SCHEDULE 2

Sexual Health Specification

2019 to 2024
(with the option to extend for two 12 month periods to 2026)

Contents

Definitions

Definitions within this service specification are defined below:

Term	Definition
Commissioner(s)	The commissioning organisation and lead is Cheshire East Borough Council. The Commissioners include authorised representatives of the Council including the Contract Manager.
Lead Provider/ Provider	Refers to the Provider who is responsible for the management, coordination, provision and delivery of the Service.
Provider Partners	Refers to the partners of the Provider (if any) that shall be providing the Service in this specification in collaboration or partnership with the Provider
The Service	The Integrated Sexual Health Service to be provided by the Provider in accordance with this service specification

1.0 Introduction and Context

1.1 Introduction

Cheshire East Council seeks to commission a Lead Provider for the management, coordination and provision of an Integrated Sexual Health Service primarily for the residents of the Borough of Cheshire East. The Service will be managed by one single Provider who may deliver the service through a series of sub-contracts or partnership arrangements.

The Service will:

- Aim to build an open culture where everyone is able to make informed and responsible choices about relationships and sex;
- Take the lead in reducing health inequalities and improving sexual health outcomes;
- Play a key role in delivering both preventative and treatment interventions that will allow people to make informed decisions about relationships, sex and reproductive health, building personal resilience and promoting healthy choices;
- Aim to improve sexual health by delivering a range of interventions across the life course, with a focus on community based preventative services that will reduce the demand on specialist services;
- Provide open and easy access to evidence-based, cost-effective, high quality contraception and prevention services as well as the diagnosis and management of sexually transmitted infections;
- Deliver both clinic based activity and outreach, and will identify targeted locations and convenient times to ensure that high risk groups are supported to achieve good sexual health;
- Ensure that it provides equitable access to services across the geography of Cheshire East.

1.2 Service Delivery Outcomes

The Service will support service delivery against the three, main sexual health Public Health Outcome Framework measures:

- Under 18 yrs. conceptions
- Chlamydia detection (15-24 yrs.)
- People presenting with HIV at a late stage of infection

In addition, it will deliver the following outcomes to improve the sexual health in the local population as a whole, with all work based on local needs assessments to recognise risk changes in the population:

- Early diagnosis and treatment of sexually transmitted infections and prevention of onwards transmission, including providing opportunistic Chlamydia screening for asymptomatic 15 to 24 year olds and early identification of HIV;
- Reducing unintended/unplanned pregnancies;

- Reducing health inequalities.

1.3 The Service to be delivered

The service will provide the following core elements as a minimum (more detail is contained in section 3 below):

- Self-management and care support;
- Provision of sexual health promotion, information and advice;
- Basic and intermediate care (level 1 & 2) Sexual Health Services;
- Complex (level 3) Sexual Health Services;
- A digital service offer, through which service users can access appointments, order self sampling kits or condoms and receive information and advice as a minimum;
- Work with Pharmacy Services to support the management and expansion of Emergency Hormonal Contraception (EHC) and 'Quick Start' programmes to enable service users to access a range of additional services
- Work with General Practices (GP) to improve access to services in primary care, in the management and expansion of Long Acting Reversible Contraception (LARC) provision;
- Verification and payment of invoices for open access genito-urinary medicine services delivered to Cheshire East residents by other Sexual Health providers outside of Cheshire East.
- Delivery of a HIV prevention and support service to deliver clinical interventions, testing and outreach activity for high risk groups;
- Work with the NHS England commissioned HIV treatment services to ensure seamless care for service users;
- Provision of services for young people that promote contraception and sexual health and include the delivery of sex and relationship education sessions and outreach interventions;
- The delivery of a young person specific clinical offer, based on local need, which will be co-produced by young people to ensure maximum accessibility and effectiveness;
- Provide training and development opportunities to staff and to partners to support an increase in public health capacity and workforce development;
- Support the delivery of the NHS England Cervical Screening and HPV for MSM programmes.

The above list is not exhaustive. The Service will be expected to operate as the leader in the sexual health economy across Cheshire East, providing clinical leadership, expertise within local networks and develop clear referral pathways between providers of services.

1.4 Service Vision

The Council's vision is to empower all people living in Cheshire East to enjoy positive sexual health and wellbeing.

The Integrated Sexual Health Service will improve sexual health by delivering a range of interventions across the life course with a focused direction of travel towards prevention, building resilience and self-esteem, along with consistently promoting healthy choices. The Service will

provide open and easy access, cost-effective, high-quality provision for contraception and prevention, diagnosis and management of sexually transmitted infections (including HIV), according to evidence-based protocols.

Access to the Service shall be available through various channels, including a digital and clinic offer, in order to effectively respond to the need across the borough and take into account inequalities. The Service will need to have approaches for specific client groups as detailed in the Service Specification with an emphasis on prevention and early intervention and reducing risky behaviour wherever possible.

Working in partnership with the Council the Provider will develop an excellent service that responds to the needs of the local population and is able to develop effective treatment pathways which are aligned to the work underway across Cheshire and Merseyside by Council, NHSE and CCG commissioners.

The Provider will be able to demonstrate improved outcomes for Service Users to the commissioner through clear and timely reporting.

1.5 Overall aims and purpose of the service

The purpose of the Service is to provide a range of clinical and non clinical interventions that enable people to experience healthy sexual relationships.

The Service will have a focus on prevention to meet the needs of the local population within the borough and will aim to minimise the need for residents to travel out of the area. The Service will also aim to improve education, prevention, testing, treatment and support services and be responsive to a changing environment of sexual health and relationship needs.

1.6 National and Local Policy

Sexual health and wellbeing is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its publication, A Framework for Sexual Health Improvement in England[1]

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and Sexually Transmitted Infections (STI's), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups (BME). Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

An Integrated Sexual Health Service model aims to improve sexual health and wellbeing by providing easy access to services through open access, where the majority of sexual health and

[1] https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

contraceptive needs can be met at one site, often by one health professional, in services with extended opening hours and accessible locations.

The provision of integrated sexual health services is supported by current accredited training programmes and guidance from relevant professional bodies including Faculty of Sexual and Reproductive Health (FSRH), British Association for Sexual Health and HIV (BASHH), British HIV Association (BHIVA), Royal College of Obstetricians and Gynaecologists (RCOG) and National Institute of Clinical Excellence (NICE) and relevant national policy and guidance issued by the Department of Health (DH) and Public Health England (PHE).

The Provider must ensure commissioned services are in accordance with this evidence base and in line with current national guidance.

The 2013 Framework for Sexual Health Improvement in England highlights a commitment to work towards an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services (including for STIs, contraception, abortion, health promotion and prevention).

Local Authorities are mandated to commission comprehensive open access sexual health services[2] (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). The Department of Health has produced guidance to assist Local Authorities to commission these and other sexual health interventions[3]. It is an expectation that services may also provide diagnosis and treatment for non-STI conditions such as the management of candida, bacterial vaginosis, urinary tract infections, molluscum contagiosum, balanitis, and vulval conditions etc. where clinically indicated or signpost to other services as required.

It is recognised that with the latest NHS reforms, providers of integrated sexual health services will need to work collaboratively across a number of organisations responsible for commissioning different elements of care; currently for the Cheshire East service the key commissioners are – Cheshire East Council, NHS England, NHS Eastern Cheshire Clinical Commissioning Group, and NHS South Cheshire Clinical Commissioning Group.

Evidence demonstrates that spending on sexual health interventions and services is cost effective:

- For every £1 spent on contraception £11.09 is saved in other health care costs;
- The provision of contraception saves the NHS £6.2 billion in healthcare costs per annum;
- NICE clinical guideline CG30 demonstrates that long acting reversible contraception (LARC) is more cost effective than condoms and the pill, and if more women chose and retained these methods there would be cost savings;
- Early testing and diagnosis of HIV reduces treatment costs by approximately £12,600 per patient compared to double that for a later diagnosis;

[2] http://www.legislation.gov.uk/uksi/2013/351/contents/made
[3] https://www.gov.uk/government/consultations/making-it-work-a-guide-to-whole-system-commissioning-for-sexual-and-reproductive-health-and-hiv

- Early access to HIV treatment significantly reduces the risk of HIV transmission to an uninfected person;
- Work in South West England demonstrated that improvements in the rates of partner notification resulted in a reduced cost per chlamydia infection detected;
- Addressing teenage pregnancy can save money, with £4 saved in welfare costs for every £1 spent. Furthermore, every young mother who returns to Education, Employment & Training (EET) saves agencies £4,500 a year and for every child prevented from going into care, social services would save on average £65,000 a year.

At a local level the commissioning of the Integrated Sexual Health Service will contribute towards the Council's Corporate Vision for 2025 that:

"The gap in health inequalities will be substantially reduced and fewer people will be disadvantaged as a result of where they live or their household income[4]."

It will also contribute towards the following Outcomes from the Borough's Health and Wellbeing Strategy:

Outcome One: Create a place that supports health and wellbeing for everyone living in Cheshire East
Outcome Two: Improve the mental health and wellbeing of people living and working in Cheshire East
Outcome Three: Enable more people to live well for longer[5]

1.7 The commissioning landscape

Local Authority Public Health teams have a lead role in co-ordinating efforts to protect and improve the health of their local populations. They also arrange for the provision of mandated sexual health services for the local population including HIV/STI testing services; STI treatment services (excluding HIV treatment) and contraception services on an open-access basis in line with requirements set out in Local Authorities (Public Health Functions) Regulations 2013.[6] These include:

- Contraception services;
- Advice on preventing unintended pregnancy;
- HIV/STI testing services, STI treatment services (excluding HIV treatment), and including Chlamydia Screening as part of the National Chlamydia Screening Programme (NCSP);
- Sexual Health aspects of psychosexual counselling.

[4] Ambition for All Cheshire East's Sustainable Community Strategy 2010 to 2025
https://moderngov.cheshireeast.gov.uk/documents/s7928/Supplement%20to%20CommunityStrategy%20Report.pdf
[5] The Joint Health and Wellbeing Strategy for the population of Cheshire East 2018-2021
[6] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013
http://www.legislation.gov.uk/uksi/2013/351/contents/made

Local authorities can choose to commission HIV prevention and sexual health support services and related programmes. These are not mandated however the expectation is that these will be part of the commissioned Integrated Sexual Health Service.

By working together, Commissioners will ensure an integrated seamless care pathway across the full range of sexual health services, including those not directly commissioned by Public Health. This will be crucial in ensuring that collectively we improve the sexual health and wider health and wellbeing of our local population. Making it Work September 2014, revised March 2015, provides the complete guidance on sexual health commissioning responsibilities[7].

Clinical Commissioning Groups
Clinical Commissioning Groups (CCGs) are responsible for commissioning:

- Most abortion services
- Female sterilisation
- Vasectomy
- Non-sexual-health elements of psychosexual health services
- Intrauterine systems for non-contraceptive purposes.
- HIV testing when clinically indicated in CCG commissioned services (including A&E and other hospital departments)

NHS England
NHS England is responsible for commissioning:

- Contraception provided under the terms of the General Practice contract (NB - This element is now overseen by many CCGs);
- HIV treatment and care (including drug costs for Post Exposure Prophylaxis after Sexual Exposure to HIV [PEPSE]);
- Testing and treatment for STIs (including HIV testing) in General Practice when clinically indicated or requested by individual patients;
- All sexual health elements of healthcare in secure and detained settings;
- Sexual assault referral centres;
- Cervical screening in a range of settings;
- Specialist foetal medicine services;
- NHS Infectious diseases in Pregnancy Screening Programme including antenatal screening for HIV, syphilis and hepatitis B

1.8 Service Demand

In 2017 there were 18,538 attendances by Cheshire East residents at local Integrated Sexual Health Services.

[7] Making it work A guide to whole system commissioning for sexual health, reproductive health and HIV, Public Health England, September 2014 (revised March 2015)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf

For 2017/18, pharmacies delivered 3,261 consultations for Emergency Hormonal Contraception and GPs provided 1,695 IUCDs or Hormonal Contraceptive Implants.

More information about activity levels is included in the Integrated Sexual Health Service Information for Bidders document.

1.9 Need for the Service

Contextual information about the population of Cheshire East can be found in the Supporting Information slides published with this specification.

The Council last updated the Sexual Health pages of its Joint Strategic Needs Assessment in 2014 (see link below for latest chapters)
https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/starting_and_developing_well.aspx#SexualHealth

The information below are key points from Public Health England's Sexual and Reproductive Health Profiles unless otherwise stated. Further information can be found on the profiles at https://fingertips.phe.org.uk/profile/SEXUALHEALTH

Sexually Transmitted Infections

- In 2017 the chlamydia detection rate for people aged below 15 to 24 was 2,170 per 100,000 people within this age group. This is below the recommended national target of 2,300 per 100,000 set by the National Chlamydia Screening Programme but compares favourably with the England rate of 1,882 per 100,000 15 to 24 year olds.
- For the same period the diagnostic rates for syphilis and gonorrhoea were relatively low at 3.4 per 100,000 population for syphilis compared with 12.5 for England and 10.9 for the North West and 24.4 per 100,000 for gonorrhoea compared with a rate of 78.8 for England and 64.0 for the North West.
- The Local Authority HIV, sexual and reproductive health epidemiology report (LASER) produced by Public Health England reveals that in 2016 there were a total of 1,874 new STI diagnoses in Cheshire East, a rate of 499.2 per 100,000 residents compared to 750 per 100,000 in England.
- The report also found that 56% of new STI diagnoses were from young people aged between 15 and 24 (compared with 51% nationally) and that for cases in men where sexual orientation was known, 20% were among gay, bisexual and other men who have sex with men.

HIV

- In 2017 Cheshire East had a prevalence rate of 0.95 diagnosed cases of HIV per 1,000 population aged 15-59 years compared to a rate of 2.32 per 1,000 in England.
- HIV late diagnosis is currently 32.1% compared to a national late diagnosis rate of 41.1%.
- In 2017, testing coverage for HIV (i.e. the proportion of eligible new attendees of specialist sexual health services) was 58.7% of attendances. The rate for England was 65.7%.

Teenage Pregnancy

- The Borough has a relatively low rate of teenage conceptions. In 2016, there were 15.5 conceptions per 1,000 women aged 15-17 compared to a rate of 18.8 in England and 22.3 in North West England.
- While overall there has been a downward trend in the number of teenage conceptions over recent years, data from the Office for National Statistics suggests an increase of 33.6% between 2016 and 2017 for Cheshire East. The North West was the only region to show an increase, at 8.8% overall.
- Data from the Sexual and Reproductive Health profiles suggests that teenage conceptions in Cheshire East are more likely to result in termination of pregnancy – 61.2% of under 18 conceptions in 2016 resulted in abortion compared to 51.8% in England and 51.7% in North West England.

Reproductive Health

In 2016:

- 884 abortions were performed on females from Cheshire East, equivalent to a rate of 14.2 per 1,000 females aged 15-44. This is lower than the national rate of 16.7 per 100,000. Of those women aged under 25 who had an abortion in that year, the proportion who had had a previous abortion was 20.2% in Cheshire East, while in England the proportion was 26.7%.
- Total prescribed long acting reversible contraception (LARC) excluding injections was 47.3 per 1,000 women aged 15 to 44 years. England has a rate of 46.4. This includes LARC prescribed at GPs and Sexual and Reproductive Health Services.

1.10 Key Challenges

Key challenges over the lifetime of the contract are:

- Reducing health inequalities across the Borough with a particular focus on addressing geographical differences in the level of teenage pregnancies;
- Balancing the requirement to offer a universal service for all persons present in the Borough with the need to address geographical inequalities and the sexual health needs of high risk groups;
- Achieving an appropriate balance of routine and repeat contraception and clinically indicated STI screening provided in primary care with the provision of a specialist Integrated Sexual Health Service;
- The need to seek innovative approaches to meet increasing demands of the Service within a limited budget;
- The development of preventative and self help approaches to help stem service demand;
- Ensuring that Service Users have the opportunity to influence service design and delivery;
- The need to develop effective Service User pathways with related services.

2.0 Service aims and outcomes

2.1 Locally agreed aims, objectives and outcomes

The Provider will support delivery against the three main sexual health Public Health Outcomes Frameworks measures[8] [9]:

- Under 18 conceptions
- Chlamydia detection (15-24 year olds)
- People presenting with HIV at a late stage of infection

In addition, the Service will deliver the following outcomes to improve sexual health in the local population as a whole but also based on the local needs assessment will recognise and respond to risk changes in the population.

Sexual and Reproductive Health (SRH) services must provide:

- Clear, accessible and up to date information 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 Long Acting Reversible Contraceptive (LARC) for all age groups;
- A reduction in unplanned pregnancies in all ages and in particular those under 18 as evidenced by teenage conception and teenage and all age abortion rates.

Sexually Transmitted Infection (STI) services must provide:

- Improved access to services amongst those at highest risk of sexual ill health;
- Improved access to services from men, particularly young men;
- Reduced sexual health inequalities amongst young people and young adults;
- Increased timely diagnosis and effective management of sexually transmitted infections and blood borne viruses;
- Increased uptake of partner notification;
- Increased availability of condoms and safer sex practices;
- Improved chlamydia detection rates amongst young people aged 15 to 24.

HIV services must provide:

- 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 contact tracing;
- Improvement in levels of early diagnosis.

[8] https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019
[9] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

As a whole the Service must provide:

- Increased development of evidence-based practice;
- Improved opportunities for patient consultation, involvement in service development and co-production of services;
- Improved pathways to related services such as termination of pregnancy and domestic violence services;
- Reduced gap in health inequalities;
- Maintenance of research governance and other necessary arrangements to participate in trials e.g. PrEP impact trial;
- Ensure that participants receive continued support to be able to access trials through the commissioned service in the event of the service being re-tendered.

Commissioners should work collaboratively with Provider(s) to determine the most effective mechanisms by which to measure these outcomes. Suggested outcome measures should be based on local needs assessments and identified areas within the Joint Strategic Needs Assessment (JSNA). Quality Outcome Indicators from the integrated National Service specification are included in the Performance Monitoring Framework (PMF) at Schedule 4.

2.2 Priority Groups

An effective Service that meets the needs of all residents will need to ensure that it is visible and accessible to all residents, particularly those who are evidenced to be less likely to access sexual health services or those who have additional barriers to access. We recognise there are challenges in developing a service that is able to meet all the competing needs of different groups of residents; however we have both a statutory and ethical duty to ensure that provision is equitable and easily accessible for all.

In particular, it will be important to engage with the seldom heard and vulnerable cohorts to ensure they are aware of and can access services including:

- Young people, including care leavers and those involved in the youth justice system
- Residents who are Lesbian, Gay, Bisexual, Transgender plus (LGBT+)
- Sex Workers
- Those with special educational needs and disabilities
- People with substance misuse issues and/or complex lifestyles;
- Homeless people
- Men who have sex with men
- Asylum seekers
- Older people who are still sexually active
- Black, Asian and minority ethnic (BAME) populations

It is recognised that no one approach will meet the needs of all these groups and thus a variety of approaches may be required, including a digital offer and use of emergent technologies, outreach work, adapted opening times and locations, specific clinics or branding targeted at specific groups, co-location or co-operation with other services, adapted communication, and close partnership

work with services that support these target groups. For example young people can be vulnerable to exploitation (criminal, sexual, trafficked) and repeat presentation can be an indicator of exploitation.

2.3 Aims of the Service

The Integrated Sexual Health Service aims to improve sexual health by:

- Promoting good sexual health through primary prevention activities including behaviour change and those which aim to reduce the stigma associated with STIs, HIV and unwanted pregnancy;
- Providing open access STI testing, treatment and management services through a variety of mechanisms including online services;
- Providing open access reproductive health services including the full range of contraceptive services; referral to NHS funded abortion services; support in planning pregnancy; through a variety of mechanisms which may include online services;
- Reducing late diagnosis of HIV and undiagnosed HIV and improving the sexual health of those living with HIV;
- Providing a quality service with appropriately trained staff; clinical governance and Service User safety arrangements;
- Being responsive to local need by providing rapid response to outbreak management and through continuous improvement and response to the ongoing analysis of local population need;
- Operating as system leader in the local sexual health economy providing clinical leadership, development of and involvement in local networks, and development of clear referral pathways between all directly connected and indirect service providers.

2.4 Service Objectives

The Provider will:

- Ensure that services are acceptable and accessible to people disproportionately affected by unwanted pregnancy and sexual ill health based on an up to date sexual health needs assessment which identifies the needs of vulnerable/at risk groups;
- Engage with local prevention groups and non-governmental organisations to facilitate collaboration in service development, health promotion and outbreak management;
- Respond to the public health needs of the local population and ensure robust links and pathways are in place to wider public health services and specialists;
- Ensure robust information governance systems are in place and the Service is reporting to mandatory national datasets;
- Support evidence-based practice in sexual health (this should include participation in audit and service evaluations and may include research);
- Promote both the Service and key sexual health messages to the local population via the use of innovative and appropriate media and marketing techniques tailored to specific audiences.

2.5 Access to Services/Population covered

The Council holds the responsibility for commissioning open access services. As an Integrated Sexual Health Service, the Provider must operate an open access policy for both contraception and STI services regardless of residence of the patient in accordance with regulations. The only exception to the open access principle is the availability of services provided through digital means. It is expected that electronic access to services will be postcode restricted so that only residents living in Cheshire East are able to order online testing kits and other online services. Residents from areas outside Cheshire East should be redirected to their local Service Providers' website.

The Service is commissioned primarily for the residents of Cheshire East, but excepting online services will adhere to this open access requirement, and will:

- Ensure that there are no barriers to accessing the service and be accessible by various means including self-referral and referral from other partner agencies (with clear pathways), supported by a culture of proactive engagement;
- Provide rapid and easy access to services for the prevention, detection and management (treatment and partner notification) of sexually transmitted infections to reduce prevalence and transmission of sexually transmitted infections;
- Provide rapid and easy access to the full range of contraceptive services for all age groups including long acting reversible contraception, emergency contraception, condoms and support to reduce the risk of unwanted pregnancy;
- Provide rapid access to services to diagnose, counsel and manage unwanted pregnancy including rapid access to NHS funded abortion services for those who choose this option;
- Lead the development and implementation of a universal information and advice offer in all communities, ensuring that residents can access the information and/or support they need at the right time and in the right location.

Cross charging arrangements are explained in more detail in section 4.15

2.6 Service values

The following Service values and approaches underpin the Service aims and ethos which the Provider is to adhere to:

- Openness and trustworthiness
- A commitment to quality
- Patient confidentiality
- Dignity and respect
- Collaboration
- Communication
- Personalisation
- Compassion and empathy towards all Service Users
- Providing support for individuals or groups facing greater social or economic barriers
- Third sector engagement

- Community engagement
- Market development

2.7 Social Values

The Provider will be expected to identify targets within their model aligned to one or more of the following social value objectives:

- **Promote employment and economic sustainability** – tackle unemployment and facilitate the development of skills;
- **Raise the living standards of local residents** – working towards living wage, maximise employee access to entitlements such as childcare and encourage Providers to source labour from within Cheshire East;
- **Promote participation and citizen engagement** – encourage resident participation and promote active citizenship;
- **Build the capacity and sustainability of the voluntary and community sector**– practical support for local voluntary and community groups;
- **Promote equity and fairness** – target effort towards those in the greatest need or facing the greatest disadvantage and tackle deprivation across the borough;
- **Promote environmental sustainability** – reduce wastage, limit energy consumption and procure materials from sustainable sources.

The Provider will undertake Cost Benefit Analysis (CBA) for their identified social value targets, which will be monitored through the contract monitoring process. Benchmarking for CBA will be undertaken by the Provider once the contract has been awarded.

3.0 Service Requirements and Deliverables

3.1 Service Model

On behalf of the Commissioners, the Provider will be responsible for the management, co-ordination and delivery of the Integrated Sexual Health Service. The Provider will deliver a fully integrated Sexual Health Service, incorporating all levels of clinical service provision described in this specification, in at least two locations in Cheshire East situated in the North and South of the Borough. Integrated services should be capable of being delivered during a single visit or consultation.

It is expected that Level 1 and 2 services can be accessed in other towns in the Borough where a need for this has been identified.

The Provider will also be expected to undertake clinical outreach activity and sexual health promotion to high risk Service Users including young people, men who have sex with men and sex workers.

Service Users should also be able to access services online and the Provider will be responsible for continuous development of the digital offer in conjunction with Service Users and Commissioners.

3.2 Service Description/Pathways

The Service is characterised by:

- Being available to anyone requiring care, irrespective of their age, gender and without referral;
- Offering online services as an alternative to in-person attendance to improve service access;
- Multidisciplinary working;
- Providing interpretation services for clients whose first language is not English and who require interpretation;
- Providing evidence-based care centred on recognised national best practice guidance, where this exists.

Pathway arrangements across the Cheshire and Merseyside footprint are set out within the 'Pathway Requirements' document (Appendix B). This covers services that interface with the Integrated Sexual Health Service. The purpose is to ensure smooth transitions between services and that an appropriate range of STI testing and initial contraceptive provision is offered. The Cheshire and Merseyside Sexual Health commissioners intend to continue their collaborative working with NHS England and Clinical Commissioning Group commissioners. This will mean that pathway arrangements will develop and where sensible to do so, lead towards greater integrated sexual health service delivery within Local Authority footprints.

The expectation of the Provider is to be part of this continuous co-commissioning and development approach, with the full range of sexual health service commissioners.

3.3 Service Levels

The Service will provide a range of interventions to meet the needs of the local population. The Integrated Sexual Health Service will be delivered in accordance with the Levels 1, 2 and 3 set out at Appendix 1.

3.4 Self-Managed Care

To facilitate self-managed care for all ages the Service will provide:

- Information, advice and guidance (online or in person) to support residents to self-manage their sexual health, and to reduce stigma around sexual health. This should include information and advice about contraception, safer sex including condoms, sexually transmitted infections, HIV prevention, and Child Sexual Exploitation and Female Genital Mutilation advice;
- Male and female condoms, dental dams and lubricant including a free condom distribution scheme, including provision to pharmacies who provide emergency contraception or participate in the scheme, following NICE guidance;
- Self-screening kits, distributed either by the Service directly or other providers as determined by the Service, to include pharmacies, or via digital services;
- Pregnancy testing kits;

Service Users under the age of 16 must be assessed in accordance with the Fraser competency guidelines.

As well as providing the above, the Service will:

- Promote key sexual health messages, linking to national sexual health campaigns, to the local population, including targeted outreach promotion, via the use of innovative and appropriate media and marketing techniques tailored to specific audiences;
- Ensure that information on all sexual health and wellbeing services provided by them and by any other providers, such as local voluntary and community groups is signposted via the services' online offer.

3.5 Health Promotion & Prevention

It is important for the Service to be proactive and for people to know how to protect their sexual health and how to access appropriate services and interventions when they need them, this must be appropriate and relevant to the target audience. All individuals require age-appropriate education, information and support to help them make informed and responsible decisions[10].

[10] Department of Health (2013) A Framework for Sexual Health Improvement in England (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf)

Education, information and support must be provided to other relevant organisations as well as directly to individuals and specific groups.

The Provider will:

- Provide sexual health promotion, information and advice including that which aims to reduce the stigma associated with STIs, HIV and unwanted pregnancy;
- Promote service information and key sexual health messages to the local stakeholders and the local population, via the use of innovative and age appropriate media, marketing and social marketing techniques tailored to specific audiences. This includes (but is not limited to) supporting the local dissemination of key Public Health England Campaigns and national campaigns aimed at reducing stigma and promoting inclusivity;
- Deliver sexual health promotion as part of targeted safer sex materials provided for a range of audiences, for example, young people, the local student population and men who have sex with men (MSM);
- Develop and deliver all major national campaigns (e.g. FPA Sexual Health Awareness, HIV Testing/Awareness Week) at a local and appropriate level, the service provider will be the lead clinical member of local strategic and operational groups;
- Deliver awareness raising sessions to health and social care professionals and voluntary sector services, as part of a wider training programme.

3.6 Digital services

The Provider will:

- Implement a robust, sexual health digital offer, ensuring patient confidentiality, to increase access to information, treatment and support, improve patient experience and strengthen the impact of services;
- Be a portal for patient self-assessment with adequate information about different contraceptive methods, emergency contraception, pregnancy options, different STIs, HIV testing, non STI causes of discharge to encourage self-care and triage to appropriate service;
- Provide an online user interface which assesses Service Users' sexual and reproductive health needs, eligibility and where applicable, identify the most suitable suite of tests and self-collection consumables to be used;
- Provide an integrated website with an integrated information, advice and guidance offer and future developmental capabilities to offer an online appointment booking facility and online ordering of self-sampling testing kits for chlamydia, gonorrhoea, syphilis, and HIV infection and online counselling services. The online sexual health sampling service will be discreet and confidential;
- Ensure that the online services provide comprehensive advice and instructions regarding the completion of the sampling kit, with details of how it should be returned;
- Provide comprehensive current information and advice regarding reproductive and sexual health, including sexually transmitted infections. The information and advice available

should provide self-help for Service Users, with clear steps to follow where urgent action might be needed to access treatment;
- The digital interface should be live and up to date and all planned clinic changes and alternative arrangements should be available;
- Ensure support of community clinics and outreach provision;
- Have automated text/email reminders, results and a partner notification system;
- Provide commissioners with the contents specification of STI sampling kits and demonstrate to commissioners that all home sampling kits and pathology are compliant with national standards.

The Provider will be fully responsible for all current and future costs for the provision, maintenance and development of the online sexual health service and any associated costs. This includes the provision of home sampling kits and any other equipment, treatment or advice associated with the provision of the services, pathology laboratory testing services, notification of results to the Service User and associated partners, Service User support including access to information and advice, referral to treatment services or other appropriate services that may help support them.

3.7 STI services

The Provider will:

- Ensure rapid and easy access to services for the prevention, detection and management (treatment and partner notification) of sexually transmitted infections to reduce prevalence and transmission;
- Provide sexual health information and advice in order to develop increased knowledge, especially in high-need communities, working in collaboration with the wider system partners;
- Provide opportunities for people to manage their own sexual health either independently or with support;
- Provide STI testing for HIV+ patients;
- Provide and co-ordinate chlamydia screening as part of the National Chlamydia Screening Programme (NCSP);
- Ensure that all diagnostic samples are processed by pathology laboratories in a timely fashion in order that results can be conveyed and acted upon quickly.

3.8 Sexual and Reproductive Health (SRH) services

The Provider will:

- Provide access for all age groups to a complete range and choice of contraception including long acting methods, emergency contraception, condoms and support to reduce the risk of unwanted pregnancy;
- Provide access to free pregnancy tests and appropriate onward referral to abortion services or maternity care;

- Promote access and reduce waiting times to abortion services and maternity care through the provision of information on service user self-referral (where available).

3.9 HIV services

The Provider will:

- Work to increase the uptake of HIV testing and provide rapid referral to HIV care services following diagnosis to enable timely initiation of treatment when clinically indicated.
- Deliver a HIV prevention and support service to deliver clinical interventions as part of an outreach team promoting safer sex practices in saunas, clubs and other settings where men have sex with men and groups at high risk of HIV and STI's socialise. Provision of HIV Point-Of-Care Tests (POCT), chlamydia and gonorrhoea testing kits are the responsibility of this provider, including support for testing and outreach interventions for high risk groups.

3.10 Services for young people

The Provider will:

- Develop a young person specific clinical offer, based on local need, which will be co-produced by young people to ensure maximum accessibility and effectiveness.
- Develop flexible approaches for high risk young people such as those in contact with the youth justice system and those in or leaving care.
- Work in partnership with Cheshire East's 0-19 service, specifically targeting young people at risk of early sexual debut, unwanted pregnancy and sexually transmitted infections by promoting contraception and sexual health services and providing appropriate training for school nurses and other relevant staff.
- Ensure consistent messages are delivered via the planning and delivery of Sex and Relationship Education sessions, and education outreach (non-clinical) interventions and programmes, utilising a range of different methods, and in a range of settings across the Borough, for example youth centres, to improve young people's knowledge and understanding of relationships, sex and sexual health.

3.11 Condom distribution

The Provider will:

- Provide an online condom and lubricant distribution service (free male and female condoms by post service). This is a confidential service where an individual can order a wide range of free condoms and lubricant that will be delivered within 3 working days.
- Ensure that all GP Practices across the Borough can order free condoms directly from the service to promote safer sex through the use of condoms to their patients (orders to be made via 'condom order form').
- Ensure that pharmacies contracted to deliver Emergency Hormonal Contraception can also order free condoms directly from the service to promote safer sex as part of the EHC consultation.

- Provide a C-Card scheme that enables young people to access free condoms (for people aged under 25 years) and includes access to Chlamydia screening and pregnancy testing including a structured conversation about sexual health from a variety of venues across the area in a confidential and anonymous manner from trained staff, such as community pharmacies, some 'Children's Centres' when they register with the scheme. Registration onto the scheme will be accessible online and registration shall only be required once.

3.12 Training

The Provider will:

- Develop the sexual health workforce through delivery of the full range of accredited postgraduate training including specialist training programmes;
- Deliver undergraduate training when linked to a university that trains health care professionals;
- Coordinate and support the delivery of sexual health care across a locality through expert clinical advice, clinical governance and clinical networks. This should include providing specialist expert advice to other service providers and organisations; training of nursing and medical sexual health experts; delivering multidisciplinary postgraduate training, including to primary and secondary care; and may include delivering undergraduate training and postgraduate training including placements for medical and nursing students and training and education for specialty medical trainees which should be in line with the latest GMC curriculum;
- Deliver Health Promotion CPD events to Professionals, Communities, and Vulnerable Groups;
- Provide training on at least an annual basis for pharmacies and General Practice engaged in the delivery of local sexual health services;
- Deliver elements of training as part of the Making Every Contact Count (MECC) agenda to schools, partner organisations and other professionals.

It is expected that the Provider will link with relevant organisations and bodies e.g. Local Medical Committee (LMC), Local Pharmaceutical Committee (LPC) when developing and delivering training.

3.13 Work with Primary Care/GPs

The Provider will:

- Take on the responsibility for the co-ordination of the Primary Care (GP) Enhanced Service for the provision of LARC (IUS, IUCD, Implants, etc.), managing inter-practice referrals and all payment frameworks associated including the setting and reviewing of fee levels in consultation with GPs, representative bodies and the Commissioner;
- Be expected, for the first year of the contract, to maintain the current contractual arrangements with existing GP providers and work with GPs and their representative bodies to establish a new model of delivery, which must be agreed with the Commissioner.

The new model should seek to increase access to sexual health services and simplify commissioning processes whilst upholding clinical standards and maintaining financial viability.

- Work with individual practices to design local frameworks to improve sexual and reproductive health;
- Seek the employment of a GP Champion or liaise with the appropriate clinical lead within the Primary Care Network or GP Federation to work with practices to improve the competence and confidence of GPs and other practice staff in the management of sexual and reproductive health;
- Provide training on at least an annual basis to improve the competence and confidence of GPs and other practice staff in the management of sexual and reproductive health;
- Provide advice to GPs on the management sexual and reproductive health issues;
- Develop agreed provision by GPs of the following services:
    - Increased uptake and retention of long acting reversible contraceptive methods
    - Increase HIV testing to promote early diagnosis of HIV
    - Improve chlamydia testing for under-25 year olds.

The Provider will be responsible for any enhanced payments in relation to the provision of services provided by GPs, the provision of IUCDs, implants and medication to support the service and any payments for the use of their premises.

3.14 Work with Pharmacies

The Provider will:

- Be responsible for the co-ordination of a pharmacy based Enhanced Service for the provision of Emergency Hormonal Contraception (EHC), Quick Start Contraception and chlamydia screening as part of the National Chlamydia Screening Programme. This will include the development and oversight of all associated Patient Group Directives (PGDs) - and the provision of training on at least an annual basis;
- Be expected, for the first year of the contract to maintain the current contractual arrangements with existing pharmacies and work with pharmacies and their representative bodies to establish a new model of delivery, which must be agreed with the Commissioner. The new model should seek to increase access to sexual health services and simplify commissioning processes whilst upholding clinical standards and maintaining financial viability;
- In conjunction with the Commissioner explore opportunities to work with all Pharmacies to further enhance care and access to sexual and reproductive health services. This will include the Provider administering and managing all aspects of current and future community pharmacy provision of sexual and reproductive health services and will be responsible for all costs in relation to provision, administration and management;
- Ensure that pharmacists and other pharmacy staff delivering services on behalf of the provider are:
    - Registered with the General Pharmaceutical Council (GPhC);
    - Working in a pharmacy contracted to NHS England;

    - Working in a pharmacy within the administrative boundary of Cheshire East;
    - Satisfy the requirements of Self Declaration of Competence for Community Pharmacy for EHC and/or other services delivered as appropriate;
    - Have achieved the competency levels specified in the NICE Competency Framework for Health Professionals using Patient Group Directions as appropriate. http://www.nice.org.uk/mpc/goodpracticeguidance/GPG2.jsp;
    - Maintain a regular Self-assessment Declaration of Competency every two years or sooner if appropriate;
    - Undertake Continuing Professional Development relevant to provision of the services and to make evidence of this information available on request.
- Be responsible for registering with the NHS Business Services Authority (NHS BSA) as an Independent Sector Healthcare Provider and all elements of the management of this relationship. This will include informing the NHS BSA of all their prescriber details for epact and in order to obtain prescription pads. Prescribing and epact data will be provided to the Commissioner on request.
- Ensure that, where appropriate, prescribing takes place in line with approved Patient Group Directions (PGDs), whether these have been developed by the Provider or another organisation such as the Cheshire and Merseyside Pubic Health Collaborative Service (champs), and in accordance with the latest relevant clinical guidelines. The choice of appropriate medications to support treatment must be supported by a clear, documented rationale.

3.15 Sexual Health System Leadership

The Provider will:

- Operate as the leader in the sexual health economy across Cheshire East, providing clinical leadership, expertise within local networks and develop clear referral pathways between providers of services.
- Proactively co-ordinate and lead the Cheshire East Sexual Health Network or any successor forum, identifying emergent threats and opportunities and proposing solutions to local problems encountered.

In providing such leadership it is expected that the Provider will link to emerging networks and structures within the local health and care provider landscape such as Primary Care Networks.

3.16 Building Public Health Capacity and Workforce Development

The Provider will:

- Enhance the capacity and skill mix of organisations at national, regional and local levels to address the social determinants of health inequalities.
- Contribute to capacity building and workforce development in order to develop competency amongst involved health professionals and to install institutional measures that are conducive to such efforts. This encompasses not only providing skills and awareness, but also creating channels, by means of policy, partnerships and leadership, through which this

learning can be transferred into sustainable action. This will enable and contribute towards wider workforce development for the health, education and social care economy that facilitates earlier intervention, reducing risk taking behaviours;

- Develop an annual training plan and progress against that plan will be reported to the Council at quarterly monitoring meetings;
- Ensure that staff are supported with flexible working and family friendly policies. All staff will be trained around equality & diversity to meet the needs of the diverse local populations. Training on LGB & Trans communities will be mandatory for all staff.

3.17 Health, Education, Social care and frontline professionals - Making Every Contact Count

The Provider will:

- Provide a work-based rolling programme of training and development for the children and young people's workforce across both statutory and non-statutory services (e.g. youth service, social workers, children's centre staff, wellbeing services etc.) to level 2/3 of the Making Every Contact Count framework or similar for STI awareness (behaviour change intervention) and non-clinical issues such as values, attitudes and ethics including developing a high level of knowledge and skill around diversity issues. Particular attention will be paid with regards to the relationships between the health and social needs of different sexualities and support will be provided in dealing with vulnerable young people and adults who may not have mental capacity to consent to being in a sexual relationship.
- Provide expertise, in partnership with the School Nursing service, to schools, colleges and other educational organisations for the development of local Sex, Relationship Education ("SRE") programmes and on contraception and STI's;
- Enable non-specialist practitioners to advise, support and refer vulnerable young people into the Service.

The above list is not exhaustive and will be based on local need and agreement with the commissioners.

3.18 Cervical Screening

The Provider will:

- Offer both opportunistic and occasional specified cervical screening appointments as part of the National Cervical Screening Programme commissioned by NHS England.

Please note - As part of this agreement, the provider will enter into a separate contract and payment arrangement with NHS England for the provision of cervical Screening which takes place opportunistically as a result of Making Every Contact Count discussion during Sexual Health appointment, i.e. woman explains she has never had a smear, it is more than3 or more than 5 years depending on her age since she last had a smear. Cervical screening could also be offered on a pre-booked or drop in basis, either as a designated cervical screening clinic or in conjunction

with other targeted services, provided the total number of screens does not exceed the level set out below.

The Provider will deliver a level of cervical screening activity which supports patient choice; in the context that the core cervical screening offer is through Primary Care – a woman's GP practice.

It is expected that the level of activity will not exceed 10% of the eligible population.

The service will deliver up to a maximum ceiling of 1,000 screens per year and this activity will be reviewed annually (this is based on the 2015/16 / 2016/17 baseline). This activity includes women who may be registered or resident in other Cheshire and Merseyside Local Authority areas.

Cervical screening should be delivered in line with the National NHS Cervical Screening Programme Service Specification 2018/19.

Quarterly KPIs for cervical screening activity will include:

1. Total number of cervical screens by setting (broken down by GP practice, postcode, age profile, opportunistic or specific appointment, reason for choosing service if there is a specific appointment)

This data should be provided directly to NHS England North Cheshire & Merseyside's commissioning manager who will review the activity through NHS England's contract with the Provider.

NHS England (North) Cheshire and Merseyside will offer £10.00 per cervical screen up to a maximum ceiling of up to 1,000 cervical screens which will be commissioned per year. This means that a maximum budget of £10,000 will be available from NHS England based on a full financial year (e.g. 1,000 screens). Activity and payments will be reviewed annually.

The Provider will ensure adherence to NHS public health functions agreement 2018-19 - service specification no.25 Cervical Screening[11] and its subsequent updates.

In addition to the requirements above, the Provider may consider entering into separate contractual arrangements with Primary Care Providers (e.g. GP Federations, GPs, etc.) for the delivery of additional clinics or the management of local screening activity that is over and above the terms of this contract and supports the delivery of the National Programme.
Before entering into any agreement, such arrangements will need to be discussed with Council and NHS England Commissioners, negotiated separately and any contractual arrangement reached will be between the Provider and the primary care organisation and must cover any additional requirements, e.g. provision of additional staff / resources to support delivery.

3.19 HPV Vaccination for MSM

As part of this agreement, the Provider will enter into a separate contract and payment

[11] https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07846-180913-Service-specification-No.-25-NHS-Cervical-screening.pdf

arrangement with NHS England to support the phased roll out of the national NHS HPV programme for men who have sex with men (HPV – MSM).

The HPV - MSM programme will be a 3 dose regime for men who have sex with men aged 45 years or younger and attending GUM and HIV clinics in England. The HPV – MSM immunisation programme will be supported by a national specification, national communication materials, training support and learning from a pilot evaluation, and the provider will ensure adherence to the specification and all relevant documentation.

NHS England North Cheshire & Merseyside commissioning manager will review this activity through NHS England's contract with the Provider.

Programme funding will be agreed with the Provider in accordance with a national tariff for vaccine administration with the vaccine provided via national stocks.

3.20 Service Interdependencies

The Integrated Sexual Health Service will maintain effective working relationships with allied services, agencies and stakeholders to address the needs of the local population and increase the opportunity for Service Users to achieve optimum sexual health outcomes, utilising equality impact assessments where appropriate. Specific service pathways with GPs, HIV treatment and care services, wider Local Authority services, health promotion and other sexual health service providers will enhance the quality of care delivered.

The Provider will ensure that the Service establishes working arrangements, and care or support pathways that will deliver integrated and collaborative interventions for wider health and wellbeing benefits, crime reduction and community safety as well as the prevention, treatment and recovery from STIs. The Provider will have clear care pathways in place with the full range of service providers for children, young people, adults and older people.

Any potential or proposed changes to services must be discussed and planned for at as early a stage as possible, including assessment and mitigation of risks to other services regardless of whether they are commissioned by the Council or other commissioners.

A non exhaustive list of stakeholders is attached at Appendix C.

The Provider is expected to actively participate in local, regional and national clinical and well-being networks, relevant trials, training, and research and audit programmes where applicable.

3.21 Substance Misuse Services

The Service will be expected to provide access to information, advice and support to those service users who disclose that they are engaging in substance misuse or other risk- taking behaviour, in relation to their health. The service should work with the Council's commissioned Substance Misuse Provider(s) to ensure assessment processes in both services are complementary in terms of collecting information on substance use and sexual health risk. Clinicians should work closely and effectively with partners in Primary and Secondary Care, particularly within Substance Misuse

Services, to ensure they have an up-to-date knowledge and understanding of referral and treatment routes.

3.22 Mobilisation

The Council requires the Provider to carry out certain initial Services prior to formal commencement of the Service. These initial Services or Mobilisation Services will include (but not be limited to) the following actions:

- Transition planning
- Identified key contacts
- Service delivery model
- IT implementation and data transfer
- Recruitment
- Management and staffing structure
- Set up including locations and resources
- Communication and engagement plans
- Governance arrangements and agreements
- Robust planning, risk and project management
- Templates and appropriate paperwork to be in situ (including at the local branch and within the Service Users' property)

In preparation for the period of mobilisation, the Provider shall provide a detailed mobilisation plan identifying what actions they intend to achieve in relation to the requirements set out within this Specification. The Commissioner will require this plan for review and approval at the point of contract award.

The Provider is required to allocate project management support for the critical transition from the current service to the newly commissioned service.

These Mobilisation Services will be performed from the Mobilisation Date as detailed in the Agreement and will need to be completed by the formal Commencement Date of the Agreement.

A communication plan is also required that sets out a robust approach to the transition management for wider professionals, current Service Users, potential Service Users and other key stakeholders including elected members and governance groups. This shall be developed by the Provider in conjunction with Cheshire East Council's Communications Team and the Commissioner.

During the mobilisation period, a programme of meetings will be arranged with the current commissioned provider and the other relevant partners to review roles, responsibilities and working practices.

4.0 Service Standards and Delivery

4.1 National Standards

The Integrated Sexual Health Service is underpinned by, and the Provider will ensure it adheres to, relevant UK clinical guidance covering the specialities of Sexual and Reproductive Healthcare and Genitourinary Medicine. These can be found at http://www.fsrh.org and www.bashh.org. The Provider must ensure services reflect updates in guidance and recommendations as and when produced.

For a full list of current applicable standards see Appendix 4.

4.2 Fraser Guidelines

The Provider(s) will ensure services adhere to the following guidance[12]:

"Gillick competence is the principle used to judge capacity in children to consent to medical treatment. Fraser guidelines used specifically for children requesting contraceptive or sexual health advice and treatment. Where a person under the age of 16 is not Gillick competent, and is deemed to lack the capacity to consent, it can be given on their behalf by someone with parental responsibility or by the court".

However, there is still a duty to keep the child's best interests at the heart of any decision, and the child or young person should be involved in the decision-making process as far as possible. Clear records of discussion, consultation and decisions taken should be effectively recorded in line with the services policy and procedures.

4.3 Assessment and Support Planning

The services described in this specification are to be provided based on the findings of a patient's up to date sexual health needs assessment and history to identify the needs of vulnerable or at risk groups and enable timely referrals to be made as appropriate.

4.4 Referral and Discharge from Care Processes

The Provider is expected to develop an appropriate referral system and accept referrals from the following:

- Self-Referrals
- Referrals from other professionals such as:
    - GPs
    - Clinical staff working in Primary and Secondary Care settings
    - Professionals working in other services e.g. Drug and Alcohol services, Social Care
    - HIV services
    - Infectious disease services

[12] http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-8-gillick-competency-fraser-guidelines

The Provider will have process guidance in place for staff, when they need to make onward referrals to other clinical or none clinical services.

All referral information will be recorded and reported to the Commissioner at contract review meetings.

Service Users who attend integrated sexual health services, tend not to be formally discharge from the services care. The Service will ensure that case records are appropriately maintained, to ensure that any future access by the Service User is connected to past attendance history.

The Service will discuss with Service Users their ongoing sexual health needs and where they choose to access alternative services, the Service will ensure that the transfer of records is progressed in line with Department of Health guidelines[13].

4.5 Exclusions

This specification excludes HIV treatment and care, which is commissioned by NHS England. See B6a *Specialised HIV Services for Adults* and B6b *Specialised HIV Services for Children,* NHS England[14] for further information.

Termination of pregnancy is commissioned by Clinical Commissioning Groups's and is covered under a separate specification.

The Provider has the right to refuse service provision to Service Users:

- Who are unsuitable for treatment under the conditions of this Service Specification;
- Who have not validly consented to the treatment provided under the Services and;
- For any unreasonable behaviour unacceptable to the Provider, it's Staff, the Consultant or the named professional clinically responsible for the management of the care of such service users.

4.6 Premises

The location of premises shall be agreed in consultation with the Commissioner, based on a local health needs assessment and understanding of public transport routes. Premises must be accessible by public transport and visible to the public. Premises for the provision of the clinical Integrated Sexual Health Service must be fit for purpose and in accordance with Department of Health Guidance and Care Quality Commission (CQC) requirements. Each premise will be fit for purpose for the services delivered in that particular location, be well maintained and compliant with the Disability Discrimination Act (DDA). The Provider will carry out the risk assessment on all the premises used to deliver sexual health services, including infection control, and ensure that all significant risks identified are addressed. The Provider must provide and maintain at its own cost all equipment necessary for the supply of the services in accordance with any required consents and must ensure that all equipment is fit for purpose.

[13] https://digital.nhs.uk/.../Records...Health.../Records-management-COP-HSC-2016
[14] NHS England (2013) https://www.engage.commissioningboard.nhs.uk/consultation/ssc-area-b/consult_view

The Provider will ensure that maintenance, and insurance cover if required, of the assets (including items such as examination couches, medical equipment, furniture, IT systems and phones) is included within the financial envelope of the contract.

The Provider will offer a friendly and welcoming waiting area with the aim of reducing patient anxiety, and efforts should be made to keep patients informed about the expected waiting times in busy clinics. The Service must be provided in an environment that promotes access and ensures safe and effective care. This includes ensuring there is adequate privacy and confidentiality, cleanliness and maintenance, meeting the national specification for clean NHS premises. All premises must be compliant with the requirements set out in the Equality Act 2010. Confidentiality policies must be clearly displayed, adhered to, and discussed with Service Users.

The Provider is required to:

- Use the Department of Health's 'You're Welcome'[15] quality criteria when planning and implementing changes and improvements, in order for the service to be young people friendly where appropriate;
- Undertake an annual assessment of their provision against the published criteria for 'You're Welcome' standards covering the following:
    - Accessibility
    - Publicity
    - Confidentiality and consent
    - Environment
    - Staff training, skills, attitudes and values
    - Joined – up working
    - Young people's involvement in monitoring and evaluation of patient experience
    - Health issues for young people
    - Sexual and reproductive health services
    - Specialist child and adolescent mental health services (CAMHS)

4.7 Laboratory and Diagnostics

When commissioning laboratory services, the Provider shall ensure that all laboratories commissioned to perform STI diagnostic testing are appropriately accredited and deliver optimal standards of laboratory services including specimen turnaround times. They shall be United Kingdom Accreditation Services (UKAS) accredited and have evidence of External Quality Assessment (EQA), Internal Quality Control (IQC) and Internal Quality Assurance (IQA). The Provider shall ensure that commissioned laboratories are using the 'gold standard' test wherever possible and adhere to national standard operating procedures where these are available.

The Provider shall consider how to capture POCT testing and the appropriate use of POCT testing v diagnostics, whilst being aware of the sensitivity and specificity of the POCT used.

[15] http://www.youngpeopleshealth.org.uk/yourewelcome/

The Provider should ensure that contract monitoring is undertaken for all commissioned laboratories including for the samples sent to reference laboratories. A business continuity plan needs to developed, should the contracted laboratory be unable to provide the service. Work must be in collaboration with microbiology and virology services to ensure quality standards are met.

Detailed quality standards are available, however Providers and commissioners should be aware that this is a rapidly evolving field and they should keep up to date with developments through appropriate professional websites (BASHH, PHE and UKAS).

High quality services for the diagnosis of STIs are vital for effective control of infections in the population. There is increasing concern about the development of antimicrobial resistance and it is important that services, and the laboratories that they use, keep up to date with this rapidly evolving issue.

4.8 Operating hours

The Provider is expected to propose the Operating Hours of the Service to ensure that the service is delivered on days and at times that are accessible and acceptable to Service Users. It is anticipated that this will include some evening and weekend opening.

It is anticipated that the service will offer a mix of walk in and pre-booked appointments. The Operating Hours should from time to time be reviewed in consultation with Service Users and any proposed changes to service opening times must be agreed in advance with the Commissioner.

4.9 Waiting Times and Prioritisation

The Provider is required to monitor and keep to a minimum waiting times within clinical services. As a guide this should be no more than 30 minutes wait for pre-booked appointments and 2 hours wait for walk in appointments.

4.10 Service Branding

It is a requirement that the service be promoted and known under a single brand name and all Provider Partners/ sub-contractors involved in the delivery of the service are to operate under this brand heading. The Provider is responsible for ensuring Sub-Contractors or Provider Partners delivering services on behalf of the Integrated Sexual Health Service do so accordingly.

The service identity / brand name will be co-produced with Service Users and agreed with the Commissioner and the Council will own the name. The Council will own any name, logo, brand image or design created locally as an identity for the service. Any locally developed brand application, logo or visual id must comply with Cheshire East Council's brand protocol. The Provider in connection with the delivery of sexual health services will not, use, manufacture, supply or deliver services that may infringe any intellectual property rights.

4.11 Communication & Marketing

The Provider will ensure that there is a Communication Plan that sets out a robust approach to the

transition management for wider professionals, current Service Users / patients, potential Service Users / patients, MPs, Councillors, Local Safeguarding Children's Board, Local Safeguarding Adults Board, Health and Wellbeing Board, Local Health Watch, General Practitioners, Local Medical Committees, community pharmacies, Local Pharmaceutical Councils and other relevant stakeholders will be required. The Communications Plan will be developed in conjunction with the Council's Communications Team and Commissioners who will provide oversight of and direction for the Plan. The Communications Plan will be updated and reviewed quarterly during the contract review meetings and will clearly describe activities for the promotion of the Service, as well as local external facing campaigns for example activities for HIV testing week, Valentines Day, Christmas period and other ad hoc sexual health promotion campaigns.

The Provider will ensure proactive and innovative approaches to marketing and communications with all stakeholders to provide information & advice and ensure social marketing is maximised and behaviour change secured within Cheshire East. Such marketing and communications to be used in the universal promotion of services must be approved by the Council's Communications Team and Commissioners prior to release. Equally, the Council's Communication's Team and Commissioners must approve any universal marketing strategies and plans targeted at groups. The Provider must give a minimum of two weeks to review such plans. The Council's role as the commissioner of the service must be acknowledged in marketing materials and promotional activity.

Communication methods and materials need to be suitable for a variety of audiences – young people, adults, partners, professionals, general public, businesses – providing timely and straight forward information and guidance accounting for language and a range of literacy levels.

The marketing strategy will be reviewed annually to ensure approaches are current and in line with evidence based practice in achieving behaviour change and in providing safe care and support. The Provider(s) will work with commissioners and take account of service user / patient, parent, partner, carer, and wider stakeholder experiences in the review of the marketing strategy. The Provider will also be required to work proactively with others involved in health, Care and Wellbeing campaigns to ensure communication coherence.

Communication channels for all professionals are required, and the Provider will ensure communications are in place and current service information / developments are shared. The Provider will ensure the maintenance of an effective, efficient, proactive and robust professional network – linking closely with other connected service providers on a regular basis to ensure the highest quality of care / support for Service Users / patients, parents, partners, families and carers.

The Provider will not make any material changes to the service without formal approval from the Council at the appropriate level of authorisation. The Provider shall be responsible for consulting with residents and stakeholders about proposed changes, shall produce an Equality Impact Assessment to assess the potential impact of the change and shall be responsible for communicating the change to Service Users and other stakeholders.

The Provider shall be responsible for ensuring that information regarding its services are kept up to date on its own website, NHS Choices and Cheshire East Council's Live Well Cheshire East service directory.[16]

4.12 Equality of Access to Services and Rural Geography

The Provider will ensure that access to services by individuals considers the needs of specific groups to ensure that disadvantage does not occur (see 2.2 Priority Groups). The Provider will need to demonstrate their understanding of the population and geography of Cheshire East to inform their marketing and service delivery approaches. This applies equally to the specific needs of distinct ethnic groups, gender, age, disability, and sexuality as it does for our towns, villages and rural populations. Provider understanding of modes of transport and transport routes, acceptable service delivery locations for children, young people, adults and communities will be vital in ensuring flexible, mobile, and outreach service delivery, at accessible times, and in locations that best meets need.

The Provider will ensure that the service provides adequate consideration to specific service venues, any satellite venues such as in primary care and other universal settings, outreach settings, and to service opening times and that the choice of such venues does not directly or indirectly discriminate against any particular group of people.

Interpretation services for non-English speaking people, hearing impaired/deaf or blind must be a part of the services provided.

4.13 Using Information Technology

The use of new technology in the provision of the new Service for Service User records, making appointments, reminding about appointments will be delivered in a way that supports the new service delivery model reflecting how service users now access information and services. The Provider will provide evidence based, innovative services whilst maximising both physical and virtual service access options through the use of new technology. Service information will be maintained and accessible via the services web page, and via smart phone application. Leaflets and other forms of information such as contact cards will be provided.

4.14 Service Continuity and Sustainability

The Provider must have robust business continuity and contingency plans in place with regards to all levels of Service interruption or disruption. If Service interruption or disruption occurs, the Provider is to notify the Council immediately and ensure that alternative provision is sought.

The Provider will need to evidence ongoing business viability in order that risks or threats to Service delivery are minimised and any threat to the Service User, the overall organisation or the Council is highlighted well in advance to the Council of any potential or actual incident.

[16] https://www.cheshireeast.gov.uk/livewell/livewell.aspx

The Provider will allow inspection (insofar as it is relevant to the financial stability of the Provider) of financial records related to the provision of the service and any other information deemed necessary by the Council to ascertain the stability of The Provider business upon being given reasonable notice in writing.

The Provider is expected to facilitate a safe and smooth transfer of data and applicable assets should any part or all of the service transfer to another service provider.

4.15 Cross-Charging

Cheshire East Council is committed to maintaining confidential open access sexual health services, to ensure that Service Users can access their service of choice without geographical boundary restrictions. Such cross-charging arrangements support health protection and the prevention of onward transmission of infectious diseases, whilst enabling Service Users to access their service of choice.

The Provider is expected to work in partnership with the Commissioner regarding Service Users from other areas accessing Genito Urinary Medicine (GUM) services, to monitor activity trends and rationalise payments. This will include a requirement to report income from out of area charges and demonstrate the investment of this income in the local Integrated Sexual Health Service.

The Provider is responsible for the verification of backing data and payment of invoices relating to Cheshire East residents who access GUM services from other providers outside of the area. Funding for out of area GUM charges has been included in the overall financial envelope for the service.

For the avoidance of doubt, the Provider is not expected to pay for the following services which are delivered to Cheshire East residents outside of the Borough:

- Contraceptive activity, as per the expectation articulated within the updated cross charging guidance, is that this is covered by local block contracting arrangements, and there is no national cross charging process / tariff established;
- Market Force Factors which are not applicable to local authorities.

All invoices received from other providers should be accompanied by the supporting data specified in prevailing national cross charging guidance[17]. The Provider will scrutinise supporting data to ensure that it relates to a GUM service supplied to a resident of Cheshire East and matches the appropriate invoice amount.

[17] Sexual Health Services: Key Principles for Cross Charging
Updated guidance for commissioners and providers of sexual and reproductive health services in England, Department of Health and Social Care, August 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731134/sexual-health-services-cross-charging-guidance.pdf

The Provider is expected to report out of area activity levels and associated payments to the Council as part of the Quarterly Monitoring regime. It is expected that any surplus resulting from an underspend on Out of Area GUM activity will be invested in local Sexual Health services with a view to minimising the need for Cheshire East residents to access services outside of the Borough.

The Provider will bear the costs associated with residents of Cheshire East Borough receiving services outside of the Cheshire East footprint at a location where those services are provided by the Provider. Such costs shall not contribute to the financial envelope for this contract for reporting purposes and monitoring of expenditure.

Visitors from abroad will be eligible for free treatment for services, in line with guidance for the eligibility of free NHS treatments by the service for overseas visitors, as set out in The National Health Service (Charges to Overseas Visitors) Regulations 2015 and its subsequent amendment 2017[18]. This includes exemptions for charges for any overseas visitor for: the diagnosis and treatment of sexually transmitted diseases; testing and diagnosis of HIV; and contraceptive services.

The National Health Service (Charges to Overseas Visitors) Regulations 2015 came into force n 6 April 2015 and have subsequently been amended, most recently on 23 October 2017 by the NHS (Charges to Overseas Visitors) (Amendment) Regulations ("the 2017 Amendment Regulations"). The Charging Regulations place a legal obligation on any organisation providing relevant services to establish whether a person is an overseas visitor to whom charges apply, or whether they are exempt from charges.

Overseas visitors should be funded by the local authority in which the service provider is based, unless joint commissioning and risk sharing agreements are in place locally.
Cross charging does not extend to the devolved administrations. A patient registered in the devolved administrations treated in an England sexual health clinic is paid for by the host commissioner in England, and vice versa. As with overseas visitors, provision of services to people who are residents of Scotland, Wales and Northern Ireland should be funded by the local authority in which the provider is based, unless local risk sharing arrangements are in place. (Sexual Health services Key principles for Cross Charging 2013 Dept. of Health). The cost of this provision is included within the financial envelope of the service, although the Commissioner recognises that the Provider will want to take steps to manage both the demand and the activity generated by attendances from devolved administrations.

[18] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/742251/guidance-on-implementing-the-overseas-visitor-charging-regulations-may-2018.pdf

5.0 Workforce

5.1 Workforce requirements/ Structure

All sexual and reproductive health services should have appropriately trained leadership to ensure quality of service provision, development, training and clinical governance.

Clinical Leadership is required by the Provider of the Integrated Sexual Health Service, which will be a Consultant led service. The complement of medical and nursing staff should be determined with reference to national guidance – including the guidance of BASHH and the FSRH. The Provider will develop and implement robust clinical governance arrangements and have lines of accountability that are clearly understood within the Service.

The Provider is responsible for its total Integrated Sexual Health Services workforce and will:

- ensure that the workforce has sufficient capacity and skills to deliver a safe, and effective service, which has inbuilt resilience to manage service fluctuations e.g. annual leave, absence and demand surges;
- ensure appropriate staff to Service User ratios;
- provide opportunities for undergraduate, postgraduate medical and nursing students to contribute to workforce sustainability planning and to offer placements that give a rounded experience of integrated sexual health services;
- ensure that its multi-disciplinary workforce has the appropriate skill mix across disciplines to support integrated service delivery whilst maintaining the specialist knowledge within each area of the sexual health service;
- respond to data requests concerning their workforce (including Provider Partners/ sub-contracted workforce). This would include Service head count, full-time equivalent, job roles of staff within the service(s) and sickness absence. All such records should be immediately available to the Commissioner on request for audit purposes.

5.2 Workforce Management

The Provider will:

- have relevant workforce policies, processes and practices in place and updated, that adhere to employment legislation;
- ensure that all medical and nursing staff have regular clinical supervision in line with national guidelines, and that managerial supervision is in place for all service staff with an annual appraisal leading to a continuous professional development plan.

5.3 Recruitment

The Provider will ensure that staff adhere to safer recruitment practices[19] and complete all

[19] https://www.gov.uk/government/organisations/disclosure-and-barring-service

recruitment checks in line with the guidance of the Disclosure and Barring Service. The professional registration and qualification checks should also be verified.

5.4 Workforce Training and Development

The Provider will:

- have clearly developed workforce development plans, training records and professional registration records for its staff, and ensure that any Provider Partners and sub contracted provider(s) holds such records. This would be achieved through the provision of relevant training, continuing professional development sessions, through the provision of information, advice, guidance, clinical updates, appraisal, and line management supervision;
- ensure that staff are able to demonstrate they have participated in organisational mandatory and update training, for example safeguarding, infection control, manual handling, risk assessment etc. as required;
- work to increase the proportion of nursing staff who are dual trained to be able to offer at least routine sexual and reproductive health care for Service Users attending services, and that a sufficient number of nursing staff are trained as nurse prescribers;
- ensure that medical and nursing staff retain their professional registration and accreditations, skills and competencies;
- comply with Faculty of Sexual and Reproductive Healthcare (FSRH) Service Standard on Training. This states that all doctors, nurses and other health professionals working in contraception should be trained to the competencies and training programmes jointly agreed by all their educational bodies including:
    - Royal College of General Practitioners (RCGP)
    - Royal College of Obstetricians and Gynaecologists (RCOG)
    - Faculty of Sexual and Reproductive Healthcare (FSRH)
    - British Association for Sexual Health and HIV (BASHH)
    - Society of Sexual Health Advisors
    - Royal College of Nursing (RCN)
    - Royal Pharmaceutical Society of Great Britain (RPSGB)

  and supported by user representatives such as the Family Planning Association (FPA);
- ensure that its workforce has an understanding of adolescent development and the experience of working with young people;
- provide the full range of BASHH and FSRH accredited postgraduate training, including specialist training programmes as required;
- provide training on how to recognise the signs of sexual abuse, sexual exploitation, sexual violence, domestic violence, female genital mutilation, child sexual exploitation, drug and alcohol misuse, and how to engage and manage service access by other vulnerable groups;
- support undergraduate and/or postgraduate teaching, through their working relationships with a range of education settings;

- in line with Making Every Contact Count (refer to 4.5.2) offer training on brief intervention and advice to other professionals and services as needed.

It is expected that the Provider will work in partnership with those responsible for the education and training to develop new and existing staff in the field within the local health economy. This will entail specifically working with Health Education England, with CCGs and NHS England as below.

NHS England and Clinical Commissioning Groups
Facilitating access for training for general practitioners (both established and those in training) practice nurses, and other groups for specialist contraceptive services such as LARC insertion.

Health Education England
Health Education England was established as a Special Health Authority in 2012, and is now a Non-Departmental Public Body (NDPB), and as of 1 April 2015, under the provisions of the Care Act 2014, is responsible for the education and training of the workforce in England, the Care Act also includes provision for cooperation with Local Education and Training Board's (LETB) by Health Service Providers.

Where applicable under section 1(F)(1) of the NHS Act 2006, the Provider must co-operate with and provide support to Health Education England (HEE) to help them secure an effective system for the planning and delivery of education and training. This may include postgraduate medical education, undergraduate medical education and training of other professional groups as required.

All activity will be funded at standard tariffs with different tariffs for different professions and these are developed through the reference cost exercise, see https://hee.nhs.uk/our-work/planning-commissioning for more information. This will normally be undertaken through a formal contract with HEE.

Activity will include:

- Providing training locations (in discussion with the Postgraduate Dean) for postgraduate medical trainees in sexual and reproductive health, and in genito-urinary medicine, but may also include those wishing to gain experience in the field;
- funding 50% of non-tariff salary and any out of hours or on call payments recognising trainees make a contribution to service whilst in training;
- ensuring that those providing educational and clinical supervision meet required standards;
- working with HEE to ensure provider is recognised for GMC for training;
- where necessary for their training, trainees will need to be released on secondment to undertake specialist experience outside the provider such as HIV in-patient experience, abortion services and so forth;
- providing training locations for nurses and allied health professionals on standard placement tariff rates.

NHS

For any queries please contact HEE Local/Regional Teams https://hee.nhs.uk/hee-your-area

6.0 Service Improvement

6.1 Service Feedback, Engagement and Co-production

Engagement and co-production with stakeholders (particularly Service User engagement and co-production) must be a core principle within the Integrated Sexual Health Service. Engagement and co-production must be embedded within the Service practice to ensure that Service Users feel valued and listened to. The Provider must demonstrate how engagement and co-production has contributed to service development and improvement. Wherever possible the Provider is expected to engage Service Users in the following areas:

- The design, development and improvement of the Service (co-design);
- The evaluation and review of Service performance and pathways (co-evaluation);
- The delivery of services e.g. peers, champions and volunteers (co-delivery). This could, for example, include employing young people in a voluntary capacity to promote or co-ordinate chlamydia screening or young parents in the delivery of prevention activities around teenage pregnancy.

6.2 Continuous Service Improvement

The Council's vision is one of partnership and a collaborative approach to service design and delivery. Future systems and processes may require continuous development to meet the changing needs of the population, to support the market and to adhere to legislation, policy and best practice.

Service planning and improvement must always include consultation with Service Users, staff and wider stakeholders, the local population, and result in a service / business development plan that will be shared with the commissioner. This will form part of the Performance Monitoring Framework requirements for this commission.

6.3 Social Value

The term 'social value' refers to approaches that maximise the additional benefits created through the delivery, procurement or commissioning of goods and services, beyond those directly related to those goods and services. Social Enterprise UK in their Brief Guide to the Public Services (Social Value) Act 2012 define this as: "If £1 is spent on the delivery of services, can that same £1 be used to also produce a wider benefit to the community"? For the purposes of this contract, this means there is a commitment to meet local needs to provide goods, services, works and utilities in way that produces social, economic and environmental benefits. The Commissioners will wherever possible consider how economic, social and environmental well-being may be improved, and how procurement may secure those improvements.

Social value is about using money more strategically, to produce a wider benefit. It also describes the values and principles which inform behaviours and approaches. The Public Services (Social

Value) Act 2012 has not defined what is meant by 'social value', but the Sustainable Procurement Taskforce[20] defines social value as:

A process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and economy, whilst minimising damage to the environment.

The Commissioners and Provider will therefore endeavour to align, wherever possible, the environmental, social and economic focus of the Act with the duty of Best Value, local sustainable community strategies and the Marmot priorities to produce real social, economic and environmental improvement to the communities served.

6.4 Maximising Funding Opportunities

The Provider is required to seek external funding to support the continuous development of the service, this would be in addition to that of the core Integrated Sexual Health Service funding under this commission. The time limited funding opportunities occur on an annual basis through a variety of routes. These often require collaboration when making a bid for such funding. The Provider is expected to be alert to such opportunities and also to work collaboratively with a range of stakeholders under this commission.

[20] Procuring the Future: Sustainable Procurement National Action Plan

7.0 Contract Management and Quality Assurance

7.1 Contract Management and Quality Assurance Standards

Contract management arrangements and applicable Quality Assurance Standards are set out in the separate Performance Management Framework (PMF).

The PMF will be jointly reviewed by the Provider and Commissioner prior to the commencement of the contract and on an annual basis thereafter.

PMF reporting requirements will be monthly, quarterly, 6 monthly and annually for elements within the PMF. A formal contract and performance monitoring meeting will occur quarterly (however within the first 6 months of the new contract such meetings will occur on a monthly basis). Wider sexual health commissioners may also be involved in these meetings to ensure that the specified pathway requirements are effective. The Provider will identify appropriate and consistent representation at these meetings one of whom must be the main service lead within the Provider executive organisational structure.

There will also be more informal meetings between the Provider and the Commissioner(s), where service improvement and development can occur collaboratively.

The following methods will be used to monitor performance:

- Performance dashboard reporting on agreed performance indicators
- Qualitative reports
- Service user consultation and feedback
- Service user compliments and complaints
- Programme of audit agreed with the Commissioner
- Incident reporting

7.2 Clinical Quality

The Provider will ensure that clinical and related services are delivered in an environment of safe, high quality and cost-effective care. The Department of Health defines clinical governance as “the framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in healthcare will flourish”.

The Provider will ensure that there are mechanisms in place to consider clinical governance issues, including those standards produced by British Association for Sexual Health and HIV and the Faculty of Sexual and Reproductive Health. Providers of sexual and reproductive health are required to register with the Care Quality Commission (CQC) as providers of ‘regulated activities’ and are expected to have in place measures to consider each of the elements of clinical quality set out in 1.1 of the PMF.

7.3 Performance Management

The Provider must ensure that a dedicated 'Performance Management Function' is established as part of the contract to provide system wide reporting in accordance with the requirements of the PMF. The Provider will ensure the effectiveness of such reporting, demonstrating assurance processes for systems and procedures to commissioners and other key stakeholders, and support the continued development of both output and outcome monitoring for the service.

The Provider is required to complete performance checks in relation to Service delivery to ensure that outcomes and contract compliance are being met and is responsible for having performance and quality assurance processes that are capable of providing evidence of achieving outcomes, quality of Service and Key Performance Indicators.

It is the Provider' responsibility to submit performance and quality information as per the PMF and failure to complete and return the required information will be dealt with under Service failure and contractual action. The Council may choose to further verify submitted claims through feedback from Service Users, Council Staff, wider stakeholders and partners, other commissioners, Provider staff interviews and/or feedback as required.

The Provider must ensure that their nominated managers attend reviews, multi-disciplinary meetings and submit monitoring information to The Council.

The Council reserves the right to review or amend the contract management and quality assurance process during the contract term with one months' notice.

Reporting requirements may change over the lifetime of this contract to embrace wider governance reporting structure requirements, innovation and Service User need or demand. Any changes to the requirements will be discussed with the Provider and will be effected by means of a variation to the contract where appropriate.

7.4 Underperformance by Provider

Should the Council identify that the Provider is underperforming against the terms of the Agreement at the request of the Council the Provider must produce a Service Improvement Action Plan which will be agreed with the Council and the Council may specify additional actions or requirements proportionate to any underperformance.

Where Provider Partner and/ or sub contracting arrangements exist the Lead Provider will be responsible for the monitoring and reporting of performance information relating the Provider Partners and/ or sub contracted providers delivering elements of the Service and for any issues of underperformance.

Where there has been a serious breach or multiples breaches which may affect Service User safety and wellbeing, the Council retains the right to move existing Provider business to an alternative Provider. This may be via a staggered approach or moving the business as a whole and is at the Councils discretion.

7.5 Complaints, Compliments and Ombudsman Investigations

7.5.1 Complaints and Compliments

The Provider will have a written Complaints Policy which is compliant with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Provider will ensure that Service Users or their representatives are aware of the Complaints Policy and how to use it.

A copy of the Provider's Complaints Procedure will be made available to the Service User as standard practice from the commencement of Service delivery and will form part of the Service User guide within the individuals' home.

Where the complaint is received by the Council, the Council reserves the right to determine the conduct of these complaints.

Service Users referred to the Provider by the Council have a legal right to submit a complaint directly to the Council and to utilise its complaints procedure. The Provider will ensure that the Service User is aware of this right from the commencement of Service delivery.

The Provider will (at its own expense) co-operate fully with the Council at all times to enable the Council to investigate any complaint which is referred to it under this section

All complaints and compliments received by the Provider from Service Users must be recorded and will be made available to the Council upon request.

7.5.2 Ombudsman Investigations

The Council is under a legal obligation by virtue of the Local Government Acts, to observe the rights and powers of the Local Government and Social Care Ombudsman, who has independent and impartial powers to require persons to provide information and/or produce documents for the purposes of carrying out investigations into relevant matters that may have been referred to him for adjudication when maladministration has been alleged against the Council.

The Provider shall make available any documentation or allow to be interviewed any of the Provider's Staff and assist at all times the Ombudsman or their staff and shall co-operate with any enquires that are requested by the Ombudsman or his staff in investigating any complaints whatsoever.

Upon determination of any case by the Ombudsman in which the Provider has been involved or has been implicated, the Council shall forward copies of these determinations to the Provider for comments before reporting the details to the relevant Committees of the Council. The Provider shall indemnify the Council against any compensation damages, costs or expenses which the Council shall incur or bear in consequence of any claim of maladministration where such maladministration arises from the negligent act or omission by or on behalf of the Provider resulting from failure to observe and perform the obligations under this Agreement.

The Provider shall comply with all recommendations, in so far as the Law allows, made by the Ombudsman as to the changes of methods or procedures for service delivery if requested to do so in writing by the Council.
All Providers are to comply and co-operate with any Ombudsman investigations which occur as a result of a complaint being made.

7.6 Whistleblowing

The Provider must ensure that all staff are aware of the Whistleblowing policy and must be able to demonstrate to the Council that all staff understand what this policy is.

The Provider shall, throughout the Contract Period, maintain a system allowing Staff to have a means of ensuring that they can raise concerns relating to the care or treatment of the Service Users or the management of the Provider with an independent person.

Any member of Staff, raising a legitimate concern, will be entitled to remain anonymous and will not be subject to any reprisal for highlighting such concerns. The exception to anonymity is where the concern escalates to a situation where this is no longer possible i.e. where there is Police or Court action.

The Provider should have robust Whistleblowing policies, procedures and processes in place for all staff within the organisation. This will be available to the Council upon request.

7.7 Managing Information

7.7.1 Commissioner rights to information

The Commissioner requires the Provider to provide timely information to support commissioning activities locally, sub regionally and nationally. This includes regular, anonymised data extracts at lower geographies in order to monitor population health. The information must comply with GDPR and disclosure rules. This applies to the provision of service return information, and invoice payment backing data. However where there are specific safeguarding or operational risks relating to individual Service Users and/or employees then the Provider and the Commissioner must share information to determine the appropriate management of the situation to ensure appropriate safeguarding actions.

The Service brand name will be determined with the Commissioner and the Commissioner will own the name. The Provider in connection with the delivery of the Service will not, use, manufacture, supply or deliver services that may infringe any intellectual property rights. All intellectual property rights developed for the purpose of providing services under this contract shall belong to the Commissioner.

The Provider must fully indemnify the Commissioner against losses, action, claims, proceedings, expenses, costs and damages arising from a breach of information governance. The Provider must defend at its expense any claim or action brought against the Commissioner alleging that there has been, in connection to the delivery of the Service infringements of copyright, patent, registered design, design right or trademark or other intellectual property rights and must pay all costs and damages.

7.7.2 Commissioner Information Requests

The Provider will be responsible on behalf of the Commissioner for preparing responses to MP letters, Compliments and Complaints, Freedom of Information requests for the commissioner's approval where these relate solely or partially to the service.

7.8 Expectations in using systems

The Provider will operate an appropriate IT system that enables safe prescribing, safe and confidential storage of clinical information and case records, allows for effective data collection and analysis for both local, sub regional and national monitoring requirements. This should include Service User consent to store and share information with related services as part of the treatment and support arrangements and subject to effective governance and secure transfer arrangements with other partners involved in supporting their care and/or treatment.

7.9 Record Keeping

The Provider will:

- Create and keep records which are adequate, consistent and necessary for statutory, legal and business requirements;
- Achieve a systematic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their life cycle;
- Provide systems which maintain appropriate confidentiality, security and integrity for records and their storage and use;
- Provide clear and efficient access for employees and others who have a legitimate right of access to the records in compliance with current Information Governance (IG) legislation;
- Provide training and guidance on legal and ethical responsibilities and operational good practice for all staff involved in records management;
- Ensure compliance with current Cheshire East policies and NHS Code of Practice;
- Comply with IG requirements for any future service transition arrangements.

7.10 Storage of information

The Provider has a duty to make arrangements for the safe-keeping and eventual disposal of their records in accordance with prevailing NHS guidelines. The policy for safe storage and disposal of records must be set out in the Provider's Governance Framework.

7.11 Policies and Procedures

The Provider will have clear policies, procedures and documents which will be supplied to the Council as and when requested. Updated versions are to be supplied during each Annual Monitoring Return to the Council. As a minimum, there should be the following policies, procedures and plans in place:

- Safeguarding Children/Vulnerable Adults Policy
- Complaints Policy

- Administration of Medication including prompts, handling, recording and auditing
- Manual Handling / Moving and Handling Policy
- DBS Policy
- Infection Control Policy
- Risk Assessment Policy
- Data Protection / Confidentiality Policy
- Whistleblowing Policy
- Supervision, Appraisal and Employee Development Policy
- Managing Challenging Behaviour Policy
- Environmental/Sustainability Policy
- Business Continuity Management Plan (localised to Cheshire East)
- Social Media Policy
- Referral Policy/Procedure
- Freedom of Information Policy

7.12 Human Rights, Equality and Diversity

The Provider shall, in providing the services detailed in this specification, take all reasonable steps to protect and promote the human rights of those to whom services are provided in order to comply with statutory obligations under the Human Rights Act 1998. The Human Rights Act lets individuals defend their rights in a UK court, and compels public organisations (including the Government, police and local councils) to treat everyone equally, with fairness, dignity and respect[21].

The Provider will ensure that access to services by individuals considers the needs of individual groups to ensure that disadvantage does not occur. The Provider will need to demonstrate their understanding of the local population and geography to inform their marketing and service delivery approaches. This applies equally to the specific needs of distinct BME groups, gender, age, disability, sexuality, as it does for towns, villages and rural populations. The Provider understanding of local modes of transport and transport routes, acceptable service delivery locations for children, young people, families, adults and communities will be vital in ensuring accessible service locations and times of delivery.

The Provider will ensure that the service provides adequate consideration to specific service venues, any satellite venues such as in primary care and other universal settings, outreach settings, as well as service opening times.

Interpretation services for non-English speaking people, hearing impaired/deaf or blind must be a part of the assessment and treatment services provided.

7.13 Safeguarding

7.13.1

The Providers will ensure services comply with safeguarding procedures outlined by Cheshire

[21] https://www.legislation.gov.uk/ukpga/1998/42/contents

East Council through the Local Safeguarding Children Board and Local Safeguarding Adults Board, and Cheshire East's Domestic Abuse Partnership:

http://www.cheshireeast.gov.uk/care-and-support/healthy-lifestyles/domestic_abuse/domestic_abuse.aspx

http://www.cheshireeastlscb.org.uk/professionals/procedures-and-guidance.aspx

http://www.cheshireeast.gov.uk/care-and-support/vulnerable-adults/vulnerable-adults.aspx

The operational policies of the Provider will address the following:

- Safe provision and storage of medication;
- How to make a referral for a child in need, or a vulnerable adult, under safeguarding procedures;
- How to raise a concern in relation to domestic abuse;
- How to report and respond to safeguarding concerns about the practice of staff or volunteers;
- How they will manage a complaint investigation and how the learning will inform practice and continuous development of the service;
- How the management and reporting of Sudden Untoward Incidents and the reflective learning from such events informs future practice and continuous service development.

The Provider will be responsible for informing the Commissioner of their practice through routine contract monitoring arrangements or earlier where it relates to a critical incident and/or is deemed to be an emergency that warrants this step as a matter of urgency.

The Provider will work to the principles set out in Cheshire East's Signs of Safety for Children and Young People Strategy and Guidance which can be accessed below.

http://www.cheshireeastlscb.org.uk/professionals/signs-of-safety.aspx

7.13.2 Safeguarding for Vulnerable Children and Adults

The safeguarding of children and vulnerable adults must underpin all practice and Providers are expected to adhere to relevant legislation and guidance:

- The Care Act 2014 https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation
- Safeguarding Children and Young People https://www.gov.uk/government/publications/working-together-to-safeguard-children--2 as well as statutory responsibilities within 1989 and 2004 Children Acts, critically:

''Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.
Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This

cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.
Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.''

Cheshire East Local Safeguarding Children Board and Local Safeguarding Adults Board have policies that must be adhered to and evidenced within The Provider' own policy, practice documents and records. The primary principle[s] here is that the Provider' have robust policies, practices and pathways in place to escalate matters should this be required, therefore being able to: **Recognise, Respond, Record, Recruit Safely and Risk Assess well in respect of service user wellbeing and safety**.

Compliance with Local Safeguarding Children's Board's and Local Safeguarding Adults Board's policy, procedures and protocols must be regularly audited (including case recording audit) by the Provider. The Provider is required to complete annually the self-assessment as set out in the Safeguarding Standards for Children and Adults at risk.

The Safer Recruitment and selection of Staff, and Volunteers must be robust and include appropriately the undertaking of Disclosure and Barring Scheme checks [DBS]. If these checks reveal information which would make the person unsuitable for work with children or vulnerable adults the Provider shall not employ or otherwise use such persons in any way.

Workforce training on the prevention of abuse and safeguarding practice as well as domestic abuse and child sexual and criminal exploitation must be given to all employees as a part of their induction and continued professional development.

In order to safeguard service users' from any form of abuse and to provide an early warning, the Provider must have in place written Adult Safeguarding Policies and Procedures. This must mirror the principles of the North West Adults Safeguarding Policy, the Care Act 2014 and, especially Chapter 14 of the Care Act guidance. The Provider must supply the Council with a copy of its policy and procedure on request. The policy will include employee training, adequate record keeping and procedures for alerting other professionals.

In the event of any allegation under Chapter 14 of the Care Act and the North West Adults Safeguarding Policy, the Provider must work in co-operation with appropriate statutory agencies, other Providers, the complainant, their advocates and significant others to agree and implement a Support Plan aimed at providing support and preventing further abuse.

On receiving information about an incident / concern the Service Manager or nominated individual should determine whether it is appropriate for the concern to be dealt with under Safeguarding procedures.

Where a safeguarding allegation comes to light, the Provider should make a safeguarding referral to the relevant social work team. Where possible, (unless it exacerbates risk), consent should be sought from the service user as well as the service users wishes with regards to the safeguarding.

Cheshire East Social Care are the lead agency for managing Safeguarding allegations, and will decide whether they will conduct a S42 enquiry (investigation) or request that the Provider conducts the S42 enquiry (investigation) on behalf of the Council. It is anticipated in the future, that Providers may have to collate and report LOW LEVEL concerns on a monthly basis to the Contracts Management Team.

The Provider is required to respond to any safeguarding enquiries within the timescales specified by the Safeguarding teams. The monitoring process within the Quality Assurance schedule (See Schedule 6) will capture compliance against this.

The Council may also introduce new ways of reporting safeguarding concerns during the life of this Contract. The Provider will comply with any reasonable requirements and adopt the new way of working at no extra costs.

The Council may also introduce new ways of reporting safeguarding concerns during the life of this Contract. The Provider will comply with any reasonable requirements and adopt the new way of working at no extra costs.

In the event that a Regulated Activity, as defined by the Disclosure and Barring service, is to be delivered by the Provider under this Contract, the Provider will be a Regulated Activity Provider for the purposes of the Care Act 2014, and also comply with all relevant parts of the Cheshire East Multi-Agency Policy and Procedures to Safeguard Adults from Abuse, (which can be found on our website) and the North West Adult Safeguarding policy.

This can be found on the Safeguarding Board Website www.stopadultabuse.org.uk

The Provider will ensure that staff are trained and comply with the Council's inter-agency procedures for safeguarding children and promoting welfare.

Information can be found on the Cheshire East Local Safeguarding Children's Board website;

http://www.cheshireeastlscb.org.uk/homepage.aspx

The Provider will ensure that all Employees engaged in the delivery of a Regulated Activity under this Contract:

- are registered with the DBS in accordance with the Safeguarding Vulnerable Groups Act and regulations or orders made thereunder; and
- are subject to a valid enhanced disclosure check undertaken through the Disclosure and Barring Service (DBS) including a check against the adults' / children's barred list; and
- In performing its obligations under this contract or any applicable call off contract, the Provider shall comply with all applicable anti slavery and human trafficking laws (including, but not limited to, the Modern Slavery Act 2015)
- Receive appropriate training regarding any policy put in place by the Council regarding safeguarding and promoting the welfare of Adults / Children at risk and regularly evaluate its employees' knowledge of the same.

- The Provider will monitor the level and validity of the checks under this clause for all Employees.

The Provider will not employ or use the services of any person who is barred from carrying out a Regulated Activity.

Should the Provider wish to employ a person who has a positive response (other than barring) on their DBS check, the Provider must undertake and put in place an appropriate Risk Assessment of the risk to service users.

In accordance with the provisions of the SVGA and any regulations made there under, at all times for the purposes of this Contract the Provider must:

- be registered as the employer of all Employees engaged in the delivery of the Services, and
- have no reason to believe that any Employees engaged in the delivery of the Services:
    - are barred from carrying out Regulated Activity ; or
    - are not registered with DBS

The Provider will refer information about Employees carrying out the services to the DBS where it removes permission for such Employees to carry out the services, because, in its opinion, such Employees have harmed or poses a risk of harm to the service users' and / or Children / Adults at risk and provide the Council with written details of all actions taken under this clause.

7.13.3 Provider and Named Safeguarding Lead

The Provider will identify a named safeguarding lead. The 'named' safeguarding lead will have arrangements in place to ensure they are able to access enhanced safeguarding advice, support and knowledge.

The successful Provider and their safeguarding lead must have in place:

- Clear referral and access criteria and documented pathways;
- Arrangements for the management of escalating risk;
- An information sharing and confidentiality policy in place that is clear regarding when, legally, information can be shared without consent and explains service users' rights and responsibilities;
- A risk assessment process that accounts for a history of abuse and the person's vulnerability to abuse, including predatory behavior or sexual vulnerability;
- A Quality Audit / Performance Monitoring system for safeguarding activity, that complies with contract and safeguarding performance reporting / monitoring requirements
- A clear process for reporting and managing allegations in relation to a member of staff or volunteer.

The service must immediately notify the Commissioner of any improper conduct by any of its staff or by one Service User towards another, in connection with any part of this contract.

Note examples of improper conduct of staff or Volunteers include:

- **Neglect / Acts of Omission / Self-Neglect** - Causing harm by failing to meet needs e.g. ignoring physical or medical care needs, withholding medicines, failure to provide adequate supervision
- **Physical** - Hitting, pushing, slapping, and using inappropriate physical restraint, burning, drowning, and suffocating, withholding medical care, feigning the symptoms of ill health or deliberately causing ill health.
- **Sexual** - Sexual activity of any kind where the vulnerable person does not or is not able to give consent.
- **Psychological** - Including verbal abuse, humiliation, bullying and harassment. Persistent emotional ill treatment, cyber-bullying, seeing or hearing the ill-treatment of others, Domestic Abuse (see the below section)
- **Discriminatory Abuse** - Treating a person in a way which does not respect their race, religion, sex, disability, culture, ethnicity or sexuality.
- **Organisational Abuse** - Where routines and rules make a person alter his/her lifestyle and culture to fit in with the institution.
- **Financial** - Taking money and/or property without permission. Using pressure to control a person's money/property/ benefits. Taking or offering any financial inducements.
- **Modern Slavery / Trafficking** - Smuggling is defined as the facilitation of entry to the UK either secretly or by deception (whether for profit or otherwise). Trafficking involves the transportation of persons in the UK in order to exploit them by the use of force, violence, deception, intimidation, coercion or abuse of their vulnerability.
- **Radicalisation** - is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.

Any staff member who is the subject of allegations must be suspended from providing any services under this contract until the matter is resolved to the satisfaction of the Commissioner. Where appropriate a report should be made to the local authority – for those working with children and young people to the LADO [Local Authority Designated Officer].

The Provider will ensure that they have mechanisms in place to fulfil their duty with regard to the Independent Safeguarding Authority where they have dismissed an individual, or an individual has resigned, because they harmed or may harm a vulnerable person. Consideration of subsequent reporting to professional registering bodies will also be needed e.g. GMC, NMC.

7.13.4 Domestic Abuse and Sexual Violence

Domestic Abuse is defined by the Home Office as:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members

regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, and emotional'.

The Provider will recognise the linkages to their service delivery and practice of those they support who are subject to domestic violence, including harm caused to primary victims and to their children. It is essential that the Provider ensures the safeguarding lead has oversight of domestic and sexual violence also. This will ensure a clear single point of contact for all safeguarding matters with wider system partners.

The Provider is expected to engage with the Domestic Abuse Partnership and Multi Agency Risk Assessment Conference [MARAC] where the safety of those at high risk is co-ordinated across agencies as and when appropriate.

There is a requirement that the Provider use the CAADA-DASH RIC [Risk Identification Checklist][22] and refer on to MARAC for those at high risk and/or supports access to specialist support for lower risk victims as appropriate.

The Provider will promote specialist service access for staff, communities and families through the 24/7 Domestic Abuse Hub so that specialist support can be offered at the earliest indications of abuse.
The Provider will always consider the potential risks to children caused by domestic abuse and other issues and follow their safeguarding procedures as a priority.

The Provider will have in place referral pathways to sexual abuse support services including the Sexual Assault Referral Centre and the commissioned aftercare Provider. Staff are expected to be trained in and knowledgeable about sexual violence and exploitation and the appropriate referral pathways for children and adults. Specialist support services for sexual violence are commissioned at sub regional level, and include the Sexual Assault Referral Centre (SARC) at St Marys Hospital in Manchester and the Rape and Sexual Abuse Support Centre (RSASC). While support is commissioned at a pan Cheshire level support services are delivered locally in bases accessible by victims.

It is known that those who are abused and those who abuse will also be among the service user group and the Provider must take all steps to support staff in their work with service users. The Provider will also recognise that staff may be personally affected by domestic abuse and this will be accounted for in their own HR policies.

The Provider practice approach must include support to those who are harmed and accountability for those who harm others including promoting the use of criminal sanctions and voluntary change programmes.

[22] https://www.cscb-new.co.uk/wp-content/uploads/2015/11/CAADA-DASH-risk-assessment-for-MARAC-agencies.pdf

7.14 Prevent and Channel Duties

The Provider must ensure that they adhere to Prevent and Channel duties. The national Let's Talk about it campaign[23] describes Prevent as being about safeguarding people and communities from the threat of terrorism. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. Channel provides support across the country to those who may be vulnerable to being drawn into terrorism. The overall aim of the programme is early intervention and diverting people away from the risk they may face.

[23] Let's Talk about it: Working together to prevent terrorism http://www.ltai.info/what-is-prevent/

8.0 Governance Requirements

8.1 Legal compliance

The Provider will ensure that the Service is fully compliant with all relevant legislation and regulations. The Service will be delivered within the allocated budget. Failure to meet agreed targets would result in the Commissioner requiring a remedial, time specific improvement plan to address the issues of concern. Continued underperformance may lead to contract termination in line with the contract terms and conditions. For services that are not registerable, inspection arrangements will be through other routes such as Local Health Watch, and via the Commissioners right to enter services at any time.

8.2 Lead Provider / Consortia / Multiple or Joint Providers

It is a requirement that the service be promoted and known by a single brand name and all Provider Partners involved in the delivery of the service are to operate under this brand heading. The Provider is responsible for ensuring Sub-Contractors or Provider Partners delivering services on behalf of the Service do so accordingly.

Prior to developing and managing the full service and commencing the sub-contracting or partnership arrangements, the Provider will determine via an open and transparent process:

- staffing levels
- competence levels and experience required of staff delivering the services
- accessibility and safety of premises in use if applicable,
- safeguarding arrangements including recruitment and training of staff
- insurance arrangements
- quality assurance
- financial standing
- communication and relationship management

The Provider must ensure strong organisational governance and compliance of any/all sub-contracted services covering all aspects of service delivery in the community. This should include but not be limited to:

- confidential and appropriate communication between services;
- communication with Service Users, parent / carers and families;
- communication between staff and services;
- effective reporting arrangements;
- effective Service User record keeping;
- service data and access to record arrangements;
- data protection;
- incident reporting;
- safeguarding;
- health and safety;

- whistle blowing;
- recruitment;
- risk management;
- compliance with the human rights act;
- Equal opportunities.

The Provider should agree how complaints regarding services delivered/ individual staff are managed with each Provider Partner and/ or sub contractor. Complaints will be reviewed at quarterly monitoring meetings.

The Provider will establish a protocol agreement with the Provider Partners covering quality, communication flow/ PR, relationship management, development areas including innovation, user feedback, performance and payment mechanisms/ timeframes.

It is the role of the Provider to resolve issues and disputes with the Provider Partners or sub contractors. Issues will be escalated to the Commissioners if resolution cannot be sought to the satisfaction of both parties. It is important that the Provider creates a constructive, open, challenging but supportive relationship with the Provider Partners and sub contractors.

8.3 Service sustainability and Business Continuity

The Provider will produce a Sustainable Development / Business Continuity Plan for the service prior to the commencement of the contract that is then subsequently reviewed at least annually.

Key personnel, particularly managers, must be familiar and up to date with the Plan and with relevant legislation.

The Plan should include how the Service will achieve the following:

- Compliance with the requirements of the Climate Change Act (2008) and all other environmental legislation;
- Compliance with the Sustainable Development Strategy for the NHS, Public Health and Social Care System 2014-2020 and any future updates.

8.4 Information Governance

The Provider will comply with the General Data Protection Regulations (GDPR EU 2016/679). Elements of this section may change in-line with the mandatory Data Protection Impact Assessment.

For the purposes of this contract the Provider is deemed to be the Data Owner and Controller.

All staff must be aware of their responsibilities and relevant guidance and legislation regarding record keeping, data governance and information sharing and this must be reflected in staff contracts.

The Provider must have in place a policy on the standards of recording information in case files. All information in case files should be recorded in a timely, factual and non-judgmental way. The

Provider must have a policy on the retention of Clinical Records which is in-line with the GDPR and national guidelines.

The Provider will comply with the Information Governance (IG) Toolkit https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx.

This integrates the overlapping obligations to ensure confidentiality, security and accuracy when handling confidential information set out in:

- General Data Protection Regulation 2016/679;
- The Data Protection Act 1998
- The common law duty of confidentiality;
- The Confidentiality NHS Code of Practice;
- The NHS Care Record Guarantee for England;
- The Social Care Record Guarantee for England;
- The ISO/IEC 27000 series of information security standards;
- The Information Security NHS Code of Practice;
- The Records Management NHS Code of Practice;
- The Freedom of Information Act 2000.

Patient identifiable data (PID) will only be accessed by authorised staff where the service user has given explicit consent. Where consent is not given by the individual service user only anonymised or aggregate data will be accessed. Patient confidential data (PCD) will only be accessed where it is absolutely necessary to support or facilitate the service user's care. All PCD will be handled in accordance with the Information Governance (IG) Toolkit https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx. This includes:

- Ensure that agencies comply with their responsibilities to inform service users of the uses of their information and the agencies it is shared with;
- Protect and keep in the strictest confidence all information;
- Use the confidential information only for the purpose of supporting or facilitating the care of the service user;
- Notify the Commissioner immediately upon learning of any improper disclosure or misuse of any confidential information, login and passwords. Also to take whatever steps are reasonable to halt and otherwise remedy, if possible, any such breach of security. Also to take appropriate steps to regain the confidential information, and to prevent any further disclosures or misuses;
- Ensure that the service Provider has a current data protection notification, which is updated on an annual basis;
- Ensure that all members of staff are contractually bound by confidentiality agreements and are aware of their responsibilities to adhere to these e.g. the NHS Confidentiality Code of Practice;
- Appropriate technical and organisational measures will be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data;

- Regular confidentiality audits will be carried out to ensure that security measures remain appropriate and up to date. All audits will be carried out in accordance with the Information Commissioner's Office (ICO) Confidentiality Audit Guidance.

8.5 Clinical governance

The Service must have policies and operating procedures to ensure that all clinical interventions are delivered in line with all current and future NICE guidance and published key evidence/best practice/quality standards where appropriate.

The Provider will be legally responsible for registration with the Care Quality Commission (where applicable) and for making sure it meets Care Quality Commission essential standards of quality and safety, and in accordance with DH Sexual Health Clinical Governance Principles.

Clinical governance structures must ensure compliance with CQC requirements covering the five main elements of:

- Are services safe?
- Are services effective?
- Are services caring?
- Are the services responsive to people's needs?
- Are the service well led?

The Service will ensure that:

- It has a named Clinical Governance Lead for all clinical services delivered;
- All the medical and clinical interventions which it delivers are evidence based and delivered by qualified practitioners in accordance with the latest best practice guidance;
- A planned programme of service improvement is in place, informed by the audit cycle, customer feedback, performance and evidence for change;
- All STI testing and treatment should be cost effective and provided according to BASHH Clinical Effectiveness Group guidelines;
- All staff are trained and qualified to an appropriate competency level and that continuing professional development requirements are met for all staff commensurate with their work, including mandatory training programmes, in order to provide treatment and manage associated risks;
- That it has an appointed accountable officer with regards to the management and use of controlled drugs;
- All healthcare professionals who perform microscopy in services managing STIs should be competent to do so and undertake regular continuous professional development (CPD) and assessment as per BASHH (2014) Standard 3.

The Service shall also ensure that quality standards in relation to all interventions are the subject of routine outcome. The Service shall keep abreast of technical developments as they become available and shall build innovative solutions into the service, ensuring compliance at all times to maintain delivery of a good quality and responsive service.

Doctors working within the Service must be able to demonstrate competence as outlined in national guidance. They should be competent to provide a treatment response, including the interpretation of test results, especially at level 3 and in relation to complex problems such as risk management for substance misuse service users (in conjunction with core treatment provider), mental health and pregnancy, as well as being able to work alongside other healthcare, social care and criminal justice agencies.

The Provider and Commissioner will ensure that the relevant systems and processes are in place for the development, authorisation, implementation and review of PGDs, and for the adoption of existing PGDs to comply with the legal framework and any associated national guidance.

Where appropriate, prescribing must take place in line with approved Patient Group Directions (PGDs) and in accordance with the latest relevant clinical guidelines. The choice of appropriate medications to support treatment must be supported by a clear, documented rationale.

All processes should include escalation and notification of events to the Provider who will be responsible for assuring the Commissioner of the services compliance with clinical governance standards and policies and learning from any breaches or serious incidents.

The Provider must report all serious and untoward incidents (SUIs), complaints and compliments to the commissioner. Where compliments and less serious complaints occur these can be reported as part of the quarterly monitoring cycle. However serious complaints, untoward incidents and safeguarding occurrences must be reported to the commissioner at the first available opportunity.

The Provider must adhere to local prescribing governance arrangements.

8.6 Clinical Audit

Clinical audit is a review of an area of clinical practice, measuring such practice against agreed national standards.

An annual programme of clinical audit will be developed jointly by the Provider and Commissioner. The Provider is also required to participate in national audits related to STI, HIV and contraception, and to take action when the findings of such audits are reported.

The Service will be expected to undertake a minimum of four clinical self-audits per annum, the subject of which will be agreed in advance with Commissioners. The results of the audits must be shared in a timely manner with Commissioners along with a focused action plan if needed.

Consultants and other clinical staff should be directly involved in such audits, and the audit findings and a service improvement and development plan would form part of reporting to the Commissioner.

The Provider is required to keep abreast of new evidence and best practice technologies, and to work with the Commissioner as necessary to implement agreed service improvements.

8.7 External Inspections

The Provider will be responsible for registration and meeting the inspection requirements of inspectorates including CQC. There is an expectation that the Service will contribute to wider children and families OFSTED inspections required by the Commissioner. Local Health Watch also have enter and view responsibilities for adult health and social care services and compliance here is also expected.

Appendix 1 – Outline of Service Level Provision

The range of interventions to be provided is listed as follows.

Levels 1 & 2

- Information on services provided by local voluntary sector sexual health providers including referrals and/or signposting
- Referral for Female Genital Mutilation (FGM) specialist advice and care
- Urgent and routine referral pathways to and from related specialties (general practice, urology, A&E, gynaecology) should be clearly defined. These may include general medicine /infectious diseases for inpatient HIV care
- Urgent and routine referral pathways to and from social care
- IUD and IUS uncomplicated insertion, follow up and removal
- Diaphragm fitting and follow up
- Uncomplicated contraceptive implant insertion, follow up and removal
- Natural family planning
- Assessment and signposting for CHEMSEX
- Assessment and signposting for Brief Interventions including alcohol, weight management and stop smoking services
- Problems with choice of contraceptive methods
- Management of problems with hormonal contraceptives
- Advice and referral for infertility and menorrhagia and pre-conceptual advice and support
- All methods of oral emergency contraception and the intrauterine device for emergency contraception
- First prescription of combined hormonal contraception (combined and progestogen only) including oral, transdermal, transvaginal methods of delivery and a choice of products within each category where these exist
- First prescription of injectable contraception
- Assessment and referral for difficult implant removal
- Direct referral for antenatal care
- Sexual history taking and risk assessment including identifying:
    - Safeguarding issues in under 18s and vulnerable adults with referral as appropriate
    - Child protection issues
    - The need for emergency contraception
    - The need for HIV post-exposure prophylaxis following sexual exposure (PEPSE)
    - Sexual assault/domestic abuse with referral as appropriate
    - Signposting to appropriate sexual health services
- Chlamydia screening
- Opportunistic screening for genital chlamydia in sexually active asymptomatic males and females under the age of 25
- STI screening and treatment of asymptomatic infections (except treatment for gonorrhoea and syphilis) in women and men (except MSM)*

- Partner notification of STIs or onward referral for partner notification
- HIV testing Including pre-test discussion and giving results
- Point of care HIV testing
- Rapid HIV testing using a validated test (with confirmation of positive results or referral for confirmation)
- Screening for hepatitis A, hepatitis B and hepatitis C and vaccination for hepatitis and B in line with the green book recommendations
- Appropriate screening and vaccination in at-risk groups
- Sexual health promotion
- Provision of verbal and written sexual health promotion information
- Condom distribution
- Provision of condoms for safer sex
- Assessment and referral for psychosexual problems
- STI testing and treatment of symptomatic but uncomplicated infections in men (except MSM) and women including:
    - gonorrhoea if able to perform gonorrhoea cultures with rapid transport to the laboratory

The following should be referred to Level 3:

- men with dysuria and / or genital discharge**
- symptoms at extra-genital sites e.g. rectal or pharyngeal
- pregnant women
- genital ulceration other than uncomplicated genital herpes
- gonorrhoea if unable to perform gonorrhoea cultures with rapid transport to the laboratory

Level 3 (in addition to Levels 1 and 2)

- Coordination of outreach clinical services for high risk groups
- Participation in research trials including PrEP impact trial;
- Interface with specialised HIV services as commissioned by NHS England;
- STI testing and treatment of MSM*
- STI testing and treatment of men with dysuria and genital discharge**
- Testing and treatment of STIs at extra-genital sites
- STIs with complications
- STIs in pregnant women
- Gonorrhoea cultures and treatment of gonorrhoea***
- Recurrent conditions
- Recurrent or recalcitrant STIs and related conditions
- Management of syphilis and blood borne viruses including the management of syphilis at all stages of infection:
- Tropical STIs
- Specialist HIV treatment and care

- Provision and follow up of HIV post exposure prophylaxis (PEP)****
- STI service co-ordination across a network including:
- Clinical leadership of STI management
- Co-ordination of clinical governance
- Co-ordination of STI training
- Co-ordination of partner notification

** The testing and management of men who have sex with men (MSM) has been defined as an element of specialist care at Level 3 because the majority of infections in this group are in the rectum and/or pharynx rather than the urethra and the management of these infections is more complex and requires specialist provision1, 2. However, for asymptomatic MSM there may be some Level 2 services which have the full range of investigations available, and the necessary clinical and prevention skills, to effectively manage care.*

*** The appropriate management of men with dysuria and/or urethral discharge requires immediate microscopy. This is usually only available at specialist GUM (Level 3) services so the testing and treatment of such men has been defined as an element of care at Level 3. However some other services, at Level 2, may be able to provide immediate microscopy (with the appropriate training and quality assurance) and management of such men would then be appropriate at these services.*

**** Gonorrhoea culture is an essential test before treating gonorrhoea or giving empirical antibiotics to people with symptoms.*

*****PEP 'starter packs' are often available in other settings such as Accident and Emergency or Occupational Health, but referral to a specialist GUM (Level 3) service is required for ongoing management and provision of antiretroviral drugs.*

IMMUNISATION, INCLUDING HEPATITIS

Background

Immunisation against Hepatitis A (HAV) and Hepatitis B (HBV) is recommended for people who may be at increased risk of infection; in the context of sexual health the Green Book on Immunisation (Chapters 17 and 18) recommends that MSM with multiple sexual partners are offered vaccination against HAV and HBV.

Hepatitis A

In 2016 / 2017, there was a large and long-running outbreak of Hepatitis A in MSM; cases in the UK were initially concentrated in London but occurred in all areas of the country as well as across Europe.

The extent to which the infection spread amongst the MSM population was thought to be, in part, due to falling rates of vaccination in sexual health clinics. Reports from clinics where routine preventative vaccination had continued for longer suggest that even in areas with large MSM populations the level of HAV infection was lower (*personal communication – Brighton).*

An important factor to consider is the wider impact of infection and risk of transmission through non-sexual contacts; in the recent outbreak of HAV, there was transmission of infection from MSM to wider, non-sexual contacts through family / household contacts, schools and food premises.

Hepatitis B

Sexual transmission (through vaginal and anal sex) is one of the main routes of transmission of Hepatitis B. In addition, it may also be transmitted through injecting drug use and therefore there is a possible risk of transmission associated with 'chemsex' episodes. Furthermore, outbreaks of Hepatitis B have occurred usually in high risk groups and settings.

As such, sexual health providers should, in line with Department of Health guidance as set out in the Green Book:

- risk assess patients and consider the possibility of hepatitis B transmission;
- offer testing of Hepatitis B for high risk individuals;
- arrange passive immunisation with Hepatitis B immunoglobulin for persons who have had a recent high-risk exposure where rapid protection is required;
- notify acute cases of hepatitis B to Public Health England;
- offer hepatitis B immunisations to persons at high risk attending their service. These include: injecting drug users, individuals who change partners frequently (especially men who have sex with men, and sex workers), sexual contacts and close family contacts of a case or an individual with chronic infection with Hepatitis B. Please note occupational immunisation is excluded from this contract.

Furthermore, in rare instances of outbreaks of hepatitis B Providers should be prepared to assist with prevention and control measures that may include high risk individuals attending their service.

Response to occupational exposure to Hepatitis B is not commissioned by local authorities.

Human Papilloma Vaccination (HPV)

The Provider is required to support national efforts to vaccinate target groups with HPV in line with national guidance and policy such as that which is set out in the Green Book. This include signposting eligible individuals to relevant services for HPV, or where required provide immunisations to individuals in the target group attending services who have not completed their primary immunisation course for HPV.

The national HPV vaccination programme for MSM began on 1 April 2018. The purpose of the HPV for MSM programme is to opportunistically offer the vaccine to MSM up to and including 45 years of age through Specialist Sexual Health Services (SSHS) and/or HIV clinics. At present, the vaccine is not available outside of SSHS and HIV clinics. PHE therefore encourages patients to continue attending SSHS and HIV clinics where they normally receive care.

The aim of the programme is to extend protection against HPV infection, HPV associated cancers and genital warts to the MSM population up to and including the age of 45 years through opportunistic vaccination at Specialist Sexual Health Services* (SSHS) and HIV clinics.

*Specialist sexual health services (SHSS) refers to genitourinary medicine (GUM) and integrated GUM/sexual and reproductive health (SRH) services.

Chemsex

Chemsex is a term for the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience. Chemsex commonly involves crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs (also known as slamming).

Public Health England issued a briefing about chemsex for commissioners and providers of drug and alcohol services in 2015. The briefing includes background, data and prompts for delivering services. Although the primary focus was men who have sex with men (MSM) who engage in chemsex, many of the principles apply to all groups and in particular other LGBT.

Key points about people who engage in chemsex include:

- Some may not present to certain healthcare services because they fear experiencing stigma or they may feel that service provision is not equipped to help them.
- People accessing drug treatment services may benefit from talking about specific sexual practices (for example, sex with multiple partners or fisting) but many are concerned that this can cause staff to be unsympathetic to their needs.
- Some people may feel that sexual health services are more likely to be empathetic and knowledgeable compared to drug treatment services.
- People who present to services and require support for chemsex may not consider that they have a drug problem or may not present the problem in typical substance misuse terms.

- People engaged in chemsex can be at increased risk of infection from blood-borne viruses, STIs and other diseases such as Shigella infection.
- People engaged in chemsex are a diverse group, with people from black, Asian and minority ethnic groups (BAME) having different needs.
- People who engage in chemsex are often in full-time employment, use drugs intermittently and often generally function well in life.
- Individuals who use drugs occasionally may be unaware of safer injecting practices and the availability of services, equipment and advice that can reduce risks.
- Patterns of alcohol and drug use and chemsex are often related to broader wellbeing issues or problems.
- Commissioners of drug and alcohol services and sexual health commissioners should work together on developing joint strategic commissioning plans and commissioning integrated care pathways for people engaged in chemsex

Appendix 2 – Pathway Requirements

Introduction

The purpose of this appendix is to address collaborative working and pathway development with services that connect with local authority Integrated Sexual Health Services.

The pathways included are initial priority pathways. The Cheshire and Merseyside Sexual Health commissioners intend to continue their collaborative working with NHSE and CCG commissioners. This will mean that pathway arrangements will continue to develop and where sensible to do so, lead towards greater integrated sexual health service delivery within local authority footprints.

The expectation of the Provider is to be part of this continuous service improvement and development approach with the full range of sexual health service commissioners.

1. Sexual and Reproductive Health services for people living with HIV

The focus for NHS England commissioners of HIV treatment and care services is maximization of equality of access across Cheshire and Merseyside. The alignment with Sexual Health services is key to this, in line with Government policy, British Association for Sexual Health and HIV (BASHH), British HIV Association (BHIVA), the Faculty of Sexual and Reproductive Healthcare (FSRH) clinical standards and commissioners' guidance Making it Work 2014.

The National service specification for HIV services clearly defines the standards of care expected from organisations funded by NHS England to provide this specialised care, for adults and children. The specifications have been developed by specialised clinicians, commissioners, expert patients and public health representatives. The link also references key policy information. The National HIV prevention programme led by PHE known as pre-exposure prophylaxis (PrEP) is also included along with links to trial update information.

The HIV service specification(s) will support the providers of local authority sexual health services to build effective working practice and processes with HIV services to ensure access for service users from HIV services to Integrated Sexual Health Services works, and from Integrated Sexual Health Services to HIV services. This should include agreed referral arrangements and agreed service user information materials.

NHS England commissions HIV services on a Hub and Spoke model across the Cheshire and Merseyside footprint. There is one Hub service provider and five spoke service providers. These contracts have a time frame and therefore incumbent service providers are not detailed here as these could change when contractual periods end.

The Provider is expected to understand the current HIV service landscape, and to build effective working relationships, practice and processes as detailed above.

There are three elements of HIV treatment; Post Exposure Prophylaxis (PEP), Post Exposure Prophylaxis Sexual Exposure (PEPSE), and Pre-Exposure Prophylaxis (PrEP), which have some

shared commissioning responsibilities these are as follows:

(PEP) and (PEPSE)

PEP is an emergency measure and means taking anti-retroviral drugs medicines (ART) after being potentially exposed to HIV, to prevent becoming infected. PEP must be started within 72 hours after a recent possible exposure to HIV, but the sooner PEP is started, the better. PEP is a combination of ART which are taken once or twice daily for 28 days and is effective in preventing HIV when administered correctly, but not 100%.

PEPSE is an emergency method of HIV prevention, and BAASHH recommend its use as soon as possible after risk of sexual exposure to the HIV virus, preferably within 24-72hrs of the risk occurring.

The commission for the Integrated Sexual Health Service includes the assessment and treatment aspects within the services commissioned by local authorities. The drug costs for this treatment are reimbursed by NHS England to the Integrated Sexual Health Service when they are an NHS provider with access to pharmacy suppliers utilised by NHS organisations.

Pre Exposure Prophylaxis (PrEP)

The PrEP Impact Trial aims to answer key questions about the use of PreP by groups at higher need in England. The trial was announced by NHS England and Public Health England in a joint statement on 4 December 2016. The trial is planned to last three years and enrol 10,000 participants at high risk of acquiring HIV. The Trial aims to address the outstanding questions about eligibility, uptake and length of use through expanding the assessment to the scale required to obtain sufficient data.

The results will inform service commissioners (funders) on how to support clinical and cost-effective PrEP access in the future.

The commission for the Integrated Sexual Health Service includes the assessment and treatment aspects within the services commissioned by Local Authorities. The drug costs for this treatment are reimbursed by PHE to the sexual health service provider when they are an NHS provider with access to pharmacy suppliers utilised by NHS organisations. This position will be reviewed once the findings from the pilot are known.

Any changes required to this specification as a result of the findings of the trial will be negotiated with the Provider and facilitated via a Change Control notice.

The Kings Fund Report

The Future of HIV services in England 2017 identifies the impact of fragmented commissioning of sexual health services, and re-enforces the importance of strong system leadership to address the challenges that service users experience when access HIV services.

NHS England and Cheshire and Merseyside sexual health commissioners expect that HIV

services will increasingly become co-located within Integrated Sexual Health Services commissioned by the local authority. The Provider of HIV and Integrated Sexual Health Services will be required to support any Cheshire and Merseyside collaborative work in this area.

2. Genital Dermatology

Specialised dermatology services include the diagnosis and treatment of rare diseases and the management of severe diseases not suitable for, or not responding to, conventional treatment available in local dermatology departments.

The Provider will build effective working practice and processes with the Specialist Dermatology services to ensure access for Service Users when needed. This should include agreed referral arrangements and agreed Service User information materials.
Specialist Dermatology Services covering the Cheshire & Merseyside footprint are as follows:

- Dermatology services for male service users are offered at Royal Liverpool and Broadgreen Hospital Trust with an established referral process to process to the Wirral University Hospital Trust for suspected cancer patients.
- Dermatology services for female service users are offered by the Royal Liverpool and Broadgreen Hospital Trust with a joint clinic at Liverpool's Women's Hospital.
- Dermatology services for Eastern Cheshire service users flow to Salford Royal

3. Termination of Pregnancy (ToP)

Clinical Commissioning Groups (CCGs) are responsible for the commissioning of termination of pregnancy services. The previous national service specification has been archived and an updated service specification is under development. The link will be published when available.

CCGs in some cases have agreed to collectively commission these services, for Cheshire and Merseyside the following CCGs have agreed this:

- NHS Halton CCG
- NHS Eastern Cheshire CCG
- NHS Knowsley CCG
- NHS South Cheshire CCG
- NHS South Sefton CCG
- NHS Southport & Formby CCG
- NHS St Helens CCG
- NHS Vale Royal CCG
- NHS West Cheshire CCG
- NHS Wirral CCG
- NHS Liverpool CCG

The termination of pregnancy services will ensure the provision of the following as part of the contacts with service users:

- Evidence based contraception information;
- Appropriate contraception, taking into consideration service user choice;
- Maximising the opportunities for accurate and effective information and screening for all sexually transmitted infections;
- At ToP follow up service users will have the option of all methods of contraception including reversible contraception (LARC long acting reversible contraception) with support and guidance, as well as information about emergency contraception and the prevention of sexually transmitted infections.

The Provider is required to build effective working practice and processes with the Termination of Pregnancy services to ensure access for Service Users to the Integrated Sexual Health service, and from Integrated Sexual Health Services to Termination of Pregnancy service. This should include agreed referral arrangements and agreed service user information materials.

4. Cervical Screening within Integrated Sexual Health Service

Cervical Screening is commissioned by NHS England as part of the national Section 7a agreement, and such screening is routinely delivered by General Practices. NHS England – North (Cheshire and Merseyside) and all Directors of Public Health in Cheshire and Merseyside are keen to ensure that cervical screening is available within Integrated Sexual Health Services to ensure choice of cervical screening locations for women.

The Provider will provide a level of cervical screening activity which supports patient choice in Cheshire East. This should be through a combination of opportunistic (e.g. as part of a sexual health consultation because a woman is due her cervical screen), and cervical screening specific appointments (which could be drop in or pre-booked) to meet the needs of the local population. Cervical screening should be delivered in line with the National NHS Cervical Screening Programme Service Specification 2017/18.

Therefore, on behalf of NHS England the successful Provider of the Integrated Sexual Health Service will provide up to a maximum ceiling of 500 screens per full year and this activity will be reviewed annually (this is based on the 2015/16 & 2016/17 baseline). This activity includes women who may be registered or resident in other Cheshire and Merseyside Local Authority areas.

There will be a separate contract for this element of service with NHS England. The Provider must agree to deliver both contracts if this is determined as the best contractual arrangement by the commissioners involved.

Quarterly KPIs for cervical screening activity in Integrated Sexual Health Services are as follows:

- Total number of cervical screens in the service (broken down by GP practice, postcode, age profile);
- Cervical screening only activity (broken down by GP practice, post code, age profile)

NHS England North Cheshire and Merseyside Commissioning Manager will review this activity through NHS England's contract with the Provider.

Pricing Schedule for cervical screening

The fee per screen within the Integrated Sexual Health Service will be agreed and this will be reimbursed to the Provider by NHSE.

5. Psychosexual Health Services

There is no national service specification for Psychosexual Health Services. Therefore, the Provider of the Integrated Sexual Health Service will be required to link with CCGs covering the local authority area and the Cheshire and Merseyside commissioner to obtain this information.

Psychosexual health services provide assessment, advice and treatment for patients with sexual dysfunction. The responsibility for the commissioning of these services sits with two commissioners:

- Sexual Health aspects of psychosexual counselling - Local Authority
- Non-sexual health elements of psychosexual health services – Clinical Commissioning Groups

The counselling aspects focus on helping service users to utilise their existing resources to cope better with their distress. Whilst the psychological approaches (therapy) focuses on changing the way service users feel, think or act to live their lives more effectively.

The Psychosexual health service is generally a linked commission to wider Mental Health Services commissioned by CCGs and this is the case in Cheshire East.

The Provider will build effective working practice and processes with Psychosexual Health Services to ensure smooth access for service users from Integrated Sexual Health Services, to Psychosexual Health Services. This should include agreed referral arrangements and agreed service user information materials.

Note: For psychosexual assessment and counselling, providers should follow the College of Sexual and Relationship Therapist (COSRT) guidelines.

6. Maternity

There is no national Maternity service specification. Therefore, the Provider of Integrated Sexual Health Service will be required to link with CCGs covering the Local Authority area and the Cheshire and Merseyside commissioner to obtain this information.

Maternity services including:

- antenatal care;
- place of birth and pain relief;

- postnatal care; and
- the management of the most complex pregnancies including those of women with HIV.

Maternity services interface with the service(s) commissioned by NHSE and Local Authorities:

- HIV physicians' referral to and liaison with maternity services for women with HIV – NHS England
- Antenatal screening for HIV, syphilis and Hepatitis B though NHS Infectious Diseases in Pregnancy Screening Programme – NHS England
- Contraception provided for contraceptive purposes in maternity services – CCGsPost-natal contraceptive advice and provision in general practice or Integrated Sexual Health Services – NHS England and Local Authorities

Maternity services are expected to promote access to all forms of contraception in line with the CCGs sexual health strategies and policy. These services are expected to signpost service users to their General Practice or the local Integrated Sexual Health Service for ongoing contraceptive services.

The Provider is required to build effective working practice and processes with Maternity Services to ensure access for Service Users to the Integrated Sexual Health Service, and from the Integrated Sexual Health Service to Maternity Services when required. This should include agreed referral arrangements and agreed Service User information materials.

Appendix 3 – List of Stakeholders

- Abortion Providers
- Antenatal and post-natal services
- Carer services
- Cervical Screening Programme
- Child and Adolescent Mental Health (CAMHS) services
- Clinical psychology services
- Clinical Commissioning Groups
- Community pharmacy
- Child Sexual Exploitation and Safeguarding teams
- Council companies
- Domestic abuse services
- Drug, alcohol, obesity and smoking intervention services
- Elected Members of Cheshire East Council
- Emergency departments
- FGM (female genital mutilation) services
- General practice
- Gynaecology
- Gypsy and traveller support services
- Health visiting and family support
- Health Protection teams (outbreak management)
- 0-19 Healthy Child Programme (Health Services in School) including Family Nurse Partnership
- HIV prevention, treatment and care services
- Homeless, veteran and traveller support services and organisations
- Interpreting services
- Learning disability services
- LGBT community, MSM, WSW, gay and bi-sexual men and women, trans and on-binary community
- Local and regional services for migrants, refugees and asylum seekers
- Maternity services
- Mental health services
- NHS England
- Other healthcare service areas including voluntary sector
- Pathology and laboratory services
- Prisons and youth offenders institutions
- Providers of relationship and sex education
- School and education services, including higher education- PSHE provision
- Special Educational Needs and Disabilities (SEND) services
- Services for Sex workers
- Sexual Assault Referral Centre
- Sexual dysfunction services
- Social Care
- Youth services including Youth Justice Service

This is not an exhaustive list

Appendix 4 – Service Standards

- BASHH Statement on Partner Notification for Sexually Transmissible Infections (BASHH 2012)*
- BASHH/Brook (April 2014) Spotting the Signs. A national proforma for identifying risk of child sexual exploitation in sexual health services*
- British HIV Association Standards of Care for People Living with HIV (BHIVA 2013)*
- Clinical Guidance – Emergency Contraception (FSRH 2012 updated 2017)
- COSRT Code of Ethics (COSRT 2013)
- COSRT Practice Guidelines 1-11 (COSRT 2015)
- Ectopic Pregnancy and Miscarriage, NICE Clinical Guideline 154 (NICE 2012)
- Enabling Young People to Access Contraceptive and Sexual Health Information and Advice (DCFS 2004)
- Female genital mutilation: Safeguarding women and girls at risk of FGM (DoH 2016)
- Guidelines for the sexual and reproductive health of people living with HIV (BHIVA/BASHH/FSRH 2007, ***currently open for consultation***)*
- Hepatitis A immunisation information for public health professionals. Hepatitis A: The green book, chapter 17 (PHE 2013)*
- Hepatitis B immunisation information for public health professionals. Hepatitis B: the green book, chapter 18 (PHE 2013. Revised 2017)*
- Hepatitis B and C testing: people at risk of infection Ways to promote and offer testing to people at increased risk of infection. NICE Public Health Guidance 43 (NICE 2012); updated 2013
- Management of Vaginal Discharge in non-GUM settings (BASHH/FSRH 2012)
- National Chlamydia Screening Programme Standards (7th Edition 2014); updated 2016*
- NICE PH3 Sexually transmitted infections and under-18 conceptions (NICE 2007)
- NICE Sexually transmitted infections: condom distribution
- NICE Quality Standard Contraception QS 129
- NICE NG60 HIV testing: increasing uptake among people who may have undiagnosed HIV (2016)
- NICE PH43 Hepatitis B and C: Ways to promote and offer testing to people at increased risk of infection. (2013)
- NICE PH49 Behaviour change: individual approaches. (2014)
- NICE PH50 Domestic violence & abuse, how services can respond effectively. (2014)
- NICE PH51 Contraceptive services for under 25s (2014)
- NICE CG30 (2005) Long-acting reversible contraception (2005 updated 2014)
- NICE CG44 Heavy Menstrual Bleeding, NICE Clinical Guideline. (2007 updated 2016)
- NICE NG64 Drugs Misuse Prevention and Targeted Interventions (2017)
- Protecting Children and Young People (General Medical Council, 2012)
- Progress and Priorities - Working Together for High Quality Sexual Health (MEDFASH 2008)
- PHE Guidance for the detection of gonorrheoea in England

- Recommended Standards for Sexual Health Services (MEDFASH 2005)*
- Guide to the General Data Protection Regulations. (Information Commissioners Office) https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr
- Service Standards for Medicines Management (FSRH 2009 updated 2014)*
- Service Standards for Record Keeping (FSRH 2010 updated 2014)
- Service Standards for Resuscitation (FSRH 2013)
- Service Standards for Risk Management (FSRH 2010 updated 2017)*
- Service Standards for Sexual and Reproductive Healthcare (FSRH 2013 updated 2016)*
- Service Standards for Workload (FSRH 2009 updated 2016)
- Service Standards on Confidentiality (FSRH 2012 updated 2015)
- Service Standards on Obtaining Valid Consent in Sexual Health Services (FSRH 2011 updated 2014)
- Sexual Health Key Principles for Cross Charging (DH 2013)*
- Standards for the Management of Sexually Transmitted Infections (BASHH/**Medfash Levels of Service 2014)**
- 2014)*
- Standards for psychological support for adults living with HIV (British Psychological Society, BHIVA & MEDFASH 2011)
- UK Medical Eligibility Criteria for Contraceptive Use – Summary Sheets (FSRH 2010)
- UK Medical Eligibility Criteria for Contraceptive Use (FSRH 2010 updated 2016)
- UK National Guideline for Consultations Requiring Sexual Health History Taking (BASHH 2013)*
- National Guideline on the Management of Adult and Adolescent Complainants of Sexual Assault (BASHH 2011)
- UK National Guideline on Safer Sex Advice (BASHH & BHIVA 2012)
- UK National Guidelines for HIV Testing (BHIVA 2008)*
- UK Selected Practice Recommendations for Contraceptive Use (FSRH 2002)
- UK Guideline for the use of HIV Post-Exposure Prophylaxis following Sexual Exposure (PEPSE) 2015
- BASHH Standards for Outreach
- BASHH-BHIVA Position Statement on PrEP in UK (May 2016)
- Link to all BASHH Guidelines
- Link to all BHIVA Guidelines
- FSRH Service Standards Consultations in SRH 2015
- FSRH Quality Standard for Contraceptive Services 2014
- Link to all FSRH standards and guidelines
- National Chlamydia Screening Programme Guidelines for Outreach
- NICE QS129: Quality Statement on Emergency Contraception 2016
- NICE QS 69. Guidance for Ectopic Pregnancy and Miscarriage 2016
- NICE QS157; HIV Testing, encouraging uptake 2017
- NICE NG55; Harmful sexual behaviour among children and young people 2016