

ROTHERHAM BOROUGH COUNCIL – REPORT HEALTH SELECT COMMISSION

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| 1. | Meeting | Health Select Commission |
| 2. | Date | 23 January 2014 |
| 3. | Title | Sexual Health Services |
| 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.

This paper also summarises the latest sexual health data from the Health Protection Report tables published by Public Health England, 5 June 2013 (<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/STIs/STIsAnnualDataTables/#1. STI Report>) and outlines the implications for Rotherham. This data is now being used in the development of a new Strategy for Sexual Health in Rotherham, taking into account the statutory duty of Local Authorities to ensure open access to sexual health services for the population.

6. Recommendations

Members note and support the statutory responsibilities of Rotherham Metropolitan Borough Council (RMBC) in the commissioning of sexual health services.

Members support the development of a new strategy for sexual health services in Rotherham.

7. Proposals and details

From 1st April 2013 Local Authorities have been 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 for Local Authorities in relation to sexual health outlined in the Public Health outcomes framework for England, 2013-2016 which have been included as markers to give an overall picture of the level of sexual infection, unprotected sexual activity and general sexual health within the population. The delivery measures are:

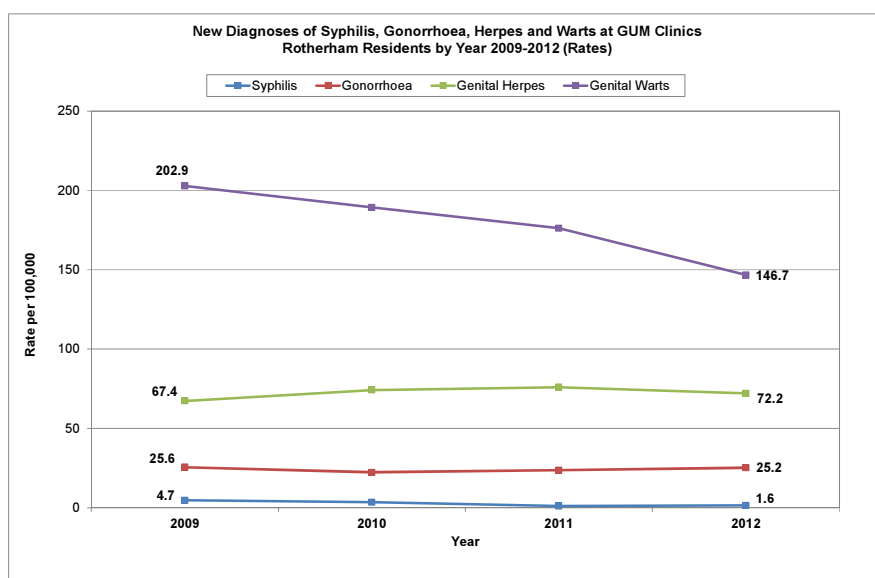
- to work towards achieving a diagnosis rate for Chlamydia of 2,400 – 3,000 cases per 100,000 population (adults aged 15-24)
- to work towards a reduction in the proportion of persons presenting with HIV at a late stage of infection (based on a CD4 count of less than 350 cells/mm³)
- to work towards a reduction in teenage conceptions

Health protection data

The Health Protection Report tables published by Public Health England, 5 June 2013 use a variety of data to give an overall picture of STI prevalence across the population of Rotherham. Overall, Rotherham has a significantly higher rate for STIs than that for England.

2012 data

| Diagnosis | Diagnosis Rate per 100,000 | | Significance (at 95% level) | Rank of 152 Upper Tier LAs | Quintile (1=highest) |
|--------------------|----------------------------|---------|--------------------------------|-------------------------------|-------------------------|
| | Rotherham | England | | | |
| Chlamydia 15-24 | 3,375.9 | 1,979.1 | higher | 13 | 1 |
| Chlamydia 25+ | 251.0 | 160.0 | higher | 25 | 1 |
| Chlamydia All Ages | 592.1 | 371.6 | higher | 20 | 1 |
| Syphilis | 1.6 | 5.4 | lower | 127 | 5 |
| Gonorrhoea | 25.2 | 45.9 | lower | 90 | 3 |
| Genital Herpes | 72.2 | 58.4 | higher | 37 | 1 |
| Genital Warts | 146.7 | 134.6 | similar | 50 | 2 |
| All Acute STIs | 949.5 | 803.7 | higher | 44 | 2 |



Chlamydia

Chlamydia is an important cause of infertility, pelvic sepsis in women and orchitis in men and acts as a co-factor in transmission for sexually transmitted infections such as HIV.

Chlamydia is the most common Sexually Transmitted Infection (STI) among Rotherham residents in 2012 (65% of total). The diagnosis rate indicates that Rotherham has an effective screening programme in place but that there is a considerable level of unprotected sexual activity and, thus, high levels of the infection circulating, within the targeted population of young people aged between 15 and 24 years of age.

Chlamydia diagnosis rate was introduced in 2011 as a performance indicator. Chlamydia infection rate is a useful marker for the overall level of sexually transmitted infections and, thus unprotected sexual activity occurring within a population. The initial target, for effective intervention, is 2,400 positive tests per 100,000 eligible population. The 2012 diagnosis rate for Chlamydia in Rotherham is 3,376 cases per 100,000 which is well above the Public Health Outcomes Framework recommendation. Continuing high levels of unprotected sexual activity mean that these high levels of detection are only just keeping pace with the disease. Our relatively high percentage of positive tests show that testing in Rotherham is targeted towards the populations most at risk, however, as testing is predominantly from the core services of GUM, CaSH and Primary Care we need to ensure access to testing is adequate for all young people, especially the more vulnerable who would not necessarily access such services.

Genital Warts and Genital Herpes

Rates for Genital Warts have decreased each year between 2009 and 2012 whilst rates for Genital Herpes have remained relatively static and statistically higher than those found in Yorkshire and Humber, North of England and England. Rates for Warts, whilst still being significantly higher than those in the Yorkshire and Humber region, are similar to those seen in the North of England and England. These figures, once again, indicate a high level of unprotected sexual activity occurring within the population.

Gonorrhoea

Gonorrhoea numbers are lower for Rotherham residents compared to England although rates have increased slightly between 2010 and 2012. In 2012, rates were similar to those for Yorkshire and Humber but statistically lower than North of England Region and England.

HIV

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. Most of these cases have contracted HIV outside the UK. 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. Overall the trend in new diagnosis of HIV (mirrored throughout Yorkshire and Humber) is for a decrease in women diagnosed and an increase in men. We are now seeing new cases predominantly in men, aged between 25-44 years old where the transmission is man

to man. A local survey undertaken by a voluntary group working with young gay men in Rotherham shows a trend against the use of condoms and a low level of awareness in relation to HIV transmission.

Teenage Pregnancy

Teenage pregnancy has fallen over the past few years 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. This highlights the need for an updated comprehensive Sexual Health Strategy for Rotherham which incorporates both teenage pregnancy and health protection.

Other Clinical Services

GU Medicine and contraceptive services are core NHS clinical services commissioned by RMBC. In addition to sexually transmitted infections and conditions a number of systemic diseases can present with genito-urinary symptoms or signs. These can range from skin conditions such as psoriasis to cancer.

Commissioning arrangements

At present RMBC commissions integrated sexual health services, in association with Rotherham Clinical Commissioning Group (CCG), from well managed, successful local providers and it is proposed that for the first few years of transfer of responsibility/budget from NHS Rotherham that these contracts are maintained. In addition RMBC commissions directly with local General Practitioners, Pharmacies and the Voluntary sector.

Commissioning of the sexual health services is managed by Public Health within RMBC.

All services perform an early intervention Public Health function in the prevention of spread of infection and unwanted teenage pregnancy.

The Rotherham Sexual Health Strategy Group has been reformed and is tasked with the production of 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. The first draft of the strategy will be presented to the group in January 2013.

All the sexual health contract service level agreements are in the process of being reviewed in relation to efficiency, effectiveness, relevance to local need and performance against Public Health outcome measures. Budgets have been looked at in relation to service level agreements and substantial savings have been made.

Following the development of the strategy RMBC will need to consider how it wishes to contract for the service.

Safeguarding

Service providers and commissioners are in the process of harmonising protocols and reviewing care pathways and safeguarding reporting mechanisms for all young people accessing sexual health services in Rotherham.

Care pathways are being developed to allow for the extension of the Emergency Hormonal Contraception (EHC) service in Pharmacies to young women aged 14 to 16 which will include an automatic referral for all under 16 year olds to a named team within IYSS to address any safeguarding or possible exploitation concerns. Public Health are working with both IYSS and Pharmacy representatives to agree the necessary protocols and pathways prior to the extension being agreed. An electronic recording system (similar to that already in use for supervised consumption of drugs at Pharmacies) is being introduced which will immediately alert any Pharmacist to the pathway.

Protocols in relation to under 16 year old children attending the GUM and CaSH services already include screening for sexual exploitation and these protocols are being developed further to raise the profile of CSE and enhance the capture of concerns in relation to possible sexual exploitation and to ensure that they contain appropriate referral mechanisms.

GUM and CaSH are moving to an integrated service where the protocols and referral criteria should now be harmonised. These protocols are currently being worked on and an algorithm for referral to the newly appointed sexual exploitation nurse is being developed. Once this work is completed these specialist protocols will be developed for use in general practice.

8. Finance

The following services are currently under contract representing an overall spend of £3,000,000*:

All providers offer, quality, value for money, services and contribute to the detection and prevention of sexual ill health. The Genitourinary Medicine Clinic Activity Dataset version 2 (GUMCADv2), an anonymised dataset collecting information on diagnoses made and services provided by GUM clinics and other commissioned sexual health services is an approved mandatory dataset collected by Public Health England. This data on STI testing, vaccination, diagnosis and management provides robust analyses of STI-related trends and service provision.

1. Genito-Urinary Medicine (GUM)/Contraception and Sexual Health (CaSH) services

These services are currently provided by The Rotherham Foundation Trust (TRFT). The commissioned service is based on an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services. The services are supported by currently accredited training programmes and guidance. The services include the following elements:

Level 1 (basic care)

- Sexual history taking and risk assessment (including assessment of need for emergency contraception and HIV post-exposure prophylaxis following sexual exposure)
- Chlamydia screening (opportunistic screening in asymptomatic sexually active males and females under the age of 25)
- Asymptomatic STI screening and treatment of asymptomatic infections

in men (except MSM) and women

- Partner notification
- HIV testing (including pre-test discussion and giving results)
- Hepatitis A and B vaccination – focusing on key target groups
- Provision of verbal and written sexual health promotion information
- Supply condoms and lubricant
- Assessment and referral for psychosexual problems
- Pregnancy testing and referrals to appropriate services
- Full range of contraception information and services
- Assessment and referral for brief alcoholic interventions
- Urgent and routine referral pathways to and from social care

Level 2 (intermediate care)

Incorporates Level 1 plus

- STI testing and treatment of symptomatic but uncomplicated infections in men (except MSM) and women
- IUD insertion and removal
- Contraceptive implant insertion and removal

Level 3 (complex care)

Incorporates Level 1 & 2 plus

- STI testing and treatment of MSM
- STI testing and treatment of men with dysuria and genital discharge
- Testing and treatment of STIs at extra-genital sites
- STIs in pregnant women
- Recurrent conditions
- Management of Syphilis and blood borne viruses
- Tropical STIs
- Outreach clinical services for high risk groups
- Interface with specialised HIV services as commissioned by NHS England
- Contraceptive services within maternity (as part of teenage parents care pathway for under 18s)
- Management of complex contraceptive problems

2. Chlamydia Screening Programme

These services are currently provided by TRFT within the Rotherham CaSH service.

Rotherham CaSH service manages and co-ordinates the Rotherham Chlamydia Screening Programme and routinely offers Chlamydia screening to all clients aged 15-24 years. The service is an integral part of the National Screening Programme for England. Providers are required to deliver services to nationally agreed standards.

The service includes the following elements:

- Management of the programme (locally) – including screening within Primary Care, outreach programmes and postal kits
 - Co-ordination of results and treatment
 - Robust failsafe procedure to ensure the accuracy and timeliness of test results
 - Data collection and quality assurance
3. **Out of area services** – as from April 2013 the funding of Rotherham residents to access sexual health services in a variety of neighbouring areas (payment by residency – part of the ‘choice’ agenda) has been transferred to the Local Authority. These contractual arrangements are now managed by Public Health. Charges are based on a nationally agreed tariff and are accompanied by relevant data.
4. **GP Local Public Health Service contracts** – Locally negotiated contracts for specific services that are additional to the GP National Core contract. The contract value is negotiated with the Local Medical Committee. Individual contracts are held with individual general practices. At present we have the following contracts in place: the fitting of sub-dermal implants, fitting of Intrauterine Coils and Chlamydia testing
- The aims of the contracted services are to ensure that a full range of contraceptive options are available to practice patients, to increase the uptake of long acting reversible contraception and to increase access to the Chlamydia screening programme.
- All practices are expected to provide essential and those additional services that they are contracted to provide to all their patients. The specifications of these services are designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. These specific contracts outline the more specialised services to be provided within Primary Care.
5. **Health Improvement** - including HIV prevention work, contraception outreach and social marketing. RMBC also commissions directly with a voluntary organisation to provide sexual health awareness sessions in schools and to provide support to newly diagnosed HIV positive individuals to access services.
6. **Pharmacy Local Public Health Contracts** - Locally negotiated contract for specific services that are additional to the Pharmacy National Core contract.

The contract value is negotiated with the Local Pharmaceutical Committee. Individual contracts are held 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)

9. Risks and uncertainties

Developing a comprehensive strategic approach to the commissioning and delivering of sexual health services can help minimise risk in relation to control of infection and in tackling unintended teenage pregnancy.

Following contract review any tendering processes must consider continuity of care.

10. Policy and Performance Agenda Implications

The Public Health Outcomes Framework for England, 2013-2016 expects Local Authorities to deliver on sexual health indicators in relation to Chlamydia screening, HIV detection and teenage pregnancy. Local Authorities 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 effective sexual health services is one of the mandated areas of work transferred 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. Analysis of local data and the subsequent development of a comprehensive strategy will enable the council to fulfil its obligations in relation to the sexual health needs of the population of Rotherham.

11. Background Papers and Consultation

Public Health Outcomes Framework for England, 2013 – 2016

Public Health in Local Government, 2011

Health Protection Report Tables (published by Public Health England, 5th June 2013)

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