REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **10 June 2015**
AGENDA ITEM:	**12**
SUBJECT:	**Croydon Integrated Sexual Health Services**
BOARD SPONSOR:	**Mike Robinson** **Director of Public Health, Croydon Council** **Paul Greenhalgh** **Executive Director, People Department, Croydon Council** **Paula Swann** **Chief Officer, Croydon CCG** **Jane Fryer** **NHS England**

BOARD PRIORITY/POLICY CONTEXT:

Following the Health and Social Care Act 2012, responsibility for sexual health commissioning was split between NHS England, Clinical Commissioning Groups (CCGs) and local authorities.

Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (the Regulations), the Council is required to provide or make arrangements to secure provision of open access sexual health services in its area. This includes:

- Advice on, and reasonable access to, a broad range of contraceptive substances and appliances;
- Advice on preventing unintended pregnancy;
- Services for preventing the spread of sexually transmitted infections;
- Services for treating, testing and caring for people with such infections;
- Services for notifying sexual partners of people with such infections.

The commissioning responsibilities and the Council's service redesign plans address several of the recommendations made by the 2010/11 Joint Strategic Needs Assessment (JSNA) chapter on Sexual Health. Following the needs assessment, four strategies were developed:

- An overarching sexual health strategy (http://www.croydonobservatory.org/resource/view?resourceId=28)
- Sub-strategies focusing on:
    - HIV testing
    - Repeat abortions
    - Sexual health promotion and education

They also address the priorities of the joint health and wellbeing strategy as 'Early diagnosis and treatment of sexually transmitted infections including HIV infection' is a priority under improvement area 2 (preventing illness and injury and helping people recover).

In addition, this area of commissioning contributes to the Council's corporate outcome of Independence in the following ways:

- To help families be healthy and resilient and able to maximise their life chances and independence
- To help people from all communities live longer, healthier lives through positive lifestyle choices
- To prevent domestic and sexual violence where possible, support victims and hold perpetrators to account

It will also contribute to the CCG's transformation shifts by increasing the emphasis on prevention, self-care, primary and community activity. This is of particular relevance as many of the complications arising from poor sexual health will result in a need for CCG-commissioned services, such as pelvic inflammatory disease, infertility and abortion services.

There has been a national strategy for sexual and reproductive health (A Framework for Sexual Health in England) in place since March 2013. Public Health England's document 'Making it Work: a guide to whole system commissioning for sexual health, reproductive health and HIV', details the responsibilities of different commissioning organisations and the importance of working together to deliver the best outcomes through the most effective patient pathways.

The proposals detailed below will contribute towards the delivery of the strategy locally, in the context of this commissioning landscape.

FINANCIAL IMPACT:

There are no direct financial implications associated with this report, which details the responsibilities of the three main commissioning organisations responsible for sexual and reproductive health.

1. RECOMMENDATIONS

This report recommends that the Health and Wellbeing Board (Croydon):

1.1 Consider the proposals in this report and the Council's public sector equalities duty, and the mitigating actions detailed at para.8 and:

1.2 Endorse the local priorities identified for sexual health in Croydon set out at para.3.4.1 and 3.4.2;

1.3 Note the principles for the re-design of sexual health services commissioned by Croydon Council set out at para.3.4.3;

1.4 Discuss opportunities for collaborative working between health and wellbeing board member organisations to improve sexual and reproductive health outcomes in Croydon.

2. EXECUTIVE SUMMARY

2.1 Croydon generally has poorer outcomes in sexual and reproductive health than the England average and, for several indicators, is also worse than the London average.

2.2 Following the Health and Social Care Act 2012, commissioning responsibilities for different elements of the sexual health system were split between NHS England, Clinical Commissioning Groups (CCGs) and local authorities.

2.3 Croydon Council is in the process of redesigning the services it commissions to place a greater focus on the integration of sexual health and contraception services and on targeted prevention and outreach work for those with the greatest sexual health needs and this report sets out the principles for that re-design.

2.4 There are opportunities for greater collaborative working to ensure pathways between services are streamlined and outcomes for residents are optimised, and these should be explored between Croydon Council, Croydon CCG and NHS England.

3. DETAIL

3.1 Evidence of need for interventions to improve sexual and reproductive health

3.1.1 Croydon has significantly higher diagnosis rates of sexually transmitted infections (STIs) including chlamydia, gonorrhoea, syphilis and genital herpes than England; chlamydia diagnosis rates are also significantly higher than London, although rates of gonorrhoea and syphilis are significantly lower than the London average and rates of genital herpes are not statistically different to London's.

3.1.2 The prevalence rate of diagnosed HIV is high in Croydon at 5.07 per 1,000 people aged 15-59 compared to an England average of 2.14 per 1,000; it is, however, lower than the London average of 5.69 per 1,000 (range across London boroughs: 1.82-14.70 per 1,000). 57% of people diagnosed with HIV in 2011-13 were diagnosed after the point at which treatment should have begun, which is significantly higher than both London (40.5%) and England (45.0%).

3.1.3 The under-18 conception rate is significantly higher in Croydon than the London and England averages and, in 2013, Croydon had the highest rate of repeat abortions among young people aged under 25 of any London Borough (38.7%).

3.1.4 In 2013/14, rates of pelvic inflammatory disease and ectopic pregnancy were significantly higher in Croydon than in London or England. Sexually transmitted infections such as chlamydia can increase the risk of these conditions, which are likely to present cost pressures to the CCG.

3.1.5 The Joint Strategic Needs Assessment (JSNA), completed in 2010/11, identified a number of groups that experience worse sexual health outcomes including: young people, particularly those being looked after by the local authority, those leaving care, and those not in education, employment or training; younger Black Caribbean, Black African and other Black population groups; men who have sex with men; those who misuse drugs or alcohol; and sex workers.

3.2 Strategic frameworks

3.2.1 **National strategic framework**:

The national strategy for sexual health, A Framework for Sexual Health in England, 2013, identifies the following areas as having a good evidence base for improving outcomes:

- Accurate, high-quality and timely information that helps people to make informed decisions about relationships, sex and sexual health;
- Preventative interventions that build personal resilience and self-esteem and promote healthy choices;
- Rapid access to confidential, open-access, integrated sexual health services in a range of settings, accessible at convenient times;
- Early, accurate and effective diagnosis and treatment of STIs, including HIV, combined with the notification of partners who may be at risk; and
- Joined-up provision that enables seamless patient journeys across a range of sexual health and other services – this will include community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings.

The report highlights the necessity of the different commissioning organisations to work closely together to ensure that the care and treatment people receive is of a high quality and is not fragmented. In addition, it describes a role for the local health and wellbeing board in bringing organisations together and ensuring that the care people receive is comprehensive, high quality and seamless.

3.2.2 **Local strategic framework:**

A local sexual health strategy for Croydon was approved by Cabinet in 2012. This draws on the needs identified in the JSNA chapter, details the evidence for intervention and makes recommendations for further action.

In addition to the overarching strategy, three sub-strategies were approved covering the priority areas of:

- HIV testing
- Repeat abortions
- Sexual health promotion and education.

3.3 Commissioning landscape

3.3.1 Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, the Council is required to provide or make arrangements to secure provision of open access sexual health services in its area. This includes:

- advice on, and reasonable access to, a broad range of contraceptive substances and appliances
- advice on preventing unintended pregnancy
- services for preventing the spread of sexually transmitted infections
- services for treating, testing and caring for people with such infections
- services for notifying sexual partners of people with such infections

3.3.2 These services must be available for the benefit of all people present in the local authority's area. The local service arrangements currently include open access Contraception and Sexual Health (CASH) and Genitourinary Medicine (GUM) services and a specialist young people's sexual health outreach and teenage pregnancy prevention team. These services are in the process of being brought together into one integrated sexual health service with a new service model that increases the focus on prevention and high risk/target groups.

3.3.3 The document 'Making it Work: a guide to whole system commissioning for sexual health, reproductive health and HIV' (PHE, 2014), provides additional detail on which commissioning organisations are responsible for which elements of the sexual health system:

Local authorities:

- Contraception advice on preventing unintended pregnancy in specialist services and those commissioned from primary care
- Sexually transmitted infection (STI) testing and treatment in specialist services and those commissioned from primary care, chlamydia screening, HIV testing including population screening in primary care and general medical settings, partner notification for STIs and HIV
- Sexual health aspects of psychosexual counselling
- Any sexual health specialist services, including young people's sexual health services, outreach, HIV prevention and sexual health promotion, service publicity, services in schools, college and pharmacies.
- Social care services, including HIV social care and wider support for teenage parents (unchanged as a result of the Health and Social Care Act 2012).

CCGs:

- Abortion services, including STI and HIV testing and contraception provided as part of the abortion pathway (except abortion for foetal anomaly)
- Female sterilisation
- Vasectomy (male sterilisation)
- Contraception primarily for gynaecological (non-contraceptive) purposes
- HIV testing when clinically indicated in CCG-commissioned services (including A&E and other hospital departments)
- Non-sexual health elements of psychosexual counselling

NHS England:

- Contraceptive services provided as an "additional service" under the GP contract

- HIV treatment and care services and the cost of all antiretroviral treatment
- Testing and treatment for STIs (including HIV testing) in general practice when clinically indicated or requested by individual patients
- HIV testing when clinically indicated in other NHS England-commissioned services
- Sexual assault referral centres
- Cervical screening in a range of settings
- HPV immunisation programme
- Specialist foetal medicine services, including late surgical termination of pregnancy for foetal anomaly between 13 and 24 weeks
- NHS Infectious Diseases in Pregnancy Screening Programme including antenatal screening for HIV, syphilis and hepatitis B.

3.3.4 There are a number of areas where commissioning responsibilities overlap that require agreement between commissioners on the pathways to be in place and how services will be commissioned, e.g. psychosexual services and HIV testing and diagnosis and post-exposure prophylaxis (PEP) for HIV.

3.3.5 In Croydon, the Sexual Health and HIV Partnership Board is the mechanism for co-ordination of the whole sexual health system and has representation from all local partners, including providers and community groups. This Board provides the opportunity for commissioners and providers to review whole-system performance and pathways together. This includes overseeing and contributing to the joint strategic needs assessment and strategy development and leading the strategic discussion on local service redesign.

3.4 **Local priorities for Croydon**

3.4.1 The Croydon HIV and Sexual Health Partnership Board has identified five main priorities for sexual health:

- Reducing the rates of late diagnosis of HIV
- Reducing repeat abortions
- Reducing the prevalence of STIs
- Reducing the rates of teenage pregnancy
- Locally delivered, community-focused services

3.4.2 Croydon Council supports the two core national principles for sexual health services:

- Integrated services (i.e. the provision of STI testing, diagnosis and treatment and contraception being available on one site, at levels which are appropriate to that site);
- Open access services (i.e. individuals from anywhere in the country can access services in Croydon, and Croydon residents will also be able to access services out of the borough)

3.4.3 Croydon Council is in the process of redesigning the sexual health services for which it holds commissioning responsibility to place a greater focus on the integration of sexual health and contraception services and on targeted prevention and outreach work for those with the greatest sexual health needs,

with the intention of addressing the priorities detailed above. Key principles of the redesign include:

- A shift from the current hospital-based provision, to a more community-focused service.
- Targeted provision to address areas of high need and individuals and groups with particularly high rates of STIs and unwanted conceptions.
- Integrated STI and contraception provision at the appropriate levels for different venues
- Dual-trained staff
- Provision of psychosexual services (to be considered in conjunction with the CCG, as the commissioners of non-sexual health elements of psychosexual services).
- Development of a self-care approach, including provision of information, availability of home-sampling.
- HIV outreach testing to vulnerable and at risk groups, potentially in partnership.
- Work with clinical colleagues in primary and secondary care to reduce late diagnosis through increased awareness.
- Improved targeting of provision to those most at risk of STIs and unplanned pregnancy, particularly through partnership work with other providers/agencies/departments and outreach into target communities.
- Re-balancing of resources to increase the capacity of the young people's sexual health team and put a greater focus on prevention.
- Provision of training for front line sexual health staff on safeguarding, domestic violence and FGM.
- Training and skills for front line staff working with particularly vulnerable groups to identify need and proactively sign post patients to relevant services (e.g. sex workers, drug and alcohol users, victims of domestic violence, asylum seekers).

3.4.4 Croydon Council intends to continue to commission sexual health and Long Acting Reversible Contraception (LARC) provision within primary care settings in addition to the integrated services being redesigned.

3.4.5 Any changes to service provision will be carefully communicated to potential service users. A joint communications plan for CHS and Croydon Council has been drafted and will provide the basis for communication. In addition, the survey asks people how they would prefer to find out about services; this will be used to inform further development of the communications plan.

3.5 **Conclusion/recommendation(s)**

3.5.1 There are significant sexual and reproductive health challenges for Croydon, with four key priorities on which to deliver.

3.5.2 There are opportunities for collaborative planning of services that may help to improve outcomes in Croydon. All providers delivering elements of sexual health provision should therefore work together to improve pathways between services and signpost/refer patients to other elements of the system where appropriate.

3.5.3 Opportunities for collaborative working should be considered by Croydon Council, Croydon CCG and NHS England where these might improve patient pathways and outcomes.

4. CONSULTATION

4.1 A programme of service user and target group engagement is underway that will inform the detail of the proposed integrated sexual health service model. This is seen as of key importance in terms of the current and ongoing developments in this area of service.

4.2 The engagement work already undertaken includes a survey and face-to-face work with target groups, as well as collation of all engagement activity recently undertaken by the current service provider. The survey deadline has been extended to 12 June 2015; however, analysis of the initial responses has found:

- Access to services is the most commonly reported barriers to using sexual health services: service opening time reported by 57% of respondents and the service being too far away/ difficult to get to reported by 28% of respondents. However, not knowing about what the services are, what they provide or where they are were also commonly reported barriers to using services.
- The large majority of respondents reported that they would be comfortable using sexual health services in a clinical/healthcare setting (94%) while 46% were comfortable using sexual health services in a community setting (e.g. children's centre) and 33% were comfortable using sexual health service online.
- 64% of respondents reported that being able to access sexual health service on a bus route was important to them.
- The most popular location for sexual health services in the borough was central Croydon (64% reported that services should be located in the central area).

These findings will be updated following the survey closing date and may therefore be subject to change. More detailed focus groups will be undertaken later in the summer to provide additional information on how we can better meet the needs of specific target groups.

4.3 Croydon jointly hosted a market warming event with five other South West London boroughs in January 2015. As well as informing potential providers about the boroughs' commissioning intentions at that time, it was also a useful opportunity to learn from providers about what they would like to see in a service or tendered contract, such as longer contract terms, mixture of block and tariff/outcomes-based payment models, and what some of the barriers to delivering integrated services can be for providers. The findings from this event have informed the planning of the proposed integrated sexual health service.

5. SERVICE INTEGRATION

5.1 Responsibility for commissioning of sexual health-related services is spread across several organisations, principally local authorities, CCGs and NHS England, as described above.

5.2 Work is underway via the Integrated Commissioning Unit (ICU) to integrate previously separate services commissioned by Croydon Council to provide testing and treatment for sexually transmitted infections (STIs), contraception and young people's outreach sexual health services, including teenage pregnancy prevention. This will improve patient accessibility to timely testing, treatment and contraception, thus improving outcomes, and ensure that, where appropriate, service users' can have all of their sexual health needs met in one visit. It is also important that, as services are re-designed, any unintended consequences for other parts of the broader health and social care system can be identified and addressed.

5.3 There are opportunities to improve pathways between providers of sexual health services in different settings including the integrated services provider, GP practice providers, pharmacies, abortion services and HIV treatment and support. The HIV and Sexual Health Partnership Board leads on bringing these partners together to consider the whole sexual health system and identify where improvements can be made that will improve outcomes.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

There are no direct financial considerations arising as a direct result of this report.

6.1 Approved by: Lisa Taylor Head of Finance and Deputy S151 Officer, Croydon Council

7. LEGAL CONSIDERATIONS

7.1 The Council solicitor comments that there are no specific legal considerations beyond the requirements of the Regulations referred to in the body of this report.

7.2 Approved by: Gabriel MacGregor Head of Corporate Law on behalf of the Council Solicitor & Monitoring Officer

8. EQUALITIES IMPACT

8.1 A full Equalities Analysis was completed in February 2015 to ascertain the potential impact on protected groups compared to non-protected groups and inform the development of the integrated sexual health services (see Appendix A). This will be reviewed to incorporate findings from the engagement work by September 2015.

8.2 This identified that there is greater sexual health need in certain protected groups, for example: HIV prevalence is higher among Black Africans and men who have sex with men (MSM); chlamydia prevalence is higher among young people.

8.3 The Equality Analysis identified that there the protected groups that should experience a positive impact were: BME groups; LGBT individuals and those who have undergone gender reassignment; younger people; men; women; those with disabilities; and some religious groups. The positive benefits

identified were: improved access to full range of contraceptive services, STI testing and treatment; reduction in unplanned pregnancy including teenage pregnancy; improved access to pregnancy testing and referral to maternity or abortion services; reduction in STI prevalence, HIV incidence and HIV late diagnosis. These proposals will therefore contribute towards the Council's achievement of Objective 7 of its Equalities Strategy 2012-2016: to improve health and wellbeing by reducing health inequalities.

8.4 Potential negative impacts were identified among the same protected groups as detailed above if the increase in local, community-based services results in increased concerns over anonymity. However, this risk will be mitigated by maintaining a choice of setting, location and times to access sexual health services. Lack of awareness of service locations following changes may also be a negative impact of the proposed changes; however, this will be mitigated by the implementation of a comprehensive communication plan to raise awareness among potential service users. In addition, there is limited research and data on the potential impact of the proposed changes on people with disabilities so the potential negative impact on this group is not known, although it is considered likely that the provision of integrated, community-based services should improve accessibility for those with complex needs or those who may be unable to travel to central service locations. This will be evaluated once the service is established.

8.5 Engagement with target groups and potential service users, including protected groups, is being undertaken as part of the service design process; this will inform the changes to service delivery to ensure that potential negative consequences are minimised or eliminated and that positive impacts are maximised. The project was considered to already include appropriate actions to advance health equality and foster good relations between groups.

8.6 The service specification will include a requirement to identify and provide services that meet any specific needs of protected groups as identified in the analysis and to share data and actively participate in the evaluation of the service so that access and outcomes among protected groups can be monitored. It will also detail the requirement to undertake engagement work with target groups, the wider community and NHS services and organisations working with these populations. This will help to minimise barriers, improve engagement for people with more complex needs and actively tackle health inequalities.

8.7 Approved by: Yvonne Okiyo, Equalities Officer

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BACKGROUND DOCUMENTS: There are no background documents