



Oldham
Council

Report to Health Scrutiny Committee

Integrated Sexual Health Service - Update

Portfolio Holder:

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Purpose of the Report

To update to the Health Scrutiny Committee on the progress made the Integrated Sexual Health Service, delivered by HCRG Care Group, during the first 9 months of the new contract, as requested by the committee in January 2022.

Executive Summary

Oldham, Rochdale and Bury Councils (ORB) collaboratively commission the provision of a high quality Integrated Sexual Health Service (ISHS) to support better population health and meet our mandated responsibilities for open access sexual health services.

HCRG Care Group provide Oldham, Rochdale and Bury Integrated Sexual Health Service (ORBISH) and commenced delivery of the new contract, with revised specification, on 1 April 2022.

Representatives from HCRG Care Group have been invited to attend the committee meeting to present an update on progress made by the service during its first year of the current contract.

Recommendations

Health Scrutiny Committee are asked to consider the progress made by the Integrated Sexual Health Service, delivered by HCRG Care Group, and note the highlights and challenges of the last 9 months.

Integrated Sexual Health Service - Update

1 Context

- 1.1. Good sexual health is important to individuals, but it is also a key public health issue. Sexual ill health and poor sexual wellbeing are strongly linked to deprivation and health inequalities and present significant costs to society as well as to the individual. Sexual and reproductive health is not just about preventing disease or infection. It also means promoting good sexual health in a wider context, including relationships, sexuality and sexual rights. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations.
- 1.2. Improving the sexual health of the population remains a public health priority. The consequences of poor sexual health include:
 - unplanned pregnancies and abortions
 - psychological consequences, including from sexual coercion and abuse
 - poor educational, social and economic opportunities for teenage parents and their children
 - HIV transmission
 - cervical and other genital cancers
 - hepatitis, chronic liver disease and liver cancer
 - recurrent genital herpes
 - recurrent genital warts
 - pelvic inflammatory disease, which can cause ectopic pregnancies and infertility
 - poorer maternity outcomes for mother and baby
- 1.3. Local authorities are mandated to commission and fund comprehensive, open-access HIV/STI testing services; STI treatment services (excluding HIV treatment); and contraception services for the benefit of all persons of all ages who present in their area. Integrated Sexual Health Services (ISHS) include contraception and sexual health [CASH, also known as family planning] and genito-urinary services [GUM].
- 1.4. Commissioners based within Local Authorities work in partnership through the Greater Manchester Sexual Health Network (GMSHN) to plan, procure and develop sexual and reproductive health provision. Commissioners within the local authorities link to counterparts within NHS England in relation to HIV treatment and care and NHS GM Integrated Care and Oldham Integrated Commissioning Partnership in relation to the provision of related reproductive health provision (e.g. permanent methods of contraception) and abortion services.
- 1.5. The Greater Manchester (GM) Sexual Health Strategy's vision is to improve sexual health knowledge, provide accessible sexual health services, improve sexual health outcomes and achieve HIV eradication in a generation. The ten local authorities of Greater Manchester have taken a collaborative approach to the commissioning of integrated sexual and reproductive health services in order to maintain consistent sexual health provision across all of GM whilst reducing the costs of providing sexual and reproductive health services and minimising the risk of unanticipated or increasing spend. The local authorities, working in clusters and on a phased basis, have procured a number of integrated sexual and reproductive health services for Greater Manchester. Our services operate on an open-access basis and offer the full range of sexual and reproductive healthcare provision.

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- 1.6. Integrated Sexual Health Services contribute to several key public health outcomes including reducing STIs, reducing unwanted pregnancies, and reducing repeat abortions.

2. Background

- 2.1. Oldham, Rochdale and Bury Councils have a collaborative vision to improve the sexual health and wellbeing of the people living in our localities. We aim to achieve this by commissioning an innovative prevention-orientated integrated sexual health service which can lead the local health care system in responding to the changing sexual health needs of our residents. The service will be responsible for improving population health outcomes by building an open culture where everyone is able to make informed and responsible choices about relationships and sex. The service will also support efforts to tackle health inequalities locally by ensuring targeted provision for those individuals who are most at risk of sexual health related harm or poorer sexual health outcomes.
- 2.2. As such, Oldham, Rochdale and Bury Councils collaboratively commissioned the provision of an Integrated Sexual Health Service. The rationale for the collaborative commissioning arrangement is to standardise quality of care across the localities as well as managing costs associated with the process by reducing duplication and avoiding unnecessary expense. The cluster arrangement between Oldham, Rochdale and Bury has worked well to date and there have been significant benefits to collaboratively commissioning the service for the three boroughs. The locality footprints and demographics are such that the population health needs are similar across the cluster. The service has also benefited from reduced overheads and management costs and has been able to provide a more flexible service in response to staffing pressures or other service needs.
- 2.3. The new Integrated Sexual Health Service commenced delivery on 1 April 2022, following a comprehensive tender exercise and successful completion of due diligence, contract negotiations and service mobilisation. The Oldham, Rochdale and Bury Integrated Sexual Health Service (known as ORBISH) is delivered by HCRG Care Group (previously known as Virgin Care Services Limited). The contract term is for a period of five years up to the end of 31 March 2027. There is an option to extend the contract for up to a further five years, up to 10 years in total until 31 March 2032. Overall contract value is £3,710,000 per annum (contribution from Oldham Council = £1,292,000 p.a. for Year 1 increasing to £1,337,000 from Year 2 onwards) equating to £18,550,000 (£6,460,000 from Oldham) over the initial 5-year term, or up to £37,100,000 (£12,920,000 from Oldham) should the full 10 years duration be taken.
- 2.4. As part of the Oldham Integrated Sexual Health Service, HCRG Care Group provide the following:
- Contraception, including Long Acting Reversible Contraception (LARC – commonly known as coils and implants) and Emergency Contraception (IUD and contraceptive pills)
 - Pregnancy testing
 - Support and referral for termination of pregnancy
 - Distribution of condoms and lube (including free online ordering for postal delivery)
 - Screening and treatment for sexually transmitted infections (STIs), including HIV
 - Partner notification
 - Express and postal testing
 - HIV Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP/PEPSE)
 - Clinical and non-clinical outreach
 - Psycho-sexual counselling and support, including support with erectile dysfunction (appointment only – referral from GP required)
 - Support and onward referral for sexual assault, rape and abuse

2.5 The Integrated Sexual Health Service contributes towards achieving the following outcomes:

1. Reducing the number of unintended conceptions among women of all ages
2. Reducing the number of under-18 conceptions
3. Reducing the number of abortions and repeat abortions among women of all ages
4. Increasing the proportion of abortions performed under 10 weeks
5. Reducing the prevalence of undiagnosed STIs including HIV
6. Controlling the transmission of STIs including HIV
7. Reducing the proportion of residents diagnosed with HIV at a late stage of infection
8. Increasing the proportion of residents vaccinated against Hepatitis B.
9. Narrowing of inequalities in sexual health between people of different age groups.
10. Narrowing of inequalities in sexual health between at-risk groups (e.g. men who have sex with men, trans and non-binary people, people from Black African communities etc.) and the general population.

The service supports delivery against the indicators relating to sexual health in the Public Health Outcomes Frameworks, which are currently as follows:

C01: Health Improvement: Total prescribed LARC, excluding injections rates

C02: Health Improvement: Under-18 conceptions rates

D02a: Health Protection: Chlamydia diagnoses (15-24 year olds)

D02b: Health Protection: New STI Diagnoses (excluding chlamydia aged <25)

D07: Health Protection: People presenting with HIV at a late stage of infection.

2.5. An overview of the procurement of the Integrated Sexual Health Service, including the delivery model and anticipated outcomes, was presented to Health Scrutiny Committee in January 2021, following completion of the tender exercise and prior to the start of the contract term. Health Scrutiny Committee requested an update on the new enhanced Integrated Sexual Health Service offer for their consideration in 12 months' time.

3. Progress to date

- 3.1. HCRG Care Group have had a positive first year to date as the provider of Oldham, Rochdale and Bury's Integrated Sexual Health Service. They have provided free and confidential sexual health services in Oldham, Rochdale and Bury, including information and advice on all types of contraception and STI testing and treatment. The service is confidential, non-judgmental and for people of all ages, genders and orientations.
- 3.2. The service has delivered over 5000 clinical appointments for Oldham residents since April 2022. This figure is lower than the same period in 2019 (pre-COVID) but reflects the reduction in walk-in activity for the majority of the year (due to faculty guidance and COVID restrictions for sexual health services). Walk-in activity has now resumed (since September 2022), however, there has been a shift to more online activity (which is reflective of behaviour change following the pandemic) and this has been bolstered by the enhanced digital offer provided by HCRG as part of the new contract. Over 4500 Oldham residents have completed and returned postal STI sample kits during the period which equates to an annual figure of approximately 6000 patients using this function – an increase of 119% compared to pre-COVID levels. There have been 900 dispensations via the new online condom offer and over 250 residents have accessed the new online Emergency Hormonal Contraception offer with two thirds of those also requesting pregnancy testing and almost a third taking up the offer of bridging oral contraception. As with face to face provision, all online offers are free for patients to access.

3.3. As part of the new contract, a number of additional elements have been included in the specification for the service:

- 3.3.1. **System Leadership:** HCRG Care Group, as a local system leader, has overall responsibility for improving Sexual and Reproductive Health outcomes at a population level through its role as the local system leader, bringing together professionals and organisations from across Oldham, Rochdale and Bury to achieve improvements in sexual health and wellbeing. The service has been doing this by:
- Developing and coordinating effective pathways for people accessing SRH care, ensuring these are streamlined across community and specialist services
 - Providing expert clinical governance, advice and consultation for professionals working across all the local organisations that play a role in improving sexual health and wellbeing
 - Building capacity in the local multidisciplinary sexual health workforce through the provision and facilitation of training and continuous professional development (CPD) activities
 - Coordinating and active participating in strategic, operational and professional networks across Oldham, Rochdale and Bury and Greater Manchester

HCRG Care Group, in collaboration with Public Health, hosted a series of stakeholder engagement events across Oldham, Rochdale and Bury to engage allied professionals involved in sexual and reproductive health from across the system, including school nursing, primary care, pharmacy, community providers, mental health and substance misuse services.

At the Oldham event, on 2 December 2022, an overview of the local and national context, Oldham's sexual and reproductive health profile, key local priorities, and the integrated sexual health service offer was provided. Throughout, strong emphasis was placed on the need to collaborate and move beyond organisational boundaries, taking a whole-system approach to address the key challenges and fragmentation across the system. A number of innovative showcases from local, regional and national providers were shared to highlight the value of collaboration and system leadership and share good practice.

Roundtable discussions were held to explore the barriers to good sexual health, resources and assets needed to progress the sector, and what good looks like and allow stakeholders to consider local priorities and ways we can work together to improve the services and outcomes. Key themes that emerged from the roundtable discussions included: advancing the prioritisation of sexual health, raising awareness of sexual health provision, education, connecting the sector, building workforce capacity and skills, and accessibility. The themes raised are aligned to the those highlighted in the Sexual Health Needs Assessment (2019) and reflect those identified in other engagement events held in Rochdale and Bury events. In addition, to the roundtables, participants were also given the opportunity to share their visions for Oldham and the contributions they will make to achieve them.

The Stakeholder Engagement events have been pre-cursors to the establishment of a Sexual Health Strategic Partnership which will be a collective alliance of stakeholders and local representatives and will have a primary role to provide strategic leadership to improve sexual health outcomes for the populations of Oldham, Rochdale and Bury, reduce health inequalities experienced by some communities and promote good sexual health. There will be an associated strategic action plan which will be co-produced with a focus on actions relating to prevention, awareness, inequalities, workforce development and commissioning and a number of associated task and finish working groups focusing on key projects.

3.3.2. **Priority Groups and Targeted Interventions:** HCRG Care Group have taken steps to address the needs of marginalised, vulnerable and at-risk groups. This includes establishing links with local networks, working alongside other local providers to strengthen the support offer for these communities and delivering targeted sessions aimed to improve sexual health outcomes in specific communities who may be at higher risk of poor sexual health outcomes or sexual health related harm. This includes targeted provision for the following:

- Young people
- LGBTQ+ residents
- Sex Workers
- Those with special educational needs and disabilities
- Homeless people
- Residents participating in casual sexual encounters
- Men who have sex with men
- Asylum seekers
- Specific ethnic minorities that are evidenced to be at higher risk of STIs and/or poorer sexual health outcomes
- Older people who are sexually active, including those who are still working and who may also be ending previous long-term relationships and entering into new ones
- Black and other ethnic minority populations

3.3.3. **Outreach provision (clinical and non-clinical):** HCRG Care Group have developed an assertive clinical outreach function to address the more complex sexual health needs of the most vulnerable, marginalised and socially disengaged people in our communities. This includes providing clinical outreach, via their 'clinic in a bag' model, to LGBTQ+ people, sex workers and ethnic minorities that are evidenced to be at higher risk of STIs and/or poorer sexual health outcomes from the start of the new contract. It is intended that the model will be further developed to support vulnerable adults, including people who are homeless, people with disabilities (including learning disabilities) and other higher risk groups. Clinical outreach workers deliver universal and targeted sexual health interventions in community settings, and also:

- Address the more complex sexual health needs of the most vulnerable and hard to reach people in Oldham, Bury and Rochdale
- Target hot spot areas and settings within ORB where there are known to be poor sexual health outcomes in the population or in accessing sexual health services
- Provide fast-track sexual health services for vulnerable people
- Facilitate vulnerable people to access sexual health and sexual health related services across primary, secondary and specialist services for more complex STI, GUM and contraception needs
- Increase access to Long Acting Reversible Contraception (LARC) fitting for residents, particularly younger women under 25 years old
- Address safeguarding issues within client groups
- Provide an effective method for confidential communication with vulnerable groups
- Engage with existing services and provision in the community to build on the work and resources of partners
- To develop and implement appropriate and effective cross agency pathways and referrals relating to sexual health.
- Provide advice, support, and information for residents and partner agencies.

The Provider also offers a non-clinical outreach function as part of the service which is flexible in order to respond to local intelligence and changing circumstances. This is targeted at those most at risk of poor sexual health to contribute to a reduction in health inequalities and comprises of proactive robust prevention interventions, such as information provision or education, marketing and advertising, and outreach to support

people to develop the knowledge and skills to prevent poor sexual health and, therefore, reduce demand for reproductive and sexual health services.

- 3.3.4. **Primary care LARC offer:** The provision of contraception is widely recognised as a highly cost-effective public health intervention. This is because it reduces the number of unplanned pregnancies which bear high social, wellbeing and financial costs to individuals, the health service and to the state. Methods of contraception can be broadly divided into two groups - Long acting reversible contraception (LARCs) and User Dependent Methods (UDMs). LARCs are the most cost-effective method of contraception according to NICE, and they are also clinically effective as they are not reliant on daily compliance. Local authorities are mandated to commission LARCs which are provided through GPs and sexual health clinics, this encompasses implants and IUDs. In addition to the LARC offer available as part of the ISHS, Oldham Council currently commission individual GP practices to deliver LARC. However, ISHS is achieving better outcomes around LARC provision than Primary Care locally and it was determined that the ISHS Provider would work developmentally with Primary Care to support the provision of LARC, and other SRH provision in Primary Care Networks. This includes a training and development offer to build workforce capacity for LARC fitters in Primary Care and commissioning of GP Practices/PCNs to deliver LARC.

HCRG Care Group are currently developing their model to assume responsibility for the commissioning of Primary Care LARC from April 2023, subject to consideration and approval by commissioners. However, a lot of progress has been made by the provider to date in the development of the Primary Care LARC offer. This has included meeting with local GP practices and PCNs to provide an overview of the Oldham Integrated Sexual Health Service including digital, clinical, young people's provision and the role of the Strategic Lead in supporting the development of LARC provision in Primary Care. A referral template to support care navigation and active signposting has been developed and will be embedded in to practice systems. As workforce development will play a key role in strengthening the LARC offer via Primary Care, a mapping exercise has been undertaken using an audit tool to determine current provision and workforce development needs and a training and support package and pathway has been developed in collaboration with Organon and Bayer. To support this, HCRG Care Group has appointed a Practice Educator, a lead nurse within the service who will support local primary care in the development of their LARC training competencies. Quarterly LARC Fitters Forums have also been introduced in Oldham which will give colleagues from across the system the opportunity to share good practice and provide peer support.

- 3.3.5. **Digital and Remote Services** – Accessing appointments can be a barrier for people using sexual health services. For those that work, look after children or have limited access to transport, flexibility and choice is critical. For some people, privacy and anonymity greatly influence their decisions about which services they access. And unfortunately, there is still a level of embarrassment and stigma around accessing sexual health services, which can lead to mental health issues and isolation and have a detrimental effect on whether a person accesses appropriate and timely treatment and support and how they manage any conditions. Findings from the 2019 Sexual Health Needs Assessment showed that the most popular source of sexual health information is online sites and, therefore, it is important that our service provides factual, accurate and easily accessible information online as digital access to information, advice and guidance and sexual health services play an integral role in enabling people to manage their sexual health. Innovation in service delivery such as online or tele-consultations for HIV and hepatitis, STI and blood-borne virus (BBV) self-sampling kits, and access to postal or 'click and collect' offers around condoms, oral and emergency hormonal contraception and STI treatments has happened at pace, as a result of the COVID-19 pandemic. Therefore, the new specification for the service includes a greater emphasis on the Digital and Remote offer, taking learning from COVID plus building on best practice and scoping

work undertaken by GM in 2019/20 around a Sexual and Reproductive Health digital offer, which included engagement with service users, residents and professionals.

Digital service developments that have taken place during 2022, as part of the Oldham, Rochdale and Bury Integrated Sexual Health Service Offer, have included the introduction of the following:

- Online Emergency Hormonal Contraception, oral bridging contraception and pregnancy testing
- Online condoms and lube – Oldham residents register online and condoms are posted to home address (or other address provided)
- Chat Text Service – test service for Under 18s developed (go live 24 January 2023)
- Video Consultations
- Automated SMS results system, improving test turnaround times and result notification times
- Automated partner notification system

- 3.4. Representatives from HCRG Care Group will attend the Health Scrutiny Committee Meeting to provide a summary presentation on progress during their first year of the contract to date, including performance data and their contributions towards improved health outcomes for Oldham residents, as well as how they have contributed towards tackling health inequalities locally. They will provide an overview of the highlights and challenges of the last 9 months as well as proposed next steps for the next part of the contract term.

4. Key Issues for Health Scrutiny to Discuss

- 4.1. Health Scrutiny Committee is asked to consider the Integrated Sexual Health Service offer delivered by HCRG Care Group and how it aims to reduce health inequalities, improve population health outcomes and build an open culture where everyone is able to make informed and responsible choices about relationships and sex.

5. Key Questions for Health Scrutiny to Consider

- 5.1. Health Scrutiny Committee is asked to consider the update on the first 9 months of delivery of the Integrated Sexual Health Service, including relevant performance management information and contributions towards health outcomes made by the service as part of their new 5-year contract (potentially up to 10-year contract, if all options to extend are enacted).

6. Links to Corporate Outcomes

- 6.1. The Integrated Sexual Health Service, as with all Public Health commissioned services, fully supports the delivery of Corporate Plan objectives of residents first, place-based working, digitisation and a preventative approach. The commissioning of the service and the award of the contract to HCRG Care Group (previously Virgin Care Group) is consistent with the commitment within the Oldham Plan to take a person and community centred approach, that places prevention at the heart of our emerging new model of delivery.

7. Consultation

- 7.1. A comprehensive consultation process was undertaken as part of the development of the specification and included engagement with residents and the market, as well as key stakeholders. This included the development of a comprehensive Sexual Health Needs Assessment.

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- 7.2. An Equality and Diversity Impact Assessment has been completed prior to the tender exercise taking place. A copy is available on request.
- 7.3. Regular mobilisation meetings as part of the implementation of the new contract, regular transformation meetings to provide updates on the new elements of service delivery and quarterly formal contract and performance monitoring meetings have taken place between the Provider and Commissioners throughout the first year of the contract, to date. This has included consideration of service user engagement and feedback. The Director of Public Health, in her capacity as statutory officer, and the Cabinet Member for Health and Social Care have been appropriately briefed regarding progress and performance.

8. Appendices

- 8.1 None