Sexual Health Stakeholder Briefing: Recommissioning of the Integrated Sexual Health Service
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1. Purpose and Recommendations

This stakeholder briefing paper provides an overview of the Public Health recommissioning plan for an Integrated Sexual Health Service (ISHS) for Nottingham and Nottinghamshire to be delivered by March 2024. It outlines early themes for development of a new service model and identifies opportunities for partners in Nottingham City and Nottinghamshire County to engage and shape this service development.

Recommendations:

- Note the ISHS recommissioning objectives, delivery timescales, proposed vision and principles, and priority areas for service model development.
- Feedback any considerations, opportunities or potential impacts the sexual health recommissioning programme may have for your population, organisation or locality.
- Identify key contacts best placed to contribute to the further development of the ISHS service model for your locality by attending a workshop in November or one-to-one conversations.
- Receive a further briefing on the draft service model before the end of the calendar year.

2. Background and context

2.1 Why good sexual health matters.

The World Health Organisation (WHO) defines sexual health[1] as a state of physical, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction or infirmity. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

The WHO defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people can have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Some groups within the population are disproportionately affected and experience worse sexual health including men who have sex with men, young people, black and minority ethnic groups, and people living in socio-economically deprived areas. They often experience additional stigma, discrimination and obstacles in accessing services which can further impact their sexual health[2].

The consequences of poor sexual health are preventable and include unplanned pregnancies, infections including HIV, cervical and other genital cancers, pelvic inflammatory disease and infertility, psychological consequences, stigma, and poorer educational, social

[1] Sexual health (who.int) current working definition of sexual health (accessed 31.8.22)

[2] Nottinghamshire JSNA Sexual Health and HIV (2019) Sexual Health and HIV (2019) - Nottinghamshire Insight accessed 31.8.22

and economic opportunities. There are notable inequalities in access and outcomes in relation to SRH which must be addressed if meaningful improvements in population outcomes are to be achieved[3].

2.2 The existing commissioning landscape

From April 2013, Local Authorities have been mandated to provide open access, comprehensive (STI testing and treatment and contraception advice and provision) sexual health services with no restriction on residency or age[4].

The existing Integrated Sexual Health Service (ISHS) is commissioned by Public Health in Nottinghamshire County and Nottingham City Councils, with the contract due to end on 31st March 2024. However commissioning responsibilities for wider provision relevant to sexual health are spread across several organisations, including the Integrated Commissioning Board and NHS England as summarised in Appendix 1 below.

An overview of the current ISHS model and provision is available in Appendix 2.

3. Strategic Intent – The Aims & Objectives of the Recommissioning Programme.

Our aim, through our recommissioning programme, is to secure the provision of open access, comprehensive sexual health services which meet the current and future sexual health needs of all our population, whilst addressing avoidable health inequalities. Subject to public consultation and elected member approval, we will commission an ISHS to be delivered from April 2024 onwards.

Progress against our objectives, and timelines for delivery are outlined in Table 1 below.

Table 1. Sexual health recommissioning objectives and milestones

Objective	Complete by	Progress
Evidence-based review of population need including health needs assessment, service review, and engagement with service users and service providers	June 2022	Complete
Identify key areas for improvement or transformation within ISHS, taking account of wider policy context, e.g. integration, levelling up, national sexual health strategy.	November 2022	Ongoing
Identify opportunities for collaborative working with other sexual health commissioners.	November 2022	Ongoing
Gain stakeholder and resident views to inform ISHS service model development	November 2022	Ongoing
Develop shared vision and principles for sexual health provision encompassing all partners involved in sexual health	November 2022	Ongoing

[3] PHE and ADPH (undated) What Good Sexual Health, Reproductive Health and HIV provision looks like (accessed 31.8.22)

[4] Department of Health (2013) A framework for sexual health improvement in England

Develop sexual health service model in collaboration with Sexual Health Strategic Advisory Group (SHSAG) and wider partners	November 2022	Ongoing
Formal consultation on commissioning intentions and service model	January 2023	Yet to commence
Developing service specification	March 2023	Yet to commence
Finalise commissioning mechanism and budget	March 2023	Yet to commence
Commissioning / Tender process	May-Sept 2023	Yet to commence
Mobilisation phase	Oct 23 - March 24	Yet to commence
Start of new contract live	1st April 2024	

Engagement with partners and stakeholders will include:

- Targeted focus groups with population across the life course, those who are known to experience poorer sexual health outcomes, or greater need.
- A Sexual Health Strategic Advisory Group (SHSAG) composed of clinicians, allied professionals, sexual health specialist providers, meets monthly to provide expert input into model development.
- Briefing of Place Based Partnerships in Nottingham & Nottinghamshire.
- Briefing the Local Medical Committee / consulting with a group of GPs that review commissioning plans
- Briefing the Local Pharmaceutical Committee
- Hosting in person workshops / engagement events for professionals across city and county in November.

4. Development of a new service model.

4.1 Vision & principles

Based on work undertaken to date including engagement, review of policy and evidence and health needs assessment, the proposed vision for sexual health in Nottingham and Nottinghamshire is:

> *"People in Nottingham and Nottinghamshire can make informed, positive choices about their reproductive and sexual health at every stage of their lives, and have the opportunity to live a pleasurable and healthy sexual and reproductive life, free from coercion, discrimination and violence".*

We have set out proposed principles for all partners involved in the delivery of improved sexual health outcomes for Nottingham and Nottinghamshire, and our ambitions for the ISHS to deliver on these principles, in Table 2.

Table 2 Sexual Health Principles, and Ambitions for the Integrated Sexual Health Service

	Principles **Partners across the system work to:**	**Ambitions** **The Integrated Sexual Health Service:**
1	Address health inequities	Improve sexual health outcomes, prioritising those at higher risk of poor sexual health.
2	Focus on outcomes rather than activity	Can identify and evaluate the health outcomes it achieves and for whom, and continuously learns and improves. The ISHS can demonstrate sexual health outcomes relating to prevention and education as well as diagnosis and treatment.
3	Prioritise prevention	Proactively promotes good sexual health and positive relationships, focusing on those most at risk of poor sexual health and enabling healthy behaviour change.
4	Provide active leadership to shape the sexual health system	Leads development and maintenance of collaborative partnerships and training/development of the workforce to drive improvement in sexual health provision and outcomes.
5	Actively involve residents	Places people at the centre of the care that is provided, and in co-designing, co-producing and evaluating the service. Commissioners, providers and community groups work together to establish and embed co-production processes.
6	Work collaboratively	Works with partner agencies to identify and respond to changing community and population needs and emerging issues to improve patient pathways and experiences.
7	Improve sexual health at all ages	Provides care, support and advice which is free, open access, confidential and enables people to access services in the way that is most effective for them and improves their health and wellbeing.
8	Ensure quality and value-for-money	Delivers services that are effective, safe, responsive, innovative, evidence-based and provide a good return on investment.

4.3 Priority areas for development

The basic elements of the current service model (Appendix 2) are viewed as effective in delivering improved sexual health outcomes for our population. We expect to retain integrated contraception and STI services offering levels 1 to 3 provision (as defined in the national service specification), configured as a hub and spoke model (including “spoke” sites in the community). We anticipate that services currently separately commissioned by public health (including PrEP and online STI testing) will be more closely integrated.

Locally commissioned public health services (primary care and community pharmacy contraception provision) are not in scope for the current recommissioning programme, but are recognised as important considerations in the design/development of the ISHS service.

From our analysis and engagement to date, we have identified priority themes where further development would strengthen delivery and respond to the changed landscape post-covid (Table 3).

Table 3. Priority Themes for Service Development

Priority	Description	Key partners
System integration	Elements of sexual health provision are commissioned by a range of commissioners across the local Integrated Care Board, leading to some fragmentation of pathways and provision. It will be important to ensure flexibility for future collaborative commissioning and/or integrated provision (for example, women’s health hubs).	ICB & NHSEI commissioners
Health promotion & prevention	Sexual health promotion is currently delivered by three ISHS providers in three geographies and has a budget which is ringfenced from clinical services. This is part of a wider landscape which includes Relationships and Sex Education in schools and free condoms for young people via the C-card scheme. In recommissioning, we aim to ensure clear, consistent universal and targeted approaches which are joined-up with wider sexual health promotion activity.	SH services Voluntary and community sector
Outreach & reducing inequalities.	There are inequalities in sexual health outcomes and in access to services. Focusing on groups at the highest risk of poor outcomes can help to reduce this. Some outreach is undertaken by ISHS in partnership with other organisations, and some is commissioned separately. As for health promotion, a clear and consistent approach across the whole geography is the goal for recommissioning.	SH services Voluntary and community sector
Service configuration & access	The service is currently provided by 3 providers within Nottingham & Nottinghamshire. These services operate separately, with separate routes of access. Consideration will be given to whether a more streamlined experience for service users could be achieved.	Service users SHSAG

Digital & online service offers	The pandemic has driven demand for alternative routes for service access, and growth in an entirely online offer of STI testing and contraceptive provision. This is currently commissioned by PH separately from the ISHS. The availability and sophistication of "one front door" online service booking options has also developed significantly. There was support for online booking and access in a resident survey, but face-to-face remained most popular for appointments, suggesting a "blended" approach may be the preferred option.	SH services Online service providers
Workforce development & training	ISHS provision requires the recruitment, retention, supervision, training, and development of a specialist workforce. An effective wider offer of sexual health provision beyond the ISHS also requires training of providers within the healthcare system, e.g. training on fitting of long-acting reversible contraceptives by GP practices.	HEE Midlands SH services
Contraception	There has been a long-term trend of increasing demand for long-acting reversible contraception in ISHS services. This and other routine contraceptive needs can displace more specialist clinical activity. Opportunities for new approaches will be considered.	SH services Primary care Pharmacy

Further to the above Local Authority Public Health recommissioning programme there is national indication that many NHS England Specialised Commissioning services will move to the ICB pending a national readiness assessment. This proposal includes the commissioning of HIV treatment and care service moving to the ICB from April 2023[5]. How these commissioning functions align and work closely will need to be considerer further going forwards.

If you would like to discuss the recommissioning of an Integrated Sexual Health Service in Nottingham and Nottinghamshire further, then please contact:

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Nottingham City: zara.hammond@nottinghamcity.gov.uk

[5] NHS England » NHS England commissioning functions for delegation to Integrated Care Systems

Appendix 1 Sexual health provision across the commissioner landscape

Public Health LA	Integrated Commissioning Board	NHS England
In scope of recommissioning round for 2024 Integrated Sexual Health Service including • Sexually Transmitted Infections test and treatment. • HIV testing and consultation/ assessment of eligibility for Pre-Exposure Prophylaxis (PrEP). Drug costs funded by NHS England. • Provision of full range of contraception • Health promotion and outreach to high-risk groups. • Sexual health aspects of psychosexual counselling • Digital and online provision of STI testing **Other sexual health services being taken into account in recommissioning process** Locally Commissioned Public Health Services including • Long-acting reversible contraception (LARC) in primary care • Emergency Hormonal Contraception in community pharmacy • Provision of a wider range of sexual health services in community pharmacy • Provision of free condoms for young people C card scheme (City) **Out of scope for review and commissioning** Provision of services in schools e.g. RSE TECC team (commissioned by Children's PH team) C card condom scheme (County)	• Abortion services (and contraception in abortion pathways) • Gynaecology, including any use of contraception for non-contraceptive purposes, e.g. heavy menstrual bleeding • Permanent contraception i.e. vasectomy and sterilisation • Non-sexual-health elements of psychosexual health services • HIV testing in CCG commissioned services such as A&E	• HIV treatment and care (including drug costs of PrEP and PEP) • Cervical screening via GP • Opportunistic cervical screening in Integrated Sexual Health Services • HPV vaccination programme • Sexual assault referral centres • Sexual health needs of prisoners • NHS Infectious Diseases in Pregnancy Screening Programme including antenatal screening for HIV, syphilis, hepatitis B Primary care: • Routine contraception (user dependant methods) under the GP contract • STI testing and treatment under GP contract when clinically indicated or requested

Appendix 2

Current service model and overview of ISHS provision. NB provision of PrEP via ISHS and provision of on line STI testing exists across city and county but is not illustrated in either model.

Figure 1 provides a visual illustration of the Integrated Sexual Health Service model

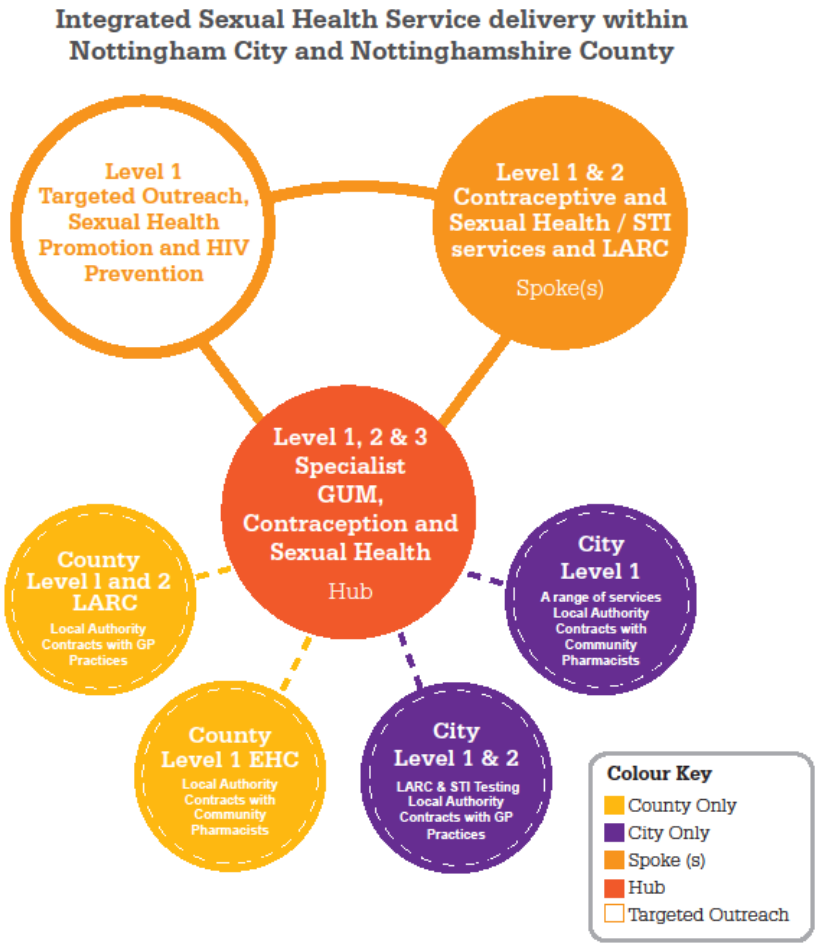
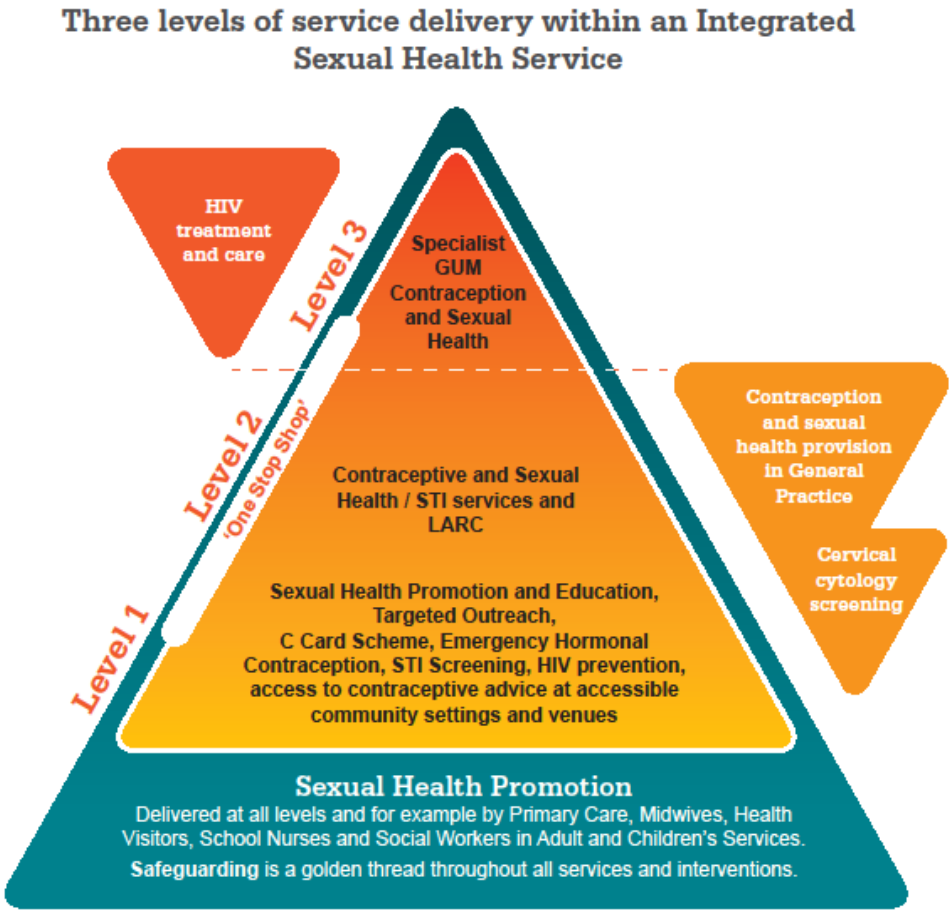


Figure 2 provides a visual illustration of the three levels of service delivery within the ISHS across Nottingham City and Nottinghamshire County.



The Provider will deliver the service in accordance with the Level 1, 2 and 3 Service Model for sexual health service provision[6]. The Provider will deliver an integrated service which must include the following elements: Self-Managed Care, Basic and Intermediate Care (Level 1 and 2), and Complex (Level 3) Service Provision as detailed below.

Basic and Intermediate Care (Level 1 and 2)

This will include:

- Provision to patients of information about services which is made available within clinics and waiting areas
- Full sexual history taking and risk assessment (all practitioners)[7]
- Uncomplicated contact tracing/partner notification

[6] Department of Health (2001).The National Strategy for Sexual Health and HIV) http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003133

[7] Full sexual history taking and risk assessment should include brief interventions as part of harm reduction techniques with high risk individuals to reduce STIs, HIV and under 18 conceptions. Where agreed locally, brief interventions for problematic drug and alcohol use should be covered with onward referrals to local services as appropriate. Questions regarding intimate partner violence may also be considered where appropriate.

- Treatment and partner notification of STIs
- Partner notification for HIV
- Pregnancy testing and onward referral
- Supply of male and female condoms and lubricant
- Registration and pick up points for the Nottingham City and Nottinghamshire County C-Card Schemes
- All methods of oral emergency contraception and the intrauterine device for emergency contraception[8]
- First prescription and continuing supply of combined hormonal contraception (combined and progestogen only) including oral, transdermal, transvaginal methods of delivery and a choice of products within each category where these exist
- First prescription and continuing supply of injectable contraception
- IUD/IUS and IUD/IUS uncomplicated insertion, follow up and removal
- Diaphragm fitting and follow-up
- Contraception in peri-menopause *(this does not fall within local authority* commissioning responsibilities, a contract variation will be put in place to remove this once alternative arrangements have been *made)*
- Contraception for non-Contraceptive purposes *(*this does not fall within local authority commissioning responsibilities, and within Nottingham City a contract variation will be considered in order to remove this should alternative arrangements be made. This will be monitored in year 1 of the contract.)
- Uncomplicated contraceptive implant insertion, follow up and removal
- Assessment and referral for difficult implant removal
- Advice and information about natural family planning
- Signposting and information to antenatal care
- Pre-pregnancy advice
- Direct referral for abortion care and to support self-referral
- Advice on gynaecological conditions
- Opportunistic cervical cytology for seldom seen groups as per NHS England Cervical Cytology service specification. *(*This is included on behalf of NHS England as the responsible commissioner with local arrangements to be agreed).
- Referral for colposcopy *(*this does not fall within local authority commissioning responsibilities, a contract variation will be put in place to remove this once alternative arrangements have been made)
- Referral for male and female sterilisation
- Assessment and onward referral for sexual assault/abuse (all practitioners), following NICE PH50 guidance: Domestic violence and abuse -how services can respond effectively
- Assessment and advice for psychosexual issues, and referral to GP if further assessment is indicated
- Assessment and referral for alcohol and substance misuse
- Referral for specialist advice and care where Female Genital Mutilation (FGM) is identified
- Primary management of menstrual disorders where contraception is the primary reason, with referrals for complex cases as appropriate
- STI testing and treatment of symptomatic but uncomplicated infections in men (except MSM)[9] and women excluding:

[8] Faculty of Sexual and Reproductive Healthcare (2011) Clinical Guidance Emergency Contraception August 2011(Updated January 2012)

[9] The testing and management of men who have sex with men (MSM) has been defined as an element of care at Level 3 as the majority of infections in this group are in the rectum and/or pharynx rather than the urethra (with prevalence in a GUM clinic sample found to be 20%

    - Men with dysuria and/or genital discharge
    - Symptoms at extra-genital sites e.g. rectal or pharyngeal
    - Pregnant women (except women with uncomplicated infections requesting abortion)
    - Genital ulceration other than uncomplicated genital herpes
- Chlamydia screening for sexually active under 25 year olds, who attend the ISHS, according to the National Chlamydia Screening Programme guidance
- Case Management of uncomplicated chlamydia and gonorrhoea
- Asymptomatic screening for men and women for chlamydia, gonorrhoea, syphilis and HIV
- Coordination and oversight of training in sexual and reproductive health and genito-urinary medicine
- Dedicated Health Advisers to provide structured 1-2-1 sessions (in accordance with NICE guidelines) to individuals at high risk of STIs structured on the basis of behaviour change theories, in order to reduce sexual risk-taking and improve self-efficacy and motivation
- Provide Point of Care HIV testing where clinically appropriate
- Initiation of Post Exposure Prophylaxis with referral to Level 3 for on-going management of HIV
- Promotion and delivery of Hepatitis A and B vaccination, with a particular focus on key target groups
- Hepatitis C testing, discussion and referral (with referral pathways in place)
- Management of first episode uncomplicated vaginal discharge (low risk)
- Management of contacts of gonorrhoea and *Trichomonas Vaginalis (*TV), excluding symptomatic men
- Assessment and treatment of genital ulceration with appropriate referral pathways for those at high risk of syphilis/ Lymph granuloma Venereum (LGV)
- Identification and referral of sexual assault cases
- Holistic sexual health care for young people including child protection / safeguarding assessment and referral where necessary
- Outreach services for STI prevention and contraception[10]
- Dispensing of treatments to clients free of charge
- Management of problems with contraceptives including hormonal contraceptives
- Urgent and routine referral pathways to and from related specialties (general practice, urology, A&E, gynaecology) should be clearly defined. These may include general medicine /infectious diseases for inpatient HIV care
- Urgent and routine referral pathways to and from social care in accordance with Nottingham City and Nottinghamshire Safeguarding Children Boards procedures
- Regular audit against national guidelines
- Coordination of clinical governance.

Complex (Level 3) Service Provision in addition to Levels 1 and 2

The only Service Users to be referred into the Hub will be complex Service Users with complex sexual health needs. For example:

vs 7% respectively for gonorrhoea, and 10% vs 5% for chlamydia). Therefore, adequate testing requires access to NAATs, and gonorrhoea cultures from extra-genital sites. No NAATs are approved for use on extra-genital samples, so these should only be used in liaison with the local microbiologists and culture is often not feasible in Level 2 services because it requires immediate transport of samples to the laboratory. However, for the management of asymptomatic MSM there may be exceptions in Level 2 services which have the full range of investigations available and the necessary clinical and prevention skills.

[10]Outreach defined as a service provided outside a (hospital or community) clinical setting that is flexibly tailored to specific local needs and that is reviewed on a regular basis.

- Management of complex contraceptive needs including UK Medical Eligibility Criteria (UKMEC)[11]
- Management of sexual health aspects of psychosexual dysfunction
- Management of complicated / recurrent STIs (including tropical STIs) with or without symptoms
- Management of STIs in pregnant women (except women with uncomplicated infections requesting abortion)
- Management of HIV partner notification[12]
- Provision and follow up of post-exposure prophylaxis after sexual exposure to HIV
- Specialist contraception services e.g. IUD / IUS problem clinics, difficult implant removal etc. with appropriate diagnostic services (for example, ultrasound) to support this
- Interface with specialised HIV treatment services as commissioned by NHS England
- Genital dermatology.

The Hub will coordinate the provision of:

- Sexual health telephone advice to other health and social care providers in Nottingham City and Nottinghamshire South County
- Advice on aspects of sexual and reproductive healthcare provision to staff in general practices, pharmacies and VCS.

Self-Managed Care

- The Provider will ensure Service Users of all ages are able to access health information that is clear, accurate and up-to-date, at a range of venues, for example, libraries, and a range of formats (for example, paper and web-based information) the following without the need to see a healthcare practitioner, although support must be available if needed including: generic information on pregnancy, STIs including HIV prevention / safer sex advice
- Signposting to on-line technology to support self-care via tools around contraception choices and STI information
- The full range of contraceptive methods and where these are available
- Health Promotion and primary prevention initiatives to improve overall sexual health to the community
- Male and female condoms and lubricant through the C-Card pathway
- Pregnancy testing kits.

[11]UK Medical Eligibility Criteria and Contraceptive Use, FSRH 2009 (updated 2010) https://www.fsrh.org/standards-and-guidance/documents/ukmec-2016/

[12] Cross reference: NAT (National AIDS Trust (2012). HIV Partner Notification: A Missed Opportunity? (http://www.nat.org.uk/media/Files/Publications/May-2012-HIV-Partner-Notification.pdf)