

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 services- predominantly 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.

Out of scope

- Abortion¹, vasectomy¹ 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

¹ Agreement sought for public health to commission abortion services on behalf of the CCGs



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
- ✓ Fewer individuals with repeat crisis
- ✓ Maximise the role of 3rd sector community services
- ✓ Maximise the role of NHS Primary Care



PRIORITY GROUPS

Children in Need and care leavers

Substance Misusers

Lesbian, Gay, Bisexual and Transgender

Men who have sex with men

Offenders

People with Mental Health problems

People with Learning Disabilities

Homeless People

Sex Workers

Gypsies and Travellers

Trafficked People

New Arrivals from Abroad

SECTOR

Statutory – Private – Voluntary - Community

DELIVERY SETTINGS & SERVICE INTERFACES

- Maternity and A&E
- Primary Care and Pharmacies
- Open Access GUM
- Integrated GUM and RSH Clinic
- Prison and Criminal Justice settings (inc YOS)
- Sexual Assault Referral Centres
- Community Services
- Outreach Services
- In-Reach Services
- Substance Misuse
- Children and Young Peoples Services

DELIVERY MODALITY

SELF CARE

Advice and Information (inc. web based)

LEVEL ONE

Care planned counselling and support, oral contraception, condoms, EHC, abortion referral, vasectomy referral, SH history & assessment, asymptomatic screening, chlamydia & gonorrhoea (GC+ve ref to level 2), HIV testing & shared care with Level 3

LEVEL TWO

Symptomatic & asymptomatic STIs testing and treatment, partner notification, long acting reversible contraception.

LEVEL THREE

Complex STIs, HIV, complex contraceptive need, abortion, vasectomy, specialist health promotion, psychosexual therapy

INTEGRATED CARE PATHWAYS

STEP WISE HEALTH PROMOTION

SAFEGUARDING CHILDREN AND ADULTS

OUTCOMES

Increased appropriate access to sexual health services leading to:

Reducing under 18 conceptions

Increasing Chlamydia diagnosis in the 15-24 age group

Reducing late diagnosis of HIV.

Improved support for people vulnerable to and victim of sexual coercion, violence and exploitation

Better access to services for high risk communities

Prompt access for earlier diagnosis and treatment.

Increased use of effective good quality contraception

Reduced number of people repeatedly treated for STIs.

Reduced number of initial and repeat abortions

Reduced transmission of HIV, STIs and blood borne viruses

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

