

Section 75 Extension Sexual and Reproductive Health Services

To: Adult and Health Committee

Meeting Date: 14 July 2022

From: Jyoti Atri, Director of Public Health

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2022/080

Outcome: The extension of the current Section 75 agreement with Cambridgeshire Community Services to provide Sexual and Reproductive Health Services across Cambridgeshire and Peterborough for two years. The current contract expires on 31 March 2023. This extension would mean that the Section 75 would end on 31 March 2025.

Recommendation: Adults and Health Committee is asked to agree the following:

- a) Commission a Sexual and Reproductive Health Needs Assessment to inform the commissioning of Sexual and Reproductive Health Services.
- b) Extension of the current Section 75 agreement with Cambridgeshire Community Services for the provision of Integrated Sexual and Reproductive Health Services across Cambridgeshire and Peterborough until 31 March 2025 at a value of £5,100, 249 per annum, to enable the Sexual and Reproductive Health Needs Assessment to be undertaken
- c) Authorisation of the Director of Public Health, in consultation with the Chair and Vice Chair of the Adult and Health Committee to award a contract to the successful provider subject always to compliance with all required legal processes.
- d) Authorisation of Pathfinder Legal Services Ltd. to draft and complete the necessary documentation to extend the Section 75 agreement.

Officer contact:
Name: Val Thomas
Post: Deputy Director of Public Health
Email: val.thomas@cambridgeshire.gov.uk
Tel: 07884 183374

Member contacts:
Councillor Howitt / Councillor van de Ven
Post: Chair/Vice-Chair
Email: Richard.howitt@cambridgeshire.gov.uk / susanvanden5@gmail.com

1. Background

- 1.1 A comprehensive Sexual and Reproductive Health Services (SRH) Needs Assessment has not been undertaken for over ten years in Cambridgeshire. Although historically overall the sexual health of the Cambridgeshire population has compared well to other similar areas, there are some issues. For example, current information tells that testing rates for sexually transmitted infections are low amongst high-risk groups and uptake rates for long-acting reversible contraception remain low amongst the under twenty-fives. To secure a good understanding of the needs in the context of the changes arising from COVID-19 and the wider operational and strategic landscape it is proposed to undertake a comprehensive SRH Needs Assessment. This will enable us to understand the impact of these changes and developments that will inform the design of the new service and the contractual arrangements.
- 1.2 Currently Cambridgeshire County Council (CCC) holds a Section 75 (S75) agreement with Cambridgeshire Community Services (CCS) to provide Sexual and Reproductive Health Services (SRH) across Cambridgeshire and Peterborough. Peterborough City Council has delegated authority to CCC to commission SRH services on its behalf. The commissioning of sexual health treatment services is one of the mandatory Public Health responsibilities held by Local Authorities and is a key health protection function.
- 1.3 The S75 was developed around a collaborative commissioning agreement with PCC, NHS England (NHSE) and the Clinical Commissioning Group (CCG). The objectives of the collaborative commissioning approach were to align sexual health and reproductive services to future proof, quality assure, optimise service pathways for service users, realise system efficiencies and improve health outcomes.
- 1.4 Originally a competitive procurement was scheduled to commence at the beginning of March 2020, but this was delayed though the pandemic which increased the complexity of working across different organisations. Consequently, an options appraisal was undertaken and reviewed by the former Health Committee. It approved, following consideration of the demands of pandemic, the establishment of a S75 between CCC and the provider initially for a short period. The situation should then be reviewed when the COVID-19 challenges had reduced.
- 1.5 The services included in the collaborative agreement are the CCC and PCC commissioned SRH services; HIV treatment services, cervical screening and HPV vaccinations commissioned by NHSE along with termination of pregnancy and vasectomy services commissioned by the CCG. Central to this collaboration was the development of a Single Point of Contact (SPOC) for these services. The formal legal S75 included the CCC and PCC SRH services and the NHSE HIV services. The HIV services had been part of the CCC SRH contract since Public Health transferred to the Local Authority. All the commissioners have a key role in the relevant service developments which aim to strengthen the collaborative arrangements to improve service delivery and outcomes.
- 1.6 The collaborative commissioning approach followed an invitation to CCC and other local commissioners of SRH services by Public Health England (PHE) to explore opportunities for alignment and collaborative commissioning of SRH services. The Health and Social Care Act 2013 established the commissioning responsibilities for sexual and reproductive health dividing them between Local Authorities, Clinical Commissioning Groups (CCGs),

and NHS England (NHSE). In 2017 PHE and the Department of Health (DH) surveyed commissioners of sexual health services across the country to gather feedback on their commissioning experiences. The survey reported fragmentation of commissioning that was associated with the spread of commissioning responsibilities across three main commissioning bodies (Local Authorities, NHSE and CCGs) established by the Health and Social Care Act in 2013.

2. Main Issues

- 2.1 The impact of the COVID-19 pandemic upon health is continuing to emerge. It affected people's behaviours and their ability to access services. Service providers adopted innovative approaches to delivering services often reflecting new technologies. For example, in the case of SRH services, following a virtual consultation, oral contraception was mailed to patients, a route that proved very popular. The impact of these changes upon outcomes is not yet fully understood and the proposed SRH Needs Assessment is to identify these impacts. These factors combined with the fact that a full SRH Needs Assessment has not been undertaken since the transfer of Public Health to the Local Authority are driving the proposal to undertake a full SRH Needs Assessment which will inform the new Service and ongoing developments.
- 2.2 The strategic landscape is transformational and affords considerable opportunities for alignment and integration of services to improve the service use access, experience, and outcomes. The Integrated Care System or going forward the Integrated Care Partnership has a focus on place and the development of services to meet local needs.
- 2.3 Provider organisations are still recovering from the impact of the pandemic in terms of service delivery and more latterly workforce shortage issues. Our current provider CCS has also played a lead role both during and currently in the COVID-19 vaccination programme. Given this context it would be challenging for CCS to fully participate in a large procurement at this time.
- 2.4 In recent months we have started to work with CCS, NHSE and the CCG in the development of the services and this work would continue during any extension and again this will inform the new Service.
- 2.5 Due to capacity issues in the Public Health Intelligence teams and multiple demands on staff as we recover from the pandemic it is proposed to commission the SRH Needs Assessment using Public Health reserves. This request for £50,000 has been added to the Finance Monitoring Report.
- 2.6 The financial implications are as follows.

SRH S75 value per annum

CCC funding contribution: £3,429,427

PCC funding contribution: £1,670,822

Total value of current CCS SRH S75: £5,100,249 per annum

SRH Needs Assessment: £50,000

3. Alignment with corporate priorities

3.1 Environment and Sustainability

The following bullet points set out details of implications identified by officers:

- Technology innovations lead to more virtual service delivery and less travel to services for face-to-face consultations.

3.2 Health and Care

- The report above sets out the implications for this priority in 2.2, 2.3 and 2.5

3.3 Places and Communities

The following bullet points set out details of implications identified by officers:

- Any SRH services commissioned must be accessible to local communities and easy to access especially where there are socio-economic barriers to access them.
- Local communities and groups will be involved in the SRH Needs Assessment and ongoing service development.

3.4 Children and Young People

The following bullet points set out details of implications identified by officers:

- The provision of accessible SRH services promotes the sexual and reproductive health of Cambridgeshire's children and young people through the prevention and treatment of sexually transmitted infections and unintended pregnancies.
- It is important that the services are both accessible but also acceptable to young people
- Pathways and integration with other young people's services especially for more vulnerable young people is an important part of SRH services.

3.5 Transport

- Technology innovations lead to more virtual service delivery and less travel to services for face-to-face consultations.

4. Significant Implications

4.1 Resource Implications

- The report above sets out details of significant implications in 2.6

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- The extension to the S75 agreement has been discussed and agreed with the Head of Procurement. The procurement for the needs analysis will take the form of a Request for Quotation and will be compliant with the Council's Contract Procedure Rules.

4.3 Statutory, Legal and Risk Implications

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.4 Equality and Diversity Implications

The following bullet point sets out details of significant implications identified by officers:

- The SRH services were commissioned and designed to enable all members of community to access them. They are especially aware of diversity and staff are especially trained to understand some of the barriers that some diverse groups face.

4.5 Engagement and Communications Implications

The following bullet point set out details of significant implications identified by officers:

- Any equality and diversity implications will be identified before any service developments are implemented and promoted.

4.6 Localism and Local Member Involvement

The following bullet point set out details of significant implications identified by officers:

- We will work with local members to champion and promote the service at a local level and to identify any barriers to access and uptake.

4.7 Public Health Implications

See wording under 4.1 and guidance in Appendix 2.

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Neutral

Explanation: Not influenced by the Service

4.8.2 Implication 2: Low carbon transport.

Positive

Explanation: More virtual services decrease travel to services.

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
Neutral
Explanation: Not influenced by the Service

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Neutral
Explanation: Not influenced by the Service

4.8.5 Implication 5: Water use, availability, and management:
Neutral
Explanation: Not influenced by the Service

4.8.6 Implication 6: Air Pollution.
Positive
Explanation: More virtual services decrease travel to services.

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Positive
Explanation: Increased use of virtual services mitigates the impact of climate change effects on service delivery.

Have the resource implications been cleared by Finance? Yes
Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes
Name of Officer: Clair Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes
Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact? Yes
Name of Officer: Jyoti Atri

Have any engagement and communication implications been cleared by Communications? Yes
Name of Officer: Matthew Hall

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Jyoti Atri

Have any Public Health implications been cleared by Public Health? Yes
Name of Officer: Jyoti Atri

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton

5. Source documents guidance

- 5.1 Public Health England: Making it work: A guide to whole system commissioning sexual health, reproductive health, and HIV 2015
<https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services>

Public Health England: Sexual Health, Reproductive Health, and HIV: A Review of Commissioning 2017

<https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review>