# CABINET – 19 APRIL 2016

# LEICESTERSHIRE SEXUAL HEALTH STRATEGY 2016-19

# REPORT OF THE DIRECTOR OF PUBLIC HEALTH

## Purpose of Report

1. The purpose of this report is to seek the Cabinet's approval of the Leicestershire Sexual Health Strategy for 2016-19, attached to this report as Appendix A, and to authorise the Director of Public Health to commission services in line with the Strategy.

2. The Sexual Health Strategy includes eight key strategic priorities for improving sexual health services and population outcomes across Leicestershire.

## Recommendations

3. It is recommended that:

   (a) The Leicestershire Sexual Health Strategy for 2016-19 be approved;

   (b) The Director of Public Health be authorised to commission sexual health services in line with the final Strategy;

   (c) It be noted that implementation of the Strategy will be formally monitored annually and progress reported to partners and key stakeholders to ensure alignment across the system.

## Reasons for Recommendations

4. Sexual health services and commissioning has become fragmented following the implementation of the Health and Social Care Act 2012. Developing a sexual health strategy that is endorsed by key partners including Clinical Commissioning Groups (CCGs), NHS England, providers and service users will set an agreed direction for sexual health commissioning across Leicestershire which will streamline commissioning intentions, improve patient pathways, efficiency and quality of care. The Strategy will also be aligned with sexual health strategic priorities for Rutland Council and Leicester City Council to provide a wider Leicester, Leicestershire and Rutland system approach.

5. It will be necessary to make commissioning decisions over the next three years in order for services to continue and to meet Medium Term Financial Strategy (MTFS) targets.

**Timetable for Decisions (including Scrutiny)**

6. On 11th December 2015, the Cabinet agreed the commencement of an eight week consultation exercise on the draft Strategy, from January to March 2016.

7. The draft Strategy was considered by the Health Overview and Scrutiny Committee on 20th January 2016 and the Health and Wellbeing Board on 10th March 2016.

8. Between February and April 2016 the draft Strategy was considered by local CCGs, Rutland Council, Leicester City Council, and NHS England.

**Policy Framework and Previous Decisions**

9. 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.

10. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (made under the National Health Services Act 2006) requires upper tier local authorities, such as County Councils, 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].

11. The Cabinet has previously considered the sexual health commissioning decisions as part of the wider Public Health Procurement Plan 2013/14 to 2014/15, in October 2013, and the draft Sexual Health Needs Assessment and Strategy, in December 2015.

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

**Resource Implications**

13. There are no immediate resource implications arising from this report. In the short term the Strategy will be progressed utilising existing resources.

14. Costs relating to the implementation of the Strategy will fall within the existing Public Health Grant and the budgets of other local commissioners including local

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

authorities, CCGs and NHS England. The Strategy aims to develop new approaches to meet the needs of the local population in the most cost effective way.

**Circulation under the Local Issues Alert Procedure**

15. This report is being circulated to all Members of the Council via the Members' News in Brief Service.

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**PART B**

**Background**

16. 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.

17. The sexual health needs of the population are evolving. A comprehensive Leicestershire and Rutland Sexual Health Needs Assessment (SHNA) was completed in autumn 2015 and confirmed that good progress has been made on improving sexual health outcomes across Leicestershire and Rutland. However, the population is both increasing and ageing, and sexual health services need to evolve to meet changing needs across the course of people's lives.

18. The Sexual Health Strategy uses the latest evidence from the SHNA, consultation and Equality Human Rights Impact Assessment (EHRIA) to take stock of progress made to date and provide key strategic priorities for the next three years to improve sexual health services further across Leicestershire. The Strategy will be aligned with sexual health strategic priorities for Rutland Council and Leicester City Council to provide a wider Leicester, Leicestershire and Rutland system approach.

**Consultation on the draft Strategy**

19. An eight-week consultation exercise was carried out from 19th January until 15th March 2016 on the draft Leicestershire and Rutland Strategies. 67 responses were received, of which 62 (92.5%) responded about Leicestershire. 48 (71.6%) responses were received from professional stakeholders (service providers and other local commissioners) and 19 (28.4%) responses were from members of the public.

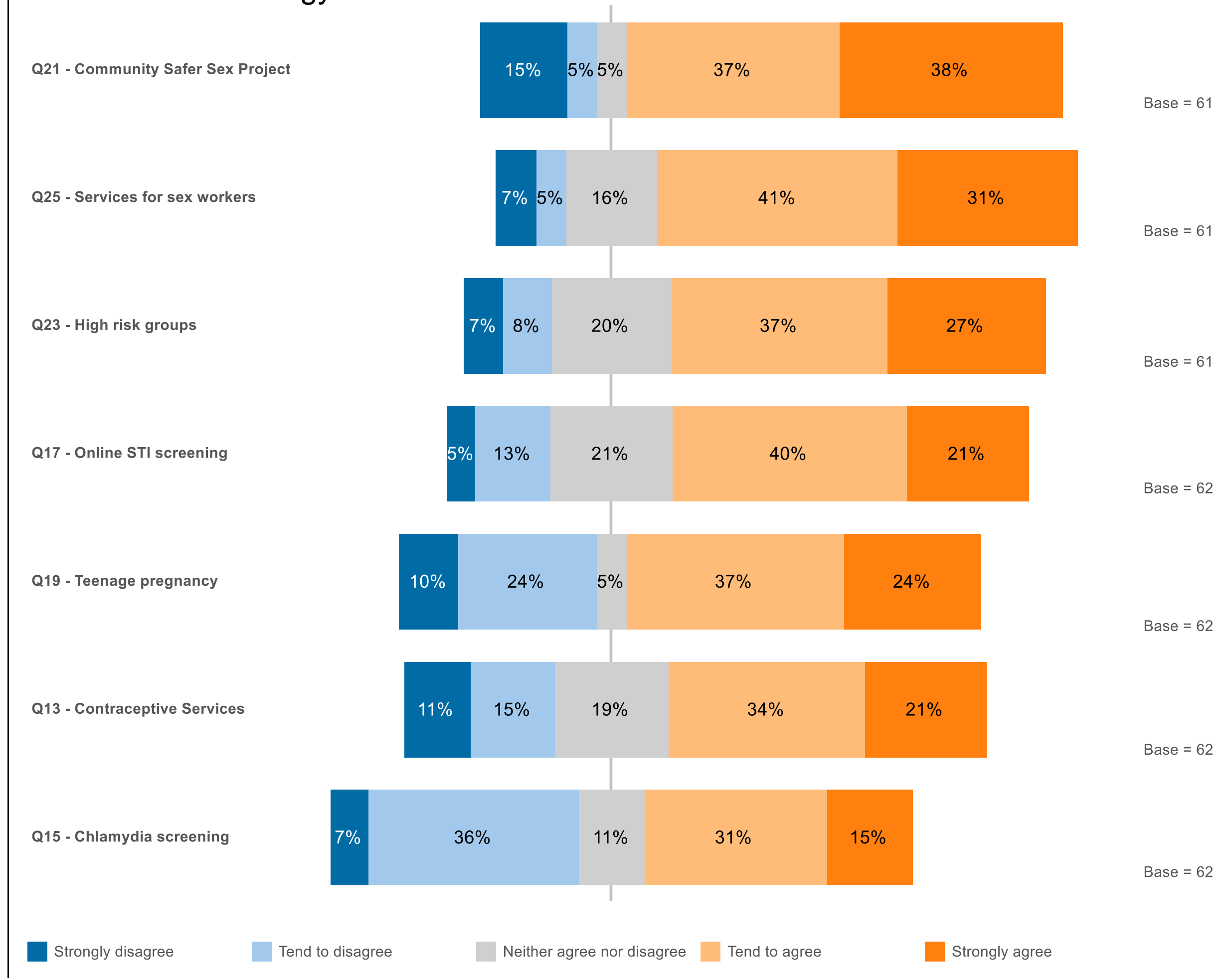
20. Key findings for Leicestershire (i.e. excluding responses from only Rutland) are;

   - Overall the draft Strategy was well received, with the majority of responses strongly or tending to agree with the proposed sexual health recommendations (60%), priorities (77%) and overall approach (64%).

   - Fig 1 below shows that over 60% of respondents strongly agreed or tended to agree to all implications except for reducing opportunistic Chlamydia screening (46%) and for increasing the role of primary care in uncomplicated sexual health and contraceptive services (55%). Key themes and responses to the qualitative results are included in Appendix C.

   Further details of the overall Leicestershire and Rutland sexual health consultation survey and results are included in Appendix B.

**Fig 1** Summary of Leicestershire responses to the proposed implications of the sexual health strategy on sexual health services




21. The draft strategy was considered by a number of bodies and their comments are as follows;

- The Health Overview and Scrutiny Committee (20th January 2016) supported the draft SHNA and draft Strategy and members welcomed the aim to simplify the screening process for sexual transmitted infections. Suggested areas for further consideration included further aligned work with Leicester City and exploring how the online STI self-screening service could be linked into GPs' computer systems.

- The Health and Wellbeing Board (10th March 2016) raised concerns regarding primary care capacity, long acting reversible contraception audits and suggested some additional context on the health and care system . The Board discussed the implication of reducing opportunistic chlamydia screening and requested that future implications of the Strategy with regard to commissioning be highlighted with the Board and partners.

- CCG and NHS England agreed that more effective work across the health system was needed and supported a bi-annual meeting of sexual health commissioners. CCGs raised some concerns regarding primary care capacity and decommissioning of GP led opportunistic chlamydia screening, but were keen to work in partnership to develop the workforce collectively and to explore new commissioning models including a federation approach. Links have also

been made to connect the gynaecology elements of the strategy into the Phase 2 of the Better Care Together -Planned Care work programme.

- Other groups included the Teenage Pregnancy Leadership Board and Looked After Children (LAC) event. Feedback from these groups included ensuring the Strategy met the particular needs of under-16s, wanting further clarity about how teenage pregnancy services would be embedded into other areas and considering the restricted internet, service and relationships and sex education access for LAC children.

22. Overall the consultation responses supported the Strategy's proposed approach. Some amendments have been made to the wording/ sequencing of some priorities and additional health and care system context has been added, however no fundamental changes were needed from the draft which was presented to the Cabinet in December 2015. Specific changes to the sexual health services are summarised in Appendix C.

**Content of the Strategy**

23. The Strategy includes details of progress with existing work, a number of cross-cutting themes and sets out the strategic approach, key activities to deliver this, and arrangements for performance monitoring.

24. The eight key priorities for improving sexual health services and population outcomes across Leicestershire 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. **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 impact on population attitudes and access to sexual health services.

iv. **Support schools to deliver high quality relationships and sex education (RSE).** High quality RSE is critical to empowering young people to have informed, consenting, positive relationships. Further work will be completed to build on the current Leicestershire RSE toolkit.

v. **Increase links between sexual violence prevention and sexual health services.** In recent years there has been increasing national impetus on identifying and preventing sexual violence including child sexual exploitation and female genital mutilation. Sexual health services therefore need to give more attention to embedding the sexual violence prevention agenda within their services.

vi. **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.

vii. **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 a consistent, high quality sexual health service in all practices for uncomplicated sexual health needs. This will help patients decide on the most appropriate contraceptive method for them, thus reducing demand for future appointments in both general practice and the specialist service.

viii. **Utilise new technologies to support sexual health delivery.** Leicestershire is a rural county, therefore sexual health services need to consider how best to utilise the latest technologies to increase access to the population. This includes developing an online service for a risk assessed, full STI (sexually transmitted infection) self- screening kit and utilising the latest communication advances in service delivery, advertisements and partner notification. The evidence base of new sexual health interventions will also be reviewed and interventions implemented as appropriate.

25. An implementation plan will be developed to deliver the Strategy, supported by a bi-annual sexual health commissioning group. Progress against the implementation plan will be monitored by the Director of Public Health and Public Health Departmental Management Team on an annual basis and will be reported to partners and key stakeholders to ensure alignment across the system.

**Conclusions and Next Steps**

26. A significant amount of work has been done through the SHNA, consultation and an Equality and Human Rights Impact Assessment (attached as Appendix D) to understand Leicestershire's current and future sexual health needs and vision. The final Strategy prioritises the next stage of sexual health commissioning required to meet the evolving needs while building on wider County Council priorities, including an increased focus on prevention (by relationships and sex education, condom distribution etc), and supporting communities (by implementing new technologies and improved general practice access), to deliver high quality, cost-effective sexual health systems. These will also deliver some cost efficiencies as part of the MTFS.

27. Subject to approval by the Cabinet, the Director of Public Health will use the final Strategy to inform and implement commissioning decisions over the next three years. The Strategy's implementation and progress will be monitored by the Director of Public Health, Public Health Departmental Management Team and regularly communicated to key stakeholders via sexual health clinical networks and commissioning meetings.

## Relevant Impact Assessments

### Equality and Human Rights Implications

28. 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.

29. As part of the development of the final Strategy a full Equality Human Rights Impact Assessment (EHRIA) has been undertaken (Appendix D) to identify equality and human rights issues that needed to be incorporated into the final Strategy. The EHRIA has been updated following results of the consultation. Key areas identified in the EHRIA include the impact of reducing opportunistic chlamydia screening on young people, the need to ensure appropriate safeguarding pathways are in place for under-16s using the C-card, having targeted services for those at greatest risk of poor sexual health (including men who have sex with men) and considering the access needs of people with learning disabilities. The results and mitigating actions from the EHRIA will be embedded in the Strategy's subsequent implementation plan and regularly reviewed as part of the performance monitoring arrangements.

### Risk Assessment

30. The Sexual Health Strategy aims to reduce a number of current risks identified by the SHNA and wider sexual health system which 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), that could result in fragmented commissioning of services;

- Potential changes to service delivery due to the implementation of new models of work that 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.

## Background Papers

Report to the Cabinet on 11th December 2015- Sexual Health Needs Assessment and Draft Leicestershire Sexual Health Strategy 2016-19.
http://politics.leics.gov.uk/Published/C00000135/M00004233/AI00046016/$7CabinetReportSexualHealthStrategy.docA.ps.pdf

Report to the Cabinet on 15th October 2013- Public Health Procurement Plan 2013/14-14/15.
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).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf]

Department of Health. A Framework for Sexual Health Improvement in England. 1–56 (2013).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf]

**Appendices**

**Appendix A** Leicestershire Sexual Health Strategy 2016-19

**Appendix B** Leicestershire and Rutland Sexual Health Strategy Survey Report

**Appendix C** Summary of key themes from the qualitative comments and amendments to the strategy/ service

**Appendix D** Equality and Human Rights Impact Assessment

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