From: Peter Oakford, Cabinet Member for Strategic Commissioning and Public Health

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To: Health Reform and Public Health Cabinet Committee

Date: 24 January 2018

Subject: **Contract Monitoring Report – Sexual Health Services**

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary:

This report provides the Committee with an update on the performance, outcomes and value for money of the sexual health services commissioned by KCC. The services have performed well since the contracts were competitively tendered and awarded in 2015. KCC has effective contract management arrangements in place to ensure that KCC secures best value for money and continuous improvement in service delivery and outcomes.

The sexual health needs of the population are continuing to change. The current sexual health contracts are due to expire in March 2019 but the Committee has previously agreed to incorporate the KCHFT sexual health services into its Public Health Services Partnership Agreement

Commissioners will bring draft commissioning plans to the Committee later in 2018 once an updated needs assessment has been completed and market options have been fully assessed.

Recommendation

The committee is asked to NOTE the performance of the KCC-commissioned sexual health services and the processes in place to manage the contract effectively.

1. Introduction

1.1. This report provides the Committee with an update on the performance, outcomes and value for money of the sexual health services commissioned by Kent County Council (KCC). The report aims to complement the Public Health Performance Report by providing a more detailed commentary on the contracts for sexual health services and the contract management arrangements that are in place.

2. Background

2.1. Since 2013, KCC has had statutory obligations, not only to take steps to improve the health of the people of Kent, but also to ensure provision of a range of open access

sexual health and community contraceptive services across the county[1]. KCC also has a statutory obligation under the Care Act to prevent the escalation of needs.

2.2. Commissioning responsibility for sexual health services is split across KCC, NHS England, and clinical commissioning groups (CCGs). KCC is responsible for testing and treatment of most sexually transmitted infections (STIs)[2] but not the treatment of all conditions that could be caused by untreated STIs. For this reason KCC has worked with other statutory bodies to try to ensure services are as joined up as possible for the user and the impact of any service change is fully considered.

2.3. An example of this is the seen in HIV treatment services, where KCC provides HIV treatment services on behalf of NHS England and receives funding for this activity and management. These services therefore support aspirations of the STP to create a more sustainable health system with a focus on prevention.

2.4. The Social Care and Public Health Cabinet Committee endorsed proposals in October 2013 to commission an integrated sexual health service in Kent to meet the needs of the population. Subsequent Cabinet Committees endorsed the proposed contract award following a tender process and contract extensions upon completion of the initial contract term.

2.5. The Health Reform and Public Health Cabinet Committee agreed in December 2017 to review the service provision and performance of sexual health services as part of its on-going programme of contract monitoring reports.

3. Population needs and service provision

3.1. The two key risks that sexual health services aim to address are:

- Risk of sexually transmitted infections
- Risk of unwanted pregnancy.

3.2. Poor sexual health creates a significant burden of disease through sexually transmitted infections, particularly repeat or undiagnosed infections. Good access to effective testing and treatment is essential to reduce this burden of disease and to prevent escalation of needs. Good access to planned and emergency contraception is also essential to help reduce unwanted pregnancy and improve sexual health and emotional wellbeing.

3.3. There are a range of risks to wellbeing and sexual health for different sectors of the population including; sexuality, sexual preference, gender identification, lifestyle and behaviours, age and ethnicity. In turn these vary depending upon individual self-

[1] Regulation 6, The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

[2] Known as covering genito-urinary medicine (GUM) services

esteem, resilience or self-confidence. More information about the population needs on sexual health can be found on the sexual health section of the Kent Public Health Observatory website[3].

3.4. To fulfil its statutory obligation on sexual health and to minimise the risks of sexually transmitted infections and unwanted pregnancy, KCC assigns a budget of approximately £11.7m p.a. (supplemented by a £1m contribution from NHS England[4]) to commission a range of sexual health services, including:

- Open access Integrated sexual health services providing:
  - testing and treatment of STIs
  - contraception and contraception advice
  - HIV outpatient services
  - Sexual health promotion and advice
- Sexual health outreach
- Online ordering of STI home-testing kits
- Provision of free condoms
- Psychosexual counselling
- Sexual health advice and treatment through community pharmacies

3.5. Most of these are clinical services which meet critical health needs of the Kent population. The services are commissioned through contracts with local NHS Trusts and voluntary sector providers. The table at Appendix A provides a breakdown of the providers and contract values for each of these services.

3.6. All of the sexual health service contracts have been competitively tendered since 2013 when KCC took on commissioning responsibility for Public Health. As part of the last round of retendering in 2015, KCC took on responsibility for leasing the main sexual health service premises. This arrangement has given KCC a greater degree of control over where the services are located to meet the population need. The leasing arrangements are managed through KCC's Property Commissioning team and GEN[2].

3.7. In addition to its commissioned services, KCC is responsible for paying the costs of STI testing and treatment (via GUM clinics) of Kent residents even when the service is provided outside Kent. This presents an additional demand pressure on the sexual health budget.

3.8. The sexual health needs of the Kent population have changed in recent years, as they have across the country:

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[3] http://www.kpho.org.uk/health-intelligence/lifestyle/sexual-health#tab1

[4] NHS England contribution funds HIV outpatient services delivered through the KCC contracts

- Rates of syphilis and gonorrhoea are increasing. This has been particularly notable in the 45-64 age group.
- the populations where the burden of infections is greatest or increasing is changing
- rates of pelvic inflammatory disease (PID) have increased notably in some areas of the county
- teenage pregnancy rates have fallen
- impact of the influences of lifestyle and behaviour change
- demand for more responsive, easily accessible services.

3.9. Many young people are or will become sexually active and therefore access to high quality, safe sexual health services which improve and protect their health and wellbeing a key part of prevent unwanted pregnancies, under 18 conceptions and terminations of pregnancy.

3.10. There are apparent links between deprivation, risk taking behaviour and sexual exploitation, within coastal areas and specific population groups experiencing the poorest sexual health. Investment in these services is therefore designed to reduce the widening gap in health inequalities. An overview of the key public health outcomes associated with sexual health services is included at Appendix C.

3.11. Sexual health services support KCC to deliver on its strategic statement which aims to "Improve lives by ensuring every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses. More specifically these services contribute towards achieving Outcome 2; "Kent Communities feel the benefits of being in work, healthy and enjoying a good quality of life.

4. Contract Management approach

4.1. KCC have an effective contract management process in place for all of its commissioned sexual health services. This includes:

- Regular contract monitoring meetings with service providers
- Financial reporting and forecasting
- Contract governance and oversight
- Risk Management and escalation procedures
- Quality monitoring and service user feedback.

4.2. The contracts specify the service outcomes and standards that need to be delivered to meet the population needs. The contract also includes a range of key performance indicators (KPIs) which are monitored by the Public Health team and discussed with providers at quarterly contract monitoring meetings. A summary of the contract KPIs are included at Appendix B.

4.3. Commissioners and providers also jointly review quality (including service user feedback) and contract finances at the quarterly meetings. Exception reports and action plans are scrutinised and providers are challenged on any performance, quality or contract compliance issues that are identified in the contract monitoring process.

4.4. To ensure value for money, each contract includes an element of variable payment. This is designed so that contract payments are adjusted to reflect the fixed and variable costs of the service and to ensure that:

- Providers have the financial incentives to respond to service demand and changing patterns of need
- KCC only pays that for the services that are actually delivered

4.5. This commercial strategy has delivered good value for money over recent years. A more detailed breakdown of the commercial terms of the agreements is included in the accompanying restricted paper.

5. Performance and Continuous Improvement

5.1. Performance data for the past two years show that the sexual health services have been performing well since the services were retendered in 2015. The services have maintained excellent levels of access for urgent GUM cases and have maintained the level of clinic and outreach capacity that is required in the contract. The increasing numbers of STI diagnoses and the high levels of service user satisfaction all indicate that the services are effective and compliant with contractual requirements.

5.2. As well as on-going monitoring of contract compliance and performance, a key part of contract management is striving for continuous improvement in service delivery and outcomes.

5.3. To ensure that local services meet current needs, KCC commissioned the sexual health services which could adapt and respond quickly to emerging trends or developments in the provider landscape. KCC has worked closely with service providers to find innovative ways to provide services in a cost effective way.

5.4. Changes made since commencement of the 2015 contracts include:

- Expanding clinic capacity in Canterbury to respond to increased demand
- Extending Saturday morning opening hours in Maidstone in response to service user feedback
- Commissioning a new service which allows Kent residents to order a wider range of STI home-testing kits online

- Expanding the access to free condoms from 19 years and under to those aged under 25 yrs and making these accessible online
- Piloting a new more streamlined approach for the resupply of oral contraception.

5.5. Sexual health services aim to offer choice and have continued to change in line with latest evidence, user feedback, and results of service audits or developments in technology. The new online home-testing service which offers residents the ability to test themselves for STIs confidentially in the comfort of their own home. Not only is this quicker for the user, provides a service that young people said they wanted it also offers a financial saving to KCC.

5.6. Service providers have worked well with KCC to respond to changing population needs and have adapted their service models accordingly. Contracts are due to expire in March 2019 and KCC is therefore in the process of reviewing the best approach to provide these services going forward.

5.7. KCC has already entered into a Public Health Services Partnership with Kent Community Health NHS Foundation Trust (KCHFT) following the Committee's endorsement of this proposal at its meeting in June 2017. This partnership arrangement allows KCC and KCHFT to co-operate in order to pursue common objectives in the public interest.

5.8. Sexual health services support the delivery of the common objectives of improving and protecting of the public's health, prevention of ill-health and successful delivery of the Kent and Medway Sustainability and Transformation Plan (STP). Detailed proposals for the future commissioning strategy for sexual health will be presented to the Committee later in 2018.

6. Risks

6.1. There are a number of risks associated with the commissioning and delivery of sexual health services which are managed through the commissioning cycle and contract monitoring process.

6.2. Sexual health services are mostly demand-led services that must respond to population needs. A key risk for sexual health services and commissioners is that they are not able to predict and respond to new trends in STIs or service needs. Services in Kent and elsewhere could be overwhelmed by demand from Kent residents would could place significant pressure on the public health budget.

6.3. These risks are managed by effective commissioning and contract monitoring, working collaboratively with providers to identify and examine emerging trends and to plan and monitoring service capacity and usage. The good performance over the past 2 years suggests that KCC and providers are managing this risk effectively.

6.4. As well as these pressures on service volumes, there is the risk that services will not continue to be effective, will not be able to keep up with the changing needs of the population or not maintain quality standards. There is also a risk of not being able to keep pace with changing evidence of clinical effectiveness. This could present financial and quality risks as new technologies are often more expensive.

6.5. These risks are managed by ensuring that the services have robust clinical governance processes in place and working with providers to audit and monitor clinical effectiveness and outcomes. Commissioners and providers are also working together to manage a number of financial risks which are discussed in the accompanying restricted paper.

7. Conclusion

7.1. The KCC-commissioned sexual health services have performed well since the contracts were competitively tendered and awarded in 2015. KCC has effective contract management arrangements in place to ensure that KCC secures best value for money and continuous improvement in service delivery and outcomes.

7.2. The sexual health needs of the population are continuing to change and it is crucial that the commissioned services adapt to new trends and emerging needs. KCC will need to continue to manage the risks to effective service delivery in order to ensure it complies with its statutory obligation to ensure provision of comprehensive open access sexual health services.

7.3. The current sexual health contracts are due to expire in March 2019. The Committee has previously agreed to incorporate the KCHFT-delivered sexual health services into the Partnership Agreement as effective service delivery is a common objective for KCC and KCHFT and is in the public interest.

7.4. However, commissioners will bring draft commissioning plans to the Committee later in 2018 once an updated needs assessment has been completed and market options have been fully assessed.

Recommendation

The committee is asked to NOTE the performance of the KCC-commissioned sexual health services and the processes in place to manage the contract effectively.

Background Documents:

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013,
http://www.legislation.gov.uk/uksi/2013/351/regulation/6/made

Making it Work: A guide to whole system commissioning for sexual health, reproductive health and HIV, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf

Sexual Health JSNA Chapter Summary (needs assessment): http://www.kpho.org.uk/__data/assets/pdf_file/0008/71693/Sexual-Health.pdf

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Appendix A – Contract values

Contract Title	Supplier	Contract Start Date	Contract End Date	Estimated Total Contract Value (£)	Forecast 2017/18 spend (£)
East Kent Integrated Sexual Health Service	Kent Community Health NHS Foundation Trust	01/08/2015	31/03/2019	14,399,996	3,806,002
North & West Kent Integrated Sexual Health Service	Maidstone and Tunbridge Wells NHS Trust	01/04/2015	31/03/2019	18,434,479	4,439,359
Sexual Health Pharmacy Programme	Kent Community Health NHS Foundation Trust	01/04/2015	31/03/2019	1,533,510	384,374
Psychosexual Counselling Service	Kent Community Health NHS Foundation Trust	01/04/2015	31/03/2019	1,168,453	293,580
Condom programme	METRO	01/04/2015	31/03/2019	828,185	202,040
Online STI testing services	Maidstone and Tunbridge Wells NHS Trust	01/10/2017	31/03/2019	560,000	236,000
LARC GP Procedure charges	Individual GP Practice Contracts	01/04/2015	31/03/2018	950,000	950,000
HIV Online testing	PreventX	16/03/2016	31/03/2017	20,000	10,000
Chlamydia screening programme	*Kent Community Health NHS Foundation Trust*	*01/04/2015*	*30/09/2017*	*867,858*	*114,162*

Appendix B – Contract KPIs Dashboard

Service	Indicator	Reporting Period							DoT	Sparklines
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17		
Community Sexual Health Services	No. of clinic based sessions offered	6558	7736	7393	7765	8176	7803	8321	↑	
	No. of clinic based sessions attended	5607	6580	6258	6484	6681	6329	6514	↑	
	Clinic Utilisation	85.5%	85.1%	84.6%	83.5%	81.7%	81.1%	78.3%	↓	
	No. of Sexual Health Outreach sessions	631	713	707	508	234	482	601	↑	
	No. of Sexual Health Outreach sessions attended	231	202	151	164	138	182	211	↑	
	Sexual Health Outreach attendance rate	36.6%	28.3%	21.4%	32.3%	59.0%	37.8%	35.1%	↓	
	Presentation Rate - Asymptomatic	59.3%	57.1%	57.2%	59.4%	57.6%	57.5%	61.3%	↑	
	Presentation Rate - Symptomatic	40.7%	42.9%	42.8%	40.6%	42.4%	42.5%	38.7%	↓	
	No. of positive chlamydia diagnoses	228	221	229	219	240	234	225	↓	
	No. of HIV Tests Offered	2580	2935	2827	3077	3051	2925	2830	↓	
	No. of HIV Tests Completed	1679	1944	1921	2135	2120	2106	1989	↓	
	HIV Test Uptake	65.1%	66.2%	68.0%	69.4%	69.5%	72.0%	70.3%	↓	
	No. of new HIV positive diagnoses	3	7	3	4	5	2	3	↑	
	No. of late stage HIV infection presentations	1	1	1	2	3	0	3	↑	
	No. of HIV tests requested online	104	150	114	125	108	115	87	↓	
	Number of online HIV Tests completed	62	90	63	74	75	75	76	↑	
	Online HIV Test return rate	59.6%	60.0%	55.3%	59.2%	62.0%	59.1%	65.5%	↑	
	Episode Diagnosis - Number of Positive Gonorrhoea Results	16	37	46	37	67	63	54	↓	
	Episode Diagnosis - Number of Positive Syphillis Results	10	12	5	10	12	3	8	↑	
	No.of STI Tests requested online	Reported from 1st October								
	STI Test return rate									
	Number of Non-Emergency Contraceptive Methods Issued	2267	2477	2408	2392	2488	2423	2451	↑	
	Emergency Contraceptive Methods Issued by Type (IUD)	8.3%	0%	11.1%	5.4%	8.0%	8.0%	18.0%	↑	
	Emergency Contraceptive Methods Issued by Type (Oral)	91.7%	100%	88.9%	94.6%	92.0%	92.0%	82.0%	↓	
Chlamydia Screening Programme (15-24 year olds) *NB: Quarters for Screening Programme are Calendar Year*	No. of Chlamydia tests issued	6226			5516			3321	↓	
	No. of detected positive tests	511			461			549	↓	
	% of 15-24s population screened	3.3%			3.0%			3.5%	↓	
	% of Chlamydia tests resulting in positive result	8.2%			8.4%			8.4%	↑	
	Positive detection rate per 100,000 15-24 year olds	1100			992			1,181	↓	
Online Chlamydia testing - subset	No. of online Chlamydia tests issued	211	258	298	302	211	330	331	↑	
	% of online Chlamydia tests resulting in positive results (of those returned)	12.3%	10.1%	8.7%	8.3%	5.7%	7.0%	5.1%	↓	
	Number of people having a positive chlamydia result (online)	26	26	26	25	12	23	24	↑	
Psychosexual Counselling	Number of psychosexual therapy sessions delivered	138	162	159	167	135	139	184	↑	
	% of clients completing the full course of therapy	81%			100%				↑	
	Number reporting an improvement	7	7	12	5	8	12	10	↓	
	Percentage of clients reporting an improvement	100%	100%	90%	83%	100%	100%	100%	→	
Pharmacies	Total Number of EHC issued	468	467	443	422	385	401	433	↑	
	Total Number of EHC issued by type (Levonorgesterel)	242	211	178	158	132	157	182	↑	
	Total Number of EHC issued by type (Ulipristal)	226	256	265	264	253	244	251	↑	
	Levels of repeat EHC									
Metro online condoms	Number of condoms distributed	2,386			2,585				↑	
	Number of new Registrations	2,116			3,075				↑	
LARC Proceedures	Number of LARC fittings	656	795	718	680	616	755	712	↑	
	Number of LARC removals	501	678	623	555	528	589	620	↑	

Appendix C – Outcome Indicators

	Period	Local count	Local value	Eng. value	Eng.worst / lowest	Range	Eng.best / highest
Syphilis diagnostic rate / 100,000	2016	91	6.0	10.6	127.9		0.0
Gonorrhoea diagnostic rate / 100,000	2016	381	25.0	64.9	596.4		11.7
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) < 1900 1900 to 2300 ≥ 2300	2016	2,252	1212	1882	813		4,938
Chlamydia proportion aged 15-24 screened	2016	28,356	15.3	20.7	9.4		50.0
New STI diagnoses (exc chlamydia aged <25) / 100,000	2016	5,096	536	795	3,288		344
HIV testing coverage, total (%)	2016	20,944	65.4	67.7	26.7		86.3
HIV late diagnosis (%) (PHOF indicator 3.04) < 25 25 to 50 ≥ 50	2014 - 16	84	56.8	40.1	80.0		18.2
New HIV diagnosis rate / 100,000 aged 15+	2016	60	4.8	10.3	105.4		1.2
HIV diagnosed prevalence rate / 1,000 aged 15-59 < 2 2 to 5 ≥ 5	2016	1,096	1.26	2.31	16.40		0.33
Population vaccination coverage – HPV vaccination coverage for one dose (females 12-13 years old) (PHOF indicator 3.03xii) < 80 80 to 90 ≥ 90	2015/16	7,284	80.8	87.0	68.4		97.3
Under 25s repeat abortions (%)	2016	476	26.3	26.7	36.3		15.7
Abortions under 10 weeks (%)	2016	3,397	81.6	80.8	67.5		88.5
Total prescribed LARC excluding injections rate / 1,000	2016	13,294	47.8	46.4	6.1		80.4
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2015	573	20.6	20.8	43.8		5.7
Under 18s conceptions leading to abortion (%)	2015	287	50.1	51.2	28.9		82.4
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2015/16	2,381	1.6	1.7	0.9		3.5

Key

Significance compared to threshold(s) / England average:

- Significantly worse
- Not significantly different
- Significantly better
- Significantly lower
- Significantly higher
- Significance not tested