

Bath & North East Somerset Council

MEETING:	Wellbeing Policy Development and Scrutiny (PDS) Panel
MEETING DATE:	5 th July 2013
TITLE:	An overview of Commissioning Sexual Health services and interventions in B&NES
WARD:	ALL

AN OPEN PUBLIC ITEM

List of attachments to this report:

Appendix A: Sexual Health Commissioning Responsibilities from April 2013

Appendix B: Sexual Health performance: Bath & NE Somerset

1 THE ISSUE

- 1.1 Sexual health covers the provision of advice and services around contraception, relations and sexually transmitted infections. Provision of sexual health services is complex and there is a wide range of providers, including hospital trusts, pharmacies, GPs and community services. The consequences of poor sexual health can be serious, unintended pregnancies and STIs can have a long lasting impact on people's lives, there is also a clear relationship between sexual ill health, poverty and social exclusion.
- 1.2 The purpose of this paper is to provide the Wellbeing Policy Development and Scrutiny (PDS) Panel with an overview of the councils responsibilities for commissioning sexual health services and interventions and to provide an overview of what current service provision and performance looks like in B&NES.

2 RECOMMENDATION

- 2.1 The Wellbeing Policy Development and Scrutiny Panel are asked to note the content of this report and take the opportunity to highlight any potential areas/topics of future interest.

3 FINANCIAL IMPLICATIONS

- 3.1 The services and interventions described in this report are currently funded via the Public Health ring fenced grant. Budgets have been set for the current financial year with a commitment to fund in 2014/15 however with the ring fenced grant only in place for a 2 year period consideration will have to be given to budget setting beyond April 2015.
- 3.2 With a current budget of £1,146M, spend on sexual health services as described below contributes to 16% of the total public health ring fenced grant.
- 3.3 Local authorities' ring fenced budgets are based on their resident population, and do not therefore cover any services provided to residents of other local authority areas under the requirement to provide open access contraception services. Whilst people can choose which

clinic they wish to attend no cross-charging and tariff arrangements currently exist for contraception services (they are in place for GUM services). CaSH services for example are funded a under block contract and the council pays for all service users, regardless of whether they are residents. The council may wish to consider a different approach to this as part of their future commissioning arrangements.

4 THE REPORT

4.1 From the 1st April 2013 local authorities have been responsible for commissioning most sexual health interventions and services as part of the wider public health responsibilities, funded from the ring-fenced public health grant. Whilst councils are able to make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain sexual health services, (Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2013)¹.

4.2 Sexual health is an important and wide-ranging area of public health. Most of the adult population of England are sexually active², and having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk. However, many people, including health professionals, are not comfortable talking about sexual health issues and some groups at higher risk of poor sexual health face stigma and discrimination which can impact on their ability to access services. Groups at highest risk include young people, some black and ethnic minority groups, and gay and bisexual men.

4.3 Since April 2013, a number of different commissioning organisations are involved in commissioning aspects of sexual health services. Local authorities are responsible for commissioning most sexual health services and interventions, but some elements of care are commissioned by Clinical Commissioning Groups or by NHS England. The table at Appendix A gives more information about these commissioning responsibilities. The Health and Wellbeing board will need to play a key role to ensure that the sexual health services and care provided in B&NES are seamless.

The Councils responsibilities

4.4 The Local Authorities Regulations 2013 require local authorities to arrange for the provision of:-

- Open access genitourinary medicine (GUM) and contraception services for all age groups for everyone present in their area; covering
 - a) free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and
 - b) free contraception and reasonable access to all methods of contraception.

These requirements are the same as the requirements which the primary care trust previously had to fulfil.

4.5 Open access services are essential to control infection, prevent outbreaks and reduce unwanted pregnancies. The regulations refer to the provision of “open access services for the benefit of all persons present in the area”. This means that services cannot be restricted only to people who can prove that they live in the area, or who are registered with a local GP. Open access services must be confidential, this requires a commitment to ensuring that the

¹ www.legislation.gov.uk/ukxi/2013/351/contents/made

² 2010 Health Survey for England

uptake of services is not undermined by concerns about the confidentiality of service provision.

- 4.6 The requirement to provide open access services does not however prevent authorities from providing services targeted at specific groups, for example the provision of young people's services for the under 25s. However, the overall service offering must be open access, and everyone present in their area must be able to access services, irrespective of age, gender or sexual orientation. Whilst the majority of services in B&NES are truly open access there are a number of interventions targeted at the under 25 year olds only.
- 4.7 The regulations require local authorities to arrange for the provision of free STI testing and treatment, and the notification of sexual partners of infected people. The requirement covers the provision of testing for all STIs including chlamydia, and HIV, and the provision of free treatment for all STIs, but not HIV (this is the responsibility of the NHS).

Sexual health and Contraception services in B&NES

- 4.8 As outlined above from the 1st April the council has a responsibility to commission and pay for a range of sexual health services. This includes genitourinary medicine (GUM) services, specialising in sexually transmitted infections testing, diagnosing and treatment GUM services are consultant lead and typically provided by hospital trusts. During 2012 there were 3808 attendances at GUM clinics attributed to B&NES residents of which 86% were at the RUH, these departments will see anyone regardless of residency or age and the clinics are a mixture of walk in and booked appointments. GUM is funded via a national tariff on a cost per case basis and there is an existing approach for managing out of area payments which is consistent with confidentiality requirements. Provider's invoice the patient's LA of residence according to the care they received, using a nationally agreed tariff. This means the council only pays for B&NES residents as and when they use services.
- 4.9 The consistent and correct use of effective contraception is the best way for sexually active women (and men) to avoid an unplanned pregnancy. There is a correlation between good contraception services and lowering rates of teenage conceptions, which is one of the indicators in the Public Health Outcomes Framework.
- 4.10 These regulations require local authorities to arrange for the provision of a broad range of contraception and advice on preventing unintended pregnancy, and all contraception supplied must be free to the patient. This covers both regular and emergency contraception.
- 4.11 GPs are key local providers of contraception and STI testing and treatment. Within B&NES all GP practices are contracted via the NHS to offer a comprehensive range of sexual health service with over 90% providing an enhanced long acting reversible contraception (LARC) service, funded from the ring fenced budget.
- 4.12 Since October 2011 specialist contraceptive and sexual health services (CaSH) have been provided by Sirona Care & Health. With a mixture of open access and booked appointments clinics are provided 6 days a week across Bath, Keynsham and Midsomer Norton. The service has approx. 5500 attendances a year of which a little over 60% are B&NES residents. The service will see anyone regardless of age and place of residency and offers a fully confidential service with close links with local GUM services. CaSH services are funded via a block contract and there are currently no cross-charging or tariff arrangements in existence for contraception services.

Chlamydia and HIV

- 4.13 Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. The number of diagnoses of chlamydia in the 15 – 24 age group is one of the sexual health indicators in the Public Health Outcomes framework³, reflecting the important role that testing for and treating chlamydia plays in improving sexual health among young people. Maintaining and increasing chlamydia testing is expected to reduce the prevalence of chlamydia amongst young people and offering good access to chlamydia testing is important to achieve the indicator. The council participates in the National Chlamydia Screening Programme (NCSP)⁴. Set up in 2003 the NCSP aims to ensure that all sexually active young people under 25 are aware of chlamydia, its effects, and have access to free and confidential testing services. Opportunistic testing is actively encouraged by a wide range of providers in B&NES, including GPs, community pharmacies, specialist sexual health services and youth services.
- 4.14 The vast majority of HIV infections are contracted sexually, although there are other routes of transmission. Around a quarter of the estimated 100,000 people living with HIV do not know that they have the infection, and around half of people newly diagnosed with HIV are diagnosed after the point at which they should have started treatment. This can have implications not just for the care of the individual person with HIV, but also for the onward transmission of the infection.
- 4.15 Whilst the council is not responsible for providing specialist HIV treatment and care services the provision of HIV testing is part of the local authority requirement. Reducing the late diagnosis of HIV is one of the Public Health Outcome Framework indicators, and increasing access to HIV testing is important to meet this indicator. In 2012 83% of B&NES residents attending a GUM clinic accepted the offer of a HIV test, this compares well against other LA's in the South West⁵. There is however more work to be done to reduce late HIV diagnosis by increasing testing and raising awareness particularly amongst high risk groups.

Education and prevention

- 4.16 The regulations set out the requirements that local authorities must fulfil, but these requirements do not cover the entirety of sexual health care. They do not cover preventive interventions such as information provision or education, marketing and advertising. However, joined up commissioning and seamless care pathways across the full range of sexual health services, including those not directly covered by the regulations, is crucial to improve outcomes and the health of the local population. In particular, robust prevention can support people to develop the knowledge and skills to prevent poor sexual health and therefore reduce demand for services such as STI testing and treatment.
- 4.17 B&NES has extensive experience in developing and delivering evidence based sexual health education/prevention for young people. Key to this is the Personal Social and Health Education (PSHE) CPD Accredited Training Programme for Teachers, Nurses and Other Professionals. Designed to ensure quality PSHE provision in Sexual Health, Drug & Alcohol Education, Emotional Health and Well-Being as well as to improve local partnership work. To date 180 participants have completed the course which has been a programme of generic PSHE skills / standards plus an area of specific focus, which for most participants has been Sex and Relationships Education SRE. As evidenced in the SHEU⁶ survey PSHE has contributed to the reduction in teenage conception rates and reduced drug-related incidents

³ www.gov.uk/government/news/public-health-outcomes-framework-sets-out-desired-outcomes

⁴ www.chlamydia-screening.nhs.uk/ps/index.asp

⁵ www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/STIs/STIsAnnualDataTables/

⁶ SHUE: The schools and students health education unit
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in schools as well as a much better knowledge of local sexual health and drug & alcohol services.

4.18 Under the umbrella of SAFE (Sexual health Advice For Everyone) branding scheme⁷ there are a range of confidential, young person friendly initiatives delivered by a variety of providers. Services provided include a free condom scheme, specialist clinics in schools and youth centres, up to date information and resources and training for professionals.

4.19 Over 30 SAFE branded community pharmacies across B&NES provide a range of sexual health services, including chlamydia testing, participation in free condom schemes and the provision of emergency contraception. Extremely accessible demand for this service continues to rise. In 2012/13 pharmacies undertook over 2000 consultations with young people, dispensing 700 packs of condoms and 460 free pregnancy tests.

Teenage Pregnancy

4.20 Teenage parents are more likely than their peers to live in poverty and unemployment and be trapped in it through lack of education, child care and encouragement and for many teenagers bringing up a child is difficult and can result in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent⁸.

4.21 Over the last 10 years B&NES council has implemented a very successful strategy to provide young people with the necessary skills and knowledge to help them make informed choices. This combined with accessible contraception services teenage conception rates are the lowest recorded since the strategy began in 2000 and reflect a 44% reduction from the baseline figure of 29 conceptions per 1000 females aged 15-17. Bath and North East Somerset's teenage conception rate continues to be considerably lower than both the national rate (30.7) and the regional rate (27.3). Whilst this should be celebrated it is important the council does not become complacent and ensures current rates are maintained or if possible reduced further.

5 Governance

5.1 The local authority as commissioner is responsible for commissioning clinically safe services. Sexual health services do carry a clinical risk, particularly in both GUM and contraception services as well as safeguarding, medicines management and open access for non-residents. It is therefore important that there are robust clinical governance arrangements in place.

5.2 Whilst all providers are responsible for ensuring the services they provide are safe and in-line with best practice and national standards, the sexual health programme board plays an important role on overseeing governance arrangements. Chaired by the Director of Public Health the board also provides strategic leadership and vision for improving the sexual health of B&NES. Whilst membership and terms of reference require reviewing in light of the recent changes it is important the board maintains and strengthens its role in commissioning sexual health services. The board is supported by the Sexual Health network, made up of local sexual health providers the network aims to improve the quality of sexual health experienced by B&NES residents. The network covers a diverse range of issues that relate to sexual health and provide an independent forum for service providers from both the voluntary and the statutory sectors to discuss service developments and policy as equal partners.

⁷ www.ccardfreecondoms.co.uk/

⁸ https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf

5.3 The Clinical Commissioning Group and not the council are responsible for commissioning abortion, sterilisation and vasectomy services. It is important that the council works closely with the CCG and local providers of sexual health and abortion services to ensure that local abortion providers are fully linked into wider sexual health services in their area that offer services such as contraception.

6 PERFORMANCE

6.1 B&NES generally benchmarks well against other local authorities in the South West⁹ (appendix B), it has the lowest teenage conception rates in the region, low rates of acute STIs and cases of newly diagnosed HIV. However there are areas requiring improvement, over half of pts. newly diagnosed with HIV are diagnosed late and chlamydia diagnosis in the 15-24 age group (1,500 per 100,000) is significant lower than the recommended rate (Public Health England recommend that local authorities should be working towards a diagnosis rate of 2,300 chlamydia diagnoses per 100,000 resident 15 – 24 year olds per annum).

6.2 The Public Health Outcomes Framework contains three specific indicators for sexual health:-

- Under 18 conceptions
- Chlamydia diagnoses in the 15 – 24 age group
- Late diagnosis of HIV

These indicators will help provide focus and drive improvement across the sexual health programme. The sexual health programme board priorities for 2013/14 have been aligned with these indicators.

7 EQUALITIES

7.1 Whilst EqIAs have not routinely been completed across individual services, the contracts that are in place with providers ensure they are compliant with equality legislation, this is monitored via a range of routes, including, contract monitoring, service user questionnaires, mystery shopping and focus groups (particularly with young people services).

7.2 In-line with council protocols all new services or re-tenders will be subject an equality impact assessment.

8 CONSULTATION

8.1 Patient and public consultation does present challenges for sexual health services due to stigma and confidentiality issues particularly with adults however B&NES has worked hard to consult with young people (under 25s) in the development of YP sexual health services, particularly the SAFE scheme. This has been invaluable ensuring that services provided met the needs of service users. The SH network not only plays an important role in scrutinising and challenging the commissioning process but also highlighting potential gaps in service.

9 CONCLUSION

⁹ www.phoutcomes.info/

- 9.1 As described in the report B&NES has a wide range of evidence based and accessible sexual health services and interventions in place and performs well against key indicators. The council however must maintain its ambition to improve the sexual health and wellbeing of the population and reducing inequalities.
- 9.2 It is important the council maintains its commitment to providing open-access sexual health clinics, focus on teenage conception rates and reducing late diagnosis of HIV, not just over the next couple of years but beyond the end of the PH ring fenced grant.

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Background papers	
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