

Leicestershire & Rutland Sexual Health Strategies – Year two progress report

Background

The Leicestershire Sexual Health Strategy 2016-2019 (available at <http://www.lsr-online.org/sexual-health-joint-strategic-ne.html>) was agreed by Leicestershire County Council Cabinet on 19th April 2016 and Rutland Sexual Health Strategy 2016-2019 by Rutland County Council Cabinet on 21st June 2016 (available at <https://www.rutland.gov.uk/pdf/Rutland%20Sexual%20Health%20Strategy%20v0.3.pdf>).

The strategies have been prepared to outline the vision and strategic approach of sexual health services across the sexual health commissioning system for the three year period. 2018/19 is the final year of the strategy.

The overall aim of the strategies is to empower the Leicestershire & Rutland population to have informed, positive relationships that result in reduced rates of unplanned pregnancy and sexually transmitted infections (STIs) including HIV.

The strategic priorities in the strategy represent the objectives of this implementation plan, being:

1. A co-ordinated approach to sexual health commissioning and partnership work
2. Develop a highly skilled local workforce
3. Coordinated, consistent sexual health communications
4. Support schools to deliver high quality relationships and sex education (RSE)
5. Increase links between sexual violence prevention and sexual health services.
6. Increase access to sexual health improvement and HIV prevention to at-risk groups
7. Strengthen the role of primary care (GPs)
8. Utilise new technologies to support sexual health delivery

Progress to date and future proposals

The table in Appendix 1 summarises actions undertaken during year two of the strategies. The actions are RAG rated to indicate progress against the year one plan.

There has been good progress across the majority of the strategic priority themes. The priority work area was re-procurement of the Integrated Sexual Health Service (ISHS) across Leicester, Leicestershire and Rutland. This was a resource intensive process for partners and has been delivered to tender stage in the agreed timescales for year two of the strategy. Other achievements include:

- Commissioning of intrauterine systems (IUS) for gynaecological purposes from community based services in Leicestershire and Rutland, under section 75 agreements between Leicestershire County Council and ELRCCG and WLCCG and Rutland County Council and ELRCCG.
- Sustaining of commissioning of support for young parents.
- Development of sexual health communications group and plans.

- Procurement of Relationships and Sex Education (RSE) training and support for schools, colleges and parents.

There has been delay in relation to detailed consideration of the sexual health training needs assessment report and in health and social care providers considering needs of HIV positive people living with HIV as a long term condition, primarily due to staff capacity issues. There have also been delays in delivery of a range of actions which were dependent on the implementation of a new IT system for the ISHS. Phase 1 of the IT implementation plan was completed in November 2017 and phase 2 is anticipated early in 2018/19. Issues associated with these delays have been closely monitored via contract management processes by the commissioners of the ISHS.

Proposed actions for year three are described in the final column of the table. These proposals are for consideration by partners at the Sexual Health Strategy Implementation Board and Sexual Health Strategy Commissioner Board to finalise tasks, timeframes and leads.

Project Benefits & Outcomes

The overall outcomes of the LCR Sexual Health Strategies include;

- Reduced incidence of sexually transmitted infections (including HIV)
- Reduced numbers of unplanned pregnancies, in particular those aged under 18 years and women who have had repeat abortions
- Reduced sexual health complications including pelvic inflammatory disease, infertility, cervical cancer, blood borne viruses, poorer treatment outcomes of late diagnosis HIV or late abortion, and poorer health and social outcomes for parents and children in relation to unplanned pregnancies etc.

The LCR Sexual Health Strategies detail outcomes and benefits to be realised during the lifespan of the project and also beyond. These are contained within the Project Implementation Document (PID) which is available on request. Progress to date supports realisation of the outcomes and benefits of the strategy at this stage. In addition, sexual health dashboards are produced and reviewed quarterly to monitor progress of 31 sexual health related indicators.

Risk Log

Risks associated with the Sexual Health Strategy have been considered and actions to mitigate risk identified. Risk scores were set at the onset of the strategy implementation plan and are reviewed quarterly. The highest risk remains that of reduction to sexual health budgets across the commissioning system. Other key risks relate to prevention work reduction across agencies, the impact of other strategic priorities (e.g. STP, EHAP) diverting resources from the sexual health priorities and Non Local Authority sexual health contracts not performing against appropriate performance indicators. There is particular concern in relation to termination of pregnancy (TOP) services, however continued delays in publication of national guidance and service specification has been a major factor in delaying progress in this area. A new risk identified in April 2017 related to IT systems in the ISHS being unable to support compliance with national and local data sets.

Implementation of a new IT system has been a major area of work for the ISHS provider and is approaching resolution with Phase 1 fully implemented and Phase 2 in progress. This has reduced the risk score.

Appendix 1: Summary of Phase 2 progress (April 2017-March 2018)

Action	Task	Year 2 Progress (April 2017 to March 2018: RAG rated key achievements & successes in this period)	key activity, milestones & challenges for Year 3 Plan (April 2018 to March 2019)
1. Co-ordinated Approach to Sexual Health Commissioning and Partnership Work			
1.1. Set up bi-annual sexual health commissioners meeting	Continue meetings and complete annual review Terms of Reference.	Meetings held 8 June 2017 and 10 January 2018. TOR reviewed. Future meeting dates set.	Review membership and determine future of meeting beyond March 2019.
1.2. Identify commissioning arrangements for menorrhagia with County CCGs with i) General Practice Community based services (CBS) and ii) ISHS	Approval of Schedule for IUS fitting for gynae purposes and incorporate into Leics & Rutland's s75 agreement Papers.	<p>Schedule included in Leicestershire BCF s75 agreement, as approved by ELRCCG and WLCCG. (12/12/17)</p> <p>Schedule included in Rutland overarching s75 agreement as approved by ELRCCG . (28/19/17)</p> <p>Leicester City s75 agreement now incorporates schedule for IUS fitting for Gynaecological purposes.</p>	Complete.
	Revised CBS IUD/S & SDI specifications	<p>LCR CBS contractors advised that delivery of IUS for gynaecological purposes approved and delivery commencing from 1 January 2018.</p> <p>Leicester City to determine appropriated contracting arrangements as relevant to locality.</p>	Complete for LCR

	Revised CBS activity system and invoicing approach	CBS claims and audit process developed to enable commissioned service for gynae/menorrhagia to commence once s75 agreement in place.	Monitoring of CBS activity and implement of recharging for CBS activity and prescribing costs to relevant CCG.
	Review potential for contract variation for ISHS provision	Provision of IUS for gynae included in specification for ISHS. Tender process underway.	Provider of new ISHS specification to be determined May 2018. Implementation from January 2019. Consideration of potential to initiate from current ISHS provider.
1.3. Map psychosexual service pathways and identify service for those with a mental health needs	Gain City CCG agreement to mapped referral pathways	Feedback from ISHS indicates that referral option isn't able to meet client needs in relation to sex addiction. Further work required to clarify	Clarify appropriate referral pathways and disseminate pathways to stakeholders.
	Communicate pathways to specialist service and GPs	Awaiting clarification prior to dissemination.	
1.4. Explore termination of pregnancy (TOP) commissioning model including	CCGs to take reports to relevant CCG boards for further consideration.	Public Health has provided relevant information to TOP commissioners for UHL and BPAS services delivered for residents of LLR. National abortion service specification and guidance for commissioners is in development by PHE/DH. The publication date has been delayed on a number of occasions and is now expected early in 2018/19. The guidance is a key driver for commissioners and therefore further action has not been possible until the guidance is available.	Cascade information to CCG TOP commissioner's once national specification and guidance published to support local implementation and service improvement.
i) Central booking system	Explore opportunities to be part of Phase 2 of BCT planned care work stream		
ii) Consistent service across all providers (including long term contraception and STI & HIV testing)			

iii) Local services for after 12 weeks			
1.5. Embed chlamydia screening within mainstream services	Work with commissioners to explore opportunities to embed chlamydia testing, particularly for 15-24 year olds into prison healthcare, antenatal & maternity and abortion services.	Chlamydia screening offer in abortion services to be incorporated in 1.4 above.	Make contact with commissioner leads for antenatal, maternity and prisons re: chlamydia screening & potentially wider STI/HIV testing as relevant (e.g. HIV testing in prisons).
1.6. Consider longer term approach to cervical cytology	Work with NHSE to link Cervical cytology into the sexual health service re-procurement process.	Requirement included within re-procured service specification for ISHS provider to work with NHSE to provide opportunistic cervical screening and routine cervical screening via dedicated clinics where appropriate.	Tender offer due May 2018. Requirement for provider to work with NHSE to be monitored as part of mobilisation plan.
1.7. RUTLAND ONLY- Explore local tariff with Peterborough specialist service	Action closed – Year 1		No further action required.
1.8. RUTLAND ONLY- consider the sexual health commissioning opportunities of the community prevention and wellness service	Action closed – year 1		No further action required.

1.9. Review commissioning link between sexual health and substance misuse service	Chemsex working group to be established and plan developed.	Chemsex working group established: LA commissioners, Turning Point (TP), ISHS and Trade. Three meetings held. Survey undertaken to gain insight to local need. Further focus group work to be undertaken to explore potential interventions/resources that may be acceptable to clients. Training plan developed. Reciprocal training in progress between Trade & TP.	Delivery of training plan. Insight report to be considered to determine further action as appropriate.
1.10. RUTLAND ONLY- review the sexual health of the Rutland Barracks population	Ensure sexual health is incorporated into the Rutland Barracks health needs assessment	PH trainee has started the HNA Feb 2017. Delay in completion due to capacity limitation.	Completion of HNA
1.11 Work to embed approaches to support young parents	<p>Review Leicestershire Teenage pregnancy event feedback and locality group workshop plans. Develop Leicestershire actions as appropriate.</p> <p>Ensure key work streams eg TBAG meetings are picked up and accounted for</p>	Report detailing outcome of event 27/3/17 including proposals for action, taken to District Health Leads Meetings. Discussions established roles and responsibilities for Public Health and Districts. Agreement in place for Children's Centres to co-ordinate TBAG meeting from April 2017, with review scheduled for year end. Baby Box contract awarded to Centre for fun & families as interim whilst awaiting outcome of LLR 'Reaching Communities' bid for baby box scheme for wider cohort of parents. Annual Leicestershire young people's sexual health and TP event organised for 27 th April 2018 to engage with partners and develop action plans.	Review of commissioning arrangements for TBAG meetings and Baby Box contract. Follow up on feedback and actions from annual Leicestershire SH/TP event.
1.12 Recommissioning of ISHS from January 2019	Gain LA agreement for commissioning model (LLR)	Commissioning model and delivery model agreed across all three LAs. Consultation and soft market	Evaluation of bids and tender award. Mobilisation plans to be

	Establish project plan for tendering of new service model across LLR for service to commence January 2019.	testing undertaken and final model agreed by Cabinets in Leicestershire CC and Rutland CC and by Executive for Leicester City. Tender documentation prepared and tender live from 12 February 2018. Bidders' information session held 22 February 2018. Tender submission closing date 26 March 2018. Plans to relocate of city hub site to city centre location progressed. Site identified in Haymarket shopping centre. Planning permission approved. Detailed plans to refurbish in progress.	developed and implementation monitored to establish new service model from 1 January 2019. Relocation of city hub to new site due by 1 January 2019.
2. Develop a Highly Skilled Local Workforce			
2.1. Complete sexual health training assessment	Complete sexual health training assessment report and identify training needs across LLR including recommendations to link to ISHS re-procurement.	Report delayed due to limited staff capacity. Information from task and finish group utilised to inform training elements of the service specification for the retendering of the ISHS. Report presented to SH strategy implementation group meeting March 2018 and further actions identified.	Development of sexual health training pathway document for primary care and other providers to identify training requirements, sources and costs for provision of different elements of sexual health services. Work with CCG training leads to cascade training information and seek support to improve access to training opportunities.
2.2. Identify funding opportunities for sexual health training			
2.3. Develop a tiered approach to sexual health training across LLR			
	Using results from mapping and training assessment develop tiered approach to sexual health training across LLR	Action not complete due to delayed report and limited capacity in Public Health teams.	

2.4. Procure C-card, for new service from August 2016	Completed year 1		Ongoing provision included as part of ISHS re-procurement.
3. Co-ordinated, Consistent Sexual Health Communications			
3.1. Revise current LLR sexual health communications group	Agree Terms of Reference and Membership	<p>Terms of reference and Membership agreed. SH communication plan agreed. Themed topic approach developed for detailed development of plan at bi-monthly meetings. Attendance benefitting from themed approach. Distribution list includes wide range of stakeholders. Group has enabled improved dissemination of information and campaign materials in relation to:</p> <ul style="list-style-type: none"> • HIV awareness (HIV Testing and World AIDS day) • Sexual Health Week • Christmas campaign 	
3.2. Develop sexual health communications plan	Develop strategic approach to sexual health communications across LLR with action plan.		
3.3. Implement sexual health communications	Implementation across the health system of		
Implementation of plan, to include re-procurement of ISHS and campaigns.			

plan	communications plan		
3.4. Improve sexual health service website	ISHS to further develop website to increase self- help - information, self-testing, and signposting to services including more access to online appointment booking.	Sexual Health website redeveloped, following consultation with service users and young people. New format went live September 2017. Improved online booking to be implemented as part of new IT system. Go live date to be confirmed.	Implementation of online booking system.
4. Support Schools to Deliver High Quality Relationships and Sex Education (RSE)			
4.1. Evaluate the impact of the RSE support offer across LCR	Completed – year 1		Action closed
4.2. Procure RSE support and training for schools, new service in place for January 2017	RFQ process to be completed for RSE procurement. PH to commission Speak easy train the trainer sessions for workers e.g. children’s centre, Foster care /LAC. Support schools to prepare for PSHE including SRE becoming a statutory subject from September 2019.	Procurement of RSE support & training completed for Leicestershire and Rutland. Training programme delivery commenced autumn term 2017 to deliver 14 courses over the academic year 2017/18. 7 courses have been held to date. Procurement completed for Speakeasy training programme to support parents. 1 accredited train the trainer course was attended by 7 delegates and 1 non-accredited course was attended by 11 practitioners. Accredited practitioners have now held 3 cascade training programme, two school parents and one for foster parents. A PSHE network co-ordinator role has been commissioned with termly meetings for primary	Delivery of RSE training contracts and evaluation to inform future delivery.

		and for secondary school PSHE co-ordinators. Two sessions of each have been held to date and have been well attended.	
5. Increase Links Between Sexual Violence Prevention and Sexual Health Services			
5.1. Review CSE training audit across sexual health services	Mechanism to audit the CSE/safeguarding training for all SH service providers to be incorporated into Leicestershire County Council & Rutland County Council contract management/quality framework processes for LCC/RCC commissioned services.	Leicestershire & Rutland Quality Assessment Framework (QAF) includes audit of policies and procedures relating to CSE/Safeguarding and assessing against national and local requirements for compliance. QAF visits also involve verification of compliance with local protocols and Safeguarding Boards. Induction/training plans are viewed to ensure that they include safeguarding and verification of completion to an appropriate level is obtained through staff interviews, questionnaires and viewing a sample of staff files. Any recommendations as a result of QAF visits will be compiled into an action plan for monitoring through contract management. There were 4 QAF visits undertaken to sexual health services in 2017/18. Quality audits were undertaken with a sample of GP and Pharmacy Community based services providers, including check of safeguarding policies, training requirements and records of training for staff.	Action closed.
5.2. Define the PH involvement in CSE agenda	Completed year 1		Action closed.

5.3. Define the PH involvement in FGM agenda			
5.4. Review opportunity for sexual health and sexual violence prevention services in sexual violence services (SARC, maternity etc.)	Review links established between sexual health and sexual violence, CSE, domestic violence, community safety and consider if other actions are required.	New nurse led forensic service commenced April 2017. SH training offered to SARC. New nurses have background in SHS. ISHS has links with SARC. SARC manager involved in communications group and presented CSE schools work at communications meeting in March 2018.	
6. Increase Access to Sexual Health Improvement and HIV Prevention to At- Risk Groups.			
6.1. Review commissioning and delivery protocols of online self-sampling and community HIV testing for at risk groups	Finalise clinical pathways for community point of care and testing.	Rapid (point of care) testing standard operating procedures approved by clinical lead. Quarterly HIV testing clinical governance meetings established by ISHS. These meetings to feed into clinical governance reporting by ISHS provider to commissioners.	Rapid (point of care) testing standard operating procedures to be approved by commissioners.

<p>6.2. Review outreach clinics across LLR from integrated sexual health service to target at risk groups. E.g. increasing access to clinical sexual health services for sex workers and men who have sex with men</p>	<p>Actions relating to current service completed – year 1</p> <p>Review to inform re-procurement of ISHS</p>	<p>ISHS activity analysis and modelling undertaken to inform model of service delivery for re-procured ISHS within reduced financial envelop, to commence from 1 January 2019.</p> <p>Consultation undertaken in relation to proposed clinic changes and model approved at Cabinets (Leicestershire CC and Rutland CC). Outreach focused on higher risk groups.</p> <p>Procurement underway – see 1.12.</p>	<p>Action closed</p>
<p>6.3. Considering the implications of PROUD study and pre-exposure prophylaxis (PrEP) to high risk groups (such as men who have sex with men and high numbers of sexual partners)</p>	<p>Respond to further information in relation to PrEP pilot scheme and link to future sexual health service commissioning.</p>	<p>ISHS participating in national pilot with consent of commissioners. The allocation for MSM is now fully utilised. As anticipated, take up for other categories of participant is low. Targeted promotion is being undertaken.</p>	<p>Review progress of pilot locally.</p>
<p>6.4. Regular equality impact assessment for all sexual health services</p>	<p>Review of SH strategy EHRIA to be completed in line with review of Strategy Phase 2 action plan.</p>	<p>EHRIA reviewed for Leicestershire and Rutland as part of ISHS re-procurement process.</p>	<p>Review of SH strategy EHRIA to be completed in line with final review of SH Strategies.</p>
<p>6.5. Consider the sexual health implications of changing patterns of legal & illegal substance use by men who have sex with</p>	<p>See 1.9</p>		<p>actions as in 1.8</p>

men locally			
6.6 Consider the health and social care needs of HIV positive people	Health and social care providers to consider future needs of HIV positive people living with HIV as a long term condition and develop/implement action plans as appropriate.	Area of work not undertaken due to limited capacity	Consider local need and service provision. Develop/implement action plans as appropriate.
7. Strengthen the Role of Primary Care			
7.1. More detailed LARC competency audit to confirm local and FSRH accreditation	Moved to business as usual.		Action closed.
7.3. SRH standard audit	Completed – year 1		Action closed.
7.4. Review the training needs of primary care	See 2.1-2.3		see 2.1 - 2.3
8. Utilise New Technologies to Support Sexual Health Delivery			
8.1. Develop an online risk assessed STI self-sampling service	Completed – Year 1. Chlamydia screening activity to be monitored by ISHS contract meetings & national reporting.		Action closed.

	ISHS to work to optimise partner notification and testing /treatment of partners.	Partner notification being delivered via HA team (ISHS). Phase 1 of the new EPR system went live November 2017. Phase 2, including setting up of lab links, was delayed due to challenges with IT systems external to the ISHS provider. Alternative methods of delivering lab links are being explored for implementation from May 2018.	Review partner notification data once available and develop/implement plan.
	Review of online STI self-sampling service pilot 2017 and determine options for 2018 sexual health service provision.	Pilot in February - December 2017 indicated acceptability of online access as a model. Targeted promotion assisted with increasing uptake for City residents. Uptake for Leicestershire and Rutland was good without promotional activity. Commissioning of online screening to continue for Leicester and Leicestershire in 2018. Shift to self-service including online access incorporated into delivery model for ISHS from January 2019 as part of re-procurement.	Action closed.
	Further explore options for specific groups to access self-sampling test kits.	ISHS able to procure smart kits as and when required. Offer of domiciliary service is in place. Plans for piloting of vending machines are in place.	Action closed.
8.2. Implementation of the community point of care and self-sampling HIV testing kits.	See 6.1.		see 6.1

<p>8.3. Review the integrated sexual health service model to see how technology could improve access and reduce infrastructure costs of the service (e.g. telephone consultations for less complex sexual health needs)</p>	<p>Pilot vending machine for condoms/pregnancy testing/STI self-sampling kits linked to sexual health service. To commence September 2017.</p>	<p>Delays in new IT system for ISHS have impacted on timescales to pilot vending machines.</p> <p>Vending machine is located at city hub site and is expected to be operational during summer 2018</p> <p>Sites agreed for two Leicestershire vending machines. Machines ordered and are having IT links installed ready for installation.</p>	<p>Installation of vending machines at Leicestershire sites. Monitoring of and evaluation of use after initial 6 month period.</p>
<p>8.4. Consider the use of social media, online dating sites etc. to engage service users, advertise services to specific groups and increase the effectiveness of partner notification</p>	<p>See 3.1-3.3</p>	<p></p>	<p>incorporate into plans for 3.1-3.3</p>

8.5. Review the clinical and cost effectiveness evidence of new sexual health interventions including emergency hormonal contraception, self-injectable contraception and pre-exposure prophylaxis for groups at very high risk of HIV	<p>EllaOne review recommendations to be considered and actions agreed. (Relevant commissioners)</p> <p>Implement into commissioning intentions/ service specifications.</p> <p>Self-injectable contraception PGD to be finalised & implemented.(ISHS)</p>	<p>Approval gained for use of EllaOne in place of Levonorgestrel for Leicestershire and Rutland Community Based Services Pharmacy contract for emergency hormonal contraception service.</p> <p>Levonorgestrel PGD reviewed as interim, incorporating changes to reflect double dose for higher BMI/weight and revised version cascaded to service providers in LLR.</p> <p>PGD for self-injectable contraception finalised by ISHS provider. Training planned to implement as contraceptive option.</p>	<p>Work with stakeholders to implement agreed changes to deliver EllaOne for Leicestershire & Rutland CBS Pharmacy providers.</p>
9. Project Management and Governance			
9.1 Establish and maintain project management and reporting mechanisms	<p>Review Terms of Reference (TOR) & continue SH strategy implementation Board meetings.</p>	<p>Two meetings held in 17/18. Two meetings cancelled due to low attendance. Progress reports undertaken via email.</p> <p>TOR reviewed.</p>	<p>Continue SH strategy implementation board meetings and revise membership as appropriate to work plan.</p>
10. Additional actions/emerging need			
10.1 Reduce late diagnosis HIV	<p>Late diagnosis HIV audit to be completed and recommendations reported to SH Strategy Commissioning Group.</p>	<p>Leicester City Public Health worked with HIV service (UHL) to initiate audit of new HIV patients to identify true late diagnosis & missed opportunities for diagnosis. Initial data indicates a number of late diagnoses due to</p>	<p>Late diagnosis HIV audit report to be completed and recommendations reported to SH Strategy Commissioning Group.</p>

<p>10.2 Improve HIV testing offer & uptake.</p>	<p>Review impact of sexual health service new IT system on HIV testing offer & uptake data reporting.</p>	<p>Introduction of new IT system in ISHS will improve reporting. Phase 1 of the IT system went live November 2017. There will be a time lag to see whether there is an impact on improved HIV testing offer & uptake in LLR.</p>	<p>Review impact of sexual health service new IT system on HIV testing offer & uptake data reporting.</p>
<p>10.3 Review trends in contraceptive use across Leicestershire & Rutland system. (Primary care and specialist sexual health services)</p>	<p>Analysis of primary care prescribing data, ISHS sexual & reproductive healthcare activity data (SRHAD) and national SRH reporting to identify local situation and trends in provision of contraceptive services.</p>	<p>Quarterly review of sexual health dashboard devised from national data sets indicated reducing provision of long-acting reversible contraception (LARC) in general practice and a gap in information relating to general contraceptive provision in primary care. The need for a more detailed needs analysis of contraception prescribing was therefore recommended.</p>	<p>Contraception needs assessment, including primary care prescribing, including recommendations for action, to be undertaken.</p>