Havering
LONDON BOROUGH

CABINET

14th August 2024

Subject Heading:	Permission to enact the final two year extension for the Integrated Sexual Health Service.
Cabinet Member:	Councillor Gillian Ford, Cabinet Member for Health and Adult Care services
ELT Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Faith Nare, Commissioner – Live Well T: 01708 431432 E: faith.nare@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 enacting the remaining1+1 extension would be at a maximum value of £2,594 million to London Borough of Havering (subject to performance) and will be funded by the Council's Public Health Grant.
Is this a Key Decision?	Yes, as there is expenditure of £500,000 or more
When should this matter be reviewed?	September 2024
Reviewing OSC:	Peoples Overview and Scrutiny Board

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

People - Supporting our residents to stay safe and well	X
Place - A great place to live, work and enjoy	
Resources - Enabling a resident-focused and resilient Council	X

SUMMARY

This paper seeks the approval of the final extension of the Barking and Dagenham, Havering and Redbridge Integrated Sexual Health Services Contract for the remaining 1+1 years for a maximum cost to Havering Council of £2.594 million up until 30th September 2026. This will ensure continuity of service provision and stability within Havering, Barking & Dagenham and Redbridge, and provide sufficient time to complete service recommissioning under new Provider Selection Regime (PSR) arrangements.

RECOMMENDATIONS

For the reasons set out in this report, Cabinet is recommended to:

- Approve the annual extension and agree in principle to the final year extension of the Integrated Sexual Health Services Contract for the remaining 1+1 years available up until 30th September 2026, with a cost of £2.594m in total.
- Delegate to the Director of Public Health to agree the final year extension to the Contract subject to good performance

REPORT DETAIL

The report requests the approval to enact the remaining 1+1 year extensions to the Integrated Sexual Health Service (ISHS) contract held with Barking Havering and Redbridge University Hospital NHS Trust (BHRUT) from 1st October 2024 to 30th September 2026. The ISHS contract is jointly commissioned with Barking and Dagenham and Redbridge councils, with Havering Council acting as lead commissioner with respect to the contract on behalf of the other boroughs.

The Integrated Sexual Health Service Contract was entered on 30th September 2018 for a term of 5 years with BHRUT, with the option to extend for further 3 years (activated of the +1,+ 1,+1 basis). The first +1 extension was enacted in 2023 and a further 1+1 years remain available.

The remaining 1+1 year extensions will be activated on an annual basis, subject to continued satisfactory performance. Throughout the extension period, the local authority also retains the right to give 6-months' notice on the contract, either to facilitate the issuing of a new service contract following recommissioning, or in the event that service performance does not remain at acceptable levels.

Appetite for Enacting Extension

Based on the feedback from initial feasibility discussions between provider and commissioners, there is an appetite for contract extension.

National / Local Context:
Most of the adult population of England are sexually active, and there are long term changes in the sexual attitudes, lifestyles and behaviours across much of the population. Access to high quality sexual health services improves the health and wellbeing of individuals and populations, and is an important public health priority across Barking and Dagenham, Havering and Redbridge (BHR) including addressing significant inequalities in sexual health between different population groups.

Commissioning responsibilities for Human Immunodeficiency Virus (HIV) and other sexual and reproductive health services have undergone major changes since April 2013, and commissioning responsibilities are currently distributed between NHS England, Local Authorities and Integrated Care Boards (ICBs). A Framework for Sexual Health Improvement, published in 2013, set out national ambitions for the new sexual health system in England.

Local authorities are mandated to commission comprehensive open access sexual health services, including free sexually transmitted infection (STI) testing and treatment, HIV prevention (PrEP), notification of sexual partners of infected persons, advice on, and reasonable access to, a broad range of contraception, and advice on preventing unplanned pregnancy and hepatitis vaccinations. The ISHS service for BHR represents the most significant element of this provision for local residents.

Aims of the Service:
The primary aims of the service are to improve sexual health outcomes, improve service user experience and provide cost effective delivery of high quality sexual health services across BHR through the operation of an open access, confidential, integrated sexual health service, and provide sexual health clinical governance oversight and leadership across each of the three boroughs regardless of setting or provider. Overarching objectives also include:

- Prevention of the spread of HIV, and reduce new and late diagnosis
- Prevention of the spread of STIs and ensure timely testing and treatment of STIs (excluding HIV) and including in at risk sexual partners
- Reduction in unwanted pregnancies by improving access to and uptake of a choice of contraception and promoting the use of the most effective reliable forms of long term contraception (LARC)
- To increasingly join up and integrate services around the needs of residents including substance misuse , mental health, domestic and sexual violence reduction and promoting wider public health programmes through initiatives such as Making Every Contact Count (MECC)
- Help in addressing the wider social determinants of ill health and reduce inequalities
- Providing sexual health clinical governance oversight and leadership to the local partners who provide sexual health services outside ISHS (i.e. Primary Care, Community Pharmacy).

These aims and objectives of the service help to achieve outcomes such as:

- Improve health and wellbeing of residents across BHR through the implementation of national standards and best practice to reduce health inequalities in sexual health
- Increase uptake of long-acting reversible contraception(LARC), and timely access to Emergency Hormonal Contraception including for disadvantaged or under-served communities
- Increase the uptake of HIV testing, reducing new and late HIV diagnoses, and preventing new infections including timely access to PrEP.

- Timely results, follow-up, partner notification and treatments for all STIs and improved uptake of immunisations to help to reduce the risk of onward infections
- Ensure screening/identification and interventions for health and social risks such as domestic and sexual violence, child sexual exploitation, Female Genital Mutilation (FGM), and child and adult safeguarding, as part of local arrangements for pathways of care and support.
- Improve sexual health outreach and promotion through the use of National and local evidence, HIV prevention (including, if commissioned by NHS England, or a further trial, PrEP) and uptake of sexual health interventions including LARC in key and vulnerable groups through targeted interventions and promotion, encouraging innovation. This will have been achieved as part of an integrated pathway with relevant commissioners.
- Address the sexual health needs in psychosexual counselling services that are within the confines of the mandated local authority function and as described within the specification.

Performance of Incumbent Service

Commencing 1st October 2018, the ISHS service ran for around 18 months before being affected by the Covid-19 pandemic in March 2020. The impact of national Covid-19 restrictions on service operations alongside an increase in use of the online London e-service resulted in a drop in key measures of service performance.

From 2021/22, the service has shown recovery in key performance measures, while the channel-shift of some activity to the London e-service has seen a sustained proportion of STI testing and simple management being delivered outside of ISHS provision.

Overall performance of the service is good, and in line with other London providers such as Barts Health. Please see appendix 1 for further information regarding local service performance and sexual health outcomes.

The ISHS primarily operates out of Barking Hospital, with additional clinics run from Loxford polyclinic and Queen's Hospital. Continuing to improve access for residents in Havering and Redbridge remains a priority for BHRUT and commissioners. When accessing ISHS provision, Havering and BHR residents predominantly choose BHRUT; in 2023/24, 79% of all ISHS activity for Havering residents took place at BHRUT.

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; Young people, those from some ethnic minority backgrounds and gay, bisexual and other men who have sex with men (GBMSM) tend to have the greatest need for sexual health services and make proportionally more use of services, indicating that the ISHS meets the needs of diverse communities.

In Year 4 of the contract Oct 2021 to Sept 2022, 18.3% of Havering 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.

Contract payment mechanism

The original contract payment model was built on activity-based tariff payment model. However, as a result of the Covid-19 pandemic, the service began being paid on a block contract arrangement (worth 87% of the yearly contract value) – this was intended to ensure that minimum service costs were met, to stabilise the service during stay at home restrictions which limited service activity. Like many other London ISHS, BHRUT has remained on this block contract arrangement, however, evidence from the provider suggests that the current

87% block arrangement is not sufficient to cover service core running costs in the post-Covid period.

From September 2024, the three BHR boroughs and BHRUT have proposed that the service moves to a hybrid block (91.9% of yearly contract value) and performance-based payment (8.1% of yearly contract value) model (known as a modified block arrangement) to encourage continued improvement in outcomes, better overall sustainability and financial stability for the service.

Remaining on a largely block contract arrangement brings a high degree financial certainty for commissioners (as opposed to an activity based model), while the performance-based element offers the provider the opportunity to earn additional payment if the service achieves agreed outcomes that require upfront investment and/or service transformation.

The maximum amount that could be payable under the revised model (£1.297m to London Borough of Havering) is consistent with payment/activity baselines proposed when contract was originally awarded and subsequently budgeted for.

The table below shows the proposed cost breakdown for each of the BHR councils;

Table 1: Modified Payment Model Costs

Council	Annual Contract Value	91.9% Annual Block value	8.1% Annual Performance Based Activity value
Havering	**1,297,592**	**1,192,487**	**105,105**
Barking & Dagenham	**1,617,025**	**1,486,046**	**130,979**
Redbridge	**1,024,011**	**941,066**	**82,945**

In terms of the performance based indicators (i.e. 8.1% of the payment), these will include increasing the take up of LARC, increasing STI testing and an increasing service capacity in Havering and Redbridge. Performance based payment will only be applied prospectively after agreement of the new payment model.

Future Commissioning Arrangements

The NHS Provider Selection Regime (PSR) was introduced by regulations made under the Health and Care Act 2022, and came into force on 1 January 2024[1]. PSR lays out a new set of rules for procuring health care and public health services in England, including those health and care services commissioned by local authorities.

In keeping with the intent of the Act, the PSR has been designed to:

- introduce a flexible and proportionate process for deciding who should provide health care services
- provide a framework that allows collaboration to flourish across systems
- ensure that all decisions are made in the best interest of patients and service users.

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. Where there is a need to consider making changes to service provision, it will provide a sensible, transparent, and

[1] NHS commissioning » NHS Provider Selection Regime (england.nhs.uk)

proportionate process for decision-making that includes the option of competitive tendering as a tool decision-makers can use.

Extending the current contract for the remaining 1+1 years will allow sufficient time to conduct service re-procurement under the new PSR arrangements.

REASONS AND OPTIONS

Reasons for the decision:
The extension of the Integrated Sexual Health Service Contract by the remaining 1+1 years will ensure continuity of care to patients accessing sexual health service provision across BHR, while providing sufficient time to complete a service procurement exercise under the new PSR arrangements

Other options considered:

Option 1: Retender the Integrated Sexual Health Services
The performance of the incumbent provider is satisfactory (Appendix 1) and does not necessitate a change at this stage. There will be a significant lead in time to complete a recommissioning exercise for a contract of this scale and complexity, which necessitates the recommended contract extension allow for this process.

Option 2: Explore an integrated North East London-wide ISHS offer
Discussions are underway to explore the potential for and likely opportunities/risks associated with a more formally integrated approach to ISHS commissioning across the North East London Integrated Care System (NEL ICS) footprint. The time to deliver any such integrated commissioning approach would preclude this as an alternative to extension of the current contract at this time, but will be explored further in relation to future recommissioning.

Option 3: Do nothing and let the contract expire
To do nothing would mean the service would expire on 30th September 2024. 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, therefore this option has been rejected.

IMPLICATIONS AND RISKS

Financial implications and risks:
The Integrated Sexual Health Service Contract allows the Council to meet its obligation under the Health and Social Care Act 2012.

This report is recommending approval of the final extension of the Integrated Sexual Health Service Contract for the remaining 1+1 years available from 30th September 2024 to 30th September 2026 at an estimated cost of up to £1,297,592 per year, (£2.594m over the remaining two years).

As it currently stands the contract is being paid on a block arrangement with 87% of the contract cost being paid (£1,128,905). Negotiations are currently in place with the provider

for the 1+1 extension period. The proposal is that the service moves to a hybrid block (91.9% of yearly baseline) and performance-based payment (8.1% of yearly baseline) model (known as a modified block arrangement) as outlined in the table below:

Council	Annual Contract Value	91.9% Annual Block value	8.1% Annual Performance Based Activity value
Havering	**1,297,592**	**1,192,487**	**105,105**

Although this will see an increase in cost and an element of variability the costs can be funded from the Council's Public Health grant allocation and the amount of variability as an overall percentage of the contract is small at 8.1%. The move to a hybrid block and performance based payment model is aimed at encouraging more activity whilst ensuring the providers costs are met.

Legal implications and risks:

The Council has the power to award a contract for these services under Section 111 of the Local Government Act 1972, which allows the Council to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions.

Additionally, through its general power of competence under Section 1 of the Localism Act 2011, the Council can do anything that individuals generally may do, subject to statutory limitations.

The value of the contract extension for the 1 + 1 years is 2,594 million. The proposed extension is permitted by the contract and captured under Regulation 72 (1) (a) of the Public Contracts Regulations 2015 (PCR)

For reasons set above, the Council may extend the contract with Barking, Havering and Redbridge University Hospitals NHS Trust for 1 + 1 years starting 30th of September 2024.

Human Resources implications and risks:

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 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.

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 sexual health services is an essential form of public health provision.

Achieving better population sexual health encompasses both addressing illness or negative outcomes associated with poor sexual health (including STIs, unwanted pregnancy, sexual dysfunction, chronic infections), as well as promoting positive sexual wellbeing; enabling people to enjoy happy, fulfilling and consensual sexual relationships.

Analysis from the LGA identifies sexual health services as continuing to be one of public health's 'Best Buys' in terms of return on investment, given both the direct sexual health benefits and wider associated general health and mental wellbeing that these services deliver[2]

There are a number of population groups at higher risk of poorer sexual health outcomes, for whom access to free, open access and confidential sexual health provision is a vital part of reducing associated health inequalities. These include:

- Gay, bisexual and other men who have sex with men (GBMSM). GBMSM experience disproportionately high rates of STIs. In 2022, around one in five new STIs amongst Havering residents were among GBMSM, with a particularly high burden of gonorrhoea and syphilis within this cohort (of cases where sexual orientation was disclosed). This reflects a continued upward trend in the number of STI diagnoses amongst the GBMSM population across Havering and BHR.
- Young people – people aged 15-24 years accounted for more than 40% of all new STI diagnoses amongst Havering residents diagnosed in sexual health services in 2022. Young people also experience high rates of STI reinfection within 12 months of a previous STI diagnosis.
- Ethnic groups – in 2022, Havering residents from black, mixed and other ethnic backgrounds had higher rates of new STI diagnoses compared to those of white ethnicity. People from black African ethnicities are disproportionately impacted by HIV, accounting for nearly half of people living with HIV across Havering in 2022.
- Deprived populations – Those living in the most deprived areas tend to have STI diagnoses rates higher than those living in the least deprived.
- People involved in sex work, experiencing domestic violence or sexual exploitation are at acute risk sexual harm and adverse outcomes, as well as being more likely to concurrently face other forms or inequality and harm.

[2] [2] Breaking point: Securing the future of sexual health services | Local Government Association

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 STIs and testing and diagnosis HIV. If the contract extension is not granted and access to the provision disrupted, there is a risk of harm to people who cannot access necessary services in the local area. A 1+1 -year extension would mitigate the threat of potential loss of service and ensure continuation of essential service for local residents and visitors to BHR.

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.

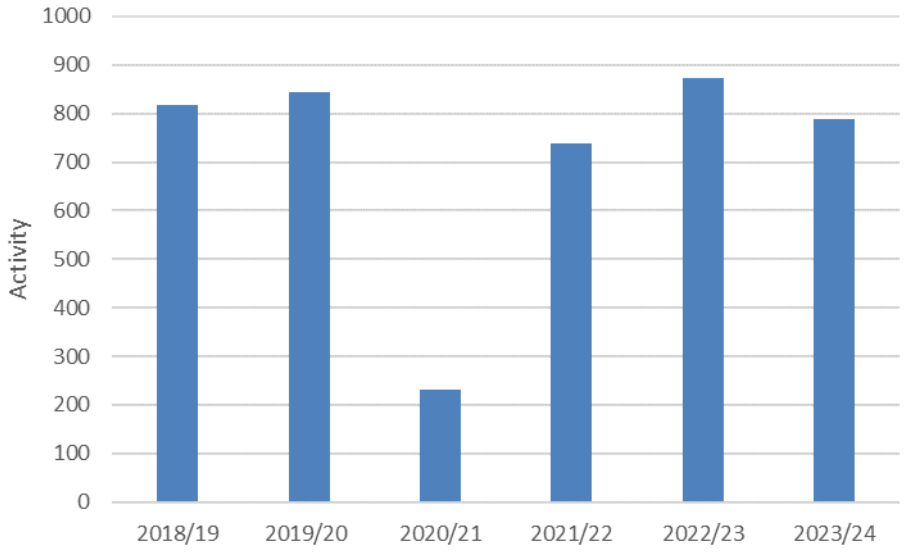
BACKGROUND PAPERS

Appendix 1: BHRUT ISHS Performance Summary for Havering

Long-Acting Reversible Contraception (LARC) uptake

The proportion of women in Havering choosing to use the most effective forms LARC continue to rise, with activity exceeding pre pandemic levels at the early stages of 2023-24. A drop in performance in the summer months of 2023 is linked with a number of strikes (junior doctors and NHS consultants) which impacted clinic accessibility, and year end performance figures.

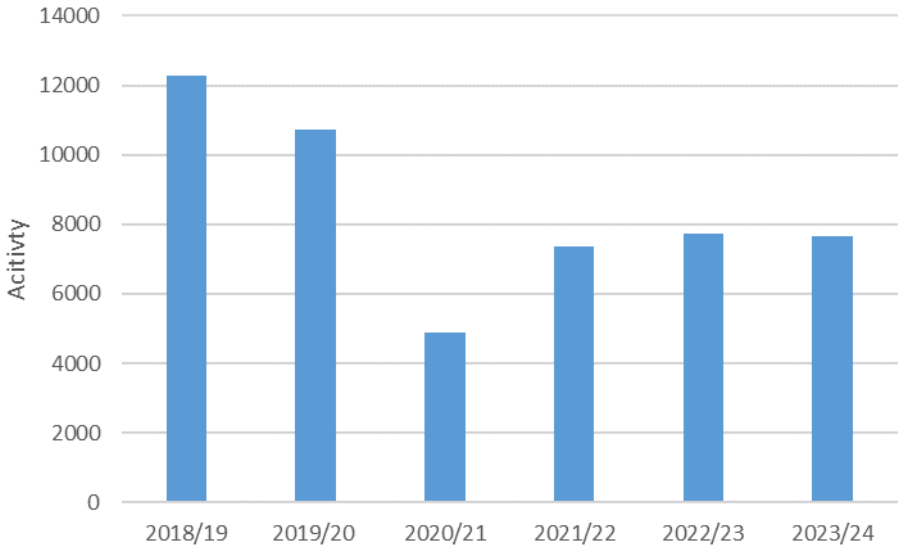
Figure 1: Annual LARC uptake amongst Havering residents (April 2018 – March 2023)



STI testing rates

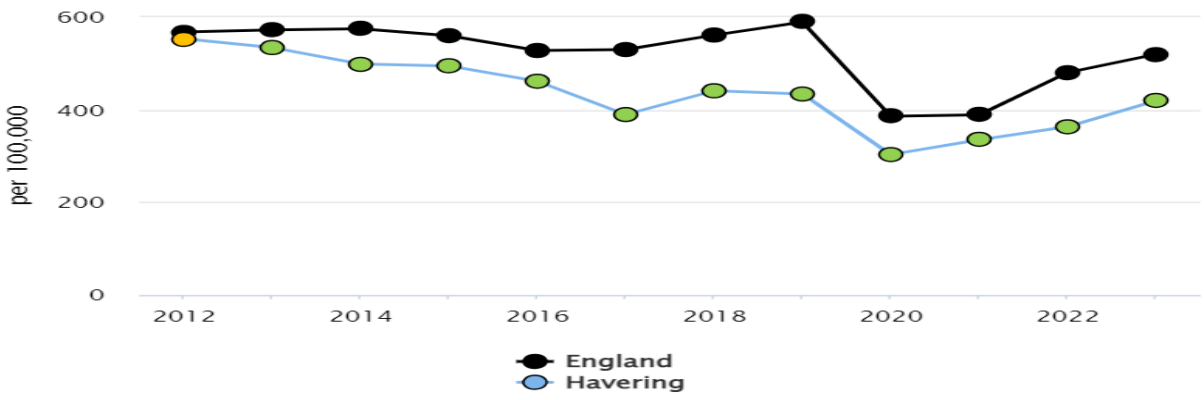
STI screening rates Havering have improved significantly since 2020/21 and have remained high. Currently, in-clinic testing activity reached approximately 65-70% of pre-pandemic levels, what is considered as satisfactory performance due to channel shift which took place after introduction of the Sexual Health London online testing programme.

Figure 2: Annual STI screening rate for Havering (April 2018 – March 2023)



Furthermore, the rate of new STI diagnoses increased in line with testing, suggesting that BHRUT responded well to the increasing STI trends nationally, and were screening the right patients.

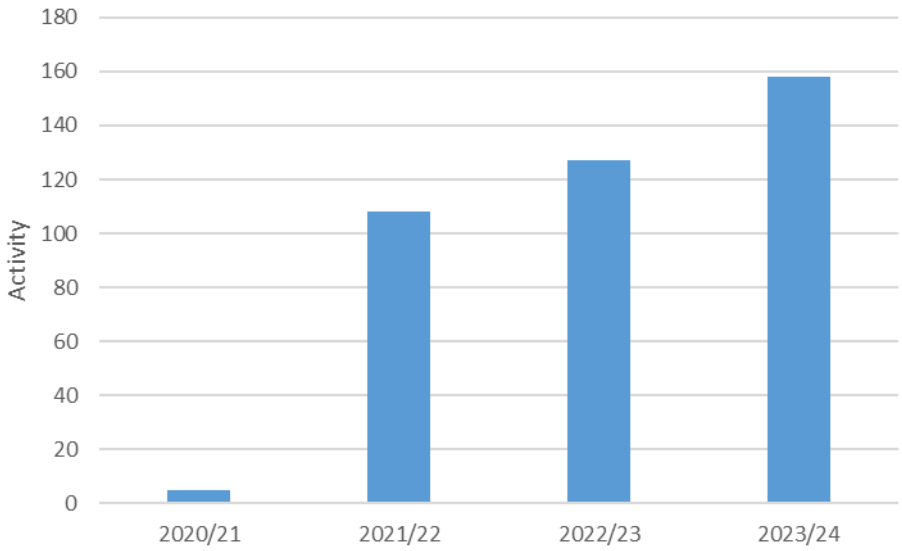
Figure 3: New STI diagnosis (excluding Chlamydia under 25) in Havering and England per 100,000 residents



Access to Pre-exposure prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) is a drug to prevent HIV. It is currently offered via specialist sexual health services to patients at increased risk of HIV infection. Uptake of PrEP at BHRUT was initially slow, but performance improved steadily following a focused piece of work that was rooted in increasing understanding and awareness of PrEP among high risk residents.

Figure 4: PrEP uptake over time in Havering



HIV prevalence

Rates of new HIV diagnoses across BHR continue to be below the London average.; The latest data for 2022 suggests a decline in diagnoses in Havering, in part linked to the introduction of PrEP. There is expected to be further increases in the HIV diagnosis rate as a result of the implementation of an opt-out HIV testing programme across A&E departments in 2023, which is likely to identify more HIV cases among individuals who would not otherwise access testing through traditional routes (i.e. via sexual health services).

Figure 5 : Havering New HIV Diagnosis rate per 100,000 (2018-2022)

Cabinet, 14 August 2024