

# North Yorkshire County Council

## Executive

13 July 2021

### North Yorkshire Integrated Sexual Health Service

#### 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 an update and revised position on the Section 75 agreement between NYCC and York and Scarborough Teaching Hospitals NHS Foundation Trust (YSFT).
- 1.2 To request that the Executive recommend 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 for the Section 75 to the Corporate Director for Health and Adult Services in consultation with the Corporate Director 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.

#### 2.0 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 by full Council at its July meeting.
- 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 YFT 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, the Assistant Chief Executive and the Director of Public Health in consultation with the Executive Members for those respective portfolios.

### **3.0 Issues**

- 3.1 Shortly after the NYCC Executive decision, COVID-19 took hold and both organisations could not progress to the final stages of the Section 75 agreement as planned, hence the latest extension.
- 3.2 A detailed review of the previous position is complete including a significant look at all the sexual health budgets, as part of the wider Public Health Grant review. This review has led to recommending an amendment to the financial position, the service model and initial length of Section 75 agreement.
- 3.3 Discussions between the organisations has resumed and the first Shadow Board meeting took place on 15 June 2021 whereby both organisations agreed that the financial envelope was close to being finalised.
- 3.4 NYCC and YSFT are looking to enter into an initial 5-year partnership agreement with an option to extend for a further 5 years (5+3+2) with agreed break clauses. The future financial uncertainty beyond 5 years makes it difficult to work beyond this period for both organisations.
- 3.5 In light of the budget reductions there will be proposed service changes subject to a 60-day public consultation and virtual workshops for partners.
- 3.6 The timescales for this piece of work are challenging for 1 April 2022.

### **4.0 Outline of Proposed Service Model**

- 4.1 NYCC and YSFT have developed an amended service model in light of budget reductions and COVID-19. YSFT considers the new model to be affordable within the reduced financial

envelope - Confidential Appendix 1 details the proposed changes to the Integrated Sexual Health Service Model.

#### 4.2 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.
- YSFT 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 NY ranks 26th / 149 Local Authorities for sexual and reproductive health outcomes. In a comparison to 16 nearest CIPFA neighbours NY ranks 2<sup>nd</sup> 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 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 A Service Specification and Performance and Outcomes Framework will remain in place as part of the Section 75 agreement, these documents will form the basis of the agreement.

### 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 c £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 proposed annual budget for the Section 75 agreement with York and Scarborough Foundation Trust over the next 5 years is £2,987,450, with an annual saving to NYCC of c. £120,000. In addition, any annual Public Health Grant uplift for NHS pay will not be passed on and retained as further savings (all subject to YSFT agreement). With a 5 year fixed term contract and a year 3 break clause position, this will allow both parties to review the financial position and service model with a 1-year notice period.
- 7.4 The revised budget and savings plan has been approved by Health and Adult Services Leadership Team and Management Board, 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 The Local Authority is required as part of its public health statutory duties to ensure that comprehensive, open access, confidential sexual health services are available to people in North Yorkshire **(whether they live here or not)**. This is set out in Regulation 6 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- 8.2 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.
- 8.3 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).

## **9.0 Consultation Undertaken and Responses**

- 9.1 A 30-day joint consultation between both NYCC and YFT 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 A further two consultations will be undertaken before 1 April 2022. The first will ask the public and partners about the proposed changes to the service delivery model and the second will

share the Section 75 framework, associated service specification and performance dashboard, and ask for comment.

## **10.0 Impact on Other Services/Organisations**

10.1 The Council will work with the Provider 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 2.

## **12.0 Recommendation(s)**

12.1 Executive Members are asked to note the contents of this report and to recommend to the Chief Executive Officer that using his emergency powers he:

- i. Approve the revised budget for the Section 75 agreement and delegate any amendments to this budget to the Corporate Director for Health and Adult Services in consultation with the Corporate Director for Strategic Resources;
- 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.

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### **Appendices:**

Appendix 1 – Proposed Integrated Sexual Health Service Model Changes (Confidential)  
Appendix 2 – Equality Impact Assessment