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| TITLE: | Public Health - Reconfiguration of sexual health services | | | | | | |
| DIR: | ESCW | | | | | | |
| SERVICE: | PUBLIC HEALTH - ACUTE SEXUAL HEALTH SERVICES | | | | REF:CD/PH002/15-16 | | |
| TEAM: | PUBLIC HEALTH | | | | LEAD OFFICER: CHRIS LOVITT | | |
| SAVINGS OPPORTUNITY | BASE BUDGET £000 | Net Savings 15/16 £000 | Net Savings 16/17 £000 | Net Savings 17/18 £000 | Total Saving | THEMES: | Is an EA Req? |
| | 7,311 | 800 | | | 800 | Lean: Service Re-Design & Consolidation | Yes |
| FTE Reductions | | | | | | | |
| DETAILS OF SAVINGS OPPORTUNITY | | | | | | | |
| <p>Tower Hamlets has the 6th highest rates of acute sexual health infections (STIs) in England (up from 8th highest in 2011); 4932 acute STIs were diagnosed in 2012 (new figures due in October), a rate of 1926.5 per 100,000 residents (approx. 2.5 times higher than the England average). TH also has one of the lowest GP prescribed long acting reversible contraception rates in London. Two PHOF indicators (HIV late diagnosis and Chlamydia screening) relate to sexual health.</p> <p>The majority of STIs are treated in open access GUM services with 8 London providers accounting for approx. 90% of all TH GUM appointments using a tariff of approx. £170 for first appointments and £100 for second appointments. The savings will be made via four strategies:-</p> <ol style="list-style-type: none"> 1) Primary Prevention- reducing STIs infections especially amongst gay & bisexual men, at risk young people and people from specific BME groups (black ethnic origins) who have disproportionately high rates of infections through increased condom use and behaviour change 2) Secondary prevention- increasing effective treatments, reducing time to diagnosis by greatly increased targeted case finding, improving partner identification and confirmed treatment 3) System redesign through invest to save- shifting appropriate sexual health activity to Primary Care (Pharmacy & Primary Care) and community services (tier 2 contraceptive and sexual health services (CASH services) especially screening for STIs, increasing uptake and access to contraception (especially long acting reversible contraception). There was an approx. 30% increase in uptake of the sexual health local enhanced service in Primary Care in 2013/14 and the budget for activity has been increased by a further 30% for 2014/15. Cost per patient in Primary Care is approximately 50% less than those seen in GUM services. CASH services are currently being re-commissioned with a greater focus on prevention and provision of alcohol & drugs screening and increasing efficiency. 4) Reducing costs within GUM services- continued operation of cost containment through a) formal demand management strategy with providers b) application of a deflator c) marginal rate for increased activity d) application of a new London wide payment system for GUM services which pays for outcomes & activity undertaken rather than a flat rate for first appointment and follow up. The cost containment strategy will not impact adversely on any user group such as LGBT patients as access to the GUM services will remain open to those who have a strong preference to use GUM services. | | | | | | | |
| IMPLICATIONS TO CONSIDER | | | | | | | |
| (Summarise impact on services provided, service users and health outcomes. Outline any risks to achievement of the saving) | | | | | | | |
| <p>Sexual health and contraceptive services are mandated public health services which are currently under increased scrutiny by PHE and DH. Tower Hamlet's demographic change is increasing numbers of people in high sexual health need groups, notably young people and gay & bisexual men- these trends are continuing.</p> <p>It is important to recognise that we are not closing, or limiting services as anonymised GUM services will continue to be available to Tower Hamlets residents on an open access basis.</p> <p>However, if sexual health costs are not contained it means that other priorities for expenditure within the public health such as tobacco, alcohol, weight management, prevention in early years and school health services will need to be reduced.</p> <p>Through 15/16 we will be closely monitoring and reviewing spend on open access GUM services and will be maximising the use of commissioning levers (negotiation with providers) to keep costs down.</p> <p>All services in primary care, community sexual health services and acute GUM provides services regardless of sexual orientation</p> <p>In addition, due to the high prevalence of sexually transmitted infection and HIV in gay men, there is 300k of additional investment targeted particularly at this group around prevention as well as supporting people living with HIV. This investment is not being cut.</p> <p>The savings are based on seeking to stem the increasing demand on the acute GUM services through prevention and reconfiguration of services in the community. This will absolutely not affect access to open access services for any group, including LGBT. No-one will be turned away from the anonymous GUM services which will continue to be available on an open access basis and anyone who regards it as a vital personal preference, for example because they are anxious about disclosure of their gender or sexuality, would still have the right to present for testing or treatment there.</p> | | | | | | | |

| EQUALITIES SCREENING | | |
|--|---------------|---|
| TRIGGER QUESTIONS | YES/NO | IF YES - please provide further details on how this impacts on each equalities groups |
| Does the change reduce resources available to address inequality? | No | Inequalities in sexual health will be addressed through the four part strategy |
| Does the change reduce resources available to support vulnerable residents? | No | Vulnerable, high risk and groups with high sexual health need will continue to be encouraged to access GUM services |
| CHANGES TO A SERVICE | | |
| Does the change alter who is eligible for the service? | No | GUM services will continue to be open access and a demand management strategy agreed with the providers will encourage appropriate activity to be diverted to level 1 & 2 services. As stated above the cost containment strategy will not impact adversely on any user group such as LGBT patients as access to the GUM services will remain open to those who have a strong preference to use GUM services. |
| Does the change alter access to the service? | No | GUM services will continue to be open access but appropriate activity will be encouraged to be undertaken in level 1 & 2 services |
| Does the change involve revenue | No | Increased activity in Primary Care is already funded in 2014/15 budget and non |
| Does the change involve a reduction or | No | |
| Does the change affect who provides the service, i.e. outside organisations? | Yes | Greater local provision of services within Tower Hamlets will be encouraged |
| CHANGES TO STAFFING | | |
| Does the change involve a reduction in | No | |
| Does the change involve a redesign of the roles of staff? | | Yes- services are already adopting a more nurse, nurse consultant, self care and remote testing regimes. These will need to continue to modernise service provision. Primary Care will need additional training and support to deliver level 1 & 2 services |

Budget Savings Proposals Full Equality Analysis

Section 1: General Information

1a) Name of the savings proposal: Public Health - Reconfiguration of sexual health services

1b) Service area: ESCW Public Health

Section 2: Information about changes to services

2a) In brief please explain the savings proposals and the reasons for this change

Provision of sexual health services is one of the new mandatory public health services of the council. Tower Hamlets has the 6th highest rates of acute sexual health infections (STIs) in England (up from 8th highest in 2011); 4932 acute STIs were diagnosed in 2012) (1926.5 per 100,000 residents - 2.5 times higher than the England average). TH also has one of the lowest GP prescribed long acting reversible contraception rates in London. Two PHOF indicators (HIV late diagnosis and Chlamydia screening) relate to sexual health.

The majority of STIs are treated in open access GUM services with 8 London providers accounting for approx. 90% of all TH GUM appointments using a tariff of approx. £170 for first appointments and £100 for second appointments. Containing costs requires reducing demand through prevention and diverting patients away from more expensive hospital services to community services. The savings will be made via four strategies:-

- 1) Primary Prevention- reducing STIs infections especially amongst gay & bisexual men, at risk young people and people from specific BME groups (black ethnic origins) who have disproportionately high rates of infections through increased condom use and behaviour change
- 2) Secondary prevention- increasing effective treatments, reducing time to diagnosis by greatly increased targeted case finding, improving partner identification and confirmed treatment

3) System redesign through invest to save- shifting appropriate sexual health activity to Primary Care (Pharmacy & Primary Care) and community services (tier 2 contraceptive and sexual health services (CASH services)) especially screening for STIs, increasing uptake and access to contraception (more long acting reversible contraception). There was an approx. 30% increase in uptake of the sexual health local enhanced service in Primary Care in 2013/14 and the budget for activity has been increased by a further 30% for 2014/15. Cost per patient in Primary Care is approximately 50% less than those seen in GUM services. CASH services have been re-commissioned in 2014 with an increase in both activity and a greater focus on prevention. The new CASH services have had an increase in their cost effectiveness through the specification of alcohol & drugs screening as part of their contract.

4) Reducing costs within GUM services- continued operation of cost containment through a) formal demand management strategy with providers b) application of a deflator c) marginal rate for increased activity d) application in 2016 of a new London wide payment system for GUM services which pays for outcomes & activity undertaken rather than a flat rate for first appointment and follow up e) investigating new service provider models to assess suitability where increases in activity are being reported e.g. The newly opened Dean Street Express has increased activity amongst Tower Hamlets in the first three months of the 2014 financial year by 199%

The above measures will not be straightforward as they will need a range of levers and increases in activity has been running at an annual rate of approx. 10% for the last three years (33% increase in costs) and are likely to be opposed by the current GUM providers. Cost containment of sexual health issues is an issue across London; however Tower Hamlets has one of the highest predicted increases in activity due to population change. The integration of a new integrated tariff for sexual health services should help with cost containment as activity will be more accurately coded and costed. A greater focus on prevention and incentivisation of primary care treatment is the longer term goal.

Consultation Responses

There have been a significant number of responses to the proposal to reconfigure sexual health services. Responses have been from a mixture of clinicians at GUM service providers, their patients and residents of the borough. The responses have focused on the following: potential for negative impact on accessibility to GUM services, an apparent lack of evidence base that prevention can reduce sexual health need, concerns as to the capacity and capability of primary care to increase sexual health services provided and apparent high numbers of GUM attendees (80%) who are symptomatic. One of the most frequently expressed concerns is that a reduction of service in GUM would force patients to go to GPs and pharmacies which would cause them embarrassment whereas in fact the GUM services would continue to be available but patients would be encouraged to make better use of primary care services where this is appropriate and acceptable to them. The cost containment strategy will not impact adversely on any user group such as LGBT patients as access to the GUM services will remain open to those who have a strong preference to use GUM services.

The potential for more efficient service provision through cost containment and a new payment mechanism (the integrated tariff) has only 138

featured in a small number of returns who have highlighted the potential for increased complexity of GUM patients increasing costings. A number of respondents have highlighted concerns with the process stating that the My Tower Hamlets forms have inhibited their response and so they have responded via the general council enquiry email. Respondents have also highlighted the need for more information on the proposed extent of the cuts and timing of their implementation. Given the issues highlighted further consultation on proposed changes to sexual health services is recommended to ensure that the cost containment proposals and potential to divert activity to lower cost providers is realistic.

2b) What are the equality implications of your proposal?

All savings proposals have been screened for equalities relevance using the test of relevance questionnaire attached (Appendix A).

Please go back to each of the test of relevance questions and *using evidence* please provide a more detailed analysis of the equality impact of your proposal.

| EQUALITIES SCREENING | | |
|--|--------|---|
| TRIGGER QUESTIONS | YES/NO | IF YES - please provide further details on how this impacts on each equalities groups |
| Does the change reduce resources available to address inequality? | No | The resources available to level 1 and 2 services have been increased as well as access to these services has increased by approx. 20%. New contracts for enhanced primary prevention were mobilized in August 2014. As GUM services will remain open access high need groups will continue to be able to access providers of choice. |
| Does the change reduce resources available to support vulnerable residents? | No | Vulnerable, high risk and groups with high sexual health need will continue to be encouraged to access GUM services and services will remain open access, free at the point of delivery and so these will not be impacted by the proposed changes. |
| CHANGES TO A SERVICE | | |
| Does the change alter who is eligible for the service? | No | GUM services will continue to be open access (i.e. available to all but focused on those with the greatest need) and a demand management strategy agreed with the providers will encourage appropriate activity e.g. routine contraception or appropriate asymptomatic STI screening to be diverted to level 1 & 2 services. |
| Does the change alter access to the service? | No | GUM services will continue to be open access and appropriate activity will be encouraged to be undertaken in level 1 & 2 services |
| Does the change involve revenue raising? | No | Increased activity in Primary Care is already funded in 2014/15 budget and non-contract PH budget spend will be used to fund the prevention campaigns |
| Does the change involve a reduction or removal of income transfers to service users? | No | N/A |
| Does the change affect who provides the service, i.e. outside organisations? | Yes | Greater local provision of services within Tower Hamlets will be encouraged and all level 1 and level 2 providers are based within Tower Hamlets |

Section 3: Equality Impact Assessment

With reference to the analysis above, for each of the equality strands in the table below please record and evidence your conclusions around equality impact in relation to the savings proposal.

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact. This analysis will inform the decision making process

If you consider it likely that your proposal will have an adverse impact on a particular group (s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered at least one alternative way of delivering the change which has less of an adverse impact.

If an adverse impact cannot be mitigated please describe an alternative option, its costs and the equality impact.

| Target Groups What impact will the proposal have on specific groups of service users and staff? | Impact – Positive or Adverse | Reason(s) <ul style="list-style-type: none"> • Please add a narrative to justify your claims around impacts and, • Please describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making |
|--|------------------------------|--|
| Race | Neutral | There will be greater access to local sexual health services by the expansion of level 1 and level 2 services. For complex or high need individuals open access will be maintained at level 3 i.e. GUM services. |
| Disability | Positive | Local level 3 services are still not yet fully DDA compliant and activity to address this will be required as part of the commissioning process in 2014/15. Increasing access to level 1 and level 2 services will widen the choice of more local providers. |
| Gender | Neutral | Sexual health services will remain open to all genders with specialist women's and men clinics provided by level 3 services as clinically indicated |
| Gender Reassignment | Neutral | Sexual health services will remain open to all genders with specialist women's and men clinics provided by level 3 services as clinically indicated. The cost containment strategy will not impact adversely on gender reassigned patients as access to the GUM services will remain open to those who may have a strong preference to use GUM services if they are concerned about using primary care settings. |
| Sexual Orientation | Positive | There will be greater access to local sexual health services by the expansion of level 1 and level 2 services. The cost containment strategy will not impact adversely on any user group such as LGBT patients as access to the GUM services will remain open to those who have a strong preference to use GUM services if they are concerned about using primary care settings. |
| Religion or Belief | Positive | The sexual health services do not currently collect information on this equality domain but have agreed to do so in 2014/15. It is not expected that there will be an impact on this domain |
| Age | Neutral | There will be greater access to local sexual health services by the expansion of level 1 and level 2 services. For complex or high need individuals open access will be maintained at level 3 i.e. GUM services which are open to all age competent people |
| Marriage and Civil Partnerships. | Positive | The sexual health services do not currently collect information on this equality domain but have agreed to do so in 2014/15. It is not expected that there will be an impact on this domain |
| Pregnancy and Maternity | Neutral | The services are already fully integrated into the maternity, pregnancy pathway and there is not expected to be any changes to this |
| Other | Neutral | Services will remain open access and free at point of delivery with a focus on local and accessible services and |

| | |
|-----------------------|--|
| Socio-economic Carers | so would not expected to adversely impact on any other relevant equality domain. |
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Section 4: Equality Impact Assessment Action Plan

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact.

If you consider it likely that your proposal will have an adverse impact on a particular group (s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered at least one alternative way of delivering the change which has less of an adverse impact.

| Adverse impact | Please describe the actions that will be taken to mitigate this impact |
|----------------|--|
| None | |

If an adverse impact cannot be mitigated please describe an alternative option, its costs and the equality impact.

Section 5: Future Review and Monitoring

Please explain how and when the actual equality impact of these changes will be reviewed and monitored.
See above action plan.

The impact will be considered as part of the quarterly contract management meetings of level 1, 2 and 3 services. In the event that impacts are greater than anticipated or mitigating actions are not successful then further actions will be implemented to ensure no or only positive impacts on the equality domains.

As tier 3 services will remain open access and free at the point of delivery if the cost containment, prevention and appropriate activity diversion is not successful then future budgets may need to be reprofiled to ensure services are maintained.