London Borough of Enfield

Report Title	Sexual Health Contracting Arrangements
Report to	Cabinet Member for Health & Social Care, Cllr Alev Cazimoglu
Date of Report	1st July 2024
Cabinet Member	Cllr Alev Cazimoglu, Cabinet Member for Health & Social Care
Executive Director / Director	Tony Theodoulou Executive Director People and Dudu Sher-Arami Director of Public Health
Report Author	Fulya Yahioglu, Senior Public Health Service Development Manager
Ward(s) affected	All
Key Decision Number	KD 5753
Classification	Part 1 & 2 (Para 3)
Reason for exemption	Information relating to the financial or business affairs of any particular person (including the authority holding that information).

Purpose of Report

1. To provide the Lead Cabinet Member with an overview of the contracting arrangements for sexual health delivered through North Middlesex University Hospital NHS Trust (NMUH), the proposal to terminate this current arrangement and to inform the future approach to the delivery of this support in Enfield.

2. The report also seeks authorisation by the Lead Member for the Council to issue a notice to NMUH to terminate this service contract delivered through NMUH.

Recommendations

For the Lead Cabinet Member

I. To approve the decision to terminate the current contracting arrangements for sexual health delivered through NMUH
II. To delegate authority to the Director of Public Health to issue a termination notice to NMUH in line with the provisions of the contract
III. To delegate authority to the Director of Public Health to approve the future approach to the delivery of sexual health services in Enfield

Background

National context

3. The Government has set out a number of key priorities in relation to Sexual and Reproductive Health (SRH) since 2013, which include:

4. The Framework for Sexual Health Improvement in England (2013) which sets out ambitions for improving sex and relationship wellbeing across the life-course

5. Government's ambitions to improve SRH outcomes and wellbeing by taking a life course approach which is demonstrated in the Sexual Reproductive Health (SRH) Strategy & HIV Action Plan. This was developed in response to the Health Select Committee report on Sexual Health and includes a new HIV Action Plan to meet the target of zero new HIV transmissions in England by 2030

6. The strategy also covers system working, workforce, health inequalities and information and education across three main areas: reproductive health, sexually transmitted infections (STIs) and human immunodeficiency virus (HIV).

7. Relationships, Education being made compulsory in 2020 in all primary schools in England and Relationships and Sex Education compulsory in all secondary schools; and

8. Confirmation of routine commissioning of HIV pre-exposure prophylaxis (PrEP) included in the Public Health Grant in 2021.

Local context

9. Enfield ranks as the 9th most deprived London Borough and 74th 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.

10. 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.

11. 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

12. Under the Health and Social Care Act 2012 local authorities have a duty to secure the provision of open access services for contraception and for testing and treatment of sexually transmitted infections (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.

13. The Council has a statutory duty to ensure provision of open access sexual health services to protect the health of the local population and end ensure appropriate access to sexual health services which include the provision of:

    - Contraception
    - Testing and treatment of sexually transmitted infections (STIs)
    - Sexual health aspects of psychosexual counselling, and,
    - Sexual health specialist services including young people's services, outreach, HIV prevention and sexual health promotion

14. The Local Authority's public health mandated responsibilities are therefore:

    - To protect the health of the local population
    - To ensure appropriate access to Sexual Health Services

15. 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.

16. 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.

17. The open access nature of sexual health services means that there are significant cross-boundary flows of residents using services across London.

18. 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.

19. 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 an initial period of three years and 5 months with two consecutive options to extend for a further 24 months, subject to satisfactory performance.

20. The final contract extension commenced on 1 April 2021 and expired on 31st March 2023 with an annual contract value of £2,372 million.

21. The 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.

22. Since April 2023 the Council has been working to an implied contractual arrangement with NMUH, which includes a 6% uplift for staffing costs. previous price had remained fixed for six years. Under the terms of the original contact (which have continued on by implication), either party can terminate the contract arrangements by giving 6 months written notice to the other.

Current Service Provision

23. Sexual health service provision in Enfield is through an open access contract with NMUH through a Hub and Spoke model of delivery. The Hub is currently located at the Town Clinic, Units 4&5 Burleigh Way in Enfield Town EN2 whilst a smaller spoke is based at White Lodge Medical Practice at Chase Side, EN2.

24. Previously the Hub was based at Silverpoint, N18 a co-located service with Angel Practice Surgery close to the Haringey border. The lease on this premise was terminated in March 2023 due to increasing service charge costs and potential rent increase of 149%.

25. The council pays for sexual health services delivered by NMUH on a block contracted basis providing Level 1-3 GUM services for testing and treatment of STis, contraception and reproductive health, young people peoples service and support for vulnerable client groups with poor sexual health outcomes including but not exclusively to BAME, MSM and sex workers.

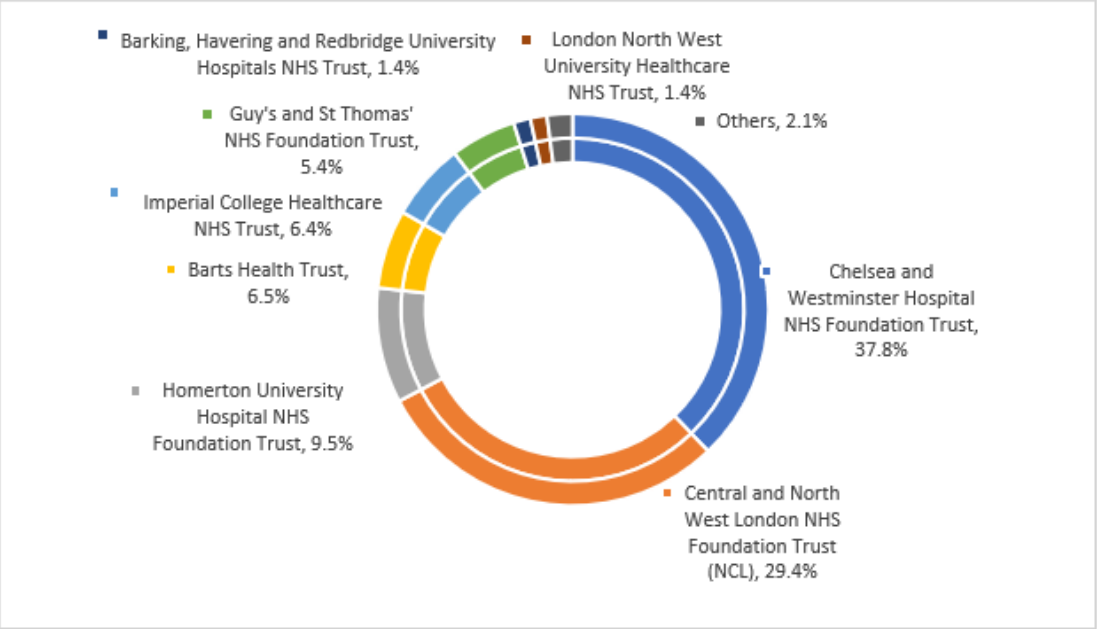
26. Residents also have open access to all sexual health services out of borough (OOB) across the country under the Depart of Health national directive as part of a cross charging agreement. Clients accessing services OOB are paid for on an activity basis only. These costs are absorbed by the Council through the Public Health Grant.

27. Analysis of OOB data identified that in 2022/23, 35% of Enfield residents accessed services outside of Enfield and 65% in borough. The major OOB services being accessed by residents include:

    - Chelsea & Westminster NHS Trust (ChelWest) which operates 3 clinics one situated in Soho;
    - Central North West London NHS Trust (CNWL) with clinics in Barnet, Haringey, Camden & Islington;
    - Barts Health NHS Trust with clinics in The City of London and Whitechapel and
    - Homerton Hospital NHS Trust with clinics in Hackney and Guy's and St Thomas' (GSST) in Southwark.

28. Over 29% of OOB spend for the Council is through Enfield residents accessing services at CNWL clinics, the main provider for the NCL subregion.

A further 38% OOB spend is for services located at ChelWest in Central London. The graph below provides further detail.



29. OOB costs for Enfield residents accessing services outside of the borough have remained relatively stable post the Covid-19 pandemic. In 2021/22 our total OOB spend was £495,636 compared to £475,694 in 2022/23. However, the spend to date on OOB activity is £644,891, an increase of £169,191 from the previous year. This increase in OOB costs serves to further reduce the financial efficiency of an in-borough block contract.

30. This increase is believed to be related to the closure of Silverpoint towards the end of March 2023 and the delay in the implementation of the spoke at White Lodge Practice in Aug 2023. The spoke is primarily providing contraceptive service provision at this facility as well as asymptomatic testing whilst Silverpoint offered a full range of Level 1-3 access.

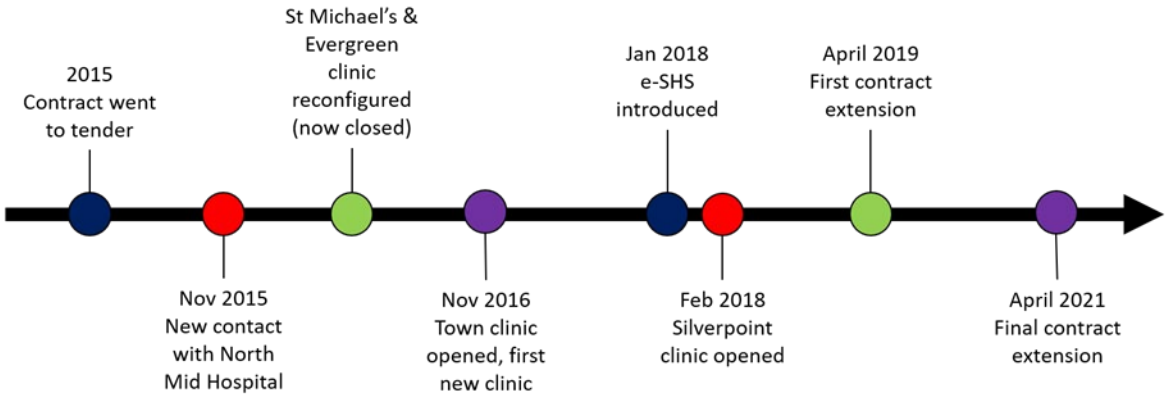
31. In addition to OOB spend the Council has also entered into a Pan-London Agreement with Sexual Health London (SHL) to provide access to STI testing including Chlamydia, Gonorrhoea, Syphilis and HIV for asymptomatic patients through the online E-Service.

32. The cost of providing this service is additional to the main contract with over 30% of Enfield patients accessing this online service. For 2022/23 spend on E-Service activity was calculated to be £384,532 increasing to £399,489 in 2023/24, this cost includes smart kit activity. Additional costs to this service include £13,515.70 per annum on management costs to the City of London.

33. The E-Service was introduced after the Enfield contract was let, and its increasing popularity with service users further reduces the financial efficiency of local block contracting arrangements.

34. Sexual health services are also delivered in community settings through direct contracts with Primary Care for the fitting and removal of Long-Acting Reversible Contraception (LARC) by trained GPs across 21 practices within the borough and the provision of Emergency Hormonal Contraception (EHC) across 17 Pharmacies within Enfield.

35. An overview of the local landscape since 2015 is depicted below:



36. Sexual health provision in Enfield forms is part of integrated system working with community services to deliver accessible clinical sexual health provision for all residents of the borough.

Options considered

Do nothing

37. This is not an option for the Council as the contract has expired and NMUH are working to an implied block arrangement with the Council.

38. Doing nothing poses a risk for the Council not only in terms of breaching procurement regulations but also the fact that currently the cost of the contract has increased with a 6% uplift, which the Council cannot sustain going forward.

39. The current service model lacks appropriate skills mix to deliver the efficiencies required in the contract including the lack of effective service management and inadequate focus from senior leadership.

40. The current implied contract provides no benefit to LBE from non-Enfield residents being seen by NMUH as part of open access service delivery. These patient consultations are effectively being subsidised by the Council as there is no recompense on costs from NMUH. This also provides perverse incentive to the provider as charging for OOB patients accessing Enfield services is an income stream for the provider.

Tender for a new service with an adapted model of service delivery and specification

41. Tendering for a new service has also been discounted for the following reasons.

42. The market for experienced GUM providers is limited to six main Trusts including CNWL, ChelWest, Barts Health, Homerton and GSST with most London procurements to date having resulted in contract award to incumbent providers.

43. Localised arrangements require a significant amount of clinical input from the Council and can take a long time to mobilise effectively.

44. As the value of the contract would be significantly lower due to the efficiencies required it would not be attractive to the market, it would be more beneficial for the Council to work with NCL on a subregional level to develop aspects of the service through the Provider Selection Regime (PSR) on CNWL contract, but this would take time to develop and enact.

Decommission the testing and treatment service, operating this on an out of borough basis, and locally commission specific elements for young people and prevention

45. The decommissioning of the sexual health contract would be the preferred option for the Council. It will provide the necessary efficiencies required for the Council whilst allowing the opportunity to develop a more focussed model of delivery for young people and preventative services.

46. A review of costs for Enfield patients accessing clinic sites in borough on the block contract compared to out-of-borough delivery recharged against the pan-London tariff revealed potential of £500k in efficiency with over 3,000 (35%) residents already accessing OOB services for their sexual health needs.

47. Decommissioning the service against the current arrangement will therefore achieve £500k saving on testing and treatment from 2025/26 and part in year savings for the Council, whilst continuing to enable the Council to discharge its duties.

48. The service under the current block arrangement meets need but does not provide value for money.

Risks and mitigating actions

49. The risks associated with the decommissioning of the sexual health service contract have been highlighted below together with the mitigation actions.

50. The service is demand led, hence activity may increase and LBE would be liable to pay for this increase with no cap on numbers. This is however mitigated by the data which outlines these levels to be consistent over time, although 2023/24 saw an increase in OOB activity which may be contributed to the impact of the closure of Silverpoint end of March 2023 and limited second clinic access until Aug/Sept 2023. Furthermore, the compound issues of the current block price, investment in the E-Service, and effective funding of non-Enfield

residents accessing clinics (set out in previous paragraphs), means this is unlikely to create a cost pressure greater than the one currently felt.

51. Residents not being able to access a Level 2-3 service locally and having to travel to out of borough specialist clinics may result in an increase in complaints to the council. The promotion of digital services and pathways into community sexual health services will be publicised heavily as well as notification of a young people's outreach provision and preventive services in the borough.

52. Removing NMUH from the market may increase pressure on other providers and drive-up costs. The London Sexual Health Transformation Board is already aware of the challenges that providers face across London in terms of increasing need and access.

53. The ISHT for this financial year is being reviewed at London level to take into consideration Agenda for Change (AfC) costs as well pay wards and market forces factor (MFF) and will potentially increase. The London Sexual Health Board is managing the tariff reconfiguration with Trusts working with their finance teams to notify subregional leads on any likely increases. Again, cost pressures under the current block arrangement are likely to outweigh any risk.

54. NMUH may review their ability to deliver other commissioned service, which could put the 0-19 service at risk. This is being mitigated through discussions at LBE/NMUH Strategic Governance Board and is a separate service under a separate contract arrangement.

Preferred Option and Reasons for Preferred Option

55. The preferred option for the Council would be to decommission the sexual health service contract, and locally commission aspects for young people's provision and preventative support. This option will afford the Council the necessary efficiencies within the sexual health budget envelope, whilst ensuring that the Council still discharges its statutory duties.

56. As detailed in the previous section the Council is mandated to provide open access services, and these would be delivered through Enfield residents accessing sexual health provision out of borough at NHS clinics based across London (or wider according to resident preference).

57. Residents would continue to have access to these services, particularly where issues are complex and need specialist treatment. This will include Sexual Health & Reproductive Services (SRH), access to psychosexual counselling which has previously been delivered locally through CNWL, PrEP through MSM specialist clinics at ChelWest.

58. Currently over 35% of Enfield residents access sexual health services out of borough, to the 6 main clinics across London. These clinics are commissioned through subregional contracts utilising the Pan-London ISHT tariffs for testing and treatment. Access to these clinics will increase once local clinic provision ceases equating to increased OOB spend however based on 2022/23 GUM activity data and cost projection utilising the tariff would still result in potential cost saving to the council in excess of £500k.

59. Access to the online SHL E-Service would continue provide Enfield residents with pathways to testing and treatment for asymptomatic and mild symptomatic conditions. This would include all residents from 16 years and above accessing the rapid confidential service going forward. A greater channel shift to online provision is envisaged once the termination of the sexual health contract has been agreed.

60. Sexual health provision in the community will also be maintained and increased to support residents to access contraceptive services for LARC and EHC across GP practices and Pharmacies in Enfield.

61. The efficiencies being achieved through decommissioning will allow the development and rapid implementation of a small outreach based young peoples service up to age of 25 years, focusing on vulnerable young adults including those within the leaving care cohort, youth justice system and those with autism & learning difficulties.

62. There will also be the opportunity to work collaboratively with Haringey to enhance the Young Peoples Sexual Health Service delivered through CNWL at Lordship Lane to increase rapid access for Enfield patients.

63. The decommissioning process will allow the development of a value for money model for Enfield where access to complex provision is through non-contracted activity across London NHS Trusts with payments through the ISHT pan-London tariffs.

64. Enfield is therefore seeking to shift focus and resource away from local specialist services through the decommissioning of the current service into greater OOB provision, preventative activity and self-management of care.

65. The delivery model being proposed as part of this decommissioning process will seek to ensure that Enfield:

    (a) Residents are supported to manage their sexual and reproductive health themselves.

    (b) Residents will have access to the most appropriate levels of service to meet their immediate sexual health and reproductive needs including online service provision for rapid testing, family planning and contraceptive services in general practice and community pharmacies, greater support in community settings and access to young peoples provision once the model of delivery has been reprofiled.

    (c) Residents will have access to appropriate specialist services when their needs are high or complex through open access to sub-regional out of borough clinics.

The delivery model will focus on the following elements:

- A universal digital offer, comprising of self-care and self-management through the online SHL E-Service, digital prevention, and engagement, STi

testing, treatment and contraception through OOB specialist clinics offering rapid access via online booking and appropriate virtual consultations. Access to the C-Card Scheme (condom distribution) for young people will be maintained with potential to expand contraceptive provision through the E-Service.

- A range of local services (place-based health provision) using where possible GP clinics, community pharmacies and other local arrangements which would provide a) equity in provision using primary care and community pathways and in settings offering alternative options to specialised clinics b) peripatetic provision which target geographically challenged areas and wards, and those most at risk from poor sexual health outcomes. This will build on strengths and assets within place(s) and compliments the digital approaches.

- Access through subregional out of borough clinics to specialist sexual health services providing GUM and contraception offer for those with complex care needs.

- Education and training to develop sexual and reproductive health (SRH) knowledge and skills within the population and workforce (clinical & non-clinical) to build and sustain the SRH and wellbeing in the system. This will include expansion of RSE delivered in schools.

Relevance to Council Plan & Strategies

66. The Enfield Council Plan 2023 to 2026, 'Investing in Enfield', sets out how we will deliver positive outcomes for our communities. Priority two is for strong, healthy and safe communities and includes the Council's aim to work with our partners to provide high quality and accessible health services

67. The decommissioning of the current service contract will allow the Council to redirect finances to areas of most need within the sexual health landscape and against other Public Health priorities, offering better value for money and working with partners in borough as well as out of borough for the provision of high quality accessible sexual health provision.

68. The recommissioning of an outreach service as well as increasing access to the SHL E-Service to ensure contraceptive access will ensure that the most vulnerable in the community including black and minority ethnic (BAME) group, young adults, men who have sex with men (MSM) will have access to a more appropriate, rapid and confidential service within a community setting of their choice.

69. 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.

70. 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.

Financial Implications

71. The Public Health Grant for Enfield in 2023/24 is £18.611m compared to 18.024m in 2022/23. The cost of this service is funded by the Public Health Grant and the cost is given in the confidential annex. The actual expenditure can vary year to year and this is managed within the overall budget monitoring processes of the service.

72. The Public Health Grant is ringfenced and is required to cover expenditure incurred in delivering the Public Health function, which covers mandated(statutory) services and non-mandated (non-statutory) services. Sexual Health is a mandated function.

Legal Implications

73.. 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 which are the subject of this Report. In addition, 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, and 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.

74. As detailed elsewhere in this Report, the 2015 contract with NMUH for the provision of sexual health services formally expired on 31 March 2023. As the parties have continued their arrangements on essentially the same terms (other than a 6% uplift for staffing costs) there is effectively an implied contract between the services on the same terms as that signed in 2015. Under those terms, either party can terminate the contract by giving the other party at least 6 months' prior written notice. Legal advice should be obtained to ensure the proposed termination notice meets the requirements of the contract. Upon termination, the clauses of the contract dealing with arrangements on termination (covering personal data, loaned equipment, provider co-operation with handover etc.) must be followed.

75. This report explains that there is no intention to contract with a new provider for the services or to bring the services in-house going forward – instead, it is recommended that provision will be through non-contracted activity across London NHS Trusts with payments through the ISHT pan-London tariffs. In which case, TUPE will not apply. However, officers must be mindful that if any element of the service is provided under a new contact, or brought in-house,

TUPE may apply to transfer certain staff, and this needs to be kept under review.

76. Advice should be taken from the relevant Council department as to any consultation required before the service is delivered in a different way, and timescales for this should be factored in.

Equalities Implications

77. The proposal to decommission the current sexual health service contract will not result in any change in Equalities impact as there will still be access to this provision through open access services provided through out of borough clinics both in neighbouring boroughs and Central London.

78. A full Equalities Impact Assessment was undertaken in 2015 as part of the recommissioning of sexual health service provision in the borough. This analysis demonstrated positive impacts in maintaining access to STi testing and treatment to ensure key outcomes can be met, especially for those at risk of poor sexual health – young people, BAME communities and MSM.

79. The SHL online E-Service provides rapid and confidential access to testing and has been shown to provide greater for young people over the age of 16 years, young adults within LAC and youth justice services and those from BAME communities.

80. An updated Equality Impact Assessment will be conducted as part of the decommissioning and potential recommissioning of the young peoples and preventive service. The service specification will include a requirement to identify and provide services that meet the needs of protected groups, especially those most at risk of sexual ill health. The service is thus required to target population groups, young people, MSM and BME communities, which are vulnerable to risk taking behaviour, bear the burden of sexual ill health and/or less likely to engage with sexual health services. The services as part of its KPIs monitors the use of its services by these groups.

81. Further to the decommissioning of the sexual health service contract, the delivery model being presented in this report will aim to have a positive impact on equality groups that share a protected characteristic such as BAME, LGBT individuals and those with gender reassignment, young people, men, women, those with disabilities and some religious groups. The positive benefits identified include improved access to a full range of contraceptive services through community and online settings, STI testing online and treatment at specialist locations across London, reduction in unplanned pregnancy including teenage pregnancy, referral to local maternity, collaborative working with community gynaecology and abortion services, a reduction in STi prevalence and HIV incidence and late diagnosis.

HR and Workforce Implications

82. The sexual health service is an externally commissioned service, the decommissioning of this service locally will have no impact on HR and workforce.

83. All workforce issues in relation to redundancies will lie with the Provider once the contract terminates and as the Council is not reprocuring such services there will be no TUPE implications to consider.

Environment and Climate Change Implications

84. The decommissioning of the current service contract will have no significant impact on environmental and climate change considerations.

85. There will be increased use of digital and online technology through the E-Service which will reduce the Borough's carbon footprint with patients accessing STI testing and contraceptive services online.

86. Family planning and contraceptive services in the community will be retained as part of existing provision and will allow residents to access provision locally. This will include access to LARC services through primary care and EHC through selected pharmacies.

87. Provision through the recommissioning of an outreach and preventative services for young people will ensure that those most vulnerable will have access to services locally and will not be travelling out of borough

Public Health Implications

88. 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 society.

89. Public Health England (PHE) estimated that every £1 spent on contraceptive services saves £9 across the public sector.

90. Preventing STIs such as chlamydia reduces the costs associated with long-term conditions such as pelvic inflammatory disease and preventable infertility.

91. Increased access for women of reproductive age to LARC (e.g. intrauterine devices, injectable contraceptives and implants) and prompt access to emergency contraception has been proven to be cost effective.

92. Research from the National Institute for Health and Care Research found that preventing HIV diagnoses through the HIV prevention drug, PrEP, would save the NHS £1 billion over 80 years.

Property Implications

93. Please see Part 2 Confidential Annex of this Report.

Safeguarding Implications

94. The decommissioning of the sexual health service particularly for the GUM element of delivery will move activity to non-contracted OOB Providers.

These providers will have in place the necessary safeguarding protocols, in line with local authority policies and will apply the Frazier Guidelines and Gillick Competency where a young person is under 16.

95. The OOB providers who are mainly NHS Trusts will all be CQC registered and will adhere to NICE & FRSH Clinical guidelines as well as their own Trust governance arrangements.

Crime and Disorder Implications

96. None

Other Implications

Procurement Implications

97. The proposed termination will be sought in line with the CPRs and Council's Governance, including the procurement assurance process.

98. This contract has been classified as a "Gold" tiered contract following the Council's Contract Management framework. As such this contract has been closely managed via frequent meetings and monthly reports being provided.

99. The service lead has engaged with The Council's Contract and Supplier Relationship Manager to assist them with the proposed termination of this contract. Although this contract is closely monitored and scrutinised it is clearly evident that the current cost model in use is clearly disadvantageous to the Council. The current supplier is not prepared to change the cost model and any proposals made to alter the service have not proved viable. The Council is left with no other option but to recommend that this contract is brought to an end.

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Appendices

Confidential Annex

Background Papers

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

https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-strategic-action-plan