



To all Members of the Health Reform and
Public Health Cabinet Committee

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Ask for: Theresa Grayell
Date: 24 September 2018

Dear Member

**HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE - FRIDAY, 28
SEPTEMBER 2018**

I am now able to enclose, for consideration at Friday's meeting of the Health Reform and Public Health Cabinet Committee, the following items:

Agenda Item No

10 **18/00051 a and b - Sexual Health Needs Assessment and Service
Commissioning (Pages 3 - 34)**

- A replacement copy of the report, as some of the recommendation text on the original had unfortunately been missed off.
- A copy of the Equalities Impact Assessment for the above, which makes an additional appendix to the report. It was initially planned that this would be part of the decision paperwork but it is now available in time for Members to read before the meeting.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ben Watts', is written over a light blue horizontal line.

Benjamin Watts
General Counsel

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From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 28th September 2018

Subject: Sexual Health Needs Assessment and Service Commissioning

Classification: Unrestricted

Previous Pathway: A contracting monitoring report on sexual health services and their transformation was brought to this committee on January 28, 2018

Future Pathway: Cabinet Member Decisions – 18/00051 a and b

Electoral Division: All

Summary:

This report provides an overview of the sexual health needs assessment which has informed service commissioning plans. Key action includes increasing uptake of online services, reducing clinics with poor utilisation and improving levels of screening. By refining existing models, we will improve efficacy, accessibility and outcomes for residents. Proposals were supported by Kent County Council's (KCC's) Strategic Commissioning Board in July and the committee is asked to comment and endorse the future plans.

Services can be grouped broadly into three categories; a condom programme with targeted outreach, integrated Genitourinary Medicine (GUM) and related services and long-acting reversible contraception provided by Primary Care. The recommended approach to sourcing services after March 2019 includes: continued contracting via primary care for long-acting reversible contraception, a competitive procurement for the young person's condom scheme and continued delivery of the remaining services via existing providers.

The latter will incorporate parts of the integrated Genito Urinary Medicine/[GUM] and related services into the existing Public Health Services Partnership Agreement between Kent Community Health NHS Foundation Trust (KCHFT) and KCC and result in a new partnership with Maidstone and Tunbridge Wells NHS Trust. MTW is a trusted NHS provider well placed to work alongside KCHFT to provide these specialist services. This arrangement will provide stability of services, maximise funding and accelerate delivery of Sustainability and Transformation Plan (STP).

Recommendation:

The committee is asked to:

NOTE the key findings of the needs assessment and **COMMENT** on the changes in delivery of sexual health services.

ENDORSE or make a recommendation to the Cabinet Member on the proposed decision to:

- The inclusion of integrated sexual health and related services into the existing Kent Community Health Foundation NHS Trust (KCHFT) partnership

- Formation of a new partnership agreement with Maidstone and Tunbridge Wells NHS Foundation Trust (MTW) and inclusion of integrated sexual health and online STI testing services
- Continued contracting directly with GP surgeries for Long Acting Reversible Contraception (LARC) services delivered within primary care
- Agreement to award contract following a competitive process procurement for online condom scheme and outreach services

The committee is asked to **SUPPORT** the proposed plans for the continued delivery, of KCC commissioned sexual health services via KCHFT and primary care.

1. Introduction

- 1.1. This report provides the Committee with an overview of the findings of the sexual health needs assessment and a more detailed understanding of the breadth of service provision.
- 1.2. The committee has previously been informed of the performance, outcomes and ongoing work to transform the services to respond to changing patterns of demand. This paper presents an update on commissioning plans and route to market for providing sexual health services after 31st March 2019. Members are asked to help shape the service developments and endorse the approach set out in this paper.

2. Background

- 2.1. Since April 2013, KCC has had statutory obligations, under the Health and Social Care Act 2012, not only to take steps to improve the health of the people of Kent, but also to ensure provision of a range of open access sexual health and community contraceptive services across the county.
- 2.2. KCC also has a statutory obligation under the Care Act to prevent the escalation of needs.
- 2.3. Commissioning responsibility for sexual health services is split across KCC, NHS England, and Clinical Commissioning Groups (CCGs). KCC is responsible for the majority of testing and treatment of sexually transmitted infections (STIs). However, some testing and treatment takes place in other services, commissioned by other bodies, for example. HIV testing in termination of pregnancy services or blood borne virus screening in antenatal care. For this reason, KCC has worked with other statutory bodies to try to ensure services are as joined up as much as possible for the user and the impact of any service change is fully considered.
- 2.4. KCC's vision for services is to ensure that local residents have timely access to high quality services to improve and manage their sexual health through the delivery of a fully integrated, cost effective sexual health service model, accessed by a digital single point of access. Services include genitourinary medicine, HIV services, psychosexual therapy services and contraceptive services (please see appendix 4 for a full breakdown of services). The performance of providers are reported regularly to this committee and are generally within or above expected levels.
- 2.5. Since services were first commissioned by KCC there has been a number of significant changes including:
 - the Kent and Medway Sustainability and Transformation Plan (STP)
 - the development of new health structures and provider organisations
 - improved digital offer
 - changing patterns of use and reducing budgets.

- 2.6. Significant progress has been made to respond to these challenges and ensure services can be provided as efficiently as possible. This has included:
- the use of activity-based contracting
 - launch of an extended STI testing service
 - exploration of opportunities for co-commissioning with health partners
 - work to reduce out of area activity
 - the exploration of sourcing suitable sexual health premises to offer a comprehensive service.
- 2.7. Providers have illustrated a forward-thinking approach and worked collaboratively to deliver continued improvements and respond to changes in policy.

3. Sexual health needs assessment

*'Sexual health is a state of physical, mental and social wellbeing in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.'*¹

- 3.1. A needs assessment is an important tool to inform service planning and commissioning. It is a systematic approach used to identify unmet healthcare and health needs in a population.
- 3.2. This sexual health needs assessment has considered:
- The epidemiology of sexually transmitted infections and reproductive health in Kent.
 - The literature on Adverse Childhood Experiences, alcohol and sexual health, domestic violence and sexual health, mental health and sexual health, harmful sexual behaviours and preconceptual care
 - Service utilisation and activity
 - The Prevention of poor sexual health outcomes
 - Stakeholder views and user insights.
- 3.3. The methodologies utilised have included: literature review, analysis of data sets, modelling estimates from data, formatting and presentation of data, review of national policy/guidance, stakeholder survey, stakeholder interviews, review of user insights report.
- 3.4. The needs assessment looks at the differences across the population in terms of access, need and health outcomes in relation to the protected characteristics of people. An EqIA of these has been undertaken with actions identified. The EQIA will be ready for sharing shortly and will be publicly available and signed off the decision takes place. This will support the KCC equality policy objective to *'Ensure equity of access to Sexual Health services to improve health outcomes with regards to Age, Sexual Orientation, Gender Identity and Race'*²
- 3.5. The needs assessment has looked retrospectively at the last five years (2013 – 2017) which has reiterated the ever-changing need across the population for sexual health services and the relevance of having flexibility to respond to change and demand. For example, more diagnoses of infection were made in Canterbury district in 2017 than

¹ WHO http://www.who.int/topics/sexual_health/en/

² KCC Equality and Human Rights Policy and Objectives [2016:10]

http://www.kent.gov.uk/_data/assets/pdf_file/0007/67075/Executive-summary-of-our-annual-equality-and-diversity-report-2016-2020.pdf

seen before and that STIs in Kent are at rates higher than the South East in 2017 which has not been observed previously.

- 3.6. The sexual health needs assessment makes clear that sexual health is not a single issue but is influenced and impacted upon by many issues including mental health, sexual abuse and adverse childhood experiences. Safeguarding therefore, is an integral part of service delivery.
- 3.7. The needs assessment has identified the following emerging themes:
- The continual lack of an individual's awareness for their own and potential partner's risk to sexually acquired infections. There is little awareness that most of the infections present with no symptoms and that all sexually active persons of any age are potentially at risk. Consequently, the need for protection is not considered. This would indicate that there are many undetected STIs in the population, this is supported by the low proportion of young people aged 15-24 years screened for chlamydia resulting in less detection.
 - The impact on sexual health and wellbeing related to an individual's reluctance to disclose or share personal experiences. This is impacting on potential diagnosis of STIs, access to appropriate support and messaging on sexual health advice.
 - The compelling evidence about the need for a renewed emphasis and focus on preconceptual care to help improve conception, maternal and offspring health outcomes.
 - The need to further develop a more flexible clinical provision to support and implement policy change or clinical guidance which can impact on staffing, resourcing or equipment.
- 3.8. The unmet needs identified through the needs assessment are:
- The lack of appropriate and accessible emotional and relationship support for LGBTQ young people and their parents
 - Insufficient levels of support for young people displaying harmful sexual behaviours
 - Engagement and specific support for migrant, refugee and sex worker communities.
- 3.9. The unmet healthcare needs identified through the needs assessment are:
- Inequitable systematic offer of STI testing of first attendees to specialist sexual health services
 - Inequitable gender access to HIV testing
 - Robust pathways of care to mental health services for adults or young people
 - Transparent, easy to navigate pathways of care for HIV positive clients with evolving needs – dementia, neurological, frailty
 - Systematic processes for engaging and responding clients who have experienced adverse childhood experiences
 - Indicative of lower uptake of services by Black, Asian, and Minority Ethnic (BAME) groups.
- 3.10. The access to and use of services is changing. Uptake and use of online facilities are rapidly growing as observed in: uptake and return of STI testing, registration to and use of the condom programme 'Get It'. There has been a reduction (4%) in the proportion of services accessed out of area since 2014.
- 3.11. Newly published data (September 2018) has indicated that the percentage of late diagnosis of HIV in Kent has further increased to 60.7% compared to 40.2% in England as a whole. Two districts, Dartford and Gravesham have an increasing prevalence of HIV, with a rate over 2 per 1,000 15-59 year olds. Further exploration

for increasing testing in secondary care will be made along with testing all new GP registrants in the area.

3.12. There is an ever-changing picture of health conditions. For example:

- The diagnosis of syphilis in Kent has increased by 122.2% from 2014-2017 from a rate of 2.7 to 6.0 per 100,00 population
- The rate of diagnosis of gonorrhoea in Kent has increased by 24.9% from a rate of 24.8 to 31.0 per 100,00 population
- There has been an 18.7% decrease in the rate of admissions for pelvic inflammatory disease (PID) amongst females aged 15-44 years between 2013/14 and 2016/17 in Kent compared with a 2.8% increase in England.
- There has been a 27% increase in the rate of admissions amongst females aged 15-44 years for ectopic pregnancy in Kent between 2013/14 and 2016/17 compared with an 0.8% increase in England.

3.13. The spend on mandated sexual health services is approximately 18.5% of the local authority public health grant.

3.14. Recent PHE publication³ of outcomes would suggest that Kent has worse outcomes when compared to similar local authority areas. The indicators presented relate to: Chlamydia detection amongst 15- 24-year olds; HIV testing; Percentage of LARC prescribed [excluding injections]; Under 18 conception rates; STI testing rate amongst 15- 64-year olds excluding chlamydia amongst 15-24 year olds.

3.15. The PHE Spend and outcomes tool [SPOT] for local authorities⁴ published in June 2018, indicated for Kent's Sexual Health Services that outcomes are generally worse and for less spend compared to England. Considering specific indicators, this is the pattern for HIV testing amongst men and women and chlamydia detection amongst 15- 24-year olds. This issue was identified in the needs assessment. However, for the testing and diagnosis of genital warts, genital herpes, syphilis and gonorrhoea, there are better outcomes for a lower cost compared to England. Higher detection rates for these infections were identified in the needs assessment.

4. Commissioning implications

Kent has a comprehensive range of services delivered through quality assured providers offering choice to meet resident needs. A commissioning plan has been developed covering each of the service groups, a summary of this is presented below.

4.1 Integrated Genitourinary Medicine (GUM), HIV, Online STI testing, Psychosexual Therapy and Psychosexual counselling will provide:

- A flexible service which offers choice and reflects changing demands e.g. evening/weekend access for specialist clinics, increased drop in appointments
- A clearly defined offer that reflects local needs e.g. LGBTQ focus in Canterbury
- Increased utilisation of digital innovation including webchat, apps, Skype etc and developing a shared partner notification platform
- Online STI testing and increase screening at first attendance in clinics
- Effective premises which supports comprehensive service delivery via Hubs
- Pharmacy provision that meets user need and explore use of online treatment

³ PHE [2017] Public health Outcomes dashboard <https://healthierlives.phe.org.uk/topic/public-health-dashboard/area-details#par/nn-1-E10000016/ati/102/iid//sexId//gid/1938133160/pat/102/are/E10000016/sim/nn-1-E10000016>

⁴ PHE SPOT for Local Authorities 2018 <https://www.gov.uk/government/publications/spend-and-outcome-tool-spot>

- A tailored HIV service recognising changing and different needs of these clients. This will include piloting of peer support.
- 4.2 CYP Condom & Lesbian, gay, bisexual, transgender and Questioning (LGBTQ) Outreach will provide:
- An easy digital pathway between services e.g. condom programme (Get It), online testing and partner notification
 - An effective online condom scheme for young people that offers value for money
 - A clear brand that resonates and is recognised by young people
 - A quality assured service that has robust safeguarding mechanisms in place.
 - A dedicated outreach support service that has the skill set to respond to LGBTQ needs and ensure strong links to mental health services
- 4.3 Long Acting Reversible Contraception (LARC) via primary care
- Effective communication and engagement with the Local Medical Committee (LMC)/GP surgeries to promote the benefits of maintaining competence levels following training.⁵
 - Engage with GP clusters to support streamline administration
 - Ensure the integrated service offers coverage if GP surgeries do not extend their contract to provide LARC.

5. Routes to Market

- 5.1 Market engagement has helped to shape the revised service model and informed the recommended route to market for each group of services. All services have been competitively tendered since they were transferred to KCC in 2013 and where the market is strong a competitive process is recommended. The recommended approach varies for the different services' elements and is designed to offer stability of service, ensure KCC can deliver statutory requirements and maintain public trust through quality services. It will offer KCC a risk managed approach to achieve best value and ensure maximum flexibility to respond to changes in the health and social care landscape, changing patterns of demand and benefit from co-commissioning opportunities in the future.
- 5.2 A proposed record of decision has been included as an accompanying paper to this report where applicable and the recommended options are set out below:
- 5.2.1. **Integrated Genitourinary Medicine [GUM], HIV, Online STI testing, Psychosexual Therapy and Psychosexual counselling** - KCC would recommend working with existing providers to remodel services, working to review and agree collaboratively which elements of service each party is best placed to manage. This will build on existing strengths and remove competition to support further collaborative working. MTW and KCHFT already have an established partnership and a track record of delivering these services across Kent and this approach will drive further efficiencies by buying at a Kent level where this presents best value. (This may include drugs, consumables, pathology and IT.)

The rules that govern public sector procurement allow for contracts which establish co-operation between public sector bodies and do not require them to be concluded through competition. KCC has already established a successful partnership with KCHFT which was endorsed by the committee in June 2017. Since this time the collaborative arrangement has delivered a series of tangible benefits including:

- Significant financial savings and ongoing commitment to reduce overheads

⁵ An audit carried out demonstrated a 14% reduction when comparing like for like periods in 2015 and 2017

- Progression on shared services (e.g. payroll) and premises (e.g. colocation in Ashford)
- Co-production of a number of new commissioning models designed to improve outcomes for local residents which includes Infant feeding and enhanced offer for vulnerable families
- Ability to accelerate progress on the objectives set out within the STP.

It is believed that a similar approach with MTW would bring additional benefits to sexual health service provision. (See appendix 3 for full details of the benefits of the MTW partnership proposal.) KCC legal team considers forming of a partnership with Maidstone Tonbridge Wells Foundation Trust is permitted by the regulations as both are key partners within the STP (so are pursuing common objectives of improving the health of the population in Kent) and also under s.82 of the NHS Act to co-operate with one another to secure and advance the health and welfare of the people of England and Wales.

5.2.2. CYP Condom & LGBTQ Outreach - The Get It condom programme is currently delivered by Metro and the contract for this expires in April 2019. The intention is to competitively tender this opportunity in autumn/winter 2018. The market for service is more competitive with several providers being able to provide this type of service; when tendered previously KCC received six bids. The competitive procurement may result in a rebrand which will need to be carefully managed. The brand awareness has increased access to services over the last three years, when there was a change away from the C-Card scheme. A maximum contract length of nine years will provide time for any brand and awareness to build and offer KCC flexibility with regular pricing reviews and break clauses. LGBTQ outreach has also now been included within this service to ensure dedicated support to this at-risk group. The inclusion of this element into the partnership was discounted as the skill set required for a LGBTQ street outreach is different to that of a clinical practitioner.

5.2.3. Long Acting Reversible Contraception via Primary care - LARC services are currently provided through primary care (in addition to integrated services) and the intention is to continue for another 12 - 36 months with this service and review the contract length in line with the changing footprint of primary care. KCC commissioned training for primary care practitioners which has resulted in 167 practitioners gaining letters of competence, increasing confidence and improving quality in the programme. The decision to continue with the GP contracts is to ensure maximum access and choice to women for this method of contraception which is 99% effective and will help to reduce unwanted pregnancies. It is expected that GP's may require a pricing review in the future and this will be considered as part of the extension and rationalisation of the 154 contracts held by KCC as options for contracting with GP federations or new models of care emerge.

6. Financial implications

6.1 It is clear that if demand continues to rise we could not afford the suite of current services without additional income. The intention is to keep within the financial envelope for the provision of sexual health services which is expected to be approx. £12,900,000 for 2019/20. NHS England (NHSE) co-commission HIV services to support an integrated offer for local residents.

6.2 To manage the increase in demand the following will be implemented:

- Review and uplift the NHSE contribution and explore co-commissioning opportunities
- Rationalisation of premises to reduce revenue spend
- Introduction of new tariffs and use of open book accounting for NHS providers

- Continued monitoring of out of area costs and implementation of the out of area policy will continue
- Communication about the local services in Kent will be promoted more widely, utilising the website
- Promote self-help strategies through effective digital channels and online triage
- Joint buying of sexual health across Kent where efficiencies can be gained (e.g. drugs)
- Reduce poorly utilised clinics and reduce wasted appointments
- Switch to more cost-effective approaches for services including online and virtual clinics.

6.3 It is worth noting that these services are mandated, open access and include many activity-based services. If demand continues to rise and cannot be fully managed by the above it may be necessary to draw on additional funding from the public health reserves or explore further changes or a cap on services. Commissioners will continue to effectively contract manage services and work collaboratively with providers to manage this.

7. Risk

7.1 There are several risks associated with this transformation programme. These include:

- External challenge on the decision to move to a partnership approach with MTW
- A change of provider which leads to a change of the Get It brand for young people.
- Changes in funding received from NHSE
- The inability to remodel successfully to manage changes in patterns of demand
- Securing appropriate premises for comprehensive services to be delivered.

7.2 These challenges can all be mitigated by a series of actions set out below:

- Transparency around contracting decisions and robust procurement mechanisms
- Detailed financial modelling and effective contract management
- Ongoing collaboration with key partners including KCC property and NHSE
- Partnership approaches with providers offering flexibility.

8. Conclusion

8.1. Sexual health is a mandatory and high cost service area for KCC where efficiencies can be gained through a preventative approach. Rapidly changing patterns of use result in the need to reshape services to manage within budget constraints. The finding of the needs assessment gives clear recommendations for action which will now be taken forward by commissioners and providers to improve local services.

8.2 KCC will work collaboratively with MTW, KCHFT and NHS England over coming months to refine services for April 2019. Elements of service may be rolled out in a phased way including shared systems and partner notification. There is a clear opportunity for increasing access to online service so front facing services can be focused towards more specialised services.

8.3 The procurement of a CYP Condom Programme with Outreach Service is expected to conclude in December 2018, enabling the new service to start on 1st April 2019. The recommendation of the successful bidder will be presented to the Cabinet Member for sign off in line with KCC's delegation matrix and following award, an update can be presented to the committee should this be required. Officers will work closely with young people and related services to ensure a smooth mobilisation.

Recommendation

The committee is asked to:

NOTE the key findings of the needs assessment and **COMMENT** on the changes in delivery of sexual health services

ENDORSE or make a recommendation to the Cabinet Member on the proposed decision to authorise the County Council to

- The inclusion of integrated sexual health and related services into the existing Kent Community Health Foundation NHS Trust (KCHFT) partnership
- Formation of a new partnership agreement with Maidstone and Tunbridge Wells NHS Foundation Trust (MTW) and inclusion of integrated sexual health and online STI testing services
- Continued contracting directly with GP surgeries for Long Acting Reversible Contraception (LARC) services delivered within primary care
- Agreement to award contract following a competitive process procurement for online condom scheme and outreach services

The committee is asked to **SUPPORT** proposed plans for the continued delivery, of KCC-commissioned sexual health services via KCHFT and primary care.

9. Appendices Please see separate documents for Appendix 1 and 2

Appendix 1 –

Sexual health needs assessment executive summary

Appendix 2 –

Proposed Record of Decision (PROD) for Sexual Health Services

Appendix 3 –

Partnership Proposal between KCC and Maidstone and Tunbridge Wells NHS Trust (MTW)

Appendix 4 –

Summary of Current Sexual Health Services

Appendix 5:

Key Commissioning Aims

10. Contact Details

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Appendix 3: Partnership Proposal between KCC and Maidstone and Tunbridge Wells NHS Trust (MTW)

1. Maidstone and Tunbridge Wells NHS Trust (MTW)

- 1.1 MTW is a large acute hospital trust in the south east of England which provides a full range of general hospital services, and some areas of specialist complex care to around 560,000 people living in the south of West Kent and the north of East Sussex. They are key partners in the Sustainability and Transformation plan and have demonstrated an excellent track record of collaborative working with KCC since contracts commenced in 2015.
- 1.2 They currently provide Integrated GUM services in North and West Kent and an Online STI testing service on costing approximately £4.9m p.a. All services were competitively procured and MTW have worked proactively deliver substantial improvements and better value since April 2015. This includes participation in the PrEP Impact Trial a funded by NHSE, offering more flexible and localise clinic times (e.g. Saturday mornings in Maidstone), collaboration with private sector provider to deliver online services and participation in a Rectal Chlamydia Research Trial.
- 1.3 The development of the STP presents KCC and its NHS partners significant opportunities for co-operation and collaboration where this is in the public interest and has challenged organisations to think differently about how services are provided. This approach is designed to deliver substantial improvements in health and care services and significant health gains for the population as well as better value for money. The enabling work streams in the STP include IT and premises require a coordinated approach between KCC and the NHS partners to deliver both the necessary efficiency and improvements in care for patients across Kent.

2. Partnership approach

- 2.1 The Public Contracts Regulations 2015 that govern public sector procurement allow for contracts which establish or implement co-operation between public sector bodies such as KCC and MTW and do not require them to be concluded through competition. KCC would be providing elements of the service including premises, public health advice, the website and campaigns and MTW would be providing the clinic elements of the service. The relevant extract from the legal regulations is as follows:

"12(7) A contract concluded exclusively between two or more contracting authorities falls outside the scope of this Part where all of the following conditions are fulfilled: —

- (a) the contract establishes or implements a co-operation between the participating contracting authorities with the aim of ensuring that public services they must perform are provided with a view to achieving objectives they have in common;*
- (b) the implementation of that co-operation is governed solely by considerations relating to the public interest; and*
- (c) the participating contracting authorities perform on the open market less than 20% of the activities concerned by the co-operation."*

- 2.2. KCC considers that these conditions are all fulfilled in the case of the KCC contracts for sexual health services, not least because of the STP and the proposals to pursue common objectives of improving the health of the population in Kent. The parties are both under a duty under the Health and Social Care Act to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales. The view from legal is set out below:

“I am writing to confirm my advice that the partnership model be adopted for the proposed delivery of the sexual health services by KCC and MTW. My reasons are as follows. Firstly, the need for a partnership model is driven by the existing requirements of the STP which requires a collaborative approach, including sharing of resources and the need for innovation, in order to deliver the prevention outcomes. Secondly, the nature of the services to be provided are sufficiently specialist that it is unlikely they could be developed and delivered under a competitively tendered services level arrangement. Lastly, there is a track record of using the partnership model with another provider (KCHFT) providing the same services (utilising MTW as a sub-contractor) which has resulted in improved outcomes, efficiencies and consequent cost savings.”

3. Maidstone and Tunbridge Wells Trust Objectives and Alignment with KCC

- 3.1 In addition to the formal duties and organisational priorities, there is a significant degree of overlap and commonality in the strategic objectives and outcomes of KCC and MTW. Both Parties are signatories to the Kent and Medway Sustainability and Transformation Plan (“STP”) which support delivery of a sustainable health and social care system
- 3.2 MTW are a key partner of the STP and they outline their role in this on their Sustainability and Transformation Plan ‘Transforming health and social care in Kent and Medway’ 2016 in which they state:

MTW recognise there is a need to focus more on preventing ill-health and promoting good health and their Local Care model needs to deliver population-level outcomes through delivery at scale. This is needed to support individuals to lead healthy lives, as well as reduce demand and costly clinical interventions. They also recognise the need to focus on the populations where health outcomes are the poorest.

- 3.3 Key benefits of utilising a more collaborative approach include:

- Greater flexibility and accelerated opportunity to fit with the evolving structures MCP / Accountable Care Organisations (ACOs) and therefore meet local needs and accelerated STP implementation
- Transparency of funding and use of open book accounting would ensure value for money
- Minimising disruption to users of services and ensuring stability and reduced risk to KCC of not delivering statutory requirements. This is important for HIV clients who require ongoing care.
- Poor procurement outcome or provider failure could risk financial investment from NHSE
- Managing workforce transition to new models – this enables staff expertise to be retained including experienced clinical leads who are experts in HIV, GUM and Reproductive Health (consultants have years of experience having been on the forefront of research which can benefit the whole contract rather than just the services they provide).
- Avoidance of procurement cost and implementation of new model to deliver efficiencies.
- Continued access to equipment such as ultrasound screening that is not part a requirement of delivering sexual health services but offers benefit to patients and rapid diagnosis.

4. Conclusion

- 4.1 This arrangement has been very successful in enabling both KCC and KCHFT to achieve common objectives. It is believed that a similar approach with MTW would bring both benefits to the sexual health service provision in Kent and wider benefits to the system and public. The recent case of Lancashire and the NHS Foundation Trust and Blackpool Teaching

Hospitals NHS Foundation Trust v Lancashire County Council provides further rationale for considering similar arrangements with other public health services where this is in the public interest.

Appendix 4: Summary of Current Sexual Health Services

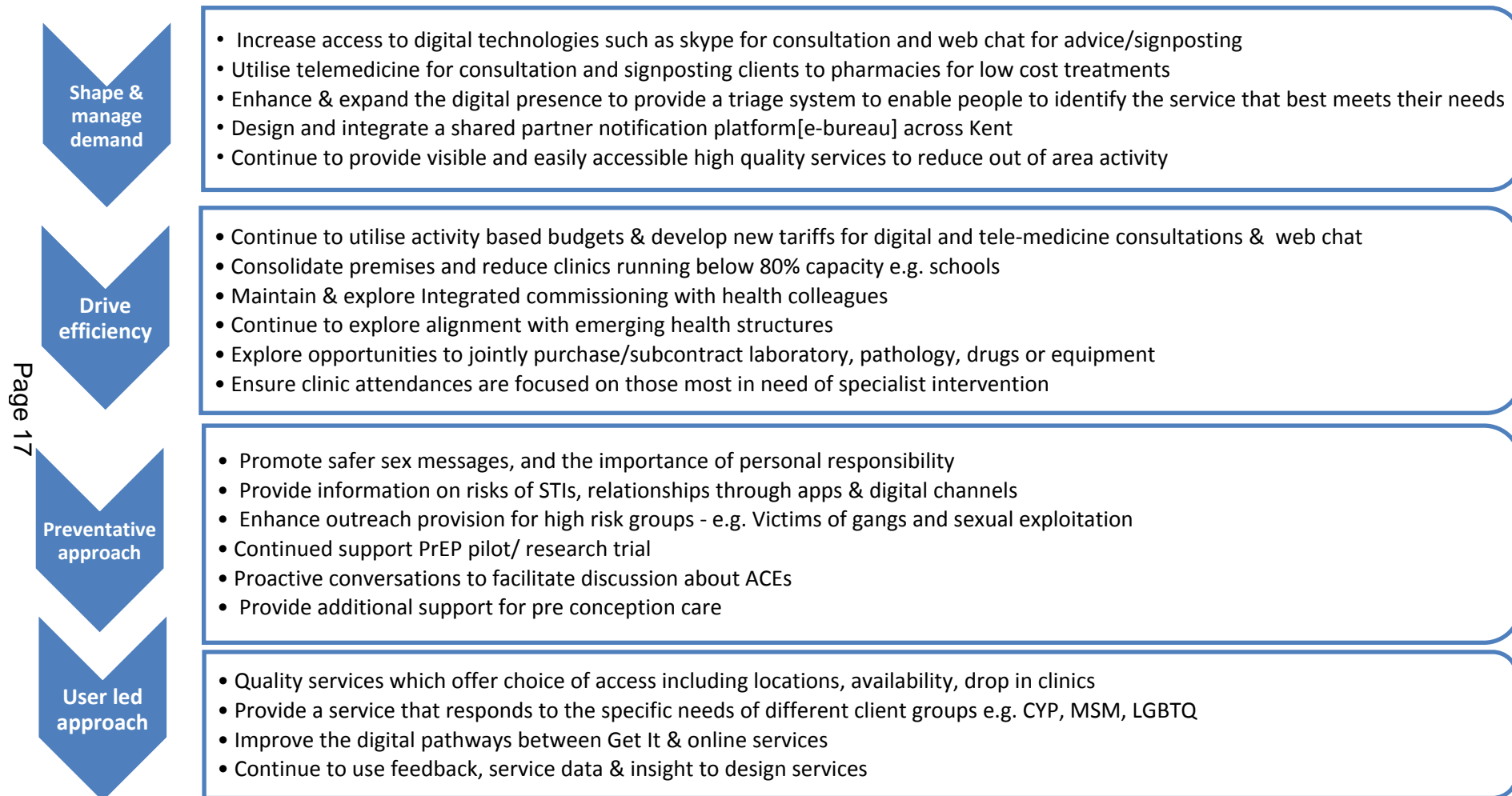
| Contract | Contractor | Allocated budget for 2018/19 | Scope |
|---|--|------------------------------|---|
| North and West Kent Integrated Specialist Sexual Health Service (Genito Urinary Medicine/Contraception/HIV) North and West Kent | Maidstone and Tunbridge Wells NHS Trust (MTW) | £4,195,547 | Open access sexual health services across: <ul style="list-style-type: none"> • STI testing, diagnosis and treatment • Contraception • HIV outpatient care (on behalf of NHS England) |
| East Kent Integrated Specialist Sexual Health Service (Genito Urinary Medicine/Contraception/HIV) East Kent | Kent Community Health NHS Foundation Trust (KCHFT) | £3,806,002 | <ul style="list-style-type: none"> • STI testing, diagnosis and treatment • Contraception • HIV outpatient care (on behalf of NHS England) • Co-ordinate National Chlamydia Screening Programme in Kent |
| Psychosexual counselling / therapy across Kent | Kent Community Health NHS Foundation Trust (KCHFT) | £293,580 | Counselling services to support people with sexual health related concerns. |
| Online STI testing | Maidstone and Tunbridge Wells NHS Trust (MTW) | £482,000 | Access to online STI testing services and E-bureau for positive management results and partner notification |
| Pharmacy contract | Kent Community Health NHS Foundation Trust (KCHFT) | £384,373 | Subcontracting to pharmacy for the provision of: <ul style="list-style-type: none"> • Emergency oral contraception through pharmacies • Chlamydia treatment |
| Condom evaluation and establishment of a programme with outreach | METRO | £202,040 | Online free condom scheme for young people aged under 25 |
| LARC Programme including prescribing costs | 154 GP Surgeries | £2,040,823 | Provision of long acting reversible contraception and associated drugs |
| LARC Training | Navigate 2 | £100,000 | Training for practitioners on the insertion and removal of LARC systems and devices |
| Out of area charges | Various | £ 687,388 | Charges for Kent Residents who use open access sexual health services outside of Kent. |
| Premises revenue | Various | £518,914 | Various properties utilised for sexual health services cross Kent. |
| Premises Capital | Various | £191,600 | Various properties utilised for sexual health services cross Kent. |
| Total | | £12,902,267 | |

Note: The majority of the above operate on activity-based contracts and the above therefore represents anticipated spend

The capital spend is one off and dependant on timescales to develop new sites, this will deliver efficiencies in revenue spend by reducing the number of sites and provision of a Hub.

Appendix 5: Key Commissioning Aims

Figure 1 below highlights the key commissioning aims of the Sexual Health Transformation Programme:



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Kent County Council

Equality Analysis/ Impact Assessment (EqIA)

This piece of work relates to one of KCCs equality objectives 'Ensure equity of access to Sexual Health services to improve health outcomes with regard to Age, Sexual Orientation, Gender Identity and Race',

Directorate/ Service: Strategic Commissioning - Sexual health

Name of decision, policy, procedure, project or service:

Sexual Health Needs Assessment findings

Responsible Owner/ Senior Officer:

Samantha Bennett

Version:

August 1st V1 Wendy Jeffreys

August 8th V2 reviewed Vicky Tovey and amended by Wendy Jeffreys
13/8/2018

August 21st V3 reviewed by Samantha Bennett

August 23rd V3 reviewed by Akua Agyepong

September 5th Final updated by Wendy Jeffreys

Author: Wendy Jeffreys

Pathway of Equality Analysis:

- Undertaking of a Comprehensive Health Needs Assessment December 2017- March 2018
- Update of needs assessment following publication of 2017 STI data, June 2018
- Presentation to providers/stakeholders workshop July 2018

Summary and recommendations of equality analysis/impact assessment.

- **Context**

A health needs assessment seeks to identify differences in the populations health needs, including protected characteristics. The sexual health needs assessment is a detailed comprehensive review of the sexual health status of the population in Kent. This includes:

- oversight of population demographics
- insight into aspects of other health related issues which impact on sexual health outcomes.
- epidemiology of reproductive health and sexually transmitted infections [STI]s

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- utilisation of and sexual health service activity

There is variation in service use by age, gender, gender identity, sexual orientation, race
There is variation in sexual health outcomes by age, disability, gender, gender identity, race, sexual orientation, being pregnant and from beliefs.

- **Aims and Objectives**

The needs assessment presents an executive summary of the findings and emerging themes. The information it presents will inform the commissioning of the sexual health services which KCC are responsible for and highlights the opportunities for co-commissioning with CCGs and NHSE.

The needs assessment will support the KCC equality human rights policy objective for equal access to sexual health services

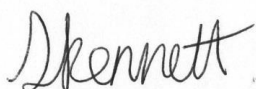
- **Summary of equality impact**

Adverse Equality Impact Rating **Low** /

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning **the sexual health needs of the population in Kent** . I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service



Signed:

Name: Samantha Bennett

Job Title: Consultant in Public Health

Date:05/09/18

DMT Member



Signed:

Name: Allison Duggal

Job Title: Assistant Director Public Health

Date:24.09.18

Part 1 Screening

Could this policy, procedure, project or service, or any proposed changes to it, affect any Protected Group (listed below) less favourably (negatively) than others in Kent?

Could this policy, procedure, project or service promote equal opportunities for this group?

| Protected Group | Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2. | | | |
|-------------------|--|---|--|---|
| | High negative impact EqIA | Medium negative impact Screen | Low negative impact Evidence | High/Medium/Low Positive Impact Evidence |
| Age | Impact on sexual health outcomes from ACEs | The burden of STIs highest amongst young people [20-24 yrs] | | Improvement in proportion of first attendance screens amongst females. Increasing use of online STI testing and Get It Medium Introduce through workforce development proactive dialogue with clients to identify ACEs High |
| Disability | Under reporting of sexual assault /rape | | | Dialogue with adult learning disability service needed to highlight evidence and explore solutions to support identification and prevention of the same. Medium |
| Sex | Females not being tested for STIs at first attendance – may perceive that they are not at risk of STIs, of undetected STIs, PID or ectopic pregnancy | | The online testing service identifies protected characteristics namely age, sex, gender identity including trans, ethnicity plus where you were born, pregnancy to provide the | Improvement in proportion of first attendance screens amongst females. High Increase awareness of who is at risk of STIs – social media campaign Medium |

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| | | | appropriate screening kits. | |
| Gender identity/ Transgender | Higher prevalence of poor mental health, Risky health related behaviours amongst transgendered men and women. Access to cervical screening Insufficient support services for LGBTQ young people and their cares/parents and for LGBTQ adults | | The online testing service identifies protected characteristics to provide the appropriate screening kits. | Need improvement in robust pathways of care to mental health services for young people or adults questioning/exploring gender identity. Medium Discuss with NHSE contract for sexual health services to provide cervical screening to transgendered men. Medium Commissioning of a specialist LGBTQ sexual health support service |
| Race | Uptake of cervical screening Identified BME groups at higher risk of some STIs and HIV FGM is found amongst specific groups | | The online testing service identifies protected characteristics to provide the appropriate screening kits. | Discuss with NHSE contract for sexual health services to provide cervical screening to females from Asia who currently do not understand the need for cervical screening. |
| Religion and Belief | Decision to choose termination of pregnancy [ToP] as 'contraception' may have longer term impact | | Decision to access self-referral ToP or Emergency oral contraception [EoC] could be affected | |
| Sexual Orientation | MSM at higher risk of transmission for STIs, HIV WSW- mental health | | The online testing service identifies protected characteristics to provide the appropriate screening kits. | Services respond to the differing health needs of these groups |
| Pregnancy | | Ante natal screening is a core part of care for all pregnant women through | Pregnant women with diagnosed infections need to attend the service for | |

| | | | | |
|--|-----|---------------------|---|---|
| | | maternity services. | treatment and are not eligible for online or pharmacy treatment The online testing service identifies protected characteristics to provide the appropriate management of treatment | |
| Marriage and Civil Partnerships | N/A | | | |
| Carer's Responsibilities | | | | Reference to HIV positive clients with co morbidities, becoming frail- with dementia or other neurological difficulties. To improve pathways of care. The website provide information for the public which is accessible to carers. |

Part 2

Equality Analysis /Impact Assessment

Protected groups

Gender, race, age, gender identity, sexual orientation, pregnant or disability

Information and Data used to carry out your assessment

CTAD

GUMCAD

LASER

Service provider data

PHE fingertips*

NHS digital*

ONS*

Published literature*

We were unable to access HARS data.

Who have you involved consulted and engaged?

Service providers

External insights work

User service feedback

Analysis

Sex and age

There is significant variation in the proportion of first attendance screening undertaken amongst females, compared to males [54% to 80% in 2017, 51% to 79% in 2016]. This will impact on the detection of infection which have no symptoms and the undetected STIs in the population.

Exploring this by age band, 16-19-year olds females have least screening undertaken with 47% in 2016 and 51% in 2017 compared to males of this age 79% in 2016 and 77% in 2017.

Of all tests offered, HIV is included. The uptake of this amongst females in Kent [67.4%] is lower compared to the South East [75.1%] whereas as for males the figures are similar, 85.2% and 86.2% respectively.

Exploring by age band there is variability across districts which will be a reflection of local population e.g. Canterbury or by sites for complex services e.g. Maidstone

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The rate of attendances at local specialist sexual health service are highest amongst 20 – 24 year olds at 21,924 per 100,000 population, 16-19 year olds at 19,615 per 100,000 population to the lowest amongst 65 years and above at 51 per 100,000 population.

The highest percentage of DNAs [do not attends] in 2017 at the specialist sexual health services is amongst 35-39-year olds and lowest amongst 15-19 year olds.

There is an increasing access to the breadth of services available online by young people, LGBT groups including MSM, BAME.

LGBTQ

The vulnerability of:

- young people under 16,
- adults with learning disabilities particularly those in their own homes to sexual offence.

The increase in sexual risk-taking behaviours amongst:

- Young people who have experienced 4 or more adverse child hood experiences [ACEs]
- Transgendered men or women
- MSM

Service outreach activity suggests that the needs of young LGBTQ are not being met. The number self-identifying has increased in the last three years.

1 in 4 gay and bisexual men have never had an STI test – groups at high risk of infection transmission

Race and sexual orientation

Published data analysis identifies that 1 in 5 BME lesbian and bisexual women over 25 years of age have never had a cervical screen compared to 7% of the general population.

Race

Those in specific BME groups are at higher risk of HIV. The volume of testing amongst those living in this country who were born in an identified country needs to increase.

FGM has been identified through maternity services in Kent and amongst people from West Africa

Migrants, refugees, asylum seekers are at risk of assault, exploitation, coerced/forced sex work.

Adverse Impact

Identified adverse impact are outlined above in part 1.

Positive Impact:

Protected characteristics information is collected by local authority commissioned specialist sexual health services. This helps to provide the most relevant services, to understand population need and identify whether there are gaps in expected population demand.

The detailed algorithm for the online STI testing service is a unique example of this- gender, race, age, gender identity, sexual orientation, and question around pregnancy or disability where treatment is needed.

The Get It programme – available on line and through many outlets [identified through information on the website] breaks down all caveats and detail of LGBTQ

JUDGEMENT

:

- **No major change** - no potential for discrimination and all opportunities to promote equality have been taken

Internal Action Required YES

There is potential for adverse impact on particular groups and where this is already known or has been highlighted through this needs assessment, actions have been identified to address these.

Equality Impact Analysis/Assessment Action Plan

| Protected Characteristic | Issues identified | Action to be taken | Expected outcomes | Owner | Timescale | Cost implications |
|--------------------------|---|---|---|--------------------------|---|---|
| Age | The burden of STIs highest amongst young people [20-24 yrs] Impact on sexual health outcomes from ACEs | To reiterate the need to increase the proportion of first attendance screens amongst females. This will be identified as a new KPI. Review and amend website messaging to inform and enable more females to take up the offer or request testing | Increased detection and subsequent treatment of STIs as females in this age group use services more than males. | Commissioning officer | July -December 2018 | for treatment of simple chlamydia through pharmacies |
| | | Quarterly monitoring of GUMCAD submissions. | A service culture which provides proactive dialogue that increases understanding of behaviour/actions and provides more client behaviour appropriate testing, information and support | PH specialist/consultant | September 2018 Review retrospectively quarterly from July 2018 | travel costs to Blackburn & Darwin LA |
| | | Explore evaluation and experiences of Blackburn and Darwin programme workforce development proactive dialogue with clients to identify ACEs. | | PH specialist/consultant | October 2018 February 2019 Review December 2019 | package of workforce development ? assistance from HEE or PH academy |

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| | DNAs are highest amongst 35-39year olds | Commission training for sexual health providers. Services to review and identify service needed e.g. contraceptive procedure and to introduce wider options to access services | Increased understanding of service user behaviour Improved options for service access | PH commissioning officer | by March 2019 | |
| Sex | Females not being tested for STIs at first attendance – may perceive that they are not at risk of STIs, of undetected STIs, PID or ectopic pregnancy | Inclusion of new KPI to monitor first attendance screening in females Development and implementation of a local social media campaign to highlight and Increase awareness of who is at risk of STIs Pre and post campaign evaluation | | PH commissioning officer PH specialist/consultant PH commissioning officer KCC Comms PH specialist/consultant | October 2018 for presentation June-July 2019 Review published data June 2019 pre campaign | £50,000 |
| Gender identity | Higher prevalence of poor mental health, Risky health related | Need improvement in robust pathways of care to mental health | Negotiated robust mental health service pathways in place for | PH specialist/consultant | September 2018 – March 2019 | |

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| | <p>behaviours amongst transgendered men and women.</p> <p>Access to cervical screening</p> <p>Insufficient support services for LGBTQ young people and their cares/parents and for LGBTQ adults</p> | <p>services for young people or adults questioning/exploring gender identity.</p> <p>Negotiate with PHE, contract for sexual health services to provide cervical screening to transgendered men.</p> <p>Commissioning of a specialist LGBTQ sexual health support service</p> | <p>LGBTQ with mental health service providers</p> <p>Bespoke cervical screening programme implemented and utilised</p> <p>Feedback from LGBTQ young people, adults and carers/parents that they know how and where to access the support services they need.</p> | <p>PH specialist/consultant</p> <p>PH commissioning officers</p> | <p>Review September 2019</p> <p>August – December 2018</p> <p>Review September 2019</p> | <p>Funding from PHE for cost of screening clinic utilisation</p> <p>£ 80,000</p> |
|--|---|---|--|--|---|--|

| | | | | | | |
|---------------------------|---|--|--|---|--|---|
| <p>Race</p> | <p>Uptake of cervical screening</p> <p>Identified BAME groups at higher risk of some STIs and HIV</p> <p>FGM amongst pregnant women in Kent from West Africa</p> <p>Migrants, refugees, asylum seekers are at risk of assault, exploitation, coerced/forced sex work.</p> | <p>Negotiate with PHE contract for sexual health services to provide cervical screening to Asian women</p> <p>Development and implementation of a local social media campaign to highlight and Increase awareness of who is at risk of STIs Pre and post campaign evaluation Monitoring of annual local authority data</p> <p>Public health to undertake some further work to look at this</p> | <p>Bespoke cervical screening programme implemented and utilised</p> | <p>PH commissioning officers PH specialist/consultant</p> <p>PH commissioning officer KCC Comms</p> <p>PH specialist/consultant</p> <p>PH specialist/consultant</p> <p>PH specialist/consultant</p> | <p>August – December 2018</p> <p>Review September 2019</p> <p>October 2018 for presentation June-July 2019</p> <p>Review published data June 2019 pre-campaign June 2019</p> <p>by December 2019</p> | <p>Funding from PHE for cost of screening clinic utilisation</p> <p>costs suggested above</p> |
| <p>Sexual orientation</p> | <p>MSM at higher risk of transmission for STIs, HIV</p> | <p>No major change</p> <p>Increased utilisation of</p> | <p>Increased partner notifications, testing with treatment.</p> | | <p>August- December 2018</p> | |

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| | WSW- mental health | telemedicine for positive /reactive results, triage and partner notification | Wider variation in service tariffs to reflect services provided | PH commissioning officers | Ongoing contractual monitoring and review February-March 2019 | |
| Pregnancy | Management and treatment is provided according to clinical guidelines | No major change Increased utilisation of telemedicine for positive /reactive results, triage and partner notification | Increased partner notifications, testing with treatment. Wider variation in service tariffs to reflect services provided | PH commissioning officers | August- December 2018 Ongoing contractual monitoring and review February-March 2019 | |
| Disability | Under reporting of sexual assault /rape | To have dialogue with adult learning disability service needed to highlight evidence and explore solutions to support identification and prevention of the same. | Increased awareness amongst staff and identification of unwanted sexual activity. | PH specialist/consultant | October 2018-March 2019 | Potential costs for delivery of cpd |

Have the actions been included in your business/ service plan?

These actions are outlined within the recommendations for the commissioners and providers of sexual health services and actions for the public health specialists. They will be incorporated into the project planning for the commissioning of the local authority mandated sexual health services, as current contracts finish in March 2019.

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Appendix

Relevant data sets are referenced throughout the needs assessment. Only those with an * are published in the public domain.

Please forward a final signed electronic copy and Word version to the Equality Team by emailing diversityinfo@kent.gov.uk

If the activity will be subject to a Cabinet decision, the EqlA must be submitted to committee services along with the relevant Cabinet report. Your EqlA should also be published .

The original signed hard copy and electronic copy should be kept with your team for audit purposes.

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