



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 18 JANUARY 2023

RECOMMISSIONING OF SEXUAL HEALTH SERVICES

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1. The purpose of this report is to seek the views of the Committee on the proposed model for sexual health services as part of the consultation.

Policy Framework and Previous Decisions

2. 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.
3. 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.
4. The draft model for the delivery of sexual health services was agreed for consultation by the Cabinet on 16 December 2022.

Background

5. Local authority commissioned sexual health services for Leicestershire and Rutland comprise of the Integrated Sexual Health Service (ISHS) and Community Based Services (CBS).
6. The current Integrated Sexual Health Service (ISHS) 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.
7. 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 LLR.
8. 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.
 9. 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.
 10. Community Based Services include the provision of long-acting reversible contraception (LARC) provided by GPs and emergency hormonal contraception (EHC) provided by pharmacies (LARC is more commonly known as coils or implants used for birth control and EHC is more commonly known as the morning after pill).
 11. Community Based Services are commissioned across Leicestershire and Rutland. The contracts for these services also end on 31 March 2024.

Review of need

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

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

13. 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.

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

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

14. Leicestershire residents generally attend the LLR ISHS service, however, there is a small percentage that choose to access services outside of the LLR border. 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.

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

15. The impact of the COVID-19 pandemic has seen a decline in 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. Despite this, Leicestershire remains higher than the national average for GP-prescribed long-acting reversible contraception (LARC).
16. The numbers of women accessing emergency hormonal contraception (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.
17. Whilst national guidance on social distancing, and restrictions on walk-in services arising from the pandemic have now eased, we have not seen 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.
18. 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 (OPCC), district councils and GPs. A specific workshop was also held with young people to seek their views.
19. 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.

Proposals

20. 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.¹

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

Current provision	Challenges with current provision	Proposed new model
ISHS	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 which is based in the city.	Having a Leicestershire and Rutland service would ensure we have 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 could be delivered through more cost-effective channels e.g., through a community-based model and through self-managed care	Expand the community sexual health service and self-managed care offer to enable the ISHS to focus on more complex cases. This includes expansion of chlamydia screening services. Continue the condom distribution service for under 25s
Online sexual health service	Online sexual health services are sub-contracted by the existing provider leaving little autonomy for the commissioner to influence the delivery model. 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.	Commission the online sexual health service as a separate lot to the ISHS. This will not affect the offer available to residents.

¹ Sexual and reproductive health and HIV: applying All Our Health

LARC services	<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"> - Differences in service availability across Leicestershire - reliance on the ISHS to provide LARC services (not cost-effective) - residents having to travel across Leicestershire to access LARC services 	<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>
EHC services	<p>Reduction in uptake of EHC within pharmacies, predominantly due to a channel shift to online provision</p>	<p>Expand current model</p> <p>N.B Leicester City Council is not looking to retender this service as part of this recommissioning project</p>

22. The ISHS service will retain a minimum of 1 hub (located in Loughborough) and 3 spokes for Leicestershire together with dedicated outreach activity, the online sexual health service will continue to be available, long-acting reversible contraception (LARC) delivery will be standardised across the county in accessible community settings and emergency hormonal contraception EHC will continue to be delivered via local pharmacies with encouraged expansion to provide equity in access across Leicestershire.

23. 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.

24. Early discussions with Leicester City Council indicate that they are not intending to make significant changes to the current offer. While discussions with Leicester City Council are ongoing 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.
25. It is proposed to jointly commission the sexual health model with Rutland County Council (subject to its agreement). The rurality of both authority areas, combined with the growth of online sexual health services, have changed the way residents access sexual health service in both areas. 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,
26. The intention is for the sexual health Community Based Services (CBS), the Integrated Sexual Health Service (ISHS) and online sexual health services to be procured 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.

Consultation

27. Consultation was approved by Leicestershire County Council's Cabinet on 16 December 2022 and approval is being sought by Rutland County Council's Cabinet on 12 January 2023.
28. The eight-week public consultation exercise will launch on 16 January 2023 to seek feedback on the proposed model for sexual health services.
29. The consultation will seek the views of the general public, users of the service, service providers and commissioners of other local sexual health-related services. 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.
30. Soft-market testing is also taking 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.
31. The purpose of this report is to seek the views of the Committee on the proposed model for sexual health services as part of the consultation.

Resource Implications

32. 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.
33. 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.
34. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

35. Consultation will close on 12 March 2023.
36. All consultation and soft market test findings will be reported to Leicestershire County Council Cabinet on 25 April 2023, and approval will be sought to commence procurement.
37. Rutland County Council Cabinet will receive their own report on 23 May 2023.
38. Subject to Cabinet approval, the invitation to tender is planned for launch on 1 June 2023 with a view to the new service commencing on 1 April 2024.

Conclusions

39. The contracts for local authority commissioned sexual health services are due to end on 31 March 2024.
40. Following a review of need and current activity, a proposed new model for sexual health services has been developed and is currently out for public consultation.
41. The purpose of this report is to seek the views of the Committee on the proposed model as part of the consultation.

Background papers

42. Report to the Cabinet - Recommissioning of Sexual Health Services - proposal for consultation – 16 Dec 2022
<https://politics.leics.gov.uk/ieListDocuments.aspx?MIId=6746>
43. Report to the Cabinet - Leicestershire Sexual Health Strategy (2020-2023) – 23 June 2020
<https://bit.ly/3VFp3sp>

Circulation under the Local Issues Alert Procedure

44. None

Equality Implications

45. An initial Equality Impact Assessment (EIA) has been completed up to section 5 (action plan and recommendations). This document will be reviewed and amended as needed post consultation to allow a full inclusive action plan to be developed as required.
46. The positive impacts identified from the Equality Impact Assessment include:
- An improved local offer reducing the requirement for excess travel to required services which may be difficult due to age or finances or disabilities.
 - Online self-sampling HIV/STI testing improves access for at-risk groups, while allowing greater privacy/discretion for the user.
 - Removal of some online services to promote face to face interaction and increase safeguards particularly for young people and those at risk of exploitation.
 - Improved promotion of service and variety of access points will support identified groups with awareness of the services that can support those with additional needs or their carers to access services.
47. Potential adverse impacts were identified. The consultation findings will be used to explore these in more detail and to support the development of mitigating actions. Impacts include:
- The removal of some online contraception services (for the purposes of safeguarding) may create barriers for those with a disability or have a greater impact on women due to the types of services they access.

Human Rights Implications

48. There are no human rights implications arising from the recommendations in this report.

Appendices

49. Consultation Documents

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