

DERBYSHIRE COUNTY COUNCIL

CABINET

25 March 2014

Report of the Director of Public Health

REPORT OF THE FINDINGS OF THE REVIEW OF DERBYSHIRE SEXUAL HEALTH SERVICES (Health and Communities)

1. Purpose of the Report

To inform Cabinet of the overall findings of the Review of Sexual Health Services in Derbyshire (including Glossopdale provision) and to seek approval of all recommendations and the specific recommendation to re-procure a new Integrated Sexual Health Service across Derbyshire.

2. Information and Analysis

2.1 New Commissioning Responsibilities

Since April 2013, local authorities have been responsible for commissioning most sexual health services as part of their wider public health responsibilities, supported through the ring-fenced public health grant. The Council's responsibilities include commissioning and ensuring provision of open access sexual health services including:

- contraception
- testing and treatment of sexually transmitted infections (STIs)
- sexual health aspects of psychosexual counselling and
- sexual health specialist services including young people's services, outreach, HIV prevention and sexual health promotion.

2.2 The importance of good sexual health and well-being

Sexual health is an important part of both physical and mental health and is essential to general well-being. Good sexual health is aided by access to information and services that help avoid the risks of unintended pregnancy, sexually transmitted infections (STIs) and of harmful relationships.

The consequences of poor sexual health can be serious and costly for the individual, for health and social services and for society as a whole. Unintended pregnancy and STIs have preventable short term and long term effects on health and well-being, which can include:

- Pelvic inflammatory disease (PID), pregnancy outside of the womb (ectopic) and difficulty getting pregnant (infertility);
- Cervical and other genital cancers;
- Inflammation of the liver (hepatitis), chronic liver disease and liver cancer;
- Chronic infection, such as human immunodeficiency virus (HIV), or recurrent infection, such as genital herpes;
- Distress over unintended pregnancy;
- Psychological consequences of sexual coercion and abuse;
- Limited educational, social and economic opportunities for teenage parents.

Some groups are at higher risk of poor sexual health, living with barriers that hinder their access to sexual health services. Groups most vulnerable to poor sexual health include young people and vulnerable young people, some black and ethnic minority groups, gay and bisexual men and men who have sex with men.

2.2.1 Cost effectiveness of Sexual Health Services

Sexual health services deliver cost savings not just to the health economy but to the wider economy. Cuts to sexual health services run the risk of increases in unintended pregnancies and in STIs, both of which have associated costs.

For example unplanned pregnancies have significant impact on a variety of public sector costs including social welfare programmes, housing, personalised social services, education, post-natal medical costs and support of families living on low incomes.

2.3 National context for development of Sexual Health services

The national Framework for Sexual Health Improvement in England (2013) outlines the need to:

- Further reduce unplanned pregnancies (and terminations) by ensuring access to the full range of contraceptive choices
- Enable women with unwanted pregnancies to make early decisions regarding their options

- Increase uptake of HIV testing in high-risk groups because early diagnosis and treatment is associated with near-normal life expectancy
- Increase access to free condoms to reduce STIs
- Improve safeguarding of children from sexual abuse and exploitation
- Reduce prejudice in relation to sexual orientation, and tackle stigma and discrimination in a broader sexual health context
- Improve agency/self-efficacy in matters of choice over sexual behaviours
- Reduce inequalities in sexual health outcomes

Sexual Health is prioritised in the Public Health Outcomes Framework (PHOF). Three national indicators relate to sexual health:

- under 18 conceptions
- Chlamydia diagnosis in 15 to 24 year olds
- people presenting with HIV at a late stage of infection.

The Public Health White Paper *Healthy Lives, Healthy People: Our Strategy for Public Health in England*¹ highlights a commitment to work towards an **integrated model of service delivery** to allow easy access to confidential, non-judgemental sexual health services (STIs, contraception, abortion, health promotion and prevention).

Integrated Sexual Health service models aim to address inequalities within populations by providing easily accessible services. This is achieved through providing open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, over extended opening hours and in accessible locations. As commissioner, the Council will need to ensure firm association across all aspects of sexual health services and across other services which have a clear link to sexual health such as Children and Young People's services.

2.4 Summary of Derbyshire Sexual Health Needs

Derbyshire overall has a level of good sexual health, although it reflects national trends of inequality such as STI diagnoses being disproportionately higher amongst certain groups - men who have sex

¹ Department of Health (2010). *Healthy Lives, Healthy People: Our Strategy for Public Health in England* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941)

with men (MSM); young people and vulnerable young people; people living with HIV:

- Derbyshire has lower rates for all STIs (*main 4: chlamydia, gonorrhoea, HIV and syphilis*) compared to England, with highest rates of STIs predominantly within younger age groups
- The most commonly diagnosed STI is Chlamydia, a rate of 1949 diagnoses per 100,000. However this is below the Public Health Outcomes Framework recommended level of 2300 per 100,000 (*this level is recommended as the rate to impact on reducing prevalence by up to 2%*)
- Prescribing of Long-Acting Reversible Contraception (LARC) is significantly better across Derbyshire GP practices and Contraception and Sexual Health (C&SH) services compared to England
- The rate of teenage pregnancies is below England, although there is some variation across the county (*Bolsover and High Peak have rates for under 18 conceptions above the East Midlands and England.*)

REF 1. Derby and Derbyshire Sexual Health Needs Assessment 2013

2.5 Current services

2.5.1 Derbyshire County Council (DCC) commissioned services

Derbyshire Sexual Health services are currently commissioned across the county (excl. Glossopdale) in accordance with mandatory requirements. Services are currently commissioned through a model of individual service elements across multiple providers, each with separate contractual arrangements:

- **Contraception and STI level 2** provided by the Community Contraception and Sexual Health Service (C&SH) delivered by Derbyshire Community Health Services (DCHS). Additional contraception methods (outside of the General Medical Council (GMC) General Practice contract) are also delivered through a local authority enhanced service (LAES) by general practices. Emergency Hormonal contraception is delivered through a LAES by pharmacies. STI screening and treatment up to level 2 is delivered through C&SH and this includes the Derbyshire Chlamydia Screening Office (CSO) contributing to the National Chlamydia Screening Programme (NCSP)
- **STI treatment and testing service** is provided by Genitourinary Medicine (GUM) and delivered by Chesterfield Royal Hospital

Foundation Trust (CRHFT) and Derby Royal Hospital Foundation Trust (DRHFT). The Council has an associate commissioning arrangement with lead commissioners of providers that border the county and where about 40% of residents access services. These include Trust providers in Burton, Nottingham (City and Sherwood Forest), Sheffield and Stockport.

- **Sexual Health Promotion (SHP)** is delivered through all sexual health service providers through contractual arrangements.
- **HIV Prevention and specialist SHP** (work with MSM, vulnerable young people and other groups at high risk) is delivered by DCHS. This includes the C-Card programme aimed at young people.
- **A laboratory diagnostic service for chlamydia tests** through the Chlamydia Screening Programme is provided by CRHFT Laboratory

2.5.2 Tameside Metropolitan Borough Council (TMBC) commissioned services

T&G MBC currently continue to include the commissioning of sexual health services for the Glossopdale population. This arrangement is in agreement and on behalf of the Council and will cease March 31st 2015, when Derbyshire will include Glossopdale within its commissioning. Sexual Health services in Glossopdale are broadly equivalent to the rest of the county. Different providers are involved:

- **STI Testing and Treatment** is provided by Genitourinary Medicine (GUM) and delivered by Stockport NHS Foundation Trust
- **Contraception** is provided through a joint GUM and C&SH service by Stockport NHS Foundation Trust. Additional methods such as LARC and OEC is provided by general practice and pharmacy in Glossop (through a LAES)
- **Sexual Health Promotion** (“YOUthink”) is provided by TMBC
- **Local CSO** is provided as part of a network of neighbouring LAs by RU Clear
- **HIV Prevention and specialist SHP support with at risk groups** is provided by voluntary sector organisations - the George House Trust (GHT) and Lesbian and Gay Foundation (LGF) Manchester.

2.6 Method of Review

This review is being undertaken in two stages. This report outlines the findings of Stage 1. Stage 2 will commence during April and May and focus on the development of the new model for the integrated sexual health service in Derbyshire. Stage 1 consultation included

- one month online consultation
- individual provider consultation events
- commissioner meetings with external commissioners of other elements of sexual health services and associated commissioners with an interest such as HIV treatment and care and Children and Younger Adults (CAYA).

Consultation findings were assessed and included alongside “desktop” analysis of services, policy, health need and evidence culminating in the final Report document.

REF 2 Report: Review of Sexual Health Services in Derbyshire

2.7 Summary of Review Findings

2.7.1 Consultation Findings

General public and service users highlighted the following key findings:

- Visible and easy to access services
- Welcoming environments and staff that are friendly and non-judgemental
- Prevention and emotional support
- Qualified and well trained multi skilled staff
- Seamless care pathways into and out of sexual health services

The focus groups included people representative of high risk groups including LGBT, vulnerable young people, people with learning disabilities, MSM. The following priorities were raised:

- Increase knowledge and understanding
- Empower individuals to be comfortable and safe
- Improve service visibility and accessibility
- Reduce the stigma associated with using sexual health services

Consultation with current providers highlighted the following:

- An integrated model based on tariff at the right level – payment for actual activity
- Accessible, visible – agreed with hub and spoke model
- Central booking number, online, triage system

- Robust infrastructure – workforce development with wider skill-mix across staff
- Empowerment of people
- Communication, partnership and pathways to overcome fragmentation across the whole system of sexual health provision

Consultation with commissioners of sexual health services external to local authority responsibility highlighted the need to ensure seamless pathway mechanisms between all services and across the whole system supporting sexual health.

The Faculty for Sexual and Reproductive Health care has issued a response to the Derbyshire Sexual Health Services Review. The response highlights the following key priorities for consideration in the future service development:

- Link design to policy
- Design services around the current integrated service specification to ensure:
 - Open-access
 - Collaborative working
 - Multi-disciplinary services
 - Robust data collection
- Allocate sufficient time and resources to train staff in accordance with national standards

2.7.2 Performance Findings

The current Derbyshire providers are meeting the majority of local KPIs, contributing to a positive picture of sexual health need in the county. However the review highlighted a number of challenges that can impact on performance:

- Elements of sexual health services are currently commissioned through a model of separate services and contractual arrangements across multiple providers. This has a risk of silo working across elements of service that need to work more closely to meet the needs of patients.
- Service users report poor visibility of services and difficulties accessing services. Visibility and accessibility are being addressed through current multiple providers by the development of a central booking line, a shared website and one brand “Sexual Health Derbyshire.” The current separate contractual

arrangements can hinder this shared approach. Once patients accessed services, satisfaction with treatment and care is very strong. The location of community settings for sexual health provision (community clinics, pharmacies, general practices) was seen to be more accessible to the public. Review findings point a model that would include a hub and spoke approach across the county.

- There are inefficiencies within the current model due to the separate commissioning of multiple providers, each with a separate contract. An integrated approach would “join up” multiple providers to deliver the sexual health service and maximise opportunities across providers including voluntary sector and primary care providers.
- Although current services work to meet the needs of those most at risk, the Review findings point to the benefits of an integrated approach to ensure greater cross-working between the elements of activity and this would help address inequalities in an efficient, robust way. Additionally the Review recognised the potential for enhancing the role of voluntary sector organisations within sexual health services due to their ability to engage some of those living with inequality due to non-access of services

2.7.3 Value for Money Findings

Current services are paid through a mix of a block payment (based on previous activity and costs, an amount is calculated to deliver the required outcomes) and tariff charges (fees per actual activity delivered). Tariff charges are used in Derbyshire largely for current GUM services and these are currently following nationally recommended tariff prices, similar to all other local authorities.

Due to the change in commissioning responsibility to local government, it is expected that future tariff prices will be negotiated and agreed by local commissioners rather than following a national price. National Work is underway, based on actual commissioner financial information and provider activity data per LA and this will inform development of local tariff prices for Derbyshire.

Peer benchmarking across regional local authorities demonstrated significant variation across the different elements of provision, partly because services are varied in models, payment-type and criteria. Despite caution needing to be applied to peer benchmarking results,

available data indicates the need to review unit costs for contraception services, currently paid through a block contract towards a service based on local tariff prices against actual activity delivered.

This is expected to help deliver the 15% reduction that needs to be applied to the current budget to commission services from April 2015.

2.8 Core findings and recommendations

The specific recommendation from the Review is for a **newly commissioned Derbyshire Integrated Sexual Health Service**.

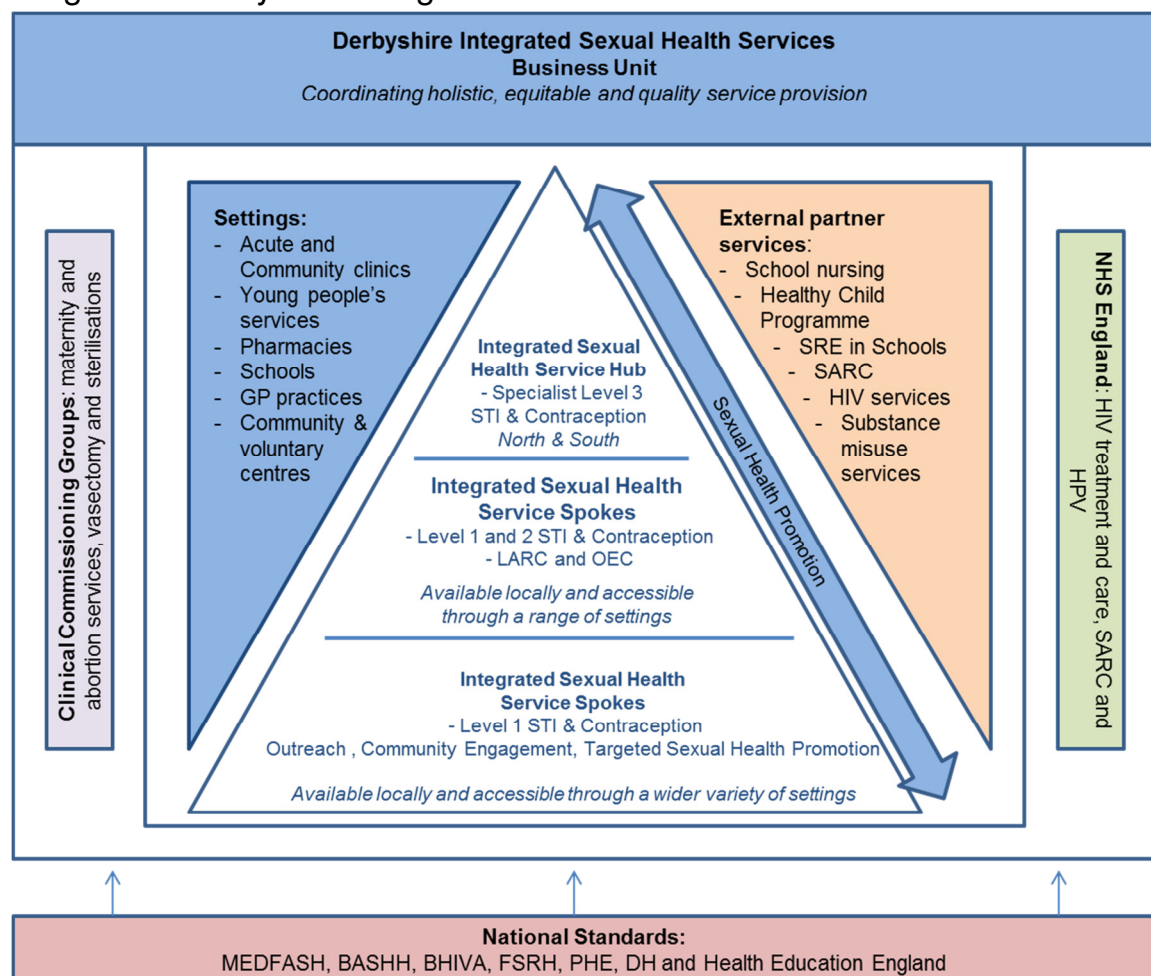
Findings from the Review align with key features and benefits within an integrated model of service. The service will offer individuals seamless provision focussing on their care needs. Integration will ensure all elements of sexual health are delivered across Derbyshire in a hub and spoke model with a whole system approach incorporating all local authority commissioned sexual health provision. The Derbyshire Integrated Sexual Health Service will require a plurality of organisations to deliver the service, through a “lead provider” model and including subcontracting and co-location arrangements. Findings emphasise the need for local accessibility of services thus indicating a role for primary care and voluntary sector organisations. Stage 1 review findings conclude that a Derbyshire Integrated Sexual Health Service will:

- Benefit patients because it will offer a seamless pathway across all service elements and better meet their health needs
- Benefit patients because it will offer a centralised booking and triage system and a staff with multiple skills that in turn will support patients wherever they are on their “service journey”
- Benefit staff through their shared responsibility across the one service, removing a model of working in isolation towards a model of mutual support for the benefit of the patient in their care
- Facilitate greater collaborative working between elements of service provision including co-location of services where appropriate, and development of innovative delivery at local level
- Benefit wider commissioners of sexual health and associated services because it will offer one Derbyshire service with clear contact points and referral pathways across commissioned services
- Be a more efficient service because it will be underpinned by
 - Payment based on actual activity delivered. This will be arranged through agreed local tariff prices based on recent

national research and modelling and will enable monitoring of demand with the budget available

- Joint-working within this one system delivery approach has the potential to maximise staff capacity by ensuring a broad skills-mix, maximising efficiency through capacity across the whole service
- Opportunities to streamline costs such as aligning and reducing overheads from separate contracts to one single contract
- Services delivered through a hub and spoke model to ensure equitable and accessible services for all
- A robust evidence base and up to date national policy, standards and guidelines
- A service model that will be flexible to on-going review to ensure continued efficiency and innovation

Diagram1. Derbyshire Integrated Sexual Health Service



The Derbyshire Integrated Sexual Health Service will deliver with a new Business Unit that will manage and coordinate the integrated service and have responsibility to:

- Coordinate and manage across the whole service
- The day to day delivery
- The short, medium and long term planning to ensure the service delivers against the commissioner's requirements
- Coordinate and manage a seamless relationship across all aspects of sexual health delivery
- Negotiate and have full responsibility for sub-contractual arrangements across multiple providers proven to deliver aspects of the whole service including primary care and voluntary sector providers
- Management of the Derbyshire Integrated Sexual Health Service and aligning it to other sexual health provision commissioned externally
- Management of alignment to other commissioned services associated with sexual health e.g. children and young people's services, substance misuse services
- Management of robust engagement of the general public and service users including those identified as high risk into the development and review of service elements
- Deliver key underpinning components of the integrated service:
 - Workforce development
 - Communications and marketing under the one brand 'Sexual Health Derbyshire' including raising the visibility of services
 - Partner notification
 - Performance monitoring against local and national KPIs
 - Management of a robust data collection system
 - Management of the central booking system and triage
 - Management of resources and budget allocation

3 Financial Considerations

The 2013/14 budget for Sexual Health services in Derbyshire including Glossopdale is £7,793,574. Table 1 shows a breakdown of the current budget.

Table 1. Breakdown of the budget

Service	Provider(s)	Value (£)
STI Testing and treatment provided by specialist GUM services	Chesterfield Royal Hospital Derby Royal Hospital Queens Hospital Burton Nottingham University Hospital Sheffield Teaching Hospital Stockport Foundation Trust Sherwood Forest Hospital Other out of area Trusts (2,747,923 DCC, 198,219 TMBC)	2,946,142
Contraception through C&SH (NB the C&SH services also provide level 2 STI services)	DCHS (2,717,905 DCC) Stockport Foundation Trust (70,465 TMBC) Out of area contingency (20,000 DCC)	2,808,370
Additional LARC and OEC through LAES with general practice and pharmacy	General Practice (426,000 DCC) Pharmacy (85,000 DCC) Combined (22,518 TMBC)	533,518
Chlamydia screening office (CSO)	DCHS (189,000 DCC) RU Clear (£8400 TMBC) 3Cs (15,000 DCC)	212,400
Chlamydia Laboratory Diagnostic Testing	Chesterfield Royal Hospital (267,000 DCC)	267,000
Sexual Health Promotion	DCHS (550,818 DCC) TMBC (4,326 TMBC)	555,144
C-Card	DCHS (60,000 DCC) Condom Distribution (11,000 DCC)	71,000
LARC Prescribing	General Practice (400,000 DCC)	400,000
Total		7,793,574

DCC – services commissioned by DCC, delivered in Derbyshire excluding Glossopdale
TMBC – proportion of services commissioned by TMBC for the Glossopdale population

The Review has sought to consider where efficiencies can be made through the development of a new integrated model of service from April 2015 (refer to section 4 core recommendations). A financial reduction of at least 15% will be applied to the current budget for the newly commissioned service due to deliver from April 2015.

Commissioners are not in a position to state the actual costs for the newly commissioned service as this will be developed and determined throughout the procurement process. However the review has shown that efficiency savings on the existing budget (table 1) can be achieved by:

- Applying locally agreed tariffs to pay for actual activity and in accordance with the correct skill mix of staff
- Developing appropriate skill mix of staff
- Co-locating services
- Exploring capped costs
- Embedding chlamydia screening and sexual health promotion into routine activity
- Embedding sexual health promotion within the whole service
- Aligning costs for sexual health promotion and c-card with neighbouring authorities
- Using more innovative methods and collaboratively working to better target groups at risk of poor sexual health

Efficiency savings will not be limited to the above list as prospective providers will be asked to consider where savings and service improvements can be made from their perspective.

4 Legal Considerations

Further consultation with service users is likely to be necessary as part of the Stage 2 process, particularly if the new model being developed materially affects the current service being delivered to individuals. The nature and extent of this consultation will also be influenced by the emerging findings of the equality analysis referred to below.

Procurement of services consequent on the changes will need to comply with Financial Regulations and procurement requirements. Any contractual obligations to current providers will also need to be considered as part of that process.

5 Human Resources Considerations

During procurement of the contract for the new integrated sexual health service, consideration will be given on the application of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE), and further Legal and Human Resources advice considered where necessary.

6 Equality and Diversity Considerations

Significant inequalities exist across the area of Sexual Health. Some people are more at risk of poor sexual health outcomes compared to the wider population. They include young people and vulnerable young people, MSM and people living with HIV. Additional at risk groups include young heterosexuals, sex workers, people misusing drugs and alcohol, gay and bisexual men and some black and minority ethnic populations. An Equality Impact Analysis is underway and will be completed at the end of the Stage 2 part of the Sexual Health Services Review and reported to Cabinet.

7 Other Considerations

In preparing this report the relevance of the following factors has been considered: health, environment, transport, property, human resources and prevention of crime and disorder considerations.

8 Background Papers

REF 1. Derby and Derbyshire Sexual Health Needs Assessment 2013
http://observatory.derbyshire.gov.uk/IAS/Custom/resources/HealthandWellbeing/Health_Needs_Assessments/SHNA_public_document.pdf#view=Fit

REF 2 Report: Review of Sexual Health Services in Derbyshire

9 Key Decision

Yes

10 Is it necessary to waive the call-in period?

No

11 Officer Recommendations

That Cabinet:

- (i) Approves the findings and recommendations of the Review Report of Derbyshire Sexual Health Services and the specific recommendation of an integrated sexual health service for Derbyshire
- (ii) Agrees to receive further reports as required on the development towards a new Sexual Health Service in Derbyshire including the equality impact analysis currently being undertaken.

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