

AGENDA ITEM

REPORT TO CABINET

DATE 13th MARCH 2025

**REPORT OF SENIOR
MANAGEMENT TEAM**

CABINET INFORMATION ITEM

Health, Leisure & Culture - Lead Cabinet Member – Councillor Steve Nelson

Sexual Health Service Procurement Update

Summary

This report provides an update on the procurement of a Tees Sexual Health Service (SHS).

Public Health have tendered, evaluated and awarded a contract for Sexual Health Services, securing a local provider group to deliver an improved service that will improve health outcomes. There is a statutory duty for Local Authorities, NHS England (NHSE) and Integrated Care Board (ICB) to commission or provide sexual and reproductive health services, which are commissioned collaboratively across Teesside (*Appendix 1*).

The procurement, led and implemented by SBC on behalf of the Collaborative, ran to agreed time and cost parameters with contract mobilisation commencing in 2025 and a service start date of 1/08/25. The Contract has been awarded to North Tees & Hartlepool NHS Foundation Trust as the lead member of a newly formed consortium, Tees Alliance Partnership, comprising the Tees Hospital Trust group and North and South Tees GP Federations (Hartlepool & Stockton Health and ELM Alliance Limited).

The model aims to enable more locally focused and community-based provision, balanced with efficiency of scale across Tees where appropriate. The providers operate as an existing integral part to the local health system. The Lead Member has been briefed throughout the process.

Recommended that the report be noted.

Detail

1. Teesside and Stockton-On-Tees experience a high level of sexual health risk and ill health and significant health inequalities (Tees Sexual Health Needs Assessment, 2023). The current sexual health service contract, held by [HCRG Care Group](#), ends on 31/07/2025 and has had some areas of under performance and reporting. Continuity of service delivery is a statutory requirement.
2. In July 2023 an independent sexual health review recommended no further contract extension; and going to market with a revised model for delivery of a new service from August 2025 as the most efficient and appropriate approach to meet local and Teesside needs (through a structured project - *Appendix 2*).

3. Three models were explored (*Appendix 3*). Following detailed review and consultation, the Collaborative agreed to Model 2: Tees Integrated Sexual Health Service (TISHS Lot 1) and a separate Community Contraceptive Service (CCS) in the North of Tees (CCS Lot 2a) and a Community Contraceptive Service in the South of Tees (CCS Lot 2b).
4. The rationale is that these balance economies of scale and service viability / resilience at Tees level, with the need for more locally sensitive delivery of contraception services.
5. All decisions have been taken by Sponsor Group representatives through their own organisational governance structures, with each partner confirming their agreement in writing regarding the process followed.

6. Procurement and outcome

- 6.1. The provider awarded the contract is North Tees & Hartlepool NHS Foundation Trust as the lead member of a newly formed consortium, Tees Alliance Partnership
- 6.2. The contract term is 1st August 2025 until 31st March 2029 (3 years & 8 months)
- 6.3. There is the option to extend the contract (2 x 12 months)
- 6.4. The total Teeswide annual contract value is £3,856,954; of which
- 6.5. The total SBC annual contract value is £1,094,261 – this contract value is covered by the MTFP. This includes:
 - the Integrated Sexual Health Service at £841,414 per annum; and
 - the Community Contraception Service at £252,847 per annum (which is capped and activity based).
- 6.6. The total Teeswide contract value consists of contributions from the four Local Authorities split by the established (population-based) risk share, plus ICB and NHSE commissioned activity.
- 6.7. As agreed with SBC procurement, legal and finance colleagues, any potential contract uplift will only be applied from the second anniversary of the contract and will be capped at 2% of any potential Public Health Grant and always at the discretion of the Authorities.
- 6.8. The services will work closely together to deliver the contracts across the region. The GP federations will lead on the Community Contraception Service in their area and ensure there is an offer within each Primary Care Network (PCN) footprint. Written into the service specifications is the need for equitable access in terms of location and availability. The Service will contribute to key population health outcomes (*Appendix 4*).

7. Organisational Impact

- 7.1. Following the successful procurement a local consortium of provision has been secured within budget, providing an improved evidence-based model of delivery with a greater chance of improving sexual health outcomes for local people. In service design, equality impact was considered and addressed throughout all stages of the project, and engagement of individuals and system partners was included.
- 7.2. The design of the service and the implementation of the project fully aligns with the Health and Wellbeing Strategy, the Council Plan and transformation work on more community-based support and early intervention and prevention.
- 7.3. The provision of sexual health services is built into the ongoing discussions on future models of support in the community, re: the operating model for SBC (including early help for Children and Young People and families, Powering our Futures Early intervention & prevention) and discussions with the NHS and partners (e.g. models of delivery for community services, primary care, women's hubs). The providers are

expected to work with us as commissioners to adapt as the health and wellbeing system evolves.

- 7.4. An Equality & Poverty Impact Assessment (EPIA) process has been completed. It concluded that the model improved access and engagement for residents of Stockton compared to the existing model. A focus on addressing inequality is built into the contract. Strong existing relationships with the incumbent providers as local system partners will also facilitate this.

Consultation and Engagement

An independent consultation of stakeholders was commissioned (*Appendix 5*). Further market testing and engagement suggested an appetite from a range of providers. Design workshops and additional feedback sessions, including the views and voices of residents (surveys, focus groups etc.), informed the model with a Market Brief held in August 2024 (*Appendix 5*). The market and stakeholders were represented at all sessions. Wider conversations were also held with other local authorities locally and nationally, exploring their approach, opportunities and challenges.

Next Steps

7. Not applicable. Report for information.

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APPENDICES

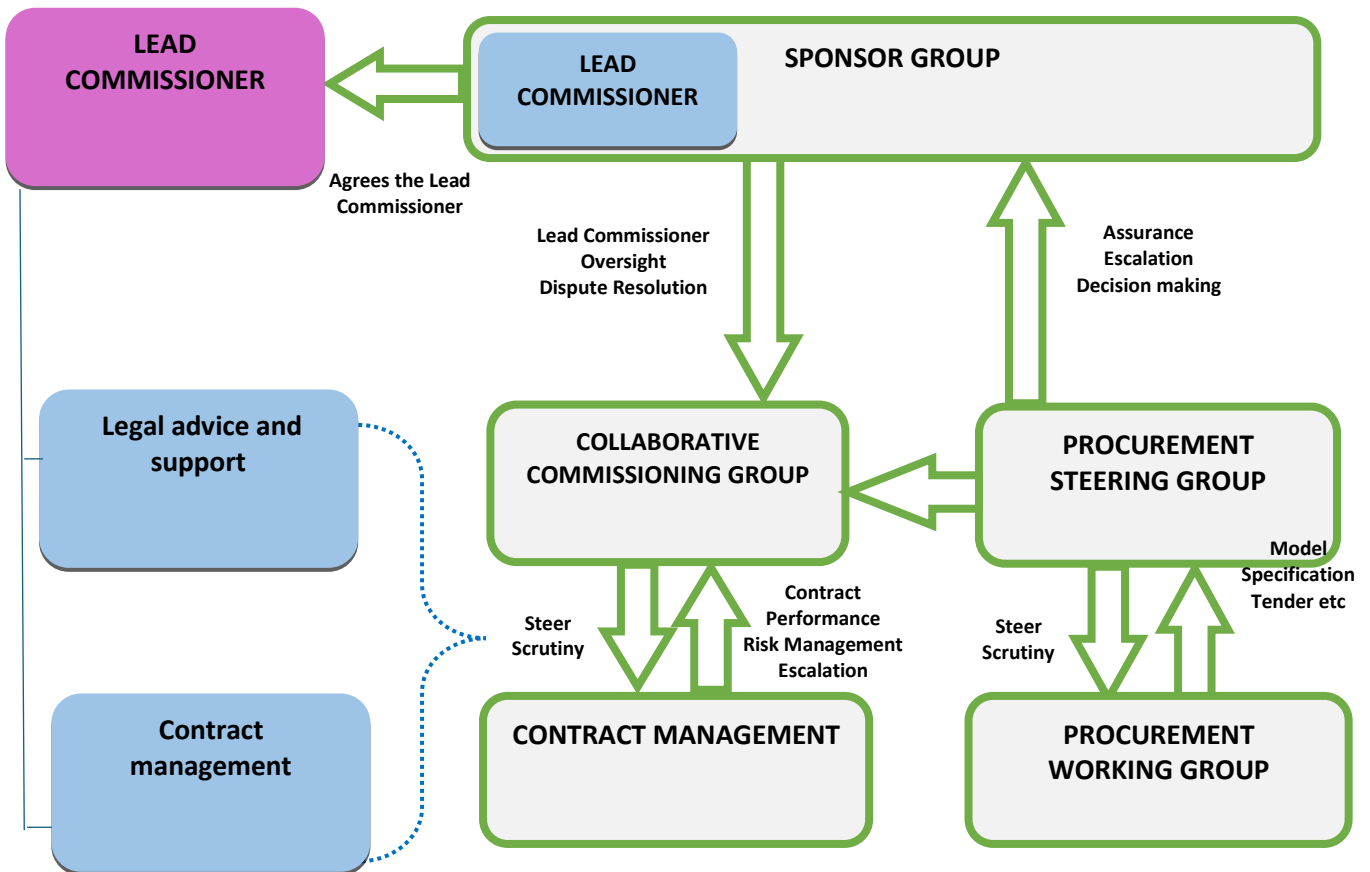
Appendix 1 The Collaborative

The Tees Sexual Health Collaborative Commissioning Partnership consists of six partners:

- Hartlepool Borough Council
- Middlesbrough Borough Council
- Redcar and Cleveland Borough Council
- Stockton-on-Tees Borough Council
- NHS North East and North Cumbria Integrated Care Board (Formerly NHS Tees Valley CCG)
- NHS England and Improvement (North East and Yorkshire)

The Collaborative is seen as a national exemplar and has been strengthened throughout this process. The Collaborative seeks to improve the sexual and reproductive health of all our residents through a system which supports people to make informed choices and when necessary, enables access to appropriate, timely, effective and high-quality services that meet their needs.

Appendix 2 Project Governance



Sponsor Group membership:

Director of Public Health SBC (Chair); DsPH / reps for HBC, RCBC, MBC; project lead (SBC); Deputy Director of Delivery (TV) ICB; Senior Commissioning Manager (NHSE). Procurement, legal, finance colleagues co-opted into discussions as needed.

Appendix 3 Models – Options Considered

	Model	What	Who	How	Where
Model 1	Fully Integrated Sexual Health Service	Integrated service for GUM, CASH, NHS SH services*	Single provider	Face to face Virtual/tel ephone Digital/postal	Hub and outreach in each local authority incl community pharmacy, primary care and digital
Model 2	Integrated Sexual Health Service	Integrated service for GUM, specialist CASH and NHS SH Services	Single provider for integrated service	Face to face Virtual/tel ephone Digital/postal	Hub and outreach in each local authority incl subcontracted (e.g. pharmacy and digital)
	Community contraceptive service	Comprehensive CASH	One or more providers for community contraception service	Face to face	In community or primary care in each local authority
Model 3	Integrated Sexual Health Service	Integrated service for GUM, specialist CASH and NHS SH Services	Single provider for integrated service	Face to face Virtual/tel ephone Digital/postal	Hub and outreach in each local authority incl subcontracted (e.g., pharmacy and digital)
	Women's Health hub(s)	Women's Health Hub(s) for comprehensive CASH, menopause and community gynaecology	One or more providers for women's health hub	Face to face	In community or primary care in each local authority

Appendix 4 Population outcomes

The Service will contribute to key indicators from the Public Health Outcomes Framework

- Reduction in under 18 conception rates
- Increase in prescribing of long-acting reversible contraception (LARC) excluding injections (females aged 15 to 44)
- Increase in chlamydia detection rate
- Reduction in new STIs diagnosis (excluding chlamydia in the under 25s)
- Reduction in people presenting with HIV at a late stage of infection
- Increase in cervical screening uptake

Appendix 5 Stakeholder Engagement and Market Testing

An independent consultation of stakeholders was commissioned between July – September 2023:

- 80 various consultations
- 138 responses to the professional's survey
- 440 responses to the public survey.

Market testing and further engagement between June-November 2023 suggested that there was an appetite from a range of providers including the current provider and NHS providers to deliver the service. 2 workshops were held in October/November 23 with key partners and the current service provider attending. The workshops aimed to address the following questions:

- What is important to you – local priorities and key challenges
- System interdependencies– opportunities and challenges
- Service models – to address local needs
- Footprint of services

Further information on the outcomes from the sessions is available on request. In summary, stakeholders were positive about the opportunity to provide feedback and generally in favour of models 2 and 3. 2 additional feedback sessions were delivered in Jan/Feb 24, with a further Market Brief event delivered in August 24, presenting the model, the rational and the financial envelope.