



## **ADVANCED PUBLICATION OF REPORTS**

This publication gives five clear working days' notice of the decisions listed below.

These decisions are due to be signed by individual Cabinet Members  
and operational key decision makers.

Once signed all decisions will be published on the Council's  
Publication of Decisions List.

- 1. EXTENSION TO THE INTEGRATED SEXUAL HEALTH COMMUNITY SERVICES CONTRACT (Pages 1 - 14)**

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**London Borough of Enfield**

Operational Decision Of Executive Director of People

**Meeting Date:** Not applicable

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**Subject:** Extension to the Integrated Sexual Health Community Services Contract

**Cabinet Member:** n/a

**Executive Director:** Tony Theodoulou, Executive Director of People

**Key Decision:** 5195

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**Purpose of Report**

1. To seek authorisation to enact the final extension of the Integrated Sexual Health Community Services contract for a further 2 years from the 1<sup>st</sup> April 2021. The current contract expires on 31<sup>st</sup> March 2021.

**Proposal(s)**

2. It is recommended that the Executive Director:

Approves the final extension of the Integrated Sexual Health Community Services Contract for a further 2 years under the current block payment arrangement of £2.32 million up until 31<sup>st</sup> March 2023. This will ensure continuity of service provision and stability for North Middlesex University Hospital NHS Trust (NMUH) ensuring that residents of Enfield have access to sexual health testing, treatment and contraceptive provision whilst continuing to respond and recover from the COVID-19 pandemic.

Acknowledgement that NMUH, as a priority one service, has continued to provide uninterrupted sexual health provision in Enfield throughout the COVID-19 pandemic.

**Reason for Proposal(s)**

3. Extending this contract by a further 2 years, as part of the final extension, will ensure continuity of care to patients accessing sexual health service provision in Enfield, ensuring that effective referral pathways and partnership working are maintained as well as the stability of the service during this challenging time of COVID-19.

4. The extension will also provide an opportunity to conduct a full independent review of the service, which will commence at the end of Feb 2021, and will include:
  - Review of existing staffing, management and operational arrangements and costs;
  - Review of service delivery costs as well as benchmarking costs with other comparator services / areas, taking account of national / Pan-London tariff guide prices and local factors such as population data, demand and market forces;
  - Analysis of patient trends including clinic attendance and flows; review of first appointment to follow-up ratios and activity including failed appointments and repeat attendances;
  - Review of the current service delivery model and existing care pathways to identify potential opportunities to move Family Planning, HIV screening and long-acting reversible contraception (LARC) activity to primary care and community services, where appropriate, as well as utilising a channel shift to online testing for sexually transmitted infections (STIs) for asymptomatic and mild symptomatic conditions.

Following the completion of the service review, commissioners working in partnership with the Provider will have developed the service specification and model to ensure that it achieves improved outcomes for patients and offers value for money, responsive to channel shift and population changes.

### **Relevance to the Council Plan**

#### **Good homes in well-connected neighbourhoods**

5. The Integrated Sexual Health Community Services Contract is currently a Hub and Spoke model of service delivery. The Hub at Silverpoint is based in Upper Edmonton, N18 in an area of high health need whilst the Spoke in the Town Clinic in EN2 continues to provide accessible health interventions in the heart of Enfield with particular focus on young people's access.
6. An extension to this Contract will ensure continuity of service provision, providing residents with access to high class quality service provision in the Borough to address their sexual health and reproductive needs.
7. The clinic locations provide local residents with increased access to sexual health service provision in a choice of settings to improve their sexual health in more appropriate and cost-effective community settings.

#### **Safe, healthy and confident communities**

8. The Integrated Sexual Health Community Services Contract will continue to support and expand multi-agency working. Silverpoint clinic is co-located with a GP practice ensuring that each service is working to support the health needs of the local population.

9. The Hub and Spoke model is across two sites: Enfield Town and Upper Edmonton and continues to provide accessible specialist sexual health services across the Borough. This seven-day service will continue to offer access for new patients and to those that are highly vulnerable through the implementation of their telephone triage system and ensure that there is continuity of access and clinic provision locally during the current COVID-19 pandemic.
10. The Hub Clinic at Silverpoint will continue to increase joint working with local partners including Pharmacists, Community HIV support Services at Alexander Pringle Centre, Drug and Alcohol Services, Homeless Outreach Team, other GP practices and young people's services including those working with gang members. Sex workers within the Fore Street corridor will continue to be supported through targeted outreach and rapid access to treatment through specialist referral pathways with encouragement to engage in clinical services at Silverpoint.

### **An economy that works for everyone**

11. The two (2) year extension of the Contract will ensure the most vulnerable in the community including black and minority ethnic (BAME) group patients, men who have sex with men (MSM), the homeless and sex workers, who have been affected by the pandemic have access to integrated sexual health treatment in a more appropriate and cost effective community setting.
12. Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men, teenagers, young adults and BAME. 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 further influence their ability to access services.
13. Improving the health of these vulnerable groups as well as young people will prevent a range of longer-term negative health outcomes including mental and physical ill health. Furthermore, improving health outcomes will increase the number of people who are able to work and reduce sickness rates. The Wanless Report was clear that a healthy population is a productive population.

### **Background**

14. Enfield ranks as the 14<sup>th</sup> most deprived London Borough and 64<sup>th</sup> most deprived in England. Levels of deprivation vary considerably across the borough and there is a clear east-west divide. Wards in the east of the borough, such as Edmonton Green, Upper Edmonton and Lower Edmonton rank in the 10% most deprived wards in England. Overall, more than half of Enfield's wards fall within the most deprived 25% in England.

15. Economic deprivation has been associated with an increase in the risk of various health conditions, these include increased risk of mental health conditions, obesity, diabetes, heart disease and poor sexual health.
16. Deprivation is also associated with a number of hazardous behaviours such as smoking, substance misuse, risky sexual activity, teenage pregnancy, social isolation and poor diet.
17. Under the *Health and Social Care Act 2012* local authorities have a duty to secure the provision of open access services for contraception and testing and treatment of STIs for their residents. This is mandatory and entails the key principles of providing services that are free, confidential, open access and not restricted by age.
18. The Local Authority's public health mandated responsibilities are:
  - To protect the health of the local population
  - To ensure appropriate access to Sexual Health Services.
19. The term 'open access' refers to the fact that such services are available to anyone requiring treatment, irrespective of their personal characteristics, place of residence or GP registration, without referral. This accessibility requirement impacts on the ability of all Councils to predict service demand and manage the budget effectively. As the level of activity is unpredictable, it results in financial uncertainty for Local Authorities.
20. In 2015 a competitive tender process was undertaken to select a suitable provider to deliver the Integrated Sexual Health Community Service contract in Enfield. This service provides Family Planning & Contraception, Level 3 genitourinary medicine (GUM) provision including STI testing and treatment and Sexual Health Outreach Nurse provision to young people.
21. In July 2015 the Cabinet approved the award of contract for Integrated Sexual Health Community Services in Enfield to North Middlesex Hospital NHS Trust for a contract term of 7 years and 5 months. This consisted of an initial contract period of three (3) years and 5 months with optional extensions on a two (2) yearly basis rolling up to a maximum four (4) years.
22. The contract commenced on the 1<sup>st</sup> November 2015 and on 31<sup>st</sup> March 2021 the first two-year extension will have concluded with the option to extend for a further two years. Governance arrangements agreed under the initial key decision to award delegate the decision making powers over the contract extensions to the relevant director.
23. The annual contract value of the Integrated Sexual Health Community Service is £2.372 million. As part of the contract negotiations for the first extension in 2019, the GUM element of the contract was reduced by £200k per annum.
24. Current payment for sexual health services is under a 'block arrangement' covering all Enfield residents who access services commissioned by LB Enfield and is capped at the annual contract value.

## **Main Considerations for the Council**

25. Since the contract commenced in Nov 2015 the Service has continued to provide key sexual health provision in Enfield, including access to Level 3 GUM provision for complex cases as well as maintaining service delivery during the COVID-19 pandemic with clinic sites remaining open for STI treatment, complex LARC and young people's provision. Focus during the pandemic has been on the most vulnerable of patients including young people, MSM, sex workers and those who are homeless.
26. Pathways have been developed with key partner agencies with a telephone triage system being implemented, as per the British Association for Sexual Health and HIV (BASHH) guidelines, as face to face interactions were reduced due social distancing measures. Video consultations were also offered to ensure digital access.
27. However, a channel shift to online STI testing has seen an increase during the lockdown period as restrictions have remained in place indicating greater access from the BAME communities to online provision.
28. Enfield Council's Gold Emergency Planning Team identified the Integrated Sexual Health Community Services as priority one service regarding the COVID-19 pandemic. Throughout the COVID-19 pandemic period of lockdowns and recovery, the sexual health clinics have provided uninterrupted service provision in the borough.
29. Sexual Health Services in Enfield have maintained service delivery minimising the impact of the pandemic through use of digital, telephone and online technology as directed by BASHH. The use of a telephone triage system, promotion and referral to online STI testing with treatment and support at local clinic sites, provision of complex LARC & contraception and access for young people has all been maintained. The lockdown measures have also provided Enfield Council with an opportunity to reduce out of borough patient attendances due to social distancing restrictions and subsequently there has been an increase in referrals into local services and a reduction in out of borough presentations.
30. Enacting the final 2-year extension of the Integrated Sexual Health Community Services contract to maintain ongoing service delivery beyond 31<sup>st</sup> March 2021 was discussed at the Strategic Development Board in July 2020. The Board agreed to extend the contract for a further 2 years up until 31<sup>st</sup> March 2023 to ensure continuity of service delivery.
31. It is anticipated that there will be an increase in demand and need within sexual health services post this current lockdown period as restrictions ease and there is more social contact as the UK continues to respond to the pandemic and then moves to the process of recovery.

32. Given the anticipated level of need and challenges that this presents in terms of increasing STIs and complex cases, it will be crucial to provide a stable and consistent service to support local residents over the next 12 months.

### **Safeguarding Implications**

33. The provider has in place the necessary safeguarding protocols, in line with Council Policy and applies the Frazier Guidelines and Gillick Competency where a young person is under 16.
34. The Service is registered with CQC and adheres to NICE Clinical guidelines and Trust governance arrangements.

### **Public Health Implications**

35. Good sexual health is an important part of people's lives, fundamental to the health and wellbeing of the individual and has obvious implications for the society. It requires a positive and respectful approach to sexuality and sexual relationships. Good service provision supports this through control of fertility and of sexually transmitted infections.
36. It is anticipated that GUM in-borough attendances will increase due to the COVID-19 pandemic, and that continuing service delivery by extending the contract will not only reduce the borough's carbon footprint (climate change has been described as the greatest public health challenge of the 21st century) but also ensure that the needs of the borough's diverse community will be better served, particularly the young and less affluent populations who may be both, less able to travel and more sexually vulnerable.
37. Evidence shows that every £1 invested in sexual health services results in £11 of wider savings across health and social care due to the prevention of disease and unintended pregnancies.

### **Equalities Impact of the Proposal**

38. The proposal is for the continuation of the existing service arrangement and therefore will not result in any change in Equalities impact.

### **Environmental and Climate Change Considerations**

39. The continuation of the existing service will not have an adverse impact on the environment.
40. On the contrary, the increased use of digital and online technology, due to social distancing measures, will reduce the Borough's carbon footprint with patients either accessing STI testing online or attending clinics locally rather than out of borough due to the COVID-19 pandemic.

### **Risks that may arise if the proposed decision and related work is not taken**

41. The risks that may arise if the related work is not undertaken are:



- Loss of a local NHS provider and loss of crucial clinical provider staff;
- Disengagement of patients;
- Deterioration of referral pathways impacting on access to and the provision of treatment;
- Increased 'out of borough' costs with residents accessing sexual health provision outside of Enfield;
- Increase in STIs and teenage pregnancy rates due to lack of local provision;
- Reputational risk as local authorities are mandated to provide open access services for contraception and testing & treatment of sexually transmitted infections for their local residents.

**Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks**

42. The risks that may arise if the related work is undertaken are:

- Performance during the final 2-year extension period of the Contract may reduce as the Provider moves to the final period of the contract which may lead to a lack of stability. To mitigate this risk there will be regular contract review meetings as well as the ongoing service review meetings to identify performance and operational issues as well as issues in relation to contracting beyond 2023.
- There may be an even greater channel shift to online STI testing as we enter the new contracting period with the continuing impact of the COVID-19 pandemic. Mitigations will include regular monitoring of online STI testing data on Preventx data system and ongoing discussions with the London Sexual Health Partnership Board to ensure increases are managed accordingly and are reflected across London.
- The outcomes and recommendations of the Service Review may outline issues that need to be addressed quickly e.g. staffing and recruitment as well as performance. This will be mitigated through the Sexual Health Review meetings which has an operational group and a Strategic Board to manage the review process. There will also be separate Contract Review meetings to ensure the contractual conditions are being fulfilled by the Provider.

**Financial Implications**

43. See Confidential Annexe.

## Legal Implications

*Legal Implications provided by MP on 9th February 2021, based on version of report circulated on 3rd February 2021 timed at 09:29hrs.*

44. The Council has the power under s.1(1) Localism Act (2011) to do anything individuals generally may do providing it is not prohibited by legislation and subject to Public Law principles. There is no express prohibition, restriction or limitation contained in a statute against use of the power in this way.
45. Under s.111 Local Government Act (1972) local authorities may do anything, including incurring expenditure or borrowing which is calculated to facilitate or is conducive or incidental to the discharge of their functions.
46. The Council's Contract Procedure Rules (CPRs) at Rule 15, outline instances where exceptions can be relied upon for not having to competitively tender
47. CPR 15.2(vi) states that if an original contract provides in writing, for an extension to the length of the contract's term and, on the basis that:
  - the extension is for substantially the same services as provided in the original contract;
  - the financial terms for the extension are as agreed in the original contract;
  - the length of the extension is no longer than that permitted by the original contract and;
  - such extension would not breach the Public Contract Regulations (2015) (PCRs (2015));

then that contract can duly be extended providing the appropriate authority/approval is in place.

48. The Council must be mindful of and adhere with CPR 15.3 which expects officers to ensure that decisions to not seek competitive tenders must fully comply with CPR 15 and be in the best interests of the Council. The decision must be recorded in writing and all documentation supporting the decision must be retained on the E-Tendering Portal.
49. In accordance with CPR 15.4 officers are reminded that applications for an 'Exception' must be made via the 'Exceptions and Waiver' form for recording and ensure that a copy of the fully executed original contract and extension agreements are entered onto the Corporate Contract Register. Officers are advised to liaise with the Procurement and Commissioning Hub in this regard.
50. The Council must comply with (and continue to comply with) its obligations relating to obtaining best value under the Local Government (Best Value Principles) Act 1999.
51. Since 1 April 2013, local authorities have been responsible for improving the health of their local population and for public health services; including most sexual health services. Under the *Health and Social Care Act 2012* the Council has a duty to secure the provision of open access services for sexual health services including those abovementioned in the main body of this report.

52. The Council must ensure compliance at all times with its Constitution. As this is a Key Decision the Council must comply with the Key Decision procedure.

53. Any legal agreements (and ancillary documents where relevant) arising from the matters described in this report must be approved in advance of contract commencement by Legal Services on behalf of the Director of Law and Governance.

### **Workforce Implications**

54. None, as the Integrated Sexual Health Community Services contract is an externally commissioned service, the Report has no workforce implications for Enfield Council.

### **Property Implications**

55. There are no Property Implications as Enfield Council holds the lease agreements for both the clinic premises at The Town and Silverpoint. The lease agreements are aligned to the Integrated Sexual Health Community Services Contract and are issued up until 31<sup>st</sup> March 2023.

### **Other Implications**

56. None

### **Options Considered**

#### **Retender the Service – Not Recommended**

57. The impact of COVID-19 and the reconfiguration of the service by NMUH to maintain service continuity to residents has been the priority for Enfield. To undertake a competitive tender for such a complex clinical provision during COVID-19 would have been difficult as the priority for most NHS Trusts have been to support their local A&E provision through redeployment of existing staff and maintaining service provision for the most vulnerable in the community.

58. Retendering at the time of COVID-19 would have destabilised the service, who have been working under unprecedented circumstances, and would lead to patient disengagement and an increase in staff turnover due to the change and uncertainty this process brings. During normal times this can be mitigated against but due to the current pandemic and national lockdown the continuation of care, treatment and well-established pathways are crucial.

#### **Cease to deliver the Service – Not recommended**

59. Enfield Council could take the decision to no longer provide sexual health provision in the borough however this would go against the Public Health Grant where contraception, STI testing and treatment are mandated.

60. Furthermore, evidence shows that every £1 invested in sexual health services result in £11 of wider savings across health and social care due to the prevention of disease and unintended pregnancies.

### **Extend the contract for a further 2 years - Recommended**

61. The Integrated Sexual Health Community Services contract has an option to extend the current arrangements for a further 2 years as part of the final extension to this contract.

62. The continuation of the current arrangement with NMUH offers the best and safest option to ensure continuity of service delivery to patients and young people who require support for their sexual health needs. Furthermore, Enfield is one of the few boroughs within North Central London (NCL) that provide access to Level 3 GUM services locally for the treatment of complex patients including access to Psychosexual Counselling.

63. Enfield specialist clinics have continued to provide clinical services throughout the COVID-19 pandemic and have responded quickly and efficiently to lockdown measures and recovery. Maintaining sexual health provision locally with NMUH is recommended to support Enfield residents to effectively maintain good sexual health.

### **Conclusions**

64. Following the review of the available options and recommendations highlighted in this report it is concluded that the most effective and safest way forward for the Integrated Sexual Health Community Services Contract is for the approval of the final two (2) year extension.

65. This will ensure continuity of care, testing & treatment to patients at a time when we anticipate an increase in need and complexity related to poor sexual health and will support the ongoing delivery of an effective and accessible service in Borough.

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Date of report: 10<sup>th</sup> February 2021

### **Appendices**

CONFIDENTIAL ANNEX: Extension to the Integrated Sexual Health Community Services Contract

### **Background Papers**

<https://bashh.org/news/news/standing-with-you-covid-19-guidance-provision-of-sexual-services-to-the-community/>

**The following documents have been relied on in the preparation of this report:**

None

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

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