

Appendix 2 - Commissioning Intentions 2015 – 2019

Sexual and Reproductive Health Services

Southampton City Council and Southampton City CCG

Executive Summary

The commissioning intentions in this document set out Southampton's aspirations for shaping service that help it to achieve its priorities for sexual health improvement affordably. Southampton's sexual health priorities include improving:

- The detection and treatment of sexually transmitted infections.
- Outcomes for people living with and/or at risk of HIV infection.
- The accessibility and take-up of effective contraception among adults.
- Sexual and reproductive health outcomes for children and young people.
- Sexual health prevention and protection for adults most at risk of poor outcomes.

The commissioning intentions in this document are consistent with the key priorities for both the City Council and the Clinical Commissioning Group (CCG). In relation to the City Council, these commissioning intentions relate particularly to prevention and early intervention, protecting vulnerable people and a sustainable council. In relation to the CCG, the key links are to shifting the balance, improving productivity, making outcomes fairer and sustainability.

Level 3 - Specialist Contraception, Sexual Health and GUM Services

1. Southampton City Council and Southampton CCG commissioners intend to work collaboratively with neighbouring local authorities and CCGs to jointly procure an integrated sexual and reproductive health service starting no later than April 2018. This will follow a period of collaborative transformation with the existing provider with a view to achieving economies of scale and maximum value for money.
 - a) As part of the above tender, Southampton City CCG will also consider the inclusion of Vasectomy Services in addition to termination of pregnancy which is already included.
2. In the interim period, Southampton City Council and Southampton CCG intend to work with the existing provider of the integrated Level 3 service to deliver a transformation programme with the following 6 local priorities:
 - a) **Contraception** - Improving access to, and the uptake of contraception, particularly Long Acting Reversible Contraception (LARC) among women, and condom use among young men.
 - b) **Low Risk Pathway redesign** – improving access to appropriately risk assessed sexual health screening for STIs for patients who don't need a full STI screen. This will include implementing STI self-sampling for asymptomatic low risk residents and signposting more low risk activity to Level 1 and 2 services.
 - c) **High Risk Pathway redesign** – improving the clarity of the patient pathways that secure additional sexual health promotion and behaviour change input for patients repeatedly presenting to sexual health services for treatment or screening following exposure to risk.
 - d) **Digitalisation** – improving use of digital technology in delivering access to information, advice and guidance to support self-service, access to home STI testing/screening, and access to appointment based clinics with online booking.

- e) **Preventative Integration** – developing much greater levels of sexual health awareness among other public services working with people more vulnerable to poor social, economic and wellbeing, including in relation to sexual and reproductive health outcomes. We would like to see this engender greater confidence in these wider services, leading to a change in the pattern of use of sexual health services by more vulnerable young people and adults that will lead to better prevention of poor reproductive and sexual health outcomes.
- f) **Affordable and sustainable services** - Achieving efficiencies through the above changes which reduce the cost of the service, and lead to overall savings across all spend on sexual and reproductive health.

Level 2 – Primary Care (GP and Pharmacy based) Services

3. Southampton City Council will be re-procuring Level 2 services during 2015/16 for a new contractual framework from 1 April 2016. In particular, it will seek to encourage:
 - a) An evidence led extension of Chlamydia screening programmes to other venues used by groups of young people more likely to be at risk of infection from Chlamydia.
 - b) Continued development and encouragement of the primary care marketplace for the ongoing growth and development of providers able and willing to offer LARC, particularly in relation to providers willing to offer shared care, i.e. access for any resident regardless of which practice they are registered with to provide improved access for patients registered with practices that do not offer LARC services.
 - c) Facilitating improved access to contraception through participation in condom distribution schemes to improve protection for young people and other at risk groups of poor outcomes in respect of reproductive and wider sexual health.
 - d) Encouraging improved take-up of primary care services by young people through promoting progress towards “You’re Welcome” customer care standards across all Level 2 settings.

4. During 2015/16 Commissioners will also be looking to significantly increase take up of HIV screening in Southampton, particularly among communities at high risk of exposure through:
 - a) Further exploring the scope for extending the normalisation of HIV testing by adding the option of an HIV screen to other health screening programmes being offered to at risk groups; e.g. NHS Health Checks for some patients.
 - b) Developing a range of options to extend our local HIV screening across specialist, acute, primary care, community based and digital settings
 - c) Commissioning an online HIV screening service for those that want or need it. This will be achieved either through a collaborative procurement being facilitated nationally by Public Health England or an alternative route offering equivalent or better value for money.

Level 1 Community based Prevention and Early Intervention Services

5. The current commissioning intention is to ensure that as part of our scoping for a Behaviour Change Service (likely to be procured during 2016-17) we create appropriate capacity for effective interventions around sexual and reproductive health. This will complement our plans for ensuring the capacity for improved links between a more specialist health promotion function within the specialist service for leading the wider system to ensure a collective, cohesive approach across the council, schools, colleges, public health nursing, primary care and community settings.

6. We will review community based services from existing providers working with populations more vulnerable to poor reproductive and sexual health outcomes as a result of age, disability or learning difficulty, sexual orientation, gender identity, domestic abuse, neglect, exploitation, mental health, substance misuse or economic circumstance. We intend to explore opportunities through these existing providers to add value at low cost to the collective reach of public services into engaging more vulnerable communities into reproductive and sexual health services so they benefit from good reproductive and sexual health.

Overall, these commissioning intentions are intended to achieve a better fit with Southampton's aspiration to be a city of opportunity for all of its communities; where the risk of poor outcomes is managed and minimised through joined up services that work together to help individuals and families build their own capacity to succeed, and poor outcomes are prevented through effective screening, protection and early intervention. We would like to move towards commissioning services in a more integrated ways that:

- Supports all sexually active people in having effective and informed control of reproductive health, with access to services that screen and protect from infection through effective education.
- Offers better protection for individuals from relationships that are non-consensual, unequal, exploitative or abusive or otherwise harmful and damaging to their health and well-being, and significant reductions in outcomes like teenage conceptions.
- Build capacity and resilience in our children, young people and families and communities to sustain higher aspirations, self-esteem and protection from existing levels of inequality in health and wellbeing

We anticipate that this will have wider social and economic wellbeing benefits to these populations, and in the management of future demand for health and social care services.

Procurement - overview of next steps and timeline

During 2015-16, Commissioners across Southampton, Hampshire and Portsmouth are working toward procuring a new specialist service from April 2017. This will allow for transformation of existing services to better meet the different reproductive and sexual health needs of communities across the areas. Arrangements for the development of the marketplace for provision of sexual and reproductive health services in primary care and community service settings, and via online/remote testing pathways will be simpler to commission. A framework for commissioning these services should be in place by April 2016 following consultation with potential partners and providers during 2015.

There is an expectation that this will also deliver tangible benefits to the Council in the meantime as a result of the transformation effort and its effect upon demand for services and associated spend. Delaying procurement will also facilitate development of the future market, whilst working with the existing provider to address immediate pressures upon and priorities relating to development and improvement as well as exploring efficiencies in the service delivery model through channel shift.

Timetable for remodelling services

On the basis of the six work streams identified above, the remodelling, and testing of the effectiveness of new service models and pathways would be likely to be shaped during the

Summer of 2015, with new pathways developed and tested up to approximately February 2016. Evaluation of the outcome of different approaches would take place alongside transformation, though evidence of how some are working will be evident earlier. This would lead to new Service specifications being developed by April 2016 with a formal procurement likely to start during the Summer of 2016. Remodelling will be developed in collaboration with commissioners in neighbouring areas. We envisage an extensive period of market engagement / warming activity for a jointly procured service to start during 2016.

Proposed procurement timetable

Following the remodelling exercise above, our intention would be to reinstate our original intention to procure a remodelled but integrated sexual health service as part of a collaborative procurement with Hampshire County Council, Portsmouth City Council and the Southampton and Hampshire CCGs for a new County-wide integrated sexual health service to start in April 2017. As Southampton would like to be part of a collaborative procurement to secure the value for money and clinical care advantages this would bring, there is some scope for the procurement timetable to be brought forward if this meets the collective interest of our commissioning partners following evaluation of some of the service transformation concepts explored.

Any revised framework for sexual and reproductive health services provided through primary and community settings should be in place from April 2016, with continued market development in line with wider commissioning priorities and intentions for the specialist integrated service.