

ROTHERHAM BOROUGH COUNCIL

1	Meeting:	Health and Wellbeing Board
2	Date:	28th November, 2012
3	Title:	Public Health Responsibilities in relation to Sexual Health
4	Directorate:	Public Health

5. Summary

This paper summarises the sexual health services commissioning responsibilities of Local Authorities in relation to the expected delivery measures as outlined in the Public Health outcomes framework for England, 2013-2016. The paper also outlines the responsibility Local Authorities have in relation to the Health Protection of the population by the development of local plans and capacity to monitor and manage acute incidents to help prevent transmission of sexually transmitted infections (STIs) and to foster improvements in sexual health.

6. Recommendations

- 1. That the Rotherham Sexual Health Strategy Group is reformed to produce an updated, comprehensive strategy for Rotherham to be agreed by March, 2013.**
- 2. That Rotherham's sexual health contracts are reviewed in relation to efficiency, effectiveness, relevance to local need and performance against Public Health outcome measures – prior to April 2013.**
- 3. That a briefing session is arranged for Elected Members and relevant senior officers to introduce and explain the complexities of the sexual health agenda**

7. Background

On 1st April 2013 Local Authorities will become responsible for commissioning comprehensive open-access accessible and confidential contraception and STIs testing and treatment services, for the benefit of all persons of all ages present in the area. Local Authorities will also have a statutory requirement to protect the health of their geographical population from threats such as those from outbreaks of infection.

The commissioning of sexual health services is to be one of the mandated areas of work transferring to Local Authorities as the Government sees STI testing and treatment services as a central part of protecting health and believes that high-quality services must be available in all areas, tailored to meet local needs.

The 2010 white paper Healthy Lives, Healthy People outlines the Governments aim to work towards an integrated model of service delivery for sexual health services. The Department of Health is also working with the Health Protection Agency to take forward plans to improve quality and cost-effectiveness in the National Chlamydia Screening Programme (NCSP) which is moving towards the integration of screening offices into locally commissioned sexual health and primary care services. Local commissioners have been asked to undertake work to identify overall costs and how these can be streamlined in the future to form part of the 'core' sexual health service.

8. Proposals and Detail

From 1st April 2013 Local Authorities are mandated to ensure that their local populations receive effective provision of contraception and appropriate access to sexual health services. Furthermore, they are also mandated to ensure that there are plans in place to protect the health of the population (for example, in relation to STI outbreak). There are also three outcome delivery measures in relation to sexual health outlined in the Public Health outcomes framework for England, 2013-2016:

Working towards achieving a diagnosis rate for Chlamydia of 2,400 – 3,000 per 100,000 population (adults aged 15-24)

working towards a reduction in the proportion of persons presenting with HIV at a late stage of infection (based on a CD4 count of <350 cells/mm³)

working towards a reduction in teenage conceptions

In Rotherham there has been an overall reduction in diagnosis of Chlamydia, Warts and Syphilis from 2010 to 2011 and an increase in Herpes and Gonorrhoea. Levels of Gonorrhoea in the population is a marker for rates of unsafe sexual activity so the increase is a concern especially as 60% of those newly diagnosed in Rotherham in 2010 were under 25. Teenage pregnancy has fallen due, in part, to the success of Long Acting Reversible Contraception (LARC) but this may have led to a decrease in the use of barrier contraception thus leading to an increase in STIs. There is a need for Rotherham to have an updated comprehensive Sexual Health Strategy which incorporates both teenage pregnancy and health protection.

The most recent data for HIV new diagnosis shows an overall increase in cases from 2001 to 2011 by 47% but we are seeing a decrease over the last twelve month period. Rotherham does not see many late diagnoses of HIV but we do, at present, fund a locally based support group to help people to access services which impacts on our figures.

Chlamydia diagnosis rate was introduced in 2011 as a performance indicator based on outcome. The initial target, for effective intervention, is 2,400 positive tests per 100,000 eligible population. Rotherham has achieved this first target with a diagnosis rate of 2,604 per 100,000 population since the programme has been commissioned from our local services. However, analysis of the data shows that there is still a cohort of the population who are sexually active and not accessing services who need to be specifically targeted.

At present NHS Rotherham (NHSR) commissions sexual health services from well managed, successful local providers and it is proposed that for the first year of transfer of responsibility/budget to the Local Authority these contracts are maintained.

It is proposed that the Rotherham Sexual Health Strategy Group is reformed to produce an updated, comprehensive strategy for Rotherham which takes into account the mandated duties of the Local Authority, the Public Health outcome delivery measures and the needs of the local population.

It is further proposed that all the sexual health contracts are reviewed in relation to efficiency, effectiveness, relevance to local need and performance against Public Health outcome measures. Comprehensive Service Level Agreements for sexual health services are being developed by a Regional team (taking into account national work on tariffs) and it is proposed that Rotherham adopts these as best practice models.

It is also proposed that a briefing session be arranged for Elected Members and relevant senior officers to introduce and explain the complexities of the sexual health agenda.

9. Finance

The following services are currently contracted with NHSR, representing an overall spend of over £3,000,000*:

Genito-Urinary Medicine (GUM)/Contraception and Sexual Health (CaSH) services at Rotherham Foundation Trust (RFT) - covers a wide range of testing and treatment payments as well as staff and health promotion/education – very broad based, mixture of block contract and payment by results on a tariff

Chlamydia Screening Programme – currently commissioned from the Rotherham CaSH service on a block contract

Out of area services – we currently fund sexual health services in a variety of neighbouring areas (payment by residency – part of the ‘choice’ agenda)

GP Locally Enhanced Services (LES) – Locally negotiated NHS contract for specific services that are additional to the GP National Core contract. Contract value negotiated with Local Medical Committee. Individual contract with each general practice. At present we have the following contracts available: the fitting of LARC, fitting of Intrauterine Coils, Chlamydia testing

Health Improvement - including HIV prevention work, contraception out reach and social marketing

Pharmacy LES - Locally negotiated NHS contract for specific services that are additional to the Pharmacy National Core contract. Contract value negotiated with Local Pharmaceutical Committee. Individual contract with each general pharmacy. At present we have a contract in relation to the provision of Emergency Hormonal Contraception (EHC)

(*excludes spend on teenage pregnancy)

10. Risks and Uncertainties

Following contract review and tendering processes there is a risk of lack of continuity of care should the contracts not be awarded locally. Sexual health services also operate screening programmes which contribute to surveillance as well as disease management and disruption in service provision could affect the level of knowledge in relation to STI prevalence.

11. Policy and Performance Agenda Implications

At present we receive monitoring information from the Health Protection Agency in relation to STI prevalence data which is sourced from the GUM laboratory data and the quarterly returns to the National Chlamydia Screening Programme. This is changing to show Local Authority/ward data to allow us to track trends and monitor performance on a local level. Rotherham has a Sexual Health Strategy which forms the framework for our commissioning of services but this needs to be revised this year to reflect the changes in outcome measures and the services we are mandated to provide.

12. Background Papers and Consultation

Public Health outcomes framework for England, 2013-2016.

Public Health in Local Government, 2011

Sexually Transmitted Infections, Report for South Yorkshire (Health Protection Agency), 2012

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