

## BRIEFING PAPER FOR HEALTH SELECT COMMISSION

1.	<b>Date of meeting:</b>	<b>19<sup>th</sup> July 2018</b>
2.	<b>Title:</b>	<b>Progress in relation to the All Service Review (ASR) savings (2019/20) from the Integrated Sexual Health Services budget</b>
3.	<b>Directorate:</b>	<b>Adult Care, Housing and Public Health Directorate, RMBC</b>

### 4. Introduction

4.1 Since 1<sup>st</sup> April 2013, every local authority has a legal duty to protect the public's health. The Regulations state that the Director of Public Health is responsible for ensuring that there are effective arrangements in place for preparing, planning and responding to health protection concerns. Local authorities are mandated (statutory function) to ensure that the population receives effective provision of contraception and open access to sexual health services. Furthermore, they are also mandated to ensure that there are plans in place to protect the health of the population, for example, in relation to Sexually Transmitted Infections (STI) outbreaks.

4.2 The Regulations (2013) covering local authorities responsibilities under the Health and Social Care Act (2012) also state that:  
'Each local authority shall provide, or shall make arrangements to secure the provision of, open access sexual health services in its area'.

It goes on to say that this includes advice on and access to a broad range of contraceptive services, treating, testing and caring for people with sexually transmitted infections\*, preventing the spread of sexually transmitted infections, partner notification and advice on preventing unintended pregnancy.

(\*this does not include *treatment* for HIV infection which is the responsibility of NHS England).

4.3 During 2016 RMBC Public Health tendered for an Integrated Sexual Health Service (ISHS) which would provide a broad range of contraceptive services and a comprehensive STI prevention, testing and treatment service. The tender was awarded to The Rotherham NHS Foundation Trust (TRFT) and the new service started on 1<sup>st</sup> April 2017.

4.4 The ASR PH3 Savings (2019/20) agreed at Council 28<sup>th</sup> February 2018 resulted in a 2.6% reduction (£56,000) from the overall contract value for the commissioned ISHS. This reflects the year on year reduction in the overall Public Health Grant.

- 4.5 The savings have been profiled for 2019/20 due to the service having recently been out to competitive tender with a budget reduction from the original value and due to them also, from 1<sup>st</sup> April 2018, taking on the responsibility for provision of contraceptive services in primary care (GPs and Pharmacy) with a reduction in that budget from its original value.
- 4.6 The ASR PH3 (2019/20) saving has been negotiated jointly by both Public Health and TRFT, the service provider. As part of the original tender TRFT were commissioned to provide clinics at a range of times and locations to give people more opportunities to attend the clinic sessions. TRFT propose to stop providing a newly opened Sunday clinic, which is not as well utilised as other clinics and is more expensive to run whilst still providing a range of alternative clinics available. This will result in a saving of £26,000. TRFT have produced an impact assessment in relation to this proposal (Appendix 1) .
- 4.7 Local authorities are mandated by the Health and Social Care Act (2012) to prevent the spread of STIs, including HIV prevention. Public Health have a budget of £30,000 for this work and the current contract has now come to an end. TRFT sub contract with a third sector organisation, Yorkshire MESMAC who are already providing awareness raising, prevention and testing for all STIs including HIV. A contract variation is, therefore, being agreed between RMBC Public Health and TRFT to include specific HIV prevention work within their existing service resulting in the £30,000 saving.
- 4.8 The £26,000 saving from the reduction in clinic time and the £30,000 from TRFT providing HIV prevention from within their existing budget result in the £56,000 savings being found.

## **5. Key Issues**

- 5.1 Local authorities have a statutory duty (under the Health and Social Care Act, 2012) to ensure the provision of open access sexual health services which provide access to a full range of STI testing, treatment and a full range of contraceptive options and to prevent the spread of STIs including HIV prevention.
- 5.2 As part of the ASR process a 2.6% reduction (£56,000) from the overall contract value for the ISHS was identified to reflect the reduction in the Public Health Grant to Local authorities.
- 5.3 Due to the service being recently tendered and the mobilisation of the primary care subcontracts, the saving was identified for 2019/20 which would allow TRFT, the provider of the service, and Public Health to explore how the savings could be made whilst maintaining compliance to the Public Health Grant mandate and meeting the needs of service users.

- 5.4 TRFT completed an impact assessment for the proposed closure of the new clinic (Appendix 1) and are introducing new clinic times to mitigate any effects. As the NHS 48hour waiting time does not apply in this situation it will not be adversely affecting patients.
- 5.5 Public Health and TRFT are agreeing a contract variation to reflect the change in clinic provision (releasing a £26,000 saving) and for the service to include HIV prevention (releasing a £30,000 saving).

## **6. Key actions and relevant timelines**

- 6.1 TRFT have already been served notice (as per the contractual requirements) of the planned budget reduction as of 1<sup>st</sup> April 2019.
- 6.2 Public Health and TRFT are agreeing the contract variation to reflect the change in clinic provision and the provision of HIV prevention work. The contract variation will be in place before 1<sup>st</sup> April 2019.
- 6.3 TRFT will provide alternative clinic times throughout 2018 and will monitor service access and use and this will continue after 1<sup>st</sup> April 2019.
- 6.4 MESMAC will provide additional HIV prevention, HIV testing and outreach to vulnerable groups.

## **7. Recommendations to HSC**

- 7.1 That the HSC acknowledge the impact assessment and the progress made in relation to the ASR PH3 savings from the Integrated Sexual Health Services budget.

## **8. Name and contact details**

Strategic Director Approving Submission of the progress against the savings and the impact assessment  
Teresa Roche, Director of Public Health

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