BRIEFING NOTE: UPDATE ON INTEGRATED SEXUAL HEALTH SERVICES

Health and Wellbeing Scrutiny Commission

Date: 29 November 2017

Lead director: Ruth Tennant, Director of Public Health

Useful information

■ Ward(s) affected: All

■ Report author: Liz Rodrigo,

■ Author contact details: liz.rodrigo@leicester.gov.uk;

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PLEASE COMPLETE ALL SECTIONS. IF YOU SUBMIT FURTHER INFORMATION PLEASE USE CLEARLY MARKED APPENDICES.

a) Summary

The purpose of this paper is to;

- Provide the Health and Wellbeing Scrutiny Commission with an update on the agreed service model for integrated sexual health services across LLR
- Update the Health and Wellbeing Scrutiny Commission on the outcome of the recent consultation exercise on proposed changes to the sexual health services in Leicester and next steps for the re-procurement of this service
- Update the Health and Wellbeing Scrutiny Commission on the progress to refurbish of new premises to house the Leicester City Hub for Sexual Health Services.

2. Recommendations

The Health and Wellbeing Scrutiny Commission is asked to:

- Note the results of the consultation
- Note next steps for the procurement of the service and progress on plans to relocate the service

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3.1 Integrated Sexual Health Services in LLR – An overview of the new model

Sexual Health Needs in Leicester

Leicester, like many young urban areas, has relatively high rates of acute sexually transmitted infections (STIs), a high rate of HIV diagnoses and a rate of under 18 conceptions above the national average.

STIs

Chlamydia is the most common STI particularly among the 15-24 age group. In 2015 21.6% of young people aged between 15 and 24 were screened: this is slightly lower than the national average of 22.5%.The diagnosis rate for Chlamydia is an indicator in the Public Health Outcomes Framework. The national ambition is for a diagnosis rate of 2,300 per 100,000 of the 15-24 year old population. The most recently reported diagnosis rate in Leicester is 2190 per 100,000 (higher than the national average rate of 1887 per 100,000) Leicester is ranked 54 out of 326 local authorities with 1 being the highest.

Other STIs that are of concern and rising in Leicester and across the country are Syphilis and Gonorrhoea. These are more prevalent amongst men who have sex with men

HIV

In Leicester 80% of people acquired their HIV heterosexually and sixty one percent of people living with HIV are of black African ethnicity. 12.7% of the HIV cohort in Leicester are Men who have sex with men (MSM). Areas with a diagnosed HIV rate of more than 2.0 per 1,000 population aged 15-59 years are defined as areas of high prevalence. Leicester has a diagnosed HIV prevalence rate of 3.82 and is ranked the 5th highest prevalence area outside London

It is important that individuals who become infected with HIV know their diagnosis as soon as possible to allow early access to treatment. Early treatment is very effective and extends the individuals life and reduces the likelihood of transmission to others. . Leicester has a high late diagnosis rate at 59.8% compared to the national average of 40.1% this is partially due to individuals presenting that have been previously diagnosed abroad.

Leicester has a higher than average rate of under 18 conceptions. The rate locally has fallen in the last 15 years by some 50%. A partnership strategy has been implemented in Leicester over the last 10 years to support the reduction in under 18 conceptions. This has included an increased effort in improving education in schools along with information on access to contraception and sexual health services.

In 2014 the teenage pregnancy rate in Leicester fell to 25.3 per 1,000 15-17 year-olds compared to the national rate of 22.8 per 1,000 15-17 year-olds. The fall in Leicester between 1998 and 2014 is 60.8% compared to the 51.1% reduction in England. Under 18 conceptions are not evenly distributed across Leicester. The following characteristics are more common amongst women who conceive under 18 years in Leicester:

- white ethnicity
- low educational attainment
- high levels of truancy
- child of a teenage mother

Upper tier local authorities have a statutory responsibility to provide open access sexual health services. Open access means that anyone can access these services regardless of

where in the country they live. The current contract for these services in Leicester, Leicestershire and Rutland expires on 31st December 2018. Executive approval to go out to procurement for a remodelled service (subject to the results of public consultation) was given on the 17th August 2017. This will include:

- The integrated sexual health service (ISHS), commissioned by Leicester City, Leicestershire County and Rutland County Councils.
- Sexual Health promotion and HIV prevention for sex workers
- Coordination of training in Relationships and Sex education (RSE) in secondary schools and colleges. The details of this are included in Appendix 1

These services are all currently provided by Staffordshire and Stoke on Trent NHS Partnership Trust (SSOTP).

The new service model will consist of two centralised hubs (one in Leicester City Centre and one in the county – currently this is based in Loughborough) and a number of satellite clinics at various locations. Hubs will be open between 8am and 7pm Monday to Friday and on Saturdays between 10am and 4pm.

Because these services are required to be open access there is significant cross-over of patients from the county accessing services within the city and vice versa. It is sensible from a service and financial stance to continue with the arrangement to jointly commission these services across the three local authorities.

A review of the services highlighted that there are a significant number of interactions with the service which do not require the input of a specialist e.g. distributing condoms for contraception. A move to more self-managed care frees up specialist staff time and reduces costs. In our proposal we will move to more self-managed care including;

- Provision of condoms for contraception via self-service machines
- Ordering of self-taken STI testing kits online and from pick up points
- A telephone advice service and greater use of online appointment booking

Patients will still be able to access appointments with specialist clinical staff where this is needed.

3.2 Consultation

To elicit residents' views on these proposed changes, a consultation exercise was carried out for 8 weeks from 16th August 2017-16th October 2017. The consultation was carried out via the online Citizens Space with hard copies of questionnaires distributed via sexual health clinics and local VCS providers. In addition Leicester Young People's Council were consulted and the consultation was sent to contacts in both Universities, and promoted at Fresher's events.

There were 177 responses from Leicester residents including 36 from young people aged 18 to 25, and five from young people aged under 18.

The consultation exercise demonstrated that Leicester respondents are supportive of;

- an online appointment booking service
- A mixture of pre booked appointments and a 'stay and wait' service
- The availability of an online and telephone advice service

- Online ordering of self-test kits for sexually transmitted infections (STIs)
- Use of self-service machines to obtain specific sexual health products such as condoms

People taking part in the consultation also raised a number of issues about how these changes would work in practice which are set out below:

Table 1. Consultation issues and actions to address these

Issues raised in the consultation	Actions
Consultees wanted to have good information about how to carry out self-testing and wanted assurances that the tests are effective.	Video instructions on how to use tests will be available on the service's website and on the Self Service machines. All self-testing kits will be subject to national quality standards.
Consultees supported the principle of self-testing machines but wanted to know that these would be located in confidential spaces.	The location of Self Service machines will be selected to make sure that they are in confidential areas and appropriately screened. This will include the reception area of the new service.
Consultees wanted to be confident that the self-testing kits and machines would only be used by people of the right age and that checks and balances would be put in to protect vulnerable people.	Before people can use the self-testing kits, they need to fill in an on-line questionnaire including their name, date of birth and other information. Based on this information, the user will be directed to the most appropriate service. In the case of young people or person with particular vulnerabilities, they would be directed to a clinician for a 121 assessment.

The demographic profile of people responding to the initial consultation exercise did not fully reflect the ethnic diversity of the Leicester City population. In response to this, a specific consultation was carried out by the service to get a wider range of views. 44 responses were received in total from people who identified themselves as coming from BME communities (12 individuals who identified as Black African, 5 Black Caribbean, 23 Asian (Indian) 7 Asian (other), 12 Mixed heritage. Responses were in support of online booking, online ordering of tests and self-service machines. Comments and concerns are similar to those identified above and require the same actions.

Young people's responses to the consultation illustrate some specific issues for the under 25s. These will be communicated to the current sexual health service to ensure that they are incorporated into the service and will be part of the specification for the new service. The three main themes for young people using sexual health services are; ease of access, ensuring confidentiality, and the minimisation of potential embarrassment.
In addition

- Young people prefer to use online services.
- Young people generally do not like the idea of a phone service, especially if the same service is available online.

- Young people share some of the concerns using self-service machines and ordering STI testing kits online as other services users (see table 1). Assurances in table 1 should help to address some of these issues and work will be undertaken with students and young people to promote these services as the new service gets established.

- **3.3 Procurement of the Integrated Sexual Health Services**

3.3.1 Procurement

There will be a joint procurement process with Leicestershire and Rutland County Councils led by Leicester City Council. There is a joint partnership agreement in place between the three local authorities for the procurement and contract management of the service.
There will be one contract for each local authority with the provider and one service specification that reflects the differing needs of each local authority. The procurement timetable is set out in appendix 2.
The new specification has been reviewed by :

- External independent clinical advisor
- NHS England regarding links to the HIV treatment and care services
- NHS England regarding links to cervical screening which is now provided within the service.
- Health Education East Midlands re the training of future clinicians

This is to ensure that the specification meets all current guidelines and best practice and to ensure that there are clear pathways to other relevant services.

3.3.2 Financial issues

As part of the corporate spending review process, a savings target of £800,000 from the sexual health budget from 1st April 2019 has been identified. Redesigning the sexual health services including more self-managed care, reducing costs across the service, moving the Leicester City sexual health service hub to better value accommodation will realise a proportion of these savings. These are currently being modelled, subject to Executive decision-making.

3.3.3 Service Model

The new service model is based upon Leicester City residents' needs and the current open access Integrated sexual health services model providing levels 1-3 described in Appendix 1. It has an emphasis on Self-Managed Care described above in section 3.1.There is continued specific provision for those with the highest sexual health need i.e. young people (under 25 years of age) Men who have sex with Men, and some BME individuals.

3.4 Accommodation

The current Leicester City Hub is located in St Peters Health Centre, Sparkenhoe Street Leicester. This is a large NHS Local Improvement Finance Trust (LIFT)[1] building with one

[1] St Peters Clinic was built as part of a LIFT scheme. NHS LIFT was established in 2000 by the Department of Health (DH) to deliver new models of healthcare. The DH joined with Partnerships UK

floor dedicated to sexual health clinical service provision. The rental costs of this building are very high and clients have expressed concerns about the location. If a suitable lower cost venue could be sourced this would offer the opportunity to realise significant savings on the revenue budget. It has not been possible to negotiate a lower rent for the current location and therefore a search for alternative venues was undertaken.
The requirements of any new location are;

- City centre location close to bus and train services and close to car parks. Away from sensitive areas such as schools and a location that reflects the wider needs of local communities and local businesses.
- Sufficient size to accommodate a footfall off 28,000 per annum and being adapted to NHS Clinical standards

Detailed feasibility work is now underway on potential sites, subject to final decision making by the Executive.

Recommendations

The Health and Wellbeing Scrutiny Commission is asked to;

- Note the results of the consultation and how feedback is being incorporated into the new service.
- Note next steps for the procurement of the service and progress on plans to relocate the service
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Financial, Legal and other implications

Financial implications

See para 3.2.2. Remodelling the service and moving the location of the service will contribute to reducing the overall costs of the service.

Legal implications

N/A

Climate Change and Carbon Reduction implications

N/A

Equalities implications

Specific equalities information is set out in section 3.2 which sets out how consultation was carried out to inform the new service. This included additional sampling with BME communities who were under-represented in the main consultation.

(PUK) to create Partnerships for Health, known as CHP. CHP owns the Head lease on the building and subleases this to SSOTP for the ST Peters Clinic.

5. Supporting information / appendices

5.1. Basic and Intermediate Care (Level 1 and 2)**

Information on services provided by local voluntary sector and other local services sexual health providers including referrals and/or signposting

Full sexual history taking and risk assessment (all practitioners)[2]

Pregnancy testing

Supply of male and female condoms and lubricant

All methods of oral emergency contraception and the intrauterine device for emergency contraception[3]

Safeguarding regarding Missing and CSE, spotting the signs, etc.

First prescription and continuing supply of combined hormonal contraception (combined and progestogen only) including oral, transdermal, transvaginal methods of delivery and a choice of products within each category where these exist

First prescription and continuing supply of injectable contraception

IUS and IUD uncomplicated insertion, follow up and removal

Diaphragm fitting and follow up

Uncomplicated contraceptive implant insertion, follow up and removal

Assessment and referral for difficult implant removal

Natural family planning

Cervical cytology

Direct referral for antenatal care

Direct referral/signposting for abortion care and to support self-referral for abortion care.

Counselling and direct referral for male and female sterilisation back to GP

Domestic abuse screening and referral (all practitioners)

Assessment and referral for psychosexual issues

Assessment and provision of for Brief Alcohol Interventions (BAIs)

Referral for Female Genital Mutilation (FGM) specialist advice and care

STI testing and treatment of symptomatic but uncomplicated infections in men [4] and women excluding:

Men with dysuria and/or genital discharge

- Symptoms at extra-genital sites e.g. rectal or pharyngeal
- Pregnant women (except women with uncomplicated infections requesting abortion)
- Genital ulceration other than uncomplicated genital herpes

Chlamydia screening for sexually active under 25 year olds

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[2] Full sexual history taking and risk assessment should include brief interventions as part of harm reduction techniques with high risk individuals to reduce STIs, HIV and under 18 conceptions. Where agreed locally, brief interventions for problematic drug and alcohol use should be covered with onward referrals to local services as appropriate. Questions regarding intimate partner violence may also be considered where appropriate.

[3] Faculty of Sexual and Reproductive Healthcare (2011) *Clinical Guidance Emergency Contraception* August 2011(Updated January 2012)

[4] The testing and management of men who have sex with men (MSM) has been defined as an element of care at Level 3 as the majority of infections in this group are in the rectum and/or pharynx rather than the urethra (with prevalence in a GUM clinic sample found to be 20% vs 7% respectively for gonorrhoea, and 10% vs 5% for chlamydia). Therefore, adequate testing requires access to NAATs, and gonorrhoea cultures from extra-genital sites. No NAATs are approved for use on extra-genital samples, so these should only be used in liaison with the local microbiologists and culture is often not feasible in Level 2 services because it requires immediate transport of samples to the laboratory. However, for the management of asymptomatic MSM there may be exceptions in Level 2 services which have the full range of investigations available and the necessary clinical and prevention skills.

Case Management of uncomplicated Chlamydia

HIV and syphilis testing and pre and post-test discussions (with referral pathways in place)

Initiation of Post Exposure Prophylaxis with referral to Level 3 for on-going management

Promotion and delivery of Hepatitis A and B vaccination, with a particular focus on key target groups

Hepatitis C testing and discussion (with referral pathways in place)

Uncomplicated contact tracing/partner notification

Management of first episode uncomplicated vaginal discharge (low risk)

Management of contacts of gonorrhoea and TV (excluding symptomatic men)

Assessment & treatment of genital ulceration with appropriate referral pathways for those at high risk of syphilis/LGV (Lymphogranuloma venereum)

Assessment and referral of sexual assault cases

Holistic sexual health care for young people including child protection / safeguarding assessment

Outreach services for STI testing prevention and contraception[5]

Problems with choice of contraceptive methods

Management of problems with hormonal contraceptives

Urgent and routine referral pathways to and from related specialties (general practice, urology, A&E, gynaecology) should be clearly defined. These may include general medicine /infectious diseases for inpatient HIV care

Urgent and routine referral pathways to and from social care and other health services

Regular audit against national guidelines

Complex (Level 3) Service Provision in addition to Levels 1 and 2**

Management of complex contraceptive problems including UK Medical Eligibility Criteria (UKMEC)[6]

Complicated syphilis and gonorrhoea, PREP and PEPSE

Management of complicated/recurrent STIs (including tropical STIs) with or without symptoms.

Management of STIs in pregnant women (except women with uncomplicated infections requesting abortion)

Management of HIV partner notification[7]

Management of sexual health aspects of psychosexual dysfunction[8]

- Management of organic sexual dysfunction[9]

Coordination of outreach clinical services for high risk groups

[5] Outreach defined as a service provided outside a (hospital or community) clinical setting that is flexibly tailored to specific local needs and that is reviewed on a regular basis.

[6] *UK Medical Eligibility Criteria and Contraceptive Use*, FSRH 2009 (updated 2010) http://www.fsrh.org/pdfs/UKMEC2009.pdf

[7] Cross reference: NAT (National AIDS Trust (2012). *HIV Partner Notification: A Missed Opportunity?* (http://www.nat.org.uk/media/Files/Publications/May-2012-HIV-Partner-Notification.pdf)

[8] The American Psychiatric Association (2013) classifies sexual dysfunction as including 'delayed ejaculation, erectile disorder, female orgasmic disorder, female sexual interest/arousal disorder, genito-pelvic pain/penetration disorder, male hypoactive sexual desire disorder, premature (early) ejaculation, substance/medication induced sexual dysfunction, other specifies sexual dysfunction and unspecified sexual dysfunction'.

[9] It is recognised that the provision of psychosexual services may form part of a separate agreement and will therefore contain further details on specific service requirements. Additional information can be found at www.ipm.org.uk www.cosrt.org.uk and www.bacp.co.uk or by cross referencing *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* The American Psychiatric Association (2013)

Interface with specialised HIV services as commissioned by NHS England
Specialist contraception services e.g. IUD/IUS problem clinics, difficult implant removal etc. with appropriate diagnostic services (e.g. ultrasound) to support this
Provision and follow up of post-exposure prophylaxis after sexual exposure to HIV
Coordination of contraceptive and STI care across a network including:

- Clinical leadership of contraceptive and STI management
- Co-ordination of clinical governance
- Co-ordination and oversight of training in SRH and GUM
- Co-ordination of pathways across clinical services
- Co-ordination of partner notification for STIs and HIV

APPENDIX 2 - Procurement timescales

Individual LAs to develop business case to get agreement in principle to preferred commissioning model. (Joint or separately)	Report October 2016 Partnership Board
Joint decision/negotiation across three LAs re: commissioning model	October 2016 – Jan 2017
Potential change of city hub location	TBC
Consultation/needs assessment Leicester City Specific JSNA finalised June 2017	
Development of delivery model/draft service specification- (Jan to June 2017)	
Analysis of current services and future needs – National data, Local data, Contract Data, engagement with service users	Jan to March 2017
Pre- procurement work with market place	May/June 2017
Finalise delivery model with Health and Wellbeing Scrutiny Commission decision	June/July 2017
Consultation on model	August to October 2017
Model and proposed costs presented to Lead Member	November 2017
Finalise specification contract and procurement documents	November 2017
Sign off of procurement details via individual LA processes	November 2017
Advert for procurement	January 2018
LM and Executive decisions papers re award	April/May
Contract award	May 2018
Commencement of new service.	1 January 2019