Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG CCG Governing Body Meeting

Date: Tuesday 7th January 2020
Time: 1.30pm
Location: The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ

Agenda Number :	6.1
Title:	Integrated Sexual Health Service Contract Extension
Purpose: Decision	
Key Points for Discussion:	
The CCG has been asked to make a decision in principle on whether it wishes to continue in the Joint Commissioning Agreement with the three local authorities for an Integrated Sexual Health Service, and if so to agree to extend the current five year contract for a further two years to March 2024. This paper sets out the background to the current contract arrangements, benefits of the current arrangements and issues for consideration	
Recommendations:	That the Governing Body: • agrees in principle to continue the Joint Commissioning Agreement for an Integrated Sexual Health Service and the extension of the current contract for a further two years to March 2024 • agreed to work with the joint commissioners and the provider to agree a contract value, to which the CCG contribution will be no more than the cost of commissioning termination of pregnancy services at national tariff rates
Previously Considered By and feedback :	Strategic Finance Committee 17 December 2019 SFC approved the recommendations above
Management of Declared Interest:	None identified
Risk and Assurance:	Financial risk: a rebasing of the contract value may increase the CCG contribution and will need to mitigate this by ensuring that any increase is not greater that the cost of funding activity at tariff in a standalone contract
Financial / Resource Implications:	There is a national tariff price for termination of pregnancy. The contract value should not exceed the cost of commissioning at that price.
Legal, Policy and Regulatory Requirements:	The CCG has a statutory duty to commission Termination of Pregnancy Services
How does this reduce Health Inequalities:	Sexual health problems disproportionately affect those who experience poverty and social exclusion. The current service model promotes access to services for all sections of the community through its website and single

	point of telephone access. This aims to remove barriers which might prevent disadvantaged communities accessing services in a timely fashion
How does this impact on Equality & diversity	The Unity Partnership includes third sector partners who undertake targeted work as described in the main report
Patient and Public Involvement:	A very thorough programme of Patient and Public Involvement was undertaken as part of the procurement for the Unity Contract
Communications and Engagement:	The outcome of this decision needs to be communicated to the Directors of Public Health for Bristol, North Somerset and South Gloucestershire.
Author(s):	Inge Shepherd, Senior Contract Manager Non-Acute
Sponsoring Director / Clinical Lead / Lay Member:	Helena Fuller, Deputy Director of Commissioning (for Lisa Manson)

Agenda item: 6.1

Report title: Integrated Sexual Health Service Contract Extension

1. Sexual health commissioning and contract arrangements.

Responsibility for the commissioning of sexual health services was split between Public Health and Clinical Commissioning Groups in the 2013 reorganisation of the NHS. CCGs retained responsibility for commissioning Termination of Pregnancy (ToP), along with the non-sexual health elements of psychosexual health services, female sterilisation, vasectomy and gynaecology services. Commissioning responsibility for provision of contraception, and identification and treatment of sexually transmitted infections was transferred to Public Health.

In 2015-16 the three predecessor CCGs agreed to enter into a joint commissioning arrangements with our three local authority Public Health departments to undertake procurement of an integrated sexual health service including termination of pregnancy, but not including gynaecology, vasectomy, female sterilisation or psychosexual health which have separate commissioning arrangements.

Following a competitive tender process, the contract was awarded to a Consortium led by University Hospitals Bristol NHS Foundation Trust operating under the name Unity Sexual Health. This innovative consortium arrangement aimed to provide better integration between providers of sexual health services as well as providing an incentive through the block contract to reduce sexually transmitted infections and unplanned pregnancy.

The contract term was five years (2017 – 2022) with the option to extend for a further two years. Bristol City Council are the lead Commissioner. All Commissioners are now being asked to decide whether they wish to invoke the contract extension, and if not, whether they wish to continue with a joint commissioning arrangement for re-procurement or to enter into separate procurement exercises for the services for which they are responsible.

The Unity sexual health contract includes all terminations undertaken under the Abortion Act 1967 ground (c) generally referred to as ‘social’ terminations where the physical or mental health of the mother has been assessed as being at risk if the pregnancy continues. This is the majority of ToP activity (around 98% nationally).

Nationally 2% of terminations are undertaken where ante-natal screening has detected fetal abnormalities and there is a substantial risk that the child would be born with very serious impairments. This pathway sits with Gynaecology and is funded through tariff in the acute Trusts.

2. Unity Sexual Health Service Model

The Unity service model is locally based to ensure access across the whole of BNSSG. As well as clinic based services there is a strong emphasis on self-care through a high visibility branded website with access to self testing for sexually transmitted infections. There is also a commitment to outreach and prevention work, particularly through the third sector partner organisations.

The service is able to offer a single point of entry to all bookable services.

- Level 3 specialist sexual health services (delivered from a base in each geographical area), including termination of pregnancy. This offers access to counselling and early medical termination in all three areas. Surgical terminations can only take place in centres which have the appropriate clinical facilities. These are located in Taunton, Bradley Stoke and St Michael's and Southmead Hospitals
- Level 2 community services including clinics and targeted services including young people, sex workers, HIV prevention and support

The service is delivered by UHB working in partnership with Brook (young people's sexual health services), Marie Stopes International and British Pregnancy Advisory Service (TOP), Terrence Higgins Trust (health promotion and HIV prevention) North Bristol NHS Trust and Weston Area Health Trust

3. Integrated Sexual Health Service – contract performance and benefits realisation

3.1 Contract Performance

Within the contract schedule 4C (Quality Indicators) there are a number of local outcomes related to ToPs:

- Reduction in rate of termination of pregnancy
- Reduction of rate of repeat termination of pregnancy
- Reduction in proportion of repeat conceptions in the under 20s
- Reduction in sexual health inequalities in termination rates among groups at high risk of unplanned pregnancy including young women, women in deprived areas and BME groups
- Increased percentage of women accessing a procedure within nine weeks/six days of gestation
- Reduced percentage of repeat terminations
- Long Acting Reversible Contraception (LARC) post termination of pregnancy

There is a detailed framework for performance monitoring which is reported quarterly to an Integrated Contract Quality and Performance Meeting with the Joint Commissioners.

The Key Performance Indicators for Termination of Pregnancy are as follows:

KPI	Target	2017-18	2018-19	2019-20 Q1
Percentage of women attending for TOP receiving a method of contraception at time of TOP	65%	75.6%	72.8%	71.2%
Percentage of women under 25 attending for TOP receiving a method of contraception at time of TOP	65%	79.7%	76.9%	71.9%
Percentage of women over 25 attending for TOP receiving a method of contraception at	65%	73.2%	70.1%	71.5%

time of TOP				
Percentage of women attending for TOP offered a method of contraception at time of TOP	95%	100%	100%	100%
Percentage of women under 25 attending for TOP offered a method of contraception at time of TOP	95%	100%	100%	100%
Percentage of under 25s abortions that are repeat abortions	27%	25.6%	20.9%	20.6%
Percentage of women accessing an NHS abortion under ten weeks gestation	80%	79.7%	83.3%	81.4%
Percentage of women who are offered an initial consultation within 5 working days of contacting the service	80%	87.4%	94%	70.6%
Percentage of women accessing TOP service offered an HIV test	97%	n/a	n/a	97.8%
Percentage of women accessing TOP service accepting an HIV test	60%	n/a	n/a	52.4%

3.2 Benefits realisation

The intended benefits of the new service model were to provide an easy to access service, with seamless pathways, prioritising prevention and self-management. All commissioning partners aim to reduce the need for more costly late interventions by prioritising early access to contraception and STI testing.

The specific benefits intended for the CCG were to

- Ensure a consistent and accessible pathway for terminations across BNSSG, including late gestation terminations which cannot be undertaken locally
- reduce demand for termination of pregnancy by improved access to contraception and support,
- avoid unwanted pregnancies,
- sustain the reductions in the rate of teenage pregnancies.

Some of the intended benefits can be demonstrated. The Unity service has good visibility and a high public profile with good use of the website and take up of self-testing kits for STI. There are fewer complaints about difficulties in accessing services than were received by the CCG under the previous contract arrangements.

There are data quality issues which mean that it has not yet been possible to demonstrate that all of the intended benefits are being realised. These issues are being addressed with UHB. Some benefits will only become evident in the later years of the contract, as we currently only have reporting for the first two and a half years.

4. Options appraisal

There are two options for the CCG: either agree to extend the current contract or to end the current collaborative commissioning agreement in March 2022 and hold a separate

procurement for termination of pregnancy services to commence from April 2022. Do nothing or disinvestment is not an option as the CCG has a statutory duty to commission these services.

The advantages of agreeing to continue with the current model are that is maintains a innovative service model which is demonstrating some, if not yet all the intended benefits and is achieving good performance against the contract key performance indicators. Joint commissioning is in line with the CCG commitment to system working. The service model is an end to end pathway from prevention to acute care, which is an example of good practice, in line with the new models of service being developed across BNSSG. The disadvantage is that there is a financial risk that the contract value may need to be renegotiated to achieve a contract extension.

Withdrawing from the agreement would allow the CCG to commission Termination of Pregnancy without having to negotiate the contract value with any associate commissioners, and could give more control over any financial risk. However if activity is commissioned at tariff, the CCG would need to cover the costs of any increase in activity. The CCG would need to undertake a procurement or risk legal challenge as there are a number of providers in the market. The CCG would also need to continue to actively manage contract performance, otherwise there is a service risk if delays develop in the pathway which prevent women from accessing timely termination. There is a risk that a single CCG contract would not be able to resource the current single point of access making it harder for women to get timely counselling about their options for managing an unwanted pregnancy.

5. Financial resource implications

Current contract – financial impact

The current contract has been commissioned on a block funding basis which gives stability across the pathway and protects the CCG from the financial impact of any increase in activity. This model was intended as an incentive for the provider to invest in prevention.

Financial impact of undertaking separate procurement.

If the CCG were to commission Termination of Pregnancy separately this would most likely have to be commissioned at the national tariff rate. The contract value would therefore vary based on activity, and the CCG would not support any investment in prevention work.

Staffing resource implications

The CCG is an associate commissioner to the current contract, and works in close partnership with the three public health teams across BNSSG enabling us to share expertise and workload. If the CCG were to commission this contract separately, staff resource would be needed to manage the procurement process and also to manage the contract, with a particular focus on performance to ensure that there are no delays in the pathway.

6. Legal implications

The CCG has a statutory duty to commission Termination of Pregnancy services which operate in line with national legislation.

If the CCG was to decide to commission Termination of Pregnancy services itself, this would need to go through a competitive tender process as there is an established local market for provision of these services, including the acute Trusts and independent sector organisations.

7. Risk implications

Service risks: Separation of ToPs from sexual health services removes the provider incentive to prevent unwanted pregnancy and also reduces that potential for Long Acting Reversible Contraception to be provided at the time of ToP. In addition, removing ToPs from this integrated contract could destabilise the sexual health system resulting in later diagnosis of STIs, reduced access to emergency contraception (specifically emergency IUDs) and an increased need for later ToPs.

Financial risk: It may not be possible to reach agreement with the current provider consortium to extend the contract at the current contract value. However there is also a financial risk if the CCG were to commission separately at national tariff. At present we do not have a breakdown of the current Unity contract activity mapped against national tariff categories so this risk cannot be quantified. This information is being sought by Bristol City Council on our behalf.

8. How does this reduce health inequalities

The integrated sexual health service model aims to reduce barriers by offering services which are locally accessible, and also ensuring easy to use on-line and telephone access, including self-testing kits. In addition there is targeted outreach work with vulnerable groups including young people, men who have sex with men, and African communities. Early access to sexual health services is important to reduce the risk of sexually transmitted infections and unwanted pregnancies.

9. How does this impact on Equality and Diversity?

A full Equality Impact Assessment was undertaken as part of the procurement for the integrated sexual health service. As noted above the service model includes targeted outreach to vulnerable groups.

10. Consultation and Communication including Public Involvement

There was extensive public consultation as part of the development of the Integrated Sexual Health Service including targeted work with young people, men who have sex with men and other groups.

The CCG would need to undertake a consultation exercise on any new model for procurement of Termination of Pregnancy services,