Nottinghamshire County Council

Briefing to
Health Scrutiny Committee
23 January 2017

SEXUAL HEALTH SERVICES IN NOTTINGHAMSHIRE COUNTY

Purpose of the Report

1. The purpose of this report is to:

   a. Advise the Committee of the needs of the population in regard to sexual health and the Council's statutory responsibility for commissioning comprehensive open sexual health services.

   b. Describe how the Integrated Sexual Health Service (ISHS) addresses these needs, highlighting changes to the arrangements which existed formerly and evidence about its early performance.

   c. Identify other issues in the local sexual health system which require attention.

Information and Advice

Public health significance of good sexual health

2. Good sexual health is an important part of physical, mental and social well-being, requiring a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences which are free of coercion, discrimination and violence[i].

3. The burden of poor sexual health falls most heavily on disadvantaged groups and there is a clear link between sexual ill health, poverty and social exclusion in Nottinghamshire County. The consequential costs of poor sexual health are borne by society at large as well as the individuals.

4. The public health significance of the overall sexual health agenda is underlined by the inclusion of several indicators in the Public Health Outcomes Framework:

   a. **Under 18 conceptions** (Domain 2, Health Improvement): children born to teenage mothers are much more likely to experience a range of negative outcomes in later life, such as developmental disabilities, behavioural issues and poor academic performance.

   b. **Chlamydia diagnoses in people aged 15-24 years** (Domain 3, Health Protection): if untreated, between 10-20% of chlamydia cases result in infertility due to pelvic inflammatory disease.

   c. **People presenting with HIV at a late stage of diagnosis** (Domain 3, Health Protection): These individuals carry a tenfold increased risk of dying within a year of

diagnosis, compared to those diagnosed early. In addition to the significant, dismal and unnecessary health outcomes for the individuals concerned, late diagnosis also yields significant treatment, clinical and social care costs.

5. In recognition of the extent to which good sexual health contributes to health and wellbeing, the Nottinghamshire County Health and Wellbeing Strategy includes the priority to reduce the rates of STIs and unplanned pregnancy.

Commissioning context & responsibilities

6. Following the Health and Social Care Act 2012, responsibilities for commissioning comprehensive sexual health, reproductive health and HIV services have been divided across local government, Clinical Commissioning Groups (CCGs) and NHS England (NHSE). The promotion of good sexual health and protection of residents depends on all parties fulfilling their responsibilities.

7. Local Authorities Regulations mandate that unitary and upper tier local authorities commission confidential, open access services for STIs and contraception, as well as reasonable access to all methods of contraception[ii]. Appendix 1 provides a summary of the system wide commissioning responsibilities for sexual health, reproductive health and HIV services.

8. In addition to the increased burden of ill-health which results for individuals and communities, there are consequential financial costs of poor access to timely testing for STIs, prompt treatment and a full range of contraception which are borne by CCGs, NHSE, Nottinghamshire County Council, neighbouring local authorities and other public service budgets. Some of these costs are considerable. For example, the average lifetime cost of HIV treatment for one person is £380,000[iii].

9. There are also close dependencies between sexual health and other local authority agendas. For example, the availability and accessibility of effective sexual health and reproductive health services makes a critical contribution to Nottinghamshire's ambition to continue to lower teenage conceptions across the whole of Nottinghamshire and to a greater degree in more deprived areas. Similarly there are close dependencies with Sex and Relationships Education (SRE) and the Child Sexual Exploitation (CSE) agenda.

10. Nottinghamshire County's Joint Strategic Needs Assessment (JSNA) highlighted significant variation across the county in both the prevalence of STIs and the number of teenage conceptions[iv]. It identified that addressing sexual ill-health and promoting sexual wellbeing is a key step to reducing overall health inequalities, e.g. to young people in teenage hot spot areas across the county, to people who have higher sexual health risks (MSM - Men who have sex with men and sex workers), groups at risk of late diagnosis of HIV.

11. The JSNA also identified the need to commission an integrated sexual health service (ISHS) to provide an improved service offering to residents in which the provider undertakes to make appropriate changes to clinic times and venues to best meet the evolving needs of residents.

12. Following consultation, the Public Health Committee approved a service model describing the scope and function of the ISHS, a tiered model of care, and delivery through a hub and

spoke configuration of clinics (see Appendix 2). It meets the quality standards set by national regulatory and professional organisations (e.g. National Institute for Health and Care Excellence, British Association for Sexual Health and HIV) and locally determined standards which have been drawn up to mitigate against serious problems encountered by commissioners in other local authorities.

13. The Committee also endorsed a funding envelope for the new service in order to release savings in the order of £680,000 per year over the duration of a five year contract.

14. The subsequent procurement process resulted in a recommendation to the Public Health Committee to award contracts to three NHS organisations to deliver an ISHS across Nottinghamshire County.

Performance of the Integrated Sexual Health Service

15. The new ISHS was launched in April 2016. The difference which the ISHS is now making to the lives of residents is that (compared to former arrangements) it provides services across the County in which contraception and STI-related needs can be addressed safely and effectively in a single visit.

16. Prior to April 2016, recording of service activity was incomplete and inconsistent which means that it is problematic to make a direct "before/after" comparison. Since April 2016, the precision and completeness with which activity is recorded has improved significantly which will provide a good basis for tracking future trends in service usage.

17. The location of the clinics in which residents can access the service is published by the providers[v] and, for convenience, is also listed in Appendix 3. There is a gap in provision in the Eastwood locality where, following the loss of use of a general practice building, the provider has been unable to identify a suitable alternative clinic setting. Whilst routine activity data indicates that utilisation of sexual health services by residents of Eastwood remains high (through attendance at ISHS clinics elsewhere), the current lack of a locally accessible clinic remains a concern to commissioners. Therefore the authority has written to the Chief Officer of Nottingham West Clinical Commissioning Group to ask for the assistance of NHS partners in identifying suitable premises for a clinic.

18. Further intelligence is needed to monitor the extent to which the new service is meeting the needs of all residents, including groups with the greatest levels of unmet need. This will be addressed through an annual programme of health equity audits, to which the providers are contractually obliged to contribute and which are designed to highlight opportunities for further service improvement. These audits form a part of the overall regime for quality assurance and represent good practice in the commissioning of health services. The results of the first audits will be available to commissioners in summer 2017.

19. Performance management of the providers has highlighted a problem with the accuracy of the service information published on the internet. Whereas the providers themselves are responsible for ensuring the information on their own websites remains current, it has proved difficult to update the information published within the NHS Choices website. As a consequence, it is possible that our residents may be misled and inconvenienced concerning local clinic times and venues. This appears to be a national problem with the administrators of the NHS Choices website and falls outside the immediate control of our

providers. Public health commissioners are exploring an appropriate route for escalating the issue.

20. Other arrangements for underpinning the safety, effectiveness and service user experience of the ISHS includes a programme of quality assurance visits. During the first half year of the new contract, the three providers have participated in a total of five QA visits. Observations and actions arising from these visits included:

    a. There is positive feedback from service users consulted during the visits about access to the service, availability of choice of a staff member of same gender, and the non-judgemental approach of staff.
    b. Staff experience of "dual training" (which underpins the integration of the contraceptive and STI aspects of the ISHS) has been positive
    c. Specific recommendations about enhancements and refinements to the centralised booking arrangements for each provider, e.g. requirements upgraded telephone line access and for a provider to monitor call "drop-off"

21. In regard to risks about which stakeholders expressed serious concerns at the start of the procurement process, NHSE have highlighted no concerns to us about integration with local pathways for HIV treatment (which became a major problem for some Councils), and lead clinicians in the ISHS and in Health Education England confirm to us their satisfaction that local providers remain able to fulfil their role in sustaining high quality training of the next generation of specialist medical and nursing staff.

22. Neither the authority nor our providers have received any formal complaints regarding the ISHS.

Other issues in the local sexual health system requiring attention

23. The ISHS represents an important part of the local sexual health system. A range of other services and organisations play significant roles in securing good outcomes and arrangements for the population. These include but are not restricted to: schools (provision of good quality sex and relationships education), primary care (e.g. referrals for testing and treatment of patients who are symptomatic, contraceptive advice including long acting reversible contraception, cervical screening), HIV treatment (NHS England), termination of pregnancy services (commissioned by CCGs).

24. Public health colleagues convene the Sexual Health Strategic Advisory Group (SHSAG) to secure expert clinical and commissioning advice about outcomes and arrangements for sexual health. SHSAG oversees a work programme whose scope extends beyond the commissioning responsibility of the local authorities and addresses the following issues (amongst others):

    a. **Chlamydia rates (15-24 year olds).** Nottinghamshire has the lowest testing and detection rate in the East Midlands. This is likely to contribute to a higher avoidable burden of ill-health and complications for our residents arising from untreated STIs.

    b. **Unplanned pregnancy.** Local rates are similar to national rates but nevertheless indicate considerable unmet need and consequential costs for the local authority and other public services.

c. **Resources for mounting an effective response to a local increase in STI s.** There is no longer budgeted capacity to fund measures which may be recommended in the event of an increase of STIs (e.g. Gonorrhoea, Syphilis, Hepatitis A).

d. **Teenage Conception Rates.** Maintenance of the comprehensive measures previously implemented through the National Teenage Pregnancy Strategy (2000 -2010) and targeted prevention through the Family Nurse Partnership (FNP) Programme.

e. **Long acting reversible contraception (LARC)** represents a highly effective and cost effective method of contraception. As part of its responsibility to provide access to all methods of contraception, the authority commissions LARC from most general practices. Further work is required to ensure that women across Nottinghamshire have ready access to LARC.

f. **System pressures**. Pressures in one part of the local health system have consequences elsewhere. Unmet need relating to prevention and early treatment lead to additional treatment costs for the NHS. Similarly, there is anecdotal evidence that some patients have found the length of time they have to wait for a GP appointment unacceptable and have chosen instead to access the more specialist sexual health service for contraception, resulting in additional activity and cost pressure for the Council.

Wider considerations

25. The chief risk to the local sexual health system relates to the future funding of the ISHS. Reduction in funding would result in the curtailment of a statutory service and loss of the associated health and wellbeing and economic benefits. More specifically:

a. Firstly, any reduction in budget would be likely to result in some kind of restriction in access to mandatory open services and/or curtailment of services targeted to address underlying causes in areas with the worst sexual health outcomes. This is because there is limited scope within our mandated sexual health services for containing all of the existing cost pressures.

b. Secondly, reductions in access to mandatory open sexual health services are likely to impact outcomes at individual and population levels. For example, reductions in the proximity of services or opening hours will impact on their accessibility to some people in need of contraceptive services or STI testing.

c. Thirdly, the scale of impact at an individual level is potentially very serious including, for example, unplanned pregnancies in teenagers and adults, onward transmission of untreated STIs, infertility arising from delay in or lack of treatment for Chlamydia infection, and additional complications or early death associated with delayed diagnosis of HIV. At a population level, these outcomes are likely to be reflected in terms of increased health and social inequalities with their long term implications.

d. Fourthly, in addition to the potentially serious impact for individuals and their communities, these impacts also entail adverse financial consequences for public service budgets in Nottinghamshire County. For example, a recent study based on national-level modelling found that modest restrictions to sexual health services would negatively

impact outcomes and that the consequential costs of this to public service budgets across the whole UK would be in the order of £100 billion over an 8 year period[vi]. Accurately quantifying what the scale or timing of these impacts would be in Nottinghamshire is problematic and sensitive to underlying assumptions and local conditions. Nevertheless, it indicates the general scale and adverse nature of the likely impact.

e. Fifthly, notional savings in the Council's sexual health budget would be offset by increased demand and consequential costs for other interventions. Some of these will represent additional pressures on other Council budgets (e.g. increased demand for Early Years interventions). In other instances, the impact will be felt in Council commissioned services funded by some form of capitated grant (e.g. nursery provision), for which it is already very challenging to identify sufficient adequate capacity in the market. After this, any net saving realisable by the Council, would be paid for in part by CCGs who will have to divert funds to meet the costs associated with additional demand for termination of pregnancy, ante- and perinatal services, treatment for infertility and other complications arising from delayed diagnosis and treatment. NHS England and other parties will bear additional costs associated with the local authority's failure to secure timely diagnoses of HIV.

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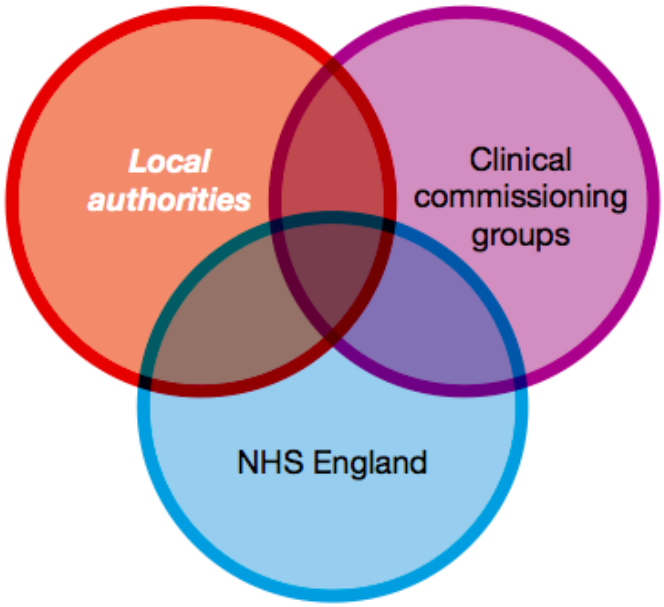
Appendix 1

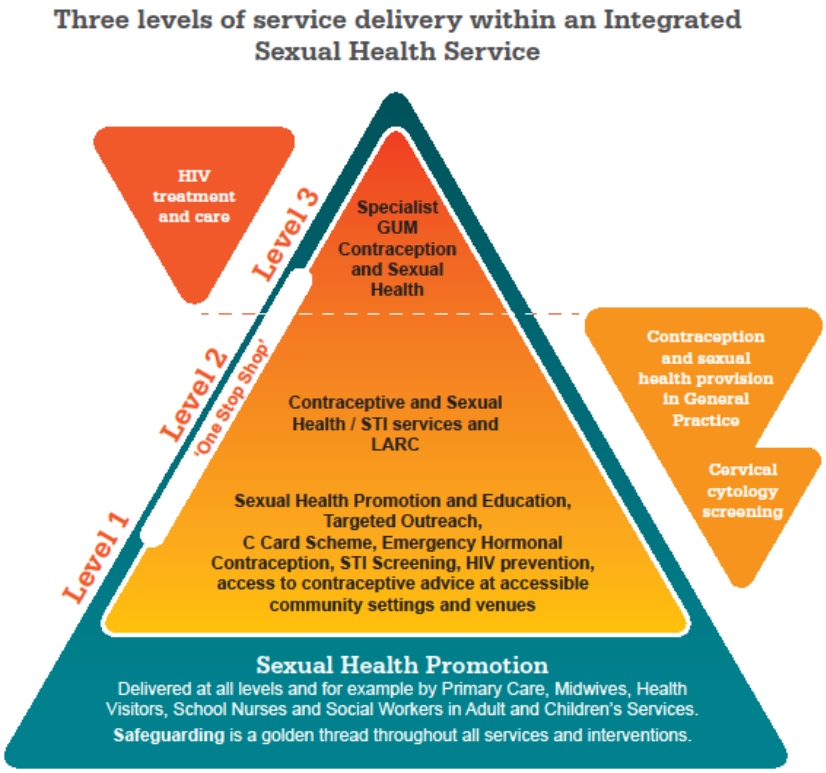
Commissioning Responsibility for sexual health, reproductive health and HIV [vii]

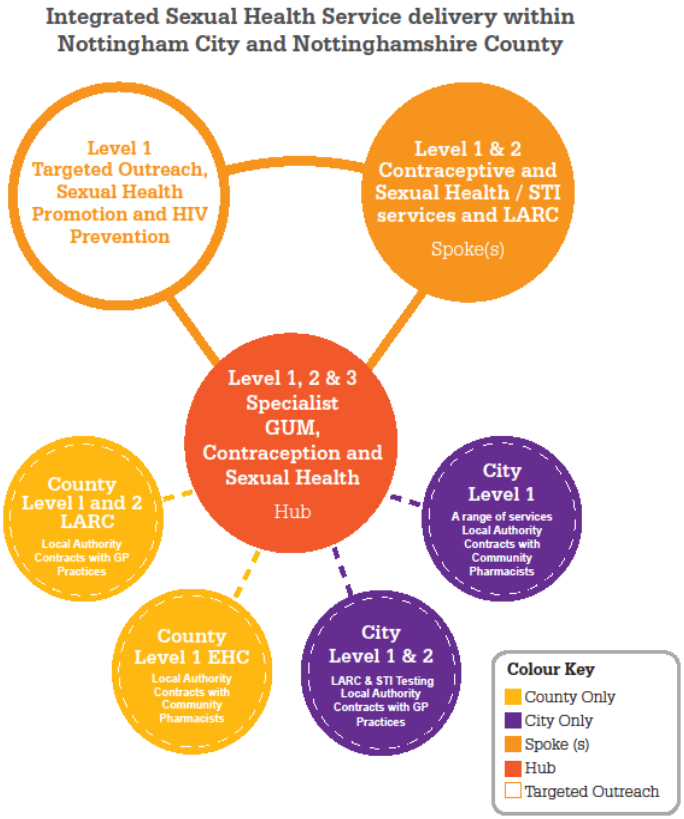
Local Authorities	CCGs	NHS England
• Contraception • STI testing and treatment • Chlamydia testing as part of the National Chlamydia Screening Programme • HIV testing • Sexual health aspects of psychosexual counselling • Sexual services including young people's sexual health, teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies	• Abortion services • Vasectomy • Non sexual health elements of psychosexual health services • Gynaecology including use of contraception for non-contraception purposes	• Contraception provided as an additional service under the GP contract • HIV treatment and care including post-exposure prophylaxis after sexual exposure • Promotion of opportunistic testing and treatment for STIs • Sexual health elements of prison health services • Sexual Assault Referral Centres • Cervical screening • Specialist fetal medicine
Original Source: Department of Health Commissioning Sexual Health services and interventions: Best Practice guidance for local authorities, 2013		

The Venn diagram illustrates the interface and co-dependency of commissioning sexual health, reproductive health and HIV services.



Appendix 2 – Tiered service model for the Integrated Sexual Health Service





Appendix 3 – Locations of clinics for the Integrated Sexual Health Service (all clinics are open to County residents; those located in County localities are shown in bold)

1. **TriHealth Bassetlaw serving North Nottinghamshire**

Worksop clinic The Ryton Street Centre Worksop Nottinghamshire S80 2AU

Retford clinic Retford Hospital, North Road Retford Nottinghamshire DN22 7XF

Harworth clinic Harworth Primary Care Centre Scrooby Road Harworth DN11 8JT

2. **SFHT My Sexual Health serving Mid Nottinghamshire Mansfield, Ashfield, Newark and Sherwood**

The Hub, Kings Mill Hospital Level 5, Pink Tower Mansfield Road Sutton in Ashfield NG17 4JL

Ashfield Health Clinic Ashfield Health Village Portland Street Kirkby in Ashfield, NG17 7AE

Bull Farm Primary Care Centre Concorde Way Millennium Business Park Mansfield NG19 7JZ

Mansfield Community Hospital Stockwell Gate Mansfield NG18 5QJ

Mansfield Woodhouse Health Centre Church Street Mansfield Woodhouse NG19 8BL

Oak Tree Lane Health Centre Jubilee Way South Mansfield NG18 3SF

Oates Hill Health Centre 2 Forest Street Sutton in Ashfield NG17 1BE

Warsop Primary Care Centre Church Street Warsop NG20 0BP

Eastwood Centre Newark Hospital Bowbridge Road Newark NG24 4DE

Ollerton Health Centre Church Circle Ollerton, NG22 9SZ

3. **NUH Sexual Health serving South Nottinghamshire Gedling, Broxtowe and Rushcliffe and Nottingham City**

Hub - GU Medicine

City Hospital, Hucknall Road, Nottingham NG5 1PB

Hub - Victoria Health Centre

The Victoria Health Centre, Glasshouse Street, Nottingham NG1 3LW

Community clinics (County clinics in bold)

Mary Potter Centre, Gregory Boulevard, Hyson Green, NG7 5HY

Clifton Cornerstone, Southchurch Drive, Clifton, NG11 8EW

Radford Health Centre, Highurst Street, Radford, NG7 3GW

Bulwell Riverside Centre, Main Street, Bulwell, NG6 8QJ

Park House Health & Social Care Centre, 61 Burton Road, Carlton, NG4 3DQ

Hucknall Health Centre, Curtis Street, Hucknall, NG15 7JE

Stapleford Care Centre, Church Street, Stapleford, NG9 8DB

Kimberley Health Clinic, Newdigate Street, Kimberley, NG16 2NJ

Strelley Health Centre, 116 Strelley Road, Strelley, NG8 6LN

City Care Health Clinic, Lower Parliament Street, Nottingham, NG1 3QS

Beeston Clinic, 38 Wollaton Road, Beeston, NG9 2NR

Arnold Health Centre, High Street, Arnold, NG5 7BQ

Melbourne Park Medical Centre, Melbourne Road, Aspley, NG8 5HL

West Bridgford Health Centre, 97 Musters Road, West Bridgford, NG2 7PX

References

[i] WHO Health Topics Sexual Health. Accessed on line on 24.10.2014 at: http://www.who.int/topics/sexual_health/en/

[ii] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. Accessed on line on 24.10.2014 at: http://www.legislation.gov.uk/ukdsi/2012/9780111531679/contents

[iii] Nakagawa et al 2015. Projected lifetime healthcare costs associated with HIV infection. PLoS ONE 10(4): e0125018. doi:10.1371/journal.pone.0125018. Accessed 23/12/16.

[iv] Nottinghamshire County JSNA (2014) Teenage Pregnancy Chapter (including health and wellbeing for young families) 2014

[v] North Nottinghamshire (Bassetlaw): Bassetlaw TriHealth http://bassetlawtrihealth.dbh.nhs.uk ; Mid Notts (Mansfield, Ashfield, Newark and Sherwood): My Sexual Health http://www.sfh-tr.nhs.uk/index.php/my-sexual-health ;
South Nottinghamshire (Broxtowe, Gedling, Rushcliffe) and Nottingham City: NUH Sexual Health Service https://www.nuh.nhs.uk/our-services/services/sexual-health-service

[vi] Development Economics (2013) Unprotected Nation. The Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services. A report by Development Economics

[vii] PHE (2014) Making it work. A guide to whole system commissioning for sexual health, reproductive health and HIV