

# **The Sexual Health Service Review**

22 July 2016

# Commissioning Proposal

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

- We propose to bring together clinical provision, and separately bring together non clinical provision into two separate contracts.
- We propose to use a phased approach to the commissioning of these two contracts.

# **This means 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.

- 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.

# **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)



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.

# Timescales

## Phase 1

The first phase of the recommissioning activity will focus on competitively tendering for a new integrated clinical contract to commence January 2017.

This means that current contracts will end in accordance with the commencement date of the new integrated service

# Timescales

## Phase 2

We propose to 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.

## **Opportunities in phase 2**

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

# 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