**Written evidence from Wigan Council**

| The local picture | We want Wigan to be a place that people want to live, work, invest and visit, where we improve life opportunities and independence for all people to start, live and age well. Our plan for reforming public services and improving people’s health and wellness is built on the Deal for the Future. As part of the Deal for the Future, we want to work with individuals and communities to help them develop and make the most of their own strengths and assets.  

The Deal is an informal contract that provides the basis for reforming public services in the borough to deliver this vision it acknowledges the importance of our residents as our most important asset. Through our workforce having different conversations, and connecting people to opportunities, it is our ambition to build more resilient communities with residents at their heart. We call this an asset based approach to our work and want to embed a new culture in our workforce; know your community; have a different conversation. We intend to take this approach to the delivery of sexual health services, aspiring to see these services delivered as part of an integrated, place based approach to wellness in the Borough.  

Between 2015-2017, Wigan reviewed the approach and current provision of sexual health services within the Borough. Although we identified a number of strengths, we also identified a number of particular challenges in Wigan, including:  
- Disproportionate impact of sexual ill-health on our communities, with the most deprived communities being the most affected  
- Marked increase in rates of new STI diagnoses over the last 10 years, particularly amongst young people.  
- The 3rd highest rate in England of under 16s accessing EHC at sexual health services, and a high rate of repeat EHC prescriptions  
- A downward trend in LARC uptake  
- Low uptake of HIV testing and high proportion of late diagnoses  
- An ageing population that is seeing low, but rising rates of STIs amongst our over 50s.  

In response to the review findings, we worked closely with residents and stakeholders to agree seven key principles to support a redesign of the local provision model. The following principles were all strongly supported by the public and stakeholders:  
- One organisation will be responsible for the coordination of care, ensuring services are safe and effective and have |
appropriately trained and skilled staff across the workforce

- Staff will have different conversations, talking to people about their strengths and the things that matter to them, for example positive relationships and lifestyle factors
- There will be an increased opportunity to access information and advice online, book appointments and where it is safe to do so, order self-sampling kits to undertake tests at home
- There will be an increased outreach in communities, appropriate to need, to bring these services closer to people in their communities
- There will be a single point of access to services with one phone number and website, helping to get people to the right place at the right time
- We will take an asset based approach to support positive sexual health behaviours, this means working more closely with places like Schools, GP surgeries, Pharmacies and Community Groups
- Where possible one person or service can help you with the things you need support with, to reduce the number of times you have to repeat information and wait between appointments

Using these principles, we designed a revised delivery model for sexual health provision in the Borough, based on:

- Consultant led enhanced services comprising of central appointment and walk in provision, with a role around safety, quality and development of an integrated, sustainable system.
- The networking of the central provision to seven nurse led sexual health clinics co-located in Primary Care, in our areas that face the most challenges in relation to sexual health.
- The development of a single point of access function to support triaging and management of patient flow
- A universal sexual health information and advice offer in all communities that uses and increases the assets within communities to support people to look after their sexual health and have positive relationships. We envisage this including Primary Care, schools and colleges, and leisure and community provision amongst others.
- A digital offer that enables residents to readily access information and advice, and where appropriate, self-test therefore promoting independence in relation to managing their sexual health needs.
- The using of invest to save approaches that aims to take advantages of a variety of opportunities to increase provision or extend service scopes that may otherwise not be possible.
- Integrated clinical governance functions across the local system
- Continued commissioning of specialist sexual health services on a Greater Manchester-wide footprint.

In the proposed model Sexual Health services will be designed to provide the right level of service, in the right place, at the right time, according to the identified needs of the service user and in line with increasing the number of services available
within Primary Care. Services will be open access, with demand management via a single point of access (both web based and telephone) to enable service users and referrers to access the most appropriate service for their needs. Where possible, services will be configured to meet the majority of sexual and reproductive needs in one service (for example the ability to access a full range of Sexually Transmitted Infection (STI) testing at one appointment), but should additional care or activity be required (for example a more specialist level of testing or treatment), there should be rapid and seamless movement between service levels.

Prevention

Sexual ill health can affect all parts of society and people’s needs in relation to this change throughout the lifecourse. Sexual health, reproductive health and HIV services make an important contribution to the health and wellbeing of individuals and communities. The current economic challenges and pressure on resources necessitate the need to ensure that sexual health service provision meets the needs of the local population, delivering best outcomes and best value. In addition to sexual health being a public health concern in its own right, there is also strong evidence linking it to other risk taking behaviours such as drug and alcohol misuse and to other key issues affecting those in the Wigan Borough such as domestic abuse and Child Sexual Exploitation. We also recognise that people accessing sexual health services may also require support with other lifestyle factors, such as; screening, alcohol or smoking and that in fact the presentation of a sexually transmitted infection or request for Emergency Hormonal Contraception (EHC) may be the result of other challenges people may be facing, such as mental health issues, changing relationship status or domestic abuse.

Through our review, we found evidence of residents participating in risky behaviour, particularly vulnerable residents and young people. A targeted outreach offer was particularly successful in reducing the risk of teenage pregnancy amongst our most vulnerable young people, however we considered that there were additional cohorts of residents who would particularly benefit from this approach and have sought to widen the focus of our targeted outreach offer away from solely targeting vulnerable young people.

We also found evidence of staff particularly in non-specialist services missing opportunities to identify sexual health needs as a result of not being aware of or having the capacity to ask the right questions. In Wigan, our asset based approaches involve being willing to have a ‘different conversation’ about someone’s needs and aspirations in order to start from a point of the person’s strengths rather than deficits and needs. We are exploring how this approach can be used in practical terms in the field of sexual health provision. Our intention is to develop training, support and guidance to local providers in this field.

Young people are a particularly vulnerable cohort as a result of; increased sexual health activity, high rates of STI amongst this group, developing knowledge and emotions, and their awareness and understanding of what constitutes healthy relationships. The increased focus on sex and relationship education within schools is a positive, however there needs to be
an offer in schools that expands beyond the provision of sex and relationship education, including through awareness raising measures, the offer of or supporting access to sexual health provision including contraception, and the training of relevant staff. School nurses can play a role in this. There can be challenges in engaging with faith schools and securing their support and commitment particularly around the promotion of contraception and sexuality issues. Young LGBTQ people are a particularly vulnerable cohort with associated mental health impacts.

People with neurological conditions and disabilities often struggle to access tailored support including understandable information, particularly around contraception, and access to appropriate training and support in relation to positive relationships.

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<th>The commissioning and delivery of sexual health services, including contraception services. This includes:</th>
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<td>• Demand</td>
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<td>There has been lots of national press relating to access to services and demand increasing for SH service, this demand is also reflected in the STI data tables. In Wigan we have seen the number of attendances in our specialist sexual health services rise in previous years.</td>
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<td>Providers of our sexual health services have also reported:</td>
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<td>• The integration of services increases demand by making the offer of STI screening alongside contraception or vice versa, it also facilitates the offer of repeat attendances.</td>
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<td>• The demand increases as the amount of time taken with each patient addressing all their SH needs reduces the amount of capacity available for volume of patients attending.</td>
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<td>• There is also increased reports of patients attending SH Services as GP are not able to accommodate the patient in a timely manner or they are told that GPs no longer deliver a contraception service.</td>
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<td>Although positive public health activities anything relating to awareness of both contraception and STIs increases demand, this may be a short term acute response to a media campaign/public incident or a sustained increase due to activity such as RSE programme/interventions.</td>
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<td>• Access</td>
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<td>In our public consultation, we specifically set out to ask a range of questions relating to how our residents would like to access sexual health provision within the Borough. This was a comprehensive public consultation, with 314 completed</td>
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questionnaire responses from the public, engagement work with a wide range of stakeholders, as well as focus groups with specific cohorts.

- The majority of respondents (90.2%) agreed with the principle that one organisation should be responsible for co-ordinating activity across the sexual health system. 91.8% of respondents were supportive of one person or service being able to help with the things they need support with.

- 88.7% of people agreed that there should be an increased outreach in communities, appropriate to need. A very similar proportion of people stated a preference to access these services from a sexual health service (43%) or a GP Practice (41%). 32.3% of respondents and 9.6% of respondents in Wigan and Leigh respectively stated that they would like to access services in central locations. People felt it was important in terms of; access via public transport, anonymity and best use of clinical specialist staff. A cohort of our most vulnerable young people also stated this as their preference.

- 75% of people would like to access sexual health services at the same time as visiting their GP Practice. In addition 91.8% of people felt that it was important that where possible, one person or service can help you with the things you need support with. We therefore proposed an increased role for Primary Care. Qualitative feedback indicated that there is scope to base these services in primary care and to upskill practice staff to deliver an enhanced level of service. Primary Care professionals have highlighted the ambition and opportunities to develop sexual health services in primary care.

-Whilst the consultation indicated that pharmacies would not necessarily be the first port of call for people wishing to access sexual health services, 28.3% of people indicated that if they were accessing their pharmacy for other reasons, it would be their preference to also be able to access sexual health services.

- We received a number of comments in relation to the importance of education and education settings having a key role. 21.5% of respondents would like to access support whilst at school. We also asked people what support they thought should be available in education settings. There was support for curriculum for life (healthy relationships, risk taking behaviours, online safety and consent etc.) and information. There was also support for access to contraception and testing and treatment. We asked people who they thought should help provide the offer in our educational settings. People were asked to select more than one option. 78.8% of responses indicated a sexual health worker and 54.8% selected a school nurse. Responses also indicated a role for teachers and parents.

- 91.7% of respondents felt it was important that we take an asset based approach to support positive sexual health behaviours, this means working more closely with places like Schools, GP Surgeries, Pharmacies and Community Groups.

- 85.7% of respondents felt that a strong digital offer was important and stated which aspects they would prefer, including: online booking, websites and online chat.
The level of contraception provided through primary care generally compared with the low uptake of LARC along with the number of pharmacies offering EHC also confirms that there are a number of opportunities to be working differently to deliver an increased offer in these settings to improve sexual health in the borough.

We have also evidenced additional challenges in successfully engaging particular groups of residents in using sexual health services, including young people, ethnic minorities and asylum seekers, older people, and homeless people amongst others.

We know that for people who work, finding an appointment that can fit around their appointments can sometime be difficult.

We also know that there are opportunities through technology that can be used to support access including; online advice and guidance, online triaging and booking, self-sampling, live chat/Skype facilities, integrated record keeping and information sharing between services and technology to support professionals to work agilely and within the community.

### Funding

In Wigan, the Council needs to make £135m of savings by 2020, including in response to reductions from the Public Health Grant. Our response has been to design a model that, over the next few years, aims to reduce expenditure on specialist services through:

- Shifting resources to prevention, freeing up specialist capacity to focus on our most complex cases
- Ensuring resources are used as efficiently as possible e.g. through using technology, reducing repeat presentations
- Increasing the role and involvement in sexual health provision of primary care and our schools and colleges
- Supporting residents to take responsibility for their sexual wellbeing
- Improving data and intelligence across the currently fragmented system to support the above

However the impact of reduced funding, increased demand, and evolving needs has had a direct impact on services and Commissioners and providers are working together to try and alleviate the impact as best as we can. Some of these impacts are being felt at both a national and local level, including:

- Staff leaving the speciality of sexual health, and a reduction in the number of staff wanting to enter the speciality
- Reduction in education funding has seen a decrease in university courses being discontinued so staff now are being trained using the national governing body training packages (BASHH and FSRH)
- The cost of training staff so that they are dual trained is significant to organisations when services are newly
integrating.

- Successful SH promotion strategies increase costs in particular drug and test costs which are not taken into account in funding settlements
- There is uncertainty over long-term funding arrangements for emerging issues e.g. Hepatitis A, PrEP, HPV
- Non-NHS organisations are still not being funded for PEPSE.
- Funding doesn’t reflect increases in salaries for staff such as pay awards of increments
- Funding reductions elsewhere have led to the discontinued or reduction of key stakeholder posts/offer
- Funding emphasis has changed e.g. no payment made for chlamydia screening has led to this becoming a non-priority for providers
- The introduction of testing for Mycoplasma Genitalium is likely to incur significant cost (based on current guidelines)
- Inability of other commissioned providers to flexibly expand/respond to evolving demands
- The incentive towards compromising standards in order to meet demand

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<th>• Standards and Governance</th>
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<td>BASHH and FSRH provide robust evidence based practice advice which supports the establishment of clinical standards and associated governance against these standards. Issues may arise if the services are devolved to other providers the control of the quality provision becomes more difficult.</td>
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<td>Establishing integrated governance and support mechanisms across the whole system is more challenging due to the fragmentation of commissioning responsibilities. This is particularly the case in relation to non-specialist SH providers.</td>
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<th>• Co-commissioned services, e.g. HIV, PrEP, cervical screening, vaccinations, drugs and alcohol (chemsex)</th>
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<td>The fragmentation of commissioning responsibilities across LA, CCG and NHSE has led to a situation where services are often not co-commissioned, pathways are fractured, staff are de-skilled (e.g. not having the right training to do smear tests), there is uncertainty in relation to responsibilities (e.g. psychosexual activity), including where responsibilities fall across SH and non-SH services (e.g. chemsex). This has led to patient discontent e.g. “I have always had my smear done here”, and wider implications and challenges, particularly in relation to identifying repeat presentations at different provisions/some safeguarding issues.</td>
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<td>In Wigan, this has led to a particular example where we have separate commissions for HIV testing (LA, some CCG) and for HIV treatment (NHSE). This has led to the following challenges for the Council which has required joint-working with NHSE to try and resolve:</td>
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<td>• Supporting partners to agree an integrated pathway</td>
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<td>• Establishing outreach treatment provision within the Borough</td>
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Challenges in recruiting a GUM consultant due to local lack of HIV treatment within the traditional GUM/HIV offer
- Supporting partnership working between all local stakeholders involved in HIV

There are also some services where due to the level of need, it has been considered to be more cost-effective to procure on a regional basis. However this has also led to a situation where there can be challenges in aligning the provider with the local direction of travel, which can sometimes lead to inefficiencies including through; less robust local pathways, weaker information sharing with partners, and the duplication of effort and resources.

Decommissioning of non-core services
- In Wigan we have tried to develop an offer that not only meets our commissioning responsibilities as set out by National Government, but goes further in terms of supporting our residents through asset-based approaches and improved access and opportunities to take ownership and responsibility for their sexual health and wellbeing. However within this, we have also tried to support our providers through ensuring a clearly defined scope in line with commissioning responsibilities/best practice/local direction of travel. However, due to the fragmentation of commissioning responsibilities at a national level, this has led to the identification of a number of uncertainties and challenges, including:
  - Who picks up psychosexual issues as the difference between sexual health/non-sexual health components of psychosexual issues is not clearly defined
  - Who picks up where issues are clearly cross-commissioner e.g. chemsex, some dermatology/gynaecology issues
  - Confusion on the part of referrers – who is the right service to send to. This leads to patients being passed around providers until their needs are met
  - Challenges in diverting staff away from non-commissioned activity where they are trained in it

Workforce issues
- Our providers report a number of workforce issues, which they are managing with the support of Commissioners, including:
  - Dissatisfaction with new expectations for CASH and GUM staff
  - Unwillingness to take on new roles
  - Disruption in team structures following integration
  - Re-establishment of process/pathways/policies
  - Remodelling of teams
  - Recruitment – difficult to recruit in to Non NHS Organisations, lots of misconceptions, difficult to recruit trained staff, national difficulty with aging workforce/retirement age etc.
  - Unstable services
  - Workload increases with volume and demand of patients
  - New contracts removed key posts e.g Health Advisors
| Action at national and local level to improve sexual health and sexual health services – the role of Government, NHS England, Public Health England and local authorities | The fragmentation of commissioning responsibilities is presenting significant barriers to the ability of commissioners and providers to work together to address wider challenges within the sexual health system, including increasing demand, reduced funding, emerging issues, evolving public behaviour,  

The reduction of public health funding is impacting the ability of Commissioners to undertake preventative approaches towards the delivery of sexual health provision.  

Action also needs to include a range of key national stakeholders which lobby government and provide best practice guidance, survey their members, publish reports, established working parties in order to develop and ensure issues/standards and delivery are met and any potential issues are identified and raised for commissioners and providers to consider. |