

## Sexual and Reproductive Health Services: authority to recommission

### Report of the Director of Public Health, Communities & Prosperity

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Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

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#### 1) Recommendation

1.1 That the Cabinet:

(a) approve the joint re-procurement of sexual and reproductive health services by Devon County Council and Torbay Council

(b) delegate authority to the Director of Public Health, Communities & Prosperity to approve contract award recommendations and enter into the new contractual arrangements in consultation with the Cabinet Member for Public Health, Communities and Equality, the Chief Executive and the S151 Officer.

#### 2) Introduction

2.1 The Health and Social Care Act 2012 states that Local Authorities have a statutory responsibility to provide open access sexual health services for everyone in their area and this forms part of the conditions attached to the Public Health Grant<sup>1</sup>. The requirements cover free testing and treatment for sexually transmitted infections (STI); notification of sexual partners of infected persons; free contraception; and ensuring reasonable access to all methods of contraception.

2.2 Devon County Council's current contracts for the provision of these services expire on 30 June 2025 and Cabinet approval is sought for the recommissioning because of the high value of the services that the Authority needs to secure.

2.3 Similar to the previous procurement exercise Devon Public Health is working with Torbay Council to create a single service specification to ensure consistency in provision of service across Devon for its residents. Each local authority will have their own separate contract with the provider or providers.

2.4 It is the responsibility of the Public Health team to ensure that the service specification is based on the most up-to-date evidence of effectiveness, it adheres to

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<sup>1</sup> [Making\\_it\\_work\\_revised\\_March\\_2015.pdf \(publishing.service.gov.uk\)](#)

the all the necessary national clinical guidelines, meets the needs of the local population and delivers on best value.

- 2.5 The *total* reported spend on Sexual and Reproductive Health services by Devon County Council in recent years is detailed in the table 1 below<sup>2</sup>:

**Table 1: Total expenditure on sexual health services**

2018/19	2019/20	2020/21	2021/22	2022/23
£6,933k	£6,785k	£5,087k*	£6,895k	£6,944k

- 2.6 Service activity for all sexual health services is shown below in table 2. In 2019/20 recording of activity changed which resulted in an increase in activity numbers. The impact of Covid-19 can be seen in 2020/21 activity data.

**Table 2: Total activity for all sexual health services**

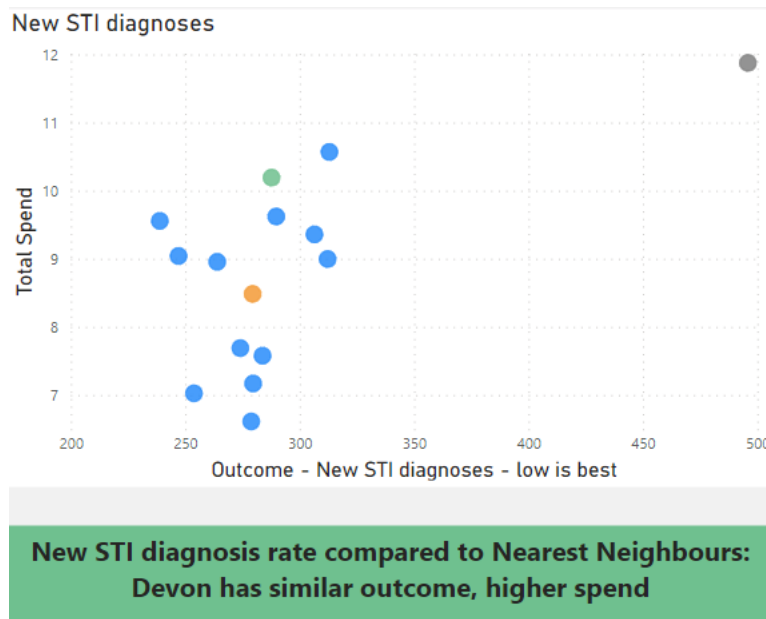
Service stats	2018/19	2019/20	2020/21	2021/22	2022/23
<b>GUM attendances</b>	30, 898	37,459	20, 884	34,969	35, 953
<b>Contraception attendances</b>	23, 550	31,145	22, 124	28,218	25, 617

- 2.7 As members are aware the Public Health grant has reduced by over 25% in real terms over the past 7 years and receives a below inflation annual uplift, this is against a backdrop of rising infections and increasing demand for some services. It is for this reason, that the public health team has spoken to a number of different local authorities to gather evidence on the different service delivery models and the variety of different organisations involved in the delivery of service, as well as engaging with a range of potential providers to ensure the future commissioned services are affordable within the grant allocation.
- 2.8 A benchmarking exercise has been undertaken. This indicates that generally, Devon has better sexual and reproductive health outcomes and the costs are generally higher or similar when compared to our statistical comparator local authorities. There is not one all-encompassing indicator which showcases Devon's performance in relation to other local authorities, but a range of indicators, two of which are illustrated in the charts below. These charts are available in an interactive manner in the sexual health dashboard [Sexual Health - Devon Health and Wellbeing](#).

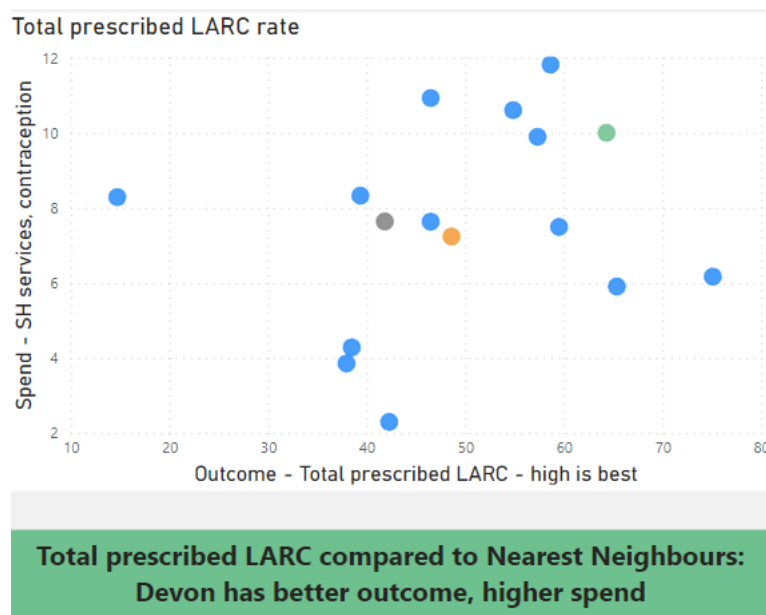
<sup>2</sup> figures taken from the Local Authority-level out-turn data published by Ministry of Housing, Communities & Local Government (CLG) now called Department for Levelling Up, Housing and Communities (DLUHC).

\* Reduced activity due to National Government COVID-19 pandemic restrictions

**Chart 1: New STI diagnosis rate compared to Nearest Neighbours (Devon in Green)**



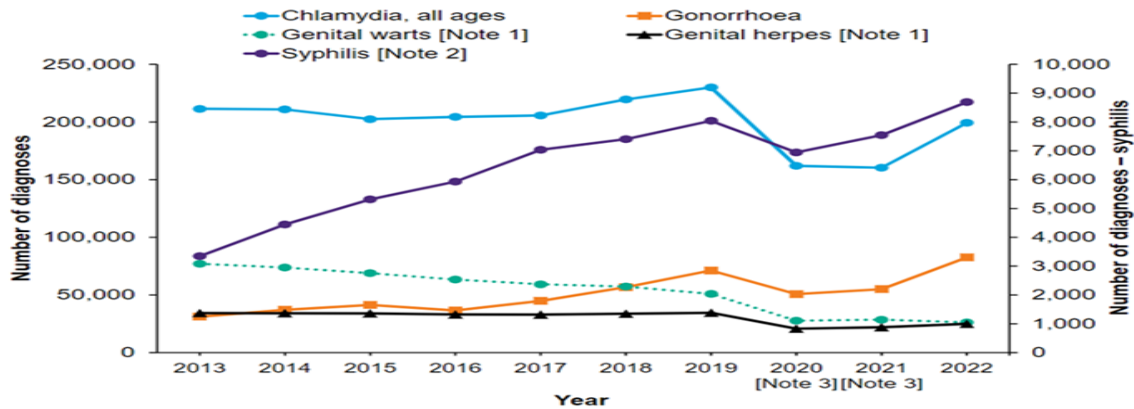
**Chart 2: Total prescribed Long Acting Reversible Contraception (LARC) to Nearest Neighbours (Devon in Green)**



2.9 A recent annual national report by the UK Health Security Agency (UKHSA) ([Sexually transmitted infections and screening for chlamydia in England: 2022 report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/107114/STI-report-2022.pdf)) highlighted a post-pandemic increasing trend in sexually transmitted infections in England (Figure 1). Diagnoses of gonorrhoea in the South

West has increased by 67% over the past 5 years (2,499 in 2018 to 4,494 in 2022)<sup>3</sup>. Rises in infections, emphasise the need for Devon to be well prepared to respond to challenges locally.

**Figure 1.** Number of new diagnoses of chlamydia, gonorrhoea, genital warts, genital herpes (primary y-axis), and syphilis (secondary y-axis) among England residents accessing sexual health services, 2013 to 2022



Different scales are used on the primary and secondary y-axes.

[Note 1] First episode.

[Note 2] Includes diagnoses of primary, secondary and early latent syphilis.

[Note 3] Figures reported in 2020 and 2021 are notably lower than previous years due to the disruption to SHSs during the national response to the COVID-19 pandemic.

Source: Data from routine returns to the GUMCAD STI and CTAD Chlamydia Surveillance Systems.

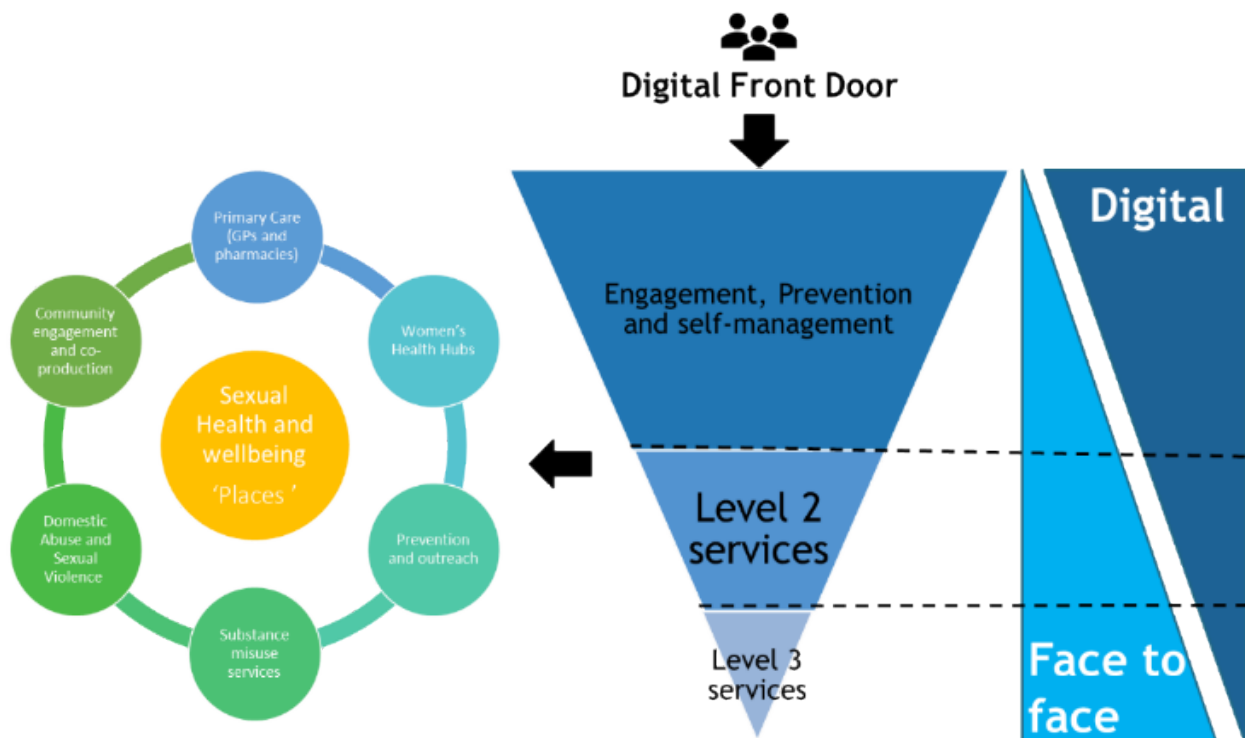
### 3) Future contractual arrangements – services

- 3.1 The Cabinet is invited to note the intention to develop a specification, which will be reinforced contractually, that shifts focus (and resource) away from activity in specialist services and *into* preventative activity and to self-management.
- 3.2 The model being developed seeks to ensure:
  - (a) People are supported to manage their sexual and reproductive health themselves;
  - (b) People having local access to the most appropriate level of service to meet their immediate sexual and reproductive health needs (including services in General Practice, community pharmacies and community settings);
  - (c) People access specialist services appropriately, for example, when needs are either high-risk or complex.
- 3.3 Providers will be invited to set out how they will deliver this through a combination of:

<sup>3</sup> [Increase in sexually transmitted infections in the South West – rise in cases of gonorrhoea concerning \(prgloo.com\)](https://www.prgloo.com)

- a **universal digital offer**, comprising of self-care and self-management, digital prevention and engagement, STI testing, treatment and contraception, online booking system and where appropriate virtual consultations.
- a range of **local services** (place-based health provision) using, where possible, General Practice, community pharmacies and other local arrangements which would, a) provide equity in provision using primary care and community pathways and settings offering alternative options to specialised clinics b) peripatetic provision which target geographically challenged areas and those most at risk of poor sexual health outcomes. This builds on the strengths and assets within place(s) and complements supportive digital approaches.
- **specialist sexual health services**, providing Genitourinary Medicine (GUM) and contraception offer, with a design that seeks to enable ease of access for high-risk people and complex care needs.
- **education and training** to develop sexual and reproductive health knowledge and skills within the population and workforce (clinical & non-clinical) to build and sustain the sexual and reproductive health and wellbeing of people and the system.

**Figure 2.** Proposed service model. Triangles do not represent effective proportions they are purely illustrative to show how shifts in channels is perceived by commissioners.



3.4 Services provided currently include:

- Open access STI testing and treatment.
- Specialist and routine contraception
- Psychosexual counselling
- Long Acting – Reversible Contraception (LARC) within GP (General Practice) settings
- EHC (Emergency Hormonal Contraception) and Chlamydia screening within pharmacy settings
- Community prevention and workforce training including limited crisis support for people living with HIV (Human Immunodeficiency Virus)
- Condom distribution for 13–24-year-olds

3.5 Changes being proposed do not materially change the types of services being delivered but will seek to organise, deliver, and develop them in new ways to keep pace with changing need and expectations, and reflect the current and future needs and behaviours of the resident population.

3.6 The proposed developments will be addressed within a new specification, but will include:

- A universal digital offer to enable self-care, self-management, and digital prevention.
- Incorporating existing local authority commissioned sexual health services delivered within general practices and pharmacies.
- Increasing emphasis on digital access and local place-based delivery to reduce burden on specialist services.
- Increased clinical leadership and workforce development.
- Addressing fragmentation by bringing services for South Hams and West Devon residents within scope of the new contract.

3.7 In respect of crisis support for people living with HIV, the Local Authorities have been working with the current provider since 2017 to allow for the safe withdrawal of this offer, including:

- transforming the service model
- seeking alternative sources of funding
- developing a training offer to the wider health and care workforce to address stigma and to continue to raise awareness of HIV.

3.8 This change confirms the decision set out in the specification for the current contract. The new sexual health prevention and promotion element of the integrated sexual health specification will include continued development of networks, pathways, professional development, skills, and standards of care to reduce the impact of stigma and discrimination.

## 4) Future contractual arrangements – contracts

- 4.1 In 2017, Devon and Torbay public health teams jointly procured the current contracts following an open tender process under the Public Contracts Regulations 2015 (PCR 2015). Officers recommend that the two authorities work closely together again, to develop a single service specification with each having their own separate contract with the provider or providers. Each local authority will fund their contract through their separate ring-fenced public health grant. New contracts with a provider (or providers) are required to be in place on 1st July 2025, and will need to include, as a minimum, a specialist sexual health services, providing GUM and contraception services for Devon and Torbay. Officers in Torbay Council have made the same recommendations and are seeking agreement through their governance routes within a similar time frame.
- 4.2 The Health and Care Act 2022 introduced a new procurement regime for selecting providers of healthcare services called the Provider Selection Regime (PSR). The PSR came into force on the 1<sup>st</sup> January 2024 and replaces PCR 2015 when arranging healthcare services. By regulations made under the [Health Care Services \(Provider Selection Regime\) Regulations 2023](#), these services are designated as “health services” and therefore this re-procurement will take place under one of the processes designated under the PSR. The PSR requires commissioners to assess potential providers against the following key criteria:
- Quality and innovation;
  - Value;
  - Integration, collaboration and service sustainability;
  - Improving access, reducing health inequalities and facilitating choice;
  - Social value.
- 4.3 Providers will be evaluated against the five key criteria under PSR to secure the best value for Devon residents.
- 4.4 The current plan is to:
- Conclude preparing procurement documentation by June 2024
  - Launch the opportunity formally in July 2024, with the process open until October 2024
  - Contract award recommendation and contract award no later than January 2025
  - Mobilise the new arrangements between January - June 2025
  - Have new arrangements fully operational by 1<sup>st</sup> July 2025
- 4.5 To mobilise a new contract by 1st July 2025 might require, in the event of a change of provider, a potentially lengthy and complex mobilisation period as this may include a TUPE transfer of staff from the current provider to the new provider or providers. This is also the first recommission to be run by Devon County Council under the Provider Selection Regime. Together, these suggest it would be sensible to allow the most amount of time available to conclude the recommissioning process.

4.6 Cabinet is asked to agree to:

- (a) approve the joint re-procurement of sexual and reproductive health services by Devon County Council and Torbay Council
- (b) delegate authority to the Director of Public Health, Communities & Prosperity to approve contract award recommendations and enter into the new contractual arrangements, in consultation with the Cabinet member, Chief Executive and S151 officer.

## 5) Options / Alternatives

### Option 1

5.1 A 'no future service' option was considered but discounted on the basis that there is a statutory requirement on Devon County Council to offer sexual and reproductive health services, for which funding is provided within the ring-fenced Public Health grant. Guaranteeing provision in accordance with the regulatory duties of the public health grant ensures an effective and efficient service is commissioned.

## 6) Consultation

6.1 To inform the new specification, over the last 18 months, officers have conducted:

- (a) engagement exercises to listen to and understand the facilitators of (and barriers to) sexual and reproductive health and wellbeing of populations resident in Devon and Torbay;
- (b) an extensive review of alternative commissioning and service models has been conducted, with service providers invited to share directly their ideas through written submissions and conversations;
- (c) a public consultation to capture the views of Devon residents on sexual and reproductive health services was held during September and October 2023.

6.2 The local authority received 265 responses to the consultation. Of these, 250 were residents and 15 were responses on behalf of service users of an organisation. 75% of respondents lived in the Devon County Council area.

### Headline results

Over <b>80%</b> agreed that sexual health and contraception services should be available as part of the same appointment.
Given a choice, most respondents would prefer weekday evening and Saturday morning opening times.
The main reasons given for attending a sexual health clinic were due to symptoms of a sexually transmitted infection, for contraception, and for a sexual health check-up.



Reasons given that would prevent respondents from accessing services related to availability, travel, knowledge and stigma.

Preferred options for any online sexual health service were testing kits, advice and condoms. Routine contraception was added by **165** respondents.

**60%** of respondents felt they had enough information to access the sexual health services they needed. For those who answered no, more visible information online was required which could be accessed via NHS websites and online searches.

- 6.3 Officers intend to publish a draft specification in April 2024, setting out the Local Authority's commissioning intentions as a final opportunity for engagement with potential suppliers.

## 7) Strategic Plan

- 7.1 The service and the proposed service model align well with the Strategic Plan:

(a) Promoting digital and local services should reduce travel – making a positive contribution to the *response to the climate emergency*.

(b) Sexual and reproductive health services make a very positive contribution to the *health and emotional well-being of young people*.

(c) Sexual and reproductive health services have *improving health and well-being at their heart*.

- 7.2 In addition, the service model, which promotes easy access particularly for those complex or high-risk populations, self-management and local responses wherever possible are consistent with the aims of tackling poverty and inequality, helping communities and people to be resilient and stay safe.

## 8) Financial Considerations

- 8.1 There are no implications upon the revenue budget for Devon County Council. The proposals contained in this report will need to be met from within the ring-fenced Public Health grant.

- 8.2 To maximise the value of the opportunity to the market, Devon County Council is anticipating contracting with a provider (or providers) for the delivery of these services for ten years, through a five-year contract (to 30 June 2030), with the option to extend for up to a further total 5 years. The total budget to commission this service could be in the region of £50m over the 10 years.

- 8.3 Officers are currently writing (and costing) the detailed specification that will be required for the recommission. Due to the benchmarking analysis referred to above and the below inflation annual uplift in the public health grant, it will be necessary for efficiency savings to be identified and delivered through the contract duration. The

ambition to remove £1m from the total annual spend on sexual health was tested with the market with no immediate, overwhelming concerns raised by potential bidders and this approach is therefore considered to be safe to take to the market.

## **9) Legal Considerations**

9.1 The lawful implications of the proposal have been considered in the preparation of this report.

## **10) Environmental Impact Considerations (Climate Change)**

10.1 Environmental considerations will be addressed through the social value framework.

10.2 By improving digital and local access, it is anticipated that this will have a positive impact in terms of reducing the need to travel as far within Devon to have sexual and reproductive health needs met.

## **11) Equality Considerations**

11.1 Where relevant, in coming to a decision the Equality Act 2010 Public Sector Equality Duty requires decision makers to give due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other prohibited conduct;
- advance equality by encouraging participation, removing disadvantage, taking account of disabilities and meeting people's needs; and
- foster good relations between people by tackling prejudice and promoting understanding in relation to the protected characteristics (age, disability, gender reassignment, marriage and civil partnership (for employment), pregnancy and maternity, race/ethnicity, religion or belief, sex and sexual orientation).

11.2 A decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socio-economic disadvantage.

11.3 In progressing this particular proposal, an Impact Assessment has been prepared which has been circulated separately to Cabinet Members and also is available on the Council's website at <https://www.devon.gov.uk/impact/published>. Members will need to consider the Impact Assessment for the purposes of this item.

11.4 The impact assessment for this proposal notes that public health programmes are targeted to people and communities in greatest need to minimise an adverse impact on health inequalities. The burden of sexual ill-health continues to disproportionately affect young people, some transgender communities, men who have sex with men (MSM) and some black and minority ethnic groups. The integrated sexual and reproductive health service will support those most at risk of poor sexual health outcomes to improve their own sexual health.

- 11.5 It is possible that there will be negative impacts to some people because of the changes from the current to the proposed Integrated Sexual and Reproductive Health service as outlined in the specification. Plans are in place to mitigate against any negative impacts as far as possible. These negative impacts could include:
- i. Reduced face-to-face opportunities to assess safeguarding issues due to the introduction of self-managed digital services for residents 25 years and over.
    - However, the specification will ensure safeguarding questions form part of the triage process for digital access.
  - ii. Some people living with HIV with more complex social needs will need to be supported by health, social care and other providers to access additional support services e.g. mental health services, advocacy, housing and benefits. These services may be less equipped to address specific HIV/AIDS related issues.
    - However, within the lifetime of the current contract, the Local Authority have been working with the current provider to mitigate this. The provider has been supported seek alternative funding and has developed a training offer for the wider health and social care workforce to address stigma and support disclosure. There is also an existing advocacy service available through services commissioned by Adult Social Care. These services are open to all adults including those living with HIV who meet the criteria.

## **12) Risk Management Considerations**

- 12.1 This proposal has been assessed and all necessary safeguards or action have been taken / included to safeguard the Council's position.
- 12.2 Devon County Council would come under significant scrutiny from the Department of Health and Social Care if the first proposal in this paper were not agreed and a mandated public health function had to be withdrawn.
- 12.3 The long-term affordability of the contract(s) will be managed in the context of the ring-fenced public health grant and in discussion and negotiation with the provider(s) of the contract(s).

## **13) Summary**

- 13.1 This report invites Cabinet to agree to the recommissioning of sexual and reproductive health services, to be funded from the ring-fenced Public Health grant, and further invites Cabinet to delegate authority to the Director of Public Health to

conclude the process, in consultation with the Cabinet member, Chief Executive and S151 officer.

**Steve Brown**

Director Public Health, Communities & Prosperity

**Electoral Divisions: All**

Cabinet Member for Public Health, Councillor Roger Croad

**Local Government Act 1972: List of background papers**

Background Paper

Date

File Reference

Impact Assessment: Commissioning of Sexual and Reproductive Health Services

[Published Impact Assessments - Impact Assessment \(devon.gov.uk\)](#)

Sexual and Reproductive Health Needs Assessment 2023: [Sexual Health - Devon Health and Wellbeing](#)

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