

Committee	Dated:
Health and Social Care Scrutiny Committee	13 February 2018
Subject: Update on transformation of local sexual health services	Public
Report of: Director of Community and Children's Services	For Information
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Summary

Over the past three years, sexual health services in London have been undergoing a transformation, in order to reduce costs and improve outcomes for service users.

Locally, this has involved the procurement of clinic-based sexual health services, of which Hackney and the City of London formed a single distinct lot. This procurement was complemented by the procurement of a new London-wide sexual health e-service, to allow service users to order STI tests online, and reduce unnecessary clinic visits.

As a result of the procurement, a new provider, Homerton University Hospital NHS Trust, will be taking responsibility for the provision of sexual health clinic services within the City of London. This means that the old clinic at St Bartholemew's Hospital will close at the end of March, and a new custom-built clinic will open at 80 Leadenhall on 3rd April.

The sexual health e-service started on the 8th of January, with City and Hackney's provider being the first to roll-out the service in local clinics.

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. Currently, the City of London commissions sexual health services through an SLA with the London borough of Hackney. 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. Across Hackney and the City of London, open access sexual health clinics are currently provided by the Homerton Hospital (1 specialist site and 2 non-specialist/routine sites in Hackney) and Barts Health (1 specialist site in the City at St Bart's hospital).
4. 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.
5. 31 boroughs and the City have been working together on a sub-regional basis for clinical service transformation, and across London for on-line sexual health

services. This collaborative working between local authorities across London is unprecedented, and represents a step change in the way services will be designed and delivered.

6. 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 (e.g., for pregnant women with STIs)

Testing and the new e-healthcare service

7. The results of a waiting room survey carried out across London showed that 60% of those attending specialist sexual health services do not have any symptoms and were attending for just a check-up rather than because they were experiencing any effects. This has the result of putting more strain on services.
8. A new e-healthcare service has been developed, 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. Within a few days, they receive notification via text message that their results are available to view on the website. 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 a positive results for simple genital chlamydia they can receive their treatment by post, for more serious conditions a health adviser makes contact with them to discuss and arrange their treatment at a clinical service.
10. The e-healthcare service went live on 8th January 2018, with City and Hackney's provider, the Homerton Hospital, being the first site to roll out the service to its clinics. The service is currently being rolled out across London, initially in clinics and via clinic websites. Following this phase, the potential exists to target groups currently underrepresented within clinics and at high risk of infection through outreach initiatives. The City of London hosts the contract for the e-service, and related governance arrangements, on behalf of other participating London boroughs.

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

11. A paper was brought to Health and Social are Scrutiny Committee in May 2017, detailing the procurement process and outcome. For procurement of clinic-based

sexual health services, Hackney and the City of London formed a single distinct lot. As a result of the procurement, a new provider, Homerton University Hospital NHS Trust, will be taking responsibility for the provision of sexual health clinic services within the City of London.

12. This means that the old sexual health clinic at St Bartholomew's Hospital will close at the end of March, and a new custom-built clinic will open at 80 Leadenhall on 3rd April. The new clinic will provide predominantly routine/non-complex care, with some more specialist clinic sessions being held on particular days and times (for example, there will be a specialist clinic aimed at men who have sex with men, as this group has much higher rates of STIs than the general population).
13. This supports the London-wide aim to reduce the number of major level 3 GUM services (fully comprehensive consultant-led Sexual Health Services, able to treat the most complex STIs and/or provide complex contraception services). 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 new model has one specialist centre, with remaining clinics providing more general/routine care.
14. The new clinic will bill according to the London Integrated Sexual Health Tariff. The advantages of this tariff are that we are able to more fully understand what we are paying for as the tariffs relate more closely to actual procedures. The new clinic will also be better able to filter out work postcodes from City workers who are attending this clinic, and so ensure the City of London Corporation does not pick up cost from other boroughs' residents.
15. Clinics across the North East London subregion (consisting of 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

16. 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.
17. 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

18. 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

34. 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.
35. 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.
36. 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 has also been consulted with.
37. There has been extensive consultation with London clinicians, and input from commissioners across London and wider. There has also been engagement with national expert bodies in sexual health provision who have helped with expert content. The LSHTP programme has also involved and or sought advice from other key stakeholders including the London Safeguarding Children's Board and wider.
38. An equality impact assessment has been completed for this piece of work, and is available on request.

Conclusion

Background papers

Local procurement of sexual health services, May 2017

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