



## HEALTHIER COMMUNITIES SELECT COMMITTEE

<b>Title</b>	Proposed changes to LGT Sexual and Reproductive Health Services in Lewisham
<b>Date</b>	1 November 2022
<b>Key Decision</b>	Yes
<b>Class</b>	Part 1
<b>Ward(s) affected</b>	Borough-wide
<b>Contributors</b>	Clinical Lead, Consultant for Sexual Health and HIV – LGT (and senior team) Divisional Director of Operations, Women, children and sexual health, LGT Assistant Director, Adult integrated Commissioning – LBL (and team) Public Health Consultant, LBL (and team)

### 1 Summary

1.1 The London Borough of Lewisham (LBL) Council commissions Lewisham and Greenwich NHS Trust (LGT) to provide a comprehensive range of integrated, clinical sexual and reproductive health (SRH) services.

This report describes the current service arrangements and outlines changes which have been proposed to address the financial sustainability of provision. These changes are to support LGT's continued delivery of SRH services to meet the needs of Lewisham's residents and others (non-residents) who may use this 'open access' service (for whom care is cross charged to their boroughs of residence).

1.2 Changes proposed have arisen during negotiations between Lewisham Council and LGT on the contract variation for financial year 2022/23 (which is a single year extension to the 2017-2022 contract), and as part of broader negotiations on the value of the future contract from the financial year 2023-24 onwards.

1.3 Additional investment is required to support the rising costs of service delivery, overheads and estates charges, to ensure that the service is financially sustainable longer term. In addition, LGT have also proposed some changes to their SRH service staffing model and the cessation of the SRH clinic provision at the Downham Centre, the smallest of their three clinic sites in our borough, representing 3.4% of LGT SRH provision last year. These changes are proposed to enable LGT to continue to deliver the service to the residents of

Lewisham within the financial envelope available from Lewisham Council.

- 1.4 A partnership approach between Council officers and LGT has identified the following recommendations.

## 2 Recommendations

- 2.1 It is recommended that the Committee review and notes the changes proposed to the LGT SRH clinic services described in this report and the recommendations for Mayor & Cabinet
- 2.2 That the Committee notes that impacts on residents are limited and that mitigating actions described in this report will ensure smooth transition for the proposed changes.

## 3 Policy context

- 3.1 Local authorities have a statutory obligation to ensure provision of SRH services for their residents. Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require local authorities to provide certain public health services, including open access sexual health services.
- 3.2 Sexual Health is an important public health priority at both a national and local level and as such Lewisham's Health and Wellbeing Board identified sexual health as one of its 9 priorities for Lewisham.
- 3.3 The sexual health services commissioned jointly across Lambeth, Southwark and Lewisham (LSL) also support the priority identified in the Council's 2018-2022 Corporate Strategy "Delivering and defending: Health, Social Care and Support – Ensuring everyone receives the health, mental health, social care and support services they need".
- 3.4 LSL together face some of the greatest sexual health challenges in England, with similarly young, mobile, and diverse populations.
- 3.5 In response to these challenges, LSL agreed a shared Sexual and Reproductive Health Strategy for 2019-2024. The strategy has a focus on reducing inequalities in sexual and reproductive health as one of its underlying principles.

## 4 Background

- 4.1 Lewisham Council currently holds a contract for integrated SRH services with Lewisham and Greenwich NHS Trust (LGT).
- 4.2 The service provides a comprehensive set of SRH services for contraception, testing and treatment of sexually transmitted infections (STIs), including HIV testing and diagnosis. In 2020, routine access to pre-exposure prophylaxis (PrEP) for those assessed to be at risk of contracting HIV was also launched and added to the SRH clinic delivery remit.
- 4.3 The current service is provided at three sites in the borough, as set out in the table below:

Site	Opening times	Open to:
Waldron Health Centre, Amersham Vale, SE14 6LD	Monday: 10am-7pm Tuesday: 10am-7pm Wednesday: 2pm-7pm Thursday: 10am-7pm Friday: 8.30am-3pm Saturday: 9.30am-2pm	All ages and genders

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The Primary Care Centre, Hawstead Road SE6 4JH	Monday: 10am-7pm Tuesday: 10am-7pm Wednesday: 2pm-7pm Thursday: 10am-7pm	All ages and genders although has a historic link to a female only clinic
Downham Health & Leisure Centre BR1 5EP	Wednesday: 2pm-7pm Thursday: 10am-7pm	Primarily for those aged under 25 years, although all ages are seen

- 4.4 The current service model was commissioned in 2017 in response to changes developed by the London-Sexual Health Transformation Programme. This was a London wide collaboration of commissioners and providers which aimed to support future affordability and sustainability. The programme also launched the London online E-service, offering alternative and convenient access for asymptomatic and low risk patients, to run alongside clinic services and to help meet growing demand at a time when there were challenging cuts to Public Health funding.
- 4.5 In March 2022, Mayor and Cabinet authorised officers to negotiate a new 5-year contract with LGT from April 2023.
- 4.6 2017 saw the introduction of the pan-London integrated sexual health tariff (ISHT) and the London E-service, both of which were designed to ensure the future sustainability of SRH services in the context of cuts to Public Health funding. However, these changes to service provision and payment methods meant an overall budget reduction for clinics across London, which needed provider Trusts to reduce and adapt staffing to deliver activity accordingly. Lewisham undertook consultation on those changes in recognition that this would be challenging locally, and additionally supported LGT to remodel with transitional payments tapered across the first 3 years of the current contract (2017/18 to 2019/20). Work to adjust the service to fit the revised financing available started, however, due to operational challenges, including the response to COVID, LGT has not been able to complete these changes until now, and move the service to a position where it is being delivered within the available financial envelope.
- 4.7 Further to this work, during concurrent negotiations to extend the 2017-22 contract into 2022-23, LGT informed officers of a significant financial deficit for the service. This was being driven by a combination of factors including inflationary pressures, national NHS pay awards and higher than average estates costs, alongside the impact of the earlier funding reduction agreed in 2017 in line with London-wide service changes.
- 4.8 Use of the ISHT payment mechanism was agreed by Lewisham Mayor and Cabinet in 2016 and associated consultation proposals were also presented to HCSC at that time.
- 4.9 LGT had originally cautioned that, without further investment, the deficit may need to be met through a large reduction to their staffing team, closure of 2 of their 3 sites, and reduced opening to 5 days at the remaining single site. Council officers were clear this would not be an acceptable proposal and negotiations ensued on an alternative proposal to manage costs which retained a greater proportion of staff, closed just one of the sites (the smallest) and maintained the current 6-day per week opening hours and thereby deliver the best services possible for Lewisham residents within the finances provided.

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## 5 Proposed Changes

- 5.1 Council officers and LGT have engaged in detailed discussion and negotiations over an alternative model which addresses the deficit on the contract described at section 4.6. This includes the requirement for some additional investment into the contract from the Council. It also includes LGT accepting part of the deficit against estates / overheads, although system level support is being sought from the Southeast London Integrated Care Board (SEL ICB).
- 5.2 The 2017 contract required a proportion of uncomplicated testing activity to be transferred to online services. The impact of COVID on services led to an increasing level of non-complex interventions being transferred online, even exceeding commissioning expectations. This is advantageous for budgets and for accessibility to services. The proposed staffing adjustments at LGT will support maintaining this change in the balance of provision going forwards.
- 5.3 Due to funding restrictions discussed above, LGT will need to make some adjustments and reductions to their SRH staffing model and have agreed, (subject to governance approvals and staff consultation) an adjusted staffing establishment and structure for the service with LBL. This adjusted staffing model has been proposed to meet the shift in the balance of SRH clinic provision to support a larger proportion of complex activities and a corresponding decrease in less complex activity, which as explained above has largely moved to the online service. This will help to maximise service provision to the Lewisham population within the financial envelope available.
- 5.4 Subject to approval of Mayor and Cabinet, Lewisham proposes additional investment of £300K to the Sexual Health Contract for the financial year 22/23. This takes the financial year 22/23 annual contract value to £2,749,563. Lewisham further proposes to agree a new contract with LGT for a 6-year period commencing April 2023 (likely to be a 3+3 structure). To note that the Trust also receives further income from recharges to other boroughs for services to their residents, accounting for 20% of total income.
- 5.5 The benefits of having a 6-year tenure for this service will be felt by the population of Lewisham. The stability offered by agreeing this long term contract will enable the provider and commissioners to work together to ensure services evolve and develop to respond to the SRH needs of Lewisham residents. LGT, as the current provider, continues to recover from the impact of COVID-19 with the aim to deliver a robust, resilient, efficient and effective service for our patients. Provider and commissioners will continue to look to future proof the provision of services and keep Lewisham aligned with pan-London expectations and developments
- 5.6 The remaining £300K of the service's deficit is to be covered by LGT and, as previously noted, Lewisham and LGT are working with the SEL ICB to mitigate the high costs of providing the service from the Waldron Centre.
- 5.7 The changes now proposed include consolidating the provision of SRH services for under 25s into the existing services at Waldron Centre and Hawstead Road, which would mean the cessation of the two clinics run out of Downham Health Centre, alongside maintaining the online services.
- 5.8 LGT's clinicians have provided detailed assurance to officers that the proposed adjusted

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staffing and service model, coupled with productivity gains, can deliver against all areas of the service specification. In addition, it is projected that the service activity can return to delivery levels equivalent in value to those in current baselines, which LGT were achieving prior to COVID. As noted in 5.3 however, the adjusted model and baseline will optimise the balance of provision by responding to the increasing proportion of more complex interventions, whilst those with more basic SRH requirements will be directed to services online (E-service) or primary care services.

- 5.9 An Equalities Analysis and Assessment (EAA) was completed by Lewisham's Public Health team, utilising data including detailed service level data and review of a patient survey provided by LGT. This EAA is embedded and can be found in this report (see section 14.2 below). The EAA found that given the mitigations described in section 6, the equalities impact of changes would be neutral.
- 5.10 To inform the analysis of the proposed changes and impacts, LGT consulted patients who visited the clinic between 17 August and 1st September 2022. There were a total of 63 respondents to the questions, and their responses are laid out within the EAA embedded in this document, but some key points were:
- More than half had attended Downham because it was the closest or most convenient
  - One in five had attended either the Waldron or the Hawstead Road clinics previously, and one in ten had previously attended Downham.
  - If the Downham Clinic was not available, more than half of respondents stated they would go to Waldron or Hawstead Road, a quarter another clinic, and a small number another young person's service.
- 5.11 Changes to the contract will be kept under regular monitoring and review, in particular to ensure consistency with any broader changes which may be recommended by the London Sexual Health Programme and to incorporate service developments and improvements resulting from the LSL Programme of Change work.
- 5.12 To ensure alignment with LSL and with other London contracts, officers recommend that the new contract is negotiated for a period of six years, rather than the five years originally proposed.

## 6 Service model, impact and mitigations

- 6.1 Though the proposed changes will remove access to one clinic, the Downham site represented only 3.5% of sexual health attendances. Further, responses from the majority of patients suggest they will use alternative clinics within the borough for appointments. Mitigation measures will provide more support and prevention activity to young people from other providers.
- 6.2 The service's offer at Downham Health Centre is currently two clinics a week and usage data suggests that all people attending those sessions could be accommodated in the remaining clinics in the borough; this will depend on patient choice and preference and indications from data are that the majority will attend another site in Lewisham. Additionally, the gender profile of those attending Downham is similar to the profile of Hawstead Road clinic and analysis shows is not significantly different.

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- 6.3 There are no proposed changes to the sexual health e-service, which approximately one quarter of the population aged 19-25 access for their sexual and reproductive health requirements. This online offer will mean increased access to support for young people, across all protected characteristics. The e-service provides testing (via home self-sampling kits) for common STIs and for HIV, some STI treatments, a range of user-dependent methods of contraception, emergency hormonal contraception (EHC), and condoms.
- 6.4 Young people and Downham residents will still be able to access sexual health services at the two remaining sites, Waldron and Hawstead Road. In addition, EHC and some routine hormonal contraceptive methods are available at eight pharmacies in the south of Lewisham, and Long Acting Reversible Contraception (LARC) fitting at six GP practices. Lewisham's commissioned 'come correct' condom card distribution scheme will also be available at six local sites in the south of the borough.
- 6.5 Of those services described above, residents in Downham / Grove Park will have access to the following:
- contraceptive consultations available at two pharmacies,
  - LARC fitting at one GP practice
  - Lewisham's 'come correct' condom card distribution scheme is available at three local sites
- 6.6 Access to e-services for STI testing and treatment and some contraception will remain uncapped to support increased access. Given the ongoing challenges in access to LARC during and since the COVID pandemic, additional commissioned provision was offered through Marie Stopes International (MSI) Reproductive Choices and this will also be retained.
- 6.7 'Insight Lewisham' young people's substance misuse and sexual health service will offer additional outreach at youth clubs and other sites across the south of the borough, and support young people with access and navigation of sexual health services at LGT, other trusts, online and in primary care. In addition, Insight has been registered to distribute sexual health self-test kits that form part of the e-Service offer, alongside the cohort that access Change Grow Live (CGL).
- 6.8 The delivery of the school PSHRE curriculum will be supported by providers across the borough to ensure prevention and signposting to services are up to date and familiar to young people.

## 7 Financial implications

- 7.1 The financial implications are documented in the 'Contract Variation and Contract Award for Specialist Sexual and Reproductive Health Services' Report (ISHT), which will go to Mayor & Cabinet 2 November 2022 for formal governance approval. The Overview and Scrutiny Business Panel which meets after M&C has the right to call in any decisions made by the M&C.

## 8 Legal implications

- 8.1 There are no legal implications arising from this report.

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## **9 Equalities implications**

- 9.1 An EAA has been undertaken and developed by Lewisham's Public Health Team. It is embedded at the end of this report.
- 9.2 The conclusion of this assessment was that there would be a low impact on service users.

## **10 Climate change and environmental implications**

- 10.1 There are no climate change and environmental implications arising from this proposal for LB Lewisham and LGT.

## **11 Crime and disorder implications**

- 11.1 Any crime and disorder implications are documented in embedded report – Contract Variation and Contract Award for Specialist Sexual and Reproductive Health Services Report.

## **12 Health and wellbeing implications**

- 12.1 The proposal supports delivery of Lewisham's Health and Wellbeing strategy by promoting and maintaining access to open access sexual health services. This is essential given the borough has higher rates of poor sexual health, harmful drug and alcohol use and HIV prevalence in comparison to London averages.
- 12.2 These commissioned services support the Council's strategic objectives for sexual health and the achievement of declared outcomes for population health and reducing health inequalities as outlined in priorities contained in the LSL Sexual and Reproductive Health Strategy 2019-24 and sexual health related Joint Strategic Needs Assessments (JSNAs).

## **13 Social Value implications**

- 13.1 Social value implications are documented in embedded report – Contract Variation and Contract Award for Specialist Sexual and Reproductive Health Services Report

## **14 Background papers**

- 14.1 Mayor and Cabinet 2 November 22 'Contract Variation and Contract Award to Lewisham & Greenwich Trust (LGT) for Specialist Sexual and Reproductive Health Services'  
Appendix 1
- 14.2 Equality analysis assessment (EAA)  
Appendix 2