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ISLINGTON

HEALTH AND CARE SCRUTINY COMMITTEE

23 November 2015

SECOND DESPATCH

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ISLINGTON

Corporate Resources
Town Hall, Upper Street, London N1 2UD

Report of: Director of Public Health

Health and Care Scrutiny Committee	**Date: 23 November 2015**	**Ward(s):**

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SUBJECT: MARGARET PYKE CENTRE

1. Synopsis

1.1 The Margaret Pyke Centre is an important centre for sexual and reproductive health, based in King's Cross, used by local women as well as many others from across London, commissioned jointly by Camden and Islington councils.

1.2 This paper, and its Appendix, is intended to provide an update on the issues of concern identified by the deputation from the Save the Margaret Pyke Centre at the Health and Care Scrutiny in October 2015. It covers Central and North West London NHS Foundation Trust's approach to managing the current financial challenges for its sexual health services, including the Margaret Pyke Centre and estates; and the introduction of a new Integrated Sexual Health Tariff which would cover both contraceptive and sexually transmitted infection services, also in the context of the financial challenges faced by commissioners.

2. Recommendations

- The Health and Care Scrutiny Committee is asked to:
  (a) Note the paper, including its Appendix from Central and North West NHS Foundation Trust;
  (b) Comment on the approaches being taken.

3. Background

3.1 This paper is intended to act as a cover note to a briefing report provided by Central and North West London NHS Foundation Trust (CNWL) in response to concerns about the future of the Margaret Pyke Centre (MPC), which is attached as the Appendix to this paper. Responsibilities for sexual health services for contraception and sexually transmitted infections passed from the NHS and were mandated to councils in April 2013, as part of changes under the Health and Social Care Act 2012. The cover note provides:

- a brief overview of the sexual health services offered by CNWL, including the Margaret Pyke Centre;
- updates the Committee on progress on the Integrated Sexual Health Tariff, which was raised as an area of concern by the deputation from the Save the Margaret Pyke Centre Campaign received by the Committee at its meeting on 19 October 2015;
- briefly describes the commissioner perspective on the current position regarding the trust's sexual health services and the Margaret Pyke Centre.

3.2 The Appendix sets out the trust's approach to sexual health services, including the Margaret Pyke Centre service, in the context of a substantial financial pressure over this year and next.

3.3 **CNWL's Sexual Health Services**

3.4 CNWL provides clinical services for Sexual and Reproductive Health (SRH), Genito-Urinary Medicine (GUM) and Human Immunodeficiency Virus (HIV) treatment and care. It is a high performing service, and was rated as Outstanding in the Care Quality Commission (CQC) inspection earlier this year. It is a major centre for teaching and training in all three clinical areas, and a major national and international research centre.

3.5 CNWL's sexual health services operate across three major sites in Islington and Camden: the Archway Sexual Health Centre (providing GUM and SRH services) in Islington, and the Mortimer Market Centre (GUM and HIV services) and the Margaret Pyke Centre (SRH services) in Camden. Additionally, there are 'satellite' clinics providing SRH services in three health centres: Finsbury in Islington, and Belsize Priory and Crowndale in Camden.

3.6 Islington and Camden residents are the single largest users of the trust's GUM and SRH services, but all services are open access and there are substantially more attendances in total by people from other London boroughs than by local residents. Additionally, a proportion of service users are from outside of London. We also estimate that about 40% of Islington residents are seen by sexual health services outside of Islington and Camden – mainly in directly neighbouring boroughs.

3.7 Commissioner funding for CNWL's services comprise a mix of a 'host' block contract with Islington and Camden councils for SRH services, a tariff-based system for GUM activity paid by local authorities based on first and follow up appointments, and a tariff system, broadly based on complexity of need, for HIV treatment and care from NHS England.

3.8 Sexual health, which also covers prevention, the young people's sexual health services network, sexual health services for contraception and testing for sexually transmitted

infections commissioned from GP practices and community pharmacies, and HIV psycho-social services as well as GUM and SRH services, is a major part of Islington's Public Health budget, accounting for approximately a third of the allocation. In 2015/16, Islington's budget for GUM and SRH services is £6.9 million: CNWL accounts for £4.46 million, including £1.22 million for SRH services provided by the trust.

3.9 The government this month confirmed an unprecedented in-year cut to the Public Health Grant: for Islington, the cut is £1.7 million in 2015/16 in a fully committed budget, one of the largest cuts in the country. Whilst the position for the Public Health Grant next year has not yet been announced, there is a general expectation that the size of the national grant will be reduced considerably over the next four years. Additionally, the Department of Health recently consulted on a new public health funding formula. Our analysis suggests that this would reduce Islington's share of the national grant by a further 5%, over and above the effect of any reductions in the overall size of the national grant, if fully implemented. The local grant is already 22% 'over target' under the current funding formula.

3.10 **The Margaret Pyke Centre**

3.11 The Margaret Pyke Centre (MPC) based in Wicklow Street near King's Cross provides a fully comprehensive range of SRH services, including specialist contraceptive services. The service moved to its new premises in September 2013, moving from its Charlotte Street building, near Goodge Street tube station, which was being demolished as part of re-developments in the area.

3.12 Attendances at the centre have ranged from 19,200 to 20,400 attendances a year at MPC since 2008/9, with the exception of 2014/15 when a lower figure was reported due to IT problems. Islington and Camden residents both account for approximately a fifth of attendances at the MPC, i.e. just over 40% of attendances in total. Most of the rest of the attendances are by residents of other London boroughs. Overall, about 95% of the users of the centre are women. Where ethnicity is recorded, 52% of service users belong to BME communities, and 48% are White British.

3.13 The service is funded on a block basis by Islington and Camden councils, the basis on which the contracts and funding was passed across from the NHS. This means that although the SRH services are open access and used by many residents of other councils, there is no cross-charging to other councils for their residents who use the service. This is in contrast to GUM services activity, which is funded on a first and follow-up tariff and paid by the council of residence. It should be noted, though, that there is a GUM service offer based at the Margaret Pyke Centre, which is funded through the GUM tariff.

3.14 **Integrated Sexual Health Tariff**

3.15 The integrated sexual health tariff is part of Islington's Public Health Transformation Programme for Sexual Health. This programme was reported to the Health and Care Scrutiny Committee at its meeting in January 2015. The report, which also provided an overview of need in the borough, can be accessed at the following link (sections 3.22 on page 5 of the report through to 3.31 on page 7 provide a summary of the local as well as London transformation programmes):
http://democracy.islington.gov.uk/documents/b7738/HEALTH%20AND%20CARE%20-%20SECOND%20DESPATCH%20-%2013%20JANUARY%202015%2013th-Jan-2015%2019.30%20Health%20and%20Care%20Scrutiny%20C.pdf?T=9

3.16 Given the open access nature of services, and the borough's central location in London, there is a strong need to plan and coordinate proposals for transformation with other councils in London, whilst remaining focused on the needs of local people. Islington is working as part of a group of 28 London councils on two major transformation initiatives:

- a new tariff system which could be used for the future commissioning of GUM and SRH services in London (the integrated sexual health tariff);

- a London sexual health services transformation programme to develop proposals for the future design and re-commissioning of open access sexual health services – the integrated tariff is generally viewed as an important component of this.

3.17 The integrated sexual health tariff had initially been developed, but not implemented, by the NHS in London. Progress by the NHS was effectively halted at the point it was announced that sexual health services would be transferred to councils. Rather than an undifferentiated first and follow-up tariff, as currently used in GUM, tariff payments would be related to the interventions carried out, covering both sexually transmitted infections and contraception, based on clinical pathways for the testing and treatment of STIs and for the provision of contraceptive services, ranging from more straightforward through to complex interventions.

3.18 The integrated tariff was developed with two primary purposes in mind:

- to more closely match commissioner spend to the services needed and used by patients, based on clinical guidelines and what it should cost services to deliver interventions against those guidelines; and

- to support the closer working/integration of GUM and SRH services, so that needs for the screening and treatment of sexually transmitted infections and contraception can be met more holistically.

3.19 In such a way, the tariff is also intended to promote greater efficiency and innovation by providers and generate savings for commissioners.

3.20 The London Association of Directors of Public Health re-activated the integrated tariff programme in 2014: the tariffs have now been re-costed, and new analyses run of Commissioner spend and provider income under the re-costed tariff. This indicates that overall there is potential for significant savings across London commissioners, assuming that activity levels remained unchanged following introduction of a new tariff. Whilst overall there would be savings across the system for commissioners, the balance of commissioner funding for GUM and SRH interventions would change if the tariff was introduced – with SRH generally seeing an increase in commissioner income, and a reduction in commissioner income for GUM on existing levels of reported activity.

3.21 Together, the integrated tariff and transformation programmes are intended to be important in achieving a clinically and financially sustainable model for open access sexual health services. It is expected that a move to the integrated tariff could save Islington as a commissioner about £1.5 million a year, across all sexual health services, not just those in Camden and Islington, which is similar to the figure reported to the Committee in January 2015. Combined with the service transformation programme, this could increase to an estimated £2 million saving.

3.22 There is still further work to do on the tariff, including reviewing and updating some of the clinical pathways, some further due diligence on coding and recording of activity by providers across London, and how to implement across councils, given that a small number of councils would see higher spend under introduction of the tariff. It is expected that a decision on whether to proceed with implementing the tariff will be made in the near future, in order to inform the re-commissioning or re-procurement of London's sexual health services.

3.23 **Current position – CNWL Sexual Health Services and the Margaret Pyke Centre**

3.24 CNWL's sexual health services collectively have a significant funding gap this year and next. The trust's funding gap (across all sexual health services) is expected to be about £5.8 million in total over this year and next. We have established with the trust that the three major sources of the gap can be attributed to a significant drop in GUM attendances, commissioner efficiencies and internal trust cost improvement programmes.

3.25 It is likely that the single most significant funding pressure is linked to a reduction in open access GUM attendances (and hence income) seen over the last 18 months at the trust. Activity at CNWL, and many other services, has been affected by the opening of a new sexual health service, Dean Street Express, in Soho. This reduction at the trust is in marked contrast to other recent years, when there had been very significant year on year growth in GUM attendances

3.26 Compared to a baseline of £12.0 million in 2015/16 for CNWL's GUM service across a commissioning collaborative of 26 London councils, which covers about 90% of activity at the trust, it is currently projected attendances will be around 9-11% lower. If a similar activity reduction is also seen across other councils not in the collaborative, this is equivalent to about £1.4 million of income overall. Although many councils have seen a reduction in attendances at CNWL, Islington has in fact seen a small increase in overall GUM activity at the trust compared to last year. This reduction in activity and income has a wider impact on CNWL's sexual health services because income from GUM services is also used by the trust to support their SRH/community contraceptive services.

3.27 The trust is therefore looking at ways to maintain its services, whilst addressing the current and expected funding pressure. Buildings are under review since re-provision of services on to fewer sites would significantly reduce the estate costs and so would be a way of significantly closing the funding gap, although the service will also need to make other changes to close the gap. As the trust's briefing describes, if savings through estates are not made, this will mean not only a greater loss of staff, but also a reduction in the range of services that it is likely to be able to offer as a result.

3.28 The trust has not reached a final recommendation concerning estates, but in the context of the review of buildings, as the attached briefing from CNWL explains, it is looking at options for moving from the current three major sexual health service sites across Camden and Islington, to two major sites, whilst retaining satellite services (e.g. Crowndale, Belsize, Finsbury). Of the three major sites, as the attached briefing shows, the Margaret Pyke Centre building on Wicklow Street is the smallest but the trust has also calculated is the most expensive building per patient seen, and although the building is under-occupied currently, the trust's assessment is that the building would not be in a position to absorb either of the other sexual health services. Another option considered is to retain all three sites, but transfer some of the services to other locations.

3.29 The commissioner expectation is that the trust will continue to provide the Margaret Pyke Centre as a dedicated and specialist service for contraception, for local women in Islington and Camden as well as for other women from across London who use the service, able to provide training, teaching and research. Commissioners are also in dialogue with the trust about engagement with patients, staff and other stakeholders, such as GPs, about the service.

3.30 Commissioners have been and will continue to work with the trust to develop and understand options for savings and their impact. The dialogue with the trust has been open and constructive, seeking to understand the position and options, focussed on assuring quality, the range of service provision and ensure services for the most vulnerable. As the commissioners of the service, we recognise the financial challenge that the trust is facing for these services, as well as the tough commissioner financial environment described earlier in this paper.

3.31 It is expected the trust will take an options appraisal on estates to its board meeting in January 2016. Once a recommendation has been made, it will need engagement with stakeholders, and the recommendation will need to be considered by commissioners.

4. Implications

4.1 **Financial implications**

Islington Council receives a ring-fenced Public Health grant from the Department of Health to fund the cost of its Public Health service. The total funding for 2014/15 is £25.429m, which has been cut by £1.7 million in-year. The budget for GUM and SRH services in 2014/15 is £6.9 million in total.

GUM services are mandatory open access services within Sexual Health that are demand-led with increasing levels of activity in recent years. Islington has an obligation to pay for activity irrespective of whether a contract is in place or not and tariffs exist for these purposes. This contract should not create a budget pressure for the Council. Although there is a contract in place there is still a risk of a pressure based on an increase in activity.

The current budget earmarked for the Sexual and Reproductive Health service is £1.225 million per annum. It is funded through a block contract, agreed annually.

The Council's Public Health expenditure must be contained entirely within the grant funded cash limit indicated above. If any additional pressures are incurred management actions will need to be identified to cover this.

4.2 **Legal**

The council has a duty to improve public health under the Health and Social Care Act 2012, section 12. The council must take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way) as well as providing services or facilities for the prevention, diagnosis or treatment of illness (National Health Service Act 2006, section 2B, as amended by Health and Social Care Act 2012, section 12 and Regulation 2013/351 made under the National Health Service Act 2006, section 6C). Therefore the council may provide specialist sexual health services as described in this report. . The council may enter into contracts with providers of such services under section 1 of the Local Government (Contracts) Act 1997.

4.3 **Environmental Implications**

At this stage an environmental impact assessment has not been carried out on the integrated tariff, but it is unlikely that the integrated tariff would have environmental implications. Any proposals on estates would need to take be accompanied by an assessment of environmental impacts.

4.4 **Resident Impact Assessment:**

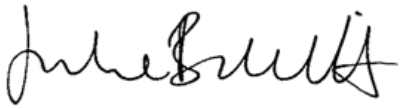
Resident and equality impact assessments will need to be carried out as part of the development of proposals on the integrated tariff by commissioners, and by CNWL in any proposals on estates. Analysis from local needs assessment particularly highlight the importance of sexuality, gender, age, ethnicity and deprivation in local sexual health needs.

5. CONCLUSIONS: REASONS FOR RECOMMENDATIONS / DECISIONS

5.1 CNWL provides high performing sexual health services, rated as Outstanding by the Care Quality Commission. The trust is facing a significant financial gap within its sexual health services this year and next, and needs to make changes in order to ensure it is able to maintain high quality services. This includes reviewing all services, not only sexual and reproductive health services. Commissioners recognise that there is a need for the trust to review estates, for the reasons set out above, and will consider the trust's recommendations on estates regarding the Margaret Pyke Centre, including as to whether the service continues in its own building or in a building shared with another service.

5.2 Islington Council is working with a large number of other London councils as part of a programme on the integrated sexual health tariff. This may lead to the introduction of the tariff, which covers interventions for both sexually transmitted infections and contraceptive services. This would be likely to increase income for contraceptive service interventions, but reduce income for GUM interventions, on current activity levels. It would potentially release savings for commissioners, including Islington, but no final decisions have yet been made across London on implementation. Given the financial pressures on public health and council budgets expected over the next few years, this will be important in helping to maintain sexual health services, but will also require services to transform and make changes.

Signed by:



Director Public Health Date: 18 November 2015

Appendix

- Islington Health and Care Scrutiny Committee – CNWL Sexual Health Service Briefing

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Appendix:

Islington Health and Care Scrutiny Committee – Briefing by CNWL Sexual Health Service

Central and Northwest London NHS Foundation Trust (CNWL) has been asked to provide a briefing for the Scrutiny Committee meeting on 23 November 2015. This is in response to a deputation to Committee from the campaign group 'Save The Margaret Pyke Centre' in October 2015.

It is important to state that no decision has been made by CNWL about the re-provision of any sexual health services. What has been decided is that wherever possible the current level of provision should be maintained, however this has to be in the context of significant savings being realised.

CNWL will continue to review options and should be in a position to make a Board decision in January 2016; whatever the outcome there will be an extensive engagement process.

Background to CNWL

CNWL provides services for people with a wide range of physical and mental health needs, including long-term conditions, mental health, learning disabilities, eating disorders, addictions and sexual health.

The majority of our services are provided in the community, which means treating people in their homes or from clinics close to home. Where community care is not possible we offer a number of facilities to treat people in hospital or residential environments. CNWL also provides healthcare in prisons in London and the surrounding areas.

CNWL Sexual Health and HIV Services

The sexual health services provide Genitourinary Medicine (GUM) which is STI testing and treatment; Sexual and Reproduction Health (SRH) which is contraception, reproductive health management; HIV treatment and care for hepatitis from a range of settings across several London boroughs, with three main clinics:

Mortimer Market Centre – GUM, HIV and hepatitis services in Camden
Archway Centre – GUM and SRH services in Islington
Margaret Pyke Centre – SRH services on the border of Camden & Islington

Community SRH services for Camden & Islington in health centres:

Belsize Priory
Crowndale
Finsbury

CNWL also provides community SRH clinics across the boroughs of Brent and Hillingdon.

Background to CNWL Financial Challenge

The NHS is facing one of the biggest challenges in its history. It's been widely reported that the NHS needs to save £22billion by the end of the decade just to cope with a growing and ageing population. The Government has agreed to provide more funding – rising to an extra £8billion a year by 2020 – but the first of this money is not expected to arrive until late next year. This coupled with the increasing pressure on public health budgets and a reduction in the Local Authority budgets and the £200m reduction in Public Health funding has created a perfect storm for sexual health in terms of our income.

CNWL Sexual Health Services are facing at least a £6m saving target to be achieved by the end of the next financial year. This is made up of a number of elements; Cost Improvement Programmes (CIPs); Quality, Innovation, Productivity and Prevention (QIPP) programmes and reduced income due to tariff deflation.

Sexual Health Services, and GUM specifically, have benefitted from the relatively high PbR tariff payment in the past and this has allowed surpluses to be achieved and additional services to be developed that improve quality and patient experience. This has arguably created some of the best services across the NHS, but this funding has reduced in real-terms for the last 5 years. We had been waiting for the introduction of the locally developed "London Integrated Tariff" which would have funded services on the basis of what they had provided to the patient and not simply on a crude first and follow-up PbR tariff which is currently the case.

With the change in commissioning from the then PCTs to Local Authorities, the integrated tariff initiative has been delayed, and if it is to be introduced at all, it will not be until at least 2017. Over two years we have experienced a greater than 10% income reduction with, as yet, no transitional funding agreed. This approach is likely to continue for the foreseeable future.

In addition to GUM we are seeing reductions in the block contract income for SRH services. These are on top of an already chronically under-funded service. It is worth noting that CNWL are significantly cross-subsiding the contraceptive service, the service mostly provided from The Margaret Pyke Centre. This underfunding of contraception is a historic anomaly which has not been corrected with the transfer of commissioning responsibility to the Local Authorities.

With all of these elements moving in the "wrong" direction, we need to make some difficult decisions if the sexual health services are to remain viable.

In previous years CNWL sexual health services have taken the bulk of savings out of non-patient facing staff, but this is no longer an option. A new patient information system was introduced last year which has streamlined many processes and created significant efficiencies in both in clinical and back office areas for 2015-16. If the majority of the savings in 2016-17 were to be found from clinical staff, at an average staff cost (including pension contributions, etc.) of £50,000/year, we would be required to reduce the workforce by 60. The service could not sustain its current provision at this level of staff reduction. In fact, it would lead to less activity which would lead to a reduction in income which would in turn require a further reduction in staff and so on. This would lead to a non-viable service.

One way to lessen the requirement for so many staff to be lost would be to look at savings in other major cost areas; one such saving could be found by consolidating services onto fewer operational sites. This would have two main benefits; it would release the estates costs associated with the potential site reduction, as well as benefiting from economies of scale by relocating activity and staff to the remaining sites. The intention with any building closure must be that service to the public, including activity levels, are sustained and that patient safety and service quality is maintained.

Options under consideration

A detailed options analysis has been developed with senior clinical representatives from all the specialities affected. This group considered the options below:

Option 1: Do nothing, save money while maintaining all sites
Keep providing services from the 3 major sites. This would result in the maximum reduction in staff available. This would significantly impact on the levels of activity we could provide across all 3 sites, which in turn would impact on activity and therefore reduce income further.

Option 2: Re-provision of services from 3 to 2 sites
Potentially up to 120,000 patients/year would be impacted by the changes and major service redesign will be required to manage such a large transformation. A priority for us is to maintain

activity and therefore maintain income to ensure no further savings are required. We also wish to maintain the quality of our services.

Option 3: Partially Transfer Services from one of the locations
This might give patients some more choice than Option 2, but the likely additional staff reduction would impact on the level of services provided as little if anything could be saved in premises costs.

Summary analysis of the sites shows the variation in cost, number of patients and the capacity to accommodate the other services.

	Mortimer Market Centre	Margaret Pyke Centre	Archway Centre
2015-16 Estates Budget	£531k	£818k	£748k
Tenure Basis	No lease, freehold	Lease expires 2028	Lease expires 2018
Area Used	1,632m^2	843m^2	1,532m^2
Annual Patient Activity	67,378	21,680	35,900
Estate Cost/Patient	£7.88	£39.76	£20.84
Number of Clinic Rooms	48	16	27
Patients/Room/Year	1,403	1,355	1,329

Patient demographic was also considered, especially where the local women and the most vulnerable attend.

Clinic	Total Women Seen	Local*	% Local	Under 16	% Under 16	Vulnerable**	% Vulnerable
Archway	6369	3392	53%	19	0.30%	43	0.68%
Margaret Pyke	5202	2080	40%	3	0.06%	8	0.15%
Mortimer Market	4074	1360	33%	1	0.02%	16	0.39%
CLASH	368	43	12%	0	0.00%	5	1.36%
Crowndale Health	630	369	59%	0	0.00%	0	0.00%
Finsbury Health	160	79	49%	0	0.00%	0	0.00%

April-June 2015 attendances
*Resident in Camden or Islington
**Answered yes to DV question "Do you feel frightened of your partner or other people at home?"

A more detailed site appraisal and options analysis has been developed and it will be this that the CNWL Board will consider when they review the proposals in January 2016. Allowing for service transformation and stakeholder engagement would mean the timescale for implementation of the recommendation would be September 2016.

Service Transformation

Whichever option is chosen we will develop new and innovative clinical models to address the required savings while maintaining service volume and quality. The new clinical model would be

designed by patients, carers, staff and other stakeholders using co-production methodologies where practical.

This new clinical activity will adopt the following principles:

- Aligned with local and national guidance
- Evidence based and clinically effective
- To continue to provide the same level of activity at the same level of quality as currently offered.
- Consolidation of sites
- Improved access to services via extended opening hours and remote service delivery
- Simplified care pathways
- Continuation of brands where appropriate
- Maintained patient and staff satisfaction
- Increase local access

Engagement

Whatever decision is made it will be important to undertake the appropriate stakeholder engagement. CNWL is committed to working with patients, GPs, councillors and commissioners to ensure that the best options are incorporated into the planning process.

Key aims of engagement are to:

- Ensure that all stakeholder are aware of the reasons for change
- To communicate the benefits of the favoured proposal
- To engage with Local Authority commissioners and to take joint responsibility for the need for service consolidation due to funding restrictions
- Promote the service to internal and external stakeholders

Current Potential Issues

- All our locations have national reputations and a long association with sexual health and any move of service will have wider implications. A plan to preserve the legacy will be required and a way to maintain services is important
- There will be redundancies which will have a negative impact on staff morale.

Conclusion

CNWL Sexual Health needs to make difficult decisions in the provision of services if it is to achieve the level of savings required.

The service will be faced with large-scale workforce reduction and therefore has to consider how and where it provides services from. What is clear is that it cannot reduce by 45-50 staff and continue to provide the full-range of services from its 3 main sites. We believe that the best way to continue to deliver high quality services without reducing access, but with considerably reduced funding, is to reduce the number of sites from which services are provided. The need to maintain the highest quality services for all of the groups of patients that we see, but especially the most vulnerable, will be at the forefront of all decision making. That said, no decision has been made yet about site reduction.

Mark Maguire
Service Director, CNWL Sexual Health Services
November 2015

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