

Report of the Director of Public Health to the meeting of The Health and Wellbeing Board to be held on 19th September 2013.

Subject: Sexual Health

Summary statement:

Sexual health is an important part of physical and mental health and social wellbeing. The consequences of poor sexual health can be serious. From the 1st April 2013 local government was required under the Health and Social Care Act 2012 as one of its five statutory Public Health functions to commission sexual health services including HIV prevention and sexual health promotion, open access genitourinary medicine and contraception services for all age groups.

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Portfolio:

Adult Services and Health

Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

Sexual health is an important part of physical and mental health and social wellbeing. The consequences of poor sexual health can be serious. The adverse psychological and life changing impact of unplanned pregnancy (especially among teenagers and young people) and ill health caused by HIV and STIs among undiagnosed people is avoidable. Earlier diagnosis and treatment can also prevent deaths from HIV related illness. Prevention, early diagnosis and access to high quality services are the key elements of improving sexual health. Prevention includes health promotion and social marketing, sex and relationships education (SRE) in formal and informal settings and community and outreach work with vulnerable groups.

2. BACKGROUND

Prior to the 1st April 2013 sexual health services were commissioned by PCTs. From the 1st April there are now a number of organisations responsible for commissioning different aspects of sexual health services. Local government is required under the Health and Social Care Act 2012 as one of its five statutory Public Health functions to commission HIV prevention and sexual health promotion, open access genitourinary medicine (GUM) and contraception services for all age groups. This includes services currently commissioned from a number of providers such as general practice and pharmacy, for services that include long acting forms of contraception, chlamydia screening, emergency hormonal contraception and sexual health aspects of psychosexual counselling. This work is led by the public health team now part of CBMDC. NHS England and the Clinical Commissioning Groups (CCGs) commission services related to sexual health including:

- NHS Commissioning Board: HIV treatment and care, health services for prisoners, sexual assault referral centres and cervical screening
- CCGs: community gynaecology, vasectomy and sterilisation and abortion services. General practitioners will be commissioned by the NHS Commissioning Board to provide standard contraception services under the GP contract which include oral contraception

3. OTHER CONSIDERATIONS

Sexual health is currently the second largest area of Public Health spend for CBMDC at around £4million (following substance misuse)

CBMDC is required by legislation to arrange for the provision of confidential, open access STI (Sexually Transmitted Infection) testing and treatment and contraception services.

Testing and treatment for STIs is a clinically/medically lead service requiring medical staff, currently delivered from BRI, health centres and GP practices across the district. If untreated STIs can have critical implications for reproductive, maternal and newborn health and are the main preventable causes of infertility, particularly in women. Infection with certain types of the human papillomavirus can lead to the development of genital cancers, particularly cervical cancer in women. The presence of untreated STIs increase the risk of both acquisition and transmission of HIV by a factor of up to 10. Prompt treatment for STIs is thus important to reduce the risk of HIV infection. Controlling STIs is important for preventing HIV infection, particularly in people with high-risk sexual behaviours.



In April 2013, CBMDC issued 12 month contracts to all providers of sexual health services within the district with the option to roll over for a further 12 months. The current contract with our main suppliers of service, ends 31st March 2014 with the option of an extension for a further 1 year up to 31st March 2015

Where previously there were only local NHS providers delivering this service now new national providers are coming into the market such as Virgin Healthcare and Assurer, Brookes and Terrence Higgins Trust

GUM (Genito urinary medicine) which makes up half the current BTHFT (Bradford Teaching Hospital Foundation Trust) contract is paid by activity and all patients seen via primary care are cost per case with the local authority also paying prescribing costs therefore within the current contract there is no way to cap spend. Numbers accessing the service have increased year on year over the last four years

Various national bodies providing clinical guidance NICE (National Institute for Health and Care Excellence), BASHH (British Association for Sexual Health and HIV), MEDFASH (Medical Foundation for HIV and Sexual Health) and FSRH (Faculty of Sexual and Reproductive Health) which we would want to procure a service against

4. OPTIONS

Use the option to extend the current sexual health contracts post 31st March 2014 for a further 12 months to ensure we are in a position to procure a fully integrated sexual health service to be in place from 1st April 2015. This would allow for full consultation on the proposed model and allow for the full timescale for EU procurement including any TUPE implications. This would be the preferred option

End the current contract with all providers on 31st March 2014. This would leave limited time to complete the correct procurement process for a new contract to be in place for 1st April 2014

5. FINANCIAL & RESOURCE APPRAISAL

As the current contracts with all providers have an element of payment by activity there is no ability to control spend. Based on analysis of the previous three years activity Public Health have budgeted for anticipated increases for 2013/14 and potentially 2014/15.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

No significant risks arising out of the implementation of the proposed recommendations .



7. LEGAL APPRAISAL

7.1 There are no specific legal implications arising from this report. Legal Services will provide advice and support to officers implementing the decisions and assist in ensuring the appropriate procurement procedures are undertaken in compliance with Standing Orders, legislation and European Union rules.

8. OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

No issues

8.2 SUSTAINABILITY IMPLICATIONS

No implications

8.3 GREENHOUSE GAS EMISSIONS IMPACTS

No implications

8.4 COMMUNITY SAFETY IMPLICATIONS

No implications.

8.5 HUMAN RIGHTS ACT

No implications

8.6 TRADE UNION

No implications.

8.7 WARD IMPLICATIONS

No implications.

8.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

No implications Include.

9. NOT FOR PUBLICATION DOCUMENTS

'None'.



10. RECOMMENDED

That the views of members are requested on the options set out in Section 4 of this report.

11. APPENDICES

None

