemic and continuing pressures in other parts of the system including in primary care and pharmacy contraceptive and sexual health provision. There has been no additional funding through the Public Health Grant to meet increasing activity and inflationary costs (other than to support the routine commissioning of PrEP). Also, as a specialist clinical service provided by the NHS it is unclear how future NHS Agenda for Change pay awards for local authority commissioned services will be funded from 2024-2025. Mitigating factors will include through contract management a regular review of SWISH activity, service access and spend, and as necessary negotiations with the provider to ensure that the service continues to meet the requirements of the specification in providing services for those most in need of them. Public Health will collaborate with system partners, including NHS Somerset and primary care providers, to improve provision across the system and ensure SWISH can prioritise provision of specialist sexual health services to those at higher risk of poor sexual health, unplanned pregnancies and complex sexual health and contraceptive provision.

Legal Implications

11. From the 1st April 2013, Public Health based in local authorities have been mandated by the Health and Social Care Act 2012 to commission open access sexual health services. This includes free testing for sexually transmitted infections (STIs) including HIV, treatment of STIs (excluding HIV), notification of sexual partners of infected persons and free provision of contraception. Open access services are essential to control infection, prevent outbreaks and reduce unwanted pregnancies. Local authorities are responsible for the commissioning of any specialist sexual health services including young people's sexual health and teenage pregnancy services, HIV prevention and sexual health promotion. From 2020 local authorities have been responsible for the provision of PrEP (excluding PrEP drugs which are funded by NHSE) as part of HIV prevention through specialist sexual health services that they commission.

HR Implications

12. There are no direct HR implications as a result of this decision as all staffing arrangements are external to the Council establishment. TUPE regulations will apply and have been incorporated into the competitive process in line with current requirements.

Other Implications:

Equalities Implications

13. The contract award will enable continuation of the existing integrated sexual health service. Equalities implications were considered in the update of the service specification and a refreshed equalities impact assessment has been completed as below. There were no negative equalities implications identified.

Community Safety Implications

14. The decision will should not have an effect on the public's perception of crime and disorder and anti-social behaviour rates in Somerset. Sexual health services have robust safeguarding processes in place including identification of children and adults who may be experiencing or at risk of sexual abuse and exploitation including sexual exploitation. They also link with Sexual Assault Referral Centres (SARCs) both for referral and also sexual health follow up for victims of sexual abuse.

Climate Change and Sustainability Implications

15. Climate change and sustainability were assessed as part of the Social Value response within the tender and contract award process. See Tender Evaluation Report – Appendix A for further details.

Health and Safety Implications

16. Specialist sexual health services are regulated by the Care Quality Commission (CQC) and are required to comply with all the necessary health and safety requirements for staff and service users including patient safety. Safeguarding and patient and staff safety, including incident reporting and management, are monitored through contract management and regular reporting through the Somerset Council Public Health Clinical Governance Assurance process.

The decision to award this contract does not represent an increased health and safety risk for Somerset Council employees, volunteers, service users, visitors or members of the public.

Health and Wellbeing Implications

17. The award of the contract for the specialist sexual health service will have a:

- significant positive impact on health and wellbeing through the provision of services to identify and treat sexually transmitted infections, identify HIV and provision of contraception to reduce unplanned pregnancies.
- significant positive impact on preventing ill-health through support for self-managed sexual health care, targeted prevention interventions to reduce high-risk sexual behaviour, the provision of PrEP to reduce onward transmission of HIV and identification and referral for victims of sexual abuse and exploitation.
- significant positive impact on reducing health and social inequalities through reducing stigma and targeted interventions aimed at those at the highest risk of poor sexual health outcomes or those less likely to access the sexual health services they need. This includes interventions aimed at young people, gay and bisexual men and other men who have sex with men, those engaged in sex work and some ethnic minority groups who experience the greater burden of poor sexual health.

Social Value

18. This key decision is awarding the contract to a provider who has been through a Somerset Council competitive tendering process in which its 'Social Value' as a provider has been assessed. See Tender Evaluation Report –Appendix A for further details.

Scrutiny comments / recommendations:

19. This key decision has not been considered by a Scrutiny Committee. Chairs of the Adult and Health Scrutiny and Children and Families Scrutiny Committees were advised of the decision to tender for this service and the award outcome and offered a briefing if requested. Cllr Leigh Redman raised a number of questions relating to the offer to children and families and how the service would meet increasing demand and following a meeting on the 31st July was supportive of the decision to award.

Background

20. Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The government in 2013 set out its ambitions for improving

sexual health in its publication, [A framework for sexual health improvement in England](#). In December 2021, the government published [Towards Zero: the HIV Action Plan for England - 2022 to 2025](#). Sexual health is not evenly distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, gay and bisexual men and other men who have sex with men (GBMSM), the trans community, young people, and people from ethnic minority backgrounds. Similarly, HIV infection in the UK disproportionately affects GBMSM and black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

21. Sexual health can affect a person's physical and mental wellbeing. Poor sexual health can have significant consequences including:
 - a. Teenage parenthood reduces the life chances of children and young people and their children.
 - b. Sexual exploitation may lead to lifelong mental wellbeing problems.
 - c. STIs can cause long term and life-threatening complications, including infertility.
 - d. Bullying and discrimination can occur on the basis of sexuality and gender identity.
 - e. Late diagnosis of HIV leads to avoidable serious illness and premature death as well as increased HIV transmission.

22. Overall the population of Somerset experiences good sexual health relative to the rest of England and many areas in the South West. Rates of new STI diagnosis and HIV prevalence are comparatively low, whilst uptake of the most effective forms of contraception are generally higher. However, despite this there remain inequalities in both knowledge of sexual health and in access to sexual health services. Uptake of chlamydia screening by young people remains below that recommended impacting on identification and treatment. Whilst HIV prevalence is low, the percentage of those who are diagnosed late with HIV remains persistently high, leading to poorer health outcomes and increased risk of transmission. Significant progress has been made in reducing teenage conceptions but some areas still see higher numbers of teenagers becoming pregnant, and surveys of young people demonstrate a lack of knowledge of the services available to them. In addition

sexual health services are experiencing increasingly higher numbers of attendances and demands on their services than ever before.

23. In 2016 Somerset Council led the successful modernisation and integration of specialist sexual health and contraceptive services in Somerset through the development of the community based Somerset-wide Integrated Sexual Health Service (SWISH). This includes targeted prevention interventions with those at highest risk of poor sexual health outcomes and to make services more accessible for those who might not typically use them, thereby reducing health inequalities. The COVID-19 pandemic led to measures which influenced sexual behaviour and health service provision and changed the way many services were offered, with a shift to online and tele-consultations and online testing for HIV and asymptomatic STIs increasing. The service specification for the integrated sexual health service has been refreshed taking into account how service provision has evolved.

Background Papers

24. Somerset Sexual Health Needs Assessment 2023 [Sexual Health Needs Assessment 2023 \(somersetintelligence.org.uk\)](https://www.somersetintelligence.org.uk).

Appendices

- **Appendix A – Tender Evaluation Report**
- **Appendix B – Confidential Tender Evaluation Report**

Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or
www.somerset.gov.uk/impactassessment

Organisation prepared for (mark as appropriate)	 Somerset Council	x	 NHS Somerset	 NHS Somerset NHS Foundation Trust
Version	V1	Date Completed	19 July 2023	
Description of what is being impact assessed				
Award of new two year contract for the Somerset-wide Integrated Sexual Health Service				
Evidence				
<p>What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the Office of National Statistics, Somerset Intelligence Partnership, Somerset’s Joint Strategic Needs Analysis (JSNA), Staff and/or area profiles, should be detailed here</p> <ul style="list-style-type: none"> • Sexual Health Needs Assessment 2023 (somersetintelligence.org.uk) • A framework for sexual health improvement in England • Teenage Pregnancy Prevention Framework • Towards zero the HIV action plan for England 2022 to 2025 				

Sexual health services are mandated to provide open access services available to anyone requiring care, irrespective of their age, sex, gender, sexual orientation, accessibility requirement, place of residence or general practice (GP) registration, without referral. The Somerset service is also required to have a range of access points including walk-in and appointment clinics, operating evenings and weekends and offering remote and online services alongside-in-person attendance.

Who have you consulted with to assess possible impact on protected groups and what have they told you? If you have not consulted other people, please explain why?

For this key decision we have not undertaken any consultation. This is a two year contract enabling the continuation of an existing service whilst we collaborate with NHS Somerset on the future of sexual health services across the system and await the Provider Selection Regime guidelines from the Health and Social Care Act 2022. A consultation will take place to inform the new service model from 1st April 2026. The refreshed sexual health service specification for this contract was informed by the previous service specification developed following public consultation. The impact on protected groups in regards to sexual health services is well documented and evidenced in the new national service specification for integrated sexual health services which also informed the refresh of the new specification. A refreshed equalities impact assessment is being completed for the new contract.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<p>Young people aged 15 to 24 years are one of the groups experiencing the greatest impact of sexually transmitted infections (STIs). The 2021 Census states there are 55,800 young people aged 15-24 in Somerset. Young people also experience relatively high rates of unintended pregnancies and a reduction in teenage pregnancy is a priority to reduce the poor health and social outcomes of teenage parenthood. STIs are increasing in older age groups too and late diagnosis of HIV particularly impacts those aged 50+.</p> <ul style="list-style-type: none"> • Both universal and targeted sexual health services are provided regardless of age; those aged under 18 years of age are assessed using the Brook Traffic Light tool and those aged under 16 years of age are assessed for Gillick competency. • Targeted prevention services are provided for young people and adults through outreach provision and in outreach clinic settings, with specific clinics in areas/with groups of high need. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<ul style="list-style-type: none"> • Young adults and adults can access asymptomatic testing through an online testing service. 			
<p>Disability</p>	<p>HIV and Aids is considered a disability from the point of diagnosis under the Equality Act 2010, meaning that anyone diagnosed with HIV has the same protection as disabled people, regardless of their health status.</p> <ul style="list-style-type: none"> • The service works in partnership with the HIV Treatment and Care Service to support the ongoing sexual health needs of those living with HIV • Early identification of HIV positive people through testing and prompt referral to treatment to enable people to live well with HIV and reduce transmission. • Provision of pre-exposure prophylaxis for HIV (PrEP) to reduce HIV transmission. <p>People with physical and learning disabilities might face barriers to accessing sexual health services, and people with learning disabilities may have a more limited and incomplete understanding of sexual health issues than their non-disabled peers Sexual health and people with learning disability fpa.</p> <ul style="list-style-type: none"> • The service is required to ensure it makes reasonable adjustments and have due regard to any specific needs of those 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<p>likely to use its buildings The Building Regulations 2010: Equality Act clarification - GOV.UK (www.gov.uk)</p> <ul style="list-style-type: none"> • A range of delivery options are offered, which benefit those who might find accessing physical clinics challenging including access to online testing for STIs, digital consultations and imaging and outreach provision at e.g. Foxes Academy. 			
<p>Gender reassignment</p>	<p>Evidence shows that transgender male and females have poorer sexual health outcomes and have a higher risk for HIV and other sexually transmitted infections. This is because they are more likely to engage in high risk sexual behaviour and face barriers to accessing services due to stigma and discrimination. In the 2021 Census over 1,600 individuals in Somerset stated that their gender identity differs from their sex registered at birth (approximately 0.35% of the population aged 16+).</p> <p>Sexual health services are required to be inclusive, appropriate, and sensitive to the needs of all people, including those individuals whose gender identity does not align with their natal sex, non-binary people, and people of diverse gender identities.</p> <ul style="list-style-type: none"> • Transgender male and females are a key target group for the sexual health service. Targeted sex and healthy relationship advice and information for young LGBTQ+ people is part of the service delivery requirements. 	<p>□</p>	<p>□</p>	<p>☒</p>

Marriage and civil partnership	Both universal and targeted sexual health services are provided regardless of relationship status.	☐	☒	☐
Pregnancy and maternity	<p>Women’s control over fertility is fundamentally affected by their access to sexual and reproductive health services. Integrated sexual health services provide support to women on the most effective forms of contraception and aid family planning.</p> <p>The service provides targeted support to women who are vulnerable to unplanned pregnancies which could have a significant impact on their health and wellbeing. This includes bespoke support to access long-acting reversible contraception for women who have had multiple pregnancies and children taken into social care through the PAUSE programme.</p>	☐	☐	☒
Race and ethnicity	Somerset is less diverse than nationally with 96.4% of the population identifying as ‘White’ compared to 81.1% nationally. However the greatest relative change in population between the 2011 and 2021 Census were amongst those from Black ethnic groups with the number doubling from 1,013 to 2,436.	☐	☐	☒

	<p>The highest population rates of STI diagnoses are among people of black ethnicity but this varies considerably among black minority ethnic groups with Black Caribbean and Black non-Caribbean/non-African having the highest rates of STIs. Black Africans have a higher risk of HIV than other black minority ethnic groups.</p> <ul style="list-style-type: none"> • Black ethnic minority groups are identified as one of the key target groups for the service. • The service will support the South West PrEP My Way Social Change campaign commissioned by local authorities across the South West and aimed at recruiting those currently underrepresented in PrEP uptake which include black minority ethnic groups. 			
Religion or belief	Universal and targeted sexual health services need to ensure that services are accessible to people regardless of their religion or belief and where appropriate are sensitive to the needs of faith groups.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	Universal and targeted sexual health services need to ensure that services are accessible to people regardless of their sex or gender identity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	It is difficult to know the actual numbers of people who identify as gay, lesbian, bisexual or pansexual in Somerset but in the 2021 Census approximately 12,000 Somerset residents identified a sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<p>orientation other than Straight or Heterosexual (2.5% of the population).</p> <p>Gay and bisexual men experience some of the poorest sexual health outcomes.</p> <ul style="list-style-type: none"> • The sexual health service provides targeted behaviour change interventions with gay and bisexual men and other men who have sex with men with high risk sexual behaviour attending clinics, online testing for STIs and HIV and a free condoms by post service. • LGBTQ+ are a key target group for the sexual health service. Targeted sex and healthy relationship advice and information for young LGBTQ+ people is part of the service delivery requirements. 			
<p>Armed Forces (including serving personnel, families and veterans)</p>	<p>Sexual health services are identified as one of the services bound by the new Armed Forces Covenant to ensure services are accessible and that military personnel and their families are not disadvantaged in service provision. The armed forces are one of the priority groups for this service, and educational outreach provision to military bases in the county is part of the service offer.</p>	<p>□</p>	<p>⊗</p>	<p>□</p>

<p>Other, e.g. carers, low income, rurality/isolation, etc.</p>	<p>The Somerset service is required to have a range of access points including walk-in and appointment clinics, operating evenings and weekends and offers remote and online services alongside-in-person attendance. Targeted outreach provision is provided to those groups with a sexual health need that do not typically access services including homeless and displaced people.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
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	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>

	Select date			<input type="checkbox"/>
If negative impacts remain, please provide an explanation below.				
Completed by:	Michelle Hawkes			
Date	19th July 2023			
Signed off by:	Alison Bell			
Date	21.8.2023			
Equality Lead sign off name:	Tom Rutland			
Equality Lead sign off date:	21/07/2023			
To be reviewed by: (officer name)	Michelle Hawkes			
Review date:	2025			