LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS to be made by the Lead Member for Adult Social Care and Health, Councillor Carl Maynard

WEDNESDAY, 28 SEPTEMBER 2022 AT 10.00 AM

REMOTE MEETING VIA MICROSOFT TEAMS

AGENDA

1. Decisions made by the Lead Member on 6 September 2022 *(Pages 3 - 4)*

2. Disclosure of interests

   Disclosure by all Members present of personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.

3. Urgent items

   Notification of any items which the Lead Member considers urgent and proposes to take at the appropriate part of the agenda.

4. Household Support Fund *(Pages 5 - 8)*
   Report by Director of Adult Social Care and Health

5. Direct Payments Support Service DPSS Provision *(Pages 9 - 10)*
   Report by Director of Adult Social Care and Health

6. Procurement of online sexual health services *(Pages 11 - 30)*
   Report by Director of Adult Social Care and Health

7. Extension of current Integrated Lifestyle Service Contract *(Pages 31 - 34)*
   Report by Director of Adult Social Care and Health

8. Any urgent items previously notified under agenda item 3

PHILIP BAKER
Assistant Chief Executive
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20 September 2022

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NOTE: *As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website. The live broadcast is accessible at: www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm*

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LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS made by the Lead Member for Adult Social Care and Health, Councillor Carl Maynard, on 6 September 2022 at Remote Meeting via Microsoft Teams

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Councillor Nuala Geary spoke on items 4 and 5 (see minute 16 and 17)
Councillor Wendy Maples spoke on items 4 and 5 (see minute 16 and 17)

13. DECISIONS MADE BY THE LEAD MEMBER ON 18 AUGUST 2022

13.1 The Lead Member approved as a correct record the minutes of the meeting held on 18 August 2022

14. DISCLOSURE OF INTERESTS

14.1 Councillor Maynard declared a personal non prejudicial interest in item 4 as the Conservative Group Leader on Rother District Council

15. REPORTS

15.1 Copies of the reports referred to below ae included in the minute book.

16. HOMES FOR UKRAINE MOVE ON SUPPORT PROGRAMME

16.1 The Lead Member considered a report by the Director of Adult Social Care and Health regarding a funded programme of Move on Support for Ukrainians entering East Sussex under Homes for Ukraine and the Ukraine Family Scheme.

16.2 The Lead Member RESOLVED to:

1) approve the allocation of £1,380,325 of the Homes for Ukraine grant to provide a Move On Support Programme as set out in the report, to enable and support planned move on and reduce the risk of homelessness;

2) to note that this work will include strategic alignment of the Homes for Ukraine programme with broader work across housing and social care partners to improve access to affordable housing in a way that promotes fairness and equity, and;

3) delegate authority to the Chief Finance Officer to approve the assurance framework to ensure conditions of grant funding are met

Reasons

16.3 The Homes for Ukraine (HfU) visa scheme has successfully enabled over 1600 Ukrainian adults and children to apply for visas to live in the UK for up to 3 years, initially with hosts in East Sussex. In order for them to settle successfully in the context of a very restricted supply of affordable housing, support will be needed in order to reduce the risk of homelessness. The HfU grant enables local Councils to put in place support to help Ukrainian families settle in the UK, and it is recommended that approximately £1.3m of this grant is allocated for the HfU Move On Support Programme set out in this paper

17. INDEPENDENT SECTOR HOME CARE STAFF FUEL SUPPORT PAYMENT

17.1 The Director of Adult Social Care and Health considered a report regarding a fuel support payment to Independent Sector Home Care Staff.

17.2 The Lead Member RESOLVED to agree a one-off lump sum £150 gross payment to Independent Sector Home Care Provider care staff.

Reason

17.3 In recognition of the financial pressures on Independent Sector Home Care workers as a result of the rising costs of fuel, the Lead Member agreed to a one of payment being made to Independent Sector home care workers, based on staffing levels reported on the Capacity Tracker on a specified date. The decision mirrors that agreed by the Governance Committee for ESCC staff on the single status grades who are designated as a contracted car user and have undertaken business mileage since 1 April 2022.

Report to:	**Lead Member for Adult Social Care and Health**
Date of meeting:	**28 September 2022**
By:	**Director of Adult Social Care and Health**
Title:	**Household Support Fund (Three)**
Purpose:	**To consider the proposed Adult Social Care use of a proportion of the third and latest extension of the Household Support Fund (HSF3) and agree the development of a scheme to distribute grant funding as set out in the report.**

RECOMMENDATIONS

The Lead Member for Adult Social Care and Health is recommended to:

1. **Approve the proposed use of £2,216,783 of the Household Support Fund, to provide support to households with pensioners, households with a disabled person and other vulnerable households as set out in paragraph 2 of the report;**
2. **delegate authority to the Director of Adult Social Care and Health to take all action necessary to implement the scheme.**

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1 Background

1.1 On 26 May 2022 the government announced the third iteration of the Household Support Fund (HSF 3) to support those most in need. The extension will run from 1 October 2022 to 31 March 2023.

1.2 Contextually the grant arrives just as the last Household Support Fund (HSF2) will finish on 30 September 2022. The grant follows previous similar schemes which commenced in December 2020: the Winter Covid Fund Support Grant, the Covid Local Support Fund Grant and earlier rounds of the Household Support Fund (HSF 1) (1 October – 31 March 2022, and 1 April – 30 September 2022).

1.3 HSF 3 arrives at a time when the cost-of-living crisis and the escalating energy costs are a key consideration for the government, and at the forefront of the public's concerns.

1.4 The Department for Work and Pensions (DWP) has set out how HSF3 funds should be allocated. The criteria have changed slightly from previous rounds, as follows:

- Beneficiary groups are households with children, households with pensioners, households with a disabled person and other vulnerable households.
- There is an emphasis on providing support to households that are in the most need – particularly those who may not be eligible for the other support that the government has recently made available, including the Cost-of-Living Payments set out on 26 May 2022, Energy Support Scheme detailed on 29 July and the Council Tax Rebate. The Government expects residents to be able to contact authorities to enquire as to eligibility.

1.5 East Sussex County Council (ESCC) expects to be allocated a total of **£3,896,783.88** for the HSF 3 scheme. This is approximately the same amount as our allocation for the last two rounds of the Household Support Fund.

2 Supporting information

2.1 It is proposed that HSF 3 is distributed to households in need in several ways including:

Food vouchers for families of 2-19 year olds eligible for Free School Meals, to cover the school holiday periods	£1,480,000

Children Service's Teams that provide support to vulnerable families and children administered funding directly to these to meet identified needs	£200,000
VCSE partners to support individuals, at risk of food and fuel poverty through using existing referral mechanisms	£800,000
Districts and Boroughs to support adults, especially to those not eligible for the other support that the government has recently made available, including the Cost-of-Living Payments, Energy Support Scheme, and the Council Tax Rebate.	£1,216,783
Foodbanks and Food partnerships	£200,000
Total:	**£3,896,783**

2.2 The portion of the Household Support Fund that ASCH will manage is £2,216,783 and be allocated to the 5 Districts and Boroughs, VCSE sector partners, and Food Banks and Food Partnerships.

2.3 The timescale set out by Government means that funding will need to continue to be distributed via the systems set up through HSF 2 and through augmenting existing provision within the county, rather than establishing a new dedicated process.

2.4 The DWP has indicated that it is reasonable for a local authority to plan for HSF 3 using the draft guidance and the allocations from HSF 2 as a guide. However, once DWP issues the final guidance and local authority allocations (which is expected to be on 1st October 2022), if agreed, this report provides delegated authority to the Director of Adult Social Care and Health to make the following amendments in line with DWP's final guidance and local authority allocations, namely:

- allocations to partners; and
- beneficiary groups, eligible spend, or monitoring
- as well as any other changes to HSF 3 that are required to ensure ESCC's adherence to DWP's final guidance and local authority allocations
- and any other changes in response to new announcements from the government on energy costs to ensure this funding is directed to those most in need.

2.5 In light of the current cost of living crisis and the increase in energy prices, there is a high probability that applications for this fund will exceed the funding available. The Household Support Fund Project Officers (Task and Finish) Group (ESCC Children's and Adult Services, and District and Borough Council officers) will oversee the detailed plan for implementation and monitor the scheme to end of March 2023.

2.6 Utilising VCSE partners to implement the scheme adds considerable value in terms of local community knowledge and an ability to engage with residents who may not be comfortable with statutory services.

2.7 There is a likelihood that the Household Support Fund will be extended for a further six months from 1 April 2023 and that notice of this extension will once again be very short. Planning will take place in late winter on the assumption that the Fund will continue and that ESCC is ready to deliver at pace if this is the case.

3. Conclusion and reasons for recommendations

3.1 HSF 3 provides a further opportunity to extend the support to households with children, households with pensioners, households with a disabled person and other vulnerable households within East Sussex who are experiencing financial challenges.

3.2 The Lead Member is recommended to approve the proposed use of £2,216,783 of HSF 3 to provide support to households with pensioners, households with a disabled person and other vulnerable households, and to delegate authority to the Director of Adult Social Care and Health to implement the scheme.

MARK STAINTON

Director of Adult Social Care and Health

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Report to:	**Lead Member for Adult Social Care and Health**
Date of meeting:	**28 September 2022**
By:	**Director of Adult Social Care and Health**
Title:	**Direct Payments Support Service (DPSS) Provision**
Purpose:	**To seek Lead Member approval for the commissioning of DPSS for a new service to be in place by April 2024.**

RECOMMENDATIONS

The Lead Member for Adult Social Care and Health is recommended to:

1. **approve a commissioning exercise for DPSS which will ensure the new service is in place by 1 April 2024; and**
2. **delegate authority to the Director of Adult Social Care and Health to take all necessary actions to give effect to the implementation of the above recommendation.**

1 Background

1.1 Direct Payments (DPs) enable any disabled adult or parent of a disabled child who is eligible for a Community Care Service or service provided under S.17 of the Children Act 1989[1] to receive an agreed sum of money to purchase the support they need ("Personal Budget") instead of receiving a service directly from the relevant local authority. This also includes services that may be provided to carers under section 2 of the Carers and Disabled Children Act 2000[2]. The Care Act (2014) explicitly encourages direct payments for people accessing care and support[3].

1.2 Nationally and locally, there is an increased emphasis on personalised care and self-directed support and the use of DPs are one of the key mechanisms for providing eligible individuals with choice and control over how their care and support is provided. The council monitors the number of people using direct payments, as a percentage of the number of people receiving long term care. The current target is 31.5%, which the council usually meets or exceeds.

1.3 There are currently 1,515 clients receiving a Direct Payment, this is around 32.7% of the clients receiving long term support in the county. The value of these payments is approximately £7.5 million each year.

1.4 Adult Social Care (ASC) currently commission DPSS from two providers, People Plus Limited and Independent Lives (Disability), and support around 500 people. The contract was let over a 4-year period and the option of a 24-month extension was agreed at the Lead Member meeting of 22 March 2022[4], extending this provision until March 2024. This support can include recruiting PAs and carrying out pre-employment checks, payroll and providing ongoing advice and guidance to employers.

2 Policy Framework

2.1 The commissioning activity and future DPSS model will be influenced and determined by several Adult Social Care (ASC) key workstreams already underway – these include:

- ASC Strategy

[1] Children Act 1989 (legislation.gov.uk)
[2] Carers and Disabled Children Act 2000 - Explanatory Notes (legislation.gov.uk)
[3] Care and support statutory guidance - GOV.UK (www.gov.uk)

[4] Lead Member for Adult Social Care and Health 22nd March 2022.

- Personalisation Board (focus on Direct Payments internal service review and associated 'back office' functions)
- Being Digital Programme
- Support with Confidence Scheme and the provision of Personal Assistants review.

2.2 The new DPSS will also help to shape the local response to emerging national policy, including the recent social care reforms.

3 Financial Implications

3.1 The current contract value for the DPSS is up to £636,451 per annum.

3.2 The budget for the new service will depend on the activities within the scope of the service and those which are delivered directly by the council. The partnership with the incoming provider may be varied over the life of the contract to include additional functions and services. The council has published an initial request for information from potential providers, which includes further information to scope costs for the service.

4 Project Governance

4.1 A project board will be formed to oversee the commissioning exercise. The project board will be responsible for developing the specification for the new DPSS, as well as identifying and managing internal resources to support the project. The project board will escalate risks and issues to the project sponsor, the Assistant Director for Strategy, Commissioning and Supply Management, as required.

4.2 An Equalities Impact Assessment for the DPSS, together with an engagement and communications plan, will be developed to ensure lived experience shapes the development of the service.

4.3 Longer contracts are considered more attractive to potential providers and offer consistency for clients. However, the route to market will need to achieve a high degree of flexibility to respond to changing demand and service requirements throughout the contract. This may include legislative changes in response to the social care reforms and personalisation white paper. The procurement team and project board will scope the potential partnership arrangements with an incoming provider.

5 Conclusion and reason for recommendations

5.1 DPSS offer vital provision to support eligible individuals with their management of their Direct Payments and in turn to meet their care and support needs. As such, it is important that future DPSS promote personalised care and self-directed support and the commission will enable the development of the future model.

MARK STAINTON

Director of Adult Social Care and Health

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Report to: **Lead Member for Adult Social Care and Health**

Date of meeting: **28 September 2022**

By: **Director of Adult Social Care and Health**

Title: **Procurement of the online Sexual Health service**

Purpose: **To seek Lead Member approval for the procurement of online Sexual Health services in East Sussex**

RECOMMENDATIONS

The Lead Member is recommended to:

(1) agree to proceed to procurement with a contract for online sexual health services which covers all divisions in East Sussex; and

(2) agree to delegate authority to the Director of Public Health to take all necessary actions to give effect to the implementation of the procurement of the online sexual health service and to finalise the service specification.

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1 Background

1.1 The current 'Online Sexual Health Service' contract, provided by Preventx, started 1 November 2018 and all options to extend have been used and the contract is due to end on 30 October 2022. The online service model consisted of a test request via an online platform with test-kits posted to the given address.

1.2 There was a significant lack of access to face-to-face sexual health services during the covid period 2020-2022. The original online Sexually Transmitted Infections (STIs) testing provision was given additional investment to meet increased need. A separate online Emergency Hormonal Contraception (EHC) provider was procured to help fill the gap in access to face-to-face services.

1.3 A new enhanced online model called 'Web based STI and HIV home sampling, postal emergency hormonal contraception and condom service' (also provided by Preventx) was developed and successfully piloted and includes:

- An online form which provides an in-depth assessment,
- postal home STI testing,
- postal Emergency Hormonal Contraception (EHC),
- simple STI treatment following positive diagnosis (more complex cases or cases involving safeguarding will be referred to the Specialist Sexual Health service), and
- condom provision.

1.4 The model was developed with East Sussex Healthcare NHS Trust (ESHT) which provides the current face-to-face Specialist Sexual Health Service. The partnership arrangement between Preventx and ESHT ensures enhanced online provision, seamless referral and patient data sharing and increased access to services.

2 Supporting information

2.1. Procurement

Specialist Sexual Health face-to-face services provided by ESHT have an agreed contract extension until April 2024. The procurement of the 'Web based STI and HIV home sampling, postal emergency hormonal contraception and condom' service has been approved via the Adult Social Care (ASC) Annual Procurement Plan 2022/23.

The 'Web based STI and HIV home sampling, postal emergency hormonal contraception and condom' service will be procured via the crown commercial services G cloud framework. The contract length has been set at the maximum allowed through the framework, 2+1+1, that is, two years with an option to extend by a year with an option to extend by a further year.

2.2. Service Specification

The 'Web based STI and HIV home sampling, postal emergency hormonal contraception and condom' draft Service Specification is attached in Appendix 1. A process chart has been subject to consultation with ESHT and Preventx and agreed with ESHT.

2.3 Equality Impact Assessment

An Equality Impact Assessment (EIA) was agreed by the Lead Member along with public consultation briefing regarding service model changes of all Sexual Health services in November 2021. The EIA analysis showed no potential for discrimination and that all appropriate opportunities had been taken to advance equality and foster good relations between groups.

3 Conclusion and recommendations

3.1 The proposed contract and covers all divisions in East Sussex therefore the Lead Member for Adult Social Care and Health is recommended to agree to proceed to procurement with a contract for online sexual health services.

3.2 The Lead Member is recommended to delegate authority to the Director of Public Health to take all necessary actions to give effect to the implementation of the procurement of the online sexual health service including to finalise the draft service specification.

Mark Stainton
Director of Adult Social Care and Health

Contact Officer: Tony Proom
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LOCAL MEMBERS
All

BACKGROUND DOCUMENTS
None

Appendix 1

DRAFT Service specification: *Web based STI and HIV home sampling, postal emergency hormonal contraception and condom service*

1. National and local context

Sexual health is an important area of public health. Most of the adult population in England are sexually active and access to good quality sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its publication, A Framework for Sexual Health Improvement in England[1]. Sexual ill-health is not equally distributed within the population. Some groups are at higher risk of poor sexual health and may face stigma and discrimination, which can influence their ability to access services.

East Sussex has a number of coastal and market towns and a large rural area. The effectiveness of providing multiple, small face to face specialist sexual health services across the county is limited when compared to the offer provided by primary care and online services.

East Sussex has an established sexual health system provided by a wide range of partners and organisations. The Specialist Sexual Health Service, commissioned by East Sussex County Council ("ESCC") includes a Consultant led Genito Urinary Medicine ("GUM"), HIV treatment and care, and specialist contraceptive service delivered by East Sussex NHS Healthcare Trust from two sexual health hubs based in Eastbourne and Hastings. Many GPs and community pharmacies also provide contraception services across the county. Long Acting Reversible Contraception is provided by most GPs and an assertive outreach service works with health and social care system partners to support the sexual health of vulnerable families and individuals.

Home sampling for STIs and HIV has been provided for several years in East Sussex. Like all services, sexual health services have had to adapt during the COVID-19 pandemic. This included increased use of web based sexual health and contraception services. The use of web based and postal services has been widely accepted locally by residents.

A single contractor (the 'provider') will be appointed to provide the following to all residents of East Sussex following a clear inclusion and exclusion criteria protocol, in partnership with the Specialist Sexual Health Service:

- An online and easy to use sexual health assessment and triage into face-to-face services where inclusion criteria dictates
- STI and HIV home sampling service using discreet packaging for postal provision
- STI and HIV home sampling kits to be issued by partner services (e.g. youth services and substance mis-use services)
- Treatment for simple asymptomatic chlamydia
- Remote video assessment by local clinician of suspected genitally located warts and herpes simplex
- Postal home treatment of simple recurrent warts and herpes simplex where deemed appropriate by clinical team
- Condom provision branded for the East Sussex 'C-Card' scheme for under 25s, which gives access to a 'C-Card' or q code to allow face to face pick up of condoms at East Sussex pharmacies, GPs, and youth services.
- Condom provision for those who have accessed services for STI testing (any age)
- Anonymous partner notification for those found to be carrying a sexually transmitted infection and HIV
- Emergency hormonal contraception (EHC) levonoelle and ullipristal acetate
- Quick start contraceptive bridging offer of up to three months (only). Offer of three months' supply of progesterone only pill (POP) or combined oral contraceptive pill for those accessing EHC with a referral to GP

[1] Department of Health (2013). *A Framework for Sexual Health Improvement in England.* (http://www.dh.gov.uk/health/2013/03/sex-health-framework/)

- Information and signposting to services that provide other forms of contraception including Long Acting Reversable Contraception.

It is recognised that the provider will need to work collaboratively across several organisations responsible for both commissioning and delivery of different elements of the sexual health and HIV clinical and non-clinical information and self-help pathway.

Changes to the service specification will be negotiated with the commissioner who will facilitate the working relationship between the provider, Specialist Sexual Health Service and other local partners.

Additional elements of service not covered in this specification will not be added without commissioner (ESCC) agreement.

East Sussex data

Published in the sexual health fingertips [Sexual and Reproductive Health Profiles - PHE]

Indicator	Period	East Sussex			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2020	→	31	5.5	8.5	12.2	147.9		0.0
Gonorrhoea diagnostic rate / 100,000	2020	↑	283	51	54	101	1,024		10
Chlamydia detection rate / 100,000 aged 15 to 24 <1900 1900 to <2300 ≥2300	2020	→	583	1,085	1222	1408	548		3,408
Chlamydia proportion aged 15 to 24 screened	2020	→	8,733	16.3%	12.5%	14.3%	4.1%		36.5%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	→	1,433	442	461	619	3,547		247
HIV testing coverage, total (%)	2020	→	2,680	40.2%	47.3%	46.0%	12.0%		85.8%
HIV late diagnosis (all CD4 less than 350) (%) <25% 25% to 50% ≥50%	2018 - 20	–	16	42.1%	48.0%	42.4%	72.7%		16.7%
New HIV diagnosis rate per 100,000 aged 15 years and over	2020	↓	14	3.0	4.6	5.7	27.5		0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59 <2 2 to 5 ≥5	2020	→	540	1.89	1.85	2.31	13.09		0.53
Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) (Female) <80% 80% to 90% ≥90%	2019/20	→	263	10.0%	53.5%	59.2%	0.0%		100%
Under 25s repeat abortions (%)	2020	→	144	26.7%	28.7%	29.2%	38.6%		17.9%
Abortions under 10 weeks (%)	2020	↑	1,387	89.9%	89.1%	88.1%	79.9%		93.8%
Total prescribed LARC excluding injections rate / 1,000	2020	→	4,050	47.9	41.9	34.6	5.3		60.9
Under 18s conception rate / 1,000	2019	→	112	13.2	12.7	15.7	37.1		3.9
Under 18s conceptions leading to abortion (%)	2019	→	60	53.6%	58.1%	54.7%	32.5%		91.3%
Violent crime - sexual offences per 1,000 population	2020/21	→	1,192	2.1*	2.3*	2.3*	1.0		4.4

2. Key service outcomes

2.1 The provider of the service will support delivery against the following Public Health Outcomes Framework indicators:

- Syphilis diagnostic rate / 100,000
- Gonorrhoea diagnostic rate / 100,000
- Chlamydia diagnostic rate /100,000
  - <24 yrs
  - >24 yrs
- All new STI diagnoses (exc. Chlamydia aged <25) / 100,000
- HIV testing coverage, total (%)
- HIV late diagnosis (%) (PHOF indicator 3.04)
- New HIV diagnosis rate / 100,000 aged 15+
- HIV diagnosed prevalence rate / 1,000 aged 15-59
- HIV late diagnosis/ 1,000 aged 15-59
- Unintended pregnancy rates under 18, under 20 and all ages

2.2 In addition, it will contribute to the delivery of the following outcomes to improve the sexual health in the population as a whole:

Direct outcomes:

- Improved access to sexual health assessment, STI and HIV sampling and noncomplex chlamydia, recurrent (previously known diagnosis) simple herpes simplex and genitally located wart treatment for those at highest risk of sexual ill health

- Increased uptake of STI and HIV testing
- Reduced number of undiagnosed cases of HIV
- Reduced late diagnoses of HIV
- Increased access to EHC and quick start three-month supply of POP hormonal contraception

Indirect outcomes:

- Increased number of those newly diagnosed routinely accessing treatment and care
- Reduced onward transmission of HIV and other STIs
- Reduce unintended pregnancy
- Increased development of evidence-based practice

3. Scope

3.1 Aims and objectives of service

The aim of this service is to provide an easy to use, accessible, safe, cost effective, clinically robust STI and HIV home sampling and postal condom, EHC and POP quick start service for sexually active individuals aged 16 years and over. The service will operate at no financial expense to the service user and will run independently from other national STI and HIV home sampling services.

Service objectives include but are not limited to:

- providing a comprehensive online sexual health assessment to identify risk, vulnerabilities, appropriate testing and need for referrals to a different service provider if required
- provision of sampling kits and free home sampling services that allows people to self-sample independently with limited clinical involvement unless considered necessary
- ensure that condoms are offered alongside home sampling kits
- appropriate onward referral for treatment and care following a diagnosis with timely initiation of treatment when clinically indicated[2]
- rapid referral and signposting to services with no cost to the service user at point of and during access, for the prevention, detection, and management (treatment and partner notification) of HIV and other STIs to reduce population prevalence and onward transmission
- provision of online remote assessment and treatment for uncomplicated genitally located warts or recurrent herpes simplex (with previous known positive and 1/2 typed HSV diagnosis)
- provision of online assessed and posted, or community pharmacy collect, EHC and POP quick start services, with signposting to GP's or the Specialist Sexual Health Service for ongoing contraception assessment and provision
- rapid referral for any complex EHC to the local specialist service
- information and signposting to services that provide other forms of contraception including LARC
- the provision of online anonymised partner notifications for all communicable infections which can be followed up by Specialist Sexual Health Service health advising staff
- with agreement of the commissioner, promoting the service and key sexual health awareness messages to the local population, via the use of innovative and appropriate media and marketing techniques tailored to specific audiences, ensuring services are acceptable and accessible to people disproportionately affected by sexual ill-health
- supporting evidence-based practice in sexual health, including participation in audit and service evaluations which may include research.

3.2 Service description/pathway

- The service will be provided exclusively to sexually active individuals aged 16 years and over residing in the localities as specified.
- The service is characterised by the following:

[2] HIV Standards suggest that people who have a new diagnosis of HIV should be informed of their CD4 count and have the opportunity to discuss management, antiretroviral therapy and opportunistic infection prophylaxis within 2 weeks of this initial assessment (i.e. within 1 month of initial diagnosis) *British HIV Association Standards of Care for People Living with HIV* (2013) http://www.bhiva.org/standards-of-care-2012.aspx

User interface and access

- Designing, hosting, and managing a secure and accessible, user-friendly interface that facilitates a comprehensive sexual health assessment, remote STI and HIV home sampling and diagnosis test kit without the need to see a healthcare practitioner that can differentiate requests by origin or promotion activity.
- Signposting service users residing outside of the commissioned localities to alternative sexual health and contraceptive services.
- Providing information in a format designed to inform and support decision making by service users.

Kit/EHC/POP order fulfilment

- Supply to the commissioner, designated services (i.e. substance misuse treatment service, youth services, pharmacies) and STI and HIV home sampling kits containing: in-date fully licensed sampling consumables; easy-to-read sampling instructions; sexual health promotion messaging and service information leaflets; branded microbiology form; prepaid postage return envelope.
- Supply STI and HIV home sampling kit orders (where agreed with the commissioner that this is required) free of charge to the service user testing or services as indicated by the commissioner.
- Collation of adequate service user information, in line with the National Guideline for consultations requiring sexual history, to facilitate remote STI and HIV home sampling, pathology, positive and negative results notification, recall, repeat testing and partner notification.
- Supply of EHC and POP with local pick up at pharmacies: in-date fully licensed consumables; easy-to-read sampling instructions; sexual health promotion messaging and service information leaflets

Pathology

- Screening of returned sample(s) for STI and HIV using a validated NICE gold standard testing technique.

Tests required as part of the STI and HIV full home sampling screen are

- Chlamydia (NAAT)
- Gonorrhoea (NAAT)
- Syphilis (EIA AB/ TPHA)
- HIV (4^{th} or 5^{th} gen. 1 and 2 AB and p24 antigen)
- Hepatitis B (where indicated)
- Hepatitis C (where indicated)
- Trichomonis vaginalis (following direction of GUM consultant)
- Micoplasma genitalum(following direction of GUM consultant)
- Confirmation of negative and reactive results for infection.

Results management

- Return of service user results to the contracted clinically competent supplier and service user, through agreed methods of communication, in an appropriate manner.
- Provision of non-reactive results via text, email or phone call (depending on service users' preference) with signposting to appropriate local sexual health services at a location of the service user's choice.
- Provision of reactive results (with health promotion advice and referral pathways) to the Specialist Sexual Health Service health advising team who will provide provisional results to the service user and arrange confirmatory testing treatment and ongoing management.
- Standard operating procedures for issues that may arise when informing service users of their results including (but not limited to) child and adult protection and safeguarding, A&E and sexual assault services.
- Online anonymised partner notification for all communicable infections which can be followed up by local Specialist Sexual Health Service health advising staff.

Management information

- Provision of information and data in accordance with requirements for contract monitoring, invoicing and evaluation of the service.
- Provision of monthly management information at lower-tier local authority level to associate local authorities, to include:
  - Running total of purchased kits stock against used kits
  - Running total of EHC and POP provided
  - Service user demography, age, gender, sexual orientation, and ethnicity
  - Referral/ signposting source
  - Number of STI and HIV samples returned and processed
  - Number of nonreactive samples
  - Number of equivocal samples
  - Number of reactive samples
  - Number of spoilt samples (please state reason)
  - Number of referrals of service users with reactive results or complexity to the Specialist Sexual Health Service
  - Percentage of reactive or complex service users attending Specialist Sexual Health Service, as confirmed by that service
  - Number remote diagnosis and treatment

The service will be delivered in accordance with the quality outcomes indicators stipulated in this specification.

3.3 Population Covered

The service will be targeted at all service users aged 16 and over living in East Sussex.

The service will operate at no direct charge to the service user and will run independently from all other STI and HIV home sampling, and EHC/POP remote services with agreed partnership arrangements with the current Specialist Sexual Health Service provider. All service users must reside within the geographical locality stipulated by ESCC.

3.4 Dependencies and interdependencies

The provider shall ensure that service users receive consistent and continuous care through the establishment of data and clear care pathways. As depicted in Appendix A, links and pathways will be clearly defined between the ranges of provision within the service. Data and information needs to flow rapidly and seamlessly between the user interface, order fulfilment, pathology services and the results advisory function.

The service will need to interface with Specialist Sexual Health Service, as well as locally driven campaigns and activities.

3.5 Communication and engagement

The provider must lead on the marketing, co-ordination, development and implementation of the remote service for sexually active individuals aged 16 years and over. This should include effective search engine optimization to ensure residents can find the service easily online.

The commissioner will promote the service via the following website www.eastsussexsexualhealth.co.uk and through local health and care system communications.

The provider is expected to actively participate in local, regional and national networks, relevant trials and training, as well as research and audit programmes where applicable.

3.5 Relevant organisations and anticipated usage

The Specialist Sexual Health Service, commissioned by ESCC includes a Consultant led GUM, HIV treatment and care, and specialist contraceptive service delivered by East Sussex NHS Healthcare Trust.

Activity (actual March 2021- April 2022)	
Kit requests	15,621
Kit returns (reported mid month so not full report)	11,295
Condom requests (Estimated. 1/3 sti requests request condoms)	5,500
EHC remote requests	646 (UPA 90%

	LEV 10% of px)
POP remote requests	151

3.6 Acceptance and exclusion criteria and thresholds

Service user exclusion criteria triggering alert to the Specialist Sexual Health Service for follow up include:

- those under the age of 16 years
- those with clear safeguarding/vulnerability or complexity concerns
- those without a valid postcode of residence within the relevant commissioning body area
- those unwilling to provide at least one means of contact for their results
- those contained in the agreed inclusion/exclusion criteria (see Appendix A)

These criteria also apply to stock management of STI and HIV home sampling kits for provision to providers as indicated by the commissioner.

3.7 Activity planning assumptions

Service planning and improvement should always include service users commissioners, local service provider and public engagement.

4. Applicable service standards

4.1 The service is to be underpinned by the following national standards and guidelines:

- Towards Zero: the HIV Action Plan for England - 2022 to 2025 - GOV.UK (www.gov.uk)
- Standards for the Management of STIs | British Association for Sexual Health and HIV (bashh.org) April 2019
- BHIVA/BASHH/BIA Adult HIV Testing guidelines 2020
- FSRH Service Standards for Sexual and Reproductive Healthcare - September 2016 - Faculty of Sexual and Reproductive Healthcare
- Research Governance Framework for Health and Social Care (publishing.service.gov.uk)
- Government Service Design Manual: Digital By Default Service Standard Welcome to the updated Service Standard - Government Digital Service (blog.gov.uk)
- NHS England » About NHS England Safeguarding
- **Sexual health strategy for England and Wales** due to be published summer 2022

Relevant UK clinical guidance covering the specialities of Sexual & Reproductive Healthcare and Genitourinary Medicine can be found at www.fsrh.org and www.bashh.org The provider must ensure services reflect updates in legislation, guidance and recommendations as and when produced.

4.2 User interface of the service

The service user interface must be fit for purpose and include the following requirements:

- Be able to process high volumes of requests simultaneously, 24 hours a day
- Always comply with security standards and should be registered with the Information Commissioners' Office (ICO)
- Be accessible to all users including those with visual impairments, learning difficulties and those with a preference for information in languages other than English
- Must assure and inform service users of their privacy and confidentiality
- For the provider and/or relevant parties under this contract to be certified members of The Information Standard, NHS England

4.3 Remote self-sampling consumables and Pathology

- Licensed diagnostic assay suitable for self-sampling without the need for healthcare practitioner supervision
- Confirmation of negative and reactive results for infection
- External quality assurance (NEQAS) recent data
- The pathology provider must have 24-hour capacity to perform high volume (at least 50 000 tests per year) pathology on specimens
- The pathology provider must be appropriately accredited with a nationally agreed accreditation scheme such as Clinical Pathology Accreditation (UK) Ltd/ UK accreditation

service (UKAS)

- The pathology provider needs to be registered under the Health and Social Care Act ("HSCA") with the Care Quality Commission ("CQC") and adhere to its incidence reporting policy

4.4. Results management including clinical advice

Where the provider is responsible for sample transport services, the triage and medical advice provided remotely also needs to be registered under the HSCA with the CQC and adhere to its incident reporting policy.

All EHC and POP advice is expected to be managed by the provider. Unless the service user triggers the exclusion criteria.

The local Specialist Sexual Health Service will be alerted through a daily report from the provider of all cases that meet the exclusion criteria and require intervention from the local specialist service.

4.5 Service availability

The advisory function of the service should be accessible to service users (patients) during working hours (9am-5pm) Monday to Friday.

Coordination and management functions of the service should be delivered, as a minimum, during business operating hours 9am-5pm Monday to Friday.

Access to ordering must be continuous with no breaks. Orders must be fulfilled within 24 hrs.

4.6 Applicable local standards

ESCC will require the provider to operate in accordance with ESCC's local standards.

4.7 Data requirements

Provision of data within the service should flow securely in accordance with the Information Governance and Data Protection/Security outlined in the contract.

The provider will ensure data (including service user demography and diagnoses) is provided to ESCC in accordance with this specification for contract monitoring and evaluative purposes.

4.8 Multiple orders from the same service user

The provider must flag to the Specialist Sexual Health Service provider when a service user who is not expected to test four times a year (MSM…etc, see process charts (Appendix A)) has accessed the service four or more times in a 12-month period and /or has requested EHC more than four times a year. Where this is the case, the Specialist Sexual Health Service is required to intervene and contact the service user, not in order to prevent them using the service, but to facilitate a 1:1 consultation for a service user who appears to be at a very high risk of infection and referral to health advisers at East Sussex specialist sexual health services for risk reduction discussion. This requirement must be made clear within product insert information.

5. Location of provider premises

The location of the provider's premises (including the location of premises at which any subcontracted components of the Service are provided) is not critical to this contract. It is however essential that regardless of such locations, the service is delivered entirely in accordance with this specification.

6. Quality Outcomes Indicators

To secure maximum effectiveness from the framework in terms of delivering against its overarching objectives, the provider's performance will be monitored against relevant quality outcomes indicators. The following table sets out various such indicators, based on national standards and guidance. Reporting against these indicators will be as per the requirements of paragraph 9 of this specification.

Quality outcomes indicator	Threshold	Technical guidance reference	Method of measurement	Consequence of breach
Clinical Management				
Total number of STI/HIV self-sampling kits to be distributed to service users per annum	12,264	N/A	Contract monitoring Online report	Remedial action plan
Total number of EHC	1132	N/A	Contract monitoring Online report	Remedial action plan
Total number of POP	150	N/A	Contract monitoring Online report	Remedial action plan
Total number of condoms supplied	6000	N/A	Contract monitoring Online report	Remedial action plan
Monitor service user demographics. Including; age, orientation, gender, ethnicity, and all minimum protected characteristic datasets.	100%	N/A	Contract monitoring Online report	Remedial action plan
Percentage of kits packaged and posted to service user within 2 working days of request.	100%	N/A	Contract monitoring Online report	Remedial action plan
	<95%	N/A		Remedial action plan
Percentage of specimens to be returned to the laboratory by service user for processing within 30 days of receipt	>60%	N/A	Contract monitoring Online report	Remedial action plan
Percentage and number of specimens that could not be processed by the laboratory due to sampling error	<5%	N/A	Contract monitoring Online report	Remedial action plan
Percentage and number of all specimens per annum with a reactive result (state infection) and site of testing	Baseline measure in year one	N/A	Contract monitoring Online report	Remedial action plan
Percentage and number of all specimens per annum with a nonreactive result and site of testing	Baseline measure in year one	N/A	Contract monitoring Online report	Remedial action plan

Quality outcomes indicator	Threshold	Technical guidance reference	Method of measurement	Consequence of breach
Percentage and number of all specimens per annum with an equivocal result and site of testing	<0.19%	N/A	Contract monitoring Online report	Remedial action plan
Percentage of service users receiving sexual health promotion messaging and signposting where to access information for other sexual health services	100%	N/A	Clinical Audit	Remedial action plan
Percentage of non-reactive results communicated to service user through their preferred method of contact within 3 working days of receiving sample	100%		Audit and feedback from Service User	Remedial Action Plan
Percentage and number of service users referred to specialist services and reasons why	100%	N/A	Audit and feedback from Service Users	Financial penalties
Percentage of reactive results communicated to service users within 5 working days of receiving sample.	100%	N/A	Contract monitoring	Financial penalties
Percentage and number of reactive service users with confirmed attendance at chosen sexual health service in less than 10 working days from being informed	>90% clinician confirmed	N/A	Audit	Remedial action plan
Percentage and number of those service users who have tested on two or more occasions within a 12-month period whom the Service Provider has contacted to facilitate a 1:1 consultation.	100%	N/A	Contract monitoring Audit	Remedial action plan
Number of service users testing positive for chlamydia who opt for simple chlamydia treatment pick up at pharmacy	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan

Quality outcomes indicator	Threshold	Technical guidance reference	Method of measurement	Consequence of breach
Number of positive service users who use the online anonymised partner notification service (infection and number using per diagnosis)	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of users remote diagnosed with genitally located HPV (warts) and treatment given (remote postal or referred through to local provider	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of users remote diagnosed with genitally located HPV (warts) and treatment given (remote postal or referred through to local provider	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of EHC ordered	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of EHC referred to specialist services	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of EHC breaching 48 hr receipt	0	N/A	Online report Contract monitoring	Remedial action plan
Number of EHC also accessing POP	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of POP referred to specialist services	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of POP breaching receipt in 48 hrs	0	N/A	Online report Contract monitoring	Remedial action plan

Quality outcomes indicator	Threshold	Technical guidance reference	Method of measurement	Consequence of breach
Improving Productivity				
Percentage of staff delivering services who have successfully completed nationally accredited training, according to their scope of practice, and fulfilled relevant update requirements	100%	BASHH Standard 2	Audit	Remedial action plan
Service User Experience				
Evidence of at least one user experience survey annually	100%	Local requirement	Annual Report	Remedial action plan
Percentage of Service user feedback on surveys that rates satisfaction as good or excellent (see paragraph 10 of this specification)	>70%	Local requirement	Annual report	Remedial action plan
Evidence of improvements made to service because of user feedback	Demonstrable evidence of improvements and changes made to service delivery in response to feedback	BASHH Standard 9	Annual report	Remedial action plan
Where service users state they have heard about the service from	100%	Local requirement	Online report Contract monitoring	Remedial action plan
Service users self-reporting carrying out sex work	baseline	Local requirement	Online report Contract monitoring	Remedial action plan
Number of service users making formal complaints about the service (verbal or written)	Contractor to notify Authority in accordance with *ESCC serious incident reporting policy*	BASHH Standard 9	Annual report	Remedial action plan
Number of service users complimenting the service	>70%	BASHH Standard 9	Annual report	Remedial action plan

Quality outcomes indicator	Threshold	Technical guidance reference	Method of measurement	Consequence of breach
Reducing Inequalities				
Contactor to demonstrate that all functions and policies are equality impact assessed	Agreed programme to achieve compliance	Locally determined	For local determination	Remedial action plan

7. Safeguarding policies

In dealing with service users under the age of 16, the provider must ensure that they adhere to the FSRH/BASHH Standards for Online and Remote Providers of Sexual and Reproductive Health Services - January 2019 - Faculty of Sexual and Reproductive Healthcare. In the event it is discovered a service user is under the age of 16, practitioners also need to be aware of the specific responsibilities that they have for young people aged 13-15 and for those under the age of 13.

The provider will ensure all staff are aware of and trained to a level appropriate to their role and abide by guidance and legislation on safeguarding (children and adults). All safeguarding alerts will be immediately referred to the health advising team the Specialist Sexual Health Service for contact, follow up and advice.

8. Incidents Requiring Reporting Procedure

The provider will be required to produce a six-monthly summary report providing full details of all complaints and how they were resolved. The provider will have awareness of, and will respond to, infectious diseases, outbreaks and other threats to health. A clinical governance report will be submitted to UK Health Security Agency on an annual basis and full details of any Serious Untoward Incidents (SUIs) will be communicated to the commissioner without delay.

9. Information Provision and Contract Monitoring

On a quarterly basis, the provider will be required to report progress against all the Quality Outcome Indicators detailed under clause 6 above (or as otherwise agreed within the Framework Agreement) to ESCC.

Separately, ad hoc reports may be required by ESCC detailing activity within the areas for which they are each responsible.

Where ESCC has stipulated a maximum level of expenditure or maximum number of test kits to be issued, the provider shall provide a monthly report to ESCC detailing recent and cumulative activity under the framework payment for which ESCC is responsible. Additionally, an alert shall be sent to ESCC when such activity reaches 95% of the specified maximum.

ESCC shall have secure access (controlled by logins and passwords) to an online database so that they may monitor framework usage. Levels of access shall be controlled to limit the data visible (in particular such access shall automatically manage controls required under relevant legislation e.g. as applies to data protection and service user confidentiality).

The provider will meet quarterly with ESCC to review performance, and at least five working days ahead of each such meeting shall send to ESCC a report which includes at least the following information (all performance indicators be provided in an online accessible chart format):

1) Where there is an online service provision:
   - Total number of website visitors
   - List of referrers/search engines
2) Number of service users being given and returning STI/HIV sampling kits by:
   - Age (Bands)
   - Gender identity including changed gender definition
   - Sexual orientation
   - Ethnicity
   - first four digits of postcode
3) Sexual history questions
   - Number and gender of recent sexual partners
   - Self-reported carrying out sex work
   - Number of recent unprotected sexual partners
   - Last time of test
4) Number of STI and HIV samples/ EHC and POP processed by the service
5) Number of reactive samples

6) Number of referrals of service users with reactive results or complexity to sexual health services
7) Number of failed samples and reasons
8) Percentage of Service users accessing sexual health services as confirmed by the service
9) Service user feedback
10) Service user survey

The provider will conduct an annual anonymised survey with a sample of service users to assess both service satisfaction and trends in relation to uptake of the service. The survey will assess service user satisfaction with the service ESCC as part of the process of evaluating the service and to inform and reshape this specification and service delivery.

11. Prices and costs

Prospective providers are advised that the only costs which ESCC will pay will be the costs per test kit issued, and the costs per returned samples analysed and results managed. No separate payment will be made for any other elements of the service. This includes setting up the necessary infrastructure, creating a website, promotional activity, etc. All costs associated with setting up and providing the entire service, as described in this invitation to tender, must be included within the unit costs tendered.

Contract value

Test costs vary depending on the service user's decision to take full screen or variants of the testing options costs relating to this are shown in the tale below:

Kit cost through direct online ordering

Chlamydia and/or gonorrhoea from a single sample site	T1 or T2	£4.25
Chlamydia and/or gonorrhoea from a single sample site and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Confirmation, Syphilis RPR & Hepatitis B immunity	P1a, T7 or T6	£4.75
Chlamydia and/or gonorrhoea from a single sample site and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Confirmation, Syphilis RPR & Hepatitis B immunity	T4 or T4/T6	£4.75
Chlamydia and/or gonorrhoea from three sample sites	T2/TT	£4.75
Chlamydia and/or gonorrhoea from three sample sites and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Conformation, Syphilis RPR & Hepatitis B immunity*	T4/TT or T4/TT/T6	£4.75
HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Conformation, Syphilis RPR & Hepatitis B immunity	P1a, T7 or T6	£4.25

Kits delivered to providers for dissemination

Chlamydia and/or gonorrhoea from a single sample site	T1 or T2	£4.25
Chlamydia and/or gonorrhoea from a single sample site and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Conformation, Syphilis RPR & Hepatitis B immunity	P1a, T7 or T6	£4.75
Chlamydia and/or gonorrhoea from a single sample site and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Conformation, Syphilis RPR & Hepatitis B immunity	T4 or T4/T6	£4.75
Chlamydia and/or gonorrhoea from three sample sites	T2/TT	£4.75
Chlamydia and/or gonorrhoea from three sample sites and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Conformation, Syphilis RPR & Hepatitis B immunity	T4/TT or T4/TT/T6	£5.25
HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Conformation, Syphilis RPR & Hepatitis B immunity	P1a, T7 or T6	£4.25

Diagnostics cost

Chlamydia from a single sample site	T1	£15.50
Chlamydia and gonorrhoea from a single sample site	T2	£16.50
Chlamydia and gonorrhoea test from three sample sites	T2/TT	£36.50
Chlamydia and gonorrhoea from a single sample site with HIV and syphilis	T4	£29.50
Chlamydia and gonorrhoea from three sample site's with HIV and syphilis	T4/TT	£49.50
Chlamydia and gonorrhoea from a single sample site with HIV, syphilis, Hep B and Hep C	T4/T6	£47.50
Chlamydia and gonorrhoea from three sample site's with HIV, syphilis, Hep B and Hep C	T4/T6/TT	£67.50
Syphilis and HIV	T7	£19.50
Chlamydia and gonorrhoea from a single sample site with syphilis	T3	£26.50
HIV	P1a-HIV	£16.50

Chlamydia treatment

Chlamydia Treatment Cost	£20.30

Genitally located first or recurrent active Herpes simplex treatment cost remotely managed by local specialist services (local GUM clinician option to treat primary HPV/HSV included)

Herpes - Suppression	Aciclovir	£42.08
Herpes - Single	Aciclovir	£18.70
Herpes - Double	Aciclovir	£23.38
Wart - Primary	Aldara (12ml)	£70.13
Wart - Secondary	Warticon (3ml)	£37.40

EHC managed by outsourced provider

Ulipristal ellaOne	£28.96
Levonorgestrel	£28.96

POP quick start - three month supply only, managed by outsourced provider

Cerezette (desogestrel 75mcg)	£20.98

*Specific tests for men who have sex with men and those who carry out sex work

Maximum total contract value = £756,000

12 Service quality performance reports

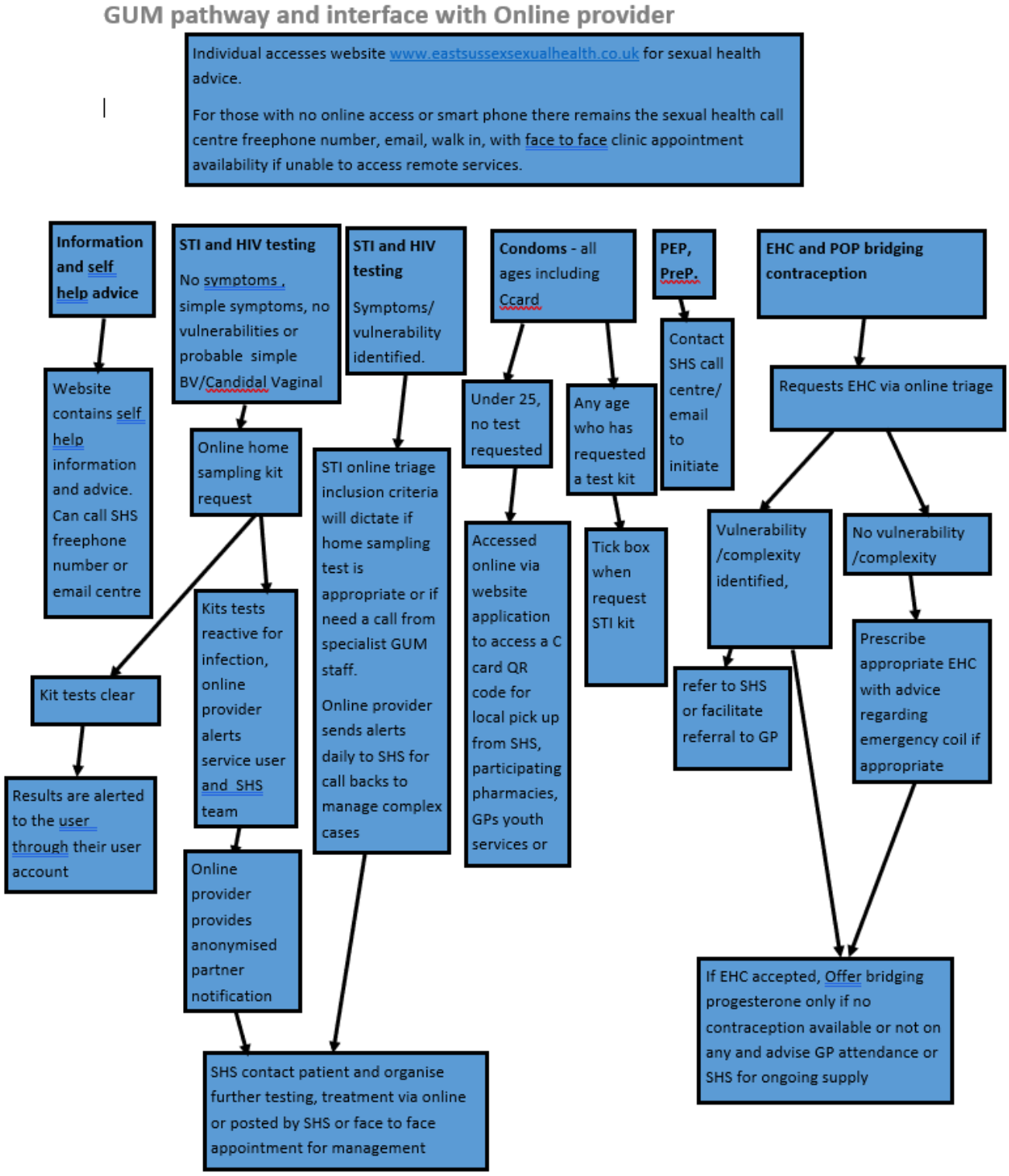
ESCC, will require the provider to produce and submit reports detailing their performance against the parameters shown below, at the frequency shown in each case. The right is reserved to amend the indicators from time to time to monitor different aspects of the Service and also to undertake verification audits if required.

Indicator		Method of measurement	Threshold	Frequency
Information Governance	Record keeping: Completion of the Care Quality Commission Essential standards of quality and safety 2010 Provider Compliance Assessment tool for Outcome 21 (Records)	Annual notes audit	Meets in full the CQC Provider Compliance Assessment tool for Outcome 21	Annually
	Information governance: Compliance with the requirements of the DH/HSCIC information governance assessment		Meets annually in full the DH information governance assessment tool	Annually
Clinical Governance	Completion of the Care Quality Commission Essential standards of quality and safety 2010 Provider Compliance Assessment tool for: • Outcome 4 (Care and welfare of people who use services) • Outcome 15 (Statement of purpose) • Outcome 16 (Assessing and monitoring the quality of service provision) • Outcome 17 (Complaints) • Outcome 20 (Notification of other incidents) • Outcome 21 (Records)	Organisational compliance, Annual PPI plan and survey reports, quarterly complaints and incidents (and exception reporting), notes audit SCC quality reviews and visits	Meets in full the CQC Provider Compliance Assessment tool for Outcomes 4, 15, 16, 17, 20 and 21	Annually
	Number of Serious Incidents within services Evidence of learning resulting from incident review	Provider to notify Commissioner in accordance with ESCC *Incidents Requiring Reporting Procedure*		Real time/ Monthly review Quarterly
	Incidences of implementing safeguarding children & vulnerable adults protocols –, plus update on training for staff	Protection incident reports		Monthly

Indicator		Method of measurement	Threshold	Frequency
	Clinical governance structure, updates on changes and improvements			6 Monthly
	Evidence of appropriate Insurance cover	Copies of insurance documentation		Annually
	Evidence of maintaining service risk register	Service clinical risk register	High level risks and mitigation to be discussed Action plans and on-going monitoring to be shared with commissioners	Quarterly
Appropriately Trained Staff	Competence to deliver services: Completion of the Care Quality Commission Essential standards of quality and safety 20101 Provider Compliance Assessment tool for: • Outcome 12 (Requirements relating to workers) • Outcome 13 (Staffing) • Outcome 14 (Supporting workers)	Organisational compliance and self-assessments. Annual service staff survey. SCC quality reviews and visits	Meets in full the CQC Provider Compliance Assessment tool for Outcomes 12, 13, and 14	Annually
Links to other Services	Care pathways/referral protocols linking all providers of sexual health provision across commissioning Local Authorities	Evidence of documented local care pathways or a sexual health network	Threshold to be agreed	Quarterly
	Completion of the Care Quality Commission Essential standards of quality and safety 2010 Provider Compliance Assessment tool for Outcome 6 (Co-operating with other providers)		Meets in full the CQC Provider Compliance Assessment tool for Outcome 6	Annually

East Sussex process for GUM access including Online

Adaptations will be organic and instructed by the commissioner in partnership with the local Specialist Sexual health Service and the provider



Report to:	**Lead Member for Adult Social Care & Health**
Date of meeting:	**28 September 2022**
By:	**Director of Adult Social Care and Health**
Title:	**Further extension of the current Integrated Lifestyle Service (ILS) contract**
Purpose:	**To seek Lead Member approval for request to extend the current ILS contract for a further eight months with the existing provider.**

RECOMMENDATIONS:

The Lead Member is recommended to approve the Modification Request Form to extend the current ILS contract for a further eight months with the existing provider, at a value of £1,377,009.

1 Background

1.1. The ILS provides evidence-based support and help to enable people across East Sussex to make changes to their lifestyle to improve their health. The service is branded One You East Sussex and it operates as a one –stop shop service, with tailored packages of support allowing people to address all of their risk factors (smoking, excess weight, physical inactivity, poor diet and excessive alcohol consumption) through a single service, and in a way that is most likely to work for them.

1.2. The service is universally available to people aged 16 and over (12 and over for stop smoking support). However, it is targeted towards areas and communities where prevalence of risk factors is highest and experience of health inequalities are significant.

1.3. The contract to provide the ILS was awarded to Thrive Tribe Ltd in May 2017, who commenced delivery on the 8 August 2017. The contract period is 4 years, with the option to extend for a further two years. The value of the contract is currently £2,065,513 per annum.

1.4. As a result of the pandemic and ongoing good performance by the provider, the option to extend the contract for a further two years was used and the contract is now due to end on the 7 August 2023.

1.5 The COVID-19 pandemic has resulted in significant direct and indirect impacts on the physical and psychological health of local residents, some of which continue to impact the health of the local population. The pandemic has also altered the world we live in and the way individuals live their lives, to include how individuals engage with health services.

1.6 These factors, combined with the disruption to service delivery caused by COVID-19 has resulted in the need to review the scope and resource input required for this commissioned service. As this review process has taken some time to complete it is not now possible to meet the existing timelines to have a new contract commence in August 2023. An eight-month extension to the existing ILS contract would provide the time to complete the revised service specification, including public consultation, and ensure that a new contract is ready to commence at the beginning of the 2024/25 financial year.

1.7 Approval to extend the current ILS contract for a further eight months with the existing provider is considered a key decision as the expenditure is above £500,000 per annum and the extension sits outside of the existing procurement framework.

2 Supporting information

2.1 Extending the current ILS contract with the existing provider for a further eight months rather than procuring a new contract for the same period represents best value for ESCC and its partners for the following reasons:

- The current provider is well established, having delivered the ILS since 2017. They have a good track record of delivering activity and quality outcomes, prior to the pandemic. Procurement of a new contract for the eight-month period would come at considerable cost to ESCC, and it is unlikely that we would be able to identify another provider with an offer which is superior to our existing provider.

- Extending the contract with the existing provider for eight months would ensure continuity of service until the new contract commences in April 2024. Whereas procurement of a new contract would potentially require a break in service with a new provider needing to set up new systems, transfer staff, undertake service promotion and establish new referral pathways before being able to commence delivery. It is likely that this mobilisation would take most of the eight-month period.

- Procurement of another organisation to provide this service would be likely to cause confusion within key referring organisations, such as primary care, and result in considerable additional time and cost in terms of relationship development. Whereas referring organisations already have established and trusted relationships with the current provider.

2.2 Modifications to contracts are allowable in specific circumstances under Regulation 72 of the Public Contracts Regulations 2015. The recommendation to approve the request for approval to extend the current ILS contract for a further eight months with the existing provider is in line with the specific circumstances that allow modifications to contracts as set out by this regulation and as agreed with ESCC's Legal Services and Procurement.

3 Conclusion and recommendations

3.1 The rationale for extending the current ILS contract, and the reasons for extending it with the existing provider are clear and represent best value for ESCC. The Lead Member is therefore asked to:

- approve the decision to extend the current ILS contract for a further eight months with the existing provider, at a value of £1,377,009 as per the modification request form.

CHIEF OFFICER NAME Mark Stainton

Chief Officer Role Director of Adult Social Care and Health

Contact Officer: Nicola Blake
Health Improvement Principal (Health Checks and Health Behaviours)

Tel. No: 07824 085355

Email: nicola.blake@eastsussex.gov.uk

Local Members

All Members

Background documents and appendices

None

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