

<b>Committee</b>	<b>Dated:</b>
Health and Wellbeing Board	<b>25 November 2016</b>
<b>Subject:</b> Update on the procurement of sexual health services	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>
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### Summary

The transformation of sexual health services in London presents an opportunity to reduce costs and improve outcomes for users of sexual health services.

This report considers two strands of the London Sexual Health Transformation Programme:

- the procurement of a London-wide e-healthcare service for sexual health testing; and
- the North Central London procurement of clinic-based sexual health services, of which Hackney and the City of London form a single distinct lot

The City of London has accepted a formal request from the leader of the London Sexual Health Transformation Programme, on behalf of the participating London boroughs, to take the Lead Authority role for the proposed new sexual health e-healthcare service for London. This was agreed by the Chairman and Deputy Chairman of the Health and Wellbeing Board, with endorsement from the Town Clerk, the Director of Community and Children's Services and the Director of Public Health.

The City of London is also currently involved in the process of procuring a new sexual and reproductive health service which will cover the geographical area of Hackney and the City of London. This is part of the London-wide transformation of clinic-based sexual health services.

### Recommendation

Members are asked to:

- Note the report.

## **Main Report**

### **Background**

1. All local authorities are mandated to provide open access sexual health services to their residents. This includes HIV prevention and sexual health promotion, open access genito-urinary medicine (GUM) and contraception services for all age groups. It does not include treatment of HIV in people who have been diagnosed (which is commissioned by NHS England), and does not include termination of pregnancy (which is commissioned by Clinical Commissioning Groups (CCGs)). The open access model means that City residents can access GUM services across the country and the City of London Corporation is required to reimburse providers from the ring-fenced Public Health Grant. The cost of providing sexual health services is increasing each year; whereas the grant allocation has reduced sharply, with further cuts due for the next two years. The current situation is financially unsustainable.
1. The need for sexual health services in London is significantly higher than the England average, and has risen significantly in recent years. HIV, Sexually Transmitted Infections (STI's) and abortions are significantly higher in London than national averages, and there are significant differences and inequalities within London.
2. Despite the older age profile of City residents, rates of STI diagnoses are reported as very high for our population. Genito-urinary sexual health services (GUM) attendances by those recorded as City of London residents are extremely high, with over 2,100 attendances in 2015/16. It is likely that some of these attendances and STI diagnoses are attributable to City workers who are using a business postcode for extra anonymity when accessing sexual health services.
3. The transformation of sexual health services in London presents an opportunity to reduce costs and improve outcomes for users of sexual health services. Currently each London borough provides its own service to residents in relation to sexual health. This means that there are a multitude of providers providing the same services across the 32 London boroughs and the City, with all the duplication of costs this entails.
4. Most sexual health testing services are not currently digitalised so users/residents are required to attend surgery or their local clinics in order to be tested. This has the result of putting more strain on services
5. Given London's complex pattern of open access services, there are important advantages for London boroughs to transform and commission services together. The London Sexual Health Transformation Programme aims to transform the way sexual health services are provided in London. The Programme aims to deliver high quality, innovative, equitable and accessible services that can meet the sexual health challenges we face now and in the future, and which reflect the expectations of service users and the technology they use.

6. 27 boroughs and the City are working together on a sub-regional basis for clinical service transformation, and across London for on-line sexual health services, including access to HIV/Sexually Transmitted Infection (STI) self-sampling kits. This collaborative working between local authorities across London is unprecedented, and represents a step change in the way services will be designed and delivered.
7. This report considers two strands of the Transformation Programme:
  - a. the procurement of a London-wide e-healthcare service for sexual health testing; and
  - b. the North Central London procurement of “terrestrial” sexual health clinics, of which Hackney and the City of London form a single distinct lot.

### **e-healthcare service**

8. A new e-healthcare service will be implemented, whereby symptomless people can order a STI testing kit online, which will be posted to them using a number of different address options (for example, they may not wish the kit to be posted to their home address). They can collect their own samples, and return the kit via post. They then receive their test results via text message, email, or via another medium of their choice, within a few days. This type of kit is a much cheaper and more accessible way for people to get tested regularly without having to visit a specialist clinic.
9. Unless the tests are returned positive, there is no further involvement by the provider other than to notify the patient of a negative result. If the tests return positive results, then a personal meeting is arranged at any of the agreed partner locations (walk in clinics, some chemists and GP’s surgeries) and a regime of assistance to the patient is provided.
10. The e-service will therefore deliver an efficient virtual service by:
  - a. Ensuring there is a single point of information and signposting for London residents to sexual health services
  - b. Ensuring that residents who are seeking HIV and STI testing can access self-sampling services easily and safely without needing to attend a clinic, with appropriate risk assessment
11. The boroughs participating in the e-healthcare service procurement are: Barnet, Brent, Camden, Ealing, Enfield, Hackney, Hammersmith & Fulham, Havering, Haringey, Harrow, Islington, Kensington & Chelsea, Kingston upon Thames, Merton, Newham, Redbridge, Richmond, Tower Hamlets, Waltham Forest, Wandsworth and Westminster. Additionally, Barking and Dagenham, Bexley, Bromley, Croydon, Lambeth, Lewisham and Southwark are named in the OJEU notice, but may not be ready for service in year one.
12. The City of London Corporation was formally requested to take the Lead Authority role for the proposed new sexual health e-healthcare service for London. This request came from the leader of the London Sexual Health Transformation Programme, on behalf of the participating London boroughs, and

was agreed by the Chairman and Deputy Chairman of the Health and Wellbeing Board, with endorsement from the Town Clerk, the Director of Community and Children's Services and the Director of Public Health.

13. This means that the City will hold and manage the contract with the e-services provider on behalf of London. As part of its duties as accountable body, the City will be required to design and recruit a team to undertake the required project delivery functions. It is acknowledged that these duties should come at no extra cost to the City, and that the City's additional costs will be recuperated from the participating Boroughs. There will be a formal partnership agreement between the boroughs to outline responsibilities and obligations of all participating authorities.

14. It is anticipated that the e-healthcare service will "go-live" in July 2017. The procurement process is currently underway, with the City of London represented on the assessment and moderation teams.

### **North Central London procurement of Genito-Urinary Medicine (GUM) and Sexual and Reproductive Health (SRH) Services**

15. The North Central Sub-region comprises of Islington, Camden, Barnet, Haringey, Hackney and the City of London. For procurement purposes, this area is split into two areas – with Lot 2 comprising Hackney and the City of London. The North Central London procurement of integrated sexual health services is currently underway. This procurement forms part of the London-wide transformation of clinic-based sexual health services.

16. Sexual health clinics are currently used for a variety of purposes, but the main activities are:

- Testing for STIs
- Contraception (including Long Acting Reversible Contraception (LARC)) and emergency contraception)
- Treatment of symptomatic STIs
- Complex specialist treatment (eg, for pregnant women with STIs)

#### **Testing**

17. It is anticipated that the e-service will change the way sexual health services are provided, with more people choosing to go online for testing, and the clinics being more appropriate for those who already have symptoms or a positive result.

#### **Contraception**

18. Public engagement with users of sexual health services in Hackney and the City of London revealed that many local women choose to use sexual health clinics to get routine contraception, rather than going to their GPs. This works out as extremely expensive, particularly as GPs are already paid for dispensing some forms of oral contraception under their basic medical contract (GMS/PMS).

19. The more reliable forms of contraception, referred to as LARC (Long Acting Reversible Contraception) are not covered by the GP contract, and are instead commissioned by local authorities, from the public health budget. LARC can be fitted by some GPs, but not all, and so many women are choosing instead to go to a specialist sexual health clinic for LARC fitting.
20. The public health team is speaking to local GPs about how to encourage more women to use their GPs for obtaining routine contraception and LARC. We are also involving the City and Hackney Clinical Commissioning Group in these discussions. By enabling more women to access high quality contraception services through primary care, it will save money and further free up sexual health clinic capacity.
21. Hackney and the City of London currently host two highly specialist sexual health clinics and two clinics that can deal with routine and uncomplicated sexual health issues (which account for the majority of cases). The specification for Lot 2 requires that the new model only have one specialist centre, with remaining clinics providing more general/routine care. The specification requires that at least one clinic must be located within the City of London.
22. The procurement of sexual health services may have TUPE implications for current local providers, including Barts Health and the Homerton Hospital.
23. Sexual health services across Newham, Waltham Forest, Redbridge and Tower Hamlets are to be merged, with two new highly specialist sexual health centres to be located in Whitechapel and Stratford. These centres will continue to be open access, and will be conveniently located near transport hubs, meaning that City residents and workers will be able to easily travel to either of these sites in addition to the City and Hackney clinics.

## **Corporate & Strategic Implications**

24. The programme of work described within this report supports the following strategic aim from the Corporate Plan: To provide modern, efficient and high quality local services, including policing, within the Square Mile for workers, residents and visitors.
25. Additionally, it supports the following Key Policy Priorities:
  - a. KPP2 Improving the value for money of our services within the constraints of reduced resources; and
  - b. KPP3 Engaging with London and national government on key issues of concern to our communities such as transport, housing and public health
26. It also supports the following priorities from the Department of Community and Children's Services Business Plan:
  - a. Priority Two – Health and wellbeing: Promoting the health and well-being of all City residents and workers and improving access to health services in the square mile.

- b. Priority Five – Efficiency and effectiveness: Delivering value for money and outstanding services.

## **Implications**

2. The Local Authority has statutory duties to take such steps as it considers appropriate for improving the health of the people in its area. This means that the public health grant needs to be spent as prudently as possible, in the context of the overall reduction in grant funding on improving the health of the population.
3. Some public health services are “mandated”: these include the requirement to provide, either directly or indirectly, open access sexual health services for treating, testing and caring for people with such infections.
4. In order to ensure adequate public engagement has taken place, a waiting room survey was conducted with sexual health service users in clinics across London, and a local survey has been conducted at St Bart’s and at 3 clinics in Hackney. Focus groups with local service users from City and Hackney have been conducted. City of London Healthwatch was consulted about the level of public interest in this issue, and has confirmed that it is currently low. An equality impact assessment has been completed for this piece of work, and is available on request.

## **Conclusion**

27. By taking on the lead authority role for the sexual health e-healthcare service, the City of London Corporation is supporting the London-wide transformation of sexual health services, which presents an opportunity to reduce costs and improve outcomes for users of sexual health services across London.
28. The City’s own local services will be redesigned to meet the changing needs of service users, in tandem with the adoption of new technologies and new way of delivering services.
29. This collaborative working between local authorities across London is unprecedented, and represents a step change in the way services will be designed and delivered.

## **Appendices**

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