

**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting: 5 July 2018

Subject: **INFORMATION REPORT –**
Harrow Integrated Sexual &
Reproductive Health Service
Commissioning update

Responsible Officer: Carole Furlong, Director of Public
Health, LB Harrow

Exempt: No

Wards affected: All

Enclosures: None

Section 1 – Summary

This report provides the Health and Well-Being Board with an update on the Harrow Integrated Sexual & Reproductive Health Service.

FOR INFORMATION

Section 2 – Report

Harrow's Sexual Health Strategy was approved by the Health and Wellbeing Board in 2015. The strategy provided the strategic direction for the commissioning and delivery of future local sexual health services.

Key objectives of Harrow's Sexual Health strategy are as follows:

- To prevent and reduce the transmission of sexually transmitted infections (STIs).
- To reduce the prevalence of undiagnosed HIV infection and improve early diagnosis particularly among target groups
- To expand the provision of sexual health and reproductive services in primary care and community settings
- To increase the uptake of contraception throughout the Borough by providing more choice in different healthcare settings
- To reduce the rates of unintended pregnancies particularly repeat pregnancies.
- To improve the provision of services designed for young people's sexual health needs and to promote sex and relationship education.
- To promote the welfare of children and reduce the risks of child sexual exploitation (CSE)
- Prevent and reduce late diagnosis of HIV – supporting the Council's commitment to reducing late HIV diagnosis
- To reduce the stigma associated with HIV and STIs.
- To expand sexual health promotion and reduce sexual health inequalities among vulnerable groups

2.1 Award and mobilisation

Harrow Council led the procurement of the ONWL sub-region integrated sexual and Reproductive Health Service on behalf of the London Boroughs of Ealing, Harrow and Brent for a Lead Provider with responsibility for ensuring quality assurance and clinical governance and delivery of outcomes and key performance indicators of the whole system. This model delivers one contract across the sub-region, as commissioners transfer the contractual responsibilities for primary care (Public Health had separately commissioned Primary Care to provide implants, sexual health screening and Emergency Hormonal Contraception) and voluntary sector providers to the successful bidder, to be managed under sub-contractual arrangements.

Following a Competitive Procedure with Negotiation, the contract for Integrated ISRH Services, across Ealing, Harrow and Brent (comprising of Genitourinary Medicine (GUM), contraception, health promotion and HIV prevention) was awarded to London North West Healthcare NHS Trust (also

known as LNWHT) who proposed a fully integrated and comprehensive Sexual and Reproductive Health (ISRH) system, which includes:

- A clinical hub located at Central Middlesex Hospital in Brent, providing a comprehensive ISRH service with specialist provision, accessible by practitioner referral only, for residents with complex needs from across the sub-region
- Complementary community hubs and pop-up clinics to deliver local routine ISRH services in Brent, Ealing and Harrow. The Harrow community clinic hub will be located at Caryl Thomas Clinic. Ealing's hub will be situated in Central Ealing and Southall and Brent's will be based in Wembley.
- Support the ambition to achieve 30% diversion in clinic testing through appropriate triage to self-managed care and the new pan-London e-Service for self-sampling/testing
- Non-clinical services, such as prevention and outreach, targeting high risk and vulnerable groups (such as young people, MSM and BME) to be delivered via sub-contracting arrangements with voluntary and community providers: Terence Higgins Trust (THT), Brook, Naz and Spectra
- Clinical governance oversight of primary care provision - ensuring quality and providing support and training to primary care practitioners, whilst improving access to contraceptive services closer to home
- GP provision of Long Acting Reversible Contraception (LARC)
- Pharmacy provision of Emergency Hormonal contraception to young people under 19

The contract is 5 years from 1st August 2017 to 31st July 2022 with an option to extend for a further 4 years. Lead commissioner role will be undertaken on a rotational basis by each borough. Brent will take a lead commissioning role in Y1, Ealing in Y2 and Harrow Y3 with a similar cycle throughout the contract.

On 17 November 2017, Cabinet approved the extension of the GUM and Contraception and Sexual Health (CaSH) services contracts until 30th September 2018, to ensure a smooth transition and full mobilisation of the new service, without a gap in service provision.

Pan-London Online Sexual Health Services

The transformation of sexual health services across London has focussed on service redesign and innovation, improving sexual health outcomes whilst driving efficiency to deal with increased demand for services amidst the backdrop of reduced funding. As part of the transformation, L.B. Harrow has entered into a 5 year Inter Authority Agreement (IAA) to join the new Pan London On-line Sexual Health contract.

New technologies, including access to online services, alongside ISRH services, will offer different, more efficient, options for sexual health service delivery. The service will provide high quality advice and information in respect of sexual health services and online access to order self-sampling /

self-testing kits for STIs and HIV for people who are asymptomatic. This will be accompanied by professional health advice. Access to self-sampling kits will offer the opportunity to move a proportion of attendances out of clinics to convenient online alternatives. The online service will also offer the option of remote / postal treatment for uncomplicated genital Chlamydia infection to service users aged 16 and older and will include partner notification, STI home sampling kit delivery and supply of appropriate antibiotics as necessary.

The new service will allow patients to access information, get an initial triage that will direct them to the best service for their needs and order self-sampling services for HIV and Sexually Transmitted Infections (STIs) online. This means they will not have to visit clinics unless they need to.

This new e-service and access to the London On-line Sexual Health contract is expected to enable London to achieve its ambition to divert 30% of routine in-clinic testing to self sampling / testing.

The award of contract was approved by the Lead Authority (City of London) to Preventx and the contract commenced in May 2017 with a phased approach to integration with a soft launch of the Service in Harrow in February 2018. At present there are no plans for marketing the e-service as the initial focus is to move lower risk patients from out of exceptionally busy clinics so they can focus on patients with additional needs or vulnerabilities.

As we are currently in a soft launch phase and to manage the mobilisation period more carefully, the e-service website is not intended to be found by direct searches on google and is instead found by visiting LNWHT ISRH website or by attending a clinic in person. However, once the initial phase (expected end of Q3) is over, people will be able to go directly to the website and register without having to attend a clinic or visiting a clinic website first.

In transforming sexual health services across London it has been necessary to make a number of assumptions in relation to activity and it will take time for the newly transformed service to embed. The final savings will represent both activity and cost variations, but it is evident that the costs associated with routine testing may enable further savings to be made once activity trends can be established. Detailed monitoring will enable the position to be reported and allow further discussion around the longer term ability to reduce the budget to support wider council savings.

Harrow's contribution to the e-service (including chlamydia treatments) is:
Year 1: £35k (1,049 tests), Year 2: £77k (2,556 tests), Year 3: £125k (3,914 tests), Year 4: £126k (3,995 tests), Year 5: £128k (4,078 tests).

Activity for Harrow from 1st January 2018 to 22nd June 2018 is: 528 kits ordered and 353 kits returned. This activity will continue to be reviewed alongside LNWHT activity variance.

London-wide HIV Prevention Programme

This Programme is hosted by L.B. Lambeth and is aimed at men who have sex with men and black African communities (the groups at highest risk of contracting HIV) and includes media campaigns, condom distribution and some outreach work.

A two year extension was agreed by London Leaders with the Local Authorities contributions across 2017-19 representing a 10% reduction in the overall programme budget/spend. L.B. Harrow's contribution to this Programme is £11.5k per year.

2.2 Changes under the new contract

Harrow's previous Sexual Health Services provided a range of fragmented sexual health via mainly historical arrangements that were in place prior to the transfer of Public Health into Local Government (2013) and not historically commissioned as an integrated system. Harrow did not have a GUM Service however the majority of Harrow residents accessed Northwick Park Hospital in the borough of Brent. Harrow provided 2 CaSH clinics, the main one being the Caryl Thomas Clinic (open 5 days of the week) and Alexandra Avenue Clinic (opened on Saturday mornings only). The main CaSH service is almost in the middle of the borough and is easily accessible by bus and train from various parts of the borough.

The new Service will provide multi-agency care which is seamless at the interface for our Harrow residents and integrate our local service with the new Pan London e-Service and STI Home Sampling Service:

- To reduce in clinic capacity by 30% during the life of the contract, by diverting asymptomatic and local risk service users to the Pan London e-Service and redirecting patients to primary care
- To develop an integrated and coordinated system of ISRH services across Brent, Ealing and Harrow
- To maximise effectiveness and best use of finite resources by triaging, reducing unnecessary service duplication, ensuring an effective skill mix of appropriately trained staff and implementing best practice.
- To ensure a responsive service that is reflective of emerging epidemiology, changes in patient behaviour, policy, clinical evidence and advances in technology.

Caryl Thomas Clinic which holds the existing CaSH Service has been identified as the location for the new Harrow ISRH Service and was due to start in June 2018. Due to a delay by LNWHT to sign-off the estates development at the site, the commencement of the new integrated service has been moved to September 2018. In the interim, Caryl Thomas Clinic will continue to deliver the CaSH Service and the GUM Service will continue at NPH.

2.3 Public Health priorities under the new contract

Please see Section 2: Key objectives of Harrow's Sexual Health strategy.

Section 3 – Further Information

It is suggested that a further update is brought to the Board in 12 months' time.

Section 4 – Financial Implications

The total approved 2018/19 budget for sexual health services for Harrow is £2.642m and continues at this level to the end of the term of the current Medium Term Financial Strategy in 2019/20. Of this annual budget, £2.022m is set aside for the costs of the integrated services provided within the outer north west London region, including additional testing costs provided by the successful e-service provider (Preventx). The balance of the funding is available for services accessed by Harrow residents outside of the region (both inside and outside of London). In practice there is likely to be movement between these resources as the activity can vary year on year.

The contract price is submitted on the basis of 'tariff prices' dependent on the interventions that may be required. This is a move away from the previous charging mechanism for 'first attendances' and 'follow up visits' to provide commissioners with more granular information around the type of services that are required. There are 23 prices across interventions, testing, sexual reproductive health, counselling and self sampling. In addition there are two prices – one for the primary activity plus additional costs for subsequent services that may be required.

The currencies (charges for each type of intervention) submitted by LNWHT were 2.6% lower (approx. £38k) in year 1 than the original London baseline price¹, however it is not possible to directly translate these costs and compare with the first and follow up prices currently being charged. However, the bid reduces these currency prices year on year with a total reduction of 15.01% over the 5 years of the contract.

A "geographic weighting" (overhead charge to reflect regional cost variations on the national currency prices) of 17% was previously charged by providers on top of the current cost of a first or follow up attendance. As part of the procurement process this additional overhead cost was capped at 10% and the successful bid indicates an annual charge of 9.49% over the life of the contract.

¹ Agreed through the London Sexual Health Transformation Programme working with a clinical advisory group

However this is a demand led statutory service and whilst assumptions have been made around the level of activity over the 5 years of the contract, this level of activity cannot be confirmed. Activity across the ONWL region and costed within the contract price represents 300,121 primary currencies and 243,138 secondary currencies are triggered. For Harrow residents, the level of primary triggers are estimated at 83,512 and secondary triggers of 70,993. However demand will fluctuate and the nature of the services provided (and therefore the currencies triggered) will change over the term of the contract, both of which will affect the total price paid for services in any financial year.

As a result of potential shifts in activity, a 'marginal rate' charge is levied. Currently any activity incurred over an agreed level is charged at 60% of the first attendance or follow up price. To assist in bidders tendering for a deliverable level of activity for which they would be responsible, the procurement process sought to reduce this charge and the successful bid achieved a reduced marginal rate charge of 54.49% over the term of the contract.

The contract does not include any provision for inflation and the tendered price for the currencies will be charged throughout the life of the contract, unless there is a need to make changes to pathways across London (this is supported by a London governance process to be managed by City of London). Should this be the case the expectation is that the price differentiation to the London baseline tariff (i.e.: a reduction of 2.6%) will be maintained in making any changes.

The Public Health grant is currently ring-fenced until March 2019, after which it is expected that the service will be funded by business rates. It is not clear what impact, if any, the changes to the funding will have on the level of available resource but as a statutory service, the costs of this service will need to be funded by the Council. The award of this contract results in contractual obligations with the provider for services which are funded by external grant and which cannot be guaranteed in the longer term.

Section 5 - Equalities implications

An Equalities Impact Assessment was undertaken and based on the evidence considered at the time, there is no evidence of a risk the new ISRH could potentially have a disproportionate adverse impact on any of the Protected Characteristics.

Section 6 – Council Priorities

The Council's vision:

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 22 June 2018		

Ward Councillors notified:	N/A
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Section 7 - Contact Details and Background Papers

Contact: Bridget O'Dwyer, Senior Commissioning Manager,
Harrow Public Health Tel: 020 8420 9532

Background Papers:

Report to Cabinet, 17.11.16:

<https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=62839&Ver=4#A1103940>

Report to Cabinet, 14.9.17:

<https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=64134&Ver=4#A1110550>