



Integrated Sexual Health Services for Bristol, North Somerset and South Gloucestershire (BNSSG)

**Draft Commissioning Intentions for
Consultation**

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Background and Purpose

Commissioning is the process of assessing needs, planning, buying (procuring) and monitoring services.

These draft commissioning intentions set out our proposals for the procurement of Integrated Sexual Health Services (ISHS), including abortion services, for Bristol, North Somerset and South Gloucestershire (BNSSG) Councils, in collaboration with Bath and North East Somerset (BaNES) Council¹ and the BNSSG Integrated Care Board (ICB)². We intend to consult with the public and stakeholders on whether they agree with our proposals and will then make changes based on the feedback we receive.

Throughout this document 'ISHS' represents integrated sexual health services combined with abortion services.

Integrated services are those where both sexual and reproductive health needs can be met on one site in person, over the telephone or online, and usually within a single consultation.

Our Procurement Vision

Our vision is to procure comprehensive and integrated services that champion prevention, inclusivity and equitable access. They will place service users at the heart of care, empowering them to make informed choices about their sexual and reproductive health. Services will provide seamless pathways of care and will be in an ongoing conversation with communities to ensure local voices are being heard and responded to.

Policy Context

National Policy Context

Sexual health is an important area of public health. Most of the adult population of England is sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The government in 2013 set out its ambitions for improving sexual health in a [Framework for Sexual Health Improvement in England](#). The new national Sexual Health Strategy has not yet been published.

Commissioning Responsibilities for Sexual Health

Responsibilities for commissioning sexual health services are spread out across the health and social care system. Local authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons, advice on, and reasonable access to, a broad range of contraception, the sexual health elements of psychosexual services, and advice on preventing unplanned pregnancy.³

¹ BaNES Council co-commission the chlamydia screening programme with BNSSG Local Authorities

² BNSSG ICB co-commission abortion services with BNSSG Local Authorities

³ [Integrated sexual health service specification \(publishing.service.gov.uk\)](#) (accessed 27/10/2023)

In England, abortion care is commissioned through ICBs, including post-abortion contraception.⁴ ICBs also commission maternity services including post-partum care, and the psychological elements of psychosexual services. Since July 2022, ICBs have had delegated responsibility from NHS England (NHSE) for commissioning primary medical services under GP contracts, which includes all forms of contraception excluding LARC.⁵ The current ISHS contract for BNSSG includes abortion services, which remains in scope in these commissioning intentions.

NHSE also hold a commissioning responsibility for elements of sexual health, including HIV treatment, sexual assault referral centres and cervical screening; all of which are expected to be delegated to ICBs to commission from April 2024. We will have to make amendments to our ISHS contracts in due course to reflect these changes and ensure that our services are being delivered in line with national specifications and guidance. NHS England have recently delegated responsibility for community pharmacies to ICBs. The new contract for community pharmacies includes an option to continue oral contraception prescriptions without needing to see a GP and will eventually be expanded to include initiation of oral contraception.

Health and Care Act 2022

The Health and Care Act (2022) allowed for the establishment in England of:

- Integrated Care Boards (ICBs): a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in Clinical Commissioning Groups (CCGs) being closed down. ICBs will also take on some of NHSE's commissioning functions in due course.
- Integrated Care Systems (ICSs): partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
- Integrated Care Partnerships (ICPs): a statutory committee jointly formed between the ICB and all upper-tier (county and unitary) Local Authorities that fall within the ICS area. The ICPs bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.⁶

The Health and Care Act has enabled the transition of commissioning responsibilities for primary care services to ICBs (Pharmacy, Optometry and community Dentistry as well as General Practice). ICBs will be accountable for NHS spend and performance within the system.

⁴ [National Service Specification for Abortion Care in the NHS \(rcog.org.uk\)](https://www.rcog.org.uk) (accessed 27/10/2023)

⁵ [NHS England » Local enhanced service commissioning through GP contracts](#) (accessed 27/10/2023)

⁶ [NHS England » What are integrated care systems?](#) (accessed 27/10/2023)

The Health and Care Act is also responsible for changes in healthcare procurement with a move away from competitive tendering by default and towards collaborative delivery under proposed new regulations known as the [Provider Selection Regime](#).

Breaking Point: Securing the Future of Sexual Health Services 2022

This [report](#) by the Local Government Association and English HIV and Sexual Health Commissioners' Group focuses on demand and funding pressures and delves into the trends since Local Authorities took responsibility for sexual health services in 2013, looking at the social and economic context in which they occur. Key messages include that unless greater recognition and funding is given to councils to invest in prevention services, a reversal in the encouraging and continuing fall in some STIs and more unwanted pregnancies is now a real risk as is their ability to respond to unforeseen challenges such as mpox.

National Integrated Sexual Health Service Specification 2023

The new [Integrated Sexual Health Service Specification](#) covers the specialist integrated sexual health services (ISHSs) that Local Authorities are responsible for commissioning including testing and treatment for sexually transmitted infections (STIs), the provision of HIV pre-exposure prophylaxis (PrEP) and provision of the full range of contraception.

National Service Specification for NHS Abortion Care 2022

The [National Service Specification for NHS Abortion Care](#) provides a resource for commissioners that includes the latest guidance and experience from clinical experts, to help ensure abortion care is commissioned using evidence-based principles. It is grounded in the core values of the NHS, including the choice framework and the need to implement sustainable, cost-effective care pathways, reflecting the drive for world-class commissioning in the NHS.

Women's Health Strategy 2022

The [Women's Health Strategy for England](#) is the first strategy of its kind and aims to address entrenched inequalities and improve the health and wellbeing of women across the country. The strategy includes key priority areas including fertility, pregnancy, pregnancy loss, menstrual health and gynaecological conditions. It also outlines eight key commitments requiring immediate action, including the expansion of women's health hubs that will bring essential women's services, such as contraception, menopause care and gynaecology, together to support women to maintain good health and create efficiencies for the NHS.

BNSSG Policy Context

Healthier Together BNSSG ICS Strategy 2023

The [BNSSG ICS Strategy](#), sponsored by the Integrated Care Board, outlines five opportunities for us to focus on: tackling inequalities, strengthening the building blocks of good health (such as relationships, education, safe environments and freedom from discrimination), prevention and early intervention, supporting healthy behaviours, and strategic

prioritisation of key health conditions that impact on our population most. The strategy is monitored through a System Outcomes Framework.

Healthier Together Joint Forward Plan 2023

The [Joint Forward Plan](#) sets out how the BNSSG ICB and provider trusts intend to meet the physical and mental health needs of the population through arranging or providing NHS services supported by local authority and voluntary, community and social enterprise partners. It is aligned with the BNSSG ICS Strategy and supports the System Outcomes Framework.

BNSSG System Outcomes Framework

This [framework](#) has been developed to monitor the ICS Strategy and has measures around the health of our population, our services, our staff, our communities and our environment. Our health and care plans for BNSSG are expected to align with these outcomes.

Healthier Together BNSSG ICS Green Plan 2022-25

The [Green Plan](#) sets out the commitments the ICS have made to deliver 3 key outcomes for the BNSSG population:

- Increasing the sustainability of services and reducing their environmental impact.
- Urgently addressing the ICS' carbon footprint.
- Support cultural change across BNSSG to improve air quality, biodiversity, and the quality of the natural environment.

Healthier Together BNSSG ICS Digital Strategy 2023-25

The [Digital Strategy](#) aims to reflect and respond to the needs of the BNSSG population, workforce and system partners, reinforcing the crucial role digital transformation will have in delivering the four ICS strategic objectives. Digital transformation and new technologies will be key enablers in delivering new models of care.

BNSSG Health and Wellbeing Strategies

The three BNSSG Local Authorities each have their own Health and Wellbeing Strategies that set out their local health and wellbeing visions, ambitions, principles and priorities and are based on evidence from their local joint strategic needs assessments and feedback from community engagement. Detailed actions relating to each priority are developed or overseen by the individual Health and Wellbeing Board at regular meetings. The links to the three current strategies are below.

- Bristol: [Health and wellbeing strategy 2020-25 \(bristol.gov.uk\)](https://bristol.gov.uk)
- North Somerset: [Health and wellbeing strategy 2021-24 \(n-somerset.gov.uk\)](https://n-somerset.gov.uk)
- South Gloucestershire: [Joint Health and Wellbeing Strategy 2021-25 \(southglos.gov.uk\)](https://southglos.gov.uk)

BNSSG Principles for Trauma Informed Practice

[Principles for Trauma Informed Practice](#) (and supporting framework and resources) are intended to be used by all organisations across BNSSG as we aim to embed a system-wide trauma informed approach:

- **Safety** - supporting emotional and physical safety, free from harm and threat and avoiding re-traumatisation.
- **Trustworthiness** - transparency across policies and procedures with an objective of building trust.
- **Choice** - A meaningful voice and choice in decision making.
- **Collaboration** - Valuing lived experience and developing peer to peer models.
- **Empowerment and Inclusivity** - Shared power, giving people a voice in decision making.

Current Integrated Sexual Health Services in BNSSG

We currently commission ISHS provided by University Hospitals Bristol and Weston NHS Trust (UHBW), who sub-contract elements of the service out to the specialist providers below:

- Young people's sexual and reproductive health services (Brook)
- Abortion services (MSI Reproductive Choices UK, the British Pregnancy Advisory Service and North Bristol NHS Trust)
- Health promotion (Terrence Higgins Trust)

Our multi-partner ISHS is branded [Unity Sexual Health](#) and services include:

- STI and HIV testing, STI treatment, the National Chlamydia Screening Programme, specialist contraception services including emergency contraception and LARC, and a service for young people
- Sexual health outreach, health promotion and HIV prevention including PrEP
- Abortion services (non-complex)

The contract we hold with UHBW will end on 31 March 2025 and therefore we must commission a new ISHS from 1 April 2025.

Performance Reporting

We monitor the performance of our Unity Sexual Health contract through ongoing data and narrative reporting using a standardised contract management framework. This includes meeting regularly with providers to review progress against key performance indicator (KPI) metrics and discuss any barriers to performance and reasons for underperformance. Performance monitoring of our existing service has helped us to understand where we may need to make changes to our approach for future commissioning.

Current Budget

The 2023-24 financial budget for our Unity Sexual Health service is approximately £8.3

million.

Aligned Services

The elements listed below are closely connected to the proposed service delivery outlined in this commissioning plan. It is essential that services within the scope of this plan are well aligned to these elements and have joint responsibility for achieving relevant shared outcomes.

Primary Care Sexual Health Services

Each BNSSG Local Authority separately commissions primary care sexual health services. Some of these contracts are due to expire in line with the recommissioning of ISHS. It is important that the ISHS and primary care sexual health services are aligned across BNSSG as patients can be referred from one service to the other depending on the nature of their health concerns. To aid this, the BNSSG commissioners currently convene a primary care liaison meeting every four months to bring together Unity Sexual Health and primary care colleagues to learn of any service changes/developments and address any issues at the interface between services. These services cover the fitting and removal of coils and implants (long acting reversible contraception/LARC) in general practice only, provision of emergency hormonal contraception for young women in communities pharmacies only, distribution of chlamydia screening kits to young women aged 15-24, and distribution of condoms under the C-Card scheme for 13-24 year olds. It is essential that the new ISHS continues to deliver in collaboration with primary care to ensure patients receive the appropriate treatment at the most appropriate place.

HIV Treatment and Care

The North Bristol NHS Trust (NBT) HIV Service is based at Southmead Hospital Bristol and is currently commissioned by NHSE. Patients diagnosed with HIV are referred to this service from ISHS, GPs, and other hospital departments. Early diagnosis and treatment has many health benefits and Unity Sexual Health is well linked in with the service. The new ISHS service will also need to be fully aligned with the NBT service to ensure that newly diagnosed patients are seen for treatment as early as possible, and also to ensure that the specific sexual health needs of this population, including those who are not engaging, are met.

Complex Abortion Service

The South West Complex Termination of Pregnancy Hub has been commissioned to provide terminations for patients with significant medical or surgical complexity. The overriding aim of the SW Hub is to ensure these patients receive this as close to home as safe and practicable. The SW Hub is hosted by NBT and funded by NHSE. It acts as a common focal point for advice and guidance and in a minority of cases, as a location for patients with the most complex factors to receive their abortion. Complex cases will initially present at general abortion services before being referred on to the SW Hub, which means it is crucial that the abortion service being recommissioned as part of the ISHS is fully aligned with the SW Hub to avoid any unnecessary delays in care.

Sexual Assault and Referral Centre (SARC)

SARCs offer medical care, emotional and psychological support, and practical help to anyone who has been raped or sexually assaulted. This service is currently commissioned by NHSE from UHBW and is called [The Bridge](#).

Maternity Services

Maternity services are commissioned by the ICB from NBT and UHBW. These services have links with ISHS in relation to antenatal screening for HIV and syphilis, which is commissioned by NHSE. Contraceptive advice, counselling and delivery is currently being piloted at both trusts.

Pathology Services

Pathology services are vital for ISHS to function effectively and are required to rapidly process STI samples and blood tests to ensure results are available as quickly as possible. In BNSSG, pathology services are provided by NHS Severn Pathology based at Southmead Hospital.

Key Challenges in Commissioning BNSSG ISHS

There are a number of challenges that our commissioning process must be responsive to in order to ensure that we procure the best possible service for our local population.

Our ISHS is funded through the ring-fenced Public Health Grant to Local Authorities from the DHSC, with BNSSG ICB providing the funding for abortion services. The Public Health Grant has been estimated by The Health Foundation to have been cut by 14% on a real term per person basis since this contract was last awarded in 2016.

There are also significant challenges locally and nationally due to the cost of living and operating crisis that show little sign of ending soon. These difficulties are in the context of unprecedented levels of inflation and the lingering impact of the COVID-19 pandemic. As a result, an immense strain has been placed on all services, including ISHS. For example, we are seeing increased pharmacy closures resulting in less community access to emergency hormonal contraception in particular for young people and a greater pressure on ISHS.

Our local assessment of sexual and reproductive needs has identified that STIs such as gonorrhoea and syphilis are increasing, as are the number of abortions. We have also had ongoing data assurance issues within the Unity service that have posed challenges to our understanding of the sexual and reproductive health needs of the local population. In addition to this, our engagement work has found that there is a need to provide more services online, particularly in light of technological improvements in e-sexual health services that accelerated in response to COVID. Online provision would improve access to ISHS for a number of people and is a key area of concern raised on many occasions by service users and health professionals. However, this must be balanced with an option to access in-person services for those that do not want to use online services or are unable to.

The Unity service can be difficult for some people to access as it is currently not offering walk-in appointments and there can be long wait times on the telephone.

The approach we are taking to commission ISHS in BNSSG is one that takes into account each of these challenges.

BNSSG Sexual Health Needs Assessment - Summary

The BNSSG Sexual Health Needs Assessment was completed in 2022. Below are some of the key issues identified in the needs assessment with updates added where more recent data is available.

STI testing and diagnoses fell during COVID but now are increasing, particularly gonorrhoea

Published outcomes data for BNSSG shows that STI testing and new diagnoses (excluding chlamydia in <25s) fell between 2019 and 2021. This reduction in new diagnoses was likely linked to the fall in testing as a result of the COVID-19 pandemic, which led to changes in sexual behaviour and access to tests. Published data for 2022 shows that there was an increase in new diagnoses, driven particularly by new chlamydia and gonorrhoea cases. Gonorrhoea rates have risen more quickly than expected and to a level greater than that seen before the pandemic, particularly in Bristol.

Gonorrhoea is used as a marker for rates of unsafe sexual activity in a population and an indicator of local burden of STIs in general. UKHSA data on the recent 2022-2023 surge in gonorrhoea cases across the South West indicates that young people aged 19-23 are particularly at risk. Enhanced surveillance undertaken by Unity Sexual Health suggests that across BNSSG young heterosexuals aged 19-23 and men who have sex with men aged 25-34 are particularly at risk.

Uptake of chlamydia screening among young women is too low

The national chlamydia screening programme now aims to reduce the harms from untreated chlamydia in young women. The chlamydia detection rate in young women aged 15-24 years old fell noticeably across BNSSG from 2019 to 2021 due to the pandemic, increasing in 2022. However, it has been lower than the England average since 2014. Given the high proportion of young women living in Bristol particularly, the low detection rate suggests poor awareness of, access to and uptake of screening.

Gonorrhoea and syphilis are most common among gay, bisexual and other men who have sex with men (GBMSM)

Chlamydia was the most common STI in BNSSG between 2017-2021. During this period, three quarters of syphilis cases were in GBMSM, as were more than half of gonorrhoea cases. Like gonorrhoea, recently there has also been an increase in syphilis cases.

New STI diagnoses in Black communities in Bristol are lower than expected for the size of the population

Nationally, new diagnoses of selected STIs in people of Black ethnicity were 2.4 times higher than in the general population, which would be expected to be reflected in the Bristol data, perhaps more so as Bristol's Black population proportion is greater (5.9%) than England's (4.2%). This data suggests that people from Black communities are either not accessing tests or are not being offered tests.

HIV testing has continued to fall in North Somerset and is low for women across BNSSG

HIV testing within sexual health services fell across BNSSG between 2019 and 2021 but increased slightly in Bristol and South Gloucestershire in 2022. North Somerset, however, saw a further decline in testing coverage from 34% in 2021 to 30% in 2022. Across BNSSG, testing coverage is very low in women particularly, ranging from 23% in North Somerset to 33% in Bristol.

The national HIV action plan aims to end new HIV transmissions by 2030, with increased testing a key pillar of the prevention plan. Locally, Bristol is an HIV Fast Track City, which aims to deliver on the national HIV action plan and the UNAIDS 95:95:95 targets.⁷ There is a focus on improving testing for the population through a number of initiatives including a pilot of STI and HIV test vending machines, of which there are four across BNSSG. In addition, there has been local lobbying of national government to release funding to high HIV prevalence areas, such as Bristol, to offer HIV and other blood borne virus opt-out testing in emergency departments, which has proven successful in emergency departments in areas of very high prevalence.⁸

The number of HIV diagnoses has fallen dramatically, as has the number of those diagnosed late but not the proportion

The number of new cases of HIV reported in BNSSG, whether diagnosed in the UK or abroad, reduced noticeably from 37 cases in 2021 to 9 cases in 2022. Similarly, the number diagnosed late in BNSSG over a rolling 3-year period has also fallen from 40 in 2019-21 to 26 in 2020-22, although the proportion has increased from 55% to 57%. The decrease in numbers newly diagnosed and diagnosed late is positive but we continue striving for zero new HIV transmissions by 2030, and to continue reducing late diagnoses and the associated risks to long-term health by ensuring HIV testing is easy to access.

LARC prescribing is recovering across BNSSG although there are barriers to LARC training

Most LARC in BNSSG is prescribed by GP surgeries. Findings from a recent GP LARC audit revealed that in 2022-23, the number of clinicians providing LARC increased on the previous two years, and that waiting times for coil and implant fits decreased on the previous year.

⁷ [201506_JC2743_Understanding_FastTrack_en.pdf \(unaid.org\)](#) (accessed 08/11/2023)

⁸ [Bloodborne viruses: opt-out testing in emergency departments - GOV.UK \(www.gov.uk\)](#) (accessed 10/11/2023)

As a result, the number of coils and implants fitted in surgeries in BNSSG in 2022-23 increased, while the number of removals decreased on the previous year. Although LARC prescribing in general practice continues to recover following the pandemic, lots of surgeries cited barriers to completing LARC training including lack of time or staff to cover whilst training.

Access to emergency coils is variable across BNSSG

Coils are the most effective form of emergency contraception. There are greater proportions of coils provided as emergency contraception in Bristol than elsewhere in BNSSG. Access to emergency coils is poor in more rural areas of BNSSG, more deprived areas, and for minoritised ethnic groups.

Condom uptake has decreased significantly amongst young people

Issuing of condoms across community and specialist services, and through the C-Card scheme, has decreased significantly across BNSSG, posing a risk to safe sex practices in terms of preventing unwanted pregnancies and STIs. This has also been impacted by increasing numbers of community pharmacy closures across BNSSG, as community pharmacies are commissioned to register young people on to the C-Card condom distribution scheme and give them free condoms.

Teenage conceptions remain low but there is variation at ward level

Teenage conceptions have fallen significantly since 2008 in BNSSG; however the most current data available appear to show signs of a slight increase in Bristol during the last two reported quarters to June 2021. Despite the low rates of teenage conceptions in BNSSG, there is variation within the Local Authority areas, with higher than England rates of under-18s conceptions found in Weston-Super-Mare South and Weston-Super-Mare Hillside wards in North Somerset, and in Filwood ward in Bristol in 2018-2020.

Young people are unaware of local sexual health services

Data from Bristol's Pupil Voice survey 2022 found that 47% of Year 10 pupils said they know where they would go if they needed a contraception/sexual health service (54% in 2019). Only 24% of all year 10 pupils were aware of local Unity Brook sexual health services (41% in 2019), and less than 10% were aware of Unity. The survey also found that, after school lessons, as young people get older they turn more to their friends instead of their parents as their main source of sexual health knowledge. However 15% of secondary school pupils found lessons on sex, relationships and STIs not useful at all. The combined role of the internet, TV and films and porn as a source of information was also high. Educating children and young people on how to prevent STIs, HIV and unplanned pregnancies, and how to access services, needs to be a key part of our prevention approach.

Provisional abortion data for the first 6 months of 2022 indicates a notable increase in the number of abortions in BNSSG

Provisional abortion statistics for the first 6 months of 2022 report that there were a total of 1,818 abortions in BNSSG between January to June 2022, of which 39% were in people under the age of 25. This 6-month total, if doubled for an indication of the possible total for the full year, suggests that BNSSG is on track to have had more than 3,600 abortions in 2022, compared to 3,069 in 2021.

There are a number of possible reasons that could result in an increase in abortions, but in particular there are concerns around access to contraception and EHC. For example, pharmacy data provides an insight into the risk behaviours of individuals seeking EHC as, across BNSSG in 2021-22, 62% of all 5,558 consultations in people aged <25 were requesting EHC after not using contraception and 30% after condom failure. Furthermore, 18% had already used EHC in the previous 3 months.

Access to specialist services is challenging

In recent public feedback about ISHS across BNSSG, collected via a survey of 643 respondents in summer 2022, 42% of all respondents were positive about staff and the service in general, but 43% had negative feedback about appointments, location of services and accessibility.

The survey findings were also echoed in a series of semi-structured interviews conducted with healthcare staff, in which there was almost universal agreement that once patients get into the Unity service they receive a high quality, safe and effective service from a multidisciplinary team that works well together. However, several significant issues were highlighted by these interviews, including that access to services is a problem particularly for the most vulnerable clients who need additional support.

Difficulties in accessing Unity include the lack of an online appointment booking system, a telephone triage service that has extensive waiting times resulting in patients not always getting through, and the ongoing closure of some community clinics affecting South Gloucestershire residents in particular.

Early Engagement

As part of the needs assessment process, a public survey was carried out to gather people's views on the current service between June and August 2022. The survey received 643 responses. In addition, 26 semi-structured interviews were carried out with health professionals and voluntary and community sector organisations working with some of the population groups at highest risk of poor sexual and reproductive health outcomes.

Key findings included that accessing ISHS was not easy with long waiting times on the telephone and no walk-in capacity. However, once people made it through these barriers,

they received a good service from the clinicians. Also, a key theme that emerged was the need to provide more sexual health services via digital (e.g. online) routes.

From July to October 2023, additional targeted community engagement has also been carried out with the following population groups at greater risk of poor sexual and reproductive health outcomes to understand better how these groups want to access ISHS:

- Homeless people
- Migrants, asylum seekers and refugees
- Drugs and alcohol service users
- Looked after children
- Disabled young people with learning difficulties
- Care-experienced young people
- People of African and Caribbean heritage
- LGBTQ+ people
- Gypsy, Roma, Travellers
- Sex workers

The specific comments and recommendations from providers and people with lived experience have been used to refine our proposed service model for these draft commissioning intentions. We have also carried out further engagement with clinicians and potential service providers to test ideas for our future service model in an iterative way.

Our Commissioning Approach

How We Make Decisions

A Joint Commissioning Group (JCG) was formed in 2017 in line with the start of the current ISHS contract and is made-up of representatives from BNSSG and BaNES Councils and BNSSG ICB. The JCG is responsible for the performance management and quality assurance of the current provider, managing the pooled budget, making decisions on the recommissioning of services and ensuring these services meet the needs of service users within available budgets.

The BNSSG JCG oversee the delivery of the commissioning process reporting into the BNSSG Recommissioning Board. The Board then reports into the BNSSG Sexual Health Oversight Group, a director-level group overseeing the provision of sexual and reproductive health services (both ISHS and primary care) across BNSSG.

Oversight at a health and social care system level is via the Community Health and Care Improvement Group, which consists of a collaboration of BNSSG ICS senior leaders. Their primary responsibility is to drive improvements in ICS activity to deliver the ICS Strategy and the Joint Forward Plan (JFP).

Each partner organisation of the JCG has approved the decision to collaboratively procure and award a new ISHS contract from 1 April 2025.

Our Commissioning Framework

The ISHS services for BNSSG will be commissioned and procured jointly by the JCG with Bristol City Council acting as Lead Commissioner. As a result, and as agreed by the JCG partner organisations, the commissioning process will follow Bristol City Council’s Enabling Commissioning Framework.

This is the agreed four stage commissioning cycle that has been adapted from the Institute for Public Care Joint Commissioning Model. The approach will enable Bristol City Council as Lead Commissioner to comply with European Union (EU) procurement law and UK Public Contract Regulations 2015 and provide assurance to the JCG that it is commissioning services in line with best practice (Fig.1).

It is important to note that the Provider Selection Regime is expected to come into effect on 1st January 2024, and any new commissioning processes starting on or after this date will have to follow the new regulations. Further advice is being sought from procurement and legal teams to understand whether this will impact our commissioning process.

Figure 1: Bristol City Council Enabling Commissioning Framework



Financial Envelope For Commissioning

The expected annual value available for services is around **£8.5 million** per annum for a period of ten years. The funding available for these services comes from the Local Authorities' annual ringfenced Public Health Grant that is used to fund our public health functions, including sexual and reproductive health services, as well as funding from the ICB for abortion services.

The amount of future funding allocated to Local Authorities in England is not guaranteed and will continue to be subject to ongoing spending review by Central Government. The Public Health Grant is currently ringfenced but there is no guarantee that this will continue for the period of the contract.

Similarly, the funding allocation for ICBs is given annually in totality and is required to cover all aspects of healthcare provision for the BNSSG population. The funding level is not guaranteed at a macro level or specifically for abortion services.

Key Principles Of Service Delivery

Our new BNSSG integrated sexual health services will:

- ✓ Improve the sexual and reproductive health outcomes of the BNSSG population by addressing the inequalities experienced by the most vulnerable groups and encouraging diversity and inclusion among service users and staff.
- ✓ Have a clear focus on promoting good sexual health and preventing STIs and unplanned pregnancies.
- ✓ Make best use of digital technology to efficiently deliver interventions and to communicate with service users and health professionals.
- ✓ Be of high-quality and safe, offering good value for money and underpinned by a culture of evidence-based practice.
- ✓ Be welcoming, culturally appropriate, and sensitive to the historical and current injustices that some of our communities have experienced and may continue to experience.
- ✓ Provide seamless and swift access to services, especially for those on multi-provider pathways.
- ✓ Be trauma informed and protect vulnerable children and adults through appropriate safeguarding responses.
- ✓ Enable commissioners and providers to work together in a collaborative, open and honest way.
- ✓ Cultivate and diversify the future workforce with a view to ensuring that it reflects the diversity of the service user population.
- ✓ Be prudent with resources and proactive in reducing waste and the impact of service delivery on the environment.

- ✓ Ensure that service users' views are central to and considered in delivery, and that service changes are co-developed with the people who will use them.
- ✓ Offer confidential and open access services. This means that people who want to use services anonymously and do not want to give their name, address or other personal details cannot be denied access to services. There is a longstanding recognition of the particularly sensitive nature of the information collected by these services and an equally longstanding commitment to ensuring that the uptake of services is not undermined by concerns about the confidentiality of service provision.

What We Have Done and What We Will Do

Current issues and context	<ul style="list-style-type: none"> • Conducted a comprehensive sexual health needs assessment to identify unmet need and gaps in current service provision. • Obtained the views of providers, service users and health professionals on what is and is not working with the current service.
Understanding the drivers	<ul style="list-style-type: none"> • Considered the funding available and the potential risks in relation to future funding settlements. • Considered relevant policy documents and changes
Applying the evidence	<ul style="list-style-type: none"> • Reviewed the national guidance on the delivery of ISHS. • Reviewed the implications of the findings in the sexual health needs assessment. • Considered the best commissioning and procurement approaches that are suitable for our proposed approach. • Reviewed how other Local Authorities and organisations commission ISHS for their populations. • Obtained the views of at risk groups on how they want to access ISHS. • Established a provider consultation group with which to test ideas for our proposed service model
Consultation	<ul style="list-style-type: none"> • We are holding a public consultation to share our draft commissioning intentions with stakeholders to seek their view on our proposals. • We will hold market engagement events with potential providers.

Proposed Commissioning Model

Who Is The Service For?

In line with [best practice guidance for Local Authorities on commissioning sexual health services](#), in-person sexual health clinics are provided for free and as an open-access service. This means that the clinics provided in BNSSG are for anyone to use and access cannot be restricted only to people who can prove that they live in the area, or who are registered with a local GP, or who are referred by a local GP, or on other grounds such as that they are an overseas national or are just visiting the local area.

The provision of online services, such as ordering a postal test kit, is limited to the resident population that the ISHS as a whole is commissioned for. Eligibility for using online services is determined at the start of the triage process, and if ineligible the individual will be advised of this and signposted to services that are local to them.

Recommendations Underpinning Proposed New Service Model

Based on feedback from our early engagement and findings from our needs assessment, we have identified the following key recommendations from residents and professionals that have guided the development of our proposed plans.

- Raise awareness and visibility of services.
- Increase access to services, particularly via online routes.
- Scale up prevention and health promotion.
- Support vulnerable people to access services and provide outreach to at risk communities who do not currently feel our services are accessible to them.
- Improve integration of services and system working towards a shared vision.
- Provide culturally sensitive and welcoming services that acknowledge the diversity of ethnicities, identities and lived experiences of the BNSSG population.
- Increase service user engagement and involvement to ensure that service user views are central to service delivery, and that changes to the service are co-designed and developed with the people who will use them.
- Improve and increase partner notification and treatment.

Key Relationships

Some of the key partners that the provider(s) must work closely with should include, but not be limited to:

- Service users
- Schools, colleges and universities, family hubs, youth services
- Community services including school nursing, health visiting, drug and alcohol services, homeless services, asylum seeker and refugee services,
- Hospitals, for example HIV, maternity, hepatology, emergency department, ophthalmology, dermatology and gynaecology services

- HIV support services
- Primary care services, locality partnerships
- Social care including safeguarding teams
- Lived expertise organisations, for example services for sex workers and care-experienced young people
- Domestic violence services, sexual assault referral centres, and other services for victims of rape, sexual assault and female genital mutilation
- Research institutions
- UKHSA and OHID

Proposed Key Service Outcomes

In line with the new national service specification for integrated sexual health services, the proposed new service will support delivery against the 5 main sexual health Public Health Outcomes Framework measures:

- ✓ Reduce under 18 conceptions
- ✓ Improve chlamydia detection rate
- ✓ Reduce new STIs diagnosis (excluding chlamydia in the under 25s)
- ✓ Increase prescribing of LARC excluding injections (females aged 15 to 44)
- ✓ Reduce the number and proportion of people presenting with HIV at a late stage of infection

We are also committed to achieving the national target in the [HIV Action Plan for England](#) to end new diagnoses of HIV by 2030.

In addition, the service will deliver the following outcomes to improve sexual health in the local population and be responsive to changing local needs:

- ✓ Clear, accessible, and up-to-date information in a range of formats and languages, including social media, about services providing contraception and sexual health services for the whole population, including preventative information targeted at those at highest risk of sexual ill health
- ✓ Increased uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods (including LARC) for all age groups
- ✓ A reduction in unplanned pregnancies in all ages as evidenced by teenage conception and repeat abortion rates
- ✓ Improved access to services among those at highest risk of sexual and reproductive ill health
- ✓ Reduced sexual and reproductive health inequalities among young people and other at risk populations
- ✓ Increased timely diagnosis and effective management of STIs and blood borne viruses (BBVs)
- ✓ Repeat and frequent STI testing of those that remain at risk

- ✓ Increased uptake of HIV testing with particular emphasis on first time service users and repeat testing of those that remain at risk
- ✓ Improved access to HIV PrEP among those at highest risk of HIV infection
- ✓ Reduce late HIV diagnosis and improve uptake of partner notification
- ✓ Increase availability of condoms and adoption of safer sex practices
- ✓ Ensure service user consultation and involvement

Expectations Of Each Delivery Strand

Our proposed service model is broken down in to four strands, which are described in more detail below. The following are some overarching expectations that will apply to each service strand. All providers will:

- Work collaboratively with each other and the JCG as a necessity to ensure the smooth running of the entire ISHS and to deliver on all expected data and quality requirements.
- Prioritise a continuous cycle of engagement and feedback with service users and those who may experience barriers to access.

Open Access Online Prevention and Treatment Service (Digital Service)

We propose to commission an online front door to our ISHS that:

- Will offer a point of entry to the whole ISHS, including abortion services using sophisticated digital (online) technology with telephone support as needed.
- Will take service users through a comprehensive, tested and safe triage process, (including a robust inbuilt safeguarding protocol). Service users will be triaged into appropriate pathways depending on the nature and urgency of the issue.
- Will allow service users to access a range of services online, which may include self-sampling STI and HIV test kits, STI treatment, contraception, pregnancy test kits, abortion services, PrEP, C-Card registration, and free condoms, which can either be collected locally or delivered in the post.
- Will provide rapid STI testing utilising high quality pathology services
- Will support service users diagnosed with STIs to undertake partner notification using tested digital approaches.
- Will provide online C-Card registration for young people
- Will enable service users who need or request it to book directly into face-to-face community sexual health clinics (outlined further in clinical service strand below).
- In conjunction with the community clinical service, will enable or provide telephone/video consultations for those triaged via the online route.
- Will build primary prevention into the service with accessible and up to date information and sexual health promotion messaging and signposting.
- Will support the development and dissemination of integrated communications and marketing resources through the online platform.

- Will provide a fully interoperable electronic patient record that seamlessly connects a service user's health record along the whole ISHS pathway.
- Will ensure robust clinical and information governance systems are in place and the service is reporting to mandatory national datasets (e.g. timely reporting of data to GUMCAD, SRHAD and CTAD).

Open Access Community Prevention and Treatment Service (Clinical Service)

We propose to commission a community based ISHS that:

- Will provide an alternative point of entry to the ISHS, including abortion services, for those that cannot use the online front door (e.g. if additional support is required or the service user has no internet access or computer/smart device).
- Will locate community-based clinics in all localities in Bristol, North Somerset and South Gloucestershire according to need.
- Will offer face to face booked appointments via the online service and walk-in appointments.
- Will be committed to prevention through proactively promoting safe sexual practices including the use of condoms, regular testing and effective contraception.
- Will provide rapid STI and HIV testing, and treatment of routine/complex infections (utilising rapid microscopy and pathology laboratory services).
- In conjunction with the online service, will ensure those diagnosed with STIs are supported to undertake partner notification.
- Will provide the full range of contraceptives to service users, including emergency coils, managing routine and complex LARC fits and removals.
- Will encourage and offer opportunistic cervical screening and relevant vaccinations.
- Will provide domestic and sexual violence and safeguarding screening and referral.
- Will provide HIV prevention including pre-exposure prophylaxis (PrEP) initiation and continuation services in conjunction with the online service.
- Will provide clinical expertise in sexual and reproductive health and HIV to the HIV treatment service, subject to local negotiations.
- Will work in conjunction with the online service provider to support the provision of telephone/video advice and consultation.
- Will work with the community engagement service (see next section) and provide clinical outreach as required.
- Will provide assessment for the sexual aspects of psychosexual problems and referral to counselling.
- Will provide pre-conception advice as appropriate.
- Will provide expert clinical input into the emerging women's health hubs.
- Will support the development and dissemination of integrated communications messaging and marketing resources.

- Will promote evidence-based practice in sexual health (including participation in audit, service evaluation and research) and engage with professional bodies and other organisations to stay informed of the latest developments.
- Will provide clinical expertise, clinical leadership, governance and safeguarding oversight and leadership for the whole local sexual and reproductive health system.
- Will provide timely clinical training to healthcare professionals and students across the whole system including primary care and maternity services.
- Will provide a fully interoperable electronic patient record that seamlessly connects a service user's health record along the whole ISHS pathway.
- Will provide expert clinical advisory services for all providers including primary care.
- Will be alert to outbreaks of STIs and lead on the clinical aspects of outbreak management where relevant in conjunction with UKHSA, Local Authorities and other partners.

Prevention, Health Promotion and Community Engagement Service

We propose to commission a dedicated prevention, health promotion and community engagement service that:

- Will lead on the system provision of prevention advice, including on safer sex, healthy relationships, preventing STI transmission and unplanned pregnancies with a focus on those at greatest risk of poor sexual and reproductive health outcomes, for example young people, minoritised ethnic groups and those living in more economically deprived areas.
- Will have a dedicated and expert communications, public relations and social marketing lead with expertise in social media to develop BNSSG-wide campaigns and tailored health promotion and prevention messaging to raise awareness of sexual and reproductive health and HIV, with the support of the other work streams and in conjunction with service users.
- Will lead service user input, peer support, and volunteer engagement and management, for the system.
- Will work directly with communities disproportionately impacted by poor sexual and reproductive health including African and Caribbean heritage communities, LGBTQ+, sex workers, asylum seekers and refugees, homeless people, and drugs and alcohol service users utilising community development approaches.
- Will work with the community clinical service to identify need and provide outreach sexual health services.
- Will work with voluntary, community and social enterprise organisations to improve pathways to a range of holistic support for individuals accessing ISHS with multiple needs.
- Will work with the HIV treatment services to provide wellbeing support and advice to people living with HIV.

- Will support Bristol residents who are not engaged in treatment, and link with appropriate services in North Somerset and South Gloucestershire.
- Will take the lead on work to address HIV stigma in Bristol and contribute to the leadership and delivery of Bristol HIV Fast Track Cities.
- Will provide training for other professionals (such as teachers, youth workers, GP practice staff, pharmacists) on how to sensitively engage in meaningful discussions about sexual and reproductive health and how to tailor these conversations.

Abortion and Prevention Service

We propose to commission an abortion and prevention service that:

- Will provide rapid access via the online service, telephone and walk-in appointments.
- Will provide support and appropriate referral as required to women to enable them to make an informed pregnancy choice.
- Will provide abortion care as close to home as service users would receive when accessing other pregnancy services (such as for miscarriage or obstetric care).
- Will provide proactive prevention advice including about contraception such as LARC and post-abortion contraception, unplanned pregnancies, and how to avoid getting and transmitting STIs.
- Will provide medical or surgical abortion up to 24 weeks' gestation.
- Will give service users the opportunity to undertake the abortion at home for early medical abortion.
- Will ensure that surgical abortion is available at all gestations up to 24 weeks, with availability of local anaesthesia, conscious sedation and general anaesthesia.
- Will work with the South West Complex Termination of Pregnancy Hub to ensure that complex patients have access to appropriate care.
- Will offer all service users STI and HIV testing.
- Will ensure that all service users can receive their preferred method of contraception at the time of their abortion, or very soon after, including those who choose to have their abortion at home.
- Will provide domestic and sexual violence and safeguarding screening and referral as required.
- Will support the development and dissemination of integrated communications messaging and marketing resources.

Lotting And Allocation Of Resources

The JCG has sought opinion on the commissioning process and concluded that a competitive tender process is the most appropriate method to procure the new ISHS. Our intention is to procure the service using an Open Procedure so that any interested service provider will be provided with tender documentation and can bid, and all bids once submitted are final. We are, however, aware that the new Provider Selection Regime regulations are expected to come into effect from 1st January 2024, although this is pending Parliamentary approval. All

new commissioning processes beginning on or after 1st January 2024 must follow the new regulations. Further advice is being sought from procurement and legal teams to understand whether this will impact our commissioning process.

Sometimes when the Council procures services for external suppliers we break down what we want to buy into separate ‘lots’ which different providers can bid for. The table below compares the advantages and risks of one single contract to multiple lots for our recommissioning scenario. We acknowledge that there may be other hybrid options that are not considered here.

Lots	Potential advantages	Potential risks
A single lot for whole ISHS including all services in scope – with one lead service provider	<ul style="list-style-type: none"> • Simplifies commissioner/provider relationship • Joined up services • Cost efficient • Still allows for localisation and more intensive support in high need areas • Potential economy of scale 	<ul style="list-style-type: none"> • Too centralised • Increased risk of performance failure “all eggs in one basket” • Less flexibility in changing programme emphasis • May shut some suppliers out of the market
Multiple lots for different functions of the ISHS	<ul style="list-style-type: none"> • May attract a wider range of smaller providers • Spreads the risk • May support diverse approaches and innovation 	<ul style="list-style-type: none"> • May reduce competition if small lots unattractive to providers • Increased contract management • Risk that providers may not work well together • Risk that it becomes less affordable

Our proposal is to commission each of the four strands of the new service model as separate lots for the different functions of the ISHS. This is to enable a diverse approach to the delivery of the different elements of the sexual and reproductive health service by opening up opportunities to small providers, this also ensures that the commissioners have a clear and transparent oversight of service activity and spend.

In order to mitigate any potential risks of using this approach, there will be a requirement for all providers to agree how they will work collaboratively together.

Providers will have the opportunity to bid for more than one lot, and within each lot there may be a collaborative arrangement of providers. Guidance on how to achieve this will be outlined in the tender documents released to suppliers when bidding.

We will require the provider to ensure that there will be a presence/visibility in locality areas.

Our proposed timeline

- Public Consultation – 4 December 2023 to 28 January 2024
- Tender launch – 15 April 2024
- Tender close – 9 June 2024
- Notification of decision – 1 September 2024
- Contract award – 1 October 2024
- Service start date – 1 April 2025

Draft

Appendix A – Glossary Of Terms

Term	Definition
AIDS	Acquired immunodeficiency syndrome
BaNES	Bath and Northeast Somerset
BNSSG	Bristol, North Somerset and South Gloucestershire
CCG	Clinical Commissioning Group (now replaced by ICBs)
Commissioning	The Local Government Association’s National Procurement Strategy for Local Government in England 2014 recognises that procurement is a core part of a commissioning cycle. It defines commissioning as <i>‘the process of ensuring that outcomes identified in the council’s needs analysis, are delivered through the right service, and the right models of delivery whether public, private or other sectors through voluntary service sector, or through social enterprises.’</i> Commissioning includes contract monitoring and evaluating services provided to ascertain their impact on improvement.
EHC	Emergency hormonal contraception
GBMSM	Gay, bisexual or other men who have sex with men
GUM	Genito-urinary medicine
HIV	Human immunodeficiency virus
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
ISHS	Integrated sexual health services (which includes abortion services for BNSSG)
JCG	Joint Commissioning Group
JSNA	Joint strategic needs assessment
LARC	Long-acting reversible contraception
PCN	Primary Care Network
PrEP	Pre-exposure prophylaxis – taken to prevent the transmission of HIV by those at highest risk of contracting it
Procurement	According to the Local Government Association’s National Procurement Strategy for Local Government in England 2014, procurement is: <i>‘The process of acquiring goods, works and services. It includes acquisition from third parties and also from in-house providers. The process spans the whole cycle from identification of needs, through to the end of a service contract or the end of a useful life of an asset. It involves early stakeholder engagement, assessing the impact on relationships and linkages with services internally and externally, options appraisal and the critical ‘make or buy’ decision [which may result in the provision of services in-house in appropriate circumstances] and determining the appropriate procurement strategy and route to market.’</i>
STI	Sexually transmitted infection