



**CABINET - 16 DECEMBER 2022**

**RECOMMISSIONING OF SEXUAL HEALTH SERVICES - PROPOSAL  
FOR CONSULTATION**

**REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

**PART A**

**Purpose of the Report**

- 1 The purpose of this report is to seek Cabinet approval to consult on the proposed model for sexual health services to be commissioned across Leicestershire and Rutland. The consultation would be carried out jointly with Rutland Council and as such will also need to be approved through its governance process.

**Recommendations**

- 2 It is recommended that:
  - (a) The draft model for the delivery of sexual health services as outlined in this report be agreed for consultation;
  - (b) A further report be submitted to Cabinet in April 2023, providing a summary of the consultation findings, and presenting the final service model for approval.

**Reasons for Recommendations**

- 3 Upper tier local authorities have a statutory responsibility to provide comprehensive open access sexual health services.
- 4 The current contracts for the provision of sexual health services across Leicestershire and Rutland end on 31 March 2024.
- 5 Following a review of the current service model and a review of need, a revised delivery model is proposed across the Leicestershire and Rutland area.

**Timetable for Decisions (including Scrutiny)**

- 6 The Health Overview and Scrutiny Committee will consider the proposal for the service at its meeting on 18 January 2023.

- 7 It is intended that the outcome of consultation and proposed final service model for sexual health services will be brought to Cabinet for approval in April 2023.
- 8 The consultation feedback and final service model will also need to be approved by Rutland Council and will be taken to its Cabinet meeting in April 2023.

### **Policy Framework and Previous Decisions**

- 9 The draft proposal is informed by the Leicestershire Sexual Health Strategy 2020-2023, enabling informed choice and accessible sexual and reproductive health services. This strategy was approved by the Cabinet in June 2020.
- 10 The draft proposal is aligned with the Public Health Strategy – Delivering good health and prevention services 2022-2027, and the Leicestershire Joint Health and Wellbeing Strategy 2022-2032 – Staying Healthy, Safe and Well.

### **Resource Implications**

- 11 The current annual budgets for sexual health services are £3.5m for Leicestershire and £120,000 for Rutland from the Public Health Grant. These figures do not include spend on out-of-area activity. The provider/s of the new model will be expected to manage predicted growth within the financial envelope.
- 12 Additional personnel resource will be required to complete the procurement. The Sexual Health Services Recommissioning Group is being developed and subject matter experts (Communications, legal services, Commissioning Support Unit) have been made aware of the planned consultation and procurement.
- 13 The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

### **Circulation under the Local Issues Alert Procedure**

- 14 This report has been circulated to all Members of the County Council.

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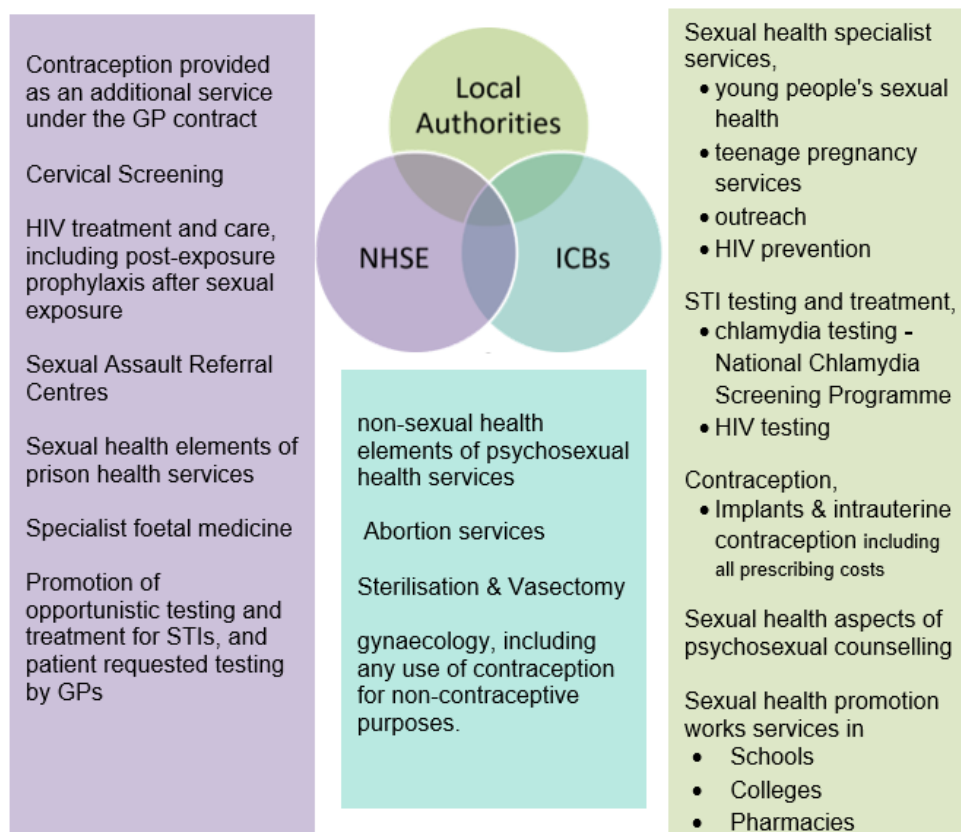
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## **PART B**

### **Background**

- 15 The commissioning responsibilities of local government, Integrated Care Boards (ICBs) and NHS England (NHSE) are set out in the Health and Social Care Act 2012. Additionally, local government responsibilities for commissioning most sexual health services and interventions are mandated by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. This instructs local authorities to commission confidential, open access services for Sexually Transmitted Infections (STIs) and contraception as well as reasonable access to all methods of contraception and advice on preventing unintended pregnancy.
- 16 The commissioning responsibilities for Sexual Health, Reproductive Health and HIV (Human Immunodeficiency Virus) are organised as below.



- 17 Local authority commissioned sexual health services for Leicestershire and Rutland comprise of the Integrated Sexual Health Service (ISHS) and Community Based Services (CBS).

### **Integrated Sexual Health Service (ISHS)**

- 18 The current ISH service was jointly commissioned by Leicester City Council, Leicestershire County Council and Rutland County Council. The service is

provided by Midlands Partnership NHS Foundation Trust (MPFT). Each authority holds a separate contract with MPFT which commenced on 1 January 2019 and ends on 31 March 2024.

19 The ISHS provides the following services:

- contraceptive services
- sexually transmitted infection testing and treatment
- a specific young people's service
- psychosexual counselling
- outreach and health promotion
- professional training
- network management
- sexual health leadership role across Leicester, Leicestershire and Rutland.

20 The service is currently delivered from two hub locations (Haymarket Health Centre - Leicester, and Loughborough Health Centre) alongside a range of sessional 'spoke' locations (8 in Leicester City, 3 in Leicestershire and 1 in Rutland) together with dedicated outreach activity.

21 MPFT sub-contracts the provision of online sexual health services to SH:24. This includes the provision of STI test kits, STI treatment, oral contraception, and emergency hormonal contraception.

### **Community Based Services (CBS)**

22 Community Based Services include the provision of long-acting reversible contraception (LARC) provided by GPs and emergency hormonal contraception (EHC) provided by pharmacies.

23 CBS are commissioned across Leicestershire and Rutland. The contracts for this service end on 31 March 2024.

24 60 GP practices were awarded a contract to deliver LARC services across Leicestershire and Rutland with 44 actively delivering this service in 2022/23. There have been challenges within primary care to deliver LARC services as a result of reduced capacity and face to face activity during the COVID-19 pandemic. There have also been challenges in retaining staff who are trained to deliver LARC.

25 54 pharmacies were awarded a contract to provide emergency hormonal contraception to women under 25 years of age across Leicestershire and Rutland, with 28 pharmacies actively providing a service. The fall in usage of pharmacies for emergency hormonal contraception is predominantly due to the availability of EHC via the online sexual health service.

### Review of existing provision

- 26 Leicestershire residents utilise the ISHS predominantly for STI-related services (STI testing and treatment). This has remained consistent since the start of the contract.

<b>% Leicestershire Residents activity</b>				
	<b>STI</b>	<b>Contraception</b>	<b>Sexual Health</b>	<b>HIV</b>
<b>2018/19</b>	65%	31%	2%	1%
<b>2019/20</b>	65%	31%	3%	1%
<b>2020/21</b>	73%	22%	3%	1%
<b>2021/22</b>	65%	31%	3%	1%

- 27 The COVID-19 pandemic led to a significant change in the way sexual health services are accessed. Usage data for the current service shows that the proportion of Leicestershire residents accessing clinic services has reduced dramatically (from 64% to 39%), with a marked increase in the use of online sexual health services (from 21% to 50%). This channel shift has not been as marked for Leicester City residents.

<b>% Leicestershire Residents access point</b>			
	<b>Clinic provision</b>	<b>Online Provision</b>	<b>C-Card*</b>
<b>2018/19</b>	64%	21%	15%
<b>2019/20</b>	63%	21%	16%
<b>2020/21</b>	37%	57%	5%
<b>2021/22</b>	39%	50%	12%

*\*C-Card is a free service offering condoms and sexual health information to young people.*

- 28 Local authorities are cross charged for out of area attendances to sexual health services across the country. Leicestershire residents generally attend the Leicester, Leicestershire and Rutland ISHS service, however, there is a small percentage that choose to access services outside of this area. The proportion of residents accessing out of area services has reduced over the course of the contract. This is likely to be due to the expansion of online sexual health services, making sexual health services more accessible.

<b>% Out of area activity</b>	
<b>2018/19</b>	2.3%
<b>2019/20</b>	3.0%
<b>2020/21</b>	1.6%
<b>2021/22</b>	1.6%

- 29 Leicestershire remains higher than the national average for GP-prescribed LARC despite the slight decline in residents' uptake of LARC within GP surgeries. The impact of the COVID-19 pandemic has seen a decline in long-acting reversible contraception (LARC) provision between 2019 and 2020 in GPs and Sexual Health Services. Post-pandemic numbers are beginning to rise again but are still considerably lower than in previous years.

- 30 The numbers of women accessing EHC via pharmacies remains significantly lower than pre-pandemic numbers. It is likely that these numbers have been impacted by the availability of online EHC, unlike LARC where face to face appointments are required.

### **Review of need**

- 31 Leicestershire performs well for many public health indicators relating to sexual health. This is evidenced by continuing lower rates of new sexually transmitted infections (STIs), under-18 conceptions and newly diagnosed HIV.
- 32 However, the trend for gonorrhoea diagnosis in Leicestershire shows that the rate is increasing significantly, although it is important to note that this is a similar pattern to that nationally.
- 33 Chlamydia detection rates in 15 to 24-year-olds in Leicestershire are below the national benchmarking goal and the trend shows that the detection rate is decreasing significantly. The proportion of the 15-24 population screened is also significantly below the national average and the screening percentages have been significantly decreasing in Leicestershire over the last five years. This pattern of decreasing trend has been observed nationally, with the COVID-19 pandemic contributing significantly to this.
- 34 At a national and regional level, new HIV diagnosis from persons diagnosed in the UK have seen a significantly declining trend. Leicestershire remains a low HIV prevalent area, so numbers of diagnoses are small, however, the local trend has shown no significant change.
- 35 It is widely recognised that circumstances in 2020/21 were exceptional as a result of the COVID-19 pandemic, which impacted significantly on service delivery and activity.
- 36 Whilst national guidance on social distancing, and restrictions on walk-in services arising from the pandemic have now eased, there has not been a shift back to accessing clinic services as they were before the pandemic. This could be compounded by other factors such as: more people working from home, an increase in the use of online sexual health services due to convenience, and reduction in unnecessary travel arising from the cost-of-living crisis. It is therefore essential that this shift in activity is reflected within the service redesign.
- 37 A period of engagement on current sexual health service provision took place in August 2022 with a range of stakeholders including, commissioners of sexual health services, providers of sexual health services, Office of the Police and Crime Commissioner, district councils and GPs. A specific workshop was also held with young people to seek their views. Details of the feedback and a full list of attendees can be found in the Appendix to this report. Overall, the feedback highlighted the following:
- Good access is a priority for both face to face and digital service provision

- Importance of community access points
- The need to improve awareness of the service offer
- The need for education and awareness through targeted outreach to reduce stigma and/or discrimination.

### **Proposed new model for sexual health services**

38 Good access to sexual health services can have a positive impact on local communities through:

- Reduced unplanned pregnancies.
- Reduction in STI's that are often asymptomatic and can therefore lead to further transmission. New STI diagnoses are higher in more deprived populations.
- Reduction in teenage pregnancies. Teenage pregnancies are significantly higher in more deprived areas and contribute to their own health inequalities such as continued risk of living in poverty and poor mental health.<sup>1</sup>

39 Based on the review of existing provision and a review of need, the principles of the future model are:

- Continued expansion of digital services
- Reduction in out-of-area activity in the long-term
- Increased access to commonly used services e.g., contraception
- Better value for money, addressing inefficiencies and duplication
- Improved coordination of sexual health services across the system
- Enhancing and joining up targeted sexual health services e.g., chlamydia screening, contraception services, C-card etc.

40 The table below summarises the current model, challenges with the current provision and the proposed new model.

<b>Current provision</b>	<b>Challenges with current provision</b>	<b>Proposed new model</b>
<b>ISHS – as described in paragraphs 19 and 20</b>	Due to workforce shortages, there have been multiple occasions when the hub and spoke clinics across Leicestershire have had to close to service the Haymarket hub.	Having a Leicestershire and Rutland service would ensure there is a dedicated workforce for the proposed hub and spoke model, therefore minimising disruption to service provision.
	Some activity undertaken through the ISHS is non-complex and	Expand the community sexual health service and self-managed care offer

<sup>1</sup> Sexual and reproductive health and HIV: applying All Our Health

	could be delivered through more cost effective channels e.g. through a community based model and through self-managed care	to enable the ISHS to focus on more complex cases.
<b>Online sexual health service – as described in paragraph 21</b>	<p>Online sexual health services are sub-contracted by the existing provider leaving little autonomy for the commissioner to influence the delivery model.</p> <p>Performance data is not detailed enough to provide meaningful analysis of how the service is performing. Requests for additional data have to be made through the ISHS which is time consuming.</p>	Commission the online sexual health service as a separate lot to the ISHS.
<b>LARC services – as described in paragraphs 22, 23 and 24</b>	<p>The current provision is delivered via a combination of individual GP practices or through a GP federation with some settings holding specific LARC clinics while others do not. Also, some settings offer LARC to registered patients only, while others offer LARC to any eligible resident.</p> <p>There have also been challenges in securing enough trained staff to provide LARC services across all GP practices resulting in:</p> <ul style="list-style-type: none"> <li>- Differences in service availability across Leicestershire</li> <li>- reliance on the ISHS to provide LARC services (not cost-effective)</li> <li>- residents having to travel across Leicestershire to access LARC services</li> </ul>	<p>Commission 1 provider to provide LARC services in accessible community settings across Leicestershire. This will also provide an opportunity to promote uptake of chlamydia screening.</p> <p>N.B Leicester City Council is not looking to retender this service as part of this recommissioning project</p>
<b>EHC services – as described in paragraphs 22,</b>	Reduction in uptake of EHC within pharmacies, predominantly due to a channel shift to online	<p>Expand current model</p> <p>N.B Leicester City Council is not looking to retender this service as</p>



23, 25	provision	part of this recommissioning project
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- 41 Early discussions with Leicester City Council indicate that it is not intending to make significant changes to the current offer. The existing provision is not meeting the needs of Leicestershire residents (as described in the table above) and therefore commissioning the service as it is, is not a viable option for Leicestershire.
- 42 While the discussions with Leicester City Council are ongoing, the current proposal is to jointly commission sexual health Community Based Services (CBS), the Integrated Sexual Health Service (ISHS) and online sexual health services with Rutland County Council (subject to its agreement) either under 1 lot or up to 4 separate lots (ISHS, online sexual health services, Community Based Services – LARC provision, Community Based Services – EHC provision). This is subject to the outcomes of soft market testing and consultation.
- 43 The rurality of both authority areas, combined with the growth of online sexual health services, have changed the way residents access sexual health services. The proposed approach will continue to provide the range of services currently offered to Leicestershire and Rutland residents alongside improved access to spoke clinics, increased local provision of LARC, continued provision of EHC services via pharmacies, as well as an opportunity to broaden the chlamydia screening offer within local settings. This combined approach will allow the Council to strengthen pathways between primary care and the ISHS to ensure seamless transition for patients between services.
- 44 The current annual budgets for sexual health services are £3.5m for Leicestershire and £120,000 for Rutland. These figures do not include spend on out-of-area activity. Further consideration will be given as to how these budgets will be apportioned across the services based on identified need and outcomes of the consultation and soft market testing.
- 45 Details of the proposed model as it relates to Leicestershire are set out below:
- Hub and spoke model of sexual health clinic provision to be retained and delivered from suitable premises and to be based on need.
  - Expand the accessibility of chlamydia screening services.
  - Continue the condom distribution service for under 25s.
  - Continue the availability of online sexual health services. The proposed change from current provision is to procure this service under a separate lot rather than with the ISHS. This will not affect the offer available to residents.
  - Dedicated LARC provision within community settings. The current provision is delivered via a combination of individual GP practices or through a GP federation with some settings holding specific LARC clinics while others do not. Also, some settings offer LARC to registered patients only, while others offer LARC to any eligible resident. This has led to differences in service delivery across Leicestershire.
  - Continue to expand EHC provision locally.

46 This approach will offer:

- Accessible clinic provision for residents.
- Local alternatives to clinic provision in instances where non-complex sexual health services are required. This will also support in destigmatising sexual health services.
- Dedicated staffing complement for the delivery of local sexual health services.
- Skilled LARC fitters meeting required competency levels allowing consistent clinic delivery.

### **Consultation**

- 47 Subject to the Cabinet's agreement an 8-week public consultation exercise will take place from January 2023, to seek feedback on the proposed model for sexual health services.
- 48 The consultation will seek the views of the general public, users of the service, service providers, commissioners of other local sexual health-related services, and stakeholders. The survey will be accessible online on the County Council's website and available as a hard copy on request. Consultation will also take place through focus groups and through approaching stakeholders directly.
- 49 The Health Overview and Scrutiny Committee will consider the proposed model for the service at its meeting on 18 January 2023 as part of the consultation process.
- 50 Soft-market testing will also take place during the consultation period to specifically gauge levels of interest and views from potential providers on matters such as viability of a Leicestershire and Rutland service within the proposed financial envelope, and appetite of Providers in delivering the different elements of the proposed model.

### **Equality and Human Rights Implications**

- 51 An Equality and Human Rights Impact Assessment (EHRIA) has been completed and the impact of a change in service model will be informed by the outcomes of consultation. The EHRIA will be presented to the Public Health Departmental Equalities Group.

### **Partnership Working and Associated Issues**

- 52 The current proposal to jointly commission sexual health services with Rutland County Council is subject to agreement from Rutland County Council; the outcome of which will be known by January 2023. If Rutland Council chooses to pursue an alternative approach, the sexual health service will be commissioned as a Leicestershire-specific service.

- 53 Sexual Health Services operate within a complex landscape for both commissioners and service providers. Continued engagement with partners in the production and delivery of the new model is therefore essential.

### **Risk Assessment**

- 54 Budget reductions and/or inflationary pressures to the Public Health Grant, could result in loss or restrictions to services. Should these circumstances materialise, elements of sexual health service provision will need to be prioritised.
- 55 A detailed risk assessment has been undertaken as part of the recommissioning project and a risk log will be kept and monitored by the Sexual Health Services Recommissioning Group.

### **Background Papers**

Report to the Cabinet - Leicestershire Sexual Health Strategy (2020-2023) – 23 June 2020 - <https://bit.ly/3VFp3sp>

Report to the Cabinet – Integrated Sexual Health Services – Outcome and Consultation and re-procurement – 24 November 2017 - <https://bit.ly/300kSZ2>

### **Appendix**

Stakeholder engagement summary report

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