

HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
20 JANURAY 2016

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

SEXUAL HEALTH NEEDS ASSESSMENT AND DRAFT LEICESTERSHIRE
SEXUAL HEALTH STRATEGY 2016-19

Purpose of report

1. The purpose of this report is to inform the Health Overview and Scrutiny Committee of the draft sexual health needs assessment and strategy and gain its views on the proposed future direction for sexual health services across Leicestershire. Formal consultation on these documents will commence mid-January 2016.

Policy Framework and Previous Decisions

2. The Health and Social Care Act 2012 has created fragmentation across the Leicester, Leicestershire and Rutland sexual health system with three main commissioners (local authorities, CCGs, and NHS England) across the pathway. National guidance suggests the need to take a patient-centred, systematic approach to sexual health commissioning. With key commissioners facing financial pressures, there is a need to develop strong collaborative approaches across commissioning organisations to ‘pull the system back together’ and ensure seamless, high quality, evidence based services are available to the local population.
3. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (made under the National Health Services Act 2006) require upper tier local authorities to arrange for the provision of specific services, including sexual health. Local authorities are required to provide:

“open access sexual health services for everyone present in their area, covering; free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and free contraception, and reasonable access to all methods of contraception”¹.
4. The Cabinet approved the development and consultation of the draft sexual health strategy in December 2015. The final strategy will be submitted to the Cabinet on 19 April 2016 for final approval.
5. The Cabinet has also previously considered the sexual health commissioning decisions as part of the wider Public Health Procurement Plan 2013-14 to 2014-15 in October 2013.

¹ DH (2013) Commissioning Sexual Health Services and Interventions: Best Practice Guidance for Local Authorities. Department of Health, London.

6. The draft strategy looks to build on elements of the Health and Wellbeing Strategy, Community Strategy and Prevention target operating model.

Background

7. The sexual health needs of the population are evolving. Over the past few decades there have been significant changes in relationships and how people live their lives including personal attitudes and beliefs, social norms, peer pressure, confidence and self-esteem, misuse of drugs and alcohol, coercion and abuse.
8. Although sexual relationships are essentially private matters, good sexual health is important to individuals and to society. The World Health Organisation (WHO), 2002 defines sexual health as ‘... **a state of physical, emotional, mental and social well-being in relation to sexuality.**’
9. Sexual ill health can affect all parts of society – often when it is least expected. Investment in sexual health not only improves the overall health of the population, it is also cost effective. The consequences of poor sexual health cost the NHS in 2010 an estimated £193 million in unintended pregnancies and in 2012-13 approximately £630million in HIV treatment and care. National evidence also suggests that:
 - Every one pound invested in contraception saves £11.09 in averted negative outcomes;
 - An increase in long acting reversible contraception (LARC) usage could save £102million;
 - Increasing HIV testing among men who have sex with men and black African communities in England would prevent 3,500 cases of HIV transmission within five years and save £18million in treatment costs per year.
10. A comprehensive Leicestershire and Rutland Sexual Health Needs Assessment (SHNA) was completed in Autumn 2015. The executive summary is attached as Appendix A. It confirms that good progress has been made on key sexual health indicators and on improving sexual health outcomes across Leicestershire and Rutland. However, Leicestershire has an ageing and increasing population and sexual health services must respond. It is therefore important to consider how services evolve to meet these changing needs across the life course.
11. The proposed Sexual Health Strategy uses the latest evidence from the SHNA to take stock of progress made so far and provides key strategic priorities for the next three years to further improve sexual health services across Leicestershire.

Proposed Strategy

12. The draft Leicestershire Sexual Health Strategy 2016-19 is attached to this report (Appendix B). This document outlines the eight key priorities for improving sexual health services and population outcomes across Leicestershire. These are briefly set out below:

- (i). **Coordinated approach to sexual health commissioning and partnership work.** Streamlining commissioning intentions across the system to ensure seamless patient pathways, improved quality of service and identify cost efficiencies across the system;
- (ii). **Develop a highly skilled local workforce.** Leicestershire has previously experienced recruitment problems within the service. It is therefore important, to develop both the specialist and non-specialist workforce, to make sexual health services in Leicestershire an attractive place to work and progress;
- (iii). **Strengthen the role of primary care.** General practices deliver the majority of contraception across Leicestershire, however, demand is significantly increasing in the specialist service. Hence, there is a need to further equip the primary care workforce to deliver more uncomplicated sexual health services in the future;
- (iv). **Coordinated, consistent sexual health communications.** Consistent communications have a greater impact on the population, therefore services and commissioners will develop communication approaches in partnership to ensure these have the greatest effect on population attitudes and access to sexual health services;
- (v). **Support schools to deliver high quality Relationships and Sex Education (RSE).** High quality RSE is critical in empowering young people to have informed, consenting, positive relationships. Further work will be completed to build on the current Leicestershire RSE toolkit;
- (vi). **Utilise new technologies to support sexual health delivery.** Leicestershire is a rural county, therefore sexual health services need to utilise the latest technologies to increase access to the population. This includes developing a risk assessed, full STI (Sexually Transmitted Infection) screen and utilising communication advances in the service delivery, advertisements and partner notification. New sexual health interventions will also be reviewed and implemented as appropriate;
- (vii). **Increase access to sexual health improvement and HIV prevention to at-risk groups.** Men who have sex with men, sex workers and black African communities are at greater risk of poor sexual health. Therefore access to HIV home and community testing will be investigated and targeted to these at risk populations;
- (viii). **Increase links between sexual violence and sexual health services.** In recent years there has been an increasing national impetus on sexual violence including child sexual exploitation and female genital mutilation. Sexual health services therefore need to further embed the sexual violence prevention agenda within their services.

13. The Strategy is arranged into six key sections, including an introduction, current sexual health progress, cross cutting themes, the strategic approach, key activities to deliver the approach and defining how the strategy will be performance monitored. Full details are given in Appendix B.

Consultation

14. A widespread stakeholder consultation on the draft Strategy will formally commence for eight weeks from mid-January 2016. Consultation will include presenting at key stakeholder meetings (including local providers, Clinical Commissioning Groups (CCGs) and NHS England) and an online survey. Results will be analysed and used to inform a final version of the Strategy to be presented to the Cabinet for approval in April 2016.

Resource Implications

15. The results of the SHNA and draft Strategy propose changes to current sexual health priorities, commissioning intentions and service provision (including health promotion, RSE, contraception and STI screening and treatment). Specific service implications include:

- Working with local CCGs and NHS England commissioners to reduce fragmentation across the system. Developing a bi-annual sexual health commissioners meeting;
- Increasing the role of primary care in delivering uncomplicated sexual health services (in particular contraception);
- Reduction in opportunistic chlamydia screening and conversion into a full online STI screening service;
- More focused approach to teenage pregnancy including embedding support into core services and increasing the age of support for teenage parents into education, employment and training to 21 years;
- Providing parity across Leicester, Leicestershire and Rutland (LLR) for young people's sexual health services including development of an LLR C-Card (condom distribution scheme) and increasing access into the core integrated sexual health service;
- Increased focus on groups at high risk of poor sexual health, especially men who have sex with men. Converting support for sex workers from health promotion into more clinical sexual health services.

16. Specific services commissioned by Leicestershire County Council that will be affected by this Strategy are highlighted in Appendix C.

Timetable for Decisions

17. Following Cabinet's approval in December 2015, consultation will commence in mid-January 2016 for a period of eight weeks.

18. The draft Strategy will also be considered by the Health and Wellbeing Board on 10 March 2016. The outcome of the consultation together with the final draft of the Strategy for approval will be presented to the Cabinet on 19 April 2016.

Conclusions

19. A significant amount of work has been done through the SHNA to understand Leicestershire's current and future sexual health needs, both regarding the demand and supply of such services. The results of this assessment have been used to develop the

draft Sexual Health Strategy on a needs basis. The draft strategy prioritises the next stage of sexual health commissioning required to meet the evolving needs of the population of Leicestershire. Implementation of the Strategy intends to build on wider County Council priorities including increased focus on prevention (for example by RSE and condom distribution), and supporting communities (by implementing new technologies and increased general practice access), to deliver high quality, cost effective sexual health system, whilst also delivering some cost efficiencies as part of the MTFS. Progress will be monitored by the Director of Public Health and this will be regularly communicated to key stakeholders via sexual health clinical networks and commissioning meetings.

20. Subject to approval by the Cabinet, the Director of Public Health will use the draft Strategy to inform and support commissioning decisions that will need to be taken prior to April 2016, in order that these can be implemented from April 2016 onwards.

Background papers

Report to the Cabinet on 11 December 2015 – Sexual Health Needs Assessment and Draft Leicestershire Sexual Health Strategy 2016-19. <http://ow.ly/WWsGh>

Report to the Cabinet on 15 October 2013- Public Health procurement plan 2013/14-14/15. [http://politics.leics.gov.uk/Published/C00000135/M00003635/AI00035918/\\$PublicHealthProcurementPlan201314to201415.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003635/AI00035918/$PublicHealthProcurementPlan201314to201415.docA.ps.pdf)

Public Health England. Making It Work – A guide to whole system commissioning for sexual health, reproductive health and HIV. (2014). <http://ow.ly/WWsSw>

Department of Health. A Framework for Sexual Health Improvement in England. 1–56 (2013). <http://ow.ly/WWsXR>

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List of Appendices

Appendix A Leicestershire and Rutland Sexual Health Needs Assessment, Executive Summary, October 2015;

Appendix B Draft Leicestershire Sexual Health Strategy 2016-19;

Appendix C Leicestershire County Council Commissioned Sexual Health Services.

Relevant Impact Assessments

Equality and Human Rights Implications

21. A number of at risk groups have been specifically reviewed as part of the SHNA and a key recommendation has been to ensure all sexual health services regularly complete an equality impact assessment.
22. As part of the development of the final Strategy an Equality Human Rights Impact Assessment (EHRIA) will be undertaken to identify equality issues which need to be taken into account. The outcome of the assessment will be reported back to the Cabinet prior to finalising and publishing the strategy.

Crime and Disorder Implications

23. The SHNA has considered the sexual health implications that result from sexual violence. This includes links to domestic abuse, child sexual exploitation (see full SHNA for details).

Partnership Working and associated issues

24. The draft Strategy has been informed by the Leicestershire SHNA which included engagement with specific service user groups and a stakeholder visioning event in July 2015.
25. A key theme of the strategy is to develop a systematic approach to sexual health commissioning. Therefore the strategy has implications for all sexual health commissioners including local authorities, CCGs, and NHS England. Further consultation will be completed with these stakeholders as part of the consultation. This will include presenting the SHNA and strategy to appropriate stakeholder meetings before the strategy is finalised.

Risk Assessment

26. The Sexual Health Strategy aims to reduce a number of current risks identified by the SHNA and wider sexual health system. These risks include:
 - Increased demand and cost for the integrated sexual health service;
 - Lack of engagement by stakeholders, including CCGs, NHS England and Health Education East Midlands (HEEM), could result in fragmented commissioning of services;
 - Potential changes to service delivery due to the implementation of new models of work could result in changes to service providers, causing staff to leave and temporary reductions in access or quality of services;

Budget reductions to Public Health Grant, wider local authority (in particular children and young people's services) and the wider health and social care system could result in loss or restrictions to services, which may lead to increased rates of sexually transmitted infections and unplanned pregnancies.