

6 June 2013**Agenda Item: 8**

USE OF PUBLIC HEALTH GRANT TO COMMISSION COMPREHENSIVE SEXUAL HEALTH SERVICES IN NOTTINGHAMSHIRE

Purpose of the Report

1. The purpose of this report is to provide the case and obtain agreement for additional resource from the Public Health Grant to enable the commissioning of the pre-committed, core Sexual Health services across Nottinghamshire County. The pre-committed services are those essential clinical sexual health services for which at present there is no local alternative. Young people's sexual health services are already integrated with the Children and young people's policy area and in particular with teenage pregnancy.

This paper also highlights for information those services which had previously been agreed at the Public Health Sub-Committee and which at this stage are not pre-committed. There are considerable opportunities to review creatively and innovatively the commissioning and implementation of sexual health promotion services, however the key priority for the essential sexual health clinical services is to ensure that all sexually active residents in Nottinghamshire can access the basis services they need for sexual health, protection and safety.

Information and Advice

1. Since April 2013 local government is required by regulation to commission HIV prevention and sexual health promotion, open access genitourinary medicine and contraceptive services for all age groups.
2. Nottinghamshire's Joint Strategic Needs Assessment (JSNA) has identified Sexual Health (including Teenage Pregnancy) as important to the Health and Wellbeing of people living in Nottinghamshire County. It reinforced that poor sexual health is closely linked to social patterns and deprivation. The JSNA highlighted significant variation across the county in both the prevalence of STIs and the number of teenage conceptions. Addressing sexual ill health and promoting sexual wellbeing is a key step to reducing overall health inequalities and local authorities can make crucial links between the various services they provide.
3. As part of the Public Health Outcomes Framework, commissioners have a responsibility to achieve the following indicators within the framework.

- a. Domain 2 Health Improvement – Under 18 conceptions - 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. Domain 3 Health Protection- Chlamydia Diagnosis (15-24years) - Untreated, between 10 and 20% of Chlamydia cases result in infertility due to pelvic inflammatory disease. Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection and over 186,000 new cases were diagnosed in England in 2011
 - c. Domain 3 Health Protection - People presenting with HIV at a late stage of diagnosis - The proportion of late diagnoses remained high in 2010 (50%). These individuals carry a tenfold increased risk of dying within a year of diagnosis, compared to those diagnosed. If the 3,640 UK-acquired HIV diagnoses made in 2010 had been prevented, between £1.0 and £1.3 billion lifetime treatment and clinical care costs would have been saved. Similar savings may also be attributed to social care.
4. An additional £507,000 was requested as part of the broader paper on service developments, a large proportion of which was already pre committed and for services already being delivered. Consideration of this paper was deferred by the Policy Committee as it was felt that opportunities for integration and collaborative working across the Council should be explored further before funding was committed.
5. The Sexual Health paper presented and discussed at the April 2013 meeting was supported as a large proportion of the additional funding requested was pre committed to the provision of existing services already being delivered which include Chlamydia testing, the Folkhuse young person's sexual health and contraceptive services clinic already in place, the C card condom scheme and increasing access to Long Acting Reversible Contraceptives (LARC) through the provision of accredited training for clinical staff to become qualified to fit these. In addition from April 2013 local government became responsible for commissioning population level services to prevent HIV and reduce late diagnosis. This will include all HIV testing programmes in sexual health and the commissioning of testing programmes in non-clinical settings.
6. There are two developments which are not pre-commitments.
- a. The first is the extension of Sexions (young people's sexual health promotion) programme to southern Boroughs to address the gaps in current service provision and to provide equity of service across the whole county. Evidence since the launch of the SEXions in Ashfield indicates that the service has contributed to the consistent decline in teenage pregnancy rates in the district, where other areas have plateaued or increased. The reduction outperformed other comparative districts in the county. Ashfield has achieved more than two and a half times the reduction of Nottinghamshire (11.6%) and is a greater reduction than the East Midlands (11.4%) and more than three times the national reduction (9.1%). This success provides sound local knowledge on which to base future commissioning decisions.

- b. The second is the implementation of a creative viral messaging programme targeted at key “at risk” groups to raise awareness about sexual health and well-being and the services available. Viral messaging has been successful in other areas at increasing access to local services is innovative and appealing to young people.

The Rationale

7. In March 2013 the Department of Health (DH) produced the document ‘Commissioning Sexual Health services and interventions – Best practice guidance for local authorities’ sets out the responsibilities for local authorities in the commissioning of sexual health interventions and services.
8. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 covers the provision of open access health services for everyone present in their area, covering free sexually transmitted infections (STI) testing and treatment and notification of partners and free contraception, and reasonable access to all methods of contraception.
9. The new framework for Sexual Health Improvement in England produced by the DH this year states that achieving good sexual health is complex, and there are variations in need for services and interventions for different individuals and groups. It is essential that there is collaboration and integration between a broad range of organisations, including commissioning organisations, in order to achieve desired outcomes.

Expected Outcomes

10. This funding will ensure currently committed resources to services can continue and new services detailed will enable the indicators within the Public Health Outcomes Framework to be achieved by continuing to work jointly with colleagues within NCC.

Statutory and Policy Implications

11. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

12. HIV testing will become more readily available within high risk populations and hence assist in removing barriers to people coming forward for testing. This will ensure early diagnosis and an improved quality of life reducing the need for multiple medications with side effects. This also reduces the chance of transmission to a HIV negative person.
13. Reduction in the negative outcomes associated teenage pregnancy .

14. Easy access to Chlamydia testing, ensuring early diagnosis and prevention of long term health effects.

Financial Implications

15. The request is for £507,000 from the ring fenced Public Health Grant to be made available for sexual health services. Documented evidence is available nationally which demonstrates cost savings.

RECOMMENDATION/S

16. That the Public Health Sub-Committee are asked to:

Agree to £507,000 being released from the ring fenced Public Health Grant to enable the current gaps in the Nottinghamshire Comprehensive Sexual Health Services to be addressed and Public Outcomes Framework Indicators to be achieved.

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Director of Public Health

For any enquiries about this report please contact: Penny Spring (Public Health)

Constitutional Comments

To follow

Financial Comments

To follow

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

To follow

Electoral Division(s) and Member(s) Affected

All

