



Name of meeting: Health and Social Care Scrutiny Panel

Date: 25th April 2017

Title of report: Sexual Health – Chlamydia Screening in Kirklees

Purpose of report

To provide members of the Health and Social Care Scrutiny Panel with an update on the recommendations made by the Scrutiny Panel in relation to Sexual Health – Chlamydia Screening in Kirklees.

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	N/A
Is it in the Council's Forward Plan ?	No
Is it eligible for "call in" by Scrutiny ?	No
Date signed off by Strategic Director & name	Richard Parry, Director for Commissioning, Health & Adult Social Care – 7 April 2017
Is it signed off by the Service Director for Finance and Transactional Services?	n/a
Is it signed off by the Service Director for Governance and Commissioning Support?	n/a
Cabinet member portfolio	Adults, Health and Activity to Improve Health

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Summary

1.1 The procurement of the new integrated sexual health service is now complete. Formally there were five separate services providing sexual health and contraception services across the district. These have now been replaced by a single integrated service. The new service provider is Locala CIC and the service started on 1 April 2016. The integrated model puts a greater emphasis on prevention and ensures a consistent approach across the District.

- 1.2 There were a number of problems in the early days of the mobilisation of the new service. These were caused by recruitment and staffing difficulties. This had a knock-on effect on reduced clinic availability and increased waiting times. These problems have now been resolved, partly through the introduction of a mix of booked appointments as well as drop-ins, and partly through the upskilling of staff through in-house training programmes.
- 1.3 All chlamydia testing in the new model is a dual test that includes gonorrhoea.
- 1.4 The Authority now manages the contact through a single contract management process which is less time consuming and which enables better oversight and co-ordination of the service.
- 1.5 The Authority has paid for 2 years' membership of the PHSCE Association for all Kirklees schools which provides a basic resource for PSHCE work. In addition 10 beacon schools have had additional support to develop as centres of excellence. Two of these schools have disengaged from the programme but the final report is due in May.
- 1.6 Home-Start was commissioned to deliver sexual health and relationship sessions in Kirklees College with using peer educator approaches. A report for activity during 2016/17 is due at the end of April. From April 2017 this work is begin taken forward within the Healthy Child Programme contract.
- 1.7 There is currently a review of spoke activity in the District which includes looking at the work of the core service as well as GPs and pharmacies. The aim of the review is to identify the best possible service – acceptable to both the providers and users of services – within the constraints of a reduced budget in 2017-18.

2. Information required to take a decision

This is a report for information.

3. Implications for the Council

- 3.1 The Authority continues to have a close working relationship with the service regarding implementation of the service and in reviewing it as part of ongoing service development.

4. Consultees and their opinions

- 4.1 The sexual health pathways group continues to act as a consultation body in the management of sexual health services and its relationship with wider partners.

5. Next steps

- 5.1 The next steps will be to fully establish the prevention function of the service and build partnerships with the wider workforce. The challenges ahead will be in adapting the service to work within future budget constraints. In the immediate term this particularly affects the spoke elements of the sexual health service model.

6. Officer recommendations and reasons

- 6.1 That the Panel consider the information provided.

7. Cabinet portfolio holder recommendation

Not applicable

8. Contact officer

Alison Cotterill, Health Improvement Practitioner Advanced
Email: alison.cotterill@kirklees.gov.uk

9. Background papers and history of decisions

None

10. Service Director responsible

Sue Richards, Service Director for Integration

Sexual Health – Chlamydia Screening in Kirklees

Recommendation 1	The Task Group felt that chlamydia screening is available through a number of agencies in both North and South Kirklees. However, there are differences in their approach, services and ways of working. The advice, support and treatment appear to be better in South Kirklees when compared to North Kirklees. This must be considered to achieve a greater level of consistency and quality of service across Kirklees.
Original Response	<p>Public Health are currently retendering for integrated sexual health service Implementation date of 1 September 2015.</p> <p>Principles of new service model:</p> <ul style="list-style-type: none">• Greater emphasis on prevention and relationship and sexual health education.• Increased accessibility for all• Hub and spoke model.• Provision of two hubs – one in North and one in South. The two Hubs combined will represent The Kirklees Specialist Sexual Health Service (SSHS) and will act as the local sexual health service leader. It will be consultant led and provide support, effective clinical governance systems, coordinate partner notification and provide training for the wider sexual health system across Kirklees.• Both Hubs and spokes will represent the SSHS• A multidisciplinary team approach.• GUM, Chlamydia and Contraception staff work in partnership and interchangeably (within each other's speciality, training permitting).• Service provision delivered in a tiered manner (levels 1,2 & 3)• Hubs to deliver levels 1, 2 & 3 provision• Spokes to deliver levels 1/2 provision STI/Contraception provision in a holistic way• Spokes are nurse led

	<ul style="list-style-type: none"> • Clear pathways for vulnerable groups into the SSHS established/joint working with key partner agencies. • The SSHS will provide and operate a telephone line and web based booking system which acts as a single point of access into SSHS (levels 1, 2,& 3). Patients directed/offered levels 1/2 spokes if appropriate and closer to home • One holistic sexual health appointment
Current Position	<p>The Council has procured a new integrated sexual health service which commenced on 1st April 2016.</p> <p>The recommendation reinforced and supported Public Health's proposal for the new integrated sexual health service model and its implementation.</p>
Specific outcomes resulting from the recommendation	<p>The integrated service is district wide and there is now an equitable service across both north and south Kirklees</p>
Service Lead Officer	<p>Rachel Spencer-Henshall</p>
Recommendation 2	<p>The referrals, assessment and screening process needs to change. Members would like to see a better and more consistent approach and possibly "one general assessment" for sexual health in order to test for a number of STIs. This may mean changing the specification of the contracts for agencies from 2014 onwards.</p>
Original Response	<p>See recommendation 1 above – the new model will implement this.</p>
Current Position	<p>All chlamydia testing in the new model is a dual test of chlamydia and gonorrhoea. All patients receiving a sexual health screen are also offered an HIV test. The recommendation has supported these changes to be implemented.</p>

Specific outcomes resulting from the recommendation	In the past, the emphasis on the National Chlamydia Screening Programme arguably led to the perception among young people that chlamydia was the primary sexually transmitted infection of concern and awareness of some of the other STIs was low. A broader prevention approach, the relaxing of national targets on screening numbers and towards more targeted screening of young people at higher risk, and the introduction of dual testing has contributed to the addressing of this recommendation.
Service Lead Officer	Alison Cotterill
Recommendation 3	<p>The Task Group also felt that fewer agencies and/or a more joined up approach could help to develop improvements in the assessment and treatment of chlamydia and other STIs. The Task Group recommends a review of:</p> <ul style="list-style-type: none"> • The number of agencies involved and their contracts for the provision of advice and services, • The number of clinics and the opening hours currently available to provide more flexible hours, including providing more weekend cover. • The opportunities to make better use of the increasingly limited resources available to agencies.
Original Response	See recommendation 1 above – the new model will implement this
Current Position	<p>This approach was one of the key changes sought in the development of the new model for an integrated sexual health service. The recently tendered service will have a single lead provider organisation for all sexual health services across the District working under a single contract. The Authority manages the contract through one provider which has brought about a better co-ordinated service.</p> <p>The current Integrated Sexual Health Service is running extended opening hours to 7pm 2 days a week and Saturday mornings.</p> <p>The service operates on a hub and spoke model. There are two town centre hubs – in Huddersfield and Dewsbury. Most of the spokes in the model are services delivered from GP practices.</p>

	<p>There is currently a review of spoke activity in the District – it includes looking at the work of the core service as well as GPs and pharmacies.</p> <p>It will take into account how many people are using the services, the services they require and the demographics of people using the services. A steering group is overseeing the review which includes CCG colleagues, doctor and nurse clinicians from general practice, Public Health and Locala. The aim of the review is to identify the best possible service – acceptable to both the providers and users of services - within the constraints of a reduced budget in 2017-18.</p>
Specific outcomes resulting from the recommendation	A more joined up approach has been achieved with clinics offering flexibility and some extended hours. Work is ongoing to identify the best way forward with reduced resources.
Service Lead Officer	Rachel Spencer-Henshall
Recommendation 4	Awareness and education on STIs, including chlamydia, needs to be improved with children and young people in the 15-24 age groups. This may also require a rethink by local agencies about the information and materials that are available to schools, academies and colleges and a more modern and “smart” campaign (use of apps and social media etc) to promote both awareness and accessibility of the screening service(s) available. However, this also requires care and thought to get more children and young people and their parents interested
Original Response	A strategy for communication and marketing is being developed to support the new integrated service. It is expected that the provider will have a role in delivering this strategy with support from Public health. The strategy will consider the use of apps and social media. Kirklees schools, academies and colleges all have access to comprehensive educational resources which provide current information on STIs, including chlamydia. The 2014 annual PSHCE conference will include appropriate sexual health updates for teachers and Locala continue to offer their services to schools. Professionals supporting the Teenage Risk & Resilience Network are also being provided with additional training on C-Card and Chlamydia Screening which promote safe and positive sexual health choices by young people. (Hosted by Locala from PH Funding – next event is 10 December 2013).

	<p>Opportunities to commission services to support lessons in targeted schools will be explored and may include using peer educators. Peer educators will also be looking to extend their provision to support young men around sexual health and parenting issues. Academy schools in Kirklees have a good working relationship with the Local Authority however it is noted that because academy schools are not subject to the National Curriculum it is possible that they could choose to opt out of the initiatives detailed above.</p>
<p>Current Position</p>	<p>As part of the new service itself there is a clear and comprehensive marketing and communication strategy which includes targeting of groups at higher risk of poor sexual health. A basic website was established when the service started but work is now going to to create a more engaging and interactive website</p> <p>As part of a preventive approach, the Authority funded a 2 year membership of the PSHE Association for all Kirklees schools. This gave school staff access to high quality PSHE education training, advice and guidance. In addition, ten Kirklees schools, including primary and secondary, initially signed up to become centres of excellence in PSHE education and health and well- being. Two of these schools have disengaged from the process but the other eight will submit their final report in May. The intention is that these beacon schools will be able to share their experiences and expertise with other schools to create a peer support system.</p> <p>Home-Start has been commissioned to deliver sexual health and relationship sessions in Kirklees College with using peer educator approaches. The programme involves supporting parents and their families antenatally through to 3 years of age in developing more nurturing relationships with their children as a whole family approach. A report of activity during 2016/17 is due at the end of April. From April 2017, this work is being taken forward by Homestart within the specification of the Healthy Child Programme contract</p> <p>The Prevention Team within the integrated service run district wide training and support events for professionals to increase knowledge and skills in positive sexual health. This professional network enables updating and maintenance of skills as well as providing a support network for sharing best practice and a joint approach to tackling difficult issues that might emerge in practice.</p>

Specific outcomes resulting from the recommendation	The recommendation has led to increased support for all schools to improve the quality and consistency of PSHE and sex and relationships education in schools. Non-clinical support networks have been put in place for professionals to make the impact of training more sustainable and maintain quality. The use of peer educators is enabling key sexual health messages to be communicated more effectively to potentially at risk and often hard to reach groups of people.
Service Lead Officer	Alan Laurie
Recommendation 5	The Task Group would like to see how the work of the new Sexual Health Pathways Group will progress, along with its recommendations for change. We would ask the Director for Public Health to report back on this in Spring 2014.
Original Response	Happy to report back in Spring 2014
Current Position	<p>Kirklees Sexual Health Pathways Group has continued to meet quarterly since the last report to the Scrutiny Group.</p> <p>The responsibility for co-ordinating the Pathways Group will be handed over to the new provider of the integrated Sexual Health Service from the start of the new service. It is hoped that this will increase the sense of ownership of the core services as they take on broader responsibilities for clinical governance and partnership development across the wider sexual health economy in the District.</p>
Specific outcomes resulting from the recommendation	<p>The Pathways Group re-established in April 2016.</p> <p>It has been focusing on understanding the extent to which the wider, non-sexual health workforce can support the improvement of sexual health – this is ongoing through broadening the membership.</p> <p>A piece of work will be carried out in Mat to map out the current partnership arrangement and pathways for vulnerable groups of people who are likely to have unmet sexual health needs. Proposals will then be made to make best use of the services in place and improve sharing of data and working relationships. This may well include co-location of services.</p>
Service Lead Officer	Carl Mackie

Recommendation 6	Kirklees Council, through Public Health, now has a lead role and new responsibilities for the funding and provision of sexual health services. Are councillors and officers aware of this? How can councillors and senior managers be made aware of this?
Original Response	<p>The public health transition was overseen by the Council’s director group, as well as a cross party working group of elected members. Sexual Health and the new council responsibilities were discussed at length. In addition, presentations have been made to the health and wellbeing board and the council management board highlighting the new public health responsibilities the council has, including sexual health.</p> <p>Consideration will be given to developing of a range of activities such as e- learning that will provide training and support to councillors to include information on key areas of council work such as the new responsibilities on Public Health.</p>
Current Position	<p>The Sexual Health Pathways Group is keen to enable Adult and Children’s Social Care to have more of a role in sexual health and to give a higher priority to issues in this area. A named representative of social care is a member of the Group and has made some contribution to the dialogue. In addition the SWEET and SWANS projects, formerly part of the Council, are now integrated into the sexual health service and have been able to share their insights and knowledge, which extend beyond the scope of sexual health, with the wider prevention function of the service.</p>
Specific outcomes resulting from the recommendation	<p>The support of the Scrutiny Panel has strengthened the messages communicated to the Council by both sexual health commissioners and by the wider sexual health infrastructure in the District (for example as represented on the Sexual Health Pathways Group).</p>
Service Lead Officer	Alison Cotterill