



Notice of KEY Executive Decision

Subject Heading:	Integrated Sexual Health Contract Extension
Decision Maker:	Mark Ansell, Director of Public Health
Cabinet Member:	Councillor Gillian Ford, Cabinet Member for Health and Adult Care Services
SLT Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Daren Mulley, Senior Commissioning Manager, Joint Commissioning Unit E: daren.mulley@havering.gov.uk Louise Dibsdall, Acting Consultant in Public Health, louise.dibsdall@havering.gov.uk
Policy context:	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.
Financial summary:	The value of the one year extension would be an estimated £1.297m (subject to performance) and will be funded by the Council's Public Health Grant.

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Reason decision is Key	Expenditure of £500,000 or more
Date notice given of intended decision:	1 st November 2023
Relevant OSC:	People OSSC
Is it an urgent decision?	No
Is this decision exempt from being called-in?	No

The subject matter of this report deals with the following Council Objectives

People - Things that matter for residents X

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place.

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

For the reasons set out in this report, the Director of Public health is recommended to agree to:

The approval of an extension to an integrated Sexual Health Service Contract at an estimated cost of £1,297m from 1st October 2023 to 30th September 2024. The integrated Health Service Contract was entered on 30th September 2018 for a term of 5 years with Barking Havering and Redbridge University Hospital NHS Trust, with the option to extend for further 3 years.

Legal advice received by commissioners/public health from the Havering legal services team stated that no extension could be granted until the original contract issued in 2018 was signed. A copy of the original contract signed by BHRUT was received on 26/09/23 and so no agreement or extension could be reached until after this date. This accounts for this decision being sought at this later date.

AUTHORITY UNDER WHICH DECISION IS MADE

3.3 Powers of Members of the Senior Leadership Team

Members of the Senior Leadership Team (SLT) have delegated authority to act as follows within the assigned service service/portfolio of responsibilities, subject to the general provisions and limitations set out in section 3.1 above.

General powers

(a) To take any steps necessary for proper management and administration of allocated portfolios.

Contract powers

b) To award all contracts with a total contract value of between £500,000 and £5,000,000 other than contracts covered by Contract Procedure Rule 16.3.

STATEMENT OF THE REASONS FOR THE DECISION

Performance of Incumbent Service

The current ISHS service, provided by BHRUT, is jointly commissioned by the London boroughs of Barking & Dagenham, Havering and Redbridge. Commencing 1st October 2018, the new service ran for around 18 months before being affected by the Covid-19 pandemic in March 2020. Pre-covid performance monitoring data were based on the terms and conditions of the 2018 contract are therefore limited. However, recent data shows clearly how the service was impacted by the pandemic and has subsequently recovered, or is continuing to recover. Overall performance of the service is good, and in line with other London providers such as Barts Health. Please refer to performance review conducted by our commissioned contract and performance managers at London Borough of Newham in Background Papers below.

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For both safety and staffing reasons during the pandemic, sexual health clinic services usually delivered at locations within each of the 3 boroughs (Barking Hospital, Queens Hospital, Loxford Polyclinic and Hainault) were relocated to a single site at Barking Hospital, Upney Lane, Barking. Whilst clinics have now reopened at both Loxford and Queen's Hospital, they continue to be run on a reduced service, at 2 days or 1 day per week respectively. However, despite reduced access, performance for Long Acting Reversible Contraception (LARC) and STI treatment shows good recovery at least equalling and in some cases surpassing pre-covid activity levels.

Barking and Dagenham residents were well resourced by the clinic in Barking Hospital and Redbridge residents can access both Barking Hospital and Barts. Whilst Havering residents had potentially further to travel, the Queen's hospital clinic was reopened in 2022. By this time, Havering residents predominantly chose BHRUT as their local sexual health service provider. In 2022/23 BHRUT activity data suggests that 81% of the total sexual health activity for residents in Havering was provided by the local BHR service.

In terms of meeting resident's needs, equity data suggests that the service is used more by those groups who are often at greater disadvantage. In Year 4 of the contract Oct 2021 to Sept 2022, 18.3% of service users were Asian or Asian British, 29.9% Black or Black British, 4.7% mixed and 40.1% White compared to an overall local population of 75.3% White (2021 Census data), who tend to be less disadvantaged.

Before October 2023, the service was being paid on a block contract arrangement to meet the minimum service costs, arrangements put place as a result of the pandemic to stabilise the service in face of the restrictions. From October 2023 it is being proposed (in a separate executive decision) that the service moves to a block (85%) and performance-based payment (15%) hybrid model in the contract extension period to encourage greater activity, better overall sustainability and financial stability for the service.

This proposal is based on the newly calculated baseline for 2023-24 is based on the pre-pandemic activity levels of sexual health services (i.e. 2019 -2020 period). This has been recommended by the London Sexual Health Programme Team (hosted by the City of London) which coordinates strategy and planning of sexual health services on behalf of London's local authorities. Costs are based on a methodology used for baseline calculations with the proposed 2023-24 baseline calculated pro-rata on data from the 2019-20 financial year (the last pre-Covid year).

Known as the modified payment model, the table below shows the cost to the Council and neighbouring contracting boroughs;

Council	Annual Value 100%	Annual 85% Block	Annual 15% Performance Based Activity
Havering	£1,297,592.29	£1,102,953.44	£194,638.84
Barking & Dagenham	£1,617,025.43	£1,374,471.61	£242,533.81
Redbridge	£1,024,010.68	£870,409.08	£153,601.60

Table 1: Modified Payment Model Costs

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In terms of the performance based indicators (i.e. 15% of the payment), these will include increasing the take up of long acting reversible contraception, increase in sexual health testing and an increase in capacity in service provision in Havering and Redbridge. Performance based payment will only be applied prospectively after agreement of the executive decision regarding this payment model.

For a more detailed analysis of BHRUT performance in 2022-23 (the most recent full year), please see performance review reports in the background papers section of this report.

Appetite for Enacting Extension

Based on the feedback from initial feasibility discussions between provider and commissioners, there is an appetite for activation of this first 1-year extension.

Future Commissioning Arrangements

The option to extend for one year at a time potentially aligns with new arrangements under the Health and Care Act 2022¹. The NHS Provider Selection Regime (PSR) proposes a new set of rules for arranging healthcare services in England. It is intended to fit with the integrated, collaborative approach to healthcare commissioning being established in the Health and Care Act by providing a decision-making process that makes space for collaboration to happen and that ensures all decisions about how healthcare is arranged are made transparently and fairly, and in the best interests of patients, taxpayers, and the population².

The PSR is intended to make it straightforward for systems to continue with existing service provision where the arrangements are working well and there is no value for the patients, taxpayers, and population in seeking an alternative provider. And, where there is a need to consider making changes to service provision, it will provide a sensible, transparent, and proportionate process for decision-making that includes the option of competitive tendering as a tool decision-makers can use.

As the PSR has not yet been adopted, and, as described in the attached performance appendix, maintaining a service that is meeting our residents' essential sexual health needs, provides much-needed stability in provision of services without the need to undergo a lengthy and expensive tendering process. Extending the current contract for one year allows us to work towards the new PSR conditions for partnership, strengthening the joint working between the NHS and Local Authority as an Integrated Care System. Whilst we are waiting for the PSR to be adopted, it is proposed that we attach terms and conditions to the extension period to continue to improve and expand our locally established service.

Should the PSR not be adopted, the Council has the option to extend its current contract for a further 2 years beyond the extension date of 30th September 2024, on a +1 +1 basis, during which time a full tendering process would be undertaken for the new service to commence on 1st October 2026.

¹ [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk)

² [NHS commissioning » NHS Provider Selection Regime \(england.nhs.uk\)](https://www.england.nhs.uk/commissioning/)

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Sexual Health Strategy for North East London

The current service is commissioned jointly between Havering, Barking and Dagenham, and Redbridge. However, as Councils move towards more integrated and place based working through the formation of the Integrated Care Board (ICB) it is an opportune time to look at closer alignment of strategic approach across North East London (NEL) local authorities. Although there are demographic differences between the local areas, there are many areas of overlap - young and ethnically diverse populations, increasing STI prevalence - and scope for learning from each other's best practice. The current development of a high-level sexual health strategy for NEL will allow for a better understanding of need, inequalities and gaps in provision and inform a more cohesive approach to sexual health planning across the NEL ICS system and provision of services at the local level.

Recommendation

To conclude, extending the contract for a further year will allow partners across the NEL ICS authorities' time to develop action plans from the strategy for the future delivery of more shared and/or integrated services. It is hoped that greater collaboration between both local authority commissioners and providers, taking advantage of the PSR processes described above, will create a sector-wide system for improved access to and quality of sexual health services.

OTHER OPTIONS CONSIDERED AND REJECTED

Option 1: Retender the Integrated Sexual Health Services

The performance of the incumbent provider is satisfactory and does not necessitate a change at this stage. Also, given the timescales, and lack of original signed contract there was insufficient time to award a contract by 1st October 2023.

Option 2: North East London Sexual Health Services

A re-modelled and re-negotiated collection of sexual health contracts across the North East London Integrated Care Board (ICB) footprint. This option is under consideration as part of an over-arching Sexual and Reproductive Health Plan (SRHP) for North East London. There is potential for increased system integration and improved outcomes, but this work – should it ultimately be agreed – would take several years to implement.

Option 3: Do nothing and let the contract expire

To do nothing would mean the service would expire on 30th September 2023. Allowing the existing contract to lapse would lead to a potential destabilisation of the current service. This is not a practical option and would lead to the Council not being fully compliant with its existing statutory obligations to provide this service.

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PRE-DECISION CONSULTATION

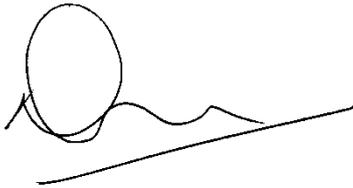
Consultation to extend the contract has been held with the following;

- Incumbent Provider (Barking Havering Redbridge University Hospital Trust)
- London Borough of Barking & Dagenham
- London Borough of Redbridge
- Public Health
- One Source Legal Services

NAME AND JOB TITLE OF STAFF MEMBERS ADVISING THE DECISION-MAKER

Names & Designations:

Daren Mulley, Senior Commissioning Manager &
Louise Dibsdall, Acting Consultant in Public Health

A handwritten signature in black ink, appearing to read 'L. A. Dibsdall', with a long horizontal line extending to the right.

L. A. Dibsdall

Date: 03/10/23

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council is a local authority as defined by section 270 of the Local Government Act 1972 and has a general duty under Section 1 of the Care Act 2014 to promote the well-being of individuals. "Well-being" in relation to an individual is defined within the 2014 Act as including physical and mental health and emotional well-being.

The Council also has a duty under the Health and Social Care Act 2012, to provide its residents with open access services for contraception and for the testing and treatment of sexually transmitted infections (STIs).

The Council has the power to vary contracts under s111 of the Local Government Act 1972 which permits the Council to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions.

The Council also has a general power of competence under Section 1 of the Localism Act 2011 to do anything an individual can do, subject to any statutory constraints on the Council's powers. None of the constraints on the Council's s.1 power are engaged by this decision.

The Key Executive Decision Report awarding the Service contract refers to the option to extend for a further 3 years.

When originally procured, the contract was an above threshold contract for the purposes of the Public Contracts Regulations 2015 (PCR). The proposed variation is therefore caught by the full PCR regime. The extension is provided within the contract. The Council may extend the contract via a variation to the contract subject to the variation falling within one of the safe harbours provided by Regulation 72 of the PCR.

The estimated value for the first year's extension is £1,297m and is permitted under Regulation 72(1) (a) as the modification, here being the extension, irrespective of the monetary value, has been provided for in the initial procurements in clear, precise and unequivocal review clauses. Furthermore, the clauses state the scope and nature of possible modifications or options as well as the conditions under which they may be used, and do not provide for modifications or options that would alter the overall nature of the contract.

For the reasons set above, the Council may extend the contract for a period of one year.

FINANCIAL IMPLICATIONS AND RISKS

This Executive Decision is seeking approval to extend the Integrated Sexual Health Service Contract at an estimated cost of £1,297m from 30th September 2023 to 29th October 2024. The contract has historically been paid on a block arrangement to meet the minimum service costs of the service. The recommendation for the extension period is that the service is paid on a performance based payment system basis which

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should encourage more activity and ensure value for money for the contract. There is a risk that this could change the amount that we pay on this contract and if this change materialises then activity data will be monitored alongside tariff costs to monitor the level of anticipated expenditure.

The spend on all sexual Health services over the last 3 years is as follows:

Description	Full Year Actual	Actual 21	Full Year Actual
	2020	To Date	2022
A48001-SH - STI Testing and Treatment	777,977.33	757,656.46	954,654.52
A48002-SH – Contraception	396,830.93	574,385.98	503,671.09
A48003-SH - Advice Prevention and Promotion	77,883.07	79,955.35	20,457.12
	1,252,691.33	1,411,997.79	1,478,782.73

The historic pattern of expenditure for sexual health appears to be in line with the anticipated expenditure from the contract.

This contract is funded from the Public Health Ring-fenced Grant and there is sufficient funding available to fund the extension of this contract. If a shortfall from budgeted expenditure was to materialise from this contract extension, this could be funded from the Public Health Reserve.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

There are no implications or risks anticipated to council staff as the employees involved in the delivery of the current service are employed directly by the existing Provider.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

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Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

The action undertaken will include monitoring how the service meets the needs of all eligible users, including those from ethnic minority communities and the disabled. The Council will also ensure that potential providers have undertaken equality training and adhere to the Council's Fair to All Policy or their own equivalent.

HEALTH AND WELLBEING IMPLICATIONS AND RISKS

Access to healthcare services are an essential public health feature. In the case of Sexual and Reproductive Health (SRH) services, there are very clear inequalities in outcomes for people at greater risk of poor sexual health. Where sexual health and wellbeing is not achieved, a variety of negative sexual health consequences can occur, these include: sexually transmitted infections (STIs), unintended pregnancy and abortion, sexual dysfunction and sexual violence.³ Not only can poor sexual health have serious long-term implications for the individual, but the cost of treatment for the NHS is large.

Gay, bisexual and other men who have sex with men (MSM) experience health inequalities related to STIs. They account for 43% of London residents diagnosed with a new STI (excluding chlamydia diagnoses reported via CTAD) and they represent 88% of those diagnosed with syphilis and 66% of those diagnosed with gonorrhoea (where gender and sexual orientation are known. The number of new STI diagnoses in MSM in Havering increased from 140 in 2016 to 225 in 2019.

In 2020, 43.5% of diagnoses of new STIs made in SHSs and non-specialist SHSs in Havering residents were in young people aged 15 to 24 years old. This compares to 45.7% in England.

Women in Havering were more likely to have an STI between 15-19 years and 20-24 years, whilst men were more likely to have a new STI diagnosis at 25 years+.

People of Black Caribbean ethnicity experience disproportionately high rates of STI diagnoses, particularly for chlamydia and gonorrhoea. People born in Central and South America had the highest positivity rates for syphilis.

Higher rates of new STI diagnoses were made in the North and East of Havering, coinciding with the wards of Gooshays, Hilldene and South Hornchurch, which are among the 20% most deprived LSOAs in the country.

³ https://www.who.int/health-topics/sexual-health#tab=tab_1

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In 2019, the Joint United Nations Programme on HIV/AIDS estimated a mean HIV prevalence of 36% among sex workers. The average reported prevalence of active syphilis among sex workers is 10.8% (range 5.8% to 30.3%) (WHO, GHO, 2020).

Local Authorities (LA) are mandated to secure the provision of open access sexual health services, including for community contraception and the testing, diagnosis and treatment of sexually transmitted infections (STIs) and testing and diagnosis of Human Immunodeficiency Virus (HIV). If the contract extension is not granted, there is a risk of harm to people who cannot access necessary services. Whilst it is in theory possible to continue access services who are out of contract, it leaves both the commissioner and provider open to significant legal threats. A 1-year extension would mitigate both of these threats and ensure continuation of essential treatment for local residents and visitors to the borough.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

In October 2020, the NHS became the first in the world to commit to delivering a net zero national health system. This means improving healthcare while reducing harmful carbon emissions, and investing in efforts that remove greenhouse gases from the atmosphere.

With around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act (Delivering a 'Net Zero' National Health Service).

Two clear and feasible targets are outlined in the Delivering a 'Net Zero' National Health Service report:

The NHS Carbon Footprint: for the emissions we control directly, net zero by 2040
The NHS Carbon Footprint Plus: for the emissions we can influence, net zero by 2045.

Led by the NHS Chief Sustainability Officer, the Greener NHS National Programme exists to drive this transformation while delivering against its broader environmental health priorities. Laid out in the NHS Long Term Plan, these extended sustainability commitments range from reducing single-use plastics and water consumption, through to improving air quality.

On 1 July 2022, the NHS in England became the first health system to embed net zero into legislation, through the Health and Care Act 2022.

BACKGROUND PAPERS

- 1. BHRUT Performance Review April 2022 - March 2023**
- 2. Performance Review Presentation April 2022 – March 2023**

- 1. BHRUT Performance Review April 2022 - March 2023**

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STI Testing Activity

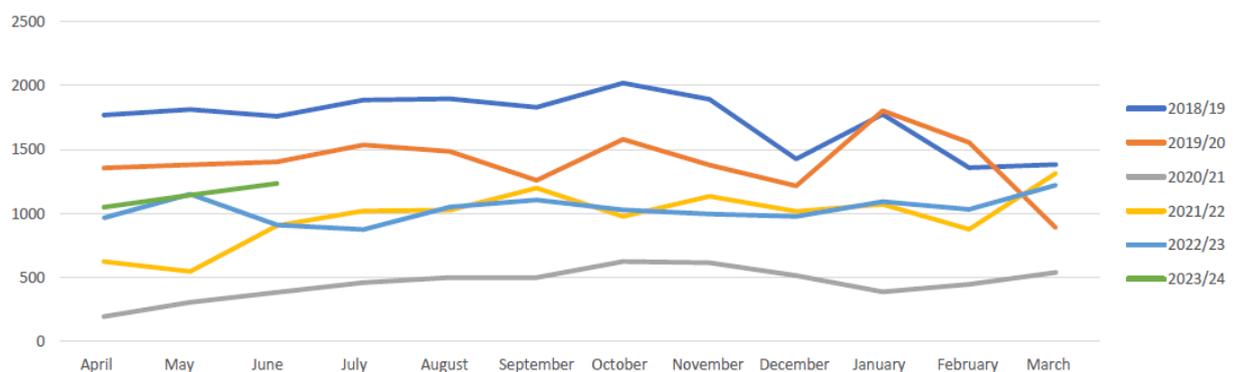
STI testing activity across all London sexual health providers reduced significantly during the Covid-19 pandemic. In the post-covid recovery period, testing activity at BHURT increased by 48% between 2020/21 and 2021/22. Current levels of activity are on a par with those seen in 2021-22 (Figure 1).

By the end of March 2023, testing activity reached 88% of its pre-pandemic levels. However, it should also be noted that testing activity was always intended to reduce overall, with the introduction of Sexual Health London’s e-service for ordering self-service testing kits. The anticipated channel shift from in-clinic to online services happened much sooner due to the impact of the pandemic. Whilst approximately 26% of all STI tests in Havering were from online services in 2019-20, this increased to 70% of tests during Q1 2020-21 and currently 53% of STI tests completed are via the online e-service, with 47% via clinics as clinic services return.

Testing will also need to keep pace with STI prevalence, and STIs remain an important public health problem. Although rates of new STI diagnoses (excluding chlamydia under 25 years) have decreased overall, there have nevertheless been increases in specific infections. For example, over the last 10 years, the diagnostic rate for Gonorrhoea has increased from 43 in 2013 to 104 per 100,000 in 2022 in Havering; 79 to 147 per 100,000 in B&D; 49 to 127 per 100,000 in Redbridge; and 58 to 146 per 100,000 in England.

Further work will need to be done to encourage more people to access the e-service in this post-pandemic era, to ensure the clinics cater for more complex SRH needs and symptomatic testing. Local residents’ return to testing in-clinic in some ways demonstrates the success of BHRUT in providing a service that local people want to access. However, BHRUT staff now direct all asymptomatic patients to the online e-service for self-testing, allowing those with symptoms to attend in-clinic appointments as appropriate.

Figure 1. BHRUT STI Testing Activity 2018/19 to Q1 2022/23 (June)



HIV and Pre-Exposure Prophylaxis (PrEP)

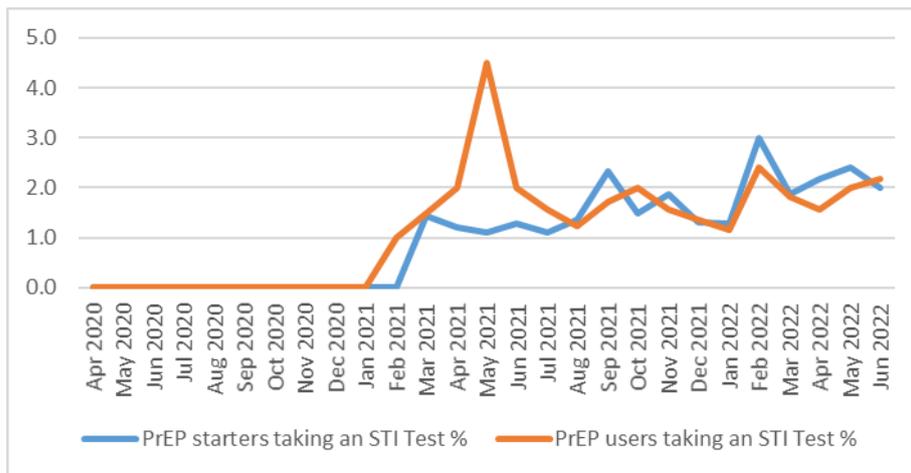
PreExposure Prophylaxis (PrEP) is used to reduce the risk of getting HIV. Taking PrEP before exposure to someone already infected with the HIV virus blocks the ability of the virus to replicate once inside the body. Between 2020-21 and 2021-22, prescriptions for PrEP (both PrEP3 (starters) and PrEP4 (users)) increased by a factor of 10. Based on Q1 2022-23 data, further growth can be estimated for PrEP4 prescriptions, while PrEP3 levels remain similar (Figure 2). In Havering, 67.3% of all

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HIV negative people accessing BHRUT SHS with identified need started or continued PrEP; this is similar to the England value of 69.6%, but lower than London at 79.4%. Given the HIV diagnosed prevalence rate for people aged 15 to 59 years in Havering is lower (2.16 per 1,000) than that in England (2.34 per 1,000), the continued increase in use of PrEP suggests that BHRUT are delivering a service proportionate to the level of need, but can still make further improvements.

BHRUT have been overall effective in prescribing PrEP to at risk groups, with PrEP3 and PrEP 4 prescriptions increasing over 10 times between 2020-21 and 2021-22; there has been a further 15% growth in PrEP uptake in 2022-23. Future work by the service needs to focus on PrEP uptake amongst women and heterosexual men.

Figure 2. Proportion of PrEP starters and PrEP users taking an STI test.



LARC Services

Across London, it is estimated that between 2 - <4% of Havering's female population are likely to visit an SRH service for reasons of contraception. This is similar to other outer London boroughs such as Bexley and Bromley, but much lower than inner London boroughs including Hackney & City of London, and Lewisham both at 10%.

Havering's rate of total prescribed LARC (excluding injections, and irrespective of where it was prescribed) has remained consistently below the rate for England since 2014. It also shows a commensurate dip in LARC uptake rates in 2020 coinciding with the Covid-19 pandemic; by 2020 Havering's rate was 17.3 per 1,000 women compared to 34.6 per 1,000 in England. The best/highest rate of LARC in London in 2020 was in Kingston-Upon-Thames, at 40.1 per 1,000, whilst Havering was 4th lowest in London.

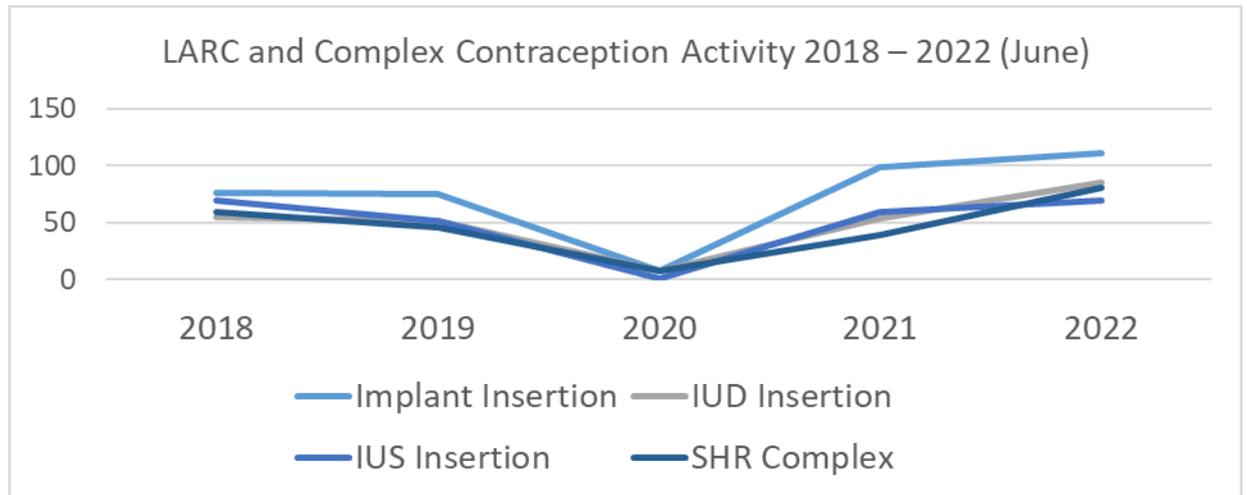
In 2020-21, LARC and Complex Contraception activity at BHRUT ISHS reduced significantly (c.91%) compared to pre-pandemic performance (London average was a reduction of 40-50%). However, in 2021-22 activity for LARC and Complex Contraception was back to 97% of pre-pandemic levels (Figure 3). The number of LARCs fitted for 2022-23 are higher than 2021-22 for all months to January 2023, except for October 2022.

The recovery shown by BHRUT suggests that the service is meeting demand made by local residents for LARC, where local residents exercise their right to choose their method of contraception. However, with rates of repeat abortions for under 25 year

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olds higher in BHR than for England, promoting LARC, and ensuring access to LARC services is recommended as a priority for the service.

Figure 3. LARC and Complex Contraception Activity 2018 to 2022



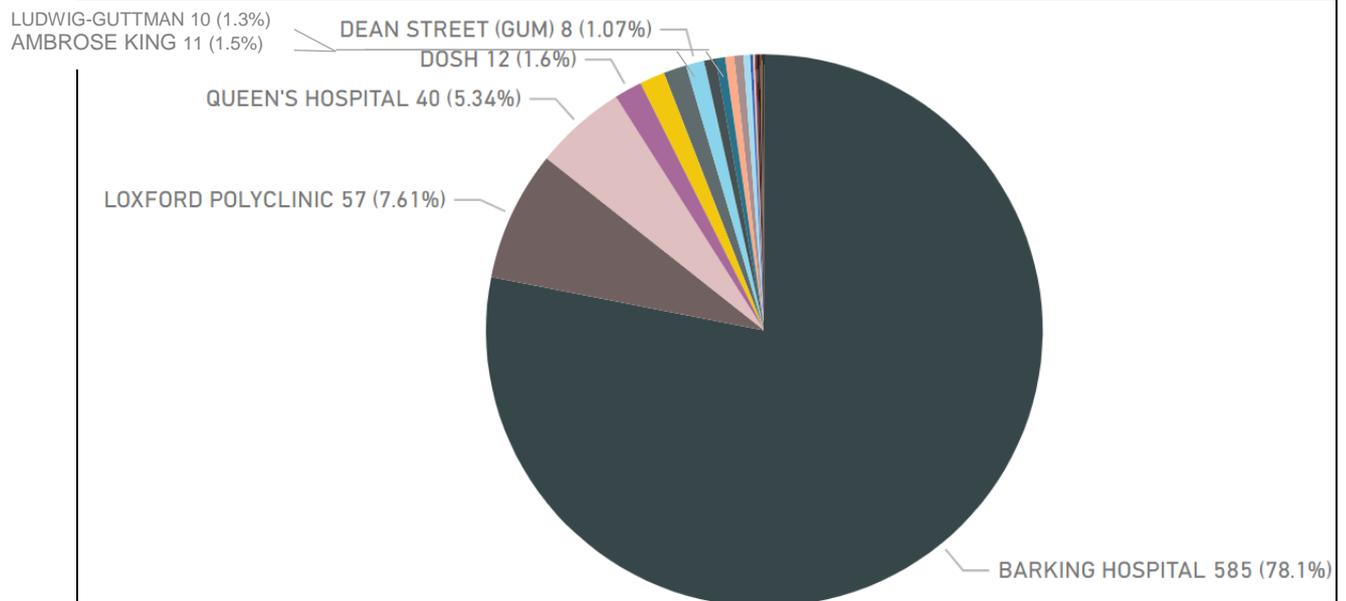
During COVID-19 IN 2020-21, there was a higher rate of LARC fitting at GP surgeries (excluding injections) in Havering (9.0 per 1,000; 13th Highest in London), compared to LARC fitting at SRH services (8.3 per 1,000). However, this may be partly due to the impact of Covid-19, in which SRH services at our local provider, BHRUT, were relocated to Barking Hospital. This is a much longer distance for many people in the borough to travel, particularly those who live in the north of the borough, Collier Row and Harold Hill.

By 2021, this gap between provision at SRH services or at GP clinics had reduced, and both sites had increased their overall rate of LARC delivery; Havering residents had a rate of 12.4 per 1,000 for LARC delivery at SRH services compared to 13 per 1,000 in GP settings.

Amongst those who chose to access LARC services from a sexual health clinic, by the time of recovery in LARC services, in 2021-22, 78.1% of Havering women visited the service at Barking Hospital; 7.6% went to Loxford Polyclinic in Redbridge; 5.4% went to Queen’s hospital, and the remainder chose out of area clinics (Figure 4).

Figure 4. Location of where Havering residents chose to access LARC through Sexual Health Services, 2021-22

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Despite challenges in access services at Barking hospital, it is clear that Havering residents still wish to use a locally run service. Extending the contract will allow further time for BHRUT to increase the number of clinics run at Queens Hospital and Loxford Polyclinic (Redbridge) and thus improve overall access for local residents. Reopening an existing service is likely to take less time than recommissioning a new service and adds weight to the argument to extend the current contract.

What Do Residents Say About the Service?

In February 2023, BHRUT received 54 reviews about its HIV services. 88.9% stated they had a positive experience (7.4% negative) with an average score of 4.93 out of 5. Females comprised 60% of the patients who provided a review, aged between 21 and 80 years, with the highest number in the 41-50 age group. Of those who declared their ethnicity, 63% were Black. Comments from patients (where permission was given to publish) included:

- “I have been coming here for about 15 years it is always a joy”
- “From receptionist – perfect are of approach and the bloods done by a very polite and gentle person. Pharmacists perfect!”
- “Everyone is treating me very nice”
- “The staff are very good. The doctor always go extra mile to make sure all is well”
- “I was treated with respect and honour”
- “I would like appointments to be clearer the text messages need to say whether it is a telephone or face to face.”

Patient feedback from sexual health services is more limited, but in a snapshot review of 9 sexual health service users in January 2023, there were 5 ratings of Very Good, 2 of Good and 2 Very Poor according to patient experiences. This equated to 77.8% positive and 22.2% negative experiences from those 9 patients, predominantly female, but of a range of ethnicities aged between 21 and 60 years. Comments from patients included:

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- “The nurse I saw was incredibly rude from the start - her name was XXXX. She showed no compassion, no understanding of my situation and had a disgusting attitude.”
- “XXXX was very compassionate and knowledgeable sensitive to my run difficulties. Put me at ease and gave me XXXX to support and talk to me.
- “Long phone waiting queue”
- “I was seen by XXXX, who provided the best service from any medical professional in my recent memory!”
- “Care, ensured understanding of process and treatment. Did best to see me in good time. Friendly”
- “At reception if we could have more privacy when registering”.

Having this feedback allows the patient’s voice to be heard and shows dedication by BHRUT to take criticism on board. Patients who do use the services are, on the whole, positive about their experience and adds further weight to the argument to extend the contract.

2. Performance Review Presentation April 2022 – March 2023

Produced by the London Borough of Newham team commissioned to contract and performance-manage the BHRUT ISHS.



Performance Review: Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

**Borough: Havering
April 2022 – March 2023**

WE ARE NEWHAM.

**People at the Heart
of Everything We Do**

Summary

Demographic presentation:

- The vast majority of patients accessing BHRUT services are from two age groups: 20-24 and 25-39 years old (slide 4)
- Female are more likely to engage than men – the engagement with women is 35% higher than engagement with men (slide 4)

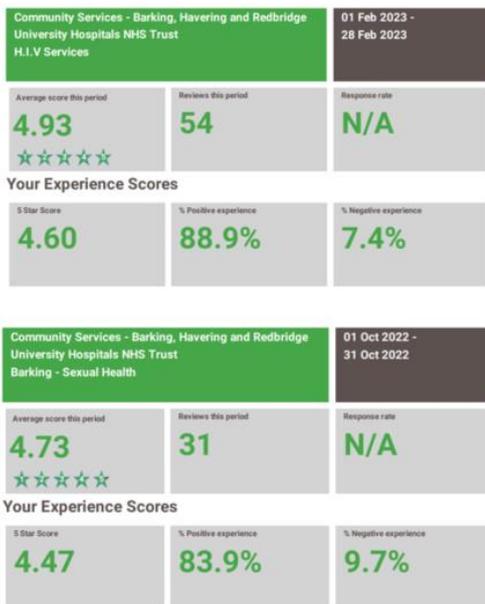
Performance (LARC, Complex Contraception, Testing and STI Interventions, Hepatitis Vaccinations and PrEP)

- In 2022-23, BHRUT has significantly improved LARC service provision and completed 119 more LARC fittings than in 2021-22 (18% increase), however more focus is required on LARC uptake amongst Black African and Caribbean communities (slides 7 and 8)
- STI testing activity levels dropped significantly during 2020-21: reduction of 52% between 2018-19 and 2020-21. In 2022-23 STI testing levels were 4% lower than in 2021-22 – this is linked with channel shift (see slide 5)
- The post-covid recovery of STI Interventions activity is, likewise, in line with other London providers including Barts Health: in 2021/2022 the STI Intervention activity levels reached 45% of pre-pandemic levels (slide 6)
- In 2022-23 Hepatitis Vaccination rates remain almost the same as in 2021-22, however Q4 of 2022-23 show signs of improvement (slide 9)
- PrEP3 and PrEP4 prescriptions increased over 10 times between 2020-21 and 2021-22. In 2022-23 further 15% growth was observed in PrEP uptake. Work needs to be done to increase PrEP uptake amongst women and heterosexual men (slide 10)

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Customer Satisfaction Feedback



“Perfect care of approach and the bloods done by a very polite and gentle person.”

“I have been coming here for about 15 years its is always a joy.”

“The staff are very good. The doctor always go extra mile to make sure all is well.”

“The staff is in the clinic are really lovely, they were so nice and welcoming. I had received good compassionate care and totally good experience.”

“I was treated with respect and honour.”

“Reception staff friendly. I saw lee she was professional helpful made me feel very comfortable.”

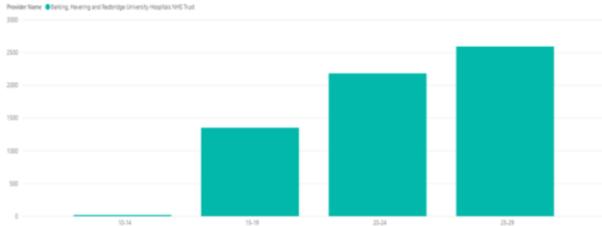
“I was seen to by xx and he made me feel so comfortable, explained in detail about everything I needed to know, great service.”

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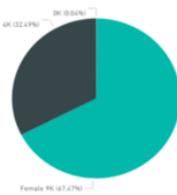
Demographic Presentation (Age and Gender)

Having Population accessing BHRUT services by age (2022-23)

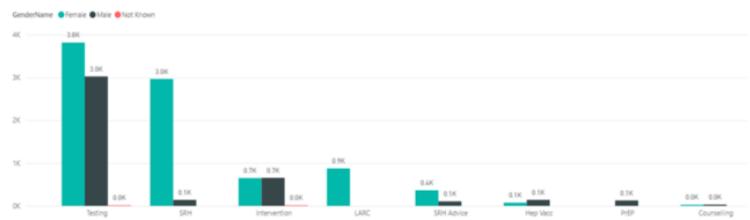


- The vast majority of patients accessing BHRUT services are from two age groups: 20-24 and 25-39 years old
- Female are more likely to engage than men – the engagement with women is 35% higher than engagement with men.
- Disparities in gender engagement are consistent across all three boroughs, with the highest disproportion in Having (70% vs 30% for female and man respectively).
- This pattern is relatively typical. For example, the female / male split for Barts Health (WELR residents) is 62/38%.

Gender Presentation – Having 2022-23



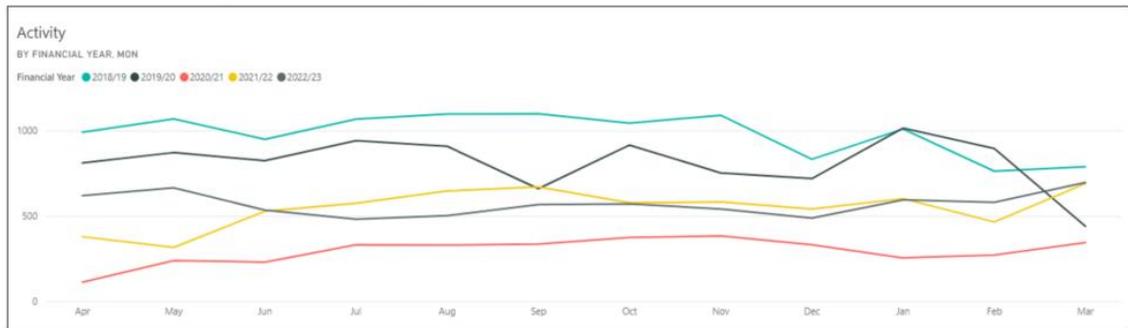
Activity Type by Type and Gender – Having 2022-23



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STI Testing Activity

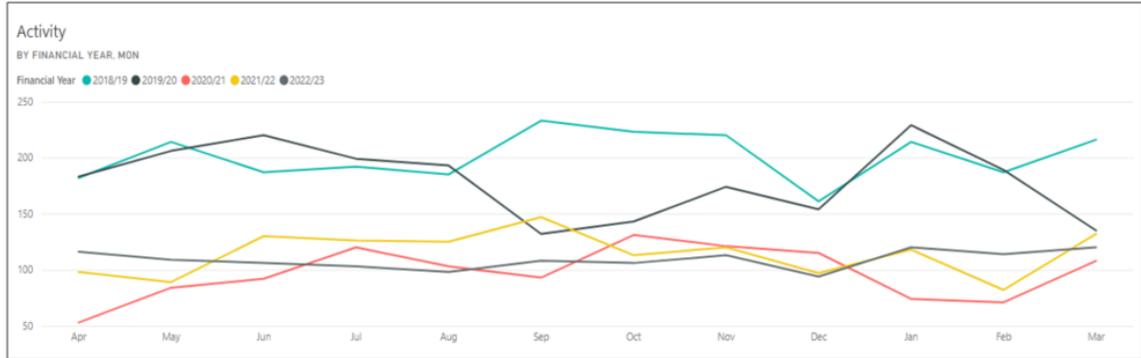


- Testing activity - post Covid-19 recovery - increased by 48% between 2020-21 and 2021-22 and additional 3% in 2022-23
- Testing activity in 2022-2023 reached 88% of its pre-pandemic performance levels
- In 2022-2023, approximately 300 more STI tests were completed than in 2021-22.
- Channel shift was observed as patients switched to online SHL service. Also staff directs the asymptomatic patients to online service, allowing those with symptoms attend in-clinic appointments.

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STI Interventions



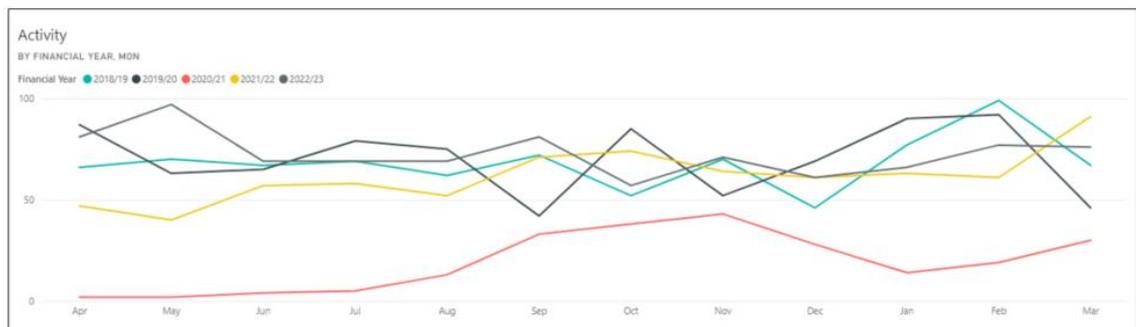
- STI Interventions 1 and 2 are more frequently performed. This view is consistent pre and post pandemic, and across most London providers (levels 1,2 and 3 essentially reference increasing levels of complexity in treatment).
- Like all London clinics, STI Intervention activity at BHRUT dropped significantly during 2020-21: reduction of 52% between 2018-19 and 2020-21.
- In 2022-23 STI Intervention activity at BHRUT was 4% lower than in 2021-22 – this can be linked with channel shift (see slide 5 for more details)

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LARC

- COVID-19 pandemic and lockdowns (2019-20) contributed to significant decline of LARC and RSH complex activities (reduction of 91%).
- BHRUT has demonstrated excellent recovery in this area, exceeding 2019-20 pre-pandemic levels of LARC in 2021-22
- In 2022-23 LARC service provision further improved. 119 more having patients were offered LARC fittings (18% increase from 2021-22)



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LARC – demographic breakdown

LARC Prevision in Havering per ethnicity (October 2021 – September 2022)

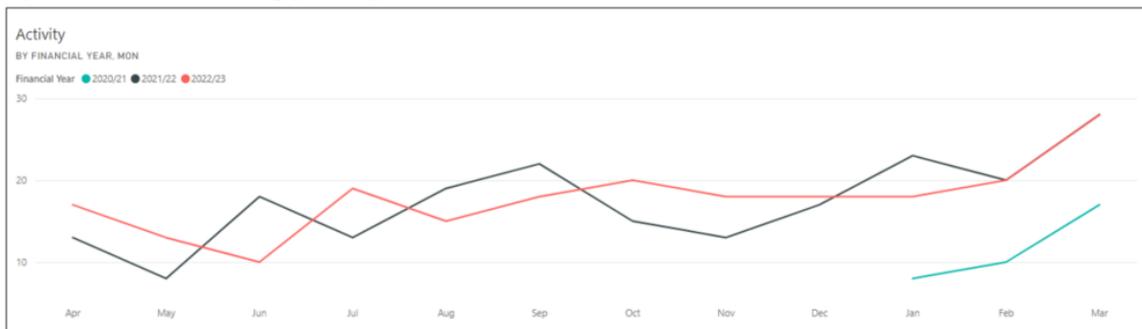
Count of Patient ID	Column Labels												Grand Total
Row Labels	October	November	December	January	February	March	April	May	June	July	August	September	Grand Total
Any other Asian background	1	3	1				3		1	1		3	13
Any other Black background				1						1	1		2
Any other ethnic group			1				1		1	2	1		4
Any other mixed background				1		2		2			3	2	14
Any other White background	12	10	7	8	10	10	10	6	12	7	10	4	8
Bangladeshi	1	2	3	1	3	3	3	1	3	2		1	1
Black African	9	6	7	14	3	12	6	15	5	4	8	14	103
Black Caribbean	2	1	5	3	2	3	4	3	2	7	2	3	37
British - Irish				2		1	1	1					5
British - White	44	34	26	29	32	44	45	55	37	32	34	32	444
Indian	2	1	2	1	1	2	3	1				3	19
Not stated	1	2	2	3	2	1	1			1		1	16
Pakistani		2	1	2	3	3	2			3	3	3	24
Unknown			1			2	1	7	3	5	2	3	27
White and Asian				1					1		1		3
White and Black African			2		1	1						1	6
White and Black Caribbean	1			1			1	1		1	1	2	9
Grand Total	73	64	60	63	62	85	79	97	67	65	67	78	860

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Hepatitis Vaccinations

Hepatitis Vaccination- Havering (2022-23)



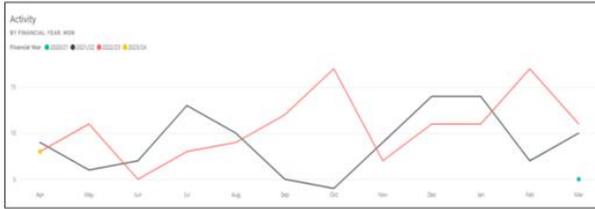
- In 2022-23 Hepatitis Vaccination rates remained almost the same as in 2021-22, however Q4 of 2022-23 show signs of improvement.
- Hepatitis B (1st dose) vaccine is delivered more frequently than others..
- Similar patterns are observed at [Barts](#), base rates of Hep vaccine seem at first glance to be relatively low. Work will be done in this area to understand if there is unmet / hidden need.

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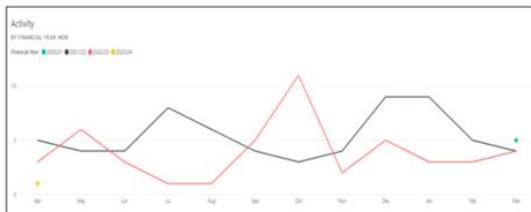
PrEP Prescriptions

PrEP uptake (start and continue) – Havering 2022-23



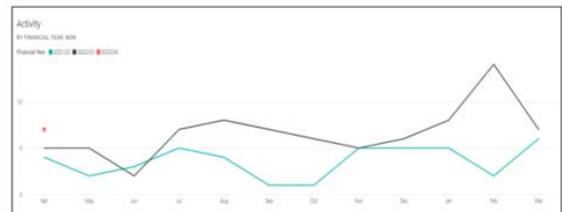
- PrEP Prescriptions are increasing, with PrEP4 (users) being significantly higher than PrEP3 (starters).
- PrEP3 and PrEP4 prescriptions increased over 10 times between 2020-21 and 2021-22.
- In 2022-23 data, further 15% growth was observed in PrEP uptake.
- Work needs to be done to increase PrEP uptake amongst women and heterosexual men.

PrEP start uptake – Havering 2022-23



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PrEP continue uptake – Havering 2022-23



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APPENDICES

Key Executive Decision

Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Delete as applicable

Proposal NOT agreed because

Details of decision maker

Signed

Name:

Cabinet Portfolio held:

CMT Member title:

Head of Service title

Other manager title:

Date:

Lodging this notice

The signed decision notice must be delivered to Democratic Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____