

## REPORT TO HEALTH SCRUTINY COMMITTEE

<b>TITLE:</b>	<b>Sexual Health Services</b>
<b>DATE OF MEETING:</b>	<b>Health Scrutiny Committee – 17<sup>th</sup> April 2018</b>
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### 1. PURPOSE AND SUMMARY

This paper seeks to update on the current situation, challenges, and plans in sexual health services in Bury. It includes the narrative behind the key sexual health outcomes and performance indicators. There is an overview of the Local Authority commissioned integrated Sexual Health Service which was tendered in partnership with Oldham and Rochdale councils (known as ORBISH). There are also updates on other sexual health services including RU Clear GM STI testing service, Locally Commissioned Services in primary care, and STI/HIV prevention and support services.

### 2. INTRODUCTION

Sexual health is an issue that concerns the majority of the population. The World Health Organization (WHO) defines sexual health along these main parameters: -

- enjoyment of sexual relations without exploitation, oppression or abuse;
- safe pregnancy and childbirth, and avoidance of unintended pregnancies;
- absence and avoidance of sexually transmitted infections, including human immunodeficiency virus (HIV).

To ensure these parameters can be achieved, a comprehensive and high-quality sexual healthcare service, as well as health promotion campaigns and educational opportunities (especially for young people) are required. In addition, good surveillance of trends in key measures of sexual health, such as rates of sexually transmitted infections (STIs), should be used to

measure this. Under the Public Health Outcomes Framework (PHOF) the main areas of focus for sexual health are HIV and chlamydia.

### **3. KEY INDICATORS**

#### **HIV**

HIV is a virus that attacks the immune system and weakens its ability to fight infections and disease. It is most commonly caught through unprotected sex. It can also be passed on by sharing infected needles and other injecting equipment, and from a HIV-positive mother to her child during pregnancy, birth and breastfeeding.

A high HIV prevalence rate is 2-5 diagnosed cases of HIV per 1,000 people aged 15-59 years, per year. In 2016, Bury had a HIV prevalence of 1.83 per 1000. There is an upward trend in prevalence which can largely be attributed to the increased life expectancy of individuals with HIV, meaning numbers are increasing cumulatively. Nationally, it is thought that 17% of people living with HIV are unaware of their status.

In Bury in 2015/16, 95.9% of MSM accepted HIV testing when offered during an eligible new episode of sexual health care. This is higher than both the GM (75.3%) and national (94.2%) uptake rates. The trend for this data has remained relatively stable at these levels over the last 7 years.

However, only 38.9% of women accepted HIV testing when offered it as part of an eligible new episode. This clearly is substantially lower than the uptake rates for MSM and lower than both GM (47.3%) and national (69.2%) rates. The data shows that uptake is significantly lower in Bury compared to England and has decreased by more than 40% in the last four years. The HIV testing coverage is from uptake among people attending specialist sexual health services. Women attending for standard contraceptive and sexual health (CASH) services only, should not be included in the denominator figures; however it is highly likely that this has been the case. The HIV testing uptake in women looks low for most of Greater Manchester; however it is higher for MSM and men in general. This is currently being investigated as a long term coding error related to the CASH patients and a look back exercise is taking place by the Providers involved.

Late diagnosis for HIV is associated with increased morbidity and mortality and therefore early diagnosis is a priority. As a consequence, HIV late diagnosis has been made an indicator on the PHOF. LAs are monitored against the percentage of people presenting with HIV at a late stage of infection. Using 3 year rolling averages, the rate of late diagnosis in Bury has decreased from 69.7% to 39.1% in the last 8 years and is now lower than the England and GM averages.

## **Pre exposure prophylaxis (PrEP) IMPACT trial**

PrEP is a course of HIV drugs taken by HIV negative people before sex, to reduce the chance of getting HIV. Results in trials have been very successful, with PrEP significantly lowering the risk of becoming HIV positive, and without major side effects.

PrEP will be available to 10,000 people in England as part of the IMPACT trial which commenced on 1 October 2017 for 3 years. NHS England wants to get an idea about the numbers of people who could benefit from using PrEP; how people will choose to use PrEP and for how long; and if it is cost-effective. NHS England will also look at the impact on incidence (new cases) of HIV and other STIs.

340 trial places have been allocated to Greater Manchester. These places are being shared across the sexual health clinics in our region. Virgin Care Bury genitourinary (GU) clinic will be partaking in this national trial (start date tbc by national trial team). Clinic attendees aged 16 and over considered to be at high risk of acquiring HIV will be eligible to participate in the trial. Heterosexual, transgender individuals and gay men will be clinically risk-assessed and those at high risk offered PrEP. [Link to Impact trial.](#)

## **Chlamydia**

*Chlamydia trachomatis* is one of the most common sexually transmitted infections (STIs) in the UK. It's a bacterial infection passed on from one person to another through unprotected sex (sex without a condom).

The PHOF includes an indicator to assess progress in controlling chlamydia in sexually active young adults. This recommends local areas achieve an annual chlamydia detection rate of at least 2,300 per 100,000 15-24 year old resident population, to detect and treat sufficient asymptomatic infections to effect a decrease in incidence.

The chlamydia detection rate reflects both screening coverage levels and the proportion of tests that are positive at all testing sites, including primary care, sexual and reproductive health and specialist sexual health services. Areas achieving or above the 2,300 detection rate should aim to sustain or increase, with areas achieving below it aiming to increase their rate.

Bury currently has a chlamydia detection rate of 1,862 per 100,000, which is significantly below the target goal of  $\geq 2,300$ . However it appears to be following the national trend and is currently at a similar rate, but much lower than the GM rate of 2,207 per 100,000.

Bury is currently part of a GM framework contract for STI screening for young people (U25's). Manchester FT deliver this service and it is known as 'R U Clear'. This includes online testing kits, postal kits and treatment, initiation training for community or healthcare staff, treatment pathways,

safeguarding, partner notification, and follow up. Bury Council are billed at tariff on a 'pay as you go' basis.

In addition, chlamydia screening is offered through the Virgin Care ISHS. It is also offered by GP practices and pharmacies.

Bury Public health has recently worked with Public Health England and all the local providers delivering or promoting chlamydia screening; to explore the reasons behind the low detection rate. One such finding was that the rate is adequate for females U25 (2,856 per 100,000) but very low for males (923 per 100,000). Our partner notification rate is 61% offered testing; compared to a standard of 97% and national audit of 94%. In particular it is noted that GP practices who use internal chlamydia testing processes cannot discuss or treat non-patients. However partners have a 60% positivity rate when tested.

An action plan is being produced by the main ISHS provider (Virgin Care) and this involves elements such as staff training, primary care signpost to screening service (GP and pharmacy), re-design of partner notification and treatment pathway, and re-testing protocols.

### **Teenage pregnancy**

The U18's conception rate has been falling in Bury and has more than halved in the last ten years; currently the rate is 23.8 per 1,000 females aged 15-17; which is lower than the regional and GM rate, but higher than the England rate of 20.8.

## **4. SERVICE UPDATES**

### **Integrated Sexual Health Service (ISHS)**

Since 2013 the responsibilities for commissioning sexual and reproductive health services are split over three key groups of organisations [see table 1 below]: Local Authorities, Clinical Commissioning Groups, and NHS England (known locally as GM Health & Social Care Partnership). Local Authorities are mandated to provide confidential, open access STI testing and treatment services and contraception services, including free supply of any STI treatment and reasonable access to all methods of contraception.

The Integrated Sexual Health Service (ISHS) provides both GUM (genito-urinary medicine) and contraception and sexual health services (CaSH) in the community, commissioned by Bury Council, through funding held in the Public Health budget. In 2015 the service was re-procured in a collaboration with Oldham and Rochdale councils (Rochdale council are co-ordinating commissioner). Virgin Care were awarded the contract on Jan 1st 2016, Brook was subcontracted by Virgin Care to provide the young

person's SH support services (up to 25 years). The service went live in Bury on 29th Feb 2016.

The integrated service Hub is located in the centre of Bury, within Townside Primary Care Centre, which offers walk in clinics and bookable appointments including evening sessions. There is one spoke clinic; a weekly walk in clinic offered at Radcliffe Primary Care Centre in an evening. (Previous spokes held in Whitefield and Prestwich were underutilised by patients, with high DNA rates. After a review by public health both spokes were closed early 2017).

In 2016 Virgin Care launched the ORBISH virtual Hub. One of the overarching aims of the Hub is to reduce people's reliance on physically visiting services, and promote an increase in access to self-care and computer based triage and risk assessment.

Service users can now access one national website [www.thesexualhealthhub.co.uk](http://www.thesexualhealthhub.co.uk) for all sexual health & wellbeing information including videos, FAQs, quizzes, easy-read formats etc. Service pages provide local information including where to find clinics with opening and walk-in times, where to get urgent help and emergency contraception, how to get free tests and condoms, and signposting to support groups in the area.

Service users can now book new appointments and amend existing appointments online, enabling them to self-serve 24/7 (90% of appointments are available online). There are reminders for; appointments, repeat testing, contraception expiry, medication adherence. There is also a 'text to cancel' element which is contributing to reducing DNA rates.

Home testing kits for STI and HIV can be ordered online (there are safeguarding triggers and U15's would need to attend a clinic in person, but they would be a priority patient). Clients can also call out of hours (24 hours a day Mon-Fri) for appointment bookings, advice and signposting.

Virgin Care record approximately 10,000 activity episodes for Bury residents every year. Bury Public health receive key performance reports every quarter, and attend a quarterly performance meeting, chaired by lead commissioner Rochdale MBC. The service is compliant with the majority of KPI's set by commissioners, where they are not performing there is an improvement plan in place; often these are changes to a pathway, or a training or data quality issue.

The service has a Health Equity Audit and Outreach plan in development; this will highlight any inequity and inequalities, the service will then be required to produce an action plan to show how they intend to engage with any groups that are experiencing inequalities or the service is not reaching.

A CQC visit in 2017 to Bury ISHS (as part of Virgin Health Care) rated the service 'Good' overall, including 'outstanding' in leadership. [Link to CQC Report](#)

Brook are performance managed by Virgin Care, however Bury PH do receive KPI's, updates and Case Studies from Brook through Virgin Care. Bury PH do meet directly with Brook to discuss opportunities in Bury. Brook deliver the Condom Distribution Scheme in Bury with a CDS card scheme. Brook work with Phoenix Team, Young mums group, schools, colleges, pupil referral centres and youth services to ensure that they can engage with young people, including the most vulnerable.

## **Prevention Services**

There is continued investment in preventative services that support a reduction in STI levels. It is also essential to recognise groups that, for a variety of reasons, find that their choices around sexual health are subject to additional pressures and influences. These groups include people involved in sex work, or who are exchanging sex for housing, food or drugs. They can also include people who have particular cultural beliefs regarding sex and sexuality. These groups are extremely diverse with similarly diverse needs, and in many cases, we are still learning about these needs and how best to meet them.

Bury public health recently co-commissioned 'Passionate About Sexual Health' (PASH) <https://gmpash.org.uk> sexual health improvement programme, provided by an alliance of Black Health Agency, LGBT Foundation and George House Trust. The locality-specific action plan for Bury is awaited for 2018. This will include targeted work around early identification in populations at highest risk of HIV and STI infection – for example the MSM and transgender populations, BME and new and emerging communities. Point of Care testing will be offered in community settings.

To further reduce the percentage of late HIV diagnosis PH will be working with the sexual health service providers in Bury and the GM sexual health system reform agenda, to promote early diagnosis through primary and secondary care. Part of this will be around identifying indicator conditions where HIV testing should be considered, the new emerging locality care models will be an opportunity to embed this locally.

## **MASH- sex workers**

Bury public health contributes a small amount of funding towards the role of a sexual health nurse employed by Manchester Action on Street Health (MASH) to provide outreach to Sex workers in the massage parlours in Bury. The full MASH Manchester led Sex worker contract has a holistic approach which includes tackling substance misuse, mental health, housing support etc. The intention with this element of the wider contract

is that MASH will work with Virgin Care to provide support in their outreach service to this cohort of our population.

## **Primary Care**

Long-acting reversible contraception (LARC) methods are much more effective at preventing pregnancy than other hormonal methods (NICE CG30, 2014). Local Authorities have the responsibility to commission contraception (where not provided under the NHS GP contract) including LARC- implants and intrauterine contraception, known as 'coils'. Where this is provided outside of Sexual health Services in Bury, it is a PH Locally Commissioned Service (LCS). 24 of the 31 GP practices in Bury are signed up to deliver LARCs in 2017/18. Bury's total prescribed LARC rate in 2016 PHOF indicators (excluding injections) is 50.1 per 1,000; higher than the regional or England rate and is the highest rate in GM.

Emergency Hormonal Contraception (EHC- known as the 'morning after pill') is also provided by Pharmacies, and is also a PH LCS. 17 pharmacies across the borough have signed up and delivered the EHC service in 2017/18.

## **Tottington Sexual Health Service**

Within the GP contract for Tottington Medical practice (TMP) there is funding from NHSE for the provider to deliver a small sexual health service. A review by public health in 2016 found the service was efficient, flexible and accessible borough wide with referrals accepted from Bury ISHS, self-referrals and other GP's.

There are 1719 patients registered at the practice as 'contraception only', although the practice will see approx. 170 patients per year. TMP offer LARC fitting for patients wanting to access this service from a general practice setting, who would not be able to access it through their own practice (a mapping exercise found two surgeries in the North of Bury that do not offer LARC).

In addition, the higher numbers of procedures in TMP for both TMP and non-TMP patients within the service, means that the provider is able to offer training opportunities for other primary care clinicians in Bury. Bury public health recommended that this service continue to be funded by NHSE.

## **OoA GUM**

All local authorities have a mandated responsibility for commissioning Sexual Health Services. On occasion, the residents of one authority will access Sexual Health Services in the area of another- for instance those who live near boundaries or who choose to visit venues closer to work or place of study, or simply patient choice.

Greater Manchester commissioners of sexual health services at the 10 local authorities have reached a net cross charging agreement for both CaSH and GUM out of area (OOA) attendances. Previously, only GUM attendances were reimbursed. All GM authorities have agreed to cooperate to meet the objective of ensuring that Sexual Health Services are accessible and free at the point of delivery.

A new GM attendance fee is being introduced, to pay for any GM OOA attendance. This will be a single figure per attendance (£65) and will not differentiate between GU and CASH attendances (Current local tariff for CASH is £45 and national tariff for GUM is £140).

Recharges within GM are done on a commissioner to commissioner basis, based on start of year estimates of likely usage. Annual end of year reconciliations will be carried out to ensure that activity is in line with budgeted spend. Bury PH has signed up for the CASH element but due to contracted commitments within the ISHS, will likely be able to commence with this new arrangement for GUM in April 2019.

National tariff for GUM will continue to apply to people attending services out of Greater Manchester. This is an identified pressure on the Public Health budget.

## **5. FUTURE PLANS AND PRIORITIES**

Bury PH has been part of the GM Sexual Health Network for a number of years. There are currently a number of system changes across GM affecting healthcare and public health, in particular the emergence of Local Care Organisations, and Integrated Commissioning Organisations. Work will need to be done in Bury to consider how the local community offer can best meet the local population's needs in relation to sexual and reproductive health.

The emerging developments in Bury, and the work on primary care standards across GM, gives us an opportunity to engage primary care (and particularly general practices and pharmacies) with sexual and reproductive health in a way that has never before been possible. There is variation in primary care provision within the borough. This is particularly evident in the provision of reproductive health services. Improving the quality and consistency of this offer will improve pathways through the system and will better meet patient expectations and outcomes.

As previously mentioned, the responsibilities for commissioning sexual and reproductive health services nationally are split over three key groups of organisations: Local Authorities, Clinical Commissioning Groups, and NHS England. Greater Manchester has an ambition to create a unified public health system to support local place-based working. This will

ensure that services are commissioned at the right spatial level. Where appropriate this will include approaches such as:

- Pooling budgets and commissioning together on a GM footprint in order to extend good practice and achieve economies of scale
- Standard commissioning specifications for commissioning at borough levels to ensure consistency of approach
- Working on a cluster of local areas in order to commission more specialist services effectively.

**Table 1; Sexual Health Commissioning Responsibilities from April 2013**

<b>Local Authorities commission:-</b>	<b>Clinical Commissioning Groups commission:-</b>	<b>NHSE/ GMHSCP commission:-</b>
<p>comprehensive sexual health services, including:</p> <ul style="list-style-type: none"> <li>• Contraception, including LESs (implants) and NESs (intrauterine contraception) – but excluding contraception provided as an additional service under the GP contract)</li> <li>• STI testing and treatment, including post-exposure prophylaxis after sexual exposure, chlamydia screening as part of the National Chlamydia Screening Programme and HIV testing)</li> <li>• sexual health aspects of psychosexual counselling</li> <li>• Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies</li> </ul>	<p>fully integrated and comprehensive termination of pregnancy services</p> <p>sterilisation</p> <p>vasectomy</p>	<p>contraception provided as an additional service under the GP contract</p> <p>HIV treatment and care</p> <p>promotion of opportunistic testing and treatment for STIs and patient requested testing by GPs</p>