

**London Borough of Enfield
Cabinet Meeting**

8th February 2023

Subject: Future Commissioning of Enfield Sexual Health Services

Cabinet Member: Cllr Alev Cazimoglu

Executive Director: Tony Theodoulou

Key Decision: KD5531

Purpose of Report

1. This report seeks approval from Cabinet to enter into a partnership agreement between Enfield Council and North Middlesex University Hospital NHS Trust (NMUH) for the provision of Enfield Integrated Sexual Health Community Services in accordance with Section 75 of the National Health Service Act (2006).
2. To outline to Cabinet that entering into a Section 75 partnership agreement will facilitate the continued delivery of mandated sexual health provision in Enfield consisting of Family Planning & Contraception, Level 3 Genitourinary Medicine (GUM) for the testing & treatment of sexually transmitted infections (STIs) , sexual health outreach and service support to young people. NMUH is the local NHS Trust currently delivering sexual health services in Enfield since Nov 2015.
3. To inform Cabinet that a Section 75 agreement between Enfield Council and NMUH will enhance partnership working allowing for service development and redesign, provide better integration with community services to support the sexual health and reproductive needs of the most vulnerable, improve the local service offer to residents, deliver value for money and improve performance and quality.
4. To advise Cabinet that an overarching Section 75 Partnership Agreement already exists between LBE and NMUH through the recommissioning of the 0-19 Service in 2020 which implemented the governance and joint management arrangements for the integrated provision of services. Such Agreement specifically allows LBE and NMUH to identify and agree further service areas in which to implement joint working under the Partnership Agreement. To incorporate these further service areas, the parties are to enter into a Service Specific Agreement in the form appended to the Partnership Agreement.

Proposal(s)

5. Cabinet is asked to approve:

- (i) This proposal to enter into a Section 75 arrangement between Enfield Council and NCUH for the delivery of the Enfield Integrated Sexual Health Community Services consisting of Family Planning & Contraception, STi testing and treatment, sexual health outreach and services to support to young people.
- (ii) The signing of a Service Specific Agreement for the Enfield Integrated Sexual Health Community Services under the overarching Section 75 Partnership Agreement with NCUH and to utilise the existing governance structures for the delivery of this service.
- (iii) The delegation of authority to the Director of Public Health, in consultation with the Director of Law and Governance, to finalise and agree the Service Specific Agreement for the Enfield Integrated Sexual Health Community Services and to make any variations during the term of the Agreement.

Reason for Proposal(s)

- 6. The current contract for the delivery of sexual health services in Enfield is due to end on the 31st March 2023 when the final 2-year extension of this contract comes to an end.
- 7. NCUH has been delivering clinic based sexual health services since November 2015 when the contract for the Enfield Integrated Community Sexual Health Services was awarded after full competitive tender process.
- 8. Sexual Health is a statutory function and 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 a mandatory function and entails the key principles of providing services that are free, confidential, open access and not restricted by age.
- 9. Sexual health is an on demand and open access service that delivers specialist clinical care to individuals, their partners and young people to support the sexual health and reproductive needs of the local population.
- 10. Sexual health services in Enfield form part of an integrated system working with community services for the delivery of accessible clinical sexual health provision for all residents of the borough. The service offers a range of sexual health provision locally being one of the clinics within North Central London (NCL) that provide access to Level 3 GUM services locally for the treatment of complex patients including access to microscopy, ultrasound, insertion and removal of complex Long Acting Reversible Contraception (LARC), Pre-Exposure Prophylaxis (PrEP) clinic service for men who have sex with men (MSM) and psychosexual counselling.
- 11. Since the contract commenced in Nov 2015 the Service has continued to provide key sexual health provision in Enfield, this has included Level 1-3

services including prevention and support as well providing access to GUM provision in clinical settings for complex cases.

12. Service delivery has continued to be maintained during COVID-19 pandemic and Monkeypox outbreaks with clinic sites remaining open for STI treatment, complex LARC, psychosexual counselling and young people's provision as well as services to MSM for PrEP provision. Focus continues to be on patient access for the most vulnerable including young people, MSM, BAME groups, sex workers and those who are homeless.
13. Uptake in sexual health service provision in Enfield is good and has steadily increased with performance being sustained throughout the term of the contract. This has been complemented by a reduction in Enfield residents attending clinics out of the borough with the implementation of the Hub and spoke mode of delivery in 2018.
14. Placing sexual health provision under a Section 75 agreement between Enfield Council and NNUH will better enhance partnership working allowing for service development and redesign as well as innovation in delivery with the use of digital technology as presented during the Covid-19 pandemic. It will allow for better integration with community services, a key objective for the Council and NNUH, to support the sexual health and reproductive needs of the most vulnerable and marginalised, improve the local service offer to residents, deliver value for money and improve performance and quality.
15. The Section 75 partnership arrangements in the National Health Service Act 2006 (formerly Section 31 of the Health Act 1999 – Health Act Flexibilities) were developed to give local authorities and NHS bodies the ability to respond effectively to improve services, either by joining up existing services or developing new, co-ordinated services. Section 75 agreements can be agreed for one or more of the following:
 - Pooled funds - the ability for partners each to contribute agreed funds to a single pot, to be spent on agreed projects for designated services
 - Lead commissioning - the partners can agree to delegate commissioning of a service to one lead organisation
 - Integrated provision - the partners can join together their staff, resources, and management structures to integrate the provision of a service from managerial level to the front line.
16. Experience shows us that joining up health and care is important in improving experience and outcomes for patients. It is by working together that the Council and NHS can best ensure we optimise the use of our shared resources and deliver the most impact.
17. The use of a Section 75 agreement will facilitate strong joint working arrangements across the partnership and between system partners. The

transformation of the service will be therefore be subject to a change management programme overseen by Enfield Council and NMUH.

18. The proposal will allow for improved adaptation to meet the changing needs of the Enfield population. It will allow NMUH, our current provider to innovate at pace and also raise opportunity for specific collaboration in the form of joint commissioning through a system-wide budget to realise a more stable local sexual health system and growth with a relevant services commissioned by the ICB and/or NHS England.

19. Greater innovation and opportunity towards collaboration will result in:

- Increased partnership working opportunities as a system, without the challenges of multiple commissioner/provider splits.
- A gain in efficiencies of scale.
- More capacity (time and money) to re-invest in elements of care that need this most.
- Further development and alignment with Council and other NHS services to support new pathway development across services associated with sexual health to best meet need, especially for those most at risk. An example of this would be increased working between sexual health provision and substance misuse services as well as children's services.
- Greater transparency in activity and outcomes against investment, creating further flexibility and responsiveness to need. Ultimately a Section 75 agreement will enable the Council and its partners to work together more cohesively to manage future turbulence within the sexual health system and enact savings at a faster pace as necessary.

20. A Section 75 agreement offers an opportunity for efficiencies as one party provides functions on behalf of another, or functions are shared, through a pooled budget arrangement. Pooled budgets result in more seamless and efficient services for the population, but also realise savings from shared administration and reduced back office costs. Savings can then be utilised to deliver service improvement to better meet the needs of the local population.

Relevance to the Council Plan

Good homes in well-connected neighbourhoods

21. Sexual health services currently operate within 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.

22 The Section 75 agreement will ensure continuity of service provision, providing residents with access to high class quality service provision in the Borough to address the sexual health and reproductive needs of the local population.

23. The clinic locations, currently under review with the potential to increase satellite provision across the borough through the partnership agreement. will aim to 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

24. Integrated Sexual Health Community Services will continue to support and expand multi-agency working. Silverpoint clinic is currently co-located with a GP practice ensuring that each service is working to support the health needs of the local population. This provision will be maintained in the short-term.
25. The Hub and Spoke model across the two sites of Enfield Town and Upper Edmonton offers residents and those from across the border access to specialist sexual health provision in the Borough. The seven-day service through utilisation of a telephone triage/ appointment system and use digital technology will increase accessibility for new patients and to those that are highly vulnerable continuity of access through face to face clinics.
26. The remodelling of the service through the Section 75 agreement will aim to increase joint work 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. Targeted outreach support to sex workers within the Fore Street corridor will be maintained with rapid access to treatment and engagement through specialist referral pathways to clinical services at Silverpoint.

An economy that works for everyone

27. The Section 75 agreement and development of the service beyond 31st March 2023 will ensure the most vulnerable in the community including black and minority ethnic (BAME) patients, men who have sex with men (MSM), the homeless and sex workers, have access to integrated sexual health treatment in a more appropriate and cost effective community setting.
28. 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

National Policy

29. The Government has set out a number of key priorities in relation to Sexual and Reproductive Health (SRH) since 2013, which include:
30. The Framework for Sexual Health Improvement in England (2013) which sets out ambitions for improving sex and relationship wellbeing across the life-course.
31. Governments 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. 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);
32. Relationships Education being made compulsory in 2020 in all primary schools in England and Relationships and Sex Education compulsory in all secondary schools; and
33. Confirmation of routine commissioning of HIV pre-exposure prophylaxis (PrEP) included in the Public Health Grant in 2021.

Local Context

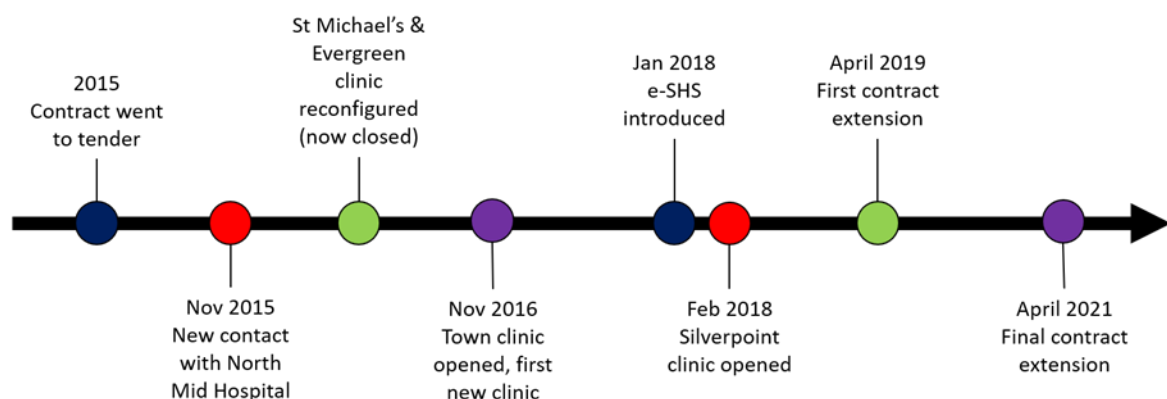
34. Enfield ranks as the 9th most deprived London Borough and 74th most deprived in England. Levels of deprivation vary considerably across the borough and there is a clear east-west divide. Wards in the east of the borough, such as Edmonton Green, Upper Edmonton and Lower Edmonton rank in the 10% most deprived wards in England. Overall, more than half of Enfield's wards fall within the most deprived 25% in England.
35. 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.
36. 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.
37. 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.

38. The Council is mandated 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.
39. The open access nature of sexual health services means that there are significant cross-boundary flows of residents using services across London with sexual health services of this type delivered in a clinical setting by hospital trusts. Sexual health therefore represents one of the most significant challenges to local public health services.
40. 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.
41. In July 2015 the Cabinet approved the award of contract for Integrated Sexual Health Community Services in Enfield to North Middlesex Hospital NHS Trust.
42. The contract commenced on the 1st November 2015 for an initial period of three years and five months with two consecutive options to extend for a further 24-months subject to satisfactory performance. This final contract extension commenced on 1 April 2021 and is set to expire on 31 March 2023.
43. 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.

Current Service Provision

44. The provision of clinical sexual health services for Enfield residents is through an open access contract with NMOH through a Hub and Spoke model. The Hub currently being based at Silverpoint in Upper Edmonton N18 close to the Haringey border and the Spoke in Enfield Town at the Town Clinic, EN2.
45. The council pays for sexual health services delivered by NMOH on a block contracted basis providing Level 1-3 GUM services for testing and treatment, contraception and reproductive health, young people's service and support for vulnerable client groups with poor sexual health outcomes including but not exclusively to BAME, MSM and sex workers.

46. Residents also have open access to all sexual health services (out of borough) across the country under the Department of Health national directive as part of a cross charging agreement. Clients accessing services out of borough (OOB) services are paid for on an activity basis only. These costs are absorbed by the Council through the Public Health Grant.
47. As part of the London Sexual Health Transformation Programme in 2017, Enfield 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. The cost of providing this service is additional to the main Integrated Sexual Health Community Services contract.
48. Equalities monitoring of SHL activity in Enfield over the 12-month period from April 2020– March 2021 revealed an increasing proportion of service users self-reporting as female, being a young person, or of Black ethnicity compared to the rest of London. This trend has continued into 2021/22.
49. 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 20 Pharmacies within Enfield.
50. An overview of the local landscape since 2015 is depicted below:



51. Overall sexual health services in Enfield form part of an integrated system working with community services to deliver accessible clinical sexual health provision for all residents of the borough.
52. Since 2015, the landscape of sexual and reproductive health services has changed and there have been a number of advancements (some triggered by the Covid-19 pandemic) that have since been incorporated into GUM and Sexual Health Services locally and across London.

Proposed Model of Service Delivery in Enfield

53. As part of the recommissioning process of the current contract a service review of sexual health provision was conducted between 2021/22. The outcome from this review identified areas of good practice together with

key themes where the existing model needed adaption and improvement through service development and redesign to enhance service quality and provision.

54. Under the Section 75 agreement a collaborative approach to the commissioning process will allow for innovation and adaptation, ensure high quality and cost-effective provision adapted to the needs of the local population.

55. Following on from the service review there has been ongoing discussions with NMUH to adapt and develop a model which meets the needs of the Enfield population and manages demand as well as increasing case complexity. The proposed model of delivery will be subject to consultation and review and will include:

- (i) Remodelling of the current Hub and spoke model in Enfield with potential clinic sites in community settings including primary care and family hubs;
- (ii) Increased opening hours and access through the 7-day service with longer opening hours with the aim of reducing OOB attendances by increasing access to clinic provision locally, improving appointment and walk-in access by employing an effective triage system developing a robust partner notification pathway and actively promoting on-line services across the borough.
- (iii) Shifting the majority of clinic activity to complex GUM and LARC patients with the aim of moving the majority of routine non-complex LARC and EHC to primary care and channel shifting asymptomatic patients and those with mild symptomatic symptoms to the SHL E-Service for STI testing and treatment;
- (iv) Improving Partner Notification systems through reconfiguring of the staffing complement to include results co-ordination;
- (v) Expansion of non-complex with GP primary care services and Emergency Hormonal Contraception (EHC) in Pharmacies;
- (vi) Increasing access to psychosexual counselling and developing pathways with Community Gynaecology and Maternity Services;
- (vii) Development of specialist clinics for women, sex workers, MSM and those using ChemSex;
- (viii) Increasing investment in sexual health promotion and outreach for young people in school settings and maintaining YP Sexual Health Clinic access at the Town Clinic.
- (ix) Increasing the use of digital technologies to offer better choice and access locally including expansion of online consultations, video conferencing and a robust booking system;
- (x) Increasing Condom distribution from Pharmacies and GP practices.

56. The proposed model of service delivery will be part of future service development and redesign of sexual health provision in the borough and will be costed for estates, service demand, staffing and incorporation of new technologies under the Section 75 agreement.
57. Through remodelling of current services as part of the recommissioning process a potential efficiency in OOB costs could be achieved through increased access and improved quality in service provision locally.
58. The review of clinic estates will also aim to provide reduction in costs to the contract with a negotiated reduction of cost at Silverpoint (the current lease ends in March 2023) through the potential for short-term sub-letting arrangements with the termination of the lease. This again will be subject to review.
59. By avoiding potential overlaps in commissioning and moving towards a new activity based model of delivery for future provision will result in efficiency both in the amount spent on STI testing and the cost of payments by clients seeking sexual health consultations outside of the borough, activity that is currently also being covered under the existing block contract.
60. The overall aim of recommissioning and remodelling of service delivery will be to realign a reduction in costs/savings from both the current service contract value and future budget arrangements, and this will be re-invested to support and broaden the wider Public Health improvement offer.

Main Considerations for the Council

61. An options paper detailing the future recommissioning of the Enfield Integrated Community Sexual Health Service was presented to the Strategic Development Board in Dec 2021. The Board endorsed the option to enter into a Section 75 partnership agreement with NNUH from 1st April 2023, when the current contract comes to an end.
62. To support the options for the future recommissioning of sexual health service provision, a service review was conducted which highlighted key recommendations for service improvement to enhance quality and access for the local population. The proposed model has been highlighted in the previous section.
63. Following on from the review and in line with the requirements to progress with a Section 75 agreement Enfield Council will be undertaking a consultation with key stakeholders including GPs, Pharmacists together with members of the Enfield Sexual Health & Teenage Pregnancy Partnership Board (ESHTPPB) on the proposed model and those affected by this Section 75 agreement.

64. Robust joint governance and management arrangements have already been established under the overarching Section 75 Partnership Agreement entered into when recommissioning of the 0-19 Service. A Sexual Health Governance Board with two working subgroups has been implemented to oversee the transfer of the Enfield Integrated Community Sexual Health Service to a Section 75 agreement, subject to Cabinet approval.
65. Feedback from consultation on the proposed service model will be incorporated into the service specification for this agreement and will take into account user feedback. A service user consultation exercise undertaken in 2020/21 has also been used to inform the new model of delivery.
66. Enfield Council is also gathering feedback from the two subgroups of the Sexual Health Governance Board overseeing the implementation of this agreement. This feedback will be incorporated into the Specific Service Agreement as part of the service specification for the future delivery of the Enfield Integrated Sexual Health Community Services.
67. As part of the new proposed model of service delivery, user involvement and staff consultation will be key and vital component of future service improvements and enhancements.
68. The Section 75 agreement will build on the good service that is currently delivered by NMUH and would mitigate any future risk on performance due to re-procurement.
69. The Council already has Service Specific Agreement in place for the provision of services for people aged 0 to 19 with NMUH, with existing mechanisms of policy, partnership and service delivery with the same provider established.
70. The Section 75 arrangement for sexual health provision will be implemented by way of a separate Service Specific Agreement, however utilising the existing organisational methods set in the overarching Partnership Agreement. This will be least disruptive in terms of organisational change to progress the better integration of services and care across public health and Sexual Health services.
71. Overall the Section 75 agreement will allow greater flexibility and provide an opportunity to provide services across an entire integrated sexual health pathway. This will improve the patient experience for individuals, their partners and young people and bring health benefits to the community.

Other considerations

72. 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 has

continued to be on the most vulnerable of patients with the highest burden of sexual health including young people, MSM, sex workers and those who are homeless.

73. Pathways have been developed and maintained with key partner agencies in Enfield with a telephone triage system being implemented, as per the British Association for Sexual Health and HIV (BASHH) guidelines, in response to the Covid-19 pandemic and Monkeypox outbreak. This has allowed the service to maintain service provision and support patients whilst social distancing was implemented during lockdowns.
74. 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 have all been maintained due to the good work undertaken by the service. 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 increased referrals into local services and a reduction in out of borough presentations.
75. 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, being one of the few clinics in London providing clinic access.
76. Enfield Sexual health services continue to provide open access on demand services across the two clinic sites delivering sexual health and reproductive support to patients and their partners, supporting those with psychosexual issues through specialist counselling and providing much needed support for PrEP access and support to MSM.
77. The service since its last extension in April 2021 has seen an increase in demand and diversity within its clinics particularly those with complex needs. Young people's access remains consistent and the service has maintained open access provision to young people through the pandemic and recovery ensuring clinic slots for those young people who are most vulnerable.
78. Given the current sexual health landscape and the level of need with the borough 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 12-18 months.

Performance overview

79. Please refer to the Confidential Annex of this report.

Safeguarding Implications

- 80. NMUH 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.
- 81. The Service is registered with CQC and adheres to NICE Clinical guidelines, BASHH and FRSB guidelines and Trust governance arrangements.

Public Health Implications

- 82. 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.
- 83. 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.
- 84. 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

- 85. The proposal is for the continuation of the existing service arrangement under a Section 75 agreement and therefore will not result in any change in Equalities impact.
- 86. 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.
- 87. The remodelling of service provision under this Section 75 agreement will 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, STI testing and treatment, reduction in unplanned pregnancy including teenage pregnancy, referral to maternity, community gynaecology and abortion service, a reduction in STi prevalence and HIV incidence and late diagnosis.

88. An updated Equality Impact Assessment will be conducted prior to the endorsement of the new proposed model of service delivery. 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.

89. The service is required to provide universal STi testing, treatment and prevention to all residents of Enfield.

Environmental and Climate Change Considerations

90. The continuation of the existing service under a Section 75 agreement will have no significant impact on environmental and climate change considerations.

91. The increased use of telephone triage and digital technology through booking of online appointments and virtual consultations, which were highly effective during the Covid-19 pandemic will continue to reduce the Borough's carbon footprint with patients accessing STI testing online or attending clinics locally rather than going out of borough.

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

92. Given the specialist and clinical nature of sexual health services maintaining continuity of service provision will be critical ensuring that residents of Enfield have to access treatment and support for their sexual and reproductive health needs.

93. As there are no further extension to this existing service contract and that sexual health services are mandated, if the proposed decision and related work is not undertaken the following risks are likely. These include:

- Potential loss and disinvestment of NMUH, our local NHS provider
- Loss of crucial clinical provider staff if stability within the contract is not maintained;
- Disengagement of patients if there is any disruption to the service delivery;
- 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.

94. The recommendations to enter into Section 75 agreement will enable service innovation and redesign to support those communities most at risk of sexual ill health. The Section 75 agreement will ensure that sexual health services are fit for purpose for all communities of Enfield, ensuring continuity of service provision maintaining quality and value for money.

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

95. The risks that may arise if the related work is undertaken is that Performance may initially reduce as the Provider moves to the Section 75 agreement and service development commences with review of estates, staffing and the move to an adapted hub and spoke model. To mitigate this risk regular contract review meetings will be conducted as well as the ongoing service review meetings to identify performance and operational issues as well as issues in relation to contracting beyond 2023. The existing Strategic Governance Board for the 0-19 Service will also include the Sexual Health Service ensuring that risks to service delivery are highlighted through the partnership as quickly as possible with mitigating actions.

96. As the service moves to a model of delivery where focus will be on complex patients, there will be potential for a greater channel shift to online STI testing for asymptomatic and mild symptomatic patients as the service enters into the new partnership agreement period. Mitigations will include regular monitoring of online STI testing data on Preventx data system and ongoing discussions with the London Sexual Health Partnership Board (LSHPB) to ensure increases are managed accordingly and are reflected across London.

97. A review of estates may impact on the continuation of the Hub and spoke model of delivery. This may lead to capacity issues and demand management with a potential increase in our out of borough costs as well as reduction in income stream to the partnership for those out of borough residents accessing Enfield services. This will be mitigated through operational meetings and through robust governance and partnership arrangements will be implemented as part of this Section 75 agreement.

Financial Implications

98. The Public Health Grant for Enfield in 2022/23 is £18.024m compared to 17.531m in 2021/22. 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.

99. The Public Health Grant is a 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

Drafted by CP based on version of report circulated 16 January 2023

102. 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.

The Council has the power to enter into a Section 75 Agreement with an NHS body for the provision of health-related functions pursuant to section 75 of the National Health Service Act 2006 (the 2006 Act) and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the 2000 Regulations).

Under the 2006 Act and the 2000 Regulations, a local authority can only enter into a Section 75 Agreement where the arrangements are likely to lead to an improvement in the way in which the health-related functions are exercised. The Council must therefore be comfortable that the proposed arrangement is likely to result in improvements in the provision of the sexual health services.

The 2006 Act and the 2000 Regulations also make it clear that the partners must not enter into a Section 75 Agreement unless they have consulted jointly such persons as appear to them to be affected by such arrangements. In addition, the Local Government Act 1999 provides for a general duty to consult widely, including with representatives of persons who use or are likely to use services provided by the authority, and representatives of persons appearing to the authority to have an interest in any area within which the authority carries out functions.

The 2000 Regulations set out the detail to be included in any Section 75 Agreement, for example the funding to be contributed by each partner and how those contributions may be varied, and the staff, goods, services or accommodation to be provided by the partners in connection with the arrangements. As detailed elsewhere in this Report, an overarching Section 75 Partnership

Agreement already exists between LBE and NMUH, and such Agreement specifically allows LBE and NMUH to identify and agree further service areas in which to implement joint working under the Partnership Agreement. To incorporate these further service areas, the parties are to enter into a Service Specific Agreement in the form appended to the Partnership Agreement. The Service Specific Agreement for the sexual health services must be in a form approved by the Director of Law and Governance.

Where any transfer of staff is involved, the Council must be mindful of any obligations it may have under the Transfer of Undertakings (Protection of Employment) Regulations 2006.

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.

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

Workforce Implications

103. There are no workforce implications for Enfield Council as the report outlines entering into a Section 75 agreement with the existing provider with the continuation of Sexual Health Service provision in the borough.

Property Implications

104. The service currently operates through a Hub and spoke model across two clinic sites in Enfield, the Town Clinic at Units 4&5 Burleigh Way in Enfield Town and Silverpoint, Fore Street in Upper Edmonton. The leases for these properties are held by the Council and will terminate at the end of the current contract on 31st March 2023.
105. To maintain service stability and manage demand the Hub and spoke model will be retained within these two clinic sites as part of the Section 75 agreement.
106. LBE Operational Estate Management and NHS Estates are working with Commissioners to maintain a presence at these sites. This will include the renewal of the current lease at the Town Clinic at Burleigh Way and the possibility of a short-term sub-let arrangement at Silverpoint, this will be subject to review.

Other Implications

107. None.

Options Considered

Option 1: Recommission through a Section 75 Agreement – Recommend

- 108. Nationally a number of councils have entered into arrangements with providers without undertaking a full competitive tender process using a Section 75 agreement. This has included the provision of sexual health services with the aim of remodelling existing provision.
- 109. A Section 75 agreement would enable commissioners and the provider to collaborate on a new integrated model of delivery for sexual health provision in Enfield with a view to sustainable service delivery and improvements within a flexible legal framework.
- 110. The Section 75 agreement would also allow for joint ownership of the development of a specification of a newly reshaped service model to meet public health priorities, include new technologies and prioritise early intervention and prevention.
- 111. It would also ensure service transformation starts immediately, with benefits realised in-year as changes are rolled out allowing for local and London specialist clinical and technological expertise to inform the development of the new specification' and a shared focus on efficiency between the Council and NNUH.
- 112. The recommendation is for Enfield Council to enter into a Section 75 agreement with NNUH, for the continued delivery of Enfield Integrated Community Sexual Health Service.

Option 2: Tender for a new service with a new service specification – Not recommended

- 113. This is the standard model for the delivery of Sexual Health Services in the current marketplace offering competition in tendering.
- 114. **Complete** sexual health procurements in London are extremely complex utilising payment by activity utilising integrated sexual health tariffs (ISHT). The process is therefore both time consuming and requires large amounts of specialist commissioning input. A new provider will need to mobilise across the borough, providing on-the ground specialist clinics within primary care services. These take time to build to the correct clinical requirements
- 115. Furthermore, the market is currently limited, unsettled and restricted to a small number of NHS trusts and private providers, In London the number of experienced providers within the marketplace being limited to the following London NHS Trusts NHS Trusts NNUH, CNWL, ChelWest, Barts Health, Homerton and GSST with most London procurements to date based on contractual agreements.
- 116. In Enfield the option to retender this service within a new service model, specification and draft contract would be unfeasible due to the current time constraints and would not allow us enough time to follow the governance process for the Council. Time constraints would also not allow us to

develop a detailed specification with the proposed new model of delivery embracing new digital and medical technologies whilst still ensuring the service could provide an effective universal testing and treatment offer.

- 117. Bidders will also expect Councils to identify and secure sites however due to the review of estates with a potential move to a one clinic model of delivery this may not be possible – securing accommodation sites can be both time-consuming and expensive
- 118. This is a high value contract and will need to go to full Cabinet for the decision to award. An external competitive tender process will need time and capacity and may not necessarily result in a better NHS Trust winning the award.

Option 3: In house provision – Not recommended

- 119. The council does not currently have the clinical expertise or governance to deliver clinical GUM services in-house.
- 120. The council could decide to deliver this directly or set up a Community Interest Company to provide these services. However, this would require the council to transfer clinical teams and make appropriate training, equipment, and premises available for them to operate from.
- 121. This model would require a significant capital investment and would need to give due consideration to workforce issues.

Option 4: Cease to deliver the service – Not recommended

- 122. As outlined above the Council is mandated to provide open-access, accessible and confidential contraceptive and sexually transmitted infections (STIs) testing & treatment services for all age groups in the borough.
- 123. Decommissioning services will result in further investment being required in relation to health and social care costs associated with unplanned pregnancies and the more expensive provision of care for those with long term health conditions such as HIV.

Conclusions

- 124. Following review of the available options and the various considerations detailed within this report it is concluded that the safest and most effective way forward is to recommission the Enfield Integrated Sexual Community Services through a Section 75 agreement with NNUH. This will ensure ongoing availability of effective and specialist clinical services to residents of Enfield for their sexual and reproductive health needs.
- 125. Furthermore, it will ensure continuity of care, testing & treatment for STIs to patients at a time when we anticipate an increase in need and complexity for those at risk of poor sexual health including young people, BAME communities and MSM.

126. The recommissioning of this provision under a Section 75 agreement will allow for ongoing delivery of effective and accessible services, an opportunity for service development and redesign of the sexual health offer to residents which will improve quality and offer value for money.

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Appendices

Confidential Annex

Background Papers

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

Sexual Health Review

<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>