

## TRAFFORD COUNCIL

**Report to:** Health & Wellbeing Board  
**Date:** 3<sup>rd</sup> March 2015  
**Report for:** Information  
**Report of:** Mr Abdul Razzaq

### **Report Title**

Sexual Health Services Commissioning and Action Plan Update

### **Purpose**

The purpose of the report is to update the Health and Well Being Board on the sexual health commissioning arrangements and local action plan following the production of the Trafford Sexual Health Needs Assessment 2014.

### **Recommendations**

The Health and Well Being Board is asked to note the sexual health commissioning arrangements, work in progress and action plan update.

Contact person for access to background papers and further information:

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## **Sexual Health Action Plan Update**

### 1. Introduction

Sexual health services are commissioned at a local level to meet the needs of the local population, including provision of information, advice and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy.

Local authorities commission comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). Some specialised services are directly commissioned by clinical commissioning groups (CCGs), and at the national level by NHS England.

### 2. Commissioning Responsibilities

The commissioning of sexual health services is set across three key organisations with the following responsibilities set out below.

Local Authorities (LAs) commission:

- Comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally provided contraception;
- Sexually transmitted infections (STIs) testing and treatment, chlamydia screening and HIV testing; and
- Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies.

Clinical Commissioning Groups (CCGs) commission:

- Most abortion services;
- Sterilisation;
- Vasectomy; and
- Non-sexual health elements of psychosexual health services.

NHS England (NHSE) commissions:

- Contraception provided as an additional service under the GP contract;
- HIV treatment and care (including drug costs for Post-Exposure Prophylaxis after Sexual Exposure (PEPSE));
- Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs;
- Sexual health elements of prison health services;
- Cervical Screening; and
- Specialist foetal medicine services.

### 3. Governance and Strengthening Existing Collaborative Commissioning Approaches

In order for Local Authorities and Directors of Public Health to be able to collaboratively commission services, they need to be confident that the services they are commissioning represent a good use of funds, directed at priorities for their local population. This Director of Public Health (via their sexual health commissioning lead) needs to ascertain the following for effective local sexual health service provision:

- what is currently spent and what is delivered for that money.
- what outcomes and outputs they want to achieve.
- what response is offered to particular client groups.
- the access criteria to different elements of service and patient pathways between services.
- what efficiencies can be made (eg in service modernisation, skill mix, use of IT and other technology).
- modelling of the impact of changes to service model or mix.
- what level of resource is available.
- what are the priority areas for review and what are the local service improvement areas identified.

Historically Greater Manchester Sexual Health Network working alongside commissioners and clinical leads has been cited as a national exemplar in delivering high quality service provision for local residents. A Greater Manchester sexual health commissioners group meets regularly to discuss collaborative and shared approaches to sexual health services provision. A Trafford Sexual Health Steering Group also meets to oversee the local commissioning of sexual health provision locally.

Please see **Appendix 1** for comparative data on GU and CASH provision and service usage across Greater Manchester. The Local Authority sexual health commissioners are working across Greater Manchester to develop proposals for collaborative commissioning of sexual health services for Local Authorities and Greater Manchester Directors of Public Health to consider in 2015/16.

### 4. Sexual Health Services - Cross Charging Arrangements

Currently, while there is a recharging system for people using GU services using national NHS tariff arrangements, there is no similar recharge for people accessing CASH services. It is accepted that at present the per capita spending is very different in different areas.

There is a further need for agreement on the level of input expected from primary care, particularly in relation to routine contraceptive services. Such services are funded through NHS England rather than the Public Health sexual health budget: however, where general practices provide a service, local areas have typically made good the shortfall through more extensive provision of community contraceptive and sexual health (CASH) clinics.

Ideally, the scope of collaborative commissioning needs to include commissioning of HIV and abortion services, as these services need to be fully integrated into the rest of

sexual health provision, including prevention, if the full gains from a new service model are to be made. This will require negotiation with NHS England and the CCGs.

Clinical engagement that needs to underpin any move to more standardised commissioning is in place. Although there are currently no formal collaborative commissioning arrangements in place across Greater Manchester for GU and CASH, the Sexual Health Network has produced a number of shared service specifications, in use across Greater Manchester. Providers have been in the main very positive about shared commissioning arrangements, as they recognise the interdependency of services across the conurbation.

#### 5. Joint Commissioning of STI and HIV Prevention Services

At present, the 10 boroughs of Greater Manchester commission a number of voluntary sector organisations to deliver these services. This is to supplement the services provided by statutory sector organisations. The current services are as follows:

Figure 1: Joint Commissioning of STI and HIV Prevention Services

<b>Service</b>	<b>Provider(s)</b>	<b>Commissioners</b>
STI/HIV prevention for men who have sex with men (MSM)	Lesbian and Gay Foundation (LGF)	All 10 boroughs
STI/HIV prevention for black and minority ethnic groups	Black Health Agency (BHA)	Manchester, Salford, Bolton, Trafford, Oldham.
Support to adults with HIV	George House Trust (GHT)	All boroughs
Support to children with HIV	Barnardos	Manchester, Salford
STI/HIV prevention for sex workers	Manchester Action on Street Health (MASH)	Manchester, Salford, Bury
Chlamydia testing for 15-25 year olds	RUClear	All boroughs

With the move of commissioning responsibilities into the local authorities, it is intended to review these contracts and re-commission services, with the aim of having new contracts in place for April 2016.

#### 6. Trafford Health Needs Assessment 2014 – Action Plan

Trafford has updated its sexual health needs assessment in 2014 and the key recommendations were presented to the January 2015 Health and Well Being Board meeting. The health needs assessment recommendations have been formulated into an action plan as outlined at **Appendix 2**.

#### 7. Recommendation

The Health and Well Being Board is asked to note the sexual health commissioning arrangements, work in progress and action plan update.

## Appendix 1: Comparative data on GU and CASH provision and service usage across Greater Manchester

Local authority	Population 15-59	Total SH budget 2013/14	Spend per head 15-59 (£)	total clinic hours/week*	All clinic hours per1000 population 15-59	attend local GU service (%)	GU attendance per year	GU attendance as % of population 15-59	Hours of FP or Brook clinics (not including integrated clinics)
<b>Bolton</b>	164086	3,576,581	22	65.5	0.40	88	10929	6.51	12
<b>Bury</b>	109202	Data missing	Data missing	48.2	0.44	70	7813	7.03	8.7
<b>Manchester</b>	344804	8,604,964	25	251.15	0.73	89	34132	9.69	155.65
<b>Oldham</b>	131881	2,282,862	17	104	0.79	82	6515	4.85	39
<b>Rochdale</b>	126693	1,796,101	14	38.25	0.3	60	6521	5.05	17.5
<b>Salford</b>	146420	2,771,377	19	62	0.42	74	18532	12.47	54.5
<b>Stockport</b>	163777	2,723,082	17	59.5	0.36	68	7285	4.18	4
<b>Tameside</b>	131410	1,747,030	13	43	0.33	91	16195	12.22	8
<b>Trafford</b>	134703	1,991,310	15	62.75	0.47	61	8664	6.18	33.75
<b>Wigan</b>	188968	2,788,736	15	160.5	0.85	84	12470	6.29	64

These data are indicative only. There are significant questions about the accuracy of these but they give some indication of the range of provision in the different boroughs and the variation in service usage. The GU attendance data is thought to be reasonably accurate; the variation in people from each borough attending GU clinics each year is striking. Some suspicion attaches to the GU data as there is clearly great variation in the numbers of people seen per hour in the different clinics.

The more hours of local GU service that are provided, the more likely that people will use their local service (although there are some outliers)

CASH data are currently particularly poor (although the number of clinic hours have been included above). It has been difficult to get data on service usage and patient flows for CASH services.

\*Clinics' include all GU, CASH, Integrated services and Young People's services (including Brook) across Greater Manchester

## Appendix 2: 2014 Sexual Health Needs Assessment Action Plan

Ref	Health Needs Assessment 2014 Identified Gap	Recommendations	Descriptor	Action Required	Lead	Time-scale
2.5 LGBT	Develop a better understanding of vulnerable groups such as female sex workers, those affected by domestic abuse, sexual violence, drugs and alcohol to determine sexual health needs	The sexual health commissioner to work with partners to identify the needs and report back to the steering group	Develop a better understanding of vulnerable groups such as female sex workers, those affected by domestic abuse, sexual violence, drugs and alcohol to determine sexual health needs	The sexual health commissioner to work with partners to identify the needs and report back to the steering group	Sexual Health Commissioner	Sep 2015
3.2 Chlamydia	Developing a planned approach to increasing the numbers of young people tested for chlamydia is necessary	Bridgewater to produce a delivery plan detailing how this will be achieved	Develop a planned approach to increasing the numbers of young people tested for chlamydia	Bridgewater to produce a delivery plan alongside PHE detailing how this will be achieved	Sexual Health Commissioner	Sep 2015

Ref	Health Needs Assessment 2014 Identified Gap	Recommendations	Descriptor	Action Required	Lead	Time-scale
3.3 HIV	Develop a planned approach to increase the numbers of Trafford residents tested for HIV	<p>Consideration by the sexual health steering group into the feasibility for commissioning POCT from our commissioned HIV prevention services</p> <p>Improve publicity for Trafford clinics offering HIV screening</p> <p>Bridgewater to continue to work with partners to provide screening for vulnerable groups targeting sex workers, and other identified groups</p>	<p>HIV Data Analysis</p> <p>Develop a planned approach to increase the numbers of Trafford residents tested for HIV</p>	<p>Data to be reviewed on a 6 month basis. Analysis to be presented to the steering group</p> <p>Consideration by the sexual health steering group into the feasibility for commissioning POCT from our commissioned HIV prevention services</p> <p>Improve publicity for Trafford clinics offering HIV screening</p> <p>Bridgewater to continue to work with partners to provide screening for vulnerable groups targeting sex workers, and other identified groups.</p>	<p>Public Health Analyst</p> <p>Sexual health commissioner</p> <p>Bridgewater</p> <p>Bridgewater</p>	<p>Oct 2015</p> <p>Sep 2015</p> <p>Sep 2015</p> <p>Quarterly</p>

Ref	Health Needs Assessment 2014 Identified Gap	Recommendations	Descriptor	Action Required	Lead	Time-scale
4 Commissioned service provision	Continue to develop a partnership approach to address sexual health and public health issues	Commissioner to establish a provider group to share good practice and consider a joined-up approach to delivery	Develop a systematic approach to data collection to enable robust future commissioning decisions to be made	The Director of Public Health, the sexual health commissioner and the Public Health data analyst to identify necessary data sets	Public Health Analyst, Sexual Health Commissioner	July 2015
			New service specification for Integrated provision	Alongside GM partners, design new Integrated Service specification	Public Health Analyst, Sexual Health Commissioner	May 2015
			Develop and refine specifications where contracts are split across Trafford and Greater Manchester, e.g. LGF and GHT	Sexual health steering group to review and agree future funding structure for sexual health services.	Sexual health commissioner	May 2015



Ref	Health Needs Assessment 2014 Identified Gap	Recommendations	Descriptor	Action Required	Lead	Time-scale
5.2 Data intelligence for sexual health services	Develop a systematic approach to data collection to enable robust future commissioning decisions to be made	The Director of Public Health, the sexual health commissioner and the Public Health data analyst to identify necessary data sets	Ensure a consistent sexual health commissioning dataset.	Develop a common sexual health dataset for monitoring of contracts and performance data.  Develop a quality dashboard.	Public Health Analyst, Sexual Health Commissioner	Jun 2015
5.4 Funding breakdown	Better consideration of how high out of borough access charges can be mitigated, e.g. UHSM  Develop and refine specifications where contracts are split across Trafford and Greater Manchester, e.g. LGF and GHT	Sexual health steering group to consider how best to achieve this.  Sexual health steering group to review and agree future funding structure for sexual health.	Service Monitoring  New service specification for Integrated provision	Continue to quarterly contract monitor Bridgewater and SHOT (sexual health outreach team)  Alongside GM partners, design new Integrated Service specification	Sexual health commissioner  Public Health Analyst, Sexual Health Commissioner	Quarterly  Sep 2015