

Communities Committee

Report title:	Development of Sexual Health Services
Date of meeting:	6 March 2019
Responsible Chief Officer:	Tom McCabe – Executive Director, Community and Environmental Services

Strategic impact

Under the Health and Social Care Act 2012, through the Director of Public Health, Norfolk County Council has a statutory requirement to provide access to the testing & treatment of sexually transmitted infections, contraception services, health promotion and prevention for the vulnerable and young.

The contraception services will be redesigned to provide an increased quality and efficiency in line with the council core transformational principles of prevention and making the best use of digital technology.

Executive summary

This paper proposes a comprehensive review and redesign of contraception services commissioned and provided by Norfolk County Council under its Public Health duties arising from the Health and Social Care Act 2012.

Norfolk County Council currently commissions a range of statutory open access, sexual health and contraception services through the specialist integrated service, iCASH. It covers all aspects of sexual health and HIV diagnoses and treatment, with over 50,000 attendances per year and with a contract value of over £5m annually.

In addition, GP's and Pharmacies are commissioned to provide non-specialist sexual health services (activity driven cost) from just under 300 sites with a forecast spend of £1.4m. These services have seen some inconsistencies with quality, data collection, choice of treatment and accessibility.

The vision is to develop a reproductive health service that better meets individual need and promotes more self-care and choice. The service will continue to be based in the community. To respond to the changing environment, it is anticipated that the benefits will include a more manageable budget, greater consistency in clinical delivery and improved patient access.

Recommendations:

- 1. To recommend a comprehensive review of the council's sexual health services to develop a modern, integrated, and affordable service offer for implementation in 2020 and beyond.**
- 2. Officers report back on the outcome of this work in due course, including future commissioning strategy.**

1. Proposal

- 1.1. A review focusing on the County Council's current contraception services is proposed. The aim is to redesign the contraception service model to offer a new service that moves to a single targeted person-centred approach promoting self-care and improving access. The service will be accessible to all through a variety of settings including primary care, iCASH hubs with an improved digital/online solution.
- 1.2. The focus is contraception services across the differing services and settings. Also, our digital offer will propose: refreshed website, webchats triaging patients at booking, online contraception, virtual clinics, postal services and modern communications using social media to promote healthy sexual health behaviours.
- 1.3. Our ambitions are to:
 - a) Increase the use of long acting reversible contraception (LARC) whilst decreasing the use of short term and unreliable contraception
 - b) Support women and men throughout their fertility life course to make informed choices via access, support and quality of contraception
 - c) Introduce more online services to help alleviate mounting pressures to specialist and primary care services
 - d) For the service providers to deliver consistent high quality and evidence-based clinical support to residents of Norfolk.

2. Evidence

- 2.1. Our current sexual health service offer is based on a traditional medical model with many of the contraception services based in GP practices. It has led to a complex picture via 288 individual contracts with GP's and Pharmacies. A recent audit identified some inconsistencies with delivery and outcomes across Norfolk which has identified several areas for improvement. As public health services modernise, it is an opportunity to be able to deliver an improved sexual health service.
- 2.2. A redesign of contraceptive services will actively rationalise and improve the use of long acting reversible contraception, thus decreasing the need for short term methods such as emergency contraception services
- 2.3. Over recent years in Norfolk there have been other key changes in the needs for sexual health services with marked decreases overall in infections, improved access to HIV diagnoses and year on year decreases in teenage pregnancies. However, chlamydia diagnosis remains a challenge in the under 24's and although access to coils and implants remains difficult to the user, the budget has been increasing yearly. New and emerging technologies such as digital information, support tools and apps, and online services will provide opportunities to change and support this new service model.

3. Financial implications

- 3.1 The current budget for sexual health services is £6.8 million 2018/19. The two main areas of spend within this, is £5 million on the specialist integrated iCASH service and £1.4million on contracts with GP's and Pharmacies. Other spend includes out of area services for Norfolk

residents choosing to go out of Norfolk for sexual health services and other smaller grants to the voluntary sector for targeted sexual health services.

- 3.2 Using CIPFA benchmarking data from 2016/17 spend on Sexual Health, Norfolk was 4th highest out of 16 comparison authorities.
- 3.3 Whilst the current GP and Pharmacy contracts are activity-based contracts we believe efficiencies can be found.
- 3.4 The future budget envelope for these services has not yet been set and will be agreed as part of the 2020/21 budget. However, to be able to implement these large-scale service redesign changes by April 2020, planning needs to start this year.

4. Risks and Issues

- 4.1 This service redesign is a complex task relating to achieving consistent, more accessible services across 288 individual GP and Pharmacy contracts that requires over 1,800 financial transactions a year. This will require careful project management. The project plan needs to consider:
 - dependencies (out of our control)
 - potential for slippage
 - Co-commissioning responsibilities
 - the level of dedicated resource required
- 4.2 A Project Team has been established and broad timescales have been identified. Following the review and redesign of services, it is anticipated that any new contracts required for GP's and Pharmacies would need to be place by December 2019 with transition to the new provision by April 2020.
- 4.3 The services provided are a source of income for providers, especially GPs and pharmacists and a move to a more focused model may be a loss of income for many small providers. This is likely to be unpopular. To mitigate the impact a series of actions are proposed including:
 - a thorough analysis of health needs across Norfolk
 - literature, evidence and benchmarking reviews to ensure effective interventions based on best practice
 - a comprehensive approach to stakeholder involvement throughout the review and design process.

5. Background

- 5.1 Under the Health and Social Care Act 2012 the council is responsible for undertaking activities to promote and improve health led by the Director of Public Health. This general duty should be undertaken considering evidence on Public Health Outcomes for the population and is open to local interpretation. In addition, the council is specifically required to commission Sexual health in accordance with national specifications.
- 5.2 In 2018 PHE published two papers (below) which called for Public Health to make changes to the populations reproductive health: to have the ability and freedom to make choices about the aspects of their reproductive lives that they have reason to value, regardless of age, ethnicity, gender and sexuality. To have a positive approach, to have knowledge and resilience,

to have the ability to optimize reproductive health, social and psychological well-being through support and care that is proportionate to need and to be more user-centred to experience good reproductive health with the ability to access reproductive healthcare when needed.

- 5.3 The sexual health strategy was approved by members and to deliver that strategy we will work with and in partnership with the sexual health and teenage pregnancy networks and all other stakeholders involved directly or indirectly with all of sexual health.
- 5.4 The current specialist providers are Cambridge Community Service commissioned to provide the integrated sexual health statutory service and Terrance Higgins Trust are subcontracted by CCS to deliver outreach services to vulnerable and young people in the community. GP's and Pharmacies are commissioned for LARC and short-term emergency contraception, C-CARD and chlamydia screening and treatment.

Background papers

A consensus statement. Reproductive health is a public health issue, Public Health England, June 2018.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/731890/A_consensus_statement_reproductive_health_is_a_public_health_issue.pdf

What do women say? Reproductive health is a public health issue, Public Health England, June 2018.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/731891/What_do_women_say_reproductive_health_is_a_public_health_issue.pdf

Recommendations:

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Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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