

Leicestershire & Rutland Sexual Health Strategies – Year one progress report

1. 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.

1.2 Strategy Aims & Objectives

Aim:

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.

Objectives:

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

2. Year one progress and year two proposals.

The table in Appendix 1 summarises actions undertaken during year one 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. There has been delay in relation to completion of the sexual health training needs assessment and in developing a sexual health communications plan due to staff capacity issues. However, both of these areas of work are now making progress.

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

3. 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 in year one 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 29 sexual health related indicators. There are time lags in the reporting of these indicators and hence there will be delays in seeing any changes in outcome measures.

4. 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 capacity to lead work areas from Public Health and partners. The impact of other strategic priorities (e.g. STP, EHAP) diverting resources from the sexual health priorities is an increasing risk.

LCR Sexual Health Strategy - Summary of Phase 1 progress (April 2016- March 2017)			
Action	Task	Year 1 Progress to April 2017: RAG rated key achievements & successes in this period	key activity, milestones & challenges for Year 2 Plan
1. Co-ordinated Approach to Sexual Health Commissioning and Partnership Work			
1.1. Set up bi-annual sexual health commissioners meeting	Set up bi-annual meetings including agenda/ format	Meetings held 6/7/16 and 23/1/17. TOR agreed. Future meeting dates set.	Review TOR and continue meetings
1.2. Identify commissioning arrangements for menorrhagia with County CCGs with i) General Practice Community based services (CBS) and ii) ISHS	Explore section 256/75 agreement	CCG LLR CCB 10/16 agreed s75 mechanism to commission IUS for non-contraceptive purposes via Local Authority sexual health services & GP IUD/S contracts. LCR s75 schedule drafted & shared with CCG representatives for comment. Agreed principle to include schedule within LCC & RCC overarching s75 agreements.	Clarify which Leics & Rutland umbrella s75 agreement to be used & timescales. Papers to WLCCG & EL&R CCG, Leicestershire CC & Rutland CC Boards for approval of schedule. Delay in implementation due to delay in overarching s75 revision.
	Revised CBS IUD/S & SDI specifications	LCR CBS tender in progress, incorporating wording to include non-contraceptive IUS fits subject to s75 agreement.	LCR CBS to confirm position once s75 in place. Contract variation for Integrated sexual health service to be drafted ready for s75 agreements.
	Revised CBS activity system and	CBS claims and audit process developed to enable commissioned service for gynae/menorrhagia to	awaiting s75 agreement to

	invoicing approach	commence once s75 agreement in place.	implement system.
1.3. Map psychosexual service pathways and identify service for those with a mental health needs	Explore current commissioning arrangements across all CCGs	Pathways mapped and options presented to LCR CCGs. Preference for referral to UHL services agreed.	Gain City CCG agreement. Document referral pathways from Sexual health service to UHL and share with stakeholders.
	Meeting with LPT and ISHS clinical leads		
	Identify provider for psychosexual problems with a mental health background i.e. sex addiction		
	Map pathways		
	Communicate pathways to specialist service and GPs	City CCG agreement required to enable pathways to be confirmed.	
1.4. Explore termination of pregnancy commissioning model including	Explore opportunities to be part of Phase 2 of BCT planned care work stream	Joint PH/CCG termination of pregnancy (TOP) paper presented at SH Commissioner meeting 23rd January 2017.	CCGs to take reports to relevant CCG boards for further consideration. Improving access to LARC in TOP and maternity services highlighted as a key cost effective intervention for the STP Prevention work stream. Potential business case may be needed to implement in maternity services. (CCG commissioning responsibility)
i) Central booking system			
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.	Information provided to CCG contract lead for TOP re: changes in LLR chlamydia screening model. CCG commissioning responsibility for STI screening within TOP detailed in paper presented at SH Commissioner meeting 23rd January 2017.	Consider options/commissioning responsibility for chlamydia screening for maternity, antenatal & prisons.
1.6. Consider longer term approach to cervical cytology	Review current and future commissioning of cervical cytology services.	NHS E have agreed service specification with SSOTP for delivery of cervical screening within ISHS. Staff training planned to prepare for commencement from August 2017.	Work with NHSE to link Cervical cytology into the sexual health service re-procurement process.
	Health equity audit/ consultation on access to cervical cytology (StR project?)		
1.7. RUTLAND ONLY- Explore local tariff with Peterborough specialist service	Review Rutland out of area attendances and costs	Out of area activity is charged at the same tariff price as local activity, therefore no advantage in progressing this further.	Action closed.
	Identify commissioning lead in Peterborough		
	Explore the need/ opportunities for a local tariff with Rutland		
1.8. RUTLAND ONLY- consider the sexual health commissioning opportunities of the	Consider if any elements of the sexual health budget would be better embedded into the community prevention and	Service specification includes c-card delivery. One community wellness service staff member attended training. Further staff to attend training	Action closed. Progress to be monitored via contract management.

community prevention and wellness service	wellness service	and implementation to commence	
1.9. Review commissioning link between sexual health and substance misuse service	Identify areas of sexual health and substance misuse commissioning and pathways to increase integration including links between Chemsex/ MSM	New substance misuse service provider, Turning Point has made operational links with Trade sexual health project and with SSOTP.	Opportunities for training SH/SM staff to be explored. Attendance at Chemsex East Midlands conference 26/4/17 by local commissioners & providers to explore emerging issue. Working group to be established and plan developed.
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	Completion of HNA
1.11 Work to embed approaches to support young parents	Meet with key service leads to ascertain their ongoing commitment	Agreement in place for Children's Centres to co-ordinate TBAG meeting from April 2017. 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 TP event 27/3/17 to engage with partners and develop locality plans.	Review Leicestershire Teenage pregnancy event feedback and locality group workshop plans. Develop Leicestershire actions as appropriate.
	Ensure key work streams eg TBAG meetings are picked up and accounted for		
	Develop a service spec and undertake an RFQ process to address outstanding gaps		

1.12 Recommissioning of ISHS from January 2019	Gain LA agreement for commissioning model (LLR)	Agreement secured from 3 LAs to commission across LLR. Work in progress to develop delivery model. Outline procurement timescales agreed.	Delivery model to be formally agreed within 3 LAs. Procurement lead to be decided & detailed milestones confirmed. Project team to implement plan.
	Develop commissioning plan		
	Milestones to be added		
2. Develop a Highly Skilled Local Workforce			
2.1. Complete sexual health training assessment	Set up sexual heath training task and finish group	SH Workforce meeting held 9/3/17. Focus on primary care & specialist sexual health clinical service delivery.	Primary care & specialist sexual health service workforce training needs assessment report produced including recommendations to link to ISHS re-procurement. Review wider workforce sexual health training needs as part of tiered approach to sexual health training.
	Link sexual health training in wider BCT training assessment	Contact made with BCT and GP Workforce Development Group to facilitate links with wider training needs assessments.	
	Complete sexual health training assessment and identify training needs across LLR.	Information gathering in progress	
2.2. Identify funding opportunities for sexual health training	Explore opportunities for funding sexual health training across LLR	Information gathering in progress	
2.3. Develop a tiered approach to sexual health training across LLR	Mapping of existing sexual health training	Information gathering in progress	
	Using results from mapping and training assessment develop tiered approach to sexual health		

	training across LLR		
2.4. Procure C-card, for new service from August 2016	Write service specification	Service procured and commenced from 1 August 2016. 88% sites now transitioned in Leics. 100% in Rutland. 226 trained to deliver. 18 new sites including pharmacy, leisure centre. Pregnancy testing site review deferred due to transition workload.	Review pregnancy testing element of service and agree implementation plan. Link findings to ISHS re-procurement.
	Specific Rutland considerations, LAC, support for parents, needs of the range of age groups and communities including LGBT.		
	Complete RFQ process		
	New service in place for August 2016		
3. Co-ordinated, Consistent Sexual Health Communications			
3.1. Revise current LLR sexual health communications group	Commissioner to chair meetings	Workshop held to identify approaches & priorities. Delay in next steps as awaiting recruitment of PH Programme Delivery Manager. Follow up meeting held 18/4/17 and next steps agreed.	TOR & action plan to be drafted and agreed.
	Review attendance		
	Revise terms of reference		
	Consider Rutland specific meeting/ links with Peterborough		
3.2. Develop sexual health communications plan	Develop strategic approach to sexual health communications across LLR		

	Confirm mechanisms for ongoing communication with partners as services are changing over the coming months		
3.3. Implement sexual health communications plan	Implementation across the health system of communications plan		
3.4. Improve sexual health service website	ISHS to review options for provision of SH website	Website improvements ongoing. Includes links between First Contact plus, Health for Teens, SARC, Turning Point. SSOTP held discussion with UHL re: ownership of website and awaiting costs. Ongoing updates and improvement in progress.	Further develop website to increase self- help - information, self-testing, and signposting to services.
	Website information and accessibility to continue to be improved, including more access to online appointment booking.		
4. Support Schools to Deliver High Quality Relationships and Sex Education (RSE)			
4.1. Evaluate the impact of the RSE support offer across LCR	Evaluate RSE support offer across schools including	Evaluation of RSE support completed. Future Public Health RSE offer defined, including support for primary & secondary schools, FE colleges via Healthy schools training & support package.	Action closed
	Data analysis of toolkit utilisation		
	Consultation with young people		
	StR to complete or commission externally		
4.2. Procure RSE support	Write service specification	Service specification drafted for RSE support &	RFQ process to be completed for

and training for schools, new service in place for January 2017	Specific considerations: Rutland, LAC, support for parents	training. Existing training is available to bridge the gap until new services procured. Discussion with partners underway to implement Speakeasy training programme to support parents. Interest from children's centre, LAC, foster care teams to undertake training.	RSE procurement. PH to commission Speak easy train the trainers 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.
	Ensure alignment with CSE school's work		
	Complete RFQ process		
	New service start January 2017		
5. Increase Links Between Sexual Violence Prevention and Sexual Health Services			
5.1. Review CSE training audit across sexual health services	Update CSE training audit for all sexual health services	Access to LLR safeguarding training has improved & no current issue for SSOTP.	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.
	Signpost any providers that are not up to date to relevant training/ link with contract managers		
5.2. Define the PH involvement in CSE agenda	Review national CSE guidance and compare to other areas	Paper taken to LCC PH DMT and recommendations agreed. CSE & FGM incorporated into 0-19 remit and Public Health RSE training offer. FGM is included in tier 3 safeguarding training and undertaken by specialist sexual health service.	Action closed.
	Develop recommendation paper for PH CSE approach and build sexual health actions into this action plan		
5.3. Define the PH involvement in FGM	Review national FGM guidance and compare to other areas		

agenda	Build sexual health actions into this action plan		
5.4. Review opportunity for sexual health and sexual violence prevention services in sexual violence services (SARC, maternity etc.)	Develop stronger links between sexual health and sexual violence, CSE, domestic violence, community safety partnerships (including impact on sex workers)	SH strategy presented at SV delivery group meeting 1/16. Agreed actions. Presentation by SARC manager at SH network event 6/3/17. SARC representation on SH communication group. Letter sent from DPH to NHSE re: assurances of systems in place. ISHS have offered training to new nurse led forensic service.	Review links established and consider if other actions are required.
	Identify opportunities for greater partnership working		
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	Monitor commissioning arrangements for PHE national service and local HIV prevention services	Contract monitoring systems in place. HIV community testing Clinical Governance meeting held quarterly.	HIV community testing pathways & protocols to be finalised.
	Develop clinical pathways for point of care and self-sampling tests		
6.2. Review outreach clinics across LLR from integrated sexual health	Meeting between commissioner and ISHS to look at clinic distribution-booked May 2016	Demand and capacity work completed by SSOTP. Proposals for changes to County hub opening times agreed by commissioners to enable	Action closed

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	Make changes to clinics/ outreach following meeting	increased capacity at city based hub, sustain activity at county spokes and start county outreach sessions for sex workers. Leicestershire sex worker outreach in place from beginning of February 2017. Activity being provided by ISH monthly KPI report. Changes in Loughborough hub opening times implemented & communicated to stakeholders.	
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)	Await national guidance regarding NHS England pilot	Judicial review outcome clarifies NHSE role in PrEP. LLR ISHS has submitted expression of interest in pilot scheme. LCC PH submitted business case relating to potential increase in demand due to PrEP.	Respond to further information in relation to pilot scheme and link to future sexual health service commissioning.
	Consider whether LLR would like to be a pilot area or not.		
	Await national guidance re Prep funding		
6.4. Regular equality impact assessment for all sexual health services	Annual equality impact assessments as part contract monitoring	Equality Impact Assessment completed by SSOTP to reflect changes agreed in ISHS (see 6.2 above.)	Review of SH strategy EHRIA to be completed in line with review of Strategy Phase 2 action plan.
	Regular review of Sexual health strategy EHRIA on a quarterly basis		
6.5. Consider the sexual health implications of changing patterns of legal & illegal substance use by	See 1.8		actions as in 1.8

men who have sex with 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.	planned for year 2	Action plan to be developed.
7. Strengthen the Role of Primary Care			
7.1. More detailed LARC competency audit to confirm local and FSRH accreditation	Collate all audits	LCR audits reviewed & responses sent to practitioners. (98 IUD/S & 98 SDI audits received from 60 practices) Audit summary reported at SH commissioner meeting 23/1/17. Revisions to audit for 2016/17 returns complete. 26 Local LoC recertification applications reviewed and local accreditation confirmed as appropriate.	Action closed. Move to business as usual.
	Complete audit		
	Send local accreditation certificates as necessary		
7.3. SRH standard audit	Audit to review why people are attending the ISHS for standard contraception queries	SRH standard audit completed & presented to LLR SH Commissioner Group 1/16. Findings used to inform future commissioning model and primary care training needs.	Action closed.
	Quantitative and qualitative elements		
	Communicate results to partners- Commissioners		

	meeting & clinical network		
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	Decommission opportunistic chlamydia screening except online platform (ISHS, GP & pharmacy)	LCR GP & Pharmacy chlamydia screening decommissioned from July 2016. New model for opportunistic chlamydia screening in place and communicated to stakeholders. Self-sampling online chlamydia tests available for 15-24s	Action closed. Chlamydia screening activity to be monitored by ISHS contract meetings & national reporting.
	ISHS to procure online screening service and pilot approach, including engagement with young people.		
	ISHS to ensure offer of chlamydia screen for 15-24 years in the main service and choices		
	ISHS to work to optimise partner notification and testing /treatment of partners.	Partner notification being delivered via HA team (ISHS). Currently unable to extract activity to monitor improvements. Awaiting the implementation of new EPR. The go live has been delayed until 1st July due to challenges migrating the data and getting lab links set up.	Review partner notification data and develop/implement plan.

	Implement online STI self - sampling service from January 2017 onwards, including local promotion to raise awareness of the service (section 3)	Pilot commenced in January 2017. Access via SHS website. Service being accessed, with reasonable return rate and detection rate. Data reviewed may 2017 and queries raised with provider.	Review of pilot 2017 and and determine options for 2018 sexual health service provision.
	Establish route for accessing 'online' chlamydia screening kit for specific groups who may not easily access online/home delivery. E.g. children in care, those with learning or physical disability, some young people.	Access to ISHS is in place for these groups. Discussion with online provider re:opportunity to kits to be posted to different address to home address, established as not possible with current system.	Further explore options for specific groups to access self-sampling test kits.
	Review demand in ISHS for STI screening	Year 2	Review trends in demand for STI screening from sexual health service during 2017.
8.2. Implementation of the community point of care and self-sampling HIV testing kits.	See 6.1.		see 6.1
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	Results from SRH standard audit see 7.3.	Links made with services delivering alternative models. ISHS working with commissioners to pilot vending machines. Future service delivery model to increase self-service options.	Pilot vending machine for condoms/pregnancy testing/STI self-sampling kits linked to sexual health service. To commence September 2017.
	Communicate and implement results with the ISHS.		
	Consider for new ISHS		

consultations for less complex sexual health needs)	procurement		
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	See 3.1-3.3 and 8.3		incorporate into plans for 3.1-3.3 and 8.3
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	Clinical and cost effectiveness literature review for	Literature review report regarding cost effectiveness of EllaOne v UPA drafted. Further work required to finalise due to change in FSRH guidance on UPA. PGD for self-injectable contraception is in development for ISHS. Review of available evidence for PrEP undertaken. Awaiting details of PrEP pilot from NHSE.	EllaOne review recommendations to be considered and actions agreed. (Relevant commissioners) Self-injectable contraception pGD to be finalised & implemented.(ISHS)
	Emergency hormonal contraception (UPA/ Ella One)		
	Self-injectable contraception		
	Pre-exposure prophylaxis (PreP) for groups at very high risk of HIV.		
	Implement into commissioning intentions/ service specifications.		
9. Project Management and Governance			

9.1 Establish and maintain project management and reporting mechanisms	Establish SH strategy Board and set up quarterly meetings	Future meeting dates set & systems in place.	Review TOR & continue SH strategy implementation Board meetings.
	Terms of reference		
10. Additional actions/emerging need			
10.1 Reduce late diagnosis HIV	Gain better understanding of reasons for late diagnosis HIV in LLR	LR work with PHE to identify latest data as incorrect. PHE have sent revised data & to update on PHE websites etc. LR worked with HIV service (UHL) to initiate audit of new HIV patients to identify true late diagnosis & missed opportunities for diagnosis	Late diagnosis HIV audit to be completed and recommendations reported to SH Strategy Commissioning Group.
10.2 Improve HIV testing offer & uptake.	Improve coding of to give accurate reflection of offer & uptake in ISHS	LR worked with KK to understand coding used in national reporting & identify potential issue of underreporting of offer. Actions to improve coding in ISHS required. Introduction of new IT system will improve reporting. Implementation in progress although go live date delayed to ensure link to laboratory system is in place.	Review impact of sexual health service new IT system on HIV testing offer & uptake data reporting.