

Progress Report Update - Implementation of New Integrated Sexual Health Service

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1. Summary

- 1.1.** From April 2013 local authorities were mandated by the Health and Social Care Act 2012 to provide open access sexual health and contraceptive services for their population. This includes the testing and treatment of sexually transmitted infections (STIs), HIV testing and the provision of contraceptive services. SCC are also responsible for sexual health promotion and the provision of support to people living with HIV. Commissioning responsibilities became fragmented following the Health and Social Care Act in 2012 and whilst local authorities were mandated to provide the majority of sexual health services there are a number of services that are commissioned by other bodies. Appendix 1 details the current sexual health commissioning responsibilities for sexual health. Regardless of commissioning arrangements the provision of local sexual health services need to be delivered as part of a whole system approach to ensure pathways of care are in place for the local population and service demand can be appropriately managed.
- 1.2** This report provides an update on the progress report of the new Somerset-Wide Integrated Sexual Health service (SWISH) from the Scrutiny for Policies, Adults and Health Committee in November 2016.
- 1.3** Improving sexual health outcomes and healthy relationships contribute to a number of priorities in the County Plan and the Health and Wellbeing Strategy. There are also three specific sexual health indicators in the Public Health Outcomes Framework which form part of the key performance indicators for the new service:
- Under 18 conceptions
 - Chlamydia diagnoses (15-24 year olds)
 - People presenting with HIV at a late stage of infection

2. Issues for consideration / Recommendations

- 2.1.** The report to the Scrutiny for Policies, Adults and Health Committee on the 9th November 2016 acknowledged the good progress made by the SWISH service in implementing a substantial service change and the committee are advised that the service continues to perform well. There were a number of challenges for the new service that were highlighted and section 5 details developments against these concerns for the committee to consider and comment on.

3. Background

- 3.1. Overall the sexual health of the Somerset population is good and sexual health and contraceptive services in the county have provided good quality clinical services. However, sexual ill health impacts on certain populations more significantly and there are considerable inequalities in sexual health making it a public health priority. The key outcomes for sexual health include reducing the transmission of sexually transmitted infections (STIs) and HIV, preventing unwanted pregnancies and reducing teenage conceptions, and reducing the late diagnosis of HIV.

Good progress has been made in reducing teenage conceptions in Somerset, with a 55.9% reduction from the baseline year of 1998. However there remain some wards in Somerset with significantly high teenage conception rates. Whilst the prevalence of many STIs are low in Somerset there are some areas that demonstrate that access to services remain poor for some of the population. Nationally young people aged 16-25 have the highest rate of STIs, with the most common being chlamydia; the second highest peak for STIs is in middle aged people. Somerset are struggling to ensure enough young people are being tested, and therefore treated, for chlamydia. The prevalence of HIV is low in Somerset, but the proportion of those being diagnosed at a late stage of the disease is significantly higher than the national average, leading to increased morbidity and mortality. More detail on how chlamydia and HIV late diagnosis are being tackled is provided in section 5. The table below shows how Somerset compares with England and the South West:

| | Somerset | England | South West |
|----------------------------------------------------------------------------------------------|----------|---------|------------|
| Teenage conceptions rate per 1000 15-17 year old young women in 2015 | 17.1 | 20.8 | 16.8 |
| Chlamydia detection rate per 100,000 young people aged 15-24 years in 2015 (target is 2,300) | 1523 | 1887 | 1716 |
| Proportion of 15-24 year olds screened for chlamydia in 2015 | 20% | 22.5% | 22.5% |
| Percentage of 15-24 year olds tested for chlamydia that tested positive in 2015 | 7.6% | 8.4% | 7.6% |
| HIV late diagnoses 2013-2015 as a percentage of new diagnoses | 55.6 % | 40.3% | 41.1% |

- 3.2 In 2015 SCC developed a new model for sexual health services in the county integrating community based contraceptive services with hospital based sexual health services to provide a one stop model in community settings. Following a procurement process Somerset Partnership NHS Foundation Trust were awarded the contract to provide the new Somerset-Wide Integrated Sexual Health service (SWISH) from April 2016.

SCC also redesigned the provision of targeted sexual health promotion, point of care HIV testing and the provision of support services for people living with HIV and the contract for this service was awarded to The Eddystone Trust, commencing April 2016. Both services are required to work collaboratively to ensure prevention is embedded throughout and that services are targeted at those most at risk of poor sexual health. Key performance indicators have been

established for both services and are reviewed quarterly; shared indicators have also been developed to review the effectiveness of joint working.

4. Consultations undertaken

- 4.1. Consultations were undertaken to inform the service design and procurement of the integrated sexual health service. This involved stakeholder engagement with the public, service users and practitioners and focus groups targeting those at higher risk of poor sexual health.

5. Progress to Date Update

- 5.1. The Somerset-wide Integrated Sexual Health Service is making strong progress and is performing well against the key performance indicators and outcomes for the service. The main objectives for the first year of the service were to manage the merging and transformation of a range of sexual health services previously provided across a number of organisations in order to deliver a community based integrated sexual health service. SWISH are to be commended on establishing the new service providing clinics across the county and improving accessibility. During the first year of operation SWISH dealt with 16,000 attendances providing comprehensive sexual health and contraceptive services whilst managing this transformation, which also involved managing the transfer of the workforce, dual-training of clinicians and nurses and recruiting into new roles.
- 5.2. The service continues to manage public demand through the telephone booking system and there have been no complaints in regards to this. However, following service user feedback they have extended the booking line opening hours from 9am-3pm to 9am to 5pm. The online triage and booking system is still not operational after it was found the provider were unable to deliver the required service despite initial assurances. New software is being developed by the company and it is expected that the new system will be viable at the end of 2017/18. In response SWISH have enhanced their email booking system which has proved very popular but it is recognised that long-term the online system will be more efficient.
- 5.3. Access to the service in the Yeovil area has been improved with the opening of a weekly clinic based at Hendford Lodge medical practice. The majority of patients from the Yeovil area attend services at South Petherton Hospital or would go to Millstream House in Taunton. Somerset Partnership did not pursue the Yeovil NHS Walk-In service as this was not considered viable. The service have been to visit Yeovil Library as part of the development of the Yeovil Hub and options are being considered for the viability of a clinical space. East Somerset based services now account for nearly 15% of total attendances compared to 11% previously. Attendances at the satellite clinics in the area are similar to those in other areas outside of Taunton, except for Frome which has a lower attendance rate likely to be due to those east Mendip residents who attend sexual health services in Bath. There is still a need to monitor service access by east Somerset residents and SWISH are currently reviewing DNAs and waiting times for services.
- 5.4. There have been developments with the HIV pathway to improve the transition for patients diagnosed with HIV through SWISH and The Eddystone Trust to the HIV treatment service at Taunton and Somerset NHS Foundation Trust.

Relationships between the HIV treatment service and The Eddystone Trust remain strong ensuring packages of support to newly diagnosed patients and existing patients with a need. Recent joint meetings with HIV patients have been more positive and patients are now routinely using the SWISH service. The pathway is being further developed to improve relationships between the services in relation to the sexual health screening of HIV positive patients including clinical information sharing protocols. The joint Consultant for SWISH and HIV treatment resigned from the SWISH post in April 2017 to focus on HIV services and Somerset Partnership are in the process of interviewing for a new Consultant in Genito-urinary Medicine.

- 5.5.** The HIV treatment service have completed a look back review on patients with a late diagnosis and identified missed opportunities within primary care and hospital A&E for patients attending with a variety of conditions. The Consultant for HIV is sharing information across clinical networks to raise awareness and will be working with the Somerset Sexual Health Network to disseminate knowledge and good practice. The Eddystone Trust have delivered some point of care HIV testing in the community targeting high risk groups and this service will be expanded during 2017/18 including at public sex environments across the county. This will enable earlier access to HIV testing particularly amongst those who are less likely to attend sexual health services including men who have sex with men (MSM) but who do not identify as being gay or bisexual men. The service will also target high risk heterosexual men and women as this group form part of those being diagnosed late.
- 5.6.** Post exposure prophylaxis (PEP) can be given to someone who has been exposed to HIV through sexual activity or a needle stick injury and is very effective in preventing HIV from developing if administered within 72 hours. A pathway for PEP for sexual exposure (PEPSE) has been developed and SWISH are now being reimbursed by NHS England for the associated antiretroviral therapy drugs as per national guidance. The Consultant for HIV has developed pathways with Taunton and Somerset NHS Trust, Yeovil District Hospital NHS Foundation Trust and Optima (occupational health) to support needle stick injuries for healthcare workers and to ensure these are not sent inappropriately to sexual health services. The pathway is being further developed to ensure support is in place for non-health care workers who experience needle stick injuries (such as the police); PEP would rarely be clinically necessary for this group and it is essential A&E staff have the appropriate training to determine risk.
- 5.7.** SWISH are responsible for managing the chlamydia screening programme for 15-24 year olds, including sub-contracting services from general practices and pharmacies. The service has developed a multi-faceted plan to increase coverage of the programme and this includes visiting general practices to provide training and to identify chlamydia champions to increase the confidence and skills of practitioners in offering opportunistic screening. SWISH and The Eddystone Trust have a shared key performance indicator to ensure that vulnerable young people and those most likely to be sexually active are targeted for screening and this element of the service will be closely scrutinised during 2017/18. There is good evidence within Somerset of young people accessing screening online and through minor injury units and pharmacies all of which show high positivity rates demonstrating that these areas are targeting the right young people.

- 5.8.** A significant challenge for the new SWISH service is managing demand within a fixed budget. This is a national issue, with the numbers of attendances to sexual health services increasing across the country whilst services are having to deal with cost efficiencies. SWISH is funded through both fixed costs (e.g. staffing and estates) and non-fixed activity costs (e.g. pathology for sexual health tests, STI treatment, contraception and medical supplies). During 2016/17 there were nearly 16,000 attendances at SWISH services demonstrating huge demand. To mitigate against financial risk an improvement plan has been developed with Somerset Partnership with identified areas of focus. SWISH have a leadership role for the whole sexual health system and are responsible for ensuring that pathways exist with other services including those provided by General Practices, pharmacies, HIV treatment services, sexual assault centres and abortion services as well as training and updating practitioners.

To ensure financial viability it is essential that service demand is managed across the health system and that prevention targets those at greatest risk. An example of this would be access to Long Acting Reversible Contraception (LARC) which SCC also commission from General Practices. SWISH is not commissioned to provide contraceptive services for the whole of the population and most women would and should access this through their GPs. A training programme is being put in place for GPs and Practice Nurses to ensure more women can access them for LARC and to reduce the numbers of women being sent by GPs to the SWISH service for e.g. routine coil fits and removals. The Somerset Sexual Health Network is engaged with the Local Medical Committee to review access to LARC and to increase uptake in training and provision in General Practice. In addition the SWISH website has been amended to reflect that contraceptive services and some sexual health services are available from General Practice to raise public awareness.

- 5.9.** Local authorities are responsible for the sexual health of their population including when individuals may access services in other areas. SCC has contracts with the Royal United Bath NHS Foundation Trust (RUH) and Western Area Health Trust as these services can be more accessible for many of those living on the borders of the county. In addition, SCC is charged by sexual health service providers across England if a Somerset resident uses them under national cross-charging arrangements (and SWISH will charge other local authorities for any out of area patients attending their service for sexual health purposes). The expansion of community services by SWISH has seen an increase in patients from Mendip using Somerset based services, with numbers using RUH decreasing during 2016/17. This has led to a reduction in the activity based charges from RUH to SCC.
- 5.10.** The Eddystone Trust are commissioned to work with SWISH to provide targeted interventions to repeat attenders and high risk groups. Referral pathways between the services are now established but it is not clear at this stage whether this is having an impact. A system has been developed to monitor repeat attenders and collaborative working between the services will be closely scrutinised. The Eddystone Trust are required to provide evidence of targeted interventions and their outcomes over the next three months to understand impact.

6. Background papers

- 6.1.** Appendix 1 – Sexual Health commissioning Responsibilities from April 2013.
- 6.2.** Cabinet Key Decision Report October 2015 – ‘Somerset Sexual Health and Contraceptive Services – management and co-ordination of the integrated sexual health service request to award contract’.
- 6.3.** Progress on the Implementation of Somerset-wide Integrated Sexual Health Services Report for the Scrutiny for Policies, Adults and Health Committee meeting on the 9th November 2016.
- 6.4.** More information on Somerset sexual health services can be found at www.swishservices.co.uk