Nottinghamshire County Council

Report to Public Health Committee

12 March 2015

Agenda Item: 5

REPORT OF DIRECTOR OF PUBLIC HEALTH

DEVELOPMENT OF THE DRAFT PROPOSED SERVICE MODEL FOR THE COMMISSIONING COMPREHENSIVE SEXUAL HEALTH SERVICES IN NOTTINGHAMSHIRE FROM APRIL 2016

Purpose of the Report

1. The purpose of this report is to invite the Committee's consideration of the proposed service model for sexual health services, the key considerations relating to its scope and configuration, and the market testing and further consultation activity to be undertaken prior to the Committee's determination of the budget in May 2015

Information and Advice

Background

2. At its November 2014 meeting, the Public Health Committee reviewed a paper which set out, amongst other things, the following strategic considerations: the public health significance of sexual health, the consequential costs for society of poor sexual health and its links with poverty and social exclusion, the mandatory responsibilities of the Council to commission confidential, open access services for STIs and contraception which includes reasonable access to all methods of contraception, the significant return on investment yielded by funding in sexual health services, and the Health and Wellbeing Board's priority to reduce rates of STIs and unplanned pregnancy.

3. The paper also identified a number of practical considerations including: cost pressures within current contracts, the need to re-procure a service to meet the need of the population for April 2016, and the importance of achieving this in a way that does not compromise the wellbeing of residents, the integrity of the wider sexual health system, or the interests of its various commissioners (Appendix 1).

4. Against this background, Committee members indicated that they wished to receive further information about the engagement work; health needs assessment and other work informing the development of proposed service model. Since the determination of the budget would take place very close to a probable tender (and for the avoidance of possible delay at such a critical point), the Committee identified the need to review the draft proposed service model at a meeting *prior* to the determination of the budget. The purpose of this paper is to provide the Committee with this information.

Work undertaken to inform the draft proposed service model

5. In accordance with good practice, the development of the draft proposed service model has been informed by a) health needs assessment, and b) engagement with actual/potential service users, professionals, provider organisations and Health and Wellbeing Board partners.

6. The health needs assessment (HNA) is a comprehensive piece of work which draws together a description of the local distribution and trends of STIs and unplanned pregnancy and indicators of unmet need in Nottinghamshire, a summary of local arrangements and services currently in place, and a review of what is known to be effective in addressing need (drawing on national guidance and relevant evidence). Its conclusion comprises a list of recommendations for consideration by commissioners.

7. A somewhat shortened version of the full needs assessment will be included as a chapter in the Joint Strategic Needs Assessment (JSNA). The draft version is awaiting approval by the Integrated Commissioning Group for sexual health and can be accessed on http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Cross-cutting-themes/Sexual-Health-(2015,-draft).aspx

8. In the interests of brevity, a summary of key findings from the JSNA chapter is included in Appendix 2.

9. The teenage pregnancy JSNA for Nottinghamshire County was updated in 2014 and is available on: http://jsna.nottinghamcity.gov.uk/insight/StrategicFramework/Nottinghamshire-JSNA/Children-and-young-people/Teenage-pregnancy-(2014).aspx

10. Engagement with actual and potential service users, providers and professionals has been undertaken to complement and test out insights arising from the HNA. Appendix 3 summarises some of this engagement activity.

11. At the time of writing this report, Public Health colleagues are about to undertake: soft market testing to evaluate the feasibility and reasonableness of the draft proposed model and the level of interest of the market (to be completed in March), external professional review to validate the input received from local professionals, and consultation to complete our engagement with public and patients (to be completed early April). The findings from these will be used to refine the draft proposed service model.

12. An Equality Impact Assessment has been completed for the proposed service model, and this will be reviewed in the light of any subsequent refinements to the model.

Proposed delivery model for Nottinghamshire County

13. The proposed model reflects the need to deliver sexual health services that meet the needs and preferences of service users, so that they can experience an integrated, responsive service. It reflects best available evidence, national guidance[iii], and intelligence about the health needs of the population in Nottinghamshire County. The model also reflects the importance of services which maintain cohesion with other parts of the sexual health system which are commissioned by other parties.

14. Its aim is to reduce the rate of STIs and unplanned pregnancy by making it easier for residents to access the services they need.

15. The ISHS will improve the sexual health of the local population through delivery of the following outcomes:
    - Reduce sexual health inequalities
    - Reduce the rates of Sexually Transmitted Infections (STIs) and the prevention of late diagnosis of HIV
    - Reduce the rates of unplanned pregnancy and repeat terminations

16. This will support delivery of the Public Health Outcomes Framework for
    - Chlamydia diagnosis in 15-24 year olds
    - Under 18 conceptions
    - People presenting with HIV at a late stage of infection

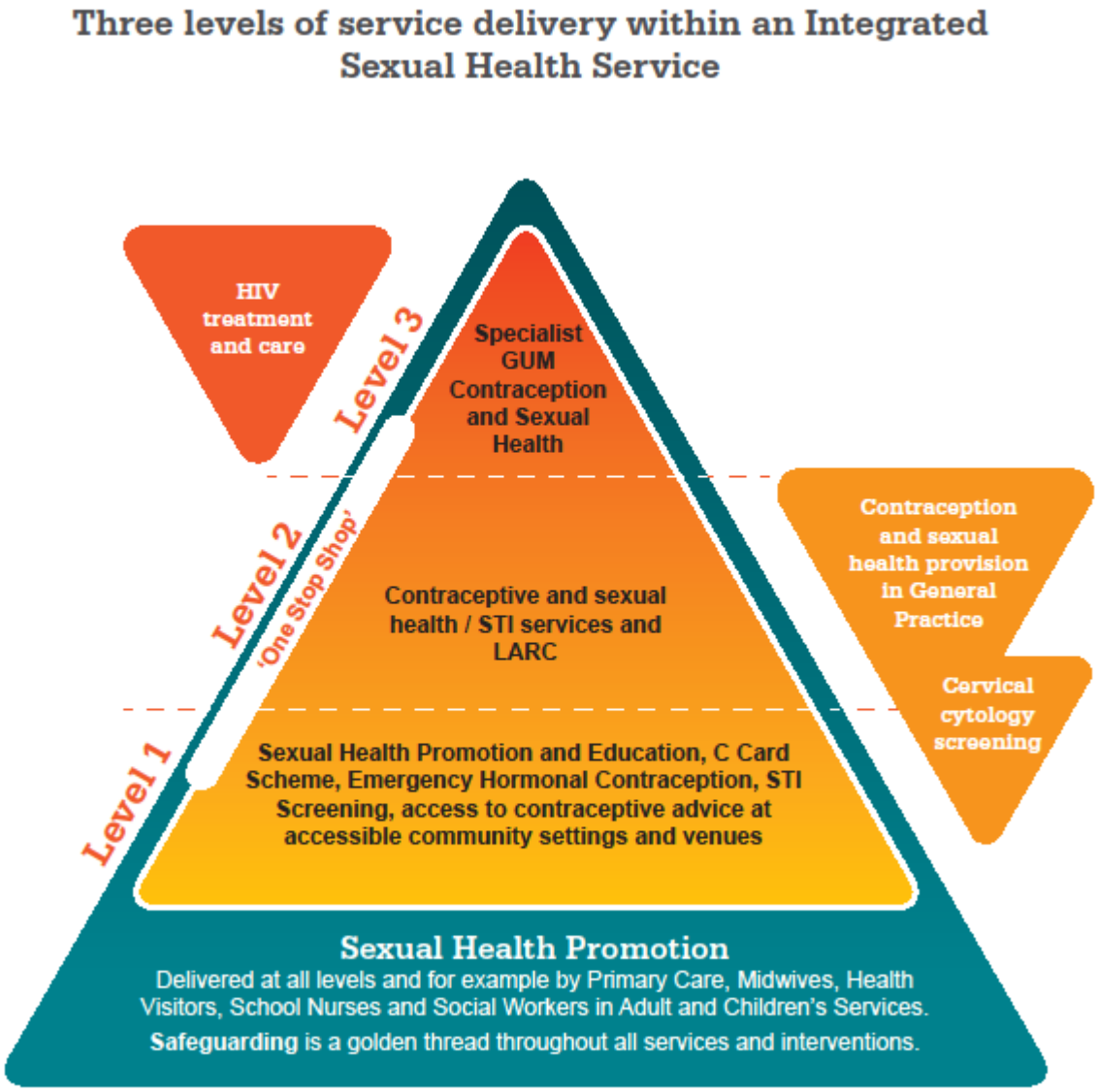
17. The model can be conceived in terms of three levels of services, with arrangements to ensure that provision of the services in each level is accessible and timely and meets the needs of the local population. Appendix 4 describes the three levels of the service model.

18. The patient journey will be "joined up", irrespective of who is the commissioner or provider of services at different points. This means that services at different levels within the model will be integrated to ensure that the patient journey is coherent. Services within the model will also integrate with or signpost to relevant services commissioned by other organisations to ensure smooth, safe and secure transition between clinical pathways.

19. The overarching principles of an ISHS model will be applied across Nottingham City and Nottinghamshire County.

20. Figure 1 shows the services delivered in the three levels within an ISHS

Figure 1



Recommendations relating to the scope of the ISHS Model

21. There are a number of considerations relating to the scope of the proposed model. Table 1 sets out recommendations regarding these.

Table 1 Recommendations regarding the scope of the proposed ISHS model for Nottinghamshire County

Issue		Proposal	Rationale	Feedback from engagement
1	Limit funding of services *to 'in area residents only'*	The contract to state funding for '*in area residents only'*	The council is mandated to provide an *open access service* however; we have a choice to restrict funding to Nottinghamshire County residents only. The provider would then have the responsibility to recover payment from the local authority of residence for any services provided to people out of area.	Providers are finding it a challenge to recover funding for out of area contacts from local authorities Derbyshire County has applied these payment terms in their new award for Sexual health services, therefore Nottinghamshire will be invoiced from the Derbyshire provider for Nottinghamshire residents from accessing the service from 01.04.2015
2	Health Promotion and Health Education	Emphasis on delivery to all ages	Delivery is driven by need Whilst the sexual health needs of young are acknowledged, it is recognised that the need is across all ages	Providers stressed sexual health needs present and change over the life course
3	County C-Card scheme	Out of scope	The scheme is delivered by Nottinghamshire County Youth Service. The current arrangements provide the opportunity to deliver responsive, effective and targeted service to meet changing health needs, with outreach in Teenage Pregnancy Hot Spot areas. Delivery by the Youth Service adds value through consistent engagement with Young people within the county.	Young People value the C-Card Scheme and signposting to services. Young people valued the range of young people friendly sites available within the current scheme and ease of access.
4	Genital Dermatology	In scope (but not council funded)	Integral to patient pathway but this is the responsibility of the CCGs to fund.	CCG congress signalled agreement to this in principle
5	Cervical Cytology	In scope (but not council funded)	Keeping opportunistic cervical screening in scope is important for people who may be at risk of sexual ill health (when they access a	Identified by providers as important for people who may be at risk of sexual ill health when they access a sexual

Issue		Proposal	Rationale	Feedback from engagement
			sexual health services). Funding responsibility is with NHS England Area Team.	health service. Aware of custom and practice in Mid Notts where women have chosen to attend CaSH services for their screening.

22. It envisaged that for the south of the county services will be commissioned with Nottingham City as this reflects how people from the south of the county access services, particularly when they work in or near to Nottingham

23. It is envisaged that services will be commissioned from a Lead Provider, who will have responsibility for the delivery of an ISHS, and shall provide directly or through sub-contracting arrangements, a quality, evidenced based, open access, confidential and cost effective service.

Next Steps

24. Complete consultation on the proposed model and soft market testing, evaluate responses and incorporate feedback to further refine the ISHS model prior to finalising the specification.

25. Secure confirmation of the budget and approval to proceed with procurement at the May 2015 Public Health Committee.

Reason for Recommendations

26. Contract expiry and the timescales involved in procurement mean that it is necessary to agree the approach to commissioning and the proposed ISHS model to enable procurement to be progressed.

Statutory and Policy Implications

27. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

28. None

RECOMMENDATIONS

1. The Committee is invited to endorse the recommendations regarding the proposed ISHS model.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Dr Jonathan Gribbin Consultant in Public Health (jonathan.gribbin@nottscc.gov.uk)

Constitutional Comments (LM 27/02/2015)

29. The recommendations in the report fall within the terms of reference of the Public Health Committee.

Financial Comments (KAS 02/03/15)

30. There are no financial implications arising from this report. Any financial implications will be considered in the next report regarding budget for the proposed service.

Background Papers and Published Documents

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.

- None

Electoral Divisions and Members Affected

- All

Appendices

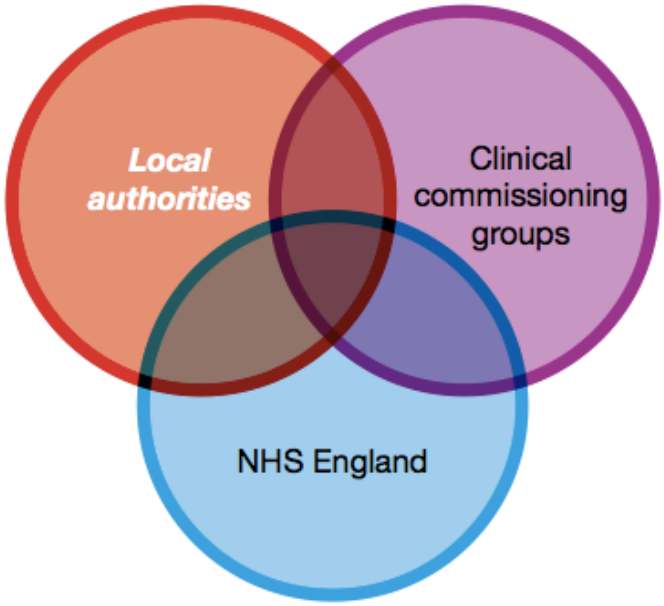
Appendix 1	Commissioning Responsibility for sexual health, reproductive health and HIV
Appendix 2	Summary of findings from the JSNA chapter on sexual health
Appendix 3	Summary of sexual health engagement work undertaken in Nottingham City and Nottinghamshire County September 2014 – January 2015
Appendix 4	Service levels within an ISHS Model

Appendix 1

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

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 Summary of findings from the JSNA chapter on sexual health

1. Sexual health outcomes for Nottinghamshire County are similar to the rest of the country. There is unmet need in the population in terms of STIs, access to and effective use of contraceptives, and unplanned pregnancy, including teenage conceptions and terminations.

2. Within Nottinghamshire County there are significant variations in both the prevalence of STIs and the number of teenage conceptions

3. Addressing sexual ill health and promoting sexual wellbeing is a key step to reducing overall health inequalities.

4. The highest burden of sexually related ill-health is borne by groups who often experience other inequalities in health, including men who have sex with men, young people, black and minority ethnic groups, and more socio-economically deprived groups.

5. There has been a rise in new diagnoses of STIs in Nottinghamshire County, which is in line with rises in diagnosis seen nationally. This is due to both increased access to better diagnostic tests and ongoing unsafe sexual behaviour.

6. Chlamydia is the most commonly diagnosed STI in Nottinghamshire County.

7. Rates of gonorrhoea diagnosis have been increasing in Nottinghamshire County over the past 3 years. Overall rates of diagnosis still remain significantly lower than the national average.

8. Early diagnosis of gonorrhoea and chlamydia is important to reduce the risk of transmission of the infection, and of long term complications of infection.

9. At least 60% of diagnoses for STIs in Nottinghamshire County occur in those aged 15 to 24 years. Reinfection rates are also highest in this age group, with around 1 in 10 young people attending with an acute STI within a year of previous infection.

10. The prevalence of HIV is low in Nottinghamshire County (0.64 per 1,000 among persons aged 15 to 59 years), but just over half of those diagnosed with HIV between 2011 and 2013 were diagnosed late. This is associated with risks of significantly worse health outcomes and risks of transmitting the infection prior to diagnosis.

11. 22.8% of NHS funded terminations in Nottinghamshire County were carried out after 10 weeks gestations. And just over 1 in 5 women aged under 25 attending for a termination of pregnancy reported having a previous termination at any age.

12. Long acting reversible contraceptives (LARC) have been shown to be more effective in preventing pregnancy than other hormonal methods and condoms. The rate of prescribing of LARC by GPs in Nottinghamshire County is higher than the national rate, but remains low as a proportion of the population (6.6 per 100 resident female population in 2013).

13. Nottinghamshire County historically has achieved well in reducing teenage conceptions, comparing well with statistical neighbours and across the region. Teenage conception rates

have been declining since 1998 in Nottinghamshire County. In 2012 the under 18 conception rate was 29.4 per 1,000 females aged 15-17, which was not significantly different from the England average (27.7 per 1,000).

14. Individuals may need sexual health services at any age, and this need can arise unpredictably throughout the life course. Effective sexual health services should be flexible and responsive, meeting individual needs at all ages.

15. We know that there is a gap in what is commission to deliver sexual health promotion, particularly targeting sexual health promotion to young people in teenage hot spot areas across the county and to people who have higher sexual health risks (MSM - Men who have sex with men and sex workers). Along with the need to address the late diagnosis of HIV across the county.

Appendix 3

Summary of sexual health engagement work undertaken in Nottingham City and Nottinghamshire County September 2014 – January 2015

<table>
<tr><th colspan="3">Summary of sexual health engagement September – January 2015</th></tr>
<tr><td colspan="3">Current Service providers</td></tr>
<tr><td>Engagement participants</td><td>Purpose</td><td>Methodology</td></tr>
<tr><td>Service providers:
Nottingham University Hospitals Trust
Health Shop, Nottingham City
Sherwood Forest Hospital Trust
Doncaster and Bassetlaw Hospitals
Bassetlaw Health Partnership</td><td>To gather qualitative information that will contribute to the development of revised sexual health provision as from 2016.
To gather ideas from service providers for a potential new service model design
To understand the current challenges faced by sexual health service providers
To explore what sexual health providers believe to be effective and efficient service delivery reflecting quality and value for money</td><td>Focus groups x 5 –
Thematic analysis was used in order to uncover key themes. Content analysis was then used to record the frequency and therefore accuracy of the emerging themes. The two techniques were used together and not independently of each other therefore offering a mixed method combining the quantification of the data but also allowing for its qualitative weight.
The written feedback was therefore organised by topic and coded into categories.</td></tr>
<tr><td colspan="3">Results- Service Providers</td></tr>
<tr><td colspan="3">Strategy
• The integrated approach is favoured as the way in which sexual health services should be delivered. Providers do appear to feel that a ‘hub and spoke model’ is the more desired option for addressing this approach. The specific needs of marginalised and hard to reach groups needs to be specifically identified and incorporated within the model design
Operational
• Operational considerations, especially staff skill mix and staff configuration to support an integrated service model is seen to require careful planning and needs to align with a workforce development plan
Communication
• An integrated approach within a hub and spoke service model will further challenge communication and reporting mechanisms. More adequate and comprehensive IT services need to be in place to underpin clinical, administration and service user requirements. In turn this will support recording, monitoring, reporting and service development. Consideration for future providers to have an effective single electronic patient record within an integrated service model should be considered
Contractual
• Contractual arrangements may not be fully understood by some providers contributing to this engagement process. Consequently it may be a process not confidently conveyed by providers to others. Commissioners should recognise opportunities for strengthening clarity and understanding within all communications</td></tr>
<tr><td colspan="3">Young People - Nottinghamshire County</td></tr>
<tr><td>Engagement participants</td><td>Purpose</td><td>Methodology</td></tr>
<tr><td>Young people (15 -25 years) across Nottinghamshire including vulnerable young people such as those represented within youth offending and representatives</td><td>To seek the views of service users in order that they can actively contribute to the development of a revised sexual health provision within Nottinghamshire as from 2016.</td><td>Focus groups with inclusion criteria applied. Thematic and content analysis undertaken</td></tr>
</table>

from persistently high Teenage pregnancy hot spot wards	Objectives To gather ideas from SUs on what should be included within sexual health services To understand the current challenges faced by SUs accessing sexual health services For SUs to directly influence the quality of sexual health services To identify how to increase access to the C card scheme	

Results – Young People Nottinghamshire County

During November – December 2014 a total of 10 service user focus groups involving 56 participants took place in 6 locations across Nottinghamshire. The 'service user' in this context is an individual who meets the Focus Group inclusion criteria and has or could potentially come into contact with sexual health services for treatment, education or advice. Main summary of results:

- There appears to be an identified gap in meeting service user needs around sexual health promotion and prevention. The health education model was the approach most strongly favoured by participants given their preference for presentations and talks within educational settings. They felt this to be the most effective approach for addressing perceptions based on factors relating to fear
- Communication and advertising methods need to be comprehensively and sensitively addressed. Attention should focus on posters with simple messages that include signposting (for example to an approved local website). Posters need to be placed in suitable locations frequented by the target audience. Likewise, social media opportunities (specifically Facebook) need to be more fully maximised
- Systems and processes used within the range of sexual health services need to be uniform to counteract service user confusion and anxiety
- Drop-in clinics are more strongly favoured among this audience. The clinics would need to operate at convenient times (mainly early evening) and be available within the same location on more than one day within a calendar week
- The clear preference was for clinics to be located within clinical settings or as part of a youth service provision within schools or colleges as this offered the best means of securing confidentiality

Local population (City & County)

Engagement participants	Purpose	Methodology
Local population Nottingham City and Nottinghamshire County	Seek public views specifically around: Access preferences (including where and when) Preferred type of provision (e.g. single-gender clinics, generic clinics, outreach) Whether current service provision meets their needs How/where people would like to find out about services	Questionnaire survey available electronically and in hard back. Analysis took into consideration that different models of service delivery were operating in different parts of the county and city.

Results – Local population (City & County)

The analysis took into consideration that different models of service delivery are currently operating across the county, with plans for service development at different stages by area.
In the City and South of County, an integrated service model has been agreed by providers, which is supported by current national policy and guidance as best practice. This service model is not in operation in the north of the county where services such as CaSH (Contraception and Sexual Health) and GUM (Genito-urinary Medicine) operate separately in a variety of community settings.
There were 237 respondents in total to both the City/south and North surveys

Demographics of Respondents

- The majority of responses were from Ashfield and Mansfield 116/237 (48.9%).
- The majority were in the 25 – 39 years (29%) and 16 – 24 years (27%) age groups
- The majority 201/237 (85%) of respondents described themselves as white
- The majority of respondents were female 173/237 (73%)
- When asked *"Which statement best describes your main interest in this survey*?" the majority of respondents chose "general public" (31%, n = 74) or "Someone who uses sexual health services" (27%, n=65)

Preferred Service Type and Service Access

When asked "*Where would you prefer to visit a clinic?*"

- The majority of respondents wanted to visit a clinic near to the place where they live (60%, n = 143), whereas 11% (n=26) wanted to visit a clinic away from where they live, and 14.8% (n = 35) wanted to visit a clinic near to the place where they work.

When asked "*How comfortable would you feel visiting the following types of buildings for sexual health services (GUM)*?"

- The majority of respondents felt comfortable or very comfortable visiting a clinic held in a NHS building that provides a range of services including hospital services (55%, n=131)
- Other settings that respondents felt comfortable or very comfortable visiting included a clinic in a GP surgery (50%, n=118), a clinic held in a building that provides a range of services (47%, n=112) and a clinic held in a NHS building that only provides sexual health services (44%, n = 104)
- In contrast only 27% of respondents (n= 65) would feel comfortable or very comfortable visiting a pharmacy
- It should be noted that 35% (n = 82) of respondents did not answer this question.

Rating of current sexual health services

- Current sexual health services provided in the city and across the county were rated as good or very good by 47% (111/237) whilst 48% (114/237) left this section blank. It should be noted that 39% of respondents (94/237) stated that they had not used any sexual health services in the past 2 years

Accessing information about Sexual Health Services

- The majority of respondents 169/237 (71%) stated that they would prefer to find out about sexual health services through online information. 138/237 (58%) preferred to find out information from a health professional and 104/237 (44%) favoured written information such as leaflets. More than one response was possible

Questions specific to the north of the county

In the north of the county, respondents were asked where they currently accessed sexual health services

- 52/188 (28%) of respondents had not accessed any of the services.
- The most commonly accessed services were the GUM clinic 45/188 (24%) or GP practice 42/188 (22%).
- The least accessed settings were the pharmacy and school based settings both 3% respectively
- When asked whether they preferred to access an integrated clinic or separate contraceptive and GUM services, respondents gave no clear preference with 42% (67/157) preferring an integrated clinic, and 37.5% (59/157) stating "don't mind".

When asked at what time they would prefer to access services, the most popular response was weekdays between 5pm and 8pm (46%, n = 73)

Questions specific to the south of the county

A specific question was included within the City/South Survey) which asked if respondents agreed with the integrated plan that had been introduced (a short description of this plan was provided within the survey)

- The majority of respondents either strongly agreed or agreed with this approach 46/80 (58%)

LGBT

Engagement participants	Purpose	Methodology
LGBT Nottingham	To gather qualitative information from members of the LGBT community **Objectives** To gather the views and ideas from LGBT on what should be	Focus Group of LGBT citizens/ individuals representing groups who work with LGBT citizens in Nottingham City

	included within sexual health services To understand the current challenges faced by LGBT accessing sexual health services For LGBT to directly influence the quality of sexual health services and contribute to the development of a revised sexual health provision	

Results – LGBT

Operational

- Services need to be confidential and non-judgemental recognising existing stigmas and concerns associated with accessing sexual health services
- It was felt that there was possibly a significant reduction in the number LGBT specific services available
- Some services and clinics were considered more favourable than others
- There needs to be consideration for staff training to look at the support needs of all demographic groups (eg LGBT awareness, specific trans training, specialist older people training)
- While services could be carried out by any qualified person, there was a preference for counselling for LGBT people needed to be carried out by LGBT people
- Services should involve face to face contact with quicker response times and face to face test results

Accessible

- Services need to have more flexible opening hours including weekends
- Services need to be welcoming to all, including LGBT groups
- Sexual health services should link in with other services e.g. mental health services.
- Outreach work into the community was felt to be limited
- General feeling that Nottingham compares poorly with provision available in neighbouring cities such as Leicester, Derby and Birmingham

Communication

- A variety of communication methods should be used to promote sexual health services for LGBT groups
- There is limited publicity for current services amongst the LGBT community
- Publicity must go beyond using “the scene”
- Representative imagery and gay and lesbian friendly symbols (e.g. The Rainbow flag) should be used

Community Involvement

- Sexual health services need to raise their awareness and increase involvement of the community. E.g. include a previously successful initiative of condom packing by the LGBT community
- Participants felt current provision failed to consult with LGBT groups and failed to value the input they can and have previously made

Equity of service

- Services should be available for all and there should be no assumptions of sexual orientation or gender identity

Black African/Black Caribbean

Engagement participants	Purpose	Methodology
Black African/Black Caribbean - Nottingham City	To gather qualitative information from the Black African and Black Caribbean community **Objectives** 1. To gather views and ideas from African/Caribbean community on what should be included within sexual health services	Focus Group of black African and black Caribbean citizens / individuals and groups who work with and represent of black African and black Caribbean citizens in Nottingham City

	2. To understand the current challenges faced by the African/Caribbean community accessing sexual health services 3. For the African/Caribbean community to directly influence the quality of sexual health services and contribute to the development of a revised sexual health provision	

Results - Black African/Black Caribbean

Accessibility

- Services need to be accessible to all and should consider the needs of individuals
- Accessing services which clearly advertise the reason for attendance can feel embarrassing and act as a barrier to access
- It is felt that services would feel more accessible if they were amongst other more generic services, similar to visiting a general clinic or GP
- Speed of response is important between testing and diagnosis

Confidentiality

- It was felt that if it is known by their GP that they are being tested / treated for STIs that this will have a long term effect on access to insurance/loans etc, and that this information will be shared with third parties

Cultural Sensitivity

- Some participants stated they felt judged and not treated with courtesy and respect, particularly with regard to their cultural needs
- Participants expressed a belief that there is a lack of understanding or willingness to understand the various barriers/considerations for the African/Caribbean Community
- More care and sensitivity is required to put the citizen at ease and feel supported

Early Intervention

- Raise awareness by improving information and education to encourage people to come forward
- Raise awareness by improving information and education to encourage people to share their condition, and to help people to understand the importance early diagnosis

Community Involvement & Engagement

- Provide training for people in the black African community to support with education, information and advice
- Ensure opportunities for black African groups to work with people to ensure positive sexual health as well as easy access to sexual health provision
- Develop ongoing two-way engagement to meet the needs of Black African/Caribbean citizens/community groups/community champions
- Providers should build better relationships with groups by engaging with Black African Churches/all faith groups
- Reduce fear and increase awareness in the community using a more sensitive and supportive approach (hand-holding)
- Work together to dispel myths about black African health and testing/statistics

Young people – Nottingham City

Engagement participants	Purpose	Methodology
Young People (15-24 Years) – Nottingham City	1.To gather views and ideas from young people on what should be included within sexual health services 2.To understand the current challenges faced by young people accessing sexual health services	Focus Group x 2 (Youth Council and Nottingham Trent University student representatives)

	3. For young people to directly influence the quality of sexual health services and contribute to the development of a revised sexual health provision	

Results – Young people – Nottingham City

During October and November two focus groups took place involving 16 participants.

Operational

- There needs to be more openness about sexual health and sexual health services and services need to meet with young people and attend places where young people meet
- Some young people experience fear and find it hard to talk to family and friends. There needs to be more openness about sexual health and sexual health services

Confidential

- Services need to be confidential and enough trained staff need to be available.
- There are cultural barriers for some young people that make it difficult for them to talk about sex and find out what they need to stay safe

Stigma

- It was felt there are stigmas attached to sexual health services which need to be addressed.
- The students suggested ways that the stigma and feeling of embarrassment could be overcome. Eg promote sexual health issues to increase the number of people getting tested and normalise sexual health services
- Introduce regular testing for everyone (not just those who are concerned)
- Most students wanted contraception and STD testing in the same clinic; albeit one student said they would want to keep these separate as they wouldn't want to go to a clinic for 'STD' testing with everyone else who is going for contraception and for it to be obvious they are there for 'STD' testing
- Others said it might be more embarrassing if they were separate because having them together, no one knows what everyone is there for but if you are seen going to an 'STD' clinic, it's more obvious

Information

- Services should be on every young person's radar through awareness raising
- More factual and practical information on relationships, sexual health and sexual health services is needed. Currently young people found out about sexual health services in a variety of ways including word of mouth from friends, leaflets from the GP when signing up, advised by the walk in centre to go to a sexual health clinic
- Information could be made available more readily in schools and colleges. Key to dispelling myths and misunderstandings
- The C Card needs promoting and needs an easier process for signing up and using the card
- For University students, there was a recommendation that there needs to be a key contact for sexual health information and advice in the student community located in the SU
- Many YP are generally unaware of GUM provision and clinic(s). YP should be made aware that condoms/testing/advice and support is free
- Schools could do more to help e.g. teachers providing more practical advice
- Youth clubs and projects like NGY could have peer mentors – young people who provide advice and guidance, help signpost YP to the services they need. But would have to be managed appropriately and safely

Communication

- Information on where to access information needs to be made available to young people including websites and promoted with educational establishments
- Websites should include examples of different types of young people and different real life situations so that everyone can relate to it
- More communication about services is needed to alleviate concerns about sexual health services not being discrete
- Whilst young people do not want bombarding with text messages, it was suggested that one text a year to all students to remind them of the testing services available would be helpful
- Information on sexual health, including where to access condoms and access testing should be available in social media, schools, colleges youth clubs, citizens services, GPs

- An online forum should be set up. It was also suggested that 'shock advertising' might work

Accessible

- Services need to be more accessible (including geographically accessible, increasing on-line presence, making home kits available, longer and later opening hours)
- For University students they would ideally like to access sexual health services at the SU.
- Sexual Health Service Providers work with a range of educational establishments (inc higher education) to deliver sexual health services on site; including a Sexual Health Week/Day, (with young people volunteering to engage with other students
- There was a mixed response as to whether they prefer GPs and pharmacy services to secondary care sexual health services
- There was support for integrated 'one-stop' services.

Equity of service

- Equal standard of service should be available across the City and the County (e.g. age range for condoms) and across different demographic groups e.g. younger age groups and LGBT young people

Appendix 4 Service levels within an ISHS Model

Description of services delivered at the three levels within an Integrated Sexual Health Service Model

a) Level 1 Provision

Level 1 refers to contraception and sexual health services that can be offered in primary care and community settings.

Level 1 services include; the provision of emergency hormonal contraception, screening for common sexually transmitted infections, pregnancy testing, and referral to specialist services, sexual health promotion, disease prevention and targeted outreach.

Nottingham City and Nottinghamshire County Public Health Departments would like to broaden and strengthen the range of contraception and sexual health services available in primary care and other venues and community settings. Third sector organisations also have an important role in delivering sexual health promotion and disease prevention campaigns and interventions.

b) Level 2 Provision

Level 2 refers to enhanced contraception and sexual health services. Level 2 services includes the provision of long-acting reversible contraception (e.g. sub-dermal implants and IUCDs) and the testing and treatment of uncomplicated sexually transmitted infections.

Level 2 services are often delivered in community contraception and sexual health clinics including community clinics (spokes) and it is our intention that this position should be developed. Community clinics will be expected to further extend their role in STI screening and the management of uncomplicated STIs, freeing up GUM clinics to concentrate on delivering relevant Level 3 provision.

c) Level 3 Provision

Level 3 refers to specialist contraception and sexual health services. Level 3 services include treating complicated sexually transmitted infections, complex contraception, and termination of pregnancy (Termination of pregnancy is the commissioning responsibility of CCGs).

Our intention is that specialist clinical teams located at GUM clinics (except provision for termination of pregnancy) will provide most Level 3 services as part of an integrated sexual health service. GUM clinics will focus on patients with complex, chronic or intensive needs, particularly in relation to treating clients with HIV (HIV treatment is currently the commissioning responsibility of NHS England Specialist Commissioning Teams) and complex STIs.

Level 3 services, and will continue to provide specialised contraception and the coordination, teaching and training of Level 2 providers.

References

[i] PHE (2014) Making it work. A guide to whole system commissioning for sexual health, reproductive health and HIV
[ii] DH (2013) Commissioning Sexual Health Services and Interventions – Best practice guidance for Local Authorities
[iii] PHE (2014) Making it work. A guide to whole system commissioning for sexual health, reproductive health and HIV