

North Yorkshire County Council

Executive

8 March 2022

North Yorkshire Integrated Sexual Health Service S75

Report of the Corporate Director Health and Adult Services and Director of Public Health

1.0 Purpose of Report

- 1.1 To provide Executive Members with the outcome of the 30-day public consultation on the use and content of the proposed S75 Agreement, and to recommend to the Chief Executive Officer under his delegated powers that he approve the draft S75 Agreement between North Yorkshire County Council (NYCC) and York and Scarborough Teaching Hospitals NHS Foundation Trust (YSFT) in relation to sexual health services.

2.0 Background

- 2.1 Under his delegated decision making powers in the Officers' Delegation Scheme in the Council's Constitution, the Chief Executive Officer has power, in cases of emergency, to take any decision which could be taken by the Council, the Executive or a committee. Following on from the expiry of the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, which allowed for committee meetings to be held remotely, the County Council resolved at its meeting on 5 May 2021 that, for the present time, in light of the continuing Covid-19 pandemic circumstances, remote live-broadcast committee meetings should continue (as informal meetings of the Committee Members), with any formal decisions required being taken by the Chief Executive Officer under his emergency decision making powers and after consultation with other Officers and Members as appropriate and after taking into account any views of the relevant Committee Members. This approach will be reviewed again at the Council AGM on 18 May 2022.
- 2.2 Sexual and reproductive health is not just about preventing disease or infection. It also means promoting good sexual health in a wider context, including relationships, sexuality and sexual rights. Good sexual health is a vital aspect of overall health and wellbeing. However, poor sexual health outcomes fall disproportionately on certain groups. Sexual health spans the three domains of public health, health improvement, health protection, and healthcare public health.
- 2.3 Since 1 April 2013, Local Authorities have been mandated to ensure that comprehensive, open access, confidential sexual health services are available to all people who are present in their area (whether resident in that area or not). The requirement for Genito-Urinary Medicine (GUM), Contraception and Sexual Health (CaSH) services to be provided on an open access basis is stipulated in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- 2.4 During 2013/14 the Public Health team invested significant time on a major redesign and procurement of an integrated sexual health service for North Yorkshire, resulting in the contract being awarded to one provider for a service which was historically delivered through nine different contracts including inheritance of the military sexual health function.
- 2.5 York and Scarborough Teaching Hospitals NHS Foundation Trust is the provider of the integrated sexual health service in North Yorkshire (YorSexualHealth). The contract commenced 1 July 2015 with an expiry date of 31 March 2018. Within the existing contract,

there was the option to extend for a further two years; this was utilised taking the expiry date to March 2020. Since then due to financial negotiations and subsequently COVID-19 further extensions, 12 months and 6+6 months approved via key decisions with end date of 31 March 2022.

- 2.6 £958,048 has been saved over 5 years from the existing contract. Due to COVID-19 in 2020/21, a significant underspend on the Primary Care and out of area budgets was achieved, with reductions in activity, and associated prescribing costs.
- 2.7 On September 3 2019 NYCC Executive approved proposals for the initiation of a Section 75 agreement covering up to ten years for delivery of an integrated sexual health service between NYCC and YSFT subject to a 30-day consultation.
- 2.8 On 26 November 2019 NYCC Executive received feedback on the outcome of the consultation and delegated the final decision (subject to YSFT Board approvals) to Corporate Directors of Strategic Resources and Health and Adult Services, and the Director of Public Health in consultation with the Executive Members for those respective portfolios.
- 2.9 On 13 July 2021 NYCC Executive received a revised position on the progress of the Section 75 following the onset of the COVID-19 pandemic; this included finance, governance, timescales and proposed service changes. The Executive recommended to the Chief Executive Officer that he use his emergency-delegated powers to:
 - i) approve the proposed budget for the Section 75 Agreement and delegate the final budget to the Corporate Director of Health and Adult Services in consultation with the Corporate Director of Strategic Resources; and
 - ii) delegate the approval of the consultation on the proposed new service model to the Corporate Director for Health and Adult Services in consultation with the Director of Public Health and the Executive Member for Public Health.
- 2.10 On 30 November 2021 NYCC Executive agreed to:
 - i. delegate the approval of the draft content of the Section 75 Partnership Agreement and associated schedules to the Corporate Director for Health and Adult Services in consultation with the Director of Public Health, the Assistant Chief Executive Legal and Democratic Services and the Executive Member for Public Health; and
 - ii. approve commencement of a 30-day consultation on the draft content of the Section 75 Partnership Agreement.
- 2.11 This report seeks to update the Executive following the 30 day consultation into the use and content of the S75 and present the final draft Section 75 Agreement for approval.

3.0 Section 75 overview

- 3.1 The final draft of Section 75 Agreement between NYCC and the York and Scarborough Teaching Hospitals NHS Foundation Trust (YSFT) is appended to this report in Appendix A. The draft represents the agreed position between the Council and the Trust. The following are key aspects of the draft Agreement:

3.2 Commencement, Duration and Termination

- 3.3 The agreement will come into effect on 01/04/2022 for an initial period of 4 years with an option to extend for a further 6 years (broken into 4 years plus 2 years extension periods).
- 3.4 Both parties have the right to terminate for any reason with 12 months notice. Any notification to terminate would be preceded by escalation through the formal Governance structures of the Section 75 and the Partnership Board.

3.5 This termination period would allow adequate time for NYCC to pursue alternative arrangements for service delivery including via procurement where appropriate.

3.6 Partnership Arrangements

3.7 The partners shall enter into a Section 75 agreement as defined in the National Health Service Act 2006 the Regulations 2000 in order to establish a framework for the exercise of health related functions, and the integrated provision of sexual health services to people within the Council's administrative area in accordance with the terms of the S75 Agreement.

3.8 The partnership will ensure statutory requirements continue are met and any future service adaptations will continue to deliver a safe and effective service. The partnership will ensure quality and value for money at all times

3.9 Governance

3.10 The Section 75 will be managed through a joint governance mechanisms in which both the Trust and Council will participate through a process of co-operation and joint working. The relevant Terms of Reference and Governance structure are included within the Section 75 document.

3.11 Service transformation and development plan

3.12 The Partners shall prepare a Service Transformation and Development Plan for the Service which shall operate for the entirety of this Agreement.

3.13 Performance management

3.14 The Section 75 contains a Performance Monitoring Schedule to ensure that the Council is fully appraised on how the service is performing, areas for improvement and risks or opportunities. There will be quarterly performance monitoring reports to the Board.

3.15 Financial Contributions

3.16 The future financial uncertainty beyond 4 years made it difficult to work beyond this period for both organisations. Therefore, the financial envelope has only been agreed for the initial term of 4 years. The finances for the extension periods of 4 and 2 years will be subject to negotiation and agreement with YSFT, with a fall-back position that if no agreement can be reached and the parties still want to extend the agreement, the finances for the initial 4 years will apply.

Initial Contract Period				
Year 1 2022-23 £	Year 2 2022-24 £	Year 3 2022-25 £	Year 4 2022-26 £	1-4 years 2022-26 £
2,792,450	2,792,450	2,792,450	2,792,450	11,169,800

- 3.17 There is to be no inflationary uplift over the 4 period. In addition, any annual Public Health Grant uplift for NHS pay will not be passed on and retained as further savings. Any overspends will be absorbed by YSFHT. Any underspend will be spent on activity directly related to this agreement.
- 3.18 There is an additional £195,000 fixed annual amount (with risk share agreement) to cover the cross-border charging element of the sexual health service which sits in a separate schedule within the S75 Agreement. It is separate because this pays for North Yorkshire residents who access York clinics where YSFHT is currently the commissioned Provider (by City of York Council). Should this Provider change this gives NYCC the ability to change the agreement.

4.0 Service Overview

- 4.1 The Service will provide confidential, open access, cost-effective, high quality provision for contraception, diagnosis and management of sexually transmitted infections including HIV, according to evidence-based protocols and current national guidance with a particular focus on meeting the sexual health needs of young people and the most at-risk groups.
- 4.2 NYCC and YSFHT was required to develop its new service model in light of reductions in the available budget and the impact of COVID-19 which had affected service delivery. YSFHT considers the new model to be affordable within the reduced financial envelope. The changes (below) were then subject to a 60-day public consultation.

4.3 Proposed service model summary:

- Sexual health promotion and information – a revised digital offer that puts choice and control at its core. A new offer that provides a convenient, efficient and cost effective method for e-sexual and reproductive health services. Further development of digital information, advice and signposting to self-care.
- Contraceptive services – an enabling approach with General Practice partners to support repeat contraception. The service will offer repeat contraception to those under 19 and to all ages after the issue of emergency contraception.
- STI services – a new tailored arrangement for online provision, offering a more targeted approach to convenient and accessible STI testing resulting in a more responsive and proactive approach to monitoring prevalence and responding with targeted testing treatment and partner notification.
- Training – customer focused, based on training needs of the local sexual health partners delivered via increased remote means e.g. webinars.
- Clinical and community outreach – a targeted and combined approach will be mobilised to best support the people with the greatest or most complex needs. This joined up approach will see clinical practitioners, community development workers and counselling therapists working together to provide practical support, an outcomes focused team supporting people to take control of their sexual and reproductive health.
- YSFHT will make continued efficiencies regarding staffing over the 5 years, avoiding redundancies by adjusting skill mix through staff turnover and sourcing alternative accommodation both clinical and non-clinical to reduce high rents.

5.0 Performance Implications

- 5.1 Nationally, North Yorkshire ranks 26th / 149 Local Authorities for sexual and reproductive health outcomes. In a comparison to 16 nearest CIPFA neighbours NY ranks 2nd for sexual and reproductive health outcomes (Devon 1st with higher spend).

- 5.2 The provision of contraception is widely recognised as a highly cost-effective public health intervention. When considering total cost savings across the public sector (including both healthcare and non-healthcare cost savings), the Return On Investment (ROI) is £1.86 after one year (exceeding break-even) and £4.64 over 5 years. Over 10 years, the ROI is £9.00, or in other words, there is an £9.00 saving for every £1 invested in publicly provided contraception.
- 5.3 The existing Provider (YSFT) is very experienced and has established a high quality, well-regarded integrated sexual health service across North Yorkshire, which is continually reviewed to explore ways of improving service delivery. The existing provider is performing to expectations and often above, delivering the Key Performance Indicators (KPIs) within the contract, and works closely with the Council to address any areas of concern that may arise.
- 5.4 YSFT see on average 16,000 attendances (first ever, re-registrations and follow-ups) in a year (2017/18-2019/20). Access in to the service within 48 hours is 100% for all years 2017/18-2019/20. The Did Not Attend (DNA) rates have remained below the 10% threshold with an average of 7% over 2017-18-2019/20. On average 8,000 Sexually Transmitted Infection (STI), tests are carried out per annum with nearly 2,000 diagnoses within the YSFT service this includes in clinic and online testing. Chlamydia is the most common STI diagnoses in North Yorkshire and nationally, Syphilis is the least diagnosed STI in North Yorkshire. Long Acting Reversible Contraception (LARC) fittings within YSFT are on average 1,300 per annum and performs above the baseline of 1000. LARC provision is excellent in North Yorkshire at 55.1 per 1000, significantly higher than the England average of 34.6, this data includes the provision delivered in both YSFT and GP practices. The HIV support service achieves on average 55 assessments per annum this includes people newly diagnosed, people with an existing diagnosis and for carers of those with a diagnosis. The outreach service sees on average 300 new people per annum and has contact with over 2000 via all different means (online, peer support sessions, 121s).
- 5.5 The Section 75 has as Schedules to the agreement a detailed Service Specification and Performance and Outcomes Framework which set out the key attributes of the service both in terms of activity and outcomes for individuals.

6.0 Policy Implications

- 6.1 The integrated sexual health service supports the local population outcome which is that “all people in North Yorkshire experience good sexual health” as set out in the local strategic framework for sexual health.

7.0 Financial Implications

- 7.1 To address the decrease in the Council’s Public Health Grant allocation in September 2019 Executive approved a 2% reducing budget on the integrated sexual health service contract value, this equated to a saving of circa £260,000 after five years.
- 7.2 Following a review of the Public Health Grant position, a revised annual reduction of £144,299 minimum efficiency saving will be applied across all the sexual health budgets. This includes an upfront year 1 reduction of c£120,000 from the YSFT budget and £25,169 from primary care.
- 7.3 The financial contributions agreed have been outlined in 3.15 of this report. The 4-year fixed term agreement with two options to extend, allows both parties to review the financial

position and service model 18 months before the initial term (or extension period) expires, with a 1-year notice period to extend.

- 7.4 The revised budget and savings plan has been approved by Health and Adult Services Leadership Team, and Management Board and via the delegated decision process. This was set in the context of the wider Public Health Grant appraisal with no adverse impact on achieving a balanced budget.

8.0 Legal Implications

- 8.1 Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000, S.I. 617 (“Regulations”) enable NHS bodies to exercise prescribed local authority health-related functions in conjunction with their own NHS functions. The power to enter into section 75 agreements is conditional on the following:

- i. The arrangements are likely to lead to an improvement in the way in which those functions are exercised; and;
- ii. The partners have jointly consulted people likely to be affected by such arrangements.

- 8.2 Under the Public Contracts Regulations 2015 (PCRs) two contracting authorities can enter into a collaboration agreement (co-operation) subject to meeting the tests of Regulation 12 (7) PCRs (known as Hamburg) without the need to undertake a procurement exercise.

9.0 Consultation Undertaken and Responses

- 9.1 A 30-day joint consultation between both NYCC and YSFT began on 7 October 2019 and ended 6 November 2019. The NHS and Local Authorities Partnership Arrangements Regulations 2000 stipulate, “the partners may not enter into any partnership agreements [under Section 75 of the NHS Act 2006] unless they have consulted jointly such persons as appear to them to be affected by such arrangements”. The consultation set out the proposal to put in place a formal Partnership Agreement for the delivery of the Integrated Sexual Health Service and invited comments from both the public and interested parties.
- 9.2 The consultation and responses fed back to NYCC Executive on 26 November 2019 were overwhelmingly supportive of entering into a Section 75 partnership with 38 in agreement and 1 in disagreement.
- 9.3 The 60-day joint public consultation ran from 4 August – 4 October 2021 on the proposed changes to the service model as described above. 105 responses were received from the online consultation with a good split between public and professionals, across the age ranges and local areas. Two virtual consultation events for partners took place with low attendance, however received excellent feedback. We received overwhelming support for all of the proposed service changes.
- 9.4 In light of the support for the proposed changes from the 60-day consultation, a final 30-day consultation was delivered in early 2022 on the draft Section 75 framework content, including all associated schedules such as the service specification and performance and outcomes framework.
- 9.5 This 30-day consultation ran from 4 January 2022 - 3 February 2022. The summary consultation report is attached as Appendix B. There were 32 responses received to this consultation, with a mix of professionals and members of the public taking the time to respond. There were two questions which gauged whether people were in agreement of

NYCC and YSFT entering in to the Section 75 agreement, as well as the content of the Section 75 itself.

- 9.6 The majority of responses were supportive of the questions asked. Some of the headlines from this consultation include:
- 72% of respondents support NYCC and YSFT entering into the draft Section 75 agreement. The longer-term partnership between the organisations is cited as positive in light of the potential for service delivery and development. The strong reputation that YSFT holds as current deliverer of sexual health services in North Yorkshire was also evident in the responses.
 - 69% of responses to this question are in favour of the proposed content of the Section 75 agreement between NYCC and YSFT. Reference to the innovation to service delivery that the trust have been able to make over the last two years (i.e. enhanced digital offer) was made in the response.
- 9.7 Across both questions, there were a number of responses that specifically referenced the recent end to the sub contracted arrangement with the organisation that delivered the community outreach service in North Yorkshire. This organisation had delivered services in the county for a number of years. This sub-contracting arrangement was with York and Scarborough Teaching Hospitals NHS Foundations Trust and ended due to all contract extensions being used. This contract ended effective of 31 December 2021. All elements of service delivery previously provided by this organisation is now provided by YSFT and has been in place since 1 January 2022. TUPE applied and three of the five members of staff transitioned and now work for the Trust.
- 9.8 Following this final consultation, YSFT have provided feedback to some of the issues raised in the responses as part of the summary consultation report.

10.0 Impact on Other Services/Organisations

- 10.1 The Council will work with YSFT to ensure that there is no significant negative impact on the health and wellbeing of the North Yorkshire population.

11.0 Equalities Implications

- 11.1 An Equalities Impact Assessment (EIA) on the integrated sexual health service is complete and attached at Appendix C.

12.0 Recommendations

- 12.1 Having noted the contents of this report and the positive outcome of the public consultation, Executive Members are asked to recommend to the Chief Executive Officer that using his emergency delegated powers, he:
- i. Approve the Draft Section 75 Agreement and;
 - ii. Delegate to the Assistant Chief Executive (Legal and Democratic Services) approval of any necessary amendments to the Agreement, to enable it to be completed (if required).

Richard Webb
Corporate Director – Health and Adult Services
County Hall
Northallerton

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Report Authors:

Emma Davis, Health Improvement Manager

Katie Needham, Consultant in Public Health

Presenter of Report - Louise Wallace, Director of Public Health / Richard Webb, Corporate Director Health and Adult Services.

Appendices:

Appendix A – Section 75 Partnership Agreement

Appendix B – Report on final 30 day consultation period

Appendix C – Equality Impact Assessment