



THIS ITEM IS FOR INFORMATION ONLY

(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Title of meeting:	Community Wellbeing, Health & Care Decision Meeting
Subject:	Outcome of the Integrated Sexual and Reproductive Health Tendering Process
Date of meeting:	5 th December 2023
Report by:	Hannah Byrne (Public Health Principal)
Wards affected:	All

1. Requested by

Councillor Winnington, Cabinet Member for Community Wellbeing, Health & Care

2. Purpose

This paper provides an update on the outcome of the recommissioning of the Integrated Sexual and Reproductive Health (ISRH) service. The contract includes statutory Public Health functions we are nationally mandated to deliver. The contract includes core services which are intended to lead and contribute towards the protection and improvement of multiple public health outcomes.

3. Information Requested

3.1. Tender outcome

Following an open tender process, Solent NHS Trust (who are the incumbent provider) were the successful bidder of the Integrated Sexual and Reproductive Health Service. The decision to award Solent NHS Trust has been communicated with them, and conversations are taking place to inform the mobilisation process towards contract initiation on 1st April 2024.

3.2 Services Available

The contract with the provider, funded by Portsmouth City Council ring fenced public health grant, will continue to provide the following for Portsmouth residents:

- System Leadership and Network Management
- Integrated Sexual and Reproductive Health Services
- Sexual Health Promotion, Prevention and Outreach
- Psychosexual Counselling

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3.3 Contribution to the Population and Wider Workforce

The contract will be outcomes focused to prevent poor health and to improve health outcomes for residents in relation to reproductive and sexual health.

The service will support delivery against the five main population sexual and reproductive health Public Health Outcomes Frameworks measures:

- Under 18 conceptions
- Chlamydia detection rate
- New STIs diagnosis (excluding chlamydia in the under 25s)
- Prescribing of long-acting reversible contraception (LARC) excluding injections (females aged 15 to 44)
- People presenting with HIV at a late stage of infection.

Service outcomes the service aims to achieve include:

- Improve sexual and reproductive health system cohesion and integration through system leadership, clinical leadership, and network management.
- Prioritise prevention and self-care with clear, accessible, and up-to-date information, in a range of formats available, about sexual and reproductive health services for the whole population, including information targeted at those at highest risk of sexual and reproductive ill health.
- Reduce health inequalities by improving access to all service elements for those at highest risk of sexual and reproductive ill health including inclusion health groups and those with additional needs.
- Increase uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods (including Long-Acting Reversible Contraception (LARC)) for all age groups, including a focus on groups where uptake is traditionally lower.
- Reduce unplanned pregnancies in all ages as evidenced by teenage conception and all age abortion rates.
- Increase timely diagnosis and effective management (including partner notification) of STIs and Blood Born Viruses in all groups with a particular focus on groups known to be at increased risk of infection.
- Repeat and frequent testing of those that remain at risk, with supporting evidence based behavioural change interventions.
- Increase uptake of HIV testing with particular emphasis on first time service users and repeat testing of those that remain at risk.
- Improve access to HIV Pre Exposure Prophylaxis (PrEP) among all groups recognised as being at highest risk of HIV infection.
- Monitor late diagnosis of HIV and uptake of partner notification.
- Increase availability of condoms and adoption of safer sex practices to prevent STIs and reduce unplanned pregnancies.



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- Reductions in the rates of local residents experiencing short/medium-term psychosexual problems.
- Greater community engagement and participation from those at higher risk of poor sexual and reproductive health (young people, minority ethnic communities, commercial sex workers etc) and use of insight from such groups to inform service design and delivery with a view to increase access and reduce inequalities.

3.4 Contract Arrangements

The contract is for a term of 7 years (plus 2 years, meaning a possible length of 9 years). The annual contract is £2,251,800 pa for Portsmouth City Council, equating to a possible £20,266,200 over the full potential term of the contract.

The service is co-commissioned by public health teams across Hampshire, Isle of Wight, Portsmouth and Southampton (for sexual and reproductive health); and NHS England (for HIV Treatment and Care). The total anticipated value for the contracts combined for all areas over the maximum of 9 years is £144,340,659 (which excludes NHS England Vaccines and cervical screening).

No local authority funded services have been removed from the contract. Following the implementation of the Portsmouth Method of Systems Thinking there have been significant improvements to access to the service and experience of staff delivering the service. This new way of working will be expanded to wider elements of the Integrated Sexual Health Service to ensure continued quality and service improvements are made that ultimately benefit our residents.

This procurement was approved at each Gateway stage within Portsmouth City Council, culminating in Gateway C approval being received on 14th September 2023.

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Signed by (Director)

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location