**Sexual Health Commissioning Strategy**

**2014-2018**

**Summary Version**

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| Executive SummarySexual health is a key public health issue and it is vital that local people have access to high-quality support and services. Good sexual health is important to individuals as well as to society as a whole. Unintended pregnancies and sexually transmitted infections (STIs) can negatively affect the health and wellbeing of individuals. However, they can also present a wider risk to other people – for example, someone may have an STI without experiencing any symptoms and unwittingly pass it on to a partner, or to a baby during pregnancy. Poor sexual health can also result in substantial costs to society through healthcare costs as well as costs relating to poor education, employment and social outcomes in the long-term. The purpose of this strategy is to identify commissioning actions that can be taken to support improvements in sexual health within Richmond borough. This is a joint strategy between London Borough of Richmond upon Thames and NHS Richmond Clinical Commissioning Group (CCG). The strategy covers the commissioning responsibilities of the two organisations. * Local authority – services relating to prevention, contraception and STI testing and treatment (except for human immunodeficiency virus (HIV) treatment) that are commissioned by Public Health, as well as HIV social care and support services commissioned by adult social care
* CCG – services relating to abortions, sterilisation and vasectomy

Although the sexual health need in Richmond is relatively low compared to other boroughs within London, overall it is quite similar to national levels. Continued improvements in prevention initiatives and sexual health services are required to support improvements in sexual health outcomes. Nationally, the main groups of people at higher risk for poor sexual health are young adults, people from black ethnic groups and men who have sex with men (MSM) – these same groups are at higher risk locally. Sexual health services cover the provision of advice, prevention, testing and treatment. In order to control infection, prevent outbreaks and reduce unwanted pregnancies, a range of principles have historically been applied to sexual health services. Services are open access (no need for a referral), free of charge, confidential and not restricted by age or place of residency. These principles help to ensure universal and rapid access to services and help to address issues of stigma associated with poor sexual health.Provision of sexual health services is complex and there is a wide range of providers – including community providers, primary care (GP practices and pharmacies), hospitals and the voluntary sector. There is clear evidence that sexual health interventions and services are cost-effective. It is intended that this strategy will support achievement of the following high-level outcomes:* Reduce the number of unintended pregnancies, particularly among young people
* Reduce the number of people affected by STIs and HIV
* Reduce inequalities in sexual health
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| There are three commissioning priorities within this strategy. These priorities will be achieved through a number of objectives, which are outlined on the next page.Implementation of the strategy will require changes within the existing sexual health budget. A shift of investment into evidence-based prevention initiatives and exploration of alternative models of service delivery that can help to increase cost-effectiveness are necessary in order to achieve long-term savings. Strengthening community-based services and moving appropriate activity out of genito-urinary medicine (GUM) services is a key aspect of the strategy. An ‘invest to save’ approach is required, but increased investment in community-based services may need to occur in planned phases over time.

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| **Commissioning Priority 1****Increase the focus on prevention and sexual health promotion*** Increase sexual health knowledge and resilience among young people
* Improve awareness of sexual health services
* Ensure provision of free contraception from a range of services
* Increase the uptake of long-acting reversible contraception
* Increase the prevention role of services outside of sexual health settings
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| **Commissioning Priority 2****Strengthen community-based sexual health services*** Increase the provision of sexual health services in community settings
* Ensure that sexual health services are embedded within core health services
* Align the commissioning of sexual health services provided in community and primary care settings
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| **Commissioning Priority 3****Commission high-quality services*** Ensure that services are delivered at accessible locations and times
* Consider alternative methods of service delivery, including online services and self-testing
* Ensure that services meet the needs of people from high-risk groups
* Ensure that robust clinical governance and safeguarding arrangements are in place
* Ensure comprehensive, evidence-based management of STIs, including partner notification
* Ensure that all professionals are appropriately trained, including those working outside of sexual health settings
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1. **Introduction**

Sexual health is a key public health issue and it is vital that local people have access to high-quality support and services.

Good sexual health is important to individuals as well as to society as a whole. Unintended pregnancies and sexually transmitted infections (STIs) can negatively affect the health and wellbeing of individuals. However, they can also present a wider risk to other people – for example, someone may have an STI without experiencing any symptoms and unwittingly pass it on to a partner, or to a baby during pregnancy. Poor sexual health can also result in substantial costs to society through healthcare costs as well as costs relating to poor education, employment and social outcomes in the long-term.

The purpose of this strategy is to identify commissioning actions that can be taken to support improvements in sexual health within Richmond borough.

This is a joint strategy between London Borough of Richmond upon Thames and NHS Richmond Clinical Commissioning Group (CCG). Sexual health services work closely together and have important interdependencies. The changes to sexual health commissioning as a result of the recent NHS reforms offer an opportunity to take a fresh look at how services can best meet the needs of local people. This requires a joint commitment across commissioning organisations to work closely together in the interests of the local population and to ensure that care is not fragmented.

The strategy covers the commissioning responsibilities of the two organisations.

* Local authority – services relating to prevention, contraception and STI testing and treatment (except for HIV treatment) that are commissioned by Public Health, as well as HIV social care and support services commissioned by adult social care
* CCG – services relating to abortions, sterilisation and vasectomy

Sexual health services commissioned by NHS England are not included within the scope of this strategy, but important links to these services have been highlighted where relevant. This includes HIV treatment, contraception provided as part of the core GP contract, sexual assault referral centres and cervical screening.

A detailed sexual health Joint Strategic Needs Assessment (JSNA) was developed to inform this strategy. This provides a picture of sexual health in Richmond borough and an overview of current sexual health services. It then reviews those services against local needs, national policy and evidence of what works to improve sexual health. Information in the JSNA is taken from a number of sources – including publicly available data, confidential data that is presented in summary form and information from stakeholder engagement.

The opinions of local residents and service users (local ‘voice’) about sexual health services were gathered through three main engagement routes – an annual health and wellbeing survey of school-aged children, peer research projects carried out by Richmond Youth Council on sexual health and on safeguarding young people and user surveys for individual services.

1. **Sexual health in Richmond borough**

Although the sexual health need in Richmond is relatively low compared to other boroughs within London, overall it is quite similar to national levels. Continued improvements in prevention initiatives and sexual health services are required to reduce the number of teenage conceptions (around 50 per year), abortions (571 in 2012) and diagnoses of sexually transmitted infections (1,297 in 2012) and HIV (22 new diagnoses in 2012).

Nationally, the main groups of people at higher risk for poor sexual health are young adults, people from black ethnic groups and men who have sex with men (MSM). These same groups are at higher risk locally. For example:

* Over 40% of acute STI diagnoses in Richmond are among those aged 15-24
* Almost two-thirds of residents diagnosed with HIV are MSM
* Twenty percent of residents diagnosed with HIV are from black ethnic groups

**Figure 1. Comparison of population size, number of STI diagnoses and number of HIV diagnoses among main high-risk groups in Richmond**



A detailed Equality Impact Needs Assessment will be published alongside the final strategy document.

1. **Sexual health services**

Sexual health services cover the provision of advice, prevention, testing and treatment. While individual needs may vary, there are core needs such as accurate, high-quality information and support to enable people to make informed and responsible choices. Sexual health services should be seen as an essential component of the prevention and healthcare services available to local people.

In order to control infection, prevent outbreaks and reduce unwanted pregnancies, a range of principles have historically been applied to sexual health services. Services are open access (no need for a referral), free of charge, confidential and not restricted by age or place of residency. These principles help to ensure universal and rapid access to services and help to address issues of stigma associated with poor sexual health.

Provision of sexual health services is complex and there is a wide range of providers – including community providers, primary care (GP practices and pharmacies), hospitals and the voluntary sector.

Sexual health services include:

* General prevention and awareness raising activities provided through a range of services.
* HIV prevention and support services, delivered mainly via voluntary organisations.
* Provision of contraception through GP practices, community pharmacies, Walk-In Centre and the C-Card Scheme which provides free condoms for young people.
* Community contraceptive and sexual health (CASH) service provided by Hounslow & Richmond Community Healthcare NHS Trust (HRCH), and a family planning service provided by a GP practice. These services focus mainly on contraception provision and advice and are located in Teddington, Whitton and Twickenham.
* Chlamydia screening provided by a number of community, primary care and hospital services, online and through a range of outreach settings managed by Terrence Higgins Trust.
* Genito-urinary medicine (GUM) services in hospitals, mainly for the testing and treatment of STIs. There is no GUM service provided within Richmond borough as these are usually based at hospitals. The services most used by Richmond residents are located at West Middlesex and Kingston Hospitals.
* Chlamydia treatment will also be available for young people through the Walk-In Centre in Teddington and some community pharmacies during 2014-15.
* Abortion services provided by British Pregnancy Advisory Service (BPAS) and hospitals.
* Sterilisation services provided through hospitals and a vasectomy clinic at a GP practice.

Sexual health services account for £2.4 million of the Public Health budget (local authority) and for over £250,000 of the CCG budget. GUM services account for the largest part at around £1.7 million per year. The other main areas of spend are CASH, abortion services, Chlamydia screening and contraception provided by GP practices.

The main sexual health services based in the community (e.g. CASH) will be re-procured during 2014-15. This provides an opportunity to begin to implement some of the key aspects of the strategy.

1. **Outcomes**

It is intended that this strategy will support achievement of the following high-level outcomes:

* Reduce the number of unintended pregnancies, particularly among young people
* Reduce the number of people affected by STIs and HIV
* Reduce inequalities in sexual health
1. **Commissioning priorities**

There are three commissioning priorities within this strategy. These priorities will be achieved through a number of objectives, which are outlined below.

* 1. **Commissioning Priority 1: Increase the focus on prevention and sexual health promotion**

Building an open and honest culture around sexual health is crucial in enabling people to make informed and responsible choices, as is the provision of accurate, high-quality and age-appropriate information and support. Prevention of unintended pregnancies and STIs is also highly cost-effective. For example, for every £1 spent on contraception, £11 is saved in other healthcare costs. An increased focus on prevention is necessary in order to achieve long-term savings.

**Increase sexual health knowledge and resilience among young people**

Options to improve sexual health promotion initiatives for young people, and to encourage greater engagement of schools and youth services, should be considered as part of a planned review of the existing programme of initiatives to support prevention of risky behaviour.

**Improve awareness of sexual health services**

Due to the complexity of service provision, it may not always be clear to residents what the best options are to access services. As well as ensuring that residents understand the local service options, it is important to consider how awareness of local services can be improved among professionals working outside of sexual health settings (e.g. GPs and youth workers), so that they can signpost people to appropriate services.

**Ensure provision of free contraception from a range of services**

In addition to contraceptive services provided in sexual health services and GP practices, Richmond borough is part of the C-Card scheme in London which provides access to free condoms for young people. Emergency contraception can help to prevent unwanted pregnancy when regular methods have failed or have not been used – this includes emergency hormonal contraception (EHC – known as the ‘morning after pill’). In addition to free provision of EHC at GUM, CASH, GP practices and the walk-in centre, free EHC is available for under-25s within community pharmacies to help increase accessibility. However, only a small number of pharmacies provide this service and activity is mainly concentrated around Twickenham and Teddington.

**Increase the uptake of long-acting reversible contraception**

As well as ensuring that there is good access to free contraception, a greater focus is required on long-acting reversible contraception (LARC). Although condoms should always be used to protect against STIs, LARC methods have been found to be much more effective at preventing pregnancy and also more cost-effective. LARC includes contraceptive injections, implants, intra-uterine system (IUS) and intrauterine device (IUD).

**Increase the prevention role of services outside of sexual health settings**

Prevention and sexual health promotion initiatives are already carried out within a range of non-sexual health services. For example, young people can access the C-Card scheme at Richmond College and ‘Off The Record’ (a voluntary sector service that provides support and counselling for young people). As well as strengthening these links, the prevention role of other services should be increased. This is particularly important for other risky behaviour services, such as substance misuse services.

* 1. **Commissioning Priority 2: Strengthen community-based sexual health services**

Community and primary care services have historically focused on prevention and contraception, whilst GUM services in hospitals have focused on management of complex contraceptive problems, STI testing and treatment. National policy is to move towards a more integrated model of service delivery, to allow easy access to a range of services that can meet the majority of sexual health and contraceptive needs.

**Increase the provision of sexual health services in community settings**

As well as improving access, introducing more sexual health services where appropriate into primary care and community settings may be more cost-effective in the long-term due to the relatively high cost of attendances at GUM services and the year-on-year increase in activity. This will also allow GUM providers to focus specialist resources on patients with more complex needs. Recent developments in diagnostic tests have resulted in greater access outside of hospital settings to STI and HIV screening for people who are not experiencing any symptoms. Introducing more widespread screening may help to increase the normalisation and de-stigmatisation of STI and HIV testing. In addition to expanding screening, national guidance recommends that young people should be given a choice of treatment locations as part of the National Chlamydia Screening Programme, and this is being introduced in the Walk-In Centre in Teddington and in selected community pharmacies during 2014.

**Ensure that sexual health services are embedded within core health services**

Further embedding sexual health services into core healthcare services (such as GP practices and community pharmacies) will help to improve access within the borough, increase cost-effectiveness and support normalisation and de-stigmatisation. This includes looking at options to introduce more widespread HIV testing within the borough, as recommended by national guidance.

**Align the commissioning of sexual health services provided in community and primary care settings**

Options to align sexual health services provided in community and primary care settings should be considered as part of the re-procurement of services. This will help to ensure clear marketing of the options available, clear care pathways between services, a greater focus on working towards shared outcomes and less fragmented contracting arrangements.

* 1. **Commissioning Priority 3: Commission high-quality services**

Sexual health services must be delivered in ways that increase access and address the needs of the local population. It is also essential that robust clinical governance and safeguarding arrangements are in place to ensure that service users receive safe, high-quality sexual health services provided by appropriately trained staff.

**Ensure that services are delivered at accessible locations and times**

In order for people to be able to readily access services, it is important to provide a choice of services in different locations and settings, with a range of opening days and times. The location of services needs to be considered in terms of accessibility by public transport, appropriateness of venue for a clinical service and reducing the potential stigma associated with attending sexual health services. In particular, accessibility for residents on the eastern side of the borough should be reviewed.

**Consider alternative methods of service delivery, including online services and self-testing**

Alternative models of service delivery, such as online services and self-testing for STIs and HIV, should be explored. These delivery models may help to increase access among young people as well as adults who have busy lives, and also to deliver services at a lower cost.

**Ensure that services meet the needs of people from high-risk groups**

It is important to ensure that there is universal access to sexual health services across the whole borough. However, universal services must be able to support the specific needs of high-risk groups. This includes young people, people from black ethnic groups, lesbian, gay, bisexual and trans (LGBT) people, people with disabilities, homeless people and sex workers. Further detailed work is needed to more fully understand how the needs of particular groups are being met by current services and how services can be improved.

**Ensure that robust clinical governance and safeguarding arrangements are in place**

It is essential that robust clinical governance and safeguarding arrangements are in place to ensure that service users receive safe, high-quality sexual health services. Professionals working in sexual health services are well placed to identify issues of safeguarding such as sexual and relationship abuse, female genital mutilation (FGM) and child sexual exploitation (CSE).

**Ensure comprehensive, evidence-based management of STIs, including partner notification**

Standards on the clinical management of STIs are developed by national bodies. An important aspect of managing STIs is the notification, testing and treatment (if necessary) of partners, which can help protect patients from re-infection, protect partners from long-term consequences of having an untreated infection and help protect the wider community from onward transmission of STIs. As part of plans to strengthen community-based services and increase STI and HIV screening opportunities outside of GUM services, the crucial role of partner notification must be addressed when developing services.

**Ensure that all professionals are appropriately trained, including those working outside of sexual health settings**

The sexual health workforce is diverse and practitioners should be supported to undertake appropriate training and development – including both specialist sexual health practitioners and non-specialist professionals, such as teachers and youth workers. For professionals working outside of specialist sexual health services, high-quality training can support the development of skills and confidence in dealing with sexual health issues. This will be particularly important as part of strengthening community-based services, including services based in non-health settings.

1. **Financial implications**

There is clear evidence that sexual health interventions and services are cost-effective. Poor sexual health can result in substantial costs to society, through healthcare costs as well as costs relating to poor education, employment and social outcomes in the long-term.

Implementation of the strategy will require changes within the existing sexual health budget.

Prevention of unintended pregnancies and STIs is highly cost-effective, but is currently a small part of the sexual health budget. A shift of investment into evidence-based prevention initiatives is necessary in order to achieve long-term savings.

The strategy also recommends exploration of alternative models of service delivery that can help to increase the cost-effectiveness of sexual health services, such as online services and self-testing for STIs and HIV.

Strengthening community-based services and moving appropriate activity out of GUM services is a key aspect of the strategy and there are important new service areas to consider for investment in the community, such as HIV testing. As well as improving access for local residents, this should help to achieve long-term savings due to the relatively high tariff cost and unsustainable increases in activity in GUM services. Although it is intended that savings will be made from reducing GUM attendances for service users whose needs can be met in community settings, this is unlikely to be realised immediately as it will take time for improved community services to be embedded. In addition, the strengthening of community-based services may create an element of new demand, particularly among residents that currently access services in other boroughs. An ‘invest to save’ approach is required, but increased investment in community-based services may need to occur in planned phases over time.