

# Business Case

## E/R.6.042 - Joint re-procurement of Sexual Health Services including digital delivery

### Project Overview

Project Title	E/R.6.042 - Joint re-procurement of Sexual Health Services including digital delivery		
Project Code	TR001533	Business Planning Reference	E/E.6.042
Business Planning Brief Description	This business case is for the re-commissioning of Integrated Sexual and Reproductive Health Services (SRH) for one service across Cambridgeshire and Peterborough. Peterborough City Council will delegate authority to Cambridgeshire County Council to commission, contract and performance manage the successful bidder on its behalf. Service efficiencies and transformational changes will secure the planned savings.		
Senior Responsible Officer	Val Thomas		

### Project Approach

#### Background

##### Why do we need to undertake this project?

Cash reductions in the Public Health Grant and financial pressures upon the Local Authority require efficiencies and cost-effective innovative approaches to delivering commissioned services. The re-commissioning of this service across Cambridgeshire County Council and Peterborough City Council will bring efficiencies and there will be further development of the transformational service redesign and efficiencies that have been taking place during the past three years in both areas.

In addition, Cambridgeshire and Peterborough were selected as one of two sites in the country by Public Health England to pilot collaborative commissioning with other commissioners of Sexual and Reproductive Health (SRH) services in the NHS. This is providing the opportunity to improve pathways and the patient experience.

##### What would happen if we did not complete this project?

If these services were not provided there would be the following consequences

- The Sexual and Reproductive Health (SRH) current contract ends on the 31st March 2020. It has already been extended and any further extensions are not possible.
- People with Sexually Transmitted Infections (STIs) would not be treated if the current Service contract ends and there is a very high risk that this would lead to outbreaks of STIs in the population.

#### Approach

##### Aims / Objectives

The aim to is recommission Sexual and Reproductive Health (SRH) Services for Cambridgeshire and Peterborough  
Specific objectives are:

- to provide access to all SRH services across the county providing easy and acceptable access to high risk population groups to avoid increases in sexually transmitted infections and unplanned pregnancies
- to ensure there are robust pathways to related services
- to introduce efficiencies and transformational changes in service delivery that provide cost efficiencies and savings

## Project Overview - What are we doing

### Background

Cambridgeshire County Council and Peterborough City Council commission Integrated Sexual Health and Reproductive Health Services from Cambridgeshire Community Services. The clinics offer testing, treatment and contact tracing for people at risk of sexually transmitted infections along with the full range of contraception services. Services are 'open access' – i.e. people can refer themselves and are entitled to be seen.

They are a mandated local authority public health service under the Health and Social Care Act (2013). The Integrated Service was commissioned in 2014 and it brought together sexual health and contraception into the integrated service. The Service is delivered through a Hub and Spoke model whereby there are three hubs that offer the full range of clinical services and are Consultant led (Wisbech, Cambridge City and Huntingdon). In addition there are nurse led spoke clinics that provide less complex sexual health and contraception services.

It was commissioned to integrate sexual health and contraception services so that patients are able to address all their sexual health and contraception needs in one service and location and address the health inequalities and inequities of service provision between the north and south of the county. A key theme was the requirement to modernise the service to ensure that it is efficient and cost effective.

### Current position

Over the past three years the Cambridgeshire Service has introduced a number of innovative approaches which includes using new technologies. In addition it has made savings and has streamlined the service but this has always been undertaken in areas where demand for service is low. The re-commissioning will have one contract for both Cambridgeshire and Peterborough. It is intended that the new contract will be awarded for commencement in April 2020. Efficiencies are anticipated from having a single contract. These are currently in development but they are anticipated to reflect the merging of managerial and administrative functions. In addition, the Service has introduced an on-line service for asymptomatic patients that is still being developed. There is the potential to explore other digital options for managing demand.

### Collaborative Commissioning

Cambridgeshire and Peterborough were selected as one of two sites in the country by Public Health England to pilot collaborative commissioning with other commissioners of Sexual and Reproductive Health (SRH) services in the NHS. This was in response to the identified fragmentation of the commissioning of connected SRH services since 2013. This is providing the opportunity to improve pathways and the patient experience. The re-commissioning will include cervical screening and HIV treatment services on behalf of NHS England. Under discussion is the inclusion of early termination of pregnancy and minor gynaecological services with the Clinical Commissioning Group.

## What assumptions have you made?

Providing services across both Cambridgeshire and Peterborough requires efficient management and administrative systems to ensure patient safety. Any savings would not compromise these areas.

#### What constraints does the project face?

The procurement must be completed by March 31st 2020 when the current contract ends. These services are one of the local authority mandated services and there is statutory requirement to ensure that they are commissioned and provided in the area.

### Delivery Options

#### Has an options and feasibility study been undertaken?

##### Procurement options

The options were discussed with procurement and because of its value the full competitive option was chosen in view of the legal and procurement regulations.

##### Delivery model and costing options

Combining delivery model and cost to realise the best value service offer for our citizens, options being considered are:

#### 1. Developments in clinics. This takes two forms;

1.
  - i. the greater integration, through collaborative commissioning, of services in the field of sexual & reproductive health and HIV where the commissioning responsibility sits with another healthcare authority such as NHS England and the local NHS CCG. Such an approach supports service users, who will experience a 'one-stop-shop' style clinic, but also our local service by offering an opportunity to gain additional income. Services being discussed include Cervical Screening; HPV Vaccination for MSM; HIV Care & Treatment and early medical abortion services.
  - ii. improving sign-posting for service users and triage, to educate those needing our services of the optimal route to receive the care that they need. In reality this would see those who are without symptoms; are not vulnerable; nor within higher and highest risk groups; and are seeking a standard set of tests and/ or advice directed towards our online offer.

2. Expansion of an 'eService', to include a wider range of testing-kit models; the potential of postal treatment for non-complex Chlamydia; the ability for women to be counselled on their choice of contraception online (leading to fewer clinic attendances to gain their method of choice); development of partner notification; and support and management in cases of people presenting with a safeguarding issue.

3. Development of a sustainable costing/ pricing model that will see funds 'following the patient' whilst delivering a dependable savings plan for the taxpayer. In reality, this would allow funds to be drawn out of physical delivery; then utilised to provide (i) a material investment into the eService and (ii) a cash saving in support of local government commissioning.

### Scope / Interdependencies

#### Scope

##### What is within scope?

Community sexual health and reproductive services that are one of the Local Authority's mandated responsibilities.

#### What is outside of scope?

Contraception services (Long Acting Reversible Contraception - LARC) commissioned by the Local Authorities from GP practices.

#### Project Dependencies

Title

#### Cost and Savings

See accompanying financial information in Table 3

#### Non Financial Benefits

##### Non Financial Benefits Summary

Community Integrated Sexual and Reproductive Health (iSRH) services provide easy access to contraception for high risk vulnerable groups who would not attend their GP practice for contraception. Young people who have unplanned pregnancies have a higher risk of complex health and social issues affecting the mother and child. Often they will require above average use of health and social care services. Teenage pregnancies are also associated with poorer longer term health, educational and employment outcomes with high risks of poverty.

SRH services based in the community provide easy access to treatment for Sexually Transmitted Infections (STIs) especially for vulnerable groups such as the homeless, drug and alcohol users and sex workers. That is groups who are associated with non-compliance of treatment and poorer outcomes without easy access to services. Non-treatment increases the Public Health risk of increased spread of STIs in the population.

Easy access to HIV treatment services supports people seeking diagnosis following possible exposure to HIV infection. This is an issue for both Cambridgeshire and Peterborough as statistics show that both local authorities have rates of late diagnosis that are significantly higher than the national average. Early diagnosis and treatment can mean a normal life expectancy and very few health and social care needs. Late diagnosis can lead to ongoing use of health and social care services with poorer health outcomes.

Title

#### Risks

Title

Re-commissioning Sexual and Reproductive Health Services

#### Project Impact

##### Equality Impact Assessment

Who will be affected by this proposal?

All residents of Cambridgeshire

What positive impacts are anticipated from this proposal?

The re-commission of the Sexual and Reproductive Health (SRH) services will bring the following positive impacts:

- The Service is a county wide and will provide clinics throughout the county ensuring that the more rural residents in the north of the county are able to access the services.
- It will make sure that high risk groups such as young people, homeless, sex workers, men who have sex with men, those misusing drugs and alcohol know of the services and are able to access them easily.
- There will be bespoke services for young people.

#### What negative impacts are anticipated from this proposal?

No negative impacts anticipated as the service will seek to ensure that all those with protected characteristics receive information about the service and that the service is accessible and sensitive to any particular needs.

#### Are there other impacts which are more neutral?

None

### Disproportionate impacts on specific groups with protected characteristics

#### Details of Disproportionate Impacts on protected characteristics and how these will be addressed

- **Age:** Young people are at a higher risk of acquiring a sexually transmitted infection or an unwanted pregnancy. There will be bespoke clinics for young people.
- **Sexual orientation:** Rates of sexually transmitted infections are higher in men who have sex with men. The Service will be promoted with these groups to encourage and support them to seek testing and treatment if they are at risk of acquiring a sexually transmitted infection.
- **Pregnancy and maternities:** The easy access to contraception provided by the Service will be promoted especially in groups at risk of unplanned pregnancies.
- **Rurality:** Services will be provided in the more rural areas in the north of the county.
- **Deprivation:** Services will be provided in the deprived areas in the north of the county.

Any efficiencies in the new service will not compromise the targeting and access to services for these groups. In addition the Prevention of Sexual Ill Health Service, which is also being re-commissioned, will promote these services with relevant groups.

# Business Case

## E/R.6.043 - Joint re-procurement of Integrated Lifestyle Services

### Project Overview

Project Title	E/R.6.043 - Joint re-procurement of Integrated Lifestyle Services		
Project Code	TR001538	Business Planning Reference	E/R.6.043
Business Planning Brief Description	Re-commissioning of the integrated lifestyle services as one service across Cambridgeshire and Peterborough. Peterborough City Council will delegate authority to Cambridgeshire County Council to commission, contract and performance manage the new provider. Savings will be sought through efficiencies and transformational changes.		
Senior Responsible Officer	Val Thomas		

### Project Approach

#### Background

##### Why do we need to undertake this project?

Cost-effective, innovative approaches to delivering commissioned services is of fundamental importance in a context of increasing financial pressure on local government and cash reductions in the Public Health Grant.

The re-commissioning of this service across Cambridgeshire County Council and Peterborough City Council will bring efficiencies, and there will also be further development of the transformational service redesign and efficiencies that have been taking place during the past three years in both areas.

##### What would happen if we did not complete this project?

The Integrated Lifestyle Service provides a range of services that aim to improve lifestyles and avoid ill health. In particular those conditions that create ongoing demand for health and social care services. Supporting lifestyle change amongst the population reduces the risk of associated conditions such as diabetes, cardiovascular disease, respiratory disease, mental health conditions and obesity. The service also undertakes the National Child Weight Measurement Programme which is a mandated function of the Local Authority.

The contracts in both Cambridgeshire County Council and Peterborough City Council expire in March 2020 and cannot be further extended; if a new service is not commissioned these vital prevention services will not be provided.

#### Approach

##### Aims / Objectives

The overall aim of the procurement is to secure a lifestyle service that will provide residents with information, support and interventions that will enable them to make lifestyle choices that reduce the risk of and prevent ill prevent ill health and foster well being.

Specific objectives for the new service are:

- Provide a health trainer service that supports behaviour change at population and targeted level. This

will include Fall Prevention, Mental Health, Alcohol misuse and other areas to be defined following completion of the evidence review

- Provide weight management services for adults and children
- Undertake the annual National Child Weight Management Programme
- Provide outreach NHS Health Checks

### Procurement Objectives

- Completion of the Procurement in line with the schedule
- Successful implementation of the service
- Value for money service commissioned that provides cost efficiencies and delivers the identified savings,

### Project Overview - What are we doing

Re-commissioning the Integrated Lifestyle Service as one service across Cambridgeshire and Peterborough. Peterborough City Council will delegate authority to Cambridgeshire County Council to commission, contract and performance manage the service on its behalf. The service will include a range of health trainer behaviour change services, weight management services, outreach NHS Health Checks and the National Child Weight Management Programme.

### What assumptions have you made?

That there is robust market for a competitive tender for the delivery of lifestyle services with bidders who want to make innovative changes to the Service.

### What constraints does the project face?

Transformational changes are necessary but there is a limited evidence base for some of the proposed areas for development.

## Delivery Options

### Has an options and feasibility study been undertaken?

As there are no further contract extensions available beyond the contract expiration date of May 2020, some form of procurement is necessary. Due to the contract value the option of a competitive tender is the preferred route.

## Scope / Interdependencies

### Scope

#### What is within scope?

To re-commission the Integrated Lifestyle Services which includes the following:

- Health Trainer Behaviour Change Service that includes health trainers that work with targeted groups
- Adult and Child weight management
- Outreach NHS health Checks
- National Child Weight Management Programme

#### What is outside of scope?

The re-commissioning of any other Public Health Services.

## Project Dependencies

Title

## Cost and Savings

See accompanying financial information in Table 3

## Non Financial Benefits

### Non Financial Benefits Summary

Title

Lifestyle Services Specialist Carers Health Trainer

## Risks

Title

## Project Impact

### Equality Impact Assessment

#### Who will be affected by this proposal?

All Cambridgeshire residents.

#### What positive impacts are anticipated from this proposal?

The aim of the Lifestyle Service is to identify and make behavioural change intervention with members of the population at risk of lifestyle associated ill health. The Service also promotes healthy lifestyle messages with the whole population through different media.

There are areas and certain populations groups that have poorer health outcomes. These are targeted by the service to ensure that they have increased access and appropriate services to meet their health improvement needs. These include those experiencing the following:

- deprivation
- rurality
- older people at risk of falling
- people with long term conditions such as diabetes and mental ill health
- carers
- people who misuse alcohol

Learning from the current services has led to transformational developmental changes being undertaken especially in relation to weight management services. Very poor uptake of structured weight management services targeting obese seven to eleven year olds has led to the development of more universal approaches that avoid stigmatisation. Children can still access bespoke support outside of group activities and parents can still be involved. This has improved uptake and will be further developed in the new service to engage more children experiencing or at risk of developing obesity.



#### What negative impacts are anticipated from this proposal?

There are no negative impacts anticipated as a result of this proposal. The service focuses upon supporting individuals and communities to make lifestyle changes. It includes supporting the development of community assets, leaders and volunteers who will develop and support lifestyle change in their communities.

#### Are there other impacts which are more neutral?

Supporting the Think Community initiative and community cohesion is central to how the Lifestyle service is delivered. The service focuses upon supporting individuals and communities to make lifestyle changes. It includes supporting the development of community assets, leaders and volunteers who will develop and support lifestyle change in their communities.

#### Disproportionate impacts on specific groups with protected characteristics

##### Details of Disproportionate Impacts on protected characteristics and how these will be addressed

**Age:** Certain age groups experience poorer health outcomes that are related to their health behaviours. These groups are targeted with specific programmes that focus on helping them address factors that are affecting their health.

- older people - falls prevention
- older people living with long term conditions e.g. diabetes
- young children - obesity

**Disability:** People living with disabilities have a higher risk of poorer outcomes. The new service will develop a behaviour change package specifically for people with a disability that will help them adopt healthier lifestyle that is suitable for them.

**Pregnancy and maternity:** Pregnant women will be supported to effectively manage their weight during their pregnancies through realistic lifestyle behaviours. Excessive weight gain during pregnancy is high risk for poorer outcomes for the mother and child.

**Rural isolation:** People living in rural isolation are often more deprived and have less access to opportunities that support a healthy lifestyle. The lifestyle services will be accessible in all the more rural areas of the county and shaped to suit the local needs of communities, for example locations and venues for activities.

**Deprivation:** People and communities that are more deprived experience poorer health outcomes. Lifestyle services will be weighted in these areas to target deprived individuals and communities at a scale, within resources, for meeting their higher level of need and behavioural change support requirements.

**Community cohesion:** Central to the lifestyle service will be to support individuals and communities to work together to develop their assets, leaders and volunteers to develop programmes in their own communities.

