

From: Graham Gibbens,
Cabinet Member, Adult Social Care and Public Health

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To: Adult Social Care and Health Cabinet Committee, 10 March 2016

Subject: Sexual Health Service update

Classification: Unrestricted

Past Pathway: this is the first committee to consider this report

Future Pathway: none

Electoral Division: All

Summary:

This paper provides an update on the implementation of the procured sexual health services across East Kent and West Kent following endorsement of proposals in 2014 by the Adult Social Care and Public Health Cabinet Committee. Sexual health services are one of the mandated Public Health services. This report provides an update on the new model of service delivery introduced during 2015.

Recommendation:

Members of the committee are asked to comment on progress in implementing sexual health services across Kent

1. Introduction

- 1.1 This paper provides an update on the implementation of the new integrated sexual health model following its procurement in 2014/ 2015.
- 1.2 Provision of the sexual health service was mandated for local authorities according to the Health and Social Care Act 2012. The sexual health service that was inherited by KCC was based on block and payment by results (PBR) contracts with two main providers offering the Genitourinary Medicine (GUM) services and community contraception and sexual health (CASH) services. These services worked independently.

2. Background

- 2.1 The services that were in scope for the tender were the GUM service, CASH service, Chlamydia screening programme, psychosexual counselling, sexual health outreach, sexual health provision through community pharmacies and

provision of long acting reversible contraception (LARC) through GP practices. The procurement of these services has enabled us to open the market and develop outcome based contracts. The annual contract value of these services at the time of procurement was £12,750,000.

3. Integrated sexual health model

3.1 The new model of service delivery offers an integrated service, enabling those who access the service to receive contraception, contraceptive advice, genito-urinary medicine (GUM) and safer sex advice in one consultation. It is offered through a hub, super spoke and spoke model. One of these is aligned to each district with the addition of outreach clinics and outreach services. The hubs, super spokes and spokes provide dedicated services for young people in addition to all age services. The new model requires the services to be flexible to meet the changing needs of the population.

3.2 Sexual Health service through community pharmacies

3.2.1 The new service has extended in the range of services that are provided through pharmacies and has also expanded its reach within Kent. It now provides emergency hormonal contraception (EHC) chlamydia screening, chlamydia treatment, alcohol screening, brief alcohol interventions, and condoms. This service has been extended to provide EHC free to women aged 30 years and under. Previously this provision was only for women 20 years and under. The service now offers two forms of EHC following unprotected sex, or contraception failure. This is available in 92 pharmacies between 9 – 5pm and in at least one pharmacy in each district until 8pm, Monday to Friday and with opening during weekends in each district across Kent.

3.3 Chlamydia screening programme

3.3.1 The coordination of the chlamydia screening programme amongst 15-24 year olds is contracted to ensure access to treatment, partner notifications and repeat tests at 3 months following a positive screen; distribution of screening kits and forms to pharmacies, general practice and outreach practitioners. The provider has not scaled up the delivery of the outreach element as contractual negotiations with the subcontractor broke down in September. Currently the performance of chlamydia screening is not accurately depicted through the national data set CTAD, but this is being investigated locally with PHE.

3.3.2 There have been contract variations to the Source Bioscience, Chlamydia testing laboratory contract to provide analysis of chlamydia screens for 15-24 year olds. This means that the laboratory is now able to directly provide, via text or email, negative test results to patients instead of the local chlamydia screening team hence freeing up more time for the staff to do targeted work. In addition there has also been an implementation of an online screening programme.

3.4 Psychosexual counselling

3.4.1 The psychosexual counselling service has been extended across Kent. Previously this was only provided in East Kent. The pace of upscaling this programme has increased considerably in the last three months following review of performance activity which showed a large number of DNAs (did not attend). The employment of a new service lead has led to improvement in the quality and productivity of the service.

3.5 Sexual Health outreach

3.5.1 Outreach activity in non-clinical settings is a key component of all sexual health services. Rotation of staff from the integrated clinic services to outreach delivery improves clinical governance and working in partnership with colleagues from other sectors maximises the training and community engagement. In the new model a targeted component of outreach seeks to engage with those who are not accessing or would not otherwise access the services, such as specific vulnerable groups or those at greatest risk of poorer sexual health outcomes e.g. men who have sex with men (MSM)

3.6 Sexual Health website

3.6.1 The review of services in 2013 identified the need for improved communication and the need for a single website. KCC has established a sexual health services website www.kent.gov.uk/sexualhealth which is continually evolving to provide information and offer a digital service. The website gives opportunity for the public to provide KCC with feedback on the service they receive. This has been informative and enabled us to develop services in response to comments received from service users. It is hoped to establish a weekly sexual health webchat service during 2016.

3.6.2 The digital service offer commenced in November 2015 for HIV home sampling testing kits and in January 2016 for chlamydia screens. The access and uptake has been very encouraging.

3.7 C Card programme

3.7.1 The C card programme has been available for over 5 years and offered free condoms to under 19's as part of a wider national teenage pregnancy strategy. This enabled young people to register for and access condoms from a range of providers who worked with or provided services for young people. An evaluation of the local C Card has highlighted where there are opportunities to make improvements to the administration and supply processes; the training components, availability and barriers to young people accessing the programme. The c-card app was found to be not well known by young people; an interactive app with access to online registration and other online services currently available on the website was recommended. The new provider is targeting activity in a phased way and has increased the uptake of this service most noticeably in those aged over 17 years.

3.8 Premises for the sexual health services

3.8.1 KCC has taken responsibility for the lease of premises which house the hub, super spoke and spoke services. This will not only help open the market to providers in future but will also offer an opportunity to look more broadly at where services can be located rather than making use of space used historically. A public consultation that took place from July – October 2015 welcomed delivery of services outside of traditional health settings. The opportunity to co-locate with other services, specifically drug and alcohol services is ongoing. This will take place in some districts during 2016.

3.9 Collaborative commissioning

3.9.1 According to the Health and Social care Act 2012 the responsibility of commissioning HIV treatment services sits with NHSE. In order to avoid fragmentation of sexual health and HIV services, KCC has successfully negotiated the co-commissioning of HIV outpatient care services with NHSE to ensure that there is a continued and seamless journey for patients who access HIV care. This commenced with a memorandum of understanding and now with imminent Section 75 agreement sign off.

3.9.2 KCC has worked with NHS England to establish the provision of a sexual health service in all prisons in Kent. This will reduce the need for shackled escort to the main services and an opportunity to better inform and prepare those leaving prison. NHS England is responsible for commissioning this element of sexual health services. To better inform the development of this service public health is in the process of conducting a sexual health needs assessment of prisoners.

4. Primary Care Sexual Health Services

4.1 KCC, contract general practices to provide, Long Acting Reversible Contraception (LARC). The new service has aligned the two different contracts and pricing schedules from East Kent and West Kent. There has been an increase in the proportion of practices 162 (79%) signing up to the LARC contract since 2013. LARC devices can be inserted for 3- 10 years depending on the product used and are deemed cost effective when in place for at least a year. This is a high volume programme. A recently completed audit has identified that amongst young people under 21 years, 47% have had a removal of this procedure before one year. There are varied clinical and non-clinical reasons for this. A training programme being provided will support the development of primary care practice for LARC, and reduce early removals.

5. Research and Quality

5.1 Research

5.1.1 Public health has been instrumental in supporting the planning, delivery and monitoring of a public awareness campaign and training of health professionals to improve HIV testing. These were the interventions identified in response to the research undertaken within a 'Health in Europe' programme to look at the late diagnosis of HIV in Kent, Medway and Picardy. This took place during November 2014 with the report completed in May 2015. <http://create.canterbury.ac.uk/13527/1/13527.pdf>. Although there has not been a reduction in the prevalence of the late diagnosis of HIV as yet, local unpublished data is suggesting that the incidence of HIV diagnosis in the early stage of disease is increasing. This may in part be because of this programme of awareness raising.

5.1.2 Research has been undertaken to understand the use of condoms in those aged over 20 years. This found that both knowledge of and use of condoms was low. Whilst there is some awareness that condoms can protect against sexually transmitted infections (STI) there is very limited knowledge about the risk of transmission and that many STIs show no symptoms. This was further reflected in wider insight into sexual behaviour and attitudes. The findings will support a further in-depth analysis to inform a safer sex campaign during 2016.

5.2 **Quality assurance**

5.2.1 KCC sexual health service contracts have required that all staff have DBS checks, undertake safeguarding and child sexual exploitation (CSE) training including review of provider CSE processes.

5.2.2 Providing an integrated service requires upskilling of staff and therefore arrangements to accelerate this process have been agreed. There is requirement for providers to achieve and keep updated standardised qualifications. To support the workforce in general practice to achieve or, maintain relevant competencies public health have commissioned an organisation to administer and facilitate this process.

5.2.3 In addition there have been improvements in the level of information presented to monitor performance; reporting of serious incidents; and audits to improve the quality of the service.

5.2.4 The breadth of activities has been maintained during the implementation phase of these contracts. The hubs and super-spokes continue to see the highest volume of activity which is similar to that which was previously provided. Total integration of sexual health services will become more evident as the providers dually train their workforce, resulting in a more efficient service.

5.2.5 Public health performance reports present the sexual health targets in the public health outcomes framework. These include the 48 hour access to GUM service, late diagnosis of HIV and Chlamydia diagnosis rate. The changes to the contract have impacted upon the volume of chlamydia screens undertaken

amongst 15-24 year olds as the activity is more targeted. This means that less screens are done. The new contracts have increased the volume of HIV tests undertaken and there has been a slowing down of late diagnosis of HIV even though the prevalence of late diagnosis remains higher than the England average. The 48 hour access to GUM service target has been maintained throughout the implementation phase.

6. Recommendation

Recommendation:

Members of the committee are asked to comment on progress in implementing sexual health services across Kent

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Appendix 1: Contracted services

	Service	Contracted provider	Partners	Subcontractors	Subcontractors
Lot 1	Integrated sexual health services West and North Kent	Maidstone & Tunbridge Wells NHS Trust		Kent Community Healthcare NHS Foundation trust [KCHFT]	Brook, Terence Higgins Trust
Lot 2	Integrated sexual health services East Kent	KCHFT			
Lot 3	Psychosexual counselling	KCHFT			
Lot 4	Pharmacy sexual health services	KCHFT	Local pharmacy partnership [LPP]	Pharmacies	
Lot 5	Chlamydia screening programme	KCHFT			
Lot 6	Condom programme	METRO	Malling Health	Resonant PEA	
DPS	Administration and facilitation of the LARC training for primary care	Navigate2			
	Laboratory service for chlamydia screening programme amongst 15-24 year olds including online service	Source Bioscience			
	Laboratory service for HIV online home sampling kit	Preventix	Via PHE procurement process		
	Primary care LARC	Individual practices			