London Sexual Health Transformation Programme

Report: End of Year Report for 2015/16

Date: 16th March 2016

From: Dr Andrew Howe, Programme Director

To: LSHT Programme Board

Introduction

This report covers the work done in 2015/16 to achieve the aims of the London Sexual Health Transformation Programme: better public health outcomes for patients and service users.

The programme seeks to deliver this outcome by developing

- a common framework or service model of pathways, quality standards, expectations’ setting;
- harmonisation and standardisation where appropriate at a London level and better integration and joining up across sexual health services in the Capital;
- rationalisation and efficiency, including new approaches to demand and cost management

Case for Change

The LSHTP was established to deliver a new collaborative commissioning model for sexual health GUM services. It aims to deliver measurably improved and cost effective public health outcomes. London Councils currently spend in excess of £100m per annum on GUM services. The ongoing increases in the size of the population, London’s demographic profile and the trend of increasing rates of sexually transmitted diseases (STIs) has meant that expenditure on these services has increased year on year. The project was set up to lead the transformation of the service model to meet demand, improve public health outcomes, ensure services are sustainable and deliver better value.

This programme has sought to establish improved service models, through the use of technology and contract specifications to better address current and future service demands and reduce the incidence of STIs, HIV and teenage pregnancies. Based on activity pattern over recent years we expect that demand for services will continue to grow at a pace between 4% - 8% per annum.

Current Situation

At the end of March 2016, the London Sexual Health Transformation Programme (LSHTP) is progressing at pace with 21 boroughs (Barnet, Brent, Camden, Ealing, Enfield, Hackney, Hammersmith & Fulham, Haringey, Harrow, Havering, Islington, Kensington & Chelsea, Kingston, Merton, Newham, Redbridge, Richmond, Tower Hamlets, Waltham Forest, Wandsworth and Westminster) and City of London involved in plans to procure e-services for sexual health. These
collaborating boroughs have agreed a new model of service for London and are on track to have procured an e-service for asymptomatic patients to commence in April 2017.

A collaborative approach involving 31 boroughs and City of London to contract with providers has resulted in significant cost containment in the face of increasing activity and is working to develop and implement a more robust approach to tariffs and pricing. This, accompanied by redesign of local service delivery and a collaborative approach to managing system capacity, will ensure that boroughs can continue to meet their statutory duties to deliver open access sexual health services in a way that is cost effective and sustainable in light of continued pressures on Local Government funding.

**Detailed Work Carried out in 2015/2016**

The LSHTP has worked throughout 15/16 to develop the future vision for sexual health services in London and build the consensus for the changes needed among both commissioners and wider stakeholders. The nature of this type of complex, multi-organisation change process requires intensive engagement to build consensus and trust.

Intensive work has been undertaken in 15/16. This has included:

**Market engagement**

- A PIN notice was issued in March 2015. Responses from 23 organisations were received in April 2015. These were evaluated and all programme leads with commissioners undertook follow up meetings and telephone calls with all the providers. This activity was undertaken during May – August 2015.
- A second PIN was issued in January 2016 to specifically test out the proposals for e-services with potential providers. 19 responses were received and have been assessed with dates identified for follow up meetings with providers in April 2016. This will enable us to finalise specifications being clear about the strengths and limitations of the current market to deliver the vision.

**Clinical workforce engagement**

- Significant engagement work was undertaken with the clinical workforce in London. This includes 3 half day events attended by all providers and 8 focus groups to explore key issues in further detail. These focus groups covered primary care, clinical governance, self-care, role of technology, partner notification and service integration
- Formal and informal briefings with Public Health England, NHS England, the British Association for Sexual Health and HIV, the Faculty of Sexual and Reproductive Health and the Association of Health Advisors. This engagement has resulted in all of these organisations agreeing to be represented on the Clinical work group which oversees the development of service specifications.

**Patient and public engagement**

- A waiting room survey was undertaken with patients in 10 GUM services covering services across both inner and outer London. There were approximately 1,500 respondents to this survey which was analysed and results shared on a commissioner and provider basis with all collaborating councils.
- To further explore issues that were identified by the waiting room survey, 4 targeted focus groups were organised and delivered with BME and MSM groups
A survey monkey questionnaire is currently open seeking views from patients and residents in London on the future shape of sexual health services.

Focus groups are planned in March with users of self sampling services to support deeper understanding of the profile of patients who find this form of service acceptable and to support the development of the service specifications.

**Support to local commissioners**

- Data packs showing patient flows per borough were updated and provided to each council covering 2012, 2013 and 2014 data.
- Development of a draft business case for the procurement of the proposed new model, financial case and procurement strategy. This will be finalised following the outcomes of ongoing work on pricing and capacity.
- Development of template papers for internal approval processes.

**Extending the reach of the programme**

- 22 councils were involved at April 2015. Intensive work was undertaken with non-collaborating boroughs to bring them on board with the result that 29 councils were on board by January 2016.
- There has been a lot of ‘behind the scenes’ work to develop the relationships within sub regions and ensure there is consistency across sub regional approaches and plans.

**Communications and wider stakeholder engagement**

- Monthly briefings have been circulated to all stakeholders since October 2015.
- LSHTP team members have briefed and met with a wide range of people and organisations at national level to ensure all views are taken on board and to develop wide support for the work of the programme. Examples of the type of support secured include securing a secondment from PHE to assist with specification development.
- Regular briefings across all parts of the system including the Chief Executives London Councils group and its health sub group, the Society of London Treasurers, council finance and procurement leads.
- A briefing for members has been delivered via London Councils on 8th March 2016.

**Collaborative commissioning**

- Support to the collaborative group chaired by Jonathan O’Sullivan that has managed the tariff negotiation work in 15/16.
- Absorption of the work on Integrated Sexual Health Tariff into the ToR for the LSHTP and the associated work to validate and audit the analysis. This work will make recommendations on pricing strategy in April 2016.

**Specification development**

- Specifications for e-services and integrated clinic services are under development and expect to be completed by 31st March 2016.

**Legal advice**

- Senior counsel advice has been secured on issues such as open access, cross payments, ability of councils to decommission NHS providers and advise on engagement and consultation requirements to undertake the level of change proposed.
- A mini tender exercise was undertaken and Sharpe Prichard appointed to advise on the e-services procurement and support development of common documentation for sub regional procurements.
Preparing for procurements

- Preparations are underway for the London Wide procurement of e-services and it is anticipated that most of this work will be completed by end of March allowing a procurement to commence in May 2016 (pending securing relevant Council approvals to proceed)
- In tandem, preparations are underway to develop documentation sets for sub regional procurements of clinic services. These will be available for sub regions by end of March. While sub regions will undertake their own procurements it is hoped that having available common documentation will ensure consistency across London and save on transactional costs for both commissioners and providers.

Additional Related Outcomes of the LSHTP to date

In addition to the activities and outputs detailed above it is important to note the significance of the work of the LSHTP in demonstrating the ability of councils in London to work together in a mature and coherent way to manage the system. The collaborative commissioning and negotiation approach has been very successful in ensuring that councils take a consistent line with NHS providers and has ensured stability in the system and helped with managing cost pressures over the last 3 years. This has involved a lot of participation and engagement with difficult issues and credit is due to the commissioning and public health staff in all the participating councils for their commitment to this approach.

By adopting a common negotiation strategy across London, unit prices for activity have been actively managed down year on year since 13/14. In addition, marginal rates for activity above agreed baselines have been agreed with most providers ensuring that risk from unexpected in-year increases in activity is shared with providers. However, the ongoing increases in activity mean that for most boroughs, the impact of this work on prices has been to contain cost rather than delivering cash releasing savings. The commissioners have experienced push back to this approach from providers who have given a clear message that transformation of the service model is needed to continue to contain cost and / or release savings.

To transform the system as required, it is essential that councils act together as changes in one part of the system may not be effective if other parts of the system continue to operate on the current service model. Changes introduced in an area seeking to contain capacity and costs will be meaningless if other parts of the capital do not change services as the open access natures of the provision means that patients can simply choose to attend services elsewhere. This means that boroughs cost savings plans are at risk unless they are agreed with each other. In addition, areas that do not reconfigure their services are at risk of seeing increased flows into their local services resulting in reduced access for their residents.

It should be noted that the system in its current form is not financially sustainable and an approach where councils continue to reduce the funding without active engagement in the redesign risks significant disruption as some providers may close clinics or even withdraw from the market in an unmanaged way.

In addition, a system whereby individual councils are all engaging individually with multiple providers creates significant transaction costs for both councils and sexual health service providers.

It is essential therefore that the councils continue to drive forward the changes they have jointly developed. 16/17 will be a critical year for procuring providers who will partner effectively with us to deliver these changes.
Conclusion:

The LSHTP Board is asked to note this report. A financial statement setting out expenditure on the programme in 15/16 will be presented to the April 2016 Board meeting along with the budget for the programme in 2016/17.
Appendix One

Significant work has been carried out for the programme by a number of individuals and organisations not overtly reflected in the programme budget or accounts. However, without their contributions it would not have been possible to progress the work or continue to drive the pan London changes required to transform services.

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<tr>
<th>In Kind Support</th>
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<tbody>
<tr>
<td><strong>Camden Council:</strong></td>
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<tr>
<td>• Procurement team (including procurement of pan-London services eg PN, self-test, electronic services)</td>
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<td>• CEO leadership</td>
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<td>• Lead Public Health Consultant to a number of workstreams including capacity modelling and tariff development</td>
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<td>• Meeting venues</td>
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<td><strong>Harrow &amp; Barnet Councils:</strong></td>
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<tr>
<td>• Programme Management – Programme Director and Business Support</td>
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<td>• Finance support to development of the pricing model</td>
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<td><strong>Lambeth Council:</strong></td>
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<tr>
<td>• Development of the electronic services specification</td>
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<td>• Support to development of the core common service specification</td>
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<td><strong>Hackney &amp; City Councils:</strong></td>
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<td>• DPH leadership of the clinical working group</td>
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<td><strong>Brent Council:</strong></td>
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<td>• DPH leadership of the Risk Register</td>
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<td>• DPH deputy chair of clinical working group and provision of clinical input to implementation group</td>
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<td><strong>Enfield Council:</strong></td>
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<td>• Finance Director leadership of the implementation group</td>
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<td><strong>Public Health England:</strong></td>
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<td>• Specification development (including expertise to develop the pan-London specification and a suite of templates guiding specifications for the sub-regions)</td>
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<td>• Data analysis support</td>
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<td>• Stakeholder management</td>
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