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**Integrated Sexual Health Services Section 75 Agreement North Yorkshire**

**Introduction**

We are delighted to announce that following extensive public consultation, the boards of York and Scarborough Teaching Hospitals NHS Foundation Trust and North Yorkshire County Council have approved a Section 75 partnership agreement for the provision of Sexual Health Services. This partnership arrangement will commence on the 1st of April 2022 and run for an initial period of 4 years with an option to extend this contract for a further 4 years followed by a further 2 years by mutual agreement.

A Partnership Board will be established on the 1st of April, its purpose to provide strategic oversight and governance of Sexual Health service transformation. The Board will do this by scrutinising operational and financial performance, ensuring risks are identified and managed and ensure that the sexual health services continue to be prioritised within a changing health landscape.

**Current Provision**

The current and new integrated sexual health service will provide people of all ages, open access, confidential, non-judgemental services including sexually transmitted infections (STI’s) and Blood Borne Viruses (BBV) testing, treatment, and management; the full range of contraception provision; health promotion and prevention.

The service currently comprises of the following key elements:

Sexual health promotion and information

Provide evidence based sexual health information including but not limited to information on pregnancy and abortion, full range of contraception, STI’s and safe sex messages, sexual assault, child sexual exploitation (CSE) and female genital mutilation (FGM).

Contraceptive services

Provide full range of contraceptives including pregnancy testing and counselling about pregnancy choices, supply of condoms, emergency contraception, first prescription and continuing supply of all contraceptive methods (excluding gynaecological reasons), all follow up appointments, advice about family planning, advice and support experiencing difficulties with choice of contraceptive methods, management of complex contraceptive problems.

STI services

Provide STI services following assessment of need and risk. Tests for Chlamydia, Gonorrhoea, Syphilis and HIV. Hepatitis A and B immunisations. Diagnostics processed and results conveyed quickly and acted upon appropriately. Management of complex and non-complex STIs. Partner notification. Post exposure prophylaxis (PEP, PEPSE) and Pre-exposure prophylaxis (PrEP) provision.

Clinical outreach service (under 25’s and those of greatest need)

Clinical outreach provision to those most in need and complex, advice, information, contraception, STI/HIV testing and treatment.

Sexual health counselling

Six 1-hour sessions for people living in North Yorkshire who wish to seek support with different aspects of sex or sexual health.

Community outreach service (targeted most at risk groups)

Community development approaches providing sexual health promotion and prevention to high-risk groups, improve access to HIV/STI diagnostic and treatment interventions.

Positive support service for people living with HIV and their carers

Support for people living with HIV, self-management, prevention of onward transmission, improve quality of life and independence.

Training

Coordinate and deliver an annual sexual health training programme, tailored to meet the needs of a range of frontline professional staff.

**Future Vision**

As we embark on this transformation programme, we are mindful of the emergence of Integrated Care Systems and new partnerships within Primary Care Networks. With this in mind, we are applying these underlying principles to help shape our plans:

* **Local needs drive local care delivery (Place)**
* **Service response is outcomes focused (Performance)**
* **Risk based approaches are used to deliver value for money (Value)**

**Work streams**

There are five work streams in this transformation programme:

1. **Digitally enabled care**

We will use technology enabled care to deliver care that is high quality, convenient and easily accessible, and provides choice for our diverse service users. Our care pathway will start by supporting people as soon as they begin looking for information on our website and social media platforms. We will support people digitally with appropriate self –care advice and signpost to independent and related services to maximise and will support (see figure 1).

 We Care

*Figure 1 –Pathway*

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| --- | --- |
| **Our Current Offer** | **Our New Offer** |
| Digital information on common conditions available via our website. Telephone triage and booking available via phone.  | More extensive self –care information available via a new website. Detailed signposting of related service provision. Direct online triaging and booking into appointments via website. * Year 1 -point of care testing and support for Most at Risk Populations (MARPs) and Long-Acting Reversible Contraception (LARC) appointments.
* Year 2 - Roll out to full integrated service.
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1. **Patient Pathways (including STI testing and contraception)**

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| --- | --- |
| **Our Current Offer** | **Our New Offer** |
| STI Testing. Full range of STI testing in clinic and on-line asymptomatic screening with our online testing partner.  | Implement national policy changes to Chlamydia Screening Programme with a focus on 18-24yr olds with a cervix.Review and implement targeted, risk-based expansion of our online testing offer with an aim to increase positivity rates and ensure value for money.Expand pop-up testing provision for those at highest risk. Continue to offer Clinic based STI testing. |
| Repeat Contraception. Currently offer repeat contraception to anyone accessing the service. | Continue to offer repeat LARC to all who access the service and all repeat contraception to all who access for emergency contraception or have other complex needs. Repeat maintenance oral contraception will be referred to Primary Care.  |

1. **Place-based services**

North Yorkshire is diverse. A one-size fits all approach is not sufficient. We will focus on developing an in-depth understanding of locality need and, collaborating with our partners will develop responsive solutions that focus on improving health outcomes. In year 1, we will work with local and national partners to scope available datasets, identify those that will enable the production of robust performance data as well as identifying areas of additional need and supporting with responsive approaches.

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| **Our Current Offer** | **Our New Offer** |
| We have 4 Hubs in Harrogate, Northallerton, Scarborough and Selby. | We will maintain these 4 hubs in their current locations to ensure consistency for residents. |
| We deliver community clinics in Whitby, Malton, Sherburn in Elmet, Askham Bryan, Ripon, Dyenley, Harewood Medical Practice at Catterick Garrison, Northallerton CAB. During covid we suspended services at Pickering, Stokesley and Acomb. Our sessional space was withdrawn at the Friarage Hospital and reduced at Harewood medical practice.  | We will deliver community clinics in:* Sherburn in Elmet
* Ripon
* Dyenley
* Malton
* Harewood Medical Practice Catterick Garrison
* Northallerton CAB
* Selby CAB (MARPs)
* Harrogate Community House (MARPs)

Service uptake in Whitby is low. We will collaborate with local partners in Whitby to explore needs and opportunities for collaboration. We will target additional services on a task and finish basis to manage pressures such as outbreaks, spikes in teenage conceptions or migration influx.  |

**Harrogate Area summary of Provision**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Am | F2F-Dyneley Virtual NYMARPS session Harrogate Community House | F2F –HeatherdeneVirtual NY | F2F HeatherdeneVirtual NY | F2F HeatherdeneVirtual NY | Virtual NY |
| Pm | F2F-Dyneley/HeatherdeneVirtual NY | F2F -HeatherdeneVirtual NY | F2F HeatherdeneVirtual NY | F2F Heatherdene/RiponVirtual NY | Virtual NYMARPS session Heatherdene |
| Evening | F2F-DyneleyVirtual NY | F2F HeatherdeneVirtual NY | Virtual NY | F2F Heatherdene/RiponVirtual NY |  |

**Scarborough and Ryedale Area summary of Provision**

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| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Am | Virtual NY | F2F-NorthwayVirtual NY | F2F-NorthwayVirtual NY | Virtual NYMARPS F2F session Northway | F2F-NorthwayVirtual NY | MARPS F2F drop in for MSM and married Northway |
| Pm | F2F-Whitby Virtual NY  | F2F-NorthwayVirtual NY | F2F-NorthwayVirtual NY | Virtual NYMARPS F2F session Northway | F2F-MaltonVirtual NY |  |
| Evening | F2F-Whitby Virtual NY | F2F-NorthwayVirtual NY | F2F-NorthwayVirtual NY | Virtual NY | F2F-MaltonVirtual NY |  |

**Selby Area summary of Provision**

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| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Am | Virtual NY | Virtual NY | Virtual NYMARPS F2F session Selby CAB | Virtual NY | Virtual NY |
| Pm | F2F-SelbyVirtual NY  | Virtual NY | F2F-SherburnVirtual NY | Virtual NY | F2F-SelbyVirtual NY |
| Evening | F2F-Selby Virtual NY | Virtual NY | Virtual NY | F2F-SelbyVirtual NY |  |

**Northallerton area summary of provision**

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| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Am | Virtual NY | Virtual NYMARPS F2F CAB | F2F-Catterick garrisonVirtual NY | Virtual NY | Virtual NY |
| Pm | Virtual NY  | Virtual NYMARPS F2F CAB | F2F-Catterick garrisonVirtual NY | Virtual NY | F2F- Catterick garrisonVirtual NY |
| Evening | Virtual NY | F2F-NorthallertonVirtual NY | F2F-Catterick garrisonVirtual NY | F2F-NorthallertonVirtual NY |  |

1. **Most at risk populations (MARPS)**

Whilst our current core offer encompasses care for people who are most at risk, we understand that the unique needs of these communities and individuals will require additional support. We will address this by adopting:

* A targeted and combined approach that will be mobilised to best support the people with the greatest or most complex needs. This joined up approach will see clinical practitioners, community development workers and counselling therapists working together to provide practical support, an outcomes focused team supporting people to take control of their sexual and reproductive health.
* A community development offer that works with system assets such as primary care partners, health promotion and wellbeing teams, education providers and third sector partners to develop their ability to support people with their sexual health needs, recognise risks, and seek specialist help when needed.

The community outreach team will consist of the following professionals:

* Community nurses
* Community development workers
* Counsellors
* HIV wellbeing and support
* Administrative support

**Who do they target?**

Our most at risk populations include (but are not limited to) the following groups:

* Sex Workers
* Homeless people
* LGBTQ youth
* Children and young people including CSE, CYP in care, or leaving care
* People with learning disabilities
* People who misuse drugs and alcohol

**What does the integrated team offer?**

* Education and awareness raising for our local partners to support them in identifying sexual health risks, understanding local testing/screening strategies, contraceptive care, and access arrangements for these services.
* Education and support for communities with higher risks.
* A combined, streamlined electronic referral process
* Referral assessments and triage to a named professional lead
* Comprehensive assessment of need using a holistic approach that considers social and economic challenges facing individuals.
* Individualised plans of care that use techniques and strategies (such as motivational interviewing) to support individuals with their sexual and reproductive health literacy, focusing on shared outcomes to deliver real improvements to health.
1. **Training and Development**

**Key Principles**

Training will be partner focused, based on training needs of the local sexual health partners. The Trust will capitalise on its position within the local provider collaborative to help understand and plan for training needs across the wider sexual health system. The service will use a blended model of face to face and digitally delivered training opportunities. We have five faculty trainers to support the delivery of high-quality educational opportunities. We will offer for example:

* Hot topic webinars
* Condensed (1 week) coil and implant fitting to Faculty standards
* Presentations and resources hosted on the professionals’ pages of our website or linked into source materials
* Online booking via the website for training
* Continue to develop and use non-registered staff capacity to support delivery of basic sexual health presentation to non-clinical staff virtually
* Refreshed training needs analysis annually to consider new topics of interest and gaps in knowledge regionally
* Engagement with ICS partners to deliver Primary Care Network presentations and delivery to facilitate increased sexual health awareness with a Public Health Outcomes Focus and key topics/news.
* Continue to deliver and develop pharmacy oral emergency contraception, chlamydia testing, condom distribution and safeguarding training virtually annually following its success during the pandemic
* Continual feedback following training session delivery to consider quality/content and review
* Bespoke offer of training to key partners following request
* Development of the training offer delivered by the community outreach team
* Internal training- continue the quarterly clinical learning programme remotely for all nurses/medics/non-registered staff with audit/updates and learning from cases.

**How you can get involved**

We are actively seeking partners with an interest in the following areas, to help refine and shape our future offer:

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| **Area of Work** | **The Task** | **Contact Details of Lead** |
| Information and Intelligence | To help develop place based local Sexual Health intelligence, bringing together available data sets that identify needs and support partner actions.  | Tina Ramseyc/o Nikki.Foster@york.nhs.uk |
| Working with Most at Risk Populations | To develop bespoke system wide service offers for most at risk populations. Develop outcome measurement approaches.  | Alison Chorltonc/o Diane.Schofield@york.nhs.uk |
| Community Development Work | To identify priorities for action for YSH. Identifying and developing our community assets. Agreeing “success measures.” | Vicki Finlayc/o Kate.Neasham@york.nhs.uk |
| Targeted Testing | To refine our offer of online and pop-up testing to ensure effectiveness and value for money. | Dr Ian Fairleyc/o Nikki.Foster@york.nhs.uk |
| Training and Development  | To conduct a system wide Training Needs Analysis and develop annual training plans. | Alison Chorlton c/o Lauren.Acaster@york.nhs.uk |

We understand the pressures on our partners currently, so we want to make this as easy as possible for you to contribute. We will do as much of this work virtually or over email /shared working spaces as possible. Where we would benefit from face to face-to-face discussions, we will keep these sessions short and focused using a mix of virtual and face to face.