

The Commissioning of Birmingham Sexual Health Services

Consultation Document: 9th October to 9th December 2013

What are we trying to achieve?

In Birmingham we are committed to supporting all residents, to live a healthy sexual and reproductive life, free of discrimination, regret, coercion and violence.

To achieve this we want a joined-up, integrated, sexual health system which provides good quality and value for money. This proposed new system will support people in making informed, confident choices and will especially focus on those people at greatest risk.

Sexual health can effect a person's physical and mental wellbeing. Some consequences of poor sexual health include:

- Teenage parenthood reduces the life chances of young people, and their children
- Sexual exploitation may lead to life long mental wellbeing problems
- Sexually Transmitted Infections (STIs) can cause long term and life threatening complications, including infertility
- Bullying and discrimination can occur on the basis of sexuality
- Late diagnosis of human immunodeficiency virus (HIV) leads to avoidable serious illness and premature death as well as increased infection rates

Sexual health is one of the five key national priority areas for Public Health. Our strategic vision is informed by the latest national policy and clinical guidelines. The key aims for government are to improve the sexual health and wellbeing of the whole population by:

- Reducing inequalities and improving sexual health outcomes
- Building an honest open culture where everyone is able to make informed and healthy choices about relationships and sex
- Recognising that sexual ill-health can affect all parts of society and particularly the most vulnerable

From April 2013, the Local Authority is responsible for commissioning comprehensive, open access, sexual health services which provide contraception and testing and treatment of STIs, for the benefit of all in the City. These are statutory responsibilities for Birmingham City Council.

The sexual health system in Birmingham must be able to support better performance against nationally set targets, namely:

1. Reducing under 18 conceptions
2. Increasing chlamydia diagnoses in the 15 – 24 age group
3. Reducing the late diagnosis of HIV

Whilst the numbers of teenage pregnancies have significantly reduced they still remain very high in some areas of the city.

In addition to these national requirements, we have identified the following priority outcomes for Birmingham:

4. Improving 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 (BBV)

We will be asking the people of Birmingham, service users and potential service users, and current service providers to let us know whether these are the right outcomes.

Why do we need a sexual health commissioning strategy for Birmingham?

It is needed to ensure that future spending on sexual health achieves the following:

- Securing services that meet current and future demand
- Securing services that are value for money and of the right quality
- Prioritising the types of services that are required to make a difference for Birmingham citizens and especially the most vulnerable.

It will help decide how to balance the budget between those services we **have** to buy (statutory) and those we would **like** to buy (non-statutory) on behalf of Birmingham residents.

It supports the process of buying services by clearly outlining the:

- Reasons for procurement (the process of acquiring goods and services) and remodelling (defining what services we want)
- Current and future needs for sexual health services in Birmingham
- Proposed model of care for the Birmingham sexual health system
- Approach to commissioning

The reasons for procurement and remodelling current services

There are practical reasons for procurement and remodelling current services. These are:

- Birmingham is a changing city, our population has changed and technology has changed. Therefore we have a duty to ensure services reflect these changes

- We have an obligation to ensure that we get a good quality service at a good price from public funds

Current and future need for sexual health services in Birmingham

Birmingham is growing and has the youngest population of any city in Europe. This means that nearly 500,000 people (aged 15-44) may need to access sexual health services. Many of these are from vulnerable groups, or higher risk populations such as men who have sex with men.

The city celebrates a population from a wide range of national, ethnic, cultural and religious backgrounds. The changing age, ethnic, social and cultural structure of the population has important implications for the City's sexual and reproductive health needs.

For these reasons we need to make sure services are located in the right places and set up in the right way for now and the next few years.

Sexually Transmitted Infections & HIV

There are important patterns of these infections that need to be considered in deciding our approach to commissioning services. Latest data shows in particular:

- Birmingham has the second largest concentration of people living with HIV (outside London). Of these, 50% had a late diagnosis, leading to avoidable ill health and potential transmission
- Over the last five years, the number of STIs diagnosed has risen by nearly 30%.
- Last year, 8,820 new STIs were diagnosed
- Young people, black minority ethnic communities and men who have sex with men (MSM) are disproportionately affected

HIV is no longer considered a terminal diagnosis and is now a chronic disease.

Contraception

The majority of people use their family doctor for contraception services, but many use reproductive sexual health (RSH) clinics, especially young people and vulnerable groups. With a young, growing and diverse population, this represents a significant number in Birmingham. Teenage pregnancy numbers have dropped, but there is wide variation across the city with the majority of conceptions occurring in the immediate north and southern edges of the city. Birmingham has a higher than average level of repeat abortions. All of which suggests there should be better outcomes from RSH services.

Sexual coercion, exploitation, and violence

The nature and scale of these issues have started to be understood in recent years. There is a variety of services such as those for Looked After Children, the Sexually Inappropriate Behaviour Team, projects for sex workers; but they are not joined up or with clear partnerships with sexual health services. This is an area where we know that more needs to be done and we feel that working in partnership with voluntary organisations is the best way to do this because they have good links with our most vulnerable communities.

Vulnerable and at risk groups

We know that certain groups in society are more likely to experience poor sexual health, less

likely to access services and that services do not meet their needs well, which needs to be addressed. The following vulnerable groups will be a higher priority for services:

- Children in need and care leavers
- Substance misusers
- Lesbian, gay, bisexual, and transgender (LGBT) people
- Men who have sex with men (MSM)
- Offenders
- People with mental health problems
- People with learning disabilities
- Homeless people
- Sex workers
- Gypsies and travellers
- Trafficked people
- New arrivals from abroad

Current service provision in Birmingham

There are three main providers of sexual health services in Birmingham – two are hospitals which deliver testing and treatment of STIs in Genito-Urinary Medicine (GUM) clinics and contraception services in RSH clinics, with both city centre and local community sites and some outreach. The third provider is a national young persons charity which provides a ‘one stop shop’ with both testing and treatment of STIs and contraception, plus outreach work.

Long Acting Reversible Contraception (LARC) is provided in over 100 Doctor’s surgeries, funded by the Local Authority as this is in addition to what they normally provide. Emergency Hormonal Contraception (EHC or ‘morning after pills’) are provided by some Pharmacies.

Support for people with HIV is commissioned by the Local Authority, partly due to historical grant aid from central government. HIV treatment services are paid for by the NHS. We also commission chlamydia screening (as part of the National Chlamydia Screening Programme) and some specialist sexual health promotion projects which work with Sex Workers, LGBT (particularly gay and men who have sex with men), Black communities and young people.

Of the current £19 million annual budget, 87% funds testing, treatment and contraception services. The remaining 13% funds advice, support and prevention programmes.

What conclusions have we reached about the current system?

An initial review of services in Birmingham indicates that there are:

- Variations in geographical service coverage and access for Birmingham citizens
- Variations in desired outcomes for high risk groups

And there needs to be:

- Stronger links between services
- More use of Family Doctors (GPs) and Pharmacies
- Better links between voluntary organisations and the NHS services
- Less variation in service costs, quality and performance

There is a national move to provide a joined up or ‘integrated’ approach for GUM and RSH which will reduce the need for multiple visits to different services. This has already happened in parts of Birmingham and needs to be built upon.

Finally, redesigning the services for Birmingham will also provide the opportunity to test:

- New approaches to providing quality services
- Costs and location of services
- Better use of information about people to improve their overall care

What is our approach to commissioning the sexual health system?

We have a responsibility to secure the highest quality service outcomes at the best possible price with quality being measured not only from the defined outcomes or standards, but also by using feedback from citizens and service users about the services they receive. The approach will also incorporate broader national policy (e.g. Public services (Social Value) Act 2012) and local drivers (e.g. the Birmingham Business Charter for Social Responsibility and the Living Wage).

Wherever possible decisions will be supported by an evidence base with a clear rationale about why a certain course of action is taken.

An open and competitive process will be undertaken in both financial and quality terms to ensure transparency of decision making and value for money.

What are we intending to commission to address sexual health and how?

We intend to commission a broad range of services contained in one effective sexual health system. These include:

- Joined up 'Integrated' general GUM and RSH services
- LARC and STI testing and treatment in Doctors' surgeries
- EHC in Pharmacies
- Targeted health promotion
- Chlamydia screening
- Specialist GUM and specialist RSH services (for complicated cases)

There is to be a greater emphasis on prevention. It is proposed that the current services are remodelled into a city-wide sexual health system, which will include a significant role for the voluntary sector because they are best at reaching our vulnerable groups. We also want to make better use of Doctors' surgeries, which are used by the vast majority of residents for general treatment and advice.

Treatment for HIV has improved over recent years to the point where it is now a manageable, chronic condition. There is no longer the need for the intensive targeted support services of the past. We do not intend to fund these services in the future but to shift emphasis to more targeted screening, prevention and health promotion.

The new approach to the treatment system will be procured in 2014/15 with a preferred intention to include a hub with satellite sites in the city centre, immediately north of the city centre and along the southern edge of the city, addressing access and high need.

It is anticipated that there will also be an increase in services delivered outside the city

centre and in the community, through Doctors' surgeries and pharmacies.

What next?

We would like your comments or views so we can further plan our approach. To tell us what you think, please:

Website: www.birminghambeheard.org.uk

Twitter: @healthybrum #2ndCitySex

Email: Birminghamsexualhealth@birmingham.gov.uk

Write to: Sexual Health Consultation
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Please note that you do not need to use a stamp.

For further information about the commissioning strategy please contact:

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The New Sexual Health System for Birmingham

This strategy proposes a future model which includes both a Model of Care (see Appendix 2) and considered options for delivery.

We want the consultation to shape our model. The final version will be produced only when the consultation period has ended, suggestions have been considered and changes made. It will then be used as the basis for what we want to buy.

Proposed Model of Care

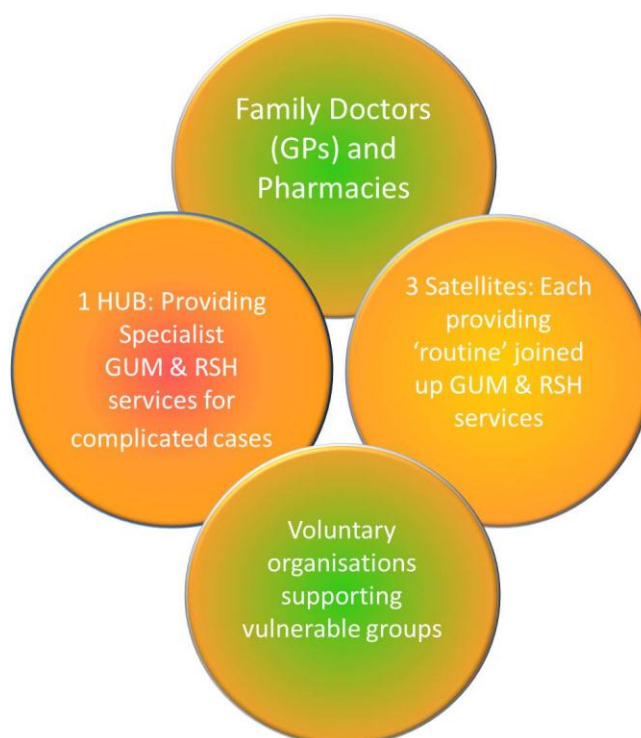
Has been developed based on what we have found out about the local needs, how services have been provided locally and lessons learned nationally. The key points are to:

- develop a system of linked services
- increased the focus on vulnerable groups, safeguarding, coercion, exploitation, violence
- provide better services that prevents crisis in our vulnerable groups
- better demand management
- maximise the role of voluntary organisations
- maximise the role of family Doctors (GPs)

The Model shows our priority vulnerable groups and what outcomes we want to achieve. Moreover, it shows the relationship between services in the proposed system.

The key parts of the proposed sexual health system

There are 4 linked parts of the sexual health system all having their specific role and function. These are described below:



The location of services

To address access and need we propose greater provision in Doctors' surgeries and pharmacies supplemented by a specialist service in the city centre and a minimum set of 'satellite' services in the immediate north of the city centre and towards the southern edges of the city.

Our ideas reflect local knowledge of services, user experiences and initial discussions with the current providers of services that indicate that the city centre will continue to be a preferred access point, in particular for young people and that there are potential gaps in services in the south and immediate north of the city.

We want a system which maximises the use of information and intelligence to improve the care of individuals and to respond to new population need.

The preferred types of organisation

Our model proposes a significant role for voluntary services because of their ability to engage with the most vulnerable groups.

Over 96% of the population see their NHS Doctor at least once every 15 months. We need to make the most of this resource which is used by almost everyone.

Most people also use their local community pharmacy, again another useful resource which should be maximised.

Because of the specialist and complex nature of some GUM and RSH services we need to ensure there is a key role for specialist trained NHS Doctors and nurses staff. We also need to ensure that the new system continues to train and develop staff.

Priorities

- Meeting the sexual health needs of our vulnerable population groups e.g.
 - Young People
 - Black and Minority Ethnic Groups (BME)
 - Lesbian, Gay, Bisexual and Transsexual (LGBT).
 - White, deprived neighbourhoods
- Reducing chlamydia, gonorrhoea, genital herpes, genital warts and HIV rates which are still high and rising compared to other cities
- Reducing the number of preventable, unintended or unwanted pregnancies
- Reducing the high rate of teenage conceptions in some areas of the city
- Addressing geographical inequalities in access and outcomes that persist

Proposed new model of care for Birmingham sexual health system

Proposed Sexual Health Model of Care

