

Report for: Cabinet - 9th February 2021

Title: Variation of Contract under Contract Standing Order (CSO) 10.02.1b) with Central North West London NHS Foundation Trust (CNWL) for the contracts for lots 1a - Genito-Urinary Medicine (GUM) services and routine Pre Exposure Prophylaxis (PrEP) commissioning.

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Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

- 1.1 This report is seeking approval from cabinet to approve a number of changes required within the North Central London (NCL) sexual health contract awarded to Central North West London NHS Foundation Trust (herewith known as CNWL) that covers not only Haringey but also the other NCL boroughs (Barnet, Camden & Islington) and wider London partners, as part of ongoing service development, response to the impact of COVID on service provision and other service changes including responsibilities to deliver PrEP for the prevention of HIV.

What is Pre-exposure prophylaxis (or PrEP)?

Pre-exposure prophylaxis (or PrEP) is a way for people who do not have HIV but who are at very high risk of getting HIV to prevent HIV infection by taking a pill every day. When someone is exposed to HIV through sex or injection drug use, these medicines (called PrEP) can work to keep the virus from establishing a permanent infection. London is committed to ending new HIV infections by 2030 as part of the Fast Track Cities initiative, with the capital seeing significant reductions in new HIV infections since 2015.

The addition of PrEP to the prevention of HIV diagnosis as proven to be highly effective in reducing HIV infection risk and is a key component in driving down new infections alongside other interventions in high risk groups, and should support further progress in ending new infections in London.

- 1.2 The contract variation covers the following:

- 1.1.2 Introduction of revised service activity for the Rest of London (RoL) for 2019/20 & 2020/21 provided by CNWL to their residents.
- 1.1.3 The implementation of an addendum to the NCL-CNWL sexual health service specification in regards to commissioning responsibilities of PrEP.
- 1.1.4 A change to the level of service provided at the Barnet clinic which is moving from tier 2 to tier 3 (supporting people with complex needs) and some one-off investment spend from Barnet to support local patient access for other vulnerable groups in the borough.
- 1.1.5 The implementation of new and changed tariffs for sexual and reproductive services delivered across London.
- 1.1.6 One off investment to CNWL from LB Camden and Islington for specific localised sexual & reproductive health initiatives.

Please note: 'currency' denotes the list of sexually transmitted infection (STI) and sexual reproductive health (SRH) provision offered by the service. 'Tariff' is the cost allocated to each currency intervention

2. Cabinet Member Introduction

- 2.1 The mandated requirement that sexual and reproductive health services are open access, means residents can visit any clinic in London with payment cross charged to their home local authority. Most Haringey residents access services in North Central London (NCL) followed by Central and South East London. On becoming responsible for these services in 2014 London local authorities came together to form a strategic alliance which would unify the services offered and the price paid. Camden, Islington, Barnet and Haringey public health commissioners then worked together and procured the NCL sexual and reproductive health service for which Central North West London NHS Trust was the successful bidder. It is a great achievement that all London services now work to a similar specification and common pricing tariff.
- 2.2 The new NCL services has been very successful with over 18,000 Haringey residents accessing the service since launching in 2017. Residents benefit from the local authorities pooling their funds and expertise to have a modern, well-staffed service. Haringey has realised savings, some of which have been reinvested in more local services like our Healthy Living Pharmacy (HLP) programme, dedicated young people sexual health testing, treatment and women's contraceptive services and dedicated community based outreach sexual health promotion STI and HIV testing aimed at engaging with and supporting residents from groups and communities most impacted by sexual ill health.

This paper outlines some marginal changes that need to be added to the NCL contract. These changes reflect local, London and national agreements since the contract was agreed.

2.3 The transfer from NHS to local authorities of routine Pre Exposure Prophylaxis (PrEP) as a standard treatment commissioned by local authorities is also welcomed. As local Authorities are best placed to ensure equity of access and this fits well with Haringey's strategy to reduce late diagnosis of HIV and London's ambition to end new infections in the capital by 2030.

3. Recommendations

3.1 For the cabinet to approve the contract variation to the Central and North West NHS Trust contract for lots 1a - Genito-Urinary Medicine (GUM) services to enable the following contract variations to be implemented;

3.1.2 Introduction of new activity baseline for Rest of London (RoL) for 2020/21

3.1.3 As set out in paragraphs 6.5.1 and 6.5.2, to agree the annual lump sum payment of £218,402 to Haringey council for routine PrEP commissioning.

3.1.4 A change to service level at the Barnet clinic and some one-off investment spend to support patient access.

3.1.5 Implementation of new and changed tariffs for sexual and reproductive services delivered across London.

3.1.6 One off investment in 2019/20 to CNWL by London Boroughs of Camden and Islington for localised sexual & reproductive health initiatives.

4. Reasons for decision

4.1 The contract variation required in this report is specific to Lot 1a and forms the wider variation to the service contract which covers the need to revise CNWL baseline activities for RoL, implement new and changed tariffs, align the contract to financial years which was discussed and agreed by NCL commissioners and CNWL and make provision for the funding of PreP service via local authorities.

4.2 The NCL Integrated Sexual Health (NCLISH) services are provided by Central and North West London NHS Foundation Trust (CNWL).
The Haringey lot 1a - Genito-Urinary Medicine (GUM) contract for clinic based services commenced on 3 July 2017, in partnership with Barnet, Camden & Islington for a period of five (5) years (with an option to extend for a further 3 years on contract extensions of one (1) year each). For Haringey, the initial 5-year contract term is estimated to cost £7,963,771 million. Adding the option to extend the contract for 3 further periods of one year each at an estimated cost of £1,608,073 million for each of these years brings the maximum total estimated cost of the contract to £12,787,991 million.

4.3 Pre Exposure Prophylaxis (PreP) funding allocation has been approved and was transferred to Local Authorities October 2020. For Haringey, the annual value will be £218,402.

5. **Alternative options considered**

5.1 This is a mandated open access service. Service transformation has already realised significant savings and transferred the previous sexual health services into an integrated system across the NCL sector. This is an activity and tariff based contract, and therefore charges are ultimately based on levels of activity. Due to the complex nature of the cross charging arrangements, this service is part of the London Sexual Health Programme (LSHP).

5.2 The Memorandum of Understanding (MOU) for the LSHP strategic board sets out that partners agree to a number of areas of working together “collaboratively regarding the Integrated Sexual Health Tariff (ISHT). As part of the LSHP, it is required that services use a standardised contract format agreed by all Boroughs as part of the governance of the transformation. This ensures that all the clinics are governed under a similar set of terms and conditions, as a result, any changes made to the contract need to be made in agreement with colleagues across London, in accordance to the contract clause.

6. **Background information**

6.1 The North Central London (NCL), sexual health partnership, which Central North West London (CNWL) NHS Foundation Trust was awarded the contract to deliver, was launched in 2017 for a period of 5 years with an option to extend for a further 3 years (on a year by year basis). Islington Council led the procurement with a team of commissioners, this included attendance at all meetings by Haringey’s Senior Commissioner of Sexual health. The tender procedure adopted was the competitive procedure with negotiation completed as a one-stage tender.

The original contract was tendered in OJEU in accordance with the Public Contracts Regulations 2015”?

6.2 **Update to CNWL Integrated Sexual Health Tariff baseline:**

6.2.1 This was a large and complex procurement taking place at a time when local authorities had not long taken over the commissioning responsibility for sexual health services. While they remain mandatory services, they were previously commissioned via NHS terms and conditions and not subjected to financial scrutiny or commissioned based on need or competition. The original activity baselines used for the NCL procurement process were best estimates at that time and developed and modelled in partnership with other commissioners, with channel shift applied over the first three years of the transformation of these services.

- 6.2.2 Three years on and after an extended implementation period due to complex HR and consultation and TUPE process, it is now apparent that the activity pathways and patient movement between clinics has now settled enough to review trends and activity across our providers. As with the ISHT, the contract allows for baselines to be reviewed and adjusted and for providers to make representation to commissioners to consider revising baselines based on previous financial year.
- 6.2.3 Whilst monitoring the provider's performance over this time and in negotiation with the provider it has become clear that there has been a lot of patient movement since sexual health clinics in London all completed procurement processes. Activity has increased in regards to long acting reversible contraception (LARC) while STI diagnosis and treatment has also risen for certain boroughs. During this time CNWL have also been involved in the PrEP Impact trial commissioned by NHS England, which has undoubtable been one of the reasons for the increased activity seen by some of our partners. While asymptomatic patients have been encouraged to use the online STI services; Sexual Health London (SHL), some of the tariffs that are identified as suitable for channel shifting unto the online STI service, will have taken place in clinic due to the trial.
- 6.2.4 As part of the financial risk to activity that is over the agreed baseline for each commissioner and in-light of the movement and increased STI activity for some boroughs (particularly due to the PrEP impact trial) CNWL are exposed to large rebates. This is at the same time that the provider has made representation to commissioners in regards to a financial deficit caused through an increase in staff costs due to NHS pay increase and pension contributions and staffing costs over what they had costed in their bid, due to complex HR negotiations around Doctors contracts and NHS redundancy costs. This has resulted in the service costing more to run than they had modelled against the activity. While some of these costs will reduce over time, there is still a risk that the provider could become unstable in the interim period. It should also be noted that through the competitive dialogue used for the procurement, CNWL has one of the leanest tariffs across London
- 6.2.5 Due to all the above and in agreement with London colleagues, the NCL commissioners have now reached an agreement with our CNWL Directors to adjust the activity baselines for the contract and model it on activity outturn of Nov 18 – Oct 19 for the Rest of London (RoL). In doing this some commissioners in London will forfeit their marginal rate clawback in return for not paying CNWL six months of the new and adjusted tariffs that were implemented in 2019/20
- 6.3 Having a clear and transparent baseline agreement with all parties will now allow for robust monitoring of channel shift, activity trends and patient access. Priority will now focus on ensuring CNWL are able to deliver a sustainable model within the contract envelope and managing the potential increase in complex activity being experienced through the allocation of PreP provision now transferring to local authorities.

6.4 New and Changed Tariffs

- 6.4.1 New and changed tariffs were agreed across London in partnership with the clinical advisory board (CAG) which forms part of the strategic body of the LSHP. These new and revised tariffs take into consideration new sexually transmitted infection testing and treatment which were not previously allocated a tariff, in addition, existing tariffs have also been reviewed and merged to streamline the currency list and provide better value for commissioners.

Please note: 'currency' denotes the list of sexually transmitted infection (STI) and sexual reproductive health (SRH) provision offered. 'Tariff' is the cost allocated to each currency intervention.

6.5 Commissioning of routine Pre-Exposure Prophylaxis (PrEP)

- 6.5.1 Local authorities in England were made aware by the Secretary of State's announcement in December 2019 on his expectation/commitment that PrEP will be routinely commissioned by local authorities in England in 2020-21 financial year. In anticipation of the transfer of resources for routine commissioning of PrEP, London commissioners were encouraged to commence preparations within their local authority and with local sexual health providers on the steps needed for implementing routine commissioning of PrEP, as an addition to existing specialist sexual health service contracts.
- 6.5.2 In October 2020 PHE transferred routine PrEP funding to local authorities on behalf of DHSC. For Haringey the funding allocated is £218,402k in the form of a grant to be paid by lump sum to the council each year.
- 6.5.3 In order to implement access to PrEP, the North Central London integrated sexual health service (NCL ISHT) which Haringey council is a partner, requires a contract variation to enable the service to take place for the duration of the remaining contract term (inclusive of extension periods) of the NCL-CNWL ISHT contract. While our providers are well placed to roll this additional activity out immediately, (as a result of being part of the NHSE impact trial) much work is still taking place at a national level to enable routine commissioning to commence as quickly as possible.
- 6.5.4 Access to PrEP for Haringey and wider NCL residents was launched in October 2020, with commissioners keen to implement a 'soft' awareness campaign to manage any significant increase in patient demand which may impact on grant allocation. However, the continued impact of Covid 19 on services has meant uptake has been lower than expected. NCL commissioners are working with CNWL to explore and implement various approaches to raise awareness and improve uptake from underrepresented groups i.e. women & BaME.

7 Contribution to strategic outcomes

This service is linked to the Borough Plan, in particular People Outcomes 7:

Objective: 'All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities;

Objective (A) 'Healthy life expectancy will increase across the borough, improving outcomes for all communities'.

And

Objective (c) Adults will feel physically and mentally healthy and well.

8 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

9. Finance

- 9.1 The report seeks to vary the contract for Genito-Urinary Medicine Service and routine Pre-Exposure Prophylaxis Commissioning to Central North West London NHS Foundation Trust.
- 9.2 Funding for the entire contract is from the ringfenced Public Health grant. In 2020-21, sufficient grant funding has been approved and allocated to for the above stated contract.
- 9.3 The variation to the contract has no adverse financial effect on the council.

10 Procurement

- 10.1 The contract to CNWL was let following a compliant joint procurement process led by the London Borough of Islington under Schedule 3 of the Public Contracts Regulations 2015 ('the Regulations')
- 10.2 This request for a contract variation is permitted both under Contract Standing Orders (10.02) and the Procurement Code of Practice.
- 10.3 CNWL has been providing a good service which has successfully treated well over 18,000 Haringey residents and will continue to ensure the borough's residents most at risk are sexually safe, as well as, preventing new HIV infections.

11 Legal

- 11.1 The Head of Legal and Governance (Monitoring Officer) has been consulted in the preparation of the report.
- 11.2 The contract is subject to the Light Touch Regime as set out in Regulations 74 to 76 of the Public Contracts Regulations 2015 (PCR 2015) and which apply to health, education and social services which are considered to have less cross border interest than other services.
- 11.3 The original procurement was carried out by a group of local authorities lead by the London Borough of Islington. The contract was advertised in OJEU in accordance with the PCR 2015 and awarded to CNWL.

- 11.4 The Cabinet has power to vary the contract under CSO 10.02.1 (b) (variations valued at above £500,000).
- 11.5 The variation is a Key Decision (as allowed for under CSO 9.07.1 (e) and, as such, must comply with the Council's governance processes pertaining to Key Decisions including publication of the contract in the Forward Plan.
- 11.6 The Head of Legal & Governance (Monitoring Officer) sees no legal reason preventing Members from approving the recommendations in this report.

12 **Equality**

The Council has a public sector equality duty under the Equality Act 2010 to have due regard to the need to:

- Eliminate discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

- 12.1 The proposed decision is to approve a contract variation to the North Central London (NCL) - Central North West London NHS Foundation Trust (herewith known as CNWL) sexual health contract. The decision concerns variations to ongoing service development, response to the impact of COVID on service provision and other service changes including responsibilities to deliver PrEP for the prevention of HIV.
- 12.2 The proposed decision will implement access to PrEP. The North Central London integrated sexual health service (NCL ISHT) which Haringey Council is a partner, requires a contract variation to enable the service to take place for the duration of the remaining contract term (inclusive of extension periods) of the NCL- CNWL ISHT contract.
- 12.3 Haringey has a strategic vision to reduce HIV infections aligned with the Mayor's aim for zero new HIV infections in London by 2030. In Haringey over the past 7 years we have made significant strides in reducing STI rates and HIV prevalence.
- Our number of new HIV diagnosis per year has dropped from 112 people in 2014 to 47 in 2018.
 - Our HIV prevalence rate has reduced from 7.1 per 1000 population in 2014 to 6.6 per 1,000 population aged 15-59 years in 2018) whilst our HIV late diagnosis which is a Public Health Outcomes Measure indicator (PHOF) has reduced from 50% of people diagnosed late with HIV to 43% in 2018.

- Haringey also has the largest cohort of Healthy Living Pharmacies in London located in areas of high STI/HIV prevalence in the borough, which provide a broad range of sexual health services alongside dual HIV/Syphilis point of care testing which is also offered by Embrace UK in targeted outreach work.
- 1,365 residents in Haringey received HIV-related care: 980 males and 390 females. This represents a 3% change from 2014 to 2018. Among these, 43% were white, 7% black African and 33% black Caribbean. With regards to exposure, 48% probably acquired their infection through sex between men and 45% through sex between men and women.

12.4 Implementation of PrEP will effect HIV negative individuals who are at high risk of contracting HIV, including:

- Men who have sex with men (MSM);
- Trans men and trans women;
- HIV-negative people who have HIV positive partners that are not on effective treatment
- Heterosexual people who are considered to be at high risk of HIV acquisition
- People who inject drugs
- People who report sex work or transactional sex
- BAME communities

12.4 Data from the National Aids Trust¹ shows that of the 4,139 new diagnoses in 2019, 79% were due to sexual transmission. The largest proportion of new diagnoses were due to sex between men (41.1%) followed by heterosexual sex (37.7%). 72.5% of those diagnosed were male, 27.5% were female. 47.5% of those diagnosed were white, and 18.4% were Black African. (9.3%) of new diagnoses were among people with 'Other/mixed' ethnicity, 253 (6.1%) were among Asian people, 83 (2%) were among Black Caribbean people and 78 (1.9%) were among Black Other. 2,814 (68%) of people newly diagnosed with HIV in 2019 were aged between 25 and 49. Gay men, BAME people and younger people are overrepresented in new diagnoses as a portion of the population. PrEP therefore has an important part to play in improving health outcomes for individuals with protected characteristics who are deemed high risk of HIV infection.

12.5 In 2017, the PrEP impact trial was launched across England with the aim of improving efforts to reduce the estimated 4,700 incidents of HIV infections occurring annually in England. The trial ended in October 2020. 26,000 participants took part in the PrEP IMPACT trial with approximately 15,000 of these being clinics within London. The outcome of the 3 year trial showed that PrEP could be highly effective at reducing HIV acquisition, showing up to 85% efficacy. Data from the early stages of the PrEP IMPACT Trial indicated possible inequalities in PrEP uptake in a level 3 SHC setting. Younger MSM, black African men and women, and heterosexual men and women eligible for PrEP were found to be less likely to engage with the trial (and possibly SHCs)

¹ <https://www.nat.org.uk/about-hiv/hiv-statistics>

and therefore less likely to access PrEP, despite elevated risk for HIV.² This indicates that to achieve equity in access to PrEP, it will be necessary to consider how methods of communication, design and delivery can ensure uptake and retention, with sufficient gateways into PrEP for relevant individuals.

- 12.6 At the time of awarding the NCL contract to CNWL, a full EQIA was completed in 2016. The EQIA highlighted inequalities and issues concerning sexual health and access to GUM and Sexual Health Reproductive Services. The EQIA identified actions to tackle sexual health inequalities which were factored into the method statement response required by bidders and incorporated into the performance management of the successful bidder's contract to ensure effective monitoring of service user experience in order to effectively address and tackle future sexual health inequalities and marginalisation of vulnerable groups and communities. The EQIA did not concern PrEP as at the time of commissioning the NCL-CNWL level 3 GUM service, the PrEP IMPACT Trial had not yet begun, nor was there indication that responsibility for PrEP would be transferred to local authorities. The lack of data currently available to local authorities with regards to the Prep IMPACT Trial makes it challenging to assess the impacts on protected groups.
- 12.7 In Haringey, our aim will be to develop local as well as sub-regional (with our North Central London partners), strategies and initiatives focused at engaging with protected groups deemed at high risk of HIV infection. As we commission our level 3 sexual health services as part of a sub-regional partnership, we will work with our NCL commissioning partners to explore the viability of developing a joint EQIA which will ensure a standardised and consistent approach to proactively engaging with all protected groups to maximise uptake.
- 12.8 In Haringey, we will seek to achieve equity by developing effective communication channels utilising local community organisations and groups alongside conventional communication methods such as posters, targeted digital campaigns and the use of social media platforms to help to improve awareness of PrEP and importantly increase recruitment from protected individuals.
- 12.9 As rollout of the programme takes shape in Haringey and NCL, we will work with our NCL commissioning partners and CNWL to monitor and review recruitment uptake from different protected groups. Where concerns around low uptake from specific protected groups are identified, we will work with CNWL to develop a local targeted approach with a view to increasing awareness. For example, by linking them with local services and/or organisations such as our BaME sexual health outreach and promotions provider Embrace UK, which is also a member of the 'One Voice Network (OVN)', a network that brings together various BaME organisations to promote HIV awareness in BaME communities.
- 12.10 Since local authorities are likely to be responsible for PrEP uptake long-term, we will engage and consult with groups/networks that work with individuals and communities from protected groups likely to be disproportionately impacted by PrEP rollout such as Haringey's LGBT+ Community Network, Connected

² [Commissioning HIV PrEP in England | Recommendations of the PrEP Commissioning Planning Group](#)

Communities, Embrace UK, BUBIC etc. to seek ideas and views on how to ensure consistent messaging around PrEP and improve recruitment.

In addition, alongside the clinical benefits, the range of services we commission locally which are community focused means Haringey is also well placed to promote and engage with residents to increase awareness and understanding of PrEP and improve uptake from all protected groups.

PrEP rollout is an important step towards reducing the number of new infections within Haringey and the wider NCL area. The decision will have positive benefits for individuals with protected characteristics who are deemed to be at-risk of becoming HIV positive. Data from the Prep IMPACT Trial is limited, but suggests proactive engagement is needed with protected groups to ensure the communication, design and delivery of services is equitable. The above sets out the steps the Council will take to mitigate risks of low, or uneven, take up of PrEP amongst at-risk protected individuals. The decision therefore seeks to improve advance equality of opportunity between those who have protected characteristics and those who do not.

13 Use of Appendices

None

14 Local Government (Access to Information) Act 1985

<https://www.minutes.haringey.gov.uk/documents/g8277/Printed%20minutes%2004th-Apr-2017%2009.30%20Cabinet%20Member%20Signing.pdf?T=1>

