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For General Release

REPORT TO:	Cabinet Member for Families, Health and Social Care
SUBJECT:	Integrated Sexual Health Services – Section 75 extension
LEAD OFFICER:	Jacqueline Harris Baker, Executive Director Rachel Flowers Director of Public Service
CABINET MEMBER:	Councillor Jane Avis – Cabinet Member for Families, Health and Social Care Councillor Alisa Flemming – Cabinet Member for Childrens, Young People and Learning Councillor Simon Hall – Cabinet Member for Finance and Resources
WARDS:	ALL

CORPORATE PRIORITY/POLICY CONTEXT/ AMBITIOUS FOR CROYDON

The proposed approach seeks to support the successful achievement of the following outcomes, with the applicable indicator of success, of Croydon's Corporate Plan 2018-22:

People live long, healthy, happy and independent lives

- Croydon becomes a more equal place
- Happy, healthy and independent lives are lived by as many as possible, for as long as possible
- Access to effective health services and care services when needed

Our children and young people thrive and reach their full potential

- Children and young people in Croydon are safe, healthy and happy, and aspire to be the best they can be

Everyone feels safer in their street, neighbourhood and home

- Further develop services that support survivors of domestic and sexual violence, and disrupt the most prolific offenders

The Council's new Operating Model is central to the proposed approach as follows

Evidence is key

- Transformed services will be based on public health evidence and local need

Preventing issues becoming problems

- The service will be increasing its focus on prevention and better targeting those in most need

Locality matters

- The new model will allow for further local partnership working

System wide approach

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- The new model will align with, and work across, primary care and the voluntary sector

Residents drive what we do

- Residents will be involved in shaping transformed services

The service will contribute to achieving outcomes on the Public Health Outcomes Framework (PHOF):

- Reducing teenage pregnancy (PHOF Indicator 2.04)
- Reducing chlamydia among 15-24 year olds (PHOF Indicator 3.02ii)
- Reducing the number of people diagnosed with HIV at a late stage of infection (PHOF Indicator 3.04)
- Violent crime (including sexual violence) (PHOF Indicator 1.12)
- Children in poverty (PHOF Indicator 1.01i)
- 16-18 year olds not in education employment or training (PHOF Indicator 1.05)

Additional corporate priorities:

- Reducing repeat terminations

FINANCIAL IMPACT

The Section 75 Agreement recommended for extension is for 24 months commencing on the 1st April 2019, at a cost of £2,924,521 for 2019/20 and £2,924,521 for 2020/21 with a view to delivering further efficiencies in 2019/20 that may result in a reduction in cost and establishing a sustainable service to meet increased need in by 2020. The cost for the service will be met from the public health budget. During the three year period of this contract so far CHS have developed and implemented an integrated model of sexual health and contraception provision that has delivered efficiencies of 19%. This exceeds the agreed level of efficiencies of 14% by a further 5%

The service transformation approach outlined for the next two years offers considerable efficiencies to be realized during the two year extension and at the end of the two years, mainly as a result of reconfiguring the current service. This will enable the service to meet increasing need, as indicated by current service use and projected by Public Health, within existing resources. It also offers longer-term efficiencies as a result of a focus on prevention by the transformation programme which will lead to a more sustainable service in the view of expected demographic developments and observed trends on population need'.

FORWARD PLAN KEY DECISION REFERENCE NO. 20/15/CAB

The Leader of the Council has delegated to Cabinet Member for Families, Health and Social Care the power to make decisions set out in the recommendations below:

1. RECOMMENDATION(S)

- 1.1 The Cabinet Member for Families, Health and Social Care in consultation with the Cabinet Member for Children, Young People and Learning and the Cabinet Member for Finance and Resources are recommended by the Contracts and Commissioning Board to approve the award of the contract extension of the Integrated Sexual Health Services in accordance with Regulation 27(d) of the

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Councils Tenders and Contracts Regulations to Croydon Health Services NHS Trust for a contract period of 24 months for a maximum contract value of up to £15,866,000.

2 EXECUTIVE SUMMARY

- 2.1 The purpose of this report is to seek permission to extend the provision of an Integrated Sexual Health service as currently being delivered by Croydon Health Services NHS Trust (CHS) via a Section 75 Agreements under the NHS Act 2006 for a 24 month period from 1st April 2019. This is in line with Clause 3.1 of the relevant contracts listed in the table at paragraph 3.2 below. During the period of this contract CHS have developed and implemented an integrated model of sexual health and contraception provision. CHS have also delivered efficiencies of 19% during the period of the contract. This exceeds the agreed level of efficiencies of 14% by a further 5%. The report details the options for the service from 1st April 2019 and recommends building on the change programme CHS have already delivered and implementing a transformation programme that will deliver service transformation, efficiencies and a more prevention-focused service.
- 2.2 Funding for the service will be met from the public health budget. Local Authorities inherited the responsibility for commissioning open access sexual health services Genito-urinary Medicine (GUM), Contraceptive and Sexual Health (CaSH) and Integrated Services from the NHS in April 2013. Under the 2013 Regulations, following the Health and Social Care Act 2012, the Council is required to provide or make arrangements to secure provision of open access sexual health services in its area. This includes;
- Advice on preventing unintended pregnancy
 - Services for preventing the spread of sexually transmitted infections
 - Services for treating, testing and caring for people with such infections
 - Services for notifying sexual partners of people with such infections
 - These services must be available for the benefit of all people present in the local authority's area.
- 2.3 The content of this report has been endorsed by the Contracts and Commissioning Board.

CCB ref. number	CCB Approval Date
CCB1464/18-19	18/03/2019

3. DETAIL

- 3.1 Background
Croydon has relatively high rates of diagnosed sexually transmitted infections, terminations of pregnancy (in particular repeat terminations) and under 18

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conceptions when compared with England and the rest of London. This is partly a result of the diversity of the borough, given that those communities that are at the highest risk of sexual ill health are also those communities that are populous within the borough. There is thus a need to address the health inequalities that these communities face.

The Croydon HIV and Sexual Health Partnership Board identified five main priorities for sexual health that should shape service provision

- Reducing the rates of late diagnosis of HIV;
- Reducing the rates of teenage pregnancy;
- Reducing repeat abortions;
- Reducing the prevalence of STIs; and
- Locally delivered, community-focused services.

Croydon Council has commissioned an integrated sexual health services from Croydon Health Services NHS Trust under a Section 75 agreement since 1st April 2016 for an initial term of three years with a further extension. The Trust is commissioned to provide

- An integrated STI and contraceptive clinical services
- Targeted outreach providing clinical and preventative services
- Young people's sexual health service
- Domiciliary contraception nurse service
- Chlamydia and gonorrhoea screening programme
- Psychosexual counselling

The chlamydia and gonorrhoea screening programme provides

- An online testing service, sending out testing kits to young people under 25 and managing the results
- Oversight and management of chlamydia and gonorrhoea testing kits and results provided in general practice and pharmacy
- Distribution of kits during outreach and managing results

The young people's sexual health service provides:

- Sexual health and contraception outreach in schools, colleges, community events and venues throughout Croydon
- Sexual health training to front-line professionals working with young people
- The Point – young people's sexual and reproductive health clinic at Croydon University Hospital

HIV point of care testing is provided in outreach settings (eg at Croydon Pride). Point of Care (POC) HIV tests are also known as "rapid" tests and are used to screen for HIV antibodies with results being available within minutes

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Croydon residents also attend out-of-borough sexual health services, in particular men who have sex with men (MSM), who tend to be more mobile in work and leisure. In particular, Croydon residents attend clinics at Chelsea and Westminster Hospital, Kings College Hospital, Guy's and St Thomas' Hospital and Balham Health Centre.

3.2 Contract Award and Value

The Section 75 Agreement between Croydon Council and Croydon Health Services NHS Trust was approved by Cabinet on 20th October 2015 (Agenda Item 10, key decision reference 20/15/CAB). It provides for the provision of an Integrated Sexual Health Services for an initial term of three years from 1st April 2016 and allows for a further two-year extension. The agreement allows for the annual renegotiation of payment by results prices and block payments. The total value of the services were not expected to exceed £3,459,000 in 2016/17, £3,279,000 in 2017/18 and £3,279,000 in 2018/19, in total this being £10,017,000 (this does not include the two years' extension).

Payment for provision of clinical integrated sexual and reproductive health services is activity-based using the London Integrated Sexual Health Tariff – which allows for cross-charging across boroughs. Approximately 35% of the Council's spend on integrated sexual health, which equated to £1.2m in 2017/18, is on residents who choose to access services outside of borough. This percentage has been falling in the last two years. Prior to integrating CaSH and GUM services in April 2018 the Croydon service, in line with all other London services, operated under two different payment mechanisms. As laid out in DH published guidance, *Principles for Cross-Charging for Sexual Health*, GUM services were paid for on a payment by results (PbR) non-mandatory tariff agreed by Monitor, whilst CaSH services are paid for under block arrangements. London boroughs agreed to end this arrangement (under the London Sexual Health Programme MoU) by April 2018 and adopt the London Sexual Health Integrated Tariff, thus de-hosting CaSH services. This is of financial benefit to most Local Authorities including Croydon. Commissioners negotiated favourable tariff prices for 2018/19 and a cap on cost was agreed to manage financial risk. The other components of the service are paid on block arrangements, these being:

- The Chlamydia Screening Programme
- HIV point of care testing
- The Young People's Service

The 2018/19 sexual health service actual spend is in the table below. The 2018/19 figure is the planned spend. The activity-based component of the service (Integrated Sexual Health) is capped for 2018/19 and thus will not exceed the planned budget.

Service	16/17	17/18	18/19 (planned)
GUM/CaSH/Integrated Sexual Health	£2,926,556	£2,826,542	£2,647,110

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Chlamydia screening	£200,000	£180,000	£125,000
HIV POCT	£4,522	£0	£5,000
Young Peoples' Service	£163,337	£147,411	£147,411
Total	£3,294,415	£3,153,953	£2,924,521

When negotiating annual PbR and block prices commissioners have thus achieved year on year savings, with the service delivering year on year efficiencies which amount to a total efficiency of 19% of the original planned budget of £3,459,000.

3.3 Performance

Prior to April 1st 2018 the service was provided from two sites, with a GUM service being provided at the Croydon University Hospital (CUH) and a CaSH service at Edridge Road Community Health Centre. The Section 75 agreement required the services to integrate. In April 2018, following a public consultation, the service integrated on one site at the hospital, allowing for a patient's needs to be fully met within one visit and avoiding referral between staff and sites. This involved a large-scale programme of change for the Trust and service, including investment in rebuilding and improving clinic facilities and the dual training of staff to deliver both sexual health and reproductive health services. The Trust also delivers an extensive young people's service, which includes drop-in services at six centres around Croydon (including colleges) and sex and relationships sessions with an additional young people's service at the hospital. One month after integration, the Trust implemented payment by the London Sexual Health Tariff. This is in line with sexual health service modernisation across the rest of the country.

The table below illustrates service activity for the Integrated Sexual Health Service for the last 5 Quarters, January 2017 to June 2018 by age and gender.

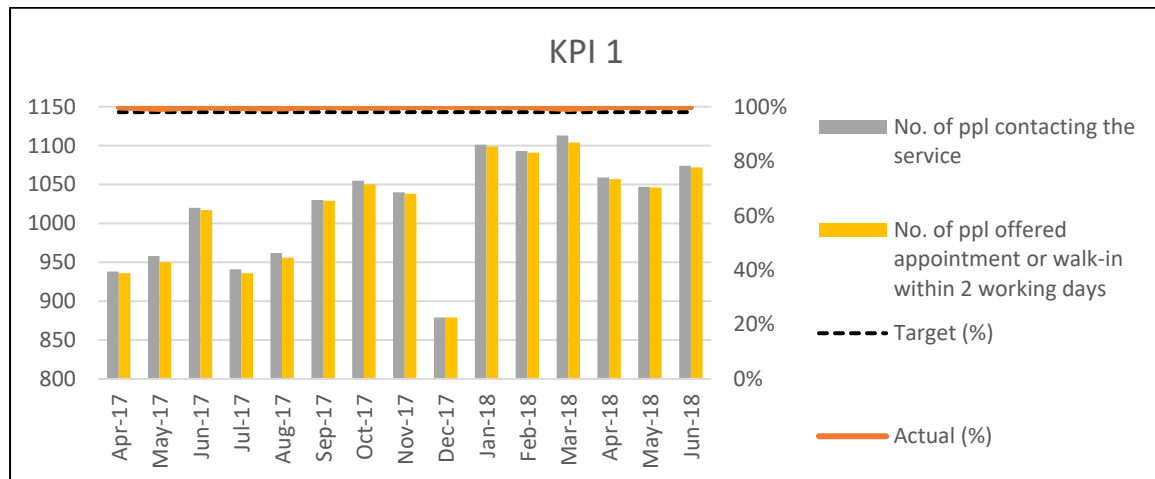
	Female	Male
Under 16s	314	48
16-17	1559	292
18-24	7010	2616
25-34	7603	3458
35-44	3709	1773
45-54	1363	916
55-60	259	398
61++	99	301
Total	21916	9802

Note that this is a count for number of attendances, not a count of individual clients. A client may have more than one attendance (on different appointment date) during this period of time.

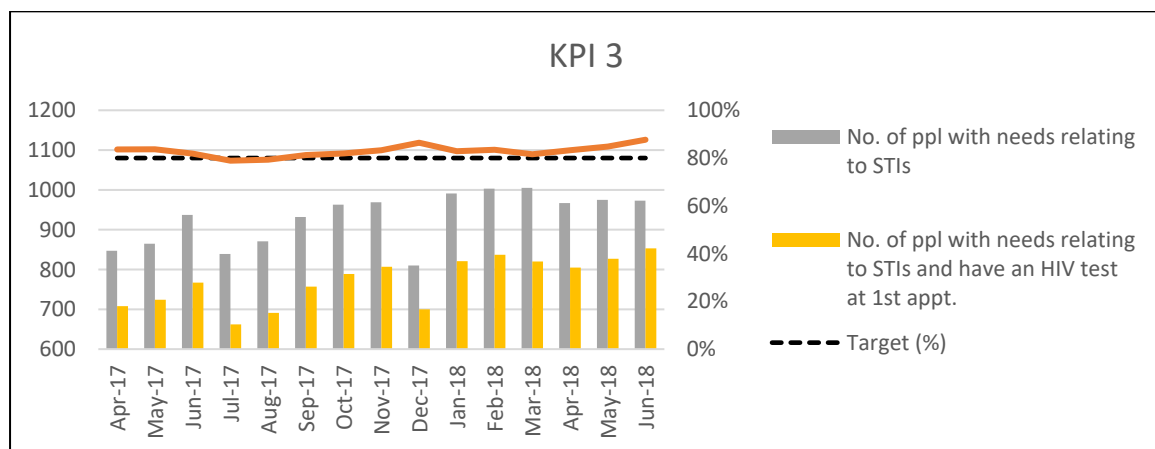
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Service performance and quality, as indicated by delivery against KPIs, has been consistently maintained over the period of the contract.

The service has performed well against access targets, as illustrated in the graph below, which details the proportion of people offered an appointment or walk-in within two days.

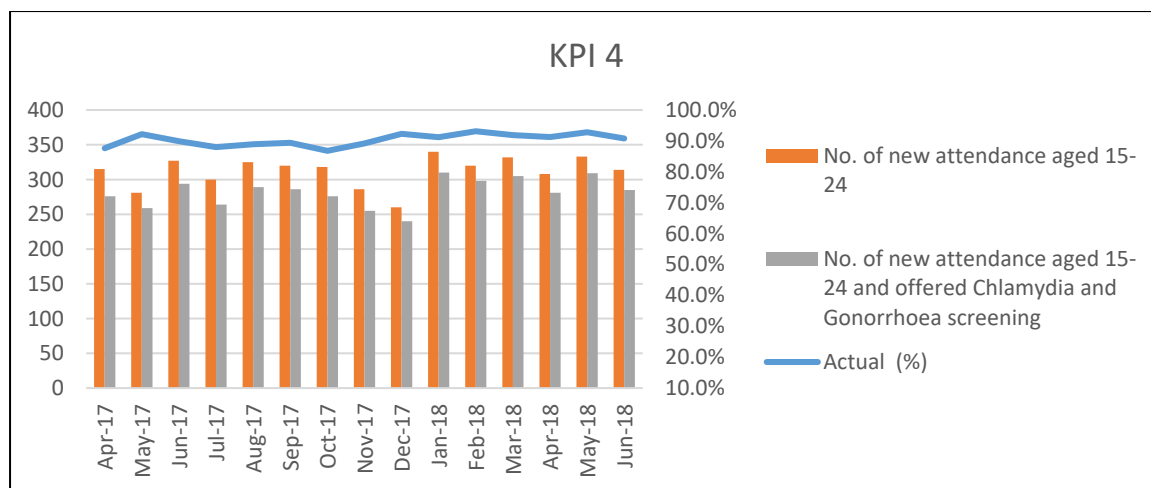


In addition, the service performed above target on clinical measures, as illustrated in the graph below, which details the percentage of people with needs relating to STIs who have a record of having an HIV test at first attendance.



The service has also performed well in relation to clinical service provision for young people, as illustrated in the graph below which details the percentage of new attendances aged 15-24 who are offered screening for chlamydia and gonorrhoea

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The service has targeted groups that most bear the burden of sexual ill-health, these being BAME communities, MSM and young people. In the last year, 45% of service users were young people, 18% were Black African, 21% were Black Caribbean, and 10% were MSM.

The only KPI to fall below target, that of access to chlamydia treatment, did so for two quarters in 2017/18. The service instituted an improvement plan and this KPI has now been performing above target during 2018/19.

Public Health England reviewed the Croydon Chlamydia Screening Programme data in summer 2018 and identified that the service was performing equivalent to, or above, London average when compared to other London boroughs on all markers.

3.4 Future Service Provision (April 2019 onwards)

The service is managing within the limits of the current cap for 2018/19 and has instituted demand management to contain activity. However, future sexual health need in Croydon is forecast to increase and evolve given;

- 12 % increase in the population of Croydon over the next 15 years, particularly in both the most sexually active age group
- Growth in population working in Croydon and living out of borough
- The impact of recent changes to sexual health services both in and outside London

The service has seen an increase of 8 per cent in numbers of clinical interventions so far in 2018/19 when compared with 2017/18.

The sexual health service has recognised that the current service model is not sustainable, that there is a need to continue with a programme of modernisation and to transform into a more prevention-focused service. The sexual health service, commissioners and public health have met to agree a vision and scope for a new service model to be delivered via a sexual health service transformation programme which would

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- Adopt evidence-based service change and development approaches to modernise services and deliver efficiencies.
- Adopt a robust project management to deliver a transformed service on time.
- Require joint ownership by CHS and the Council of an approach prioritising early intervention and prevention and delivered according to the Croydon Sexual Health Prevention Strategy
- Utilise every opportunity to work in partnership with, and across, other areas of health and social care (eg Children and Young People) to deliver on prevention outcomes

Public Health, commissioners and CHS have met to discuss the proposed option of working to deliver a new service specification via a transformation programme underpinned by the following underlying principals

- Jointly owned by CHS and the Council
- Aligned with the vision of the Council's Operating Plan, One Croydon and local transformation plans
- Promote joint working and risk-sharing
- Prioritise early intervention and prevention
- Put the interests of patients and service users central

A workshop was held to scope a service vision and model and identified the following components:

- The sexual health service providing specialist provision whilst leading on prevention – with a shift of activity into the community and early intervention
- The sexual health service adopting improved technologies (eg digital) k
- Improved linkages and working with the wider health-economy to improve prevention and targeting

The sexual health service has recognised that the current service model is not sustainable, that there is a need to continue with a programme of modernisation and transform into a more prevention-focused service. The sexual health service, commissioners and public health have met to agree a vision and scope a possible new service model. There is agreement that the development of a new model could be delivered via a partnership service transformation programme, as outlined in the table below.

Progress against the milestones will be monitored through the quarterly Section 75 Partnership Board.

No.	Milestone	Date	Owner
1	Financial envelope agreed	31/1/19	CHS
2	Local tariffs agreed – Safeguarding, HPV and M Gen	30/3/19	LBC/CHS
3	Revised specification for 2019/20 agreed	31/3/19	LBC/CHS
4	Stage 1 redesign of prevention work: in-clinic prevention: outreach with young people; and Chlamydia screening	30/08/19	LBC/CHS

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5	Final specification for 2020/21 agreed	30/08/19	LBC/CHS
6	Outer South-West London tariff introduced	1/10/19	CHS
7	Prototype/model for online services	1/10/19	CHS
8	Online booking of appointments and self-sampling service for Chlamydia, gonorrhoea, HIV and Syphilis fully operational	31/3/20	CHS
9	Website redesign completed (including all end user testing)	31/3/20	CHS
10	Stage 1 Chlamydia screening programme fully operational (online and outreach component)	31/3/20	CHS
11	Stage 2 redesign of prevention work complete: other targets groups and wider community work	1/5/20	LBC/CHS
12	New prevention model introduced	7/5/20	CHS
13	Touch screens and facilities remodelled	1/7/20	CHS

4. CONSULTATION

4.1 Consultation with residents and/or Service Users:

As part of the consolidation of GUM and CaSH services Croydon Health Services undertook a consultation exercise with service users between November 2017 and January 2018. The consultation focused on service users' perceptions of the 'one-stop shop' model and the closure of Eldridge Road. The report was published in February 2018.

191 service users completed clinic surveys and a further 100 completed telephone surveys. The results were as follows:

- 71% of service users stated access to the new service would be better
- 24% of service users stated access to the new service would be no better or worse for them.
- 5% of service users stated access would be somewhat worse but they would still be able to get there
- No service users said it would not be possible for them to get here at all.

In addition the following themes arose

- Location and transport to services – a convenient location was key to access
- Preference for a consolidated service. A common theme was that users lead busy lives – many parents, carers, full time workers and students – where time is precious and want a quick, efficient sexual health service without travel between sites

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The service undertook a further consultation in August 2018 to inform the next stage of service development and scoping for a service transformation programme. 300 service users responded to a survey which identified:

- Preferred opening hours: before 9am being most popular
- 25% preferred to access STI testing online
- Most popular option for booking an appointment was online

The proposed transformation programme will include a programme of service user and target group involvement and consultation to inform the development of services

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 Revenue and Capital consequences of report recommendations

	Current year		
	2018/19	2019/20	2020/21
	£'000	£'000	£'000
Revenue Budget available			
Expenditure	2,924	2,924	2,924
Income			
Effect of decision from report			
Expenditure	2,924	2,924	2,924
Income			
Remaining budget	<u>0</u>	<u>0</u>	<u>0</u>

2 The effect of the decision

The impact will be to stabilise the service after a period of rapid change, which has delivered considerable efficiencies, and to ensure the service works with commissioners to deliver further transformation, including a key focus on prevention and improved technology. This will deliver a more sustainable service model during 2018/19 that will be in a position to meet the increase in demand and in complexity.

3 Risks

The key risk is that increasing need and demand due to changing population growth and profile will make the service unsustainable. The transformation programme will manage this by introducing new technologies to better manage demand, improve targeting and rollout improved prevention interventions.

An additional risk lies in the growth of out-of-borough activity, which is not possible to directly control. This is best managed by ensuring local services are as accessible to local residents as possible.

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A further risk lies in out-of-borough services being less accessible to service users resident in other boroughs which may increase demand on the Croydon service, with a risk that the Croydon service has to institute demand management for all service users. This is being managed by careful monitoring of the service.

3 Options

The options for the service are outlined below. A Council and CHS partnership transformation programme offers the opportunity for risk share with both partners agreeing on a programme that delivers a co-produced specification and shared agreement on efficiencies

4 Future savings/efficiencies

The proposed arrangements and the service transformation model will deliver efficiencies that will allow for a forecast growth to be managed within the transformed service. In addition, commissioners will work with the service to identify future efficiencies over the next two years and beyond.

Approved by: Ian Geary, Head of Finance, Resources & Accountancy

6. LEGAL CONSIDERATIONS

- 6.1 The Director of Law and Governanc comments that the proposed extension is within the scope of the original contract and the recommendation raises no legal concerns.

Approved by Sean Murphy, Interim Director of Law, Governance and Deputy Monitoring Officer.

7. HUMAN RESOURCES IMPACT

- 7.1 There are no HR implications arising from this report for Croydon Council staff, as this report recommends the extension of an existing framework agreement, which means that the current staffing arrangements would remain the same.

Approved by: Deborah Calliste, Head of HR for Health, Wellbeing and Adults on behalf of the Director of HR

8. EQUALITIES IMPACT

- 8.1 A full Equalities Analysis was undertaken in January 2015 to assess the impact the changes to the service would have on specific groups that share a “protected characteristic” such as young people, particularly those being looked after by the local authority, those leaving care, and those not in education, employment or training; young Black Caribbean, Black African and

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other Black population groups; men who have sex with men; those who misuse drugs or alcohol; and sex workers. The Joint Strategic Needs Assessment (JSNA), completed in 2010/11, identified that these groups experience worse sexual health outcomes.

- 8.2 This equality analysis remains of relevance for this proposal. The analysis identified that there is greater sexual health need in certain protected groups, for example: HIV prevalence is higher among Black Africans and men who have sex with men (MSM); chlamydia prevalence is higher among young people.
- 8.3 The equality analysis identified that the proposed integrated sexual health commissioning arrangements are likely to have a positive impact on equality groups that share a “protected characteristic”, such as: BME groups; LGBT individuals and those who have undergone gender reassignment; younger people; men; women; those with disabilities; and some religious groups. The positive benefits identified include: improved access to full range of contraceptive services, STI testing and treatment; reduction in unplanned pregnancy including teenage pregnancy; improved access to pregnancy testing and referral to maternity or abortion services; and reduction in STI prevalence, HIV incidence and HIV late diagnosis.
- 8.4 The equality analysis also identified that the proposal could potentially have an adverse impact on some of the equality groups mentioned if the increase in local, community-based services results in increased concerns over anonymity. However, this risk will be mitigated by maintaining a choice of settings, locations and times to access sexual health services. Lack of awareness of service locations following changes could also have an adverse outcome for some equality groups. However, this will be mitigated by the implementation of a comprehensive communication plan to raise awareness among potential service users.
- 8.5 There is limited research and data on the potential impact of the proposed changes on people with disabilities so the potential negative impact on this group is not known, although it is considered likely that the provision of integrated, community-focused services should improve accessibility for those with complex needs or those who may be unable to travel to central service locations. The accessibility of the community-focused service for these specific equality groups will be evaluated once the service is established and mitigating actions will be determined if needed.
- 8.6 Engagement with target groups and potential service users, including groups that share a “protected characteristic”, will be undertaken as part of the transformation programme. This will inform the changes to service delivery to ensure that potential adverse or negative consequences are minimised or eliminated and that positive impacts are maximised. The Equality Analysis will also be updated following this work.
- 8.7 The service specification includes a requirement to identify and provide services that meet the needs of protected groups, specifically those most at

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risk of sexual ill health. The service is thus required to target population groups, young people, men who have sex with men and BME communities, which are vulnerable to risk-taking sexual behaviour, bear the burden of sexual ill-health and/or less likely to engage with sexual health services. The service monitors the use of its services by these groups. The service is required to provide universal testing, treatment and prevention and care to all people in Croydon.

8.8 The delivery of the Integrated Sexual Health Service Commissioning Arrangements enables the Council to ensure that it delivers the following objectives that are set out in the Council's Equality and Inclusion Policy:

- Make Croydon a place of opportunity and fairness by tackling inequality, disadvantage and exclusion.
- Foster good community relations and cohesion by getting to know our diverse communities and understand their needs

9. ENVIRONMENTAL IMPACT

9.1. The environmental impact of the proposed agreement award is limited; however, the intention to provide more community-focused and outreach services is likely to have a positive environmental impact as it will contribute towards a reduction in car, motorcycle and taxi journeys among service users.

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 Sexual health service staff are in a strong position to identify victims of domestic and sexual violence and child sexual exploitation due to the increased risk of sexual ill health among victims and the opportunity to undertake comprehensive assessments with service users. Commissioners and CHS took the opportunity of the introduction of the new integrated tariff to introduce local tariffs that incentivize and reward the service for delivering a comprehensive and robust safeguarding pathway. The continued delivery of training for front line staff for appropriate detection of these crimes and signposting or referral of possible victims will help support crime detection rates and have a positive impact on crime and disorder.

11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

11.1 The proposed approach is recommended to ensure continued provision of mandatory sexual health services in Croydon and ensure the Council fulfills its obligations under The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

11.2 The proposed sexual health transformation programme will deliver the new model of integrated sexual health services in Croydon. Croydon Health Services have already delivered an integrated service and have been working

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with the Council to scope a transformed service. This approach will allow for the model to be introduced over a two-year period and deliver efficiencies along the way.

12. OPTIONS CONSIDERED AND REJECTED

The alternate options considered for delivering the service are summarised below.

Table 1 – Options Summary

Option Summary	Pros	Cons
<p>1</p> <p>Maintain the current service with current provider and extend contract for 24 months</p>	<p>Service already in place so no additional work required</p>	<ul style="list-style-type: none"> • Need and costs are both likely to continue to rise making the service unsustainable • There would little motivation for the service to modernise and adopt new and more efficient technologies • The current service is not sufficiently prevention-focused.
<p>2</p> <p>Tender for a new service with new service specification</p>	<p>Would allow for procurement of a newly reshaped service model that could meet public health priorities and outcomes and include new technologies (eg digital).</p>	<p>The market is currently very limited, unsettled and restricted to a small number of NHS Trusts and a smaller number of private sector providers. This has resulted in a number of failed or problematic tenders and procurements recently</p> <p>Bidders expect Councils to identify and secure sites – this can be both time-consuming and expensive.</p> <p>The Sexual Health and HIV outpatient care services are co-terminus at CUH – a procurement will place the HIV service at risk</p> <p>This would not allow time for developing a detailed specification that would move the service model into a focus on prevention and embrace new digital and medical technologies whilst still ensuring the service could provide an effective universal testing and treatment offer.</p>
<p>3</p>	<p>Would allow for joint ownership of the development of a</p>	<p>Reliant on robust and honest partnership working between CUH service and the Council which will</p>

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<p>Extend service for two years whilst Council leads a service transformation programme with the option to go out to tender with a contract start date of April 2021</p>	<p>specification of a newly reshaped service model to meet public health priorities, include new technologies and prioritise early intervention and prevention</p> <p>Would ensure service transformation starts immediately, with benefits realised in-year as changes are rolled out</p> <p>Would allow for local and London specialist clinical and technological expertise to inform the development of the new specification</p> <p>Would allow for a shared focus on efficiency between the Council and sexual health service</p>	<p>require careful management and monitoring</p>
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1.6 Recommendation:

Extend service for two years whilst the Council leads a service transformation programme to deliver a more efficient prevention-focused service

CONTACT OFFICER:

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BACKGROUND PAPERS:

None