

# Sexual Health Commissioning Strategy



## What do we have to do?

- Mandatory
  - Mandatory services prevent and treat sexually transmitted diseases and provide sexual and reproductive health servicespredominantly contraception- these are open access.
- Three specific sexual health outcomes in the Public Health Outcomes Framework:
  - Proportion of persons presenting with HIV at a late stage of infection
  - Under 18 conception rate
  - Chlamydia diagnosis rates per 100,000 young adults aged 15-24

# Our vision: What do we want to achieve?

- To built an integrated sexual health system that supports Birmingham residents make informed, confident choices that, when necessary, ensures access to appropriate good quality services.
- Ensuring all residents have the right and opportunity to live a healthy sexual and reproductive life, free of discrimination, regret, coercion and violence.

#### Health & well being outcomes

- 1. Reducing under 18 conceptions
- 2. Increasing chlamydia diagnosis in the 15-24 age groups
- 3. Reducing the late diagnosis of HIV
- 4. Improved support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
- 5. Providing better access to services for high risk communities
- 6. Ensuring prompt access for earlier diagnosis and treatment
- 7. Increasing the use of effective good quality contraception
- 8. Reducing the number of people repeatedly treated for STIs
- 9. Reducing the number of abortions and repeat abortions
- 10. Reducing the transmission of HIV, STIs and blood borne viruses



#### Influences

- Birmingham City Council mandated to provide comprehensive open access sexual health services.
- Accountable for three specific sexual health outcomes in the Public Health Outcomes Framework.
- A Framework for Sexual Health Improvement in England -March 2013.
- Final year of Birmingham Sexual Health Strategy (2008-2013).
- All sexual health services contracts end March 2014.
- BCC financial challenges.

## What is the current configuration?

Birmingham City Council spends in excess of £20 million on sexual health services (20+ contracts):

- 87% on mandatory services
- 6% on prevention
- 1% on support services
- There are 3 main providers of sexual health services
- Variable engagement of primary care and community services
- Little integration within the 'system'

## What are the priorities?

- Sexually transmitted infection rates still high and rising compared to other cities.
- Significant number of preventable, unintended or unwanted pregnancies (not just teenage pregnancy).
- Teenage conceptions in some areas of the city are still high.
- Geographical inequalities in access and outcomes persist.
- The needs of specific population groups e.g.
  - Young People
  - Black and Minority Ethnic Groups (BME)
  - Lesbian, Gay, Bisexual and Transsexual (LGBT)
  - White, deprived neighbourhoods

## Where more needs to be done

- Address the needs associated with sexual coercion, exploitation and violence (e.g. Female genital mutilation, rape).
- Support the needs of the most vulnerable groups, their families, friends and communities, in particular:
  - Substance misusers
  - Children in need
  - Care leavers
  - People with mental health problems
  - Offenders
  - LGBT people

- Men who have sex with men (MSM)
- People with learning disabilities
- Homeless people
- Sex workers
- Gypsies and travellers
- Trafficked people
- New arrivals from abroad

# **Commissioning Scope**

#### In scope

- Genitourinary Medicine (GUM) services: Investigation, diagnosis, treatment, screening and testing for sexually transmitted infections (STIs).
- Reproductive sexual health RSH (formerly family planning): All methods of contraception.
- Targeted sexual health promotion.

the CCGs

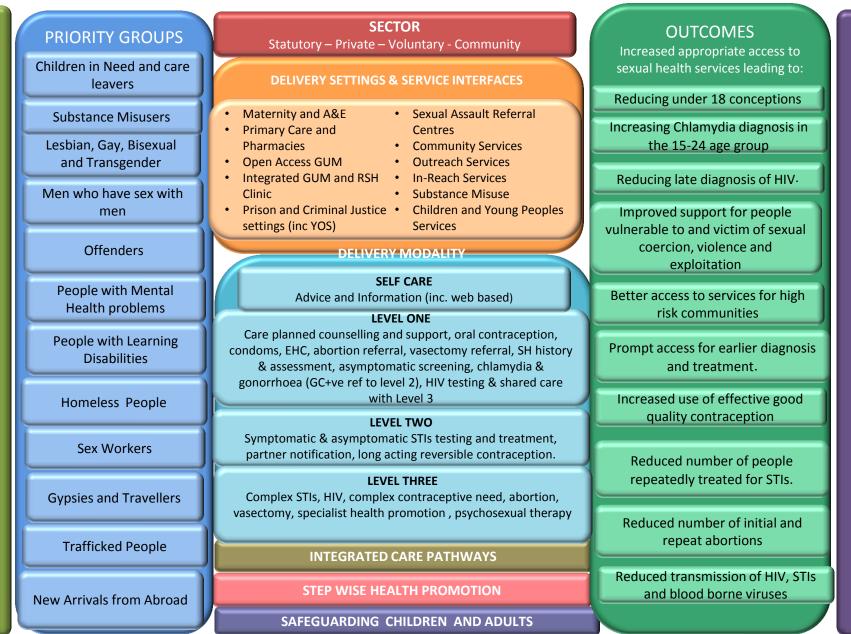
#### Out of scope

- Abortion<sup>1</sup>, vasectomy<sup>1</sup> and sterilisation services CCGs
- HIV treatment and care services NHS England
- Sexual Assault Referral Centres (SARCs) NHS England
- Sexual Health services as part of GP core contract NHS England
- Sex and relationship education in schools Schools

<sup>1</sup> Agreement sought for public health to commission abortion services on behalf of

#### A New Model of Care

- ✓ A system of linked services
- ✓ Increased focus on vulnerable groups, safeguarding, sexual violence, exploitation and coercion
- Better prevention through targeted service outreach, education and health promotion
- $\checkmark$  Fewer individuals with repeat crisis
- ✓ Maximise the role of 3<sup>rd</sup> sector community services
- ✓ Maximise the role of NHS Primary Care



<sup>o</sup>opulation Need

# **Commissioning Approach**

- We will commission an effective sexual health and wellbeing system including a broad range of services.
- We will commission the full range of services that we are responsible for and collaborate with other commissioners to shape the services for which they are responsible.
- We will commission the best deal on mandatory services (quality and cost).
- There will be an open and transparent procurement framework.
- We will actively create the market conditions necessary to support the delivery of our vision