HEALTH AND WELLBEING BOARD				
Report Title	Sexual Health Transformation			
Contributors	Director of Public Health		**Item No.**	8F
Class	Part 1 / Part 2	**Date**	24 November 2015	
Strategic Context	Sexual Health was identified as a priority by the Health and Wellbeing Board in 2013. A 3 borough Lambeth, Southwark and Lewisham Sexual Health Strategy was developed in 2014. Over the last year 22 London boroughs have been working jointly to develop a new London-wide sexual health system which can address the sexual health needs of London.			
Pathway	Mayor and Cabinet (Contracts) (21/10/15) CCG- Systems Management (13/10/15) Healthier Communities Select Committee (TBC)			

1. Purpose

1.1 This report provides an update on the implementation of the Lambeth, Southwark and Lewisham Sexual Health Strategy and the London and South East Sexual Health transformation programmes.

2. Recommendations

Members of the Health and Wellbeing Board are recommended to:

2.1 Note the progress made to develop a London-wide website, online testing and partner notification system.

2.2 Note the development of a SE London sexual health system, and the indeterdependancies with other boroughs.

3. Policy Context

3.1 Councils took on the responsibility for commissioning many sexual health services in April 2013, as part of changes under the Health and Social Care Act 2013. The London Sexual Health Services Transformation Programme has brought together 22 London boroughs to deliver a new collaborative commissioning model for open access sexual health services across much of the capital, including Genito-Urinary Medicine (GUM) (services for the screening and treatment of Sexually Transmitted infections (STIs) and Contraception and Sexual Health Services (CaSH). The aim is to lead the transformation of the service model to deliver measurably improved and cost effective public health outcomes, meet the increasing demand and deliver better value.

3.2 This paper reflects the two key principles of the Lewisham's Sustainable Community Strategy 2008-2020:

- Reducing inequality – narrowing the gap in outcomes for citizens
- Delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high-quality local services

3.3 It also contributes to the following priority outcomes:

- Safer – where people feel safe and live free from crime, antisocial behaviour and abuse
- Empowered and responsible – where people are actively involved in their local area and contribute to supportive communities
- Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and well-being

4. Background

4.1 In April 2013 Lewisham entered into a tri-borough agreement with Lambeth and Southwark for the commissioning of sexual health services. This formalised a previous arrangement across the former primary care trusts. Lambeth is the host commissioner for the arrangement.

4.2 In order to agree priorities for sexual health across the 3 boroughs a needs assessment was undertaken by Public Health to inform the development of a LSL Sexual Health Strategy. The Strategy was widely consulted on (including the HWB in January 2014) and finalised in September 2014.

4.3 The LSL Sexual Health Strategy forms the basis of the local Sexual Transformation Programme which links to the London Sexual Health Transformation Programme.

4.4 Lewisham has significantly higher rates of sexually transmitted infections, HIV and teenage conceptions than London and England. Sexual Health and wellness is a complex issue, with many social, economic and cultural factors linked to it. Developing local sexual health services (and making sure that people know how to access them and what they can offer) can result in better sexual health in our residents and economic savings in treatment. Improving sexual health across Lewisham is a complex challenge that will require a clear strategic commissioning approach, based on the best evidence and strong stakeholder and user engagement.

4.5 Council's face a challenge of improving service quality and managing increasing demand for services against a backdrop of reductions in the Revenue Support Grant. Government has also signalled their intention

to cut 7% from the public health grant to Councils within this financial year.

4.6 Genitourinary Medicine Services (GUM) and Contraception and Sexual Health services (CaSH) are statutory services. They are "open access" which means that residents are entitled to use them in any part of the country without the need for a referral from GP or other clinician. This accessibility requirement impacts negatively on the ability of all Councils to predict service demand and manage budgets.

4.7 On 21 October 2015 a paper went to Mayor and Cabinet (contracts) seeking approval to:

- take part in a joint procurement process organised on a sub-regional basis to commission sexual health GUM services
- join a pan London procurement of a web based system to include a front end portal for advice, guidance and access to services including access to home/self-sampling kits for sexually transmitted infections
- join a pan London procurement of a confidential partner notification system

4.8 Due to the high degree of cross authority access of GUM services and cross charging requirements, timely approval of these recommendations by the Cabinets of all participating boroughs is necessary to deliver the transformation required. Failure of councils to act collaboratively on this may undermine the efforts to manage access, control costs and create better pathways. There is a high degree of interdependency between London councils on this issue and for the delivery of this project.

5. The Case for Change

5.1 The London Sexual Health Transformation Programme has set out a Case for Change based on a needs assessment and review of current services. These also underpin the case for local transformation.

5.2 There are five main reasons why transformation of sexual health services is necessary:

- The need for sexual health services in London is significantly higher than the England average, and has risen significantly in recent years.
- There are noticeable variations in access and activity across London boroughs, with high numbers of residents from across London accessing services in central London.
- Given London's complex pattern of open access services, there are important advantages for London boroughs to transform and commission services together
- We must continue to ensure strong clinical governance, safeguarding and quality assurance arrangements are in place for commissioning open access services

- We want to respond to current and future financial challenges, and ensure we are making the best use of resources available

6. The Vision for sexual health services in London

6.1 A vision has been developed for how services could be delivered in the new model.

6.2 The front door into services will be web based, a single platform providing patients with information about sexual health, on line triage, signposting to the most appropriate service for their needs and the ability to order self-sampling tests.

6.3 There will be fewer major centres for people with more complex sexual health needs, but the services that are commissioned will be open longer hours and will be properly linked with a network of integrated one stop shops at local level which will be able to meet many people's needs. They will also work closely with primary care.

6.4 Transport links will be a critical element of determining locations for clinics.

6.5 There will also be improved data to help better identify and address need for prevention and specialist services, including new and emerging trends.

6.6 All major clinics will offer patients the opportunity to triage and self-sample on site and all services will be required to ensure that routine STI screen results are available electronically to patients within 72 hours. Patients who are diagnosed with an STI will be offered a fast track appointment, ideally within 24 hours or will be fast tracked if they present to a walk in service.

6.7 Improved systems for identifying and notifying contacts of patients with an STI will ensure that resources are targeted at the highest need groups.

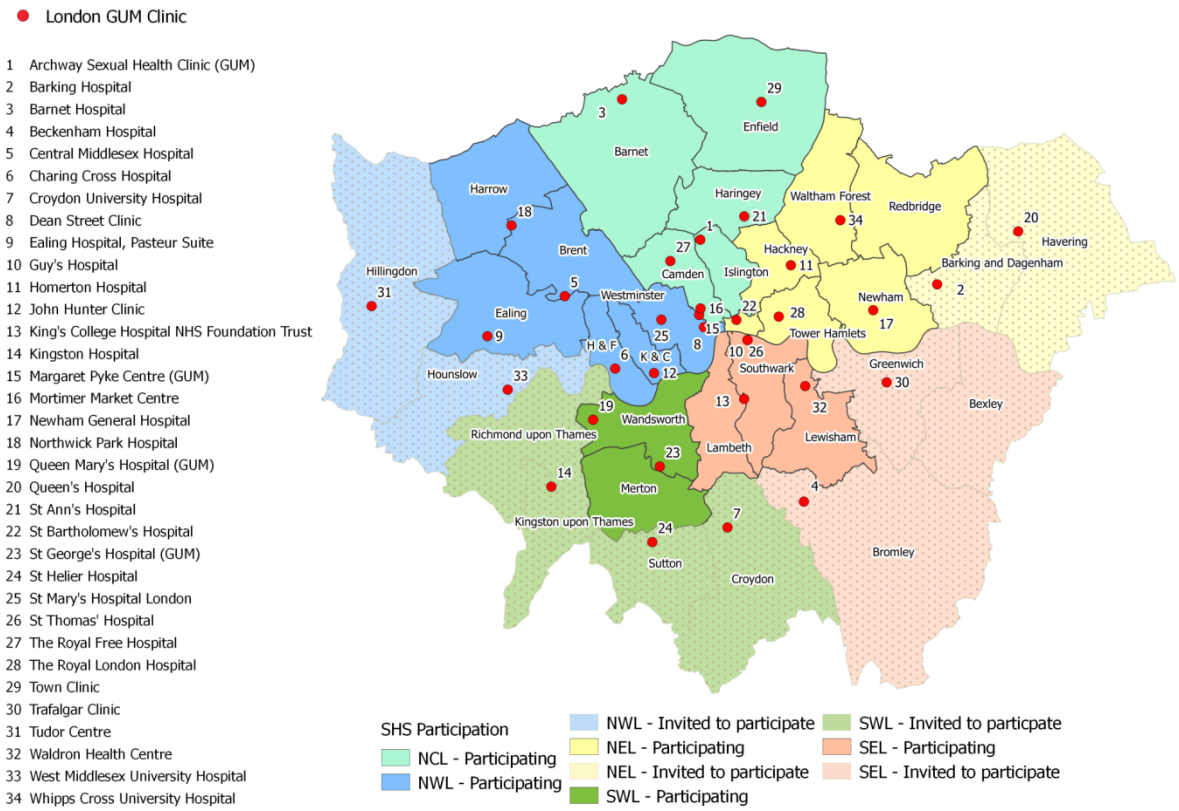
6.8 The whole system will be designed to ensure that evidence about best practice drives changes, and resources will be focused on groups with the highest risk.

7 Next Steps

7.1 Service specification: Commissioners are now working together to agree the details of the service specifications. Clinical expertise from a range of relevant professional bodies and from Public Health England has been identified to support this work.

7.2 Planning in Sub Regions: Given the size and complexity of London's sexual health services, and the differing needs of local populations,

councils are working together in sub regions to develop and implement local plans, within an overall London transformation model and specification. The map below shows the participating boroughs, organised by Sub Region.



7.3 <u>Clinical Engagement</u>

A half day workshop for clinicians was held in September to report on activity since the an initial meeting in May and continue discussions about priorities. Concerns were expressed that the the transformation programme may adversily impact service models of integrated STI and Contraception delivery. In response to this the programme board has emphasised that the Programme will support integration of services wherever it is practical and locally supported.

7.4 <u>Integration with HIV services</u>

This has been discussed in meetings with clinicians and services as part of the development of the programme. Patients benefit from this, and we need to align planning with NHS England who are responsible for commissioning HIV treatment services. There is an awareness that re-commissioning GUM and CaSH services may have different implications for smaller clinics, where separation of these services from the provision of HIV services is not straightforward, and commissioners will work with providers to ensure that there are clear and safe pathways between services for patients as part of the transformation programme.

7.5 Management of asymptomatic patients

Alternatives to GUM clinic attendance for people who do not have any symptoms of sexually transmitted infections are acceptable to a lot of patients, and there is room for considerable innovation in providing other forms of access, such as ordering home sampling/testing kits on-line. It will be important to ensure that providing alternatives do not lead to increased demand among people with no apparent risk of STIs, but it also offers the opportunity to reach people in high risk groups who may not be accessing current GUM services.

7.6 Changes in behaviour and how to respond

Sexual behaviour is changing and some high risk patients do not access clinic based services. Specialist services will be expected to work with commissioners to create innovative solutions to access these populations and meet emerging needs due to changes in sexual behaviour.

7.7 Training, workforce planning and development

We recognise the concern of some that changes in pathways may impact on medical training. Specifications must be clear about the need to support and facilitate training.

7.8 Delivery of partner notification

Despite the potential challenges of delivering a London wide partner notification service, given the importance of ensuring that partners are followed up and the number of different services in London, we believe the benefits make this a worthwhile exercise.

7.9 Procurement

The team feel that a competitive procedure with negotiation, which allows for some dialogue would be best suited to this project. This recognises the complexity of the programme, the fact that some adaptation to existing solutions may well be necessary and some innovation through design will be likely to benefit both sides. However, it is recognised that the final decision on the procurement strategy will be taken by the local councils involved.

7.10 Changing how services are funded

It was clarified that the LSHPT is recommending the use of an integrated tariff, which brings together GUM and CaSH services into a single tariff scheme, and would expect to see competition on both price and quality of services.

7.11 Engagement

7.11.1 Ten clinicians have volunteered to help with developing the service specification; further meetings are planned for commissioners and providers and a broader communications plan is now in place, with monthly briefings being circulated to stakeholders.

7.11.2 There are also plans in place to assist local authorities to engage with their public and potential patients. Healthwatch have been approached

for their assistance and the Programme Team is working with a number of relevant third sector organisations and agencies to see if we can use their networks and expertise.

7.12 Timeline

The business case and papers seeking cabinet support from boroughs will go to cabinet meetings between October and January 2016. This would allow for the formal procurement to commence in February 2016 with the contract(s) awarded by the end of the year to allow for an April 2017 start.

8. Financial implications

8.1 This report proposes changes to the provision of sexual health services in Lewisham including new arrangements for cross-charging and participation in procurement exercises for several elements of the service in conjunction with other London councils. These changes are expected to deliver savings of £500k p.a. in a full year.

8.2 The Public Health Grant is ring fenced but it is anticipated that it will be transferred into Councils' revenue support grant and the allocation is likely to be reduced in line with other reductions to local government funding. An in-year cut of £200m has been proposed by Government across all local authorities.

8.3 London Councils currently spend approximately £115m per annum on GUM services (excluding contraception) and this is predicted to increase to £124.5m by 2022 if Councils do nothing. This prediction is based on population projections however it may be a conservative estimate as changes in sexual behaviour are also driving demand.

8.4 Lewisham's Public Health Grant (15/16) is £23.878million, including the part-year transfer of 0-5 services. This excludes any in year cut required by central government. Currently sexual health services (including prevention, GP & pharmacy elements) account for around £6.9m or 29% of the Public Health budget.

8.5 In 2014/15, £3.8M was spent on Lewisham CaSH services (Lewisham and Greenwich NHS Trust) and approximately £2.4M on GUM. Approximately 22% of the GUM expenditure was with the local Trust, the remainder was predominately with central London providers (Guys and St Thomas's, Chelsea and Westminster, Kings). Other sexual health expenditure included the London-wide HIV prevention programme, primary care sexual health services, targeted sexual health / HIV prevention for African communities and online STI screening.

8.6 In 2015/16 savings of £321k were made against this budget (2014/15 baseline of £7.14M) through a variety of means including; reduction in the contract value for HIV prevention, removing GP incentives for

chlamydia and gonorrhoea screening and negotiating costs of the Lewisham and Greenwich Trust contract. This is within a context of rising GUM activity/costs.

8.7 Further savings in 2017/18 of £500,000 were considered by Mayor & Cabinet on 30 September 2015 (proposal A17). Implementation of these savings was delegated to officers following consultation. These savings will be delivered through the transformation of services outlined in this paper.

8.8 The contract term for the GUM/CaSH elements commissioned as part of the SE London sector is likely to be 2 years, with the option of two years extension and two further years. The London-wide contracts for online services, partner notification and self-sampling/testing are likely to be 6 years with the option of a further 4 years extension. Any contract extension will be subject to performance and funding review.

8.9 The central partner notification (PN) system will release efficiencies within the current contract values. In discussions, providers have indicated that the cost of the current system is a drain on resources. It is proposed that this cost will be met out of baseline budgets agreed with GUM clinics.

8.10 The self-sampling / testing (DIY) service will be made available to residents of Lewisham only when the Council has signalled it is ready to proceed. Pilot schemes are underway in neighbouring boroughs (Lambeth, Southwark and Greenwich) and the learning from these early adopters will be used to inform the business case. While the initial costs for testing are potentially lower, the overall efficiencies (for the commissioned system) are not as well established. Further learning is required to ensure, that in opening this new service channel, current activity will be redirected to lower cost channels and the risk of simply adding (albeit cheaper) activity volumes is mitigated against.

9. Legal implications

9.1 The *Health and Social Care Act 2012* ("the Act") introduced changes by way of a series of amendments to the *National Health Service Act 2006*. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.

9.2 Secondary legislative provision, such as the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* require local authorities to provide certain public health services. The public health services which local authorities must provide are:

- National Child Measurement Programme

- Health checks
- Open access sexual health services
- Public health advice service to Clinical Commissioning Groups

9.3 A number of councils currently contract for these services via the CCGs and therefore NHS terms and conditions apply which require a 12 month notice period for termination. The intention, through this recommissioning process is to move all services onto council terms and conditions.

9.4 There is no established practice of consultation on the design of sexual health services provision. The project team has undertaken provider and service user engagement via surveys, questionnaires, focus groups, stakeholder events and one-to-one sessions. The Local Government and Public Involvement in Health Act 2007 requires Councils to ensure that members of the public are involved in decisions regarding (inter alia) commissioning of health services, which may involve public consultation but need not do so.

9.5 In any collaborative commissioning relationship it is essential that clear and effective inter-borough arrangements are put in place, not only in connection with potential procurement process but also in relation to the subsequent operation of the contract. An interim collaborative governance structure with representatives from all participant Councils has been agreed and officers will establish more detailed governance arrangements over time. Governance arrangements will ensure there is clear accountability and liability between the councils and appropriate binding inter authority agreements where needed. Professional services arrangements will ensure that there is consistency of approach, legal, procurement, financial and communications advice and appropriate programme and project management.

9.6 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area."

10. Crime and Disorder Implications

10.1 There are no crime and disorder implications.

11. Equalities Implications

11.1 Due to the interdependencies between Councils, a high-level Equalities Impact Assessment of the London-wide changes will be undertaken by one council on behalf of participating boroughs. As changes to individual service configurations within the sub-regions are developed, local procedures for assessing the impact on service users will be followed.

11.2 As with many health outcomes, sexual health is patterned by socioeconomic inequalities, with those from deprived areas at greater risk of negative outcomes, such as sexually transmitted infections and unplanned pregnancy. HIV rates are much higher in men who have sex with men, and in Black African communities. A further summary of sexual health inequalities and indicators is available in Appendix 4.

12. Environmental Implications

12.1 There are no environmental implications.

13. Conclusion

13.1 Significant change is required to the historic models and patterns of service delivery and collaboration between London's councils is needed:

- Due to complexities and interdependencies arising from the requirements for open access service provision,
- To leverage the scale and pace of change required
- To leverage economies of scale and reduce transaction costs
- To provide services that harness new technology so as to drive down costs whilst improving quality/effectiveness.

13.2 It is anticipated that by working together at both a London and SE London level the services for residents can be improved to be more responsive and easier to navigate whilst also being more cost effective.

Background Documents

LSL Sexual Health Strategy 2014-18
http://www.lambeth.gov.uk/sites/default/files/ssh-lambeth-southwark-lewisham-sexual-health-strategy.pdf

If you have any difficulty in opening the links above or those within the body of the report, please contact Andy Thomas (andy.thomas@lewisham.gov.uk or 020 8314 9996), who will assist.

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