

## Appendix 2 (ii)

<b>Contract title:</b>	Level 3 Sexual Health Services
<b>Contract Number:</b>	EC09/01/2444
<b>Service Provider(s):</b>	Solent NHS Trust
<b>Commissioning Organisation:</b>	Southampton City Council
<b>Contract start date:</b>	1 April 2017
<b>Current contract end date:</b>	31 March 2022
<b>Maximum contract end date:</b>	31 March 2024
<b>Current financial year value £:</b>	£2,341,451

### Service Summary

The service is commissioned as a specialist integrated sexual health service through a contract with Solent NHS Trust.

The service is commissioned to ensure that local residents have timely access to the high quality services to improve and manage their sexual and reproductive health through the delivery of a fully integrated, cost-effective sexual health (lead provider) service model, accessed by a digital single point of access.

Providing free and open-access to reproductive and sexual health services became a statutory responsibility for Local Authorities in April 2013, under the Health and Social Care Act 2012.

Level 3 Sexual & Reproductive Health Services have been integrated and co-located in Hampshire, Portsmouth and Southampton since 2012 providing a 'one stop shop' approach to the delivery of specialist sexual health services across all three local authority areas via a single point of access.

Local Authority and NHS Commissioners believe that this model provides the best outcomes for local residents as well as best value for commissioners and are keen to see the continued integration of local authority commissioned sexual health services with NHS commissioned services for the benefit of local residents.

The contract contains an option for a two-year extension. Southampton, Hampshire and Portsmouth are seeking to extend their contracts for 1 year initially (March 2022 – March 2023), with an agreement that if a Systems Thinking check phase is completed by the end of the calendar year 2021 it would trigger the extension of a second year (March 2023 – March 2024). System Thinking is a process that is used to inform how resources within the sexual health system can be maximised to contribute towards improvements relating to our local populations health outcome.

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To do so, there needs to be a review of the *Thinking, Systems and Performance* that exist which impact on the Solent NHS Trust Sexual service

### Contract Performance

Generally the service performs well, with few concerns regarding the quality. There is increasing demand on the remote/digital service options. There is a repeating theme regarding individuals' experiencing difficulty accessing the standard service easily due to lack of appointments available through the online booking system or the Single Point of Access (SPA) telephone service. The provider has managed to launch many alternative service pathways to work safely and innovatively through Covid-19 lockdown phases. These interventions have evaluation methods in place to inform their long term use.

The Provider records all activity through a legacy system. Commissioners sought a change with this contract to a national integrated sexual health service activity grouper (software programme called pathway Analytics) Making the change has highlighted some significant financial risks for the provider, which are being worked through. The proposed approach will see both systems in use for 2021 onwards, allowing the provider to continue to receive funding against the original methodology and tariffs, while providing commissioners with the necessary data and intelligence for future commissioner requirements.

The provider has, like many providers, continued to provide as much of their service as possible during the past 18 months.

Understanding the performance of the service during this time is complicated, with such radical changes and reductions to the range of services on offer as a result of the Covid pandemic and associated lockdowns, and for those that have remained, significant changes in the way they can be delivered makes it impossible to report meaningfully against the original performance measures.

Throughout the pandemic commissioners, clinical leads and provider representatives have therefore sought to ensure the most appropriate services were maintained and targeted vulnerable groups.

The table at the end of this document shows performance against KPIs over the life of the contract

For those areas indicated as red the following should be noted:

Contraception - % of woman who uptake LARC (all 4 methods) - All Ages	Red indicator shows a reduction in performance on previous years, however, for years <b>2 and 3 the performance remained above target</b> , falling on 3% below target in year 4
STI - % of HIV tests completed as part of an STI screen	Red indicator shows a reduction in performance on previous years, however, for years 3 and 4 <b>the performance remained above target.</b>

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STI - % of HIV tests completed as part of an STI screen (MSM)	Red indicator shows a reduction in performance on previous years, and amber a performance level remaining consistent. <b>In all 3 years the performance remained above target</b>
STI - % of HIV tests completed as part of an STI screen (BAC)	Red indicator shows a reduction in performance on previous year. <b>In year 3 the performance remained above target.</b>
Chlamydia Screening - Chlamydia detection rate per 100,000 population aged between 15-24	Detailed work with the provider and Public Health England is ongoing to understand and identify the most effective way of recording this area of work. In the meantime it is recognised as an area that will not be able to report achievement against the target.
Outreach - % of under 18 year old patients who were seen and had a risk assessment / review within the last 12 months	Red indicator shows a reduction in performance on previous year. <b>In year 4 the performance remained above target.</b>
Psychosexual - % of assessments completed within 18 weeks from date of referral	Work with the providers saw improvements over the first 3 years of the contract. These improvements were impacted in year 4 as a result of the pandemic and services ceasing to operate.

## Financial Data

The contract includes the following financial mechanisms:

- The option to apply a 2% annual efficiency
- a tariff based approach to the majority of the contract with an upper cap in place
- a fixed payment price for a small element of the contract (2 service areas)

In addition to these financial approaches, the financial value of the contract has been varied over the years to take into account:

- annual agenda for change requirements
- new pathways to be adopted following government guidance, with some attracting additional funding (PrEP), while others did not (MGen)

For the period up to the March 2020 activity had always exceeded the required levels, so the full contract value was always paid. Since April 2020 Covid relief has been applied recognising the impossible task of delivering and reporting against contracted performance levels during tight government restrictions.

We approach 2021 -2022 with an element of open negotiation, drawing on the data and intelligence, the dynamic response to service changes and legal changes put in place around some pathways. This has enabled, and will continue to enable the

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service to be responsive to need while commissioners ensure best value is achieved where possible.

### **Operational Issues and Good Practice**

The service runs a specialised clinic for women sex workers, the TULIP clinic. This clinic provides a drop-in service for women, offering them a full range of contraception, screening for sexually transmitted infections, hepatitis B vaccinations and health promotion advice. These women often have vulnerabilities so having a specialist clinic that can meet their needs is invaluable.

Since the pandemic, attendance at this clinic has been poor and NHS Solent looked at different ways to reach women to make them aware that they can still access services even during the lockdown periods.

In April of this year, NHS Solent sexual health services teamed up with the local COVID vaccination centre in Southampton to offer outreach COVID vaccinations to any women attending the TULIP clinic over a 3 week period. Commissioners hoped that this would increase uptake of the vaccine in this high-risk group as well as increase attendance at our clinic. The service contacted all women that had attended the clinic previously, inviting them to attend for their sexual health screen and first COVID vaccination. In total the service vaccinated 14 women. The vaccination team arranged to come back to the clinic to provide their second vaccine 12 weeks later and there was almost 100% attendance. Any women that have attended the TULIP clinic since then that have not been vaccinated are fast-tracked through to the vaccination centre in Southampton. To support the safe work of working women, NHS Solent sexual health services is also working in collaboration with Southampton City Council to be a collection site for lateral flow testing for any women that access the TULIP clinic.

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	2017/18				2018/19				2019/20				2020/21			
	Year 1				Year 2				Year 3				Year 4			
Service Specification reference/descriptor/target	Year 1 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 2 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 3 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)	Year 4 Target	YTD Performance	YTD Difference to Target	Direction of Travel (against previous YTD)
Access - % of residents seen or assessed within 2 working days of first contact	80%	100%	20%	↔	80%	100%	20%	↔	80%	100%	20%	↔	80%	100%	20%	↔
Access - % of STI tests completed online	10%	0%	-10%	↔	10%	51%	41%	↑	10%	59%	49%	↑	10%	76%	66%	↑
Contraception - % of woman who uptake LARC (all 4 methods) - All Ages	35%	63%	28%	↔	35%	44%	9%	↓	35%	43%	8%	↓	35%	32%	-3%	↓
STI - % of HIV tests completed as part of an STI screen	75%	83%	8%	↔	75%	85%	10%	↑	75%	84%	9%	↓	75%	82%	7%	↓
STI - % of HIV tests completed as part of an STI screen (MSM)	90%	98%	8%	↔	90%	97%	7%	↓	90%	97%	7%	↔	90%	97%	7%	↔
STI - % of HIV tests completed as part	75%	90%	15%	↔	75%	91%	16%	↑	75%	86%	11%	↓	75%	89%	14%	↑

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of an STI screen (BAC)																
STI - % of test results being sent back to patient within 7 working days of specimen being collected	95%	97%	2%	↔	95%	97%	2%	↔	95%	98%	3%	↑	95%	98%	3%	↔
Chlamydia Screening - Chlamydia detection rate per 100,000 population aged between 15-24	1700	1986	286	↔	1700	1259	-441	↓	1700	1239	-461	↓	1700	831	-869	↓
Outreach - % of under 18 year old patients who were seen and had a risk assessment / review within the last 12 months	95%	79%	-16%	↔	95%	99%	4%	↑	95%	100%	5%	↑	95%	98%	3%	↓

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Psychosexual - % of assessments completed within 18 weeks from date of referral	95%	58%	-37%	↔	95%	71%	-24%	↑	95%	94%	-1%	↑	95%	76%	-19%	↓
Psychosexual - % of discharges with at most 6 therapeutic sessions	100%	0%	-100%	↔	100%	100%	0%	↑	100%	100%	0%	↔	100%	100%	0%	↔