

Report to: Lead Member for Adult Social Care and Health

Date of meeting: 21 September 2021

By: Director of Public Health

Title: Re-procurement of specialist sexual health services

Purpose: To seek Lead Member approval for the proposed service model changes for the new specialist sexual health service that will launch 1st October 2022.

RECOMMENDATIONS

The Lead Member is recommended to:

- 1. Approve the proposed changes for the new service model for the specialist sexual health service set out in paragraph 2.6 that will launch on 1st October 2022 following a procurement process;**
 - 2. Delegate authority to the Director of Public Health to take all necessary actions to give effect to the implementation of the revised model of delivery;**
 - 3. Note the summary of the Equality Impact Assessment (Appendix 1); and**
 - 4. Note the consultation comments on proposed changes to the new specialist sexual health service model (Appendix 2)**
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1. Background

1.1. As part of the conditions of the Public Health grant, Public Health are mandated to provide specialist sexual health services to the residents of East Sussex. The specialist sexual health service contract is to be reprocured with the new service to launch on 1 October 2022. The value of the contract is £2,254,000 per annum.

1.2. The proposed new service model has changed significantly due to digital innovation, and COVID-19. Public Health has sought to make the changes prompted by the pandemic permanent within the new service model.

1.3. A public consultation ran for eight weeks, closing 22 July. It was promoted through established East Sussex County Council (the Council) channels and to service users, staff working in the service, specialist teams supporting harder to reach groups, partners, and voluntary sector organisations.

2. Supporting information

2.1. The current and future specialist sexual health service consists of three main elements as listed below. These elements are currently delivered and will continue to be delivered within the new service. However, many of the elements have been delivered in different ways over the last few years. This includes the use of online platforms to access services such as Emergency Hormonal Contraception (EHC) and Sexually Transmitted Infections (STI) tests which have replaced some face to face provision.

Specialist Sexual Health Service elements:

- ❖ Medical consultant led Genito Urinary Medicine (GUM) services which address:
 - assessment, testing, treatment of STI.
 - tracing of sexual contacts of those diagnosed with an STI.
 - management of ongoing chronic GUM conditions.
 - Hepatitis A and B and HPV vaccination of those at risk.
 - testing for HIV and provision of post exposure prophylaxis (PEP) and pre-exposure prophylaxis (PreP) to prevent transmission of HIV.
 - working closely with HIV treatment and care services; and
 - psychosexual therapy services.
- ❖ Consultant led complex contraception services which address:
 - ease of access to contraception, including initial assessment and provision of contraception and provision of long-acting reversible contraception for individuals unable to access a GP or where the GP is unable to offer the service; and
 - advice, and referral point for complex contraception issues.
- ❖ Clinical leadership and education for East Sussex health and wider workforce:
 - clinical leadership and training for primary care, specialist service catering for vulnerable clients and secondary health services such as maternity services, prison services, social care and third sector.

2.2. Prior to 2020 (and COVID-19), work was underway to review the way in which patients accessed services, e.g., face to face appointments or accessing services online and via post. Public Health has commissioned online STI testing services since 2015 which have proved popular and acceptable.

2.3. During COVID-19, specialist sexual health services, like many health services, effectively closed their doors to face to face clinics other than the most complex cases due to social distancing and mass redeployment of the staff team into the acute hospital setting. The online service was broadened, and individuals increasingly used the service to triage, test for STIs and HIV and access emergency hormonal contraception and a subsequent initial offer of contraception.

2.4. As part of the commissioning cycle, learning from the previous five years of service delivery, changes in delivery model in response to the COVID-19 restrictions, and national and regional peers, a new service model was developed. It is proposed that this new model is incorporated within the service specification that is to be reprocurd and mobilised from 1st October 2022.

2.5. A [Consultation](#) about the proposed model was developed and shared via the Council's consultation hub. The consultation document is attached as **Appendix 3** The way in which the service was adapted and delivered during the pandemic had already been considered as part of longer-term planning about delivery of the service. The consultation sought to understand how people would be affected if some of the clinics remained closed with continued online provision and drop-in services replaced by an appointment only service.

2.6. The updated service model includes:

- Retaining the appointment system for the hub clinics in Eastbourne and Hastings, rather than going back to a drop-in approach. Some evening appointments will be retained, but the Saturday morning clinics would not be reinstated.
- The part-time clinics that stopped operating during the pandemic will not reopen. These were provided at: Hailsham Health Centre (3 hours a week); Uckfield Minor Injuries Unit (4 hours); Bexhill Health Centre (2 hours); and Arthur Blackman Clinic (3 hours). Some of these services were already only offering a limited service and were not well used.
- For those who do not have a GP or are unable to see them, or those who have complex contraception needs requiring a face-to-face appointment, the service will assess them and provide the first prescription. After that people will be referred back to their GP for repeat prescriptions.

- Keep offering the online condom service to all ages rather than limit it to under 25s as previously.
- Maintain the online provision of emergency hormonal contraception and the availability of HIV post exposure prophylaxis (PEP) and pre-exposure prophylaxis (PreP).
- a limited drop-in face-to-face service for those who are phone or digitally excluded (see 2.12).

2.7. The public consultation received 20 responses and feedback was broadly positive. People feel that the service model should work well for most of the public who are online.

2.8. Key points of concern are shown below:

- vulnerable individuals or those who face access barriers, including people without internet access or their own GP may struggle to access the service.
- young people may find it more difficult to access the service and/or feel less supported with a virtual service.
- some people need, or prefer, face-to-face appointments. It is also harder to pick up on safeguarding issues over the phone.
- the location of the clinics is less accessible for those living in the north of the county. Closure of the Saturday clinics removes choice for patients.
- increasing pressure on primary care GP services and their ability to see more symptomatic sexual health presentations. In addition, offering support to key marginalised groups through support teams leaves the most complex patients being managed by inexperienced non-specialist staff.

2.9. In response to the consultation feedback, the service specification has been adapted to allow two drop-in clinics for all ages at each clinic site in Hastings and in Eastbourne, this is in recognition of people who are digitally excluded, do not have phones, or rely on limited phone credit or are genuinely unable to access their GP.

2.10. The Equality Impact Assessment (EIA) analysis demonstrated that the evidence shows no potential for discrimination and all appropriate opportunities have been taken to advance equality and foster good relations between groups. In summary, the service is not a new service and the sexual health system this service sits in has undergone changes within the last four years (during COVID-19 in 2020) that increased access and choice to many, such as online services, and enhanced Pharmacy/GP training provisions.

2.11. Heterosexual men remain a group who use sexual health services less. They tend to present at later stage of illness and experience health inequalities as a result. For example, they are more likely to be diagnosed with HIV later than homosexual males and heterosexual women. Acknowledging this, the new service model will include specific measures to monitor men's usage of the service and ensure heterosexual men have equitable access.

2.12. The service specification has been adapted post public consultation to consider the needs for a limited drop-in face-to-face service for those who are phone or digitally excluded.

3. Conclusion and reasons for recommendations

3.1. The proposed changes to the new service model builds on accepted innovations and developments within the specialist sexual health service. This includes the increasing use of online service provision and changes to the way patients access services due to the impact of COVID-19 restrictions. The new service model will increase access for residents in all parts of the county with sufficient mitigation through outreach teams and working with other services to develop clear pathways and a simple service to cater for disadvantaged groups.

3.2. The Lead Member is recommended to approve the proposed changes to the service model that will be reprocured and then launched on 1st October 2022; and to note the summary comments from the consultation and Equality Impact Assessment.

DARRELL GALE
Director of Public Health

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BACKGROUND DOCUMENTS

Consultation report and Equality Impact Assessment