

# Public Health – Proposals for future commissioning of Sexual Health services in Newcastle

## Proposal and Integrated Impact Assessment (IIA)

Informing our approach to fairness

<b>Name of proposal</b>	Public Health: Proposals for future commissioning of Sexual Health services in Newcastle
<b>Date of original assessment</b>	June 2016
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<b>Review date</b>	29 July 2016

### Version control

<b>Version</b>	1
<b>Date</b>	14 July 2016
<b>Replaces version</b>	

## Section A: Introduction and background

As part of the 2016-17 budget setting process, the Council consulted on its plans to undertake a whole system commissioning review of sexual health provision across the city, including services and interventions delivered across:

- primary care;
- secondary care; and
- community level.

In undertaking the review, we set out our ambition to design an integrated 'whole system' approach in order to deliver the following benefits:

- an improved experience for service users through a new integrated service model based on national best practice and the findings from local consultation with service users and communities at risk of sexual ill health;
- better health outcomes through improved access for service users, providing early testing and treatment to stop onward transmission of STIs and prompt provision of contraception to reduce unplanned pregnancies; and
- better value for money through reducing duplication, realising efficiencies in order to invest to meet rising demand, and promoting preventive and risk reduction approaches.

The review has included a full health needs assessment which:

- summarises national guidance and best practice relating to sexual health services;
- provides an overview of socio-demographics and population of Newcastle;
- describes the sexual and reproductive health of the population by looking at key indicators and trends in order to understand the local burden of disease; and
- describes the current provision of sexual health promotion, prevention and treatment services assessing service performance and service delivery, identifying any gaps between sexual health needs and service provision

A copy of the draft health needs assessment can be found at <https://letstalknewcastle.co.uk/>

The review has also included engagement with a range of stakeholders. This **consultation phase ran from 6 May to 3 June 2016, and included:**

- a consultation page on Let's Talk with questionnaires for practitioners (30 responses), GPs (7 responses), Pharmacies (2 responses), service users and residents (58 responses). The project team worked closely with colleagues in Education, Licensing and Communities to promote the consultation through schools, pubs and the Youth Council to promote the consultation with young people.
- 4 workshops for practitioners and professionals (53 attendees)
- attendance at a staff meeting at Newcroft Centre with the main provider of current clinical services (55 attendees), two Area General Practice Managers' meetings and the Local Pharmaceutical Committee Executive meeting (24 attendees).

Over 200 service users and professionals engaged with us as part of the review, conducted face to face and through surveys during May 2016. Detailed feedback from the consultation can be found at <https://letstalknewcastle.co.uk/>

The health needs assessment findings and feedback from the consultation will be key in informing future requirements within service specifications for future service delivery.

This document now sets out our proposals for recommissioning sexual health services in light of the review. It seeks to provide additional information in relation to future contract opportunities for the market and our proposed timescales for this. It is intended for use by a range of stakeholders in order to develop a cooperative approach to our commissioning plans, for example:

- Existing and potential providers who will be able to use the information presented to identify the role they can play and to help develop their business plans. We hope that this document will enable provider partners to respond to the identified service model, identify potential opportunities for collaborative working, as well as bring forward new and innovative ways of working in the future;
- Voluntary and community organisations and groups who make a key contribution to promoting good sexual health across the city. We hope these partners, who may or may not deliver commissioned services, will be able to use this document to understand proposed changes to the commissioned service provision and to develop links between commissioned and non-commissioned support; and
- Community stakeholders and Newcastle residents who wish to contribute to the development of a fit for the future integrated 'whole system' approach to sexual health in Newcastle. We hope our communities will participate in an ongoing dialogue about how sexual health services should evolve.

**This is the final stage of our consultation with stakeholders. You can leave your feedback on the recommissioning proposal set out in this document through <https://letstalknewcastle.co.uk/> or by email to [catherine.blenkinsop@newcastle.gov.uk](mailto:catherine.blenkinsop@newcastle.gov.uk).**

**Any final responses to this consultation should be sent no later than 26 July 2016.**

## **Section B: Current services**

### **1. What sexual health services are currently commissioned?**

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) (including HIV) and abortion. Provision of sexual health services is complex and there are a range of providers including general practice, community services, acute hospitals, pharmacies and the voluntary, charitable and independent sector.

We currently commission sexual health services under 17 separate contracts, including contracts with the NHS (acute hospital, general practice and pharmacies) and the voluntary and community sector (VCS). The provision includes primary prevention activity such as information and advice regarding sexual health and relationships, through to sexually transmitted infection (STI) screening and treatment. The annual cost of this provision in 2015-16 was £5.963m.

## **Contraception**

Services commissioned to provide contraception are primarily delivered by the Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTHFT), GPs and pharmacists. These services provide open and unrestricted access to services in line with statutory requirements.

NUTHFT delivers a Contraception and Sexual Health (CASH) Service which provides contraceptive advice, including the provision of contraceptives, such as the oral contraceptive pill, supplies of condoms etc. GPs are also commissioned to provide long acting reversible contraceptives (LARCs) to patients who choose to attend their GP practice rather than go to the Newcroft Centre. In addition, trained pharmacists across the City are able to provide a range of contraceptive services. This includes pregnancy testing, chlamydia screening, and provision of emergency hormonal contraception, condoms. The services available at pharmacies increase access to sexual health services for those people who may have difficulty in accessing other services e.g. Newcroft Centre or their GP. GPs and Pharmacists also provide access to the free condom distribution scheme (C-card) and signposting to core services for other methods of contraception.

## **Sexually transmitted infection (STI) screening and treatment**

Sexually transmitted infection (STI) screening and treatment is provided by NUTHFT as part of their provision of a fully Integrated Sexual Health Service. This service also coordinates C-card, psychosexual therapy, sexual health training, advice and support and sexual health promotion.

We also provide funding to out of area specialist sexual health services who see Newcastle residents as part of their open access arrangements.

## **Specialist advice and support**

Three services are commissioned from voluntary and community sector organisations. These provide a range of primary and secondary prevention and interventions for young people. These services provide a holistic approach to young people's sexual and emotional wellbeing, with staff from health and the voluntary sector (youth services) providing targeted (including geographically targeted) support to vulnerable young people.

In addition, we directly deliver advice and support for the lesbian, gay, bisexual, and transgender (LGBT) population, including support and advice regarding HIV diagnosis as well as a counselling service for vulnerable men and women.

In addition to the above specialist services, a number of services commissioned through other public health work streams, provide general sexual health support and advice and signpost to specialist services as necessary.

## **Chlamydia screening and testing**

As part of the national chlamydia screening programme, current service provision in the form a central Chlamydia Screening Office, includes overview of the screening programme, the management of positive results (including partner notification) and the offer of opportunistic screening for 15-24 year-olds, including remote testing. This is provided as part of the Integrated Sexual Health Service delivered by Newcastle upon Tyne Hospitals Foundation Trust. Laboratory services are provided by Public Health England.

Chlamydia screening is also undertaken by GPs, pharmacists and support and advice services provided by the Voluntary and Community Sector.

## 2. Who the services are for?

Sexual health services are free and available to everyone regardless of sex, age, ethnic origin and sexual orientation.

Services are required to ensure appropriate arrangements are in place so patients with special needs can access sexual health services – for example, providing access to interpreters. Specialist provision is available in Newcastle for specific groups of people, including LGBT and people with learning disabilities.

All services are free and completely confidential, and all tests are optional.

Detailed information relating to activity and service use during 2014-15 can be found in the Draft Sexual Health Needs Assessment April 2016 available at <https://letstalknewcastle.co.uk/>

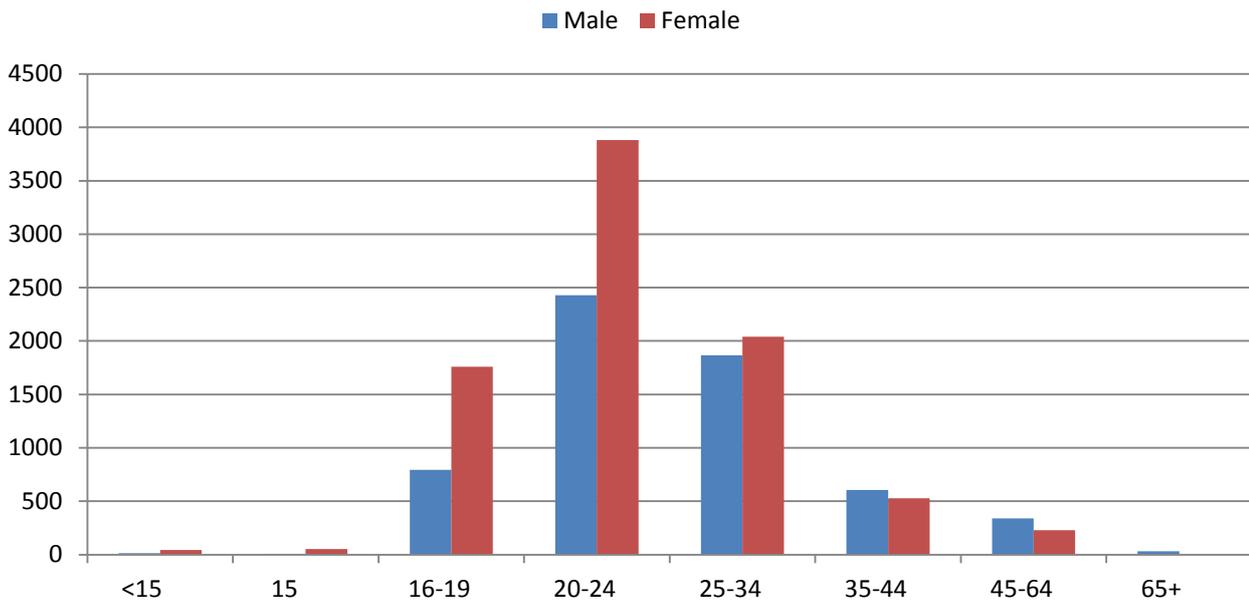
It is anticipated that 2015-16 data will not be available until mid-late July 2016, all data presented is therefore the most recent available data at time of publication.

A summary of sexual health screening attendance and new and return attendances for Newcastle's Genito-urinary Medicine (GUM) clinics is provided below.

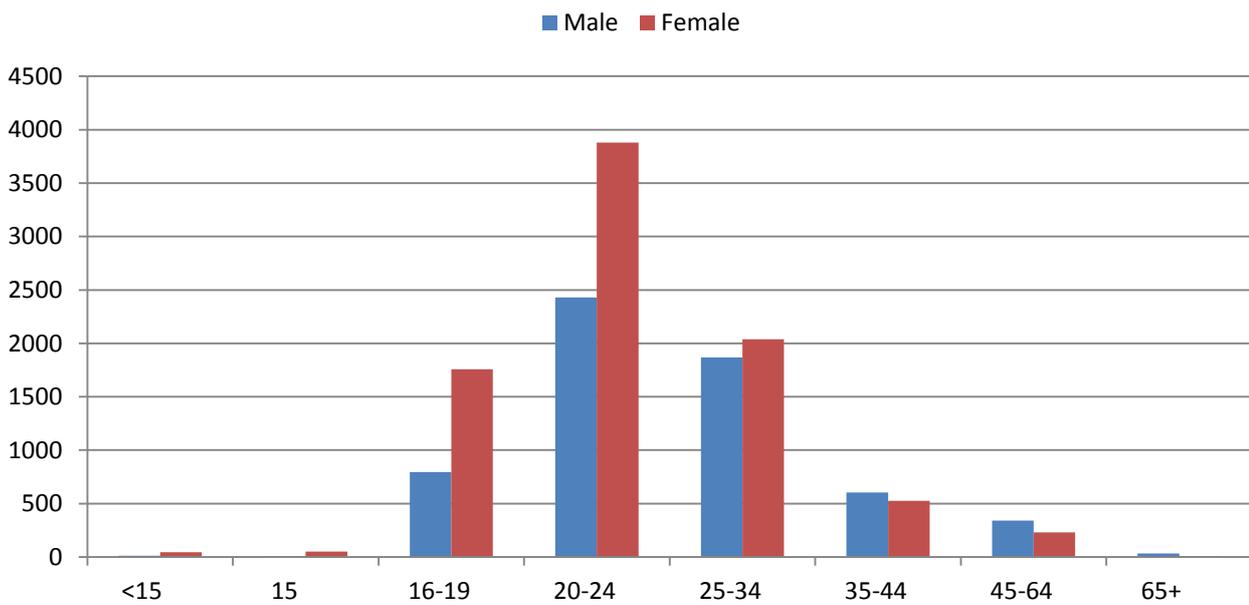
There were a total of 14,626 1<sup>st</sup> attendances for sexual health screening to patients from Newcastle upon Tyne in the period April 2014 – March 2015. Whilst this includes all clinics that Newcastle patients attended across the country, the majority of screens took place via the Newcroft Centre (90%) and within neighbouring authorities. Of the 1<sup>st</sup> attendances, an average of 88% resulted in a sexual health screen being taken.

The majority of patients attending clinics were female (58%) and key age groups were between 20-24 years old (43%) and 25–34 years old (27%). Though it should be noted a greater proportion of females between 16-19 years old are also attending.

Sexual Health Screens 2014/15: Age and Gender



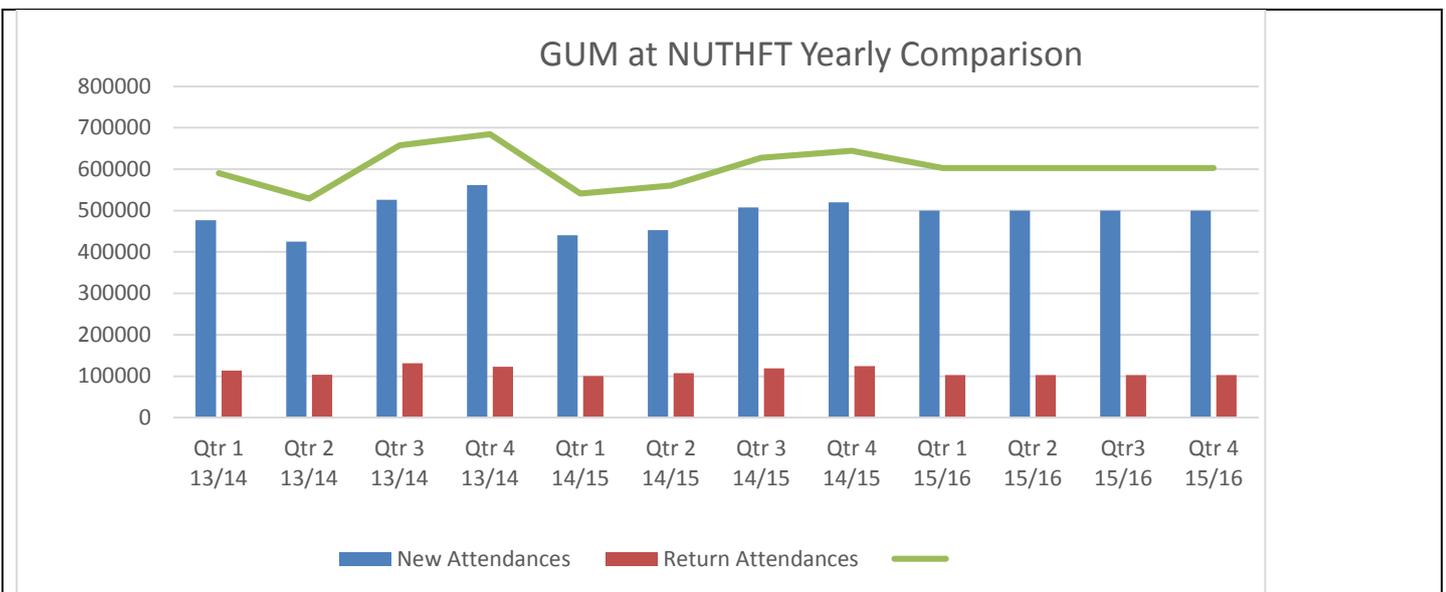
Sexual Health Screens 2014/15: Age and Gender



The majority of patients (91%) reported they were heterosexual, this is followed by homosexual (7%) and bisexual (1%).

80% of 1<sup>st</sup> attendees described themselves as White. This was followed by “Not stated” (9%), other ethnic groups (4%), and Mixed, Asian / Asian British or Black / Black British (2% each).

The chart below shows the number of new and return attendances for Newcastle’s Genito-urinary Medicine (GUM) clinics as part of the Integrated Sexual Health Service provided through secondary care.



### 3. What we are seeking to achieve?

The Public Health Outcomes Framework *Healthy lives Healthy people: Improving outcomes and supporting transparency* sets out a vision for public health, desired outcomes and the indicators that help us to understand how well public health is being improved and protected. The Public Health Outcomes Framework (PHOF) includes three sexual health, reproductive health and HIV indicators:

- 2.04: Under 18 conceptions
- 3.02: Chlamydia detection rate (15 -24 year olds)
- 3.04: People presenting with HIV at a late stage of infection

There are a number of other indicators within the PHOF which are relevant to sexual and reproductive health including, sexual violence, uptake of NHS health checks and low birthweight of term babies.

The Framework for Sexual Health Improvement in England (2013) suggests five objectives for local service delivery to ensure good outcomes and improvement in sexual health:

- Accurate, high quality information that helps people to make informed decisions about relationships, sex and sexual behaviour.
- Preventative interventions that build personal resilience and self-esteem and promote healthy choices.
- Rapid access to confidential open access integrated sexual health services in a range of settings, accessible at convenient times.
- Early accurate and effective diagnosis and treatment of STIs including HIV, combined with the notification of partners who may be at risk.
- Joined up provision that enables seamless patient journeys across a range of sexual health and other services – this will include community gynaecology, antenatal and HIV treatment and care services in primary secondary and community settings

In addition to the five objectives above, our vision for a comprehensive sexual health system in Newcastle is also one which:

- addresses the high levels of teenage conception;

- controls the incidence of Sexually Transmitted Infections (STIs), including HIV;
- meets the needs of 'at risk' or 'hard to reach' groups;
- is accessible and integrated;
- is delivered in well-designed facilities that meets clients' needs and wishes;
- is underpinned by evidence of effectiveness;
- is prevention focused - including sexual health promotion and the prevention of STI transmission, as well as treatments;
- includes provision in schools, colleges and pharmacies

In order to achieve our aims, we require a 'whole system' approach to the delivery of sexual health provision across three levels:

- primary care;
- secondary care; and
- community level.

In commissioning a 'whole system' approach, we are seeking an integrated system which offers good quality support, supports health promotion and prevention, offers value for money, and supports people in making informed and confident choices.

In designing an integrated 'whole system' approach, we are seeking to deliver the following benefits:

- an improved experience for service users through a new integrated service model based on national best practice and the findings from local consultation with service users and communities at risk of sexual ill health
- better health outcomes through improved access for service users, providing early testing and treatment to stop onward transmission of STIs and prompt provision of contraception to reduce unplanned pregnancies
- better value for money through reducing duplication, realising efficiencies in order to invest to meet rising demand, and promoting preventive and risk reduction approaches

We have conducted and consulted on a whole system commissioning review of sexual health provision across the city, including engagement with a range of service providers and service users. The feedback has informed our proposed commissioning model for sexual health service delivery in the City.

#### 4. What are our statutory requirements?

##### **Regulations on the exercise of local authority public health functions**

Regulations made under Section 6C of the *NHS Act 2006* require local authorities to take particular steps in exercise of their public health functions, or aspects of the Secretary of State's public health functions. Part 2 of the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* (SI 2013/351) makes provision for the steps to be taken by local authorities in exercising their public health functions.

**Regulation 6** requires local authorities to provide, or make arrangements to secure the provision of open access sexual health services in their area. HIV treatment and care, abortion, vasectomy and sterilisation services will continue to be commissioned by the NHS.

**Prescribed functions:**

- 1) Sexual health services - STI testing and treatment
- 2) Sexual health services – Contraception

## Section C: Change proposal

### 1. What is the proposal to change the way services are currently commissioned?

Throughout the consultation it was acknowledged that current service provision is well regarded and valued by service users and professionals. The provision of services through a range of providers including the voluntary and community sector (VCS) provides choice as well as valuable targeted support to vulnerable groups.

The consultation feedback identified the following main areas for improvement.

- **Promotion of services**, service availability should be promoted more widely through a variety of means.
  - **Promotion of service for those aged 40+**, the main provision of services via Newcroft Centre is perceived as a service primarily for young people, and work needs to be done to make this more user friendly for older age groups.
- **Technology**, in particular the use of the web and social media should be considered for promoting and accessing services. An opportunity to consider the use of apps as used in other areas.
- **Access**, service provision should be more widely available at evenings and weekends.
- **Geographical coverage**, equitable provision across the city is important,
- **Outreach services**, should be more widely available.

The consultation also identified areas of good practice in current service provision that should be retained or expanded. This included knowledge and attitude of staff, the importance of a welcoming environment and service delivery e.g. long waiting times.

We will ensure that these priorities are addressed when designing future service specifications.

In addition, feedback from practitioners identified further opportunities in relation to:

- **Networking**, an opportunity to introduce professional networking events to improve understanding of service provision across all providers including Primary Care. The successful provider will be expected to take a lead in the development of the network which will report to the teenage pregnancy and sexual health strategy group.
- **Mapping of services**, an opportunity to produce a map / directory services and their availability, including pharmacies and GPs, for both professionals and service users to use.

More detailed feedback from the consultation can be found at <https://letstalknewcastle.co.uk/>

## Proposed future contract opportunities

There is a clear distinction in current service provision between clinical and non-clinical services.

- **Clinical services** are those which relate to the observation and treatment of patients with observable and recognisable symptoms. For sexual health, this may include for example the diagnosis and treatment of sexually transmitted infections, associated conditions and provision of contraception.
- **Non-clinical services** cover a wide range of health services that do not necessarily involve clinical training like nurses and doctors. They may be delivered in hospitals, people's homes or in communities such as schools and community buildings, sports clubs or churches. They may provide a more holistic approach to health and are generally targeted at vulnerable groups' e.g. young people.

We propose to organise our future contract opportunities in accordance with the above. Bringing together clinical provision, and separately bringing together non clinical provision, is deemed appropriate due to the nature of support in these particular intervention areas.

### What does this mean for future delivery?

The proposed model will mean that:

- **all clinical provision will be commissioned under a single, integrated clinical contract**

This will include the following current services which are currently commissioned by the Council under separate contract arrangements: GUM, CASH, Psychosexual, Chlamydia Screening (currently delivered by Newcastle upon Tyne Hospitals NHS Foundation Trust), Chlamydia Tests (currently delivered by Public Health England), LARCS and Emergency Contraception (currently delivered by GPs and Pharmacies).

Delivery of sexual health clinical services in community settings will be a key priority, including delivery across pharmacy and general practice settings. It is therefore proposed that sexual health services delivered by GPs and Pharmacies should form part of the proposed clinical arrangements and therefore the successful provider(s) of the new integrated clinical contract will be required to manage and monitor delivery within pharmacy and general practice settings. This will also apply to the current contract with Public Health England for Chlamydia Testing. This will allow for strengthened clinical governance and improved opportunities for staff training.

*Note: HIV Home Testing will not form part of the single integrated clinical contract as it is part of a national campaign commissioned via East Surrey Purchasing Organisation and will therefore be subject to separate commissioning arrangements.*

*It is our intention to continue funding the Teenage Pregnancy Midwife post in the short term pending either an agreement with the CCG that they take on responsibility for this service, or consultation on any change or cessation of service is concluded.*

- **all non-clinical provision will be commissioned under a single integrated non-clinical contract**

This will include the following current services which are currently commissioned by the Council under separate contract arrangements:

Teenage Kicks (currently delivered by Newcastle upon Tyne Hospitals NHS Foundation Trust)  
West End Youth Enquiry Service (currently delivered by Children North East)  
Teenage Conception (currently delivered by Streetwise)  
Youth Worker for Sexual Health (currently delivered by Newcastle United Foundation)  
Sexual Health Training for people with Learning Disabilities-Love Life (currently delivered by Skills for People)  
People at risk of sexual exploitation (currently delivered by Changing Lives)  
HIV Prevention Services (currently delivered by Blue Sky Trust)  
HIV Prevention Services-Floating Support (currently delivered by Places for People)

*Note: MESMAC & SHINE will not form part of the single integrated non-clinical contract as the future commissioning arrangements for these services are unclear at this moment in time. Up until recently MESMAC has been jointly commissioned with other North East authorities, this is currently under review.*

### **Benefits of this model**

- Clarity of organisations and support available to meet the needs of communities
- Allows for commissioning opportunities within both markets (clinical and non-clinical)
- Improves opportunities for ongoing training of staff to meet required standards for delivery of clinical sexual health services
- Strengthened clinical governance
- Addresses access and inequalities in sexual health by delivering a more diverse model which addresses wider determinants
- Provides flexibility to respond to emerging issues in sexual health
- Fulfils the requirements of The Public Services (Social Value) Act 2012
- Improved monitoring of contract performance

### **Risks of this model**

- Although there are already well established working partnership arrangements in place between the smaller organisations, some may require further support and time to develop collaborative relationships for the tendering process.

In developing the proposed model, consideration was given to other potential structural options to meet the local needs of Newcastle. This included:

- A single integrated sexual health service contract (covering all clinical and non-clinical provision)
- 3 separate service contracts for clinical, community clinical and non-clinical interventions. This model is as the proposed model, but would separate clinical services delivered from a central setting, and those clinical services delivered in a community setting (e.g. Primary Care and Pharmacies)

- 3 separate service contracts based on intervention level. This model would divide current services into 3 areas according to a) Universal provision b) Targeted provision 3) Specialist provision. Each of the three areas may comprise both clinical and non- clinical elements.

The approach proposed provides the best balance of benefits and risks than the alternative options.

#### **How will it be delivered:**

We would like providers to explore opportunities to work together to bid for and deliver the services in order to provide integrated responses. We recognise that achieving a reduction in the number of individual service contracts currently commissioned and creating a cooperative culture within a competitive market is a significant culture change.

The objectives that we are trying to achieve in facilitating environments for collaboration are:

- To maintain a mixed economy in Newcastle in order to deliver high quality provision;
- To maintain existing skills and experience which is firmly placed within communities and is responsive to the needs of service users;
- To deliver efficiencies;
- To draw out innovative proposals for new responses;
- To create financially sustainable solutions, for individuals and the sexual health service system

#### **Timescales:**

We recognise that in meeting our objectives for an integrated whole system sexual health model, we must balance the risks associated with recommissioning services, and also allow sufficient time for potential providers to collaborate and build on their existing cooperative ways of working to potentially explore opportunities for working together to bid for and deliver the future potential contracts within the model.

We therefore intend to adopt a phased approach to implementing the model as follows:

#### **Phase 1**

The first phase of the recommissioning activity will focus on competitively tendering for a new integrated clinical contract to commence December 2016. This means that current contracts will end in accordance with the commencement date of the new integrated service. Focusing phase 1 on the recommissioning of clinical provision will:

- enable the integration of clinical provision for maximum benefit
- respond to the requirements of the Public Contracts Regulations 2015; and
- help to achieve the savings set out in the 2016-17 budget process.

As a public organisation, we must follow Public Contracts Regulations 2015 when commissioning and procuring all goods, works and services over a certain value. The value of the integrated clinical service contract means that it must be competitively procured under the 'Social and Other Specific Services' route of the regulations which started on 25 February 2015.

The 2016-17 budget process identified savings of £495k be achieved in 2016-17 in relation to sexual health expenditure- however, we note that appropriate timescales for consultation are likely

to reduce the degree to which these savings can be realised in-year. Focussing our retendering activity on clinical provision in phase 1 will enable us to achieve the required savings as the majority of current spend relates to clinical provision.

## Phase 2

The second phase of the recommissioning activity will focus on non-clinical provision. It is proposed that we continue to put in place negotiated contracts with current providers of non-clinical service provision in lieu of tendering for a new integrated non-clinical contract during 2017-18.

This phased approach will allow for changes in clinical service delivery to take effect, whilst maintaining service stability in non-clinical provision. All current non clinical support services will remain in place for vulnerable groups during this time, providing time for changes to the clinical provision to 'bed in'. Staggering our approach to the procurement will also allow time for organisations to explore opportunities for collaboration. During this time, work will continue to further define the requirements of the non-clinical contract, include opportunities to break down the contract into smaller 'lots', based on population need. A further Integrated Impact Assessment will be carried out following any proposal on non-clinical support services.

### How much it will cost:

The final associated contract values will be determined prior to procuring the relevant services. The Council faces significant reductions in its Public Health budget up to 2020-21 as a result of Government cuts – this is on top of the in-year cut made in 2015-16.

It is anticipated that savings of around 20% of overall current spend will be required by 2020. We propose that through this recommissioning activity, the full amount of the savings required be achieved early on in the contract. This approach will help provide stability over the term of the contract.

The 2016-17 budget process identified savings of £495k be achieved in 2016-17 in relation to sexual health expenditure. The full level of savings have not been achieved through our partner negotiations. The savings achieved through this recommissioning process will contribute to the required savings for 2016-17, and will contribute to delivery of a sustainable funding model in the context of further government cuts up to 2020

The proposed annual value for the new contract is still to be determined, as all necessary financial information has not been available to help us to understand the potential impact of any savings. As part of this consultation, we propose to work with the current provider to clarify its view of the necessary level of overheads for efficient delivery of this service.

## 2. Evidence that informed this proposal

Information source	What has this told you?
Know your city (Joint Strategic Needs Assessment)	There is a clear relationship between sexual ill health, poverty and social exclusion with certain groups being more likely to experience poorer sexual health. The impact of poor sexual health is greatest in young heterosexual adults and in men who have sex with men (MSM). National data show that rates of STIs are higher in deprived areas. The most commonly diagnosed Sexually Transmitted Infections (STIs), both nationally and locally, are <b>chlamydia, genital warts, genital herpes, gonorrhoea</b> and <b>syphilis</b> . The majority of diagnoses of other STIs are made in Genito-urinary Medicine (GUM) clinics although a small proportion are made in other settings. In 2014

Newcastle's acute STI new diagnosis rate was **1191 per 100,000**, with 71% of those diagnosed aged 15-24 years. Newcastle STI diagnosis rate is ranked 16th highest out of 326 Local Authorities in England.

### Chlamydia

Chlamydia is the most commonly diagnosed STI in Newcastle, there were 1830 people diagnosed in 2014, which is a rate of 638 per 100,000. In Newcastle 79% of those diagnosed were aged 15-24 in 2014, the diagnosis rate for 15-24 year olds was 2409 per 100,000, which is above the PHE recommended level of 2,300 per 100,000. Newcastle is seeing a declining trend in diagnosis rates for chlamydia.

Table 1: Number and rates of chlamydia diagnoses per 100,000, Source: Public Health England (PHE)

Chlamydia Diagnoses		2012	2013	2014
Newcastle	Number	2618	1876	1830
	Rate	927	654	638
North East	Rate	465	460	363
England	Rate	373	376	375

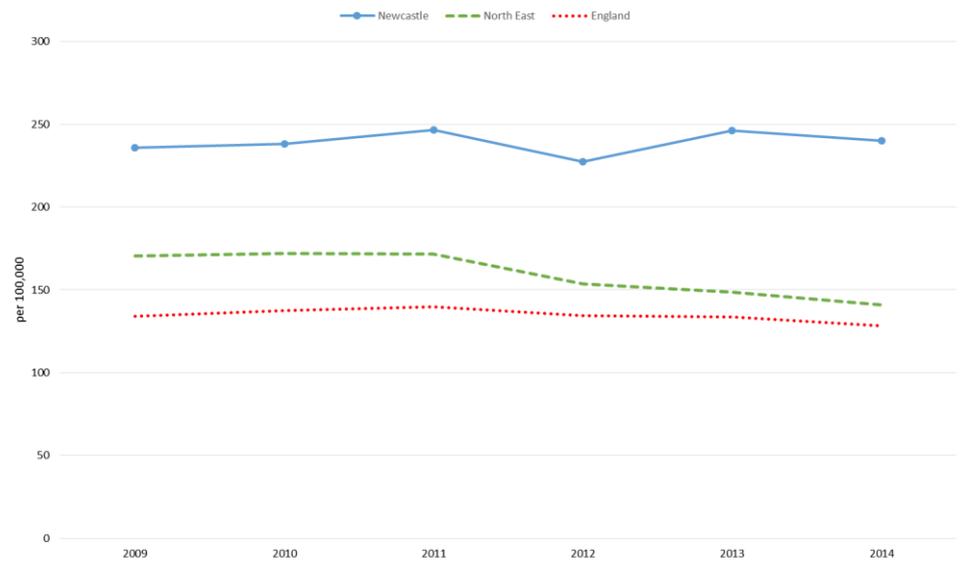
\*Data prior to 2012 is not comparable and has been excluded from this table.

### Other Sexually Transmitted Infections

Newcastle has higher diagnosis rates for genital warts, genital herpes, gonorrhoea and syphilis compared to the North East and England; this can be linked with the socioeconomic status of the city as well as the large student population residing in Newcastle. There is an upward trend for those diagnosed with gonorrhoea which is reflected nationally. This increase is also due to improvements in screening for gonorrhoea and the introduction of joint chlamydia and gonorrhoea screening introduced in 2012 in Newcastle. There is a sharp rise in the rate diagnosed with Syphilis in 2012, however the numbers are small and is confined to a specific population group.

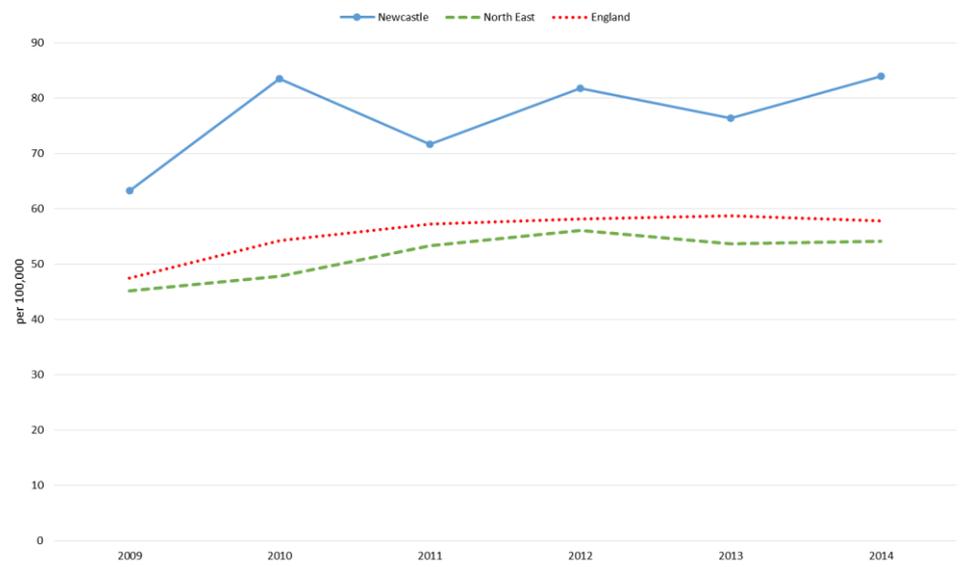
### Genital Warts Diagnoses per 100,000

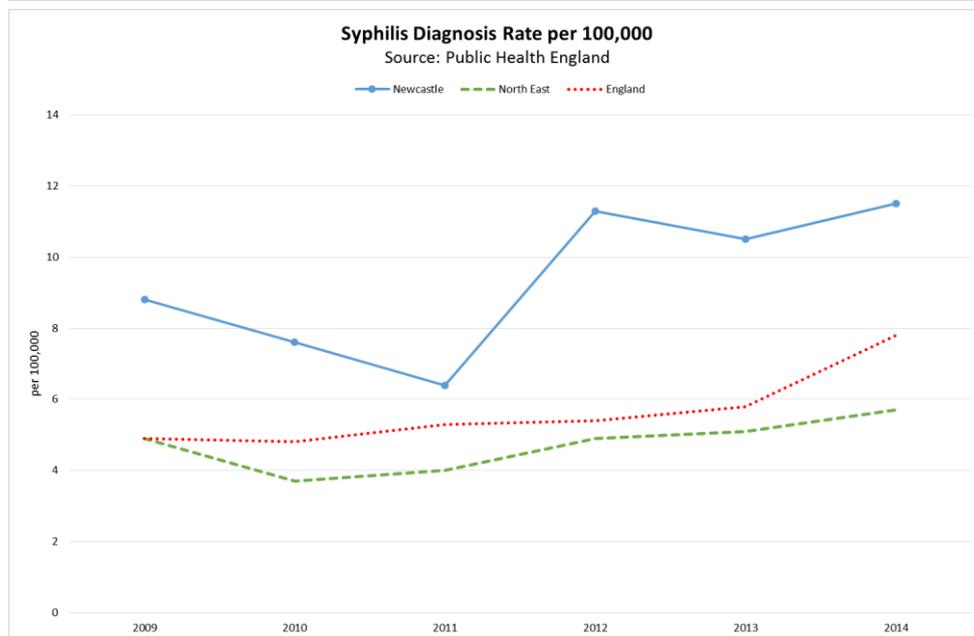
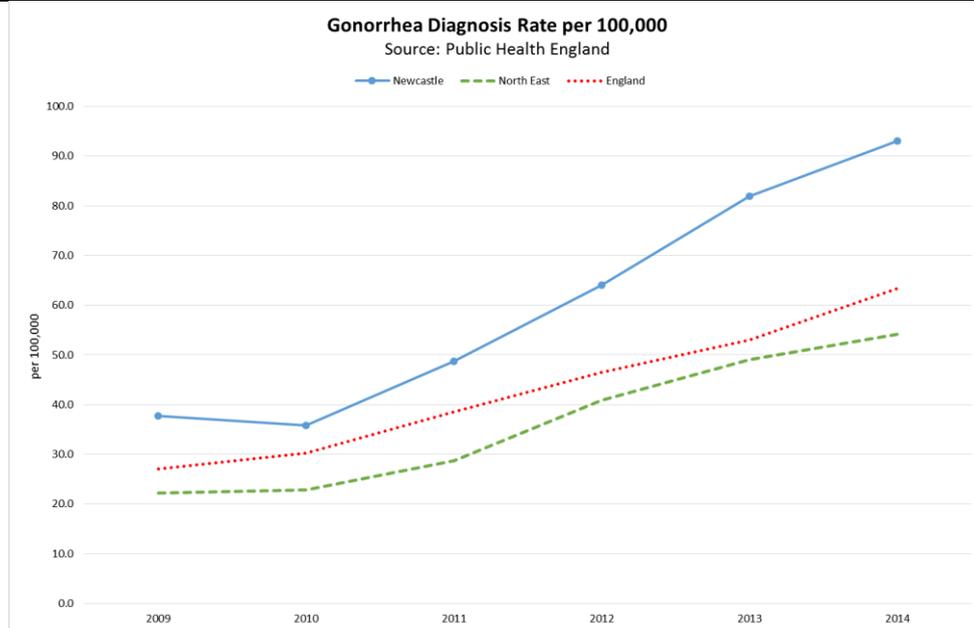
Source: Public Health England



### Herpes Diagnosis Rate per 100,000

Source: Public Health England

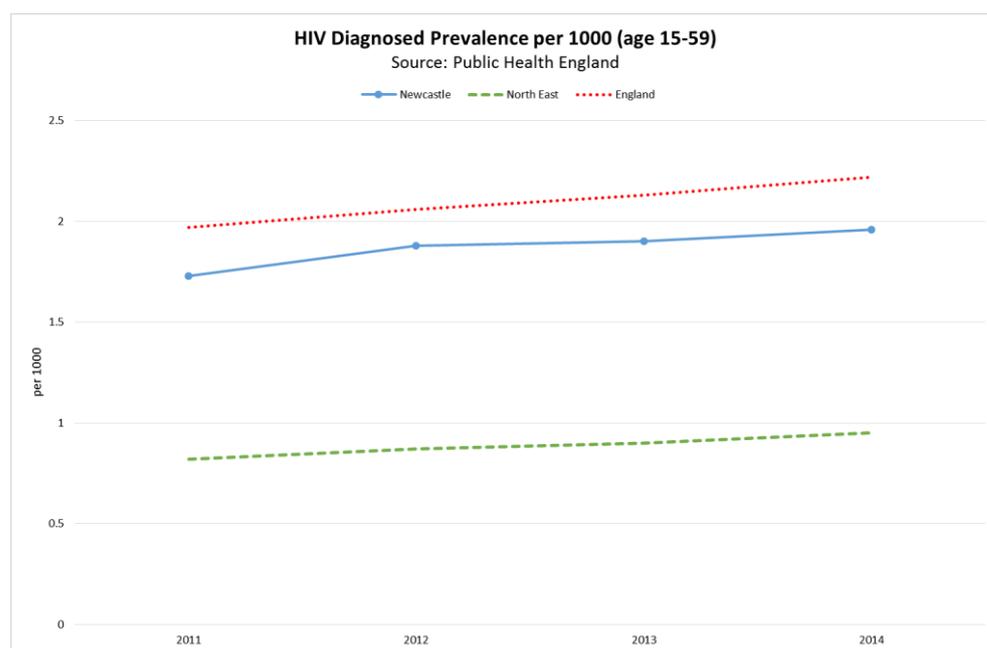




### Human Immunodeficiency Virus (HIV)

In 2014, it was estimated that 100,000 people in the UK were living with diagnosed or undiagnosed HIV infection. Of those, an estimated 20-30% are unaware of their infection, which means that sexual partners are potentially put at risk of contracting HIV. Each year in England, around half of all newly diagnosed individuals are diagnosed late (CD4 cell counts less than 350 cells per mm<sup>3</sup>) which increases the risk of early death. In 2012-14, 42.0% of people in England with HIV presented with the disease at a late stage of infection.

Public Health England provides statistics on diagnosed HIV prevalence. In 2014 in Newcastle, the diagnosed HIV prevalence rate (per 1,000 population aged 15-59) was 1.96, which is an increase since 2012 (when it was 1.88 per 1,000). This rate remains the highest in the North East, and is not significantly different to the England average.



Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection, so it is essential to evaluate the success of expanded HIV testing. In Newcastle in 2012-14, 41% of people with HIV presented at a late stage of the infection, which is lower than it was in 2009-11 (51%) and is similar to the England average (42%). However there is still a need to reach individuals who remain undiagnosed and target them with effective interventions that seek to increase awareness and the uptake of HIV testing.

#### Public Contracts Regulations 2015

The Public Contracts Regulations 2015 (“PCR 2015”) implement in England and Wales the new EU Directive 2014/24/EU (the “Directive”) on public procurement.

The PCR 2015 came into force from 26th February 2015 and replaced the Public Contracts Regulations 2006 (“PCR 2006”) from that date.

Under the PCR 2006, contracts for so-called Part B Services were exempt from the full application of the rules (particularly, there was no requirement to advertise in the OJEU). Under the PCR 2015, the distinction between Part A and Part B Services has been removed and replaced by what is becoming known as the “Light Touch” regime. A services contract falls within the scope of the Light Touch regime if it is for the certain types of health, social and other services listed at Schedule 3 of the PCR 2015. For these Light Touch regime contracts, a higher threshold than that for ordinary service contracts applies, before the Light Touch regime is applicable.

The thresholds for light touch regime contracts from 1 January 2016 is £589,148

While the Light Touch regime is not prescriptive as to how contracting authorities design their procurement process for Light Touch regime services

	contracts, it does for the first time require that services contracts that fall within the Light Touch regime are advertised.
Other local authority recommissioning plans	A number of authorities have already recommissioned, or are in the process of recommissioning, sexual health provision in order reshape provision and deliver integrated systems of support. Examples include: North Tyneside, Gateshead, Enfield, Somerset, Walsall, York, and Blackburn.
Consultation and Engagement on existing sexual health provision	Detailed feedback from the consultation can be found at <a href="https://letstalknewcastle.co.uk/">https://letstalknewcastle.co.uk/</a>

3. Engagement about the current Sexual Health provision (6 May - 3 June 2016)			
Date	Who	No. of people	Main issues raised
18/4/16	Written briefing to current NUTH workforce.	60	
4/4/16	Current Providers	7	Length of contracts, and the potential to cause instability in service provision.
9/5/16 11/5/16 17/5/16 19/5/16	Multi discipline workshops – inc NUTH, GPs, Pharmacies and VCS		See consultation report <a href="https://letstalknewcastle.co.uk/">https://letstalknewcastle.co.uk/</a>
5/5/16	Staff at Newcroft Centre - Current service provider	60	TUPE, concerns regarding employment protection and staff development. Concerns regarding fragmenting service provision.
6/5/16 – 3/6/16	Service user, residents and professionals via Let's Talk	97	See consultation report <a href="https://letstalknewcastle.co.uk/">https://letstalknewcastle.co.uk/</a>
6/6/16	Newcastle & Gateshead CCG (West) Practice Manager Meetings	12	Length of contracts, and the potential to cause instability in service provision.
7/6/16	Newcastle & Gateshead CCG (North and	12	Concern expressed regarding potential changes in commissioning responsibilities and impact on fees.

	East)Practice Manager Meetings			
10/6/16	North of Tyne Local Pharmaceutical Committee	4	Discussion regarding the opportunity to further develop and extend provision in pharmacies.	
<b>4. Planned consultation for this proposal</b>				
<b>Date</b>	<b>Who</b>	<b>No. of people</b>	<b>Main issues raised</b>	
13/7/16 – 26/7/16	Current and potential providers, service users and general public on Let's Talk Newcastle.			
22/7/16	Current and potential providers, service users and general public at a drop in session at Civic Centre, Newcastle.			
<b>5. What are the potential impacts of the proposal?</b>				
<b>Staff / service users</b>	<b>Specific group / subject</b>	<b>Impact</b> (actual / potential disadvantage, beneficial outcome or none)	<b>Detail of impact</b>	<b>How will you address or mitigate disadvantage?</b>
<b>People with protected characteristics</b>				
Service users	Younger people and / or older people (age)	Potential disadvantage for younger people as a higher number of younger people access the service, as well as potential to affect older people using the service due to	Front line service delivery may be reduced because of a reduced budget, this may make it harder for service users to receive advice and treatment as necessary.	We will work with the successful provider of the clinical contract to ensure that front line service delivery is prioritised to meet the needs of the population.

		reduction in budget and therefore service capacity.		
Service users	Disabled people	Potential benefit of the specialist sexual health nurse for disabilities contract being integrated into the overall contract for the integrated sexual health service provision.	Improved opportunity for wider staff group to develop skills and knowledge about the sexual health needs of people with learning disabilities	
Service users	Carers	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on carers.	Not applicable
Service users	People who are married or in civil partnerships	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on people because of their partnership status.	Not applicable

Service users	Sex or gender (including transgender, pregnancy and maternity)	Potential disadvantage for women due to reduction in budget and therefore service capacity as a higher number of women access the service.	Front line service delivery may be affected because of a reduced budget, this may make it harder for service users to receive advice and treatment as necessary because of their sex or gender.	We will work with the successful provider of the clinical contract to ensure that front line service delivery is prioritised to meet the needs of the population
Service users	People's sexual orientation	Potential disadvantage for people in respect of their sexual orientation due to reduction in budget	<p>The impact of poor sexual health is greatest in young heterosexual adults and in men who have sex with men (MSM).</p> <p>Front line service delivery may be reduced because of a reduced budget, this may make it harder for service users to receive advice and treatment as necessary.</p>	We will work with the successful provider of the clinical contract to ensure that front line service delivery is prioritised to meet the needs of the population.
Service users	People of different races	Potential disadvantage to minority ethnic groups as there is evidence to suggest that people from minority ethnic groups are less likely to access services	Front line service delivery may be affected because of a reduced budget, this may make it harder for service users from minority ethnic groups to receive advice and treatment as necessary.	We will work with the successful provider of the clinical contract to ensure that front line service delivery is prioritised to meet the needs of the population.

Service users	People who have different religions or beliefs	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on people because of their religion or belief.	Not applicable
Service users	People living in deprived areas	Potential disadvantage for people living in deprived areas due to reduction in budget	Front line service delivery may be reduced because of a reduced budget, this may make it harder for service users to receive advice and treatment as necessary.	We will work with the successful provider of the clinical contract to ensure that front line service delivery is prioritised to meet the needs of the population.
Service users	People in low paid employment or in households with low incomes	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on people in low paid employment or in households with low incomes.	Not applicable
Service users	People facing barriers to gaining employment, such as low levels of educational attainment	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on people facing barriers to gaining employment, such as low levels of educational attainment.	Not applicable

Service users	Looked after children	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on looked after children.	Not applicable
Service users	People facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness	Potential disadvantage for people facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness	There is a clear relationship between sexual ill health, poverty and social exclusion with certain groups being more likely to experience poorer sexual health. Front line service delivery may be reduced because of a reduced budget, this may make it harder for service users to receive advice and treatment as necessary.	We will work with the successful provider of the clinical contract to ensure that front line service delivery is prioritised to meet the needs of the population.
N/A	Businesses providing current or future jobs in the city	Potential disadvantage	Current providers may not be successful in the tendering process.	We will work with providers to help them understand the procurement process.
N/A	Area, wards, neighbourhoods	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on areas, wards or neighbourhoods.	Not applicable

N/A	Community cohesion	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on community cohesion.	Not applicable
N/A	Community safety	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on community safety.	Not applicable
N/A	Environment	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on the environment.	Not applicable