Proposal and Integrated Impact Assessment

Informing our approach to fairness

Title of proposal	Public Health – Sexual health services in Newcastle
Date of assessment	October 2019
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Newcastle City Council

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Section A: Introduction

A1. Context and background

In Newcastle, our ambition is to ensure an integrated sexual health system incorporating high quality clinical and non-clinical sexual health provision that supports Newcastle residents across the life course to make informed, confident choices and that ensures equitable access and coverage of services across the city.

In 2016, Newcastle's clinical sexual health services were recommissioned as part of our citywide plans to deliver an integrated service model. The current arrangements are due to end in 2020, and the Council is undertaking a whole system review to inform future arrangements. In undertaking the review, we continue to set out our ambition to maintain an integrated 'whole system' approach in order to continue to provide the following benefits:

- an improved experience for service users through the integrated service model based on national best practice and the findings from local consultation with service users and communities at risk of sexual ill health;
- better health outcomes through improved access for service users, providing early testing and treatment to stop onward transmission of sexually transmitted infections (STIs) and prompt provision of long acting reversal contraception (LARCs) to reduce unplanned pregnancies; and
- better value for money through reducing duplication, realising efficiencies in order to invest to meet rising demand, and promoting preventive and risk reduction approaches.

Our review has also included an update of Newcastle's sexual health needs assessment which:

- summarises national guidance and best practice relating to sexual health services;
- provides an overview of socio-demographics and population of Newcastle;
- describes the sexual and reproductive health of the population by looking at key indicators and trends in order to understand the local burden of disease; and
- describes the current provision of sexual health promotion, prevention and treatment services, assessing service performance and service delivery, identifying any gaps between sexual health needs and service provision.

This consultation document seeks to set out proposals for future delivery, and has been informed by:

- a service review event held on 11 June 2019 with current and potential providers and wider stakeholders;
- feedback from a survey which was publicly available on Let's Talk, with direct contact with key professionals to provide feedback (including GPs and pharmacies). Paper copies of the survey were also made available at key sites and services across the City;
- three face-to-face engagement sessions to support inclusion of views and experience of people from BAME backgrounds; and
- an engagement event on 5 September 2019 outlining the findings of the consultation and an outline of the proposal contained in this document.

Over 300 service users and professionals engaged with us as part of the review. Feedback from this consultation, alongside the sexual health needs assessment will be key in informing future requirements within service specifications for future service delivery.

Full engagement feedback is available at: https://www.newcastle.gov.uk/business/doing-business/provider-information/review-sexual-health-services.

This document now sets out our proposals for recommissioning sexual health services. It seeks to provide additional information in relation to contract opportunities for the market and our proposed timescales for this. It is intended for use by a range of stakeholders in order to develop a cooperative approach to our commissioning plans, for example:

- Existing and potential providers who will be able to use the information presented to identify the role they can play and to help develop their business plans. We hope that this document will enable provider partners to respond to the identified service model, identify potential opportunities for collaborative working, as well as bring forward new and innovative ways of working in the future;
- Voluntary and community organisations and groups who make a key contribution to promoting good sexual health across the city. We hope these partners, who may or may not deliver commissioned services, will be able to use this document to understand proposed changes to the commissioned service provision and to develop links between commissioned and non-commissioned support; and
- Community stakeholders and Newcastle residents who wish to contribute to the development of a fit for the future integrated 'whole system' approach to sexual health in Newcastle. We hope our communities will participate in an ongoing dialogue about how sexual health services should evolve.

This is the final stage of our consultation with stakeholders. You can leave your feedback on the recommissioning proposal set out in this document through Let's Talk Newcastle at https://www.letstalknewcastle.co.uk/consultations/info/312 or by email to stacey.urwin@newcastle.gov.uk.

Any final responses to this consultation should be sent no later than Friday 01 November 2019.

A2. Priorities and drivers for change

The contract opportunities presented in this document are in the context of our duties in exercising Public Health functions. They also seek to help us respond to several key national and local challenges, including:

PrEP (Pre-Exposure Prophylaxis)
The current service provider is one of many sites across England taking part in PrEP impact trial (https://www.prepimpacttrial.org.uk/about-prep). There are potentially just over 300 places on the trial in Newcastle which patients are recruited to or independently request to participate. The trial began enrolling participants in October 2017 and is expected to continue to recruit until mid-2020. It is anticipated that the outcome of the trial will recommend routine commissioning of PrEP prescribing. This will reduce the inequitable access that currently exists across the country and reduce the unnecessary risk of exposure of individuals acquiring HIV.

HIV Strategy for Newcastle – towards elimination
The Joint United Nations Programme on HIV/AIDS (UNAIDS) Fast-Track initiative seeks to eliminate AIDS as a health threat by 2030. The programme encourages cities across the globe to meet key goals that will help to end the HIV epidemic. These include achieving the UNAIDS 90-90-90 targets, increasing the utilisation of combination HIV prevention services, eradicating stigma and discrimination of those affected by HIV and establishing a common, web-based platform to support monitoring of progress. The Health Secretary has also announced the goal to end HIV transmission by 2030, through better prevention, detection and treatment. Partners are

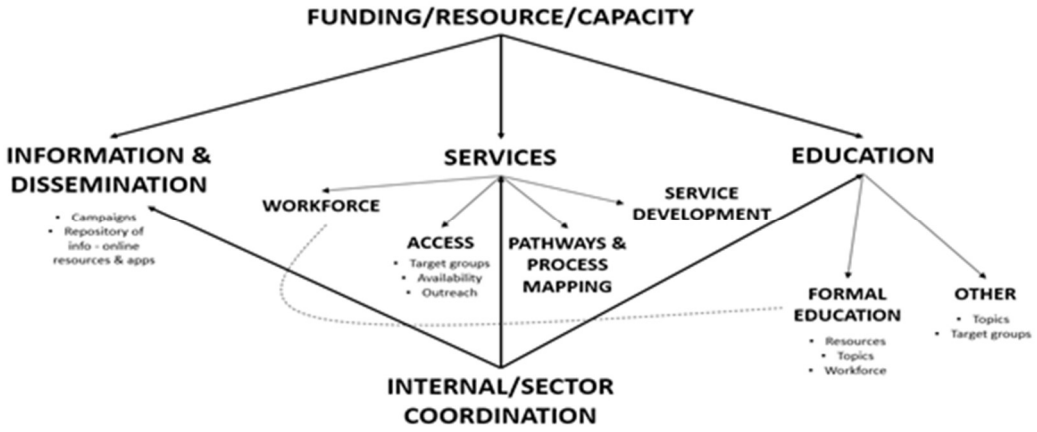
working together in Newcastle to develop an HIV Strategy for the city to see how we can reach this goal locally. One of our priority areas is research into the factors that affect prevention of transmission, new approaches to ensure that there is awareness about HIV across the population and collective work to ensure that services are meeting the needs of those living with HIV.

Sexually Healthy Newcastle
The vision for a Sexually Healthy Newcastle has been defined as:

The provision of information, education, support services that are empowering, inclusive and diverse, and give a holistic view of sexuality across all ages. We will do this by joining up professionals, organisations, workforces and communities in a way that involves ongoing dialogue between and within communities and people. Partners are currently delivering on three priority workstreams to improve the sexual health of the population of Newcastle, these include:

1. **Information and dissemination –** this workstream will look at campaigns, communications, repository of information both physical resources and online and apps, for both professionals and service users;
2. **Services including access, workforce and process mapping** – this group will carry out a mapping exercise of current service provision, workforce and access and pathways. To include safe spaces, sexually healthy city safe zones;
3. **Education** – this area included sexual health education across the life course and a range of topics were identified including supporting schools around delivery of SRHE, Coordination of external visitors into schools, consent, online safety etc.

The diagram below shows a visual representation of these priorities and how they interlink.



Sex, Relationship and Health Education (SRHE) across the life course
In Newcastle we believe that a life course approach to SRHE should be delivered to **all.** An approach that addresses preconception to older age, encompassing health promotion, positive sexual wellbeing, sexuality, relationships, contraception, protection from STIs, condom use and menstruation. Prevention and health protection - STI screening and treatment, partner notification, LARC, rapid access to abortions, management of LTCs associated with sexual health, management of menstrual disorder and menopause.

Cervical Screening
Nationally there has been a decline in the level of coverage of cervical cancer screening, falling from 75.5% of the eligible population screened in 2010/11 to 71.7% in 2017/18. Newcastle has also seen a decline in cervical cancer screening; in 2018 only 67.6% of the eligible population

were screened, a decline from 74.7% in 2010. Increasing the coverage of cervical screening is a public health priority for the city and partners are working together to increase screening coverage by targeting the harder to reach communities, dispelling the myths and reiterating the importance of screening. We see sexual health services as key to ensuring all eligible women are offered cervical screening when attending services.

Transforming Care for people who have a learning disability

The Transforming Care programme is aimed at improving health and care services so that more people can live in the community, with the right support, and close to home. Children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition have the right to the same opportunities as anyone else to live satisfying and valued lives and, to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life. Sexual health contract opportunities which will be presented to the market will form a part of the response to ensuring people with learning disabilities and/or autism are supported to live as independently as possible within their community.

Autism

The Think Autism Strategy places expectation on local authorities to ensure responsibilities under the Autism Act 2009 are carried out. The expectations within this legislation is to ensure services are developed and delivered to support the needs of people with autism, and their families and carers. Sexual health services in Newcastle will support the drive to improving the lives of adults with autism by making sure that people working in services understand about autism and making it easier for adults with autism to access sexual health services to support how they choose to live and get the help they need to do this within appropriate and proportionate settings.

Section B: Current service provision

B1. What does the service do?

The provision of sexual health services across Newcastle are complex and there are a range of services across the city that deliver clinical and non-clinical sexual health services.

Scope: Clinical sexual health services

We currently commission **clinical sexual health services** under one over-arching integrated contract with Newcastle upon Tyne Hospitals Foundation Trust (NUTHFT). The service delivery model is a "Hub and Spoke" model of care. The Hub is located at the New Croft Centre which is in the centre of Newcastle. The provision of these services includes a three-tiered level recommended by The British Association of Sexual Health and HIV 2005 (BASHH):

- Level one – Universal and core services, including non-specialist sexual health promotion work undertaken in primary care, community settings and outreach.
- Level two – provided mostly by the hub and integrated model of CASH and GUM and spoke services
- Level three – CASH and GUM and other Complex/High level specialist services.

The current service delivers the following requirements:

Contraception
Services commissioned to provide contraception are primarily delivered at the New Croft Centre by NUTHFT. NUTHFT also sub-contract with GPs via the GP Federation, and Community Pharmacists via PSNE Ltd. These services provide open and unrestricted access to services in line with statutory requirements.

NUTHFT delivers an integrated Contraception and Sexual Health (CASH) service which provides contraceptive advice, including the provision of long acting reversable contraception (LARCs), such as an intrauterine device (IUD), contraceptive implant, the oral contraceptive pill and supplies of condoms etc. GPs are also sub-contracted by NUTHFT to provide LARCs to improve access for patients who choose to attend their GP practice rather than go to the New Croft Centre. In addition, trained pharmacists across the city can provide Emergency Oral Hormonal Contraception (EOHC), chlamydia screening and C-card. The services available at pharmacies increase access to sexual health services for those people who may have difficulty in accessing other services e.g. New Croft Centre or their GP.

Sexually transmitted infection (STI) screening and treatment
STI screening and treatment is provided by NUTHFT as part of their provision of a fully Integrated Sexual Health Service. This service also coordinates chlamydia screening, C-card, psychosexual therapy, sexual health training, advice and support and sexual health promotion.

Newcastle City Council also provide funding to out of area specialist sexual health services who see Newcastle residents as part of open access arrangements.

Chlamydia screening and testing
As part of the national chlamydia screening programme, current service provision includes the offer of opportunistic chlamydia screening for 15-24-year olds across the city. This includes embedding screening into core service provision such as primary care, termination of pregnancy services and pharmacies; offering screening via community and voluntary sector; ensuring the offer of online testing; the management of positive results (including partner notification) and retesting positive patients three months post treatment. This is provided as part of the Integrated

Sexual Health Service delivered by NUTHFT. Laboratory services are provided by Newcastle Hospitals.

Chlamydia screening is also undertaken by GPs and pharmacists through sub-contract with NUFTH, and support and advice services provided by the Voluntary and Community Sector.

A Specialist Learning Disability nurse for Sexual Health is also part of the integrated service offer based at the New Croft Centre. Services are required to ensure appropriate arrangements are in place so patients with special needs can access sexual health services. Specialist provision is available in Newcastle for specific groups of people, including LGBT, people with learning disabilities, and access to interpreters.

Sexual health services are free and available to everyone regardless of sex, age, ethnic origin and sexual orientation.

PrEP
The service is currently involved in the PrEP trial in Newcastle. The trial is due to run until mid-2020, therefore it will be important that the new contract supports the trial to ensure so that those already recruited can continue in follow up, including recruiting to additional places allocated to Newcastle.

Scope: Non clinical sexual health services

The Council currently directly commissions a range of non-clinical services with community and voluntary sector organisations. Non-clinical services cover a wide range of health services that do not necessarily involve clinical training, such as, medical and nursing staff. They may be delivered in hospitals, people's homes or in community settings such as schools and community buildings, sports clubs or churches. They may provide a holistic approach to health and may be targeted at vulnerable groups.

The following table outlines the current non-clinical contracts for sexual health services in Newcastle:

Non-Clinical theme	Contract
Young People	West End Youth Enquiry Service (currently delivered by Children North East)
	Teenage Conception (currently delivered by Streetwise)
People with learning disabilities	Sexual Health Training for people with Learning Disabilities-Love Life (currently delivered by Skills for People)
Sexual Exploitation	People at risk of sexual exploitation (currently delivered by Changing Lives)
HIV	HIV Prevention Services (currently delivered by Blue Sky Trust)
	HIV Prevention Services – Floating Support (currently delivered by Places for People)

In addition to the above specialist services there are services commissioned through other public health work streams that provide general sexual health support and advice and signpost to specialist services as necessary.

Newcastle City Council also directly deliver, through MESMAC and Shine, advice and support for the lesbian, gay, bisexual, and transgender (LGBT) population including support and advice regarding HIV diagnosis as well as a counselling service for vulnerable men and women. These services are not a requirement in the integrated contract delivered by NUFTH but form part of the overall sexual health offer in Newcastle.

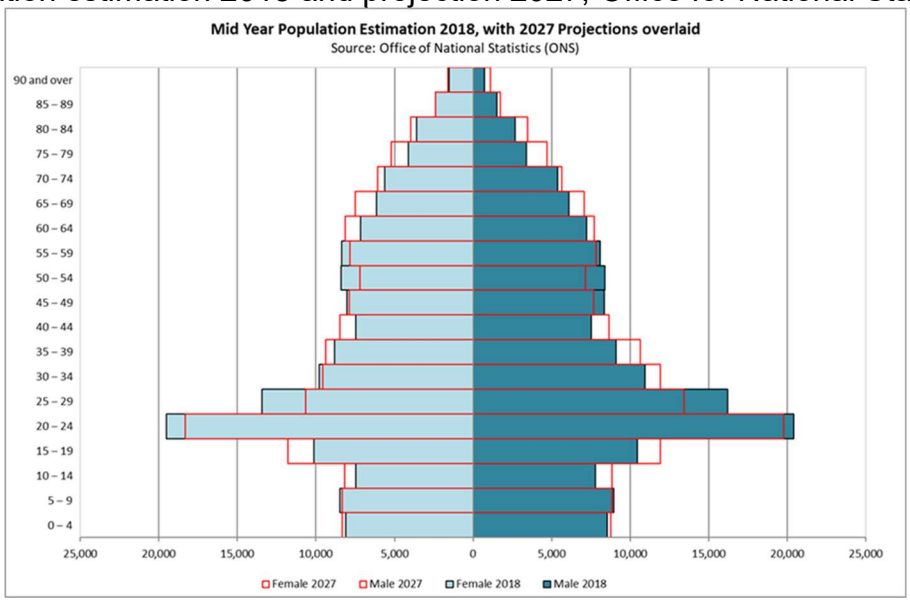
B2. Local need

Newcastle is both a vibrant and historical city, however like other local authorities across the county and the north east there are generally higher levels of deprivation. Newcastle is one of the most 20% deprived areas in England. In 2019 39% of LSOA's in Newcastle are amongst the 20% most deprived within the whole of England. This impacts on life expectancy in Newcastle and health inequalities, with life expectancy for men being 12.8 years less for men and 10 years less for females compared to the England average.

Population

There are an estimated 300,196 people residing in Newcastle in 2018 with almost 37% being under 25 years of age. Just over 20% of the population are estimated to be aged 15 to 24 (60,487), which is due to increase by just over 2% by 2027. The larger numbers in the younger age population is due to the large student population in Newcastle as a result of the two Universities located in the city as well as the large city centre college.

Figure 1: Population estimation 2018 and projection 2027, Office for National Statistics



The 2011 census showed that in Newcastle 14.5% of residents were of non-white ethnicity which was in line with the England average and that one of the main non-white ethnic groups was Asian/Asian British (9.7%). However, we know that profile has changed in the city over time. This change can be shown in the Newcastle School census which shows that in 2018, 31% of children are from the BAME population and 24% have English as another Language.

The proportion of male and female residents in Newcastle is similar to the rest of England, with an even split (50.5%) than females (49.5%). However, nationally there are more females (50.6%) than males (49.4%). In Newcastle males account for almost 52% of the under 50's population (52.7% of those aged 20-29 years), yet they account 47.8% of the 50 plus population in Newcastle. This reinforces that gap in life expectancy between males (78 years LE) and females (81.2 years LE) in Newcastle.

Adverse Childhood Experiences (ACEs)
ACEs are direct events or living circumstances present during childhood that can cause chronic stress and painful experiences. These could be direct experiences like sexual, physical or emotional abuse, or neglect. They could also be the family setting the child lives in such as parents/people present in the home having substance addiction or reliance, a family member in prison, a family member with a mental illness or parental separation (divorce, abandonment, etc).

Evidence is showing that these experiences can affect a person's health throughout their life course, with people experiencing ACEs more likely in adolescence and adulthood to have adopted self-harming behaviours (like binge drinking, smoking, drug use and early sexual activity). These behaviours in turn can lead to serious disease and long-term conditions in later life such as diabetes, heart disease, mental ill health, and cancer.

The strong association between exposure to ACEs and vulnerability to harms could lead for example:

- Unintended teenage pregnancy: 30.9% of those individuals who had experienced four or more ACEs reported that they had either accidently got pregnant or accidently got someone else pregnant before the age of 18.
    - After accounting for socio-demographics, experience of unintended teen pregnancy was still 6.5 times higher in those with four or more ACEs in comparison to those who had no ACEs (PHW and LJM study).
- The odds of early sex (having sex before 16 years old) were six times higher amongst individuals who had experienced four or more ACEs than those who had experienced none (after considering confounding from socio-demographics).

However, it is important to note that not all children exposed to ACEs necessarily develop poor outcomes, with a combination of resilience and other factors mitigating developmental harms and therefore showing better outcomes despite ACEs in the child's history

Special Educational Needs and Disability (SEND)
Part of the Sexual Health Service provision in Newcastle will be to support the SEND population with appropriate advice and support. There are an estimated 2,010 adults aged 18-64 years with Autistic Spectrum disorder (source: Poppi and Pansi, institute of public care), residing in Newcastle but this is an estimation.

Current data for Newcastle shows that:

- In June 2019 2,142 people were recorded by a GP on the Learning Disability (LD) register in Newcastle, which is a rate of 666.6 per 100,000 of the population.
- Across the Newcastle Primary Care Network (PCN) the numbers and rates vary. The highest rate of GP registrations on the LD register is in the Newcastle West End Family Health PCN, but the highest numbers exist in the Newcastle East PCN.
- There were 1,026 adults receiving long term social care support for Learning Disability and/or Autism in 2018
- In 2018 1,989 children known to schools with learning difficulties, and 599 identified with autism.

Conceptions
Nationally there has been a decline in conceptions of 1.8% in 2017, the largest decline since 2012. The under 18's conception rate has also decreased for the 10th year running and under 16's conceptions have decreased by almost 11% between 2016 and 2017. There has been a rise in the conceptions rate for women aged 40 years and over, which has increase by 2.6% between 2016 and 2017.

In Newcastle:

- There is a decline in the total fertility rate from 1.64 per 1,000 in 2010 to 1.49 per 1,000 in 2017
- There is a decline in the number of births for Newcastle residents from 3566 births in 200 to 3,266 births in 2017.
- There is a decline in conceptions, with a 5.5 % reduction between 2009 (no. 4,414) and 2017 (no. 4,170)
- The conception rate has fallen from 70.3 per 1,000 in 2010 to 61.6 per 1,000 in 2017, with Newcastle remaining below the North East (69.9 per 1,000) and England (76.4 per 1,000).
- There is a reduction in under 18's conceptions from 287 in 1999 to 100 in 2017
- There is a slight rise in 2017 in the percentage of conceptions leading to abortion to 23.6% from 22.3% in 2009.
- There are higher abortion rates in the 30 years plus population than England, plus higher rates in than the North East and England with the 35 plus population.

Teenage Conceptions

Nationally there is a decline in teenage conceptions, under 18's conceptions fell by 5.3% between 2016 and 2017 and fell by 57% between 2007 and 2017. There is a clear downward trend in under 18's conceptions from 60.3 per 1,000 in 1999 to 23.9 in 2017, however there is a rise in the 2017 rate compared to the previous year. The latest data shows that in quarter 1 and 2 in 2018 the rate of teenage conceptions was 23 per 1,000 (no. 51), which is below the North East (24.2) and above the England average (16.9)

In Newcastle teenage conceptions:

- Have reduced from 287 in 1,999 to 100 in 2017.
- Are below the North East and above the England average although that gap has dramatically reduced since 2008.
- Have seen a slight rise in the conceptions rate in 2017, as well as in the maternity and abortion rate
- Vary at ward level with often higher rates of teenage conceptions in the more deprived areas.
- Have declined in the under 16's population, but those aged 17 have remained stable between 2012 to 2017, with an increase in the 18-year-old population into 2015-17, which has been shown through local analysis.

Abortions

The levels of abortion in an area can indicate the effective use of contraception and access to contraceptive services; most abortions could therefore be avoided if women have knowledge of and access to contraception. Nationally there has been a gradual increase in abortion rates from 2016 to 2018, rising to 17.5 per 1,000 ASR. There is a similar picture in the North East increasing to 15.5 per 1,000 ASR in 2018.

In Newcastle:

- The abortion rate has fluctuated, it is currently at 13.5 per 1,000 ASR this equates to 1,017 abortions in Newcastle in 2018, which is the highest number since 2010. Newcastle is below the North East and England rates
- 23.6% of all conceptions in Newcastle lead to abortion in 2017 showing a slight increase over time from 22.3% in 2009, which mirrors the decline in conception rates in Newcastle.
- The rate of under 18's abortions remains below the North East and England average

- Historically the highest abortion rates are in 25-29 & 30-34 yr. Olds. However, in 2018 the increase can be found in the 18-24-year old age group.
- 79% of abortions are performed at under 10 weeks (increase 72% 2015), similar to the national (80%) and regional (78%) rates
- 33% of women in 2018 undergoing abortions had one or more previous abortions
- 42.7% of women aged 25 years & over who have had one or more previous abortions

Sexual health services

Nationally there has been a decline in contacts with sexual health services with a 25% reduction in numbers of contacts between 2007/08 to 2017/18, with a 2% reduction between 2016/17 (this does not include GP/Pharmacy and over the counter purchases). Table 1 shows the level of activity in the Newcastle sexual health service during 2016/17 to 2018/19 for those residents in Newcastle. There could be multiple activities in one contact.

In 2018/19 the clinical sexual health service in Newcastle:

- Received 25,265 contacts, 17,500 were by Newcastle residents (71%), 29% of contacts were from non-Newcastle residents.
- For Newcastle residents there were 18,875 contacts with sexual health services, most of these via primary care health centres.
- Higher levels of females (no. 8,555) accessed the service compared to males (no. 3480), but there was a 40% increase in male contacts between 2017/18 into 2018/19
- 60% of female contact were with those under 25 years of age.
- The highest level of activity is in STI related care (37%), followed by contraceptive care (36) which is a change from the 2017/18 to 2018/19 position, where contraceptive advice was the main activity in the service.

Table 1: Summary activity of SRH services in Newcastle 2016/17 to 2018/19

Region & Local Authority of residence	2016/17	2017/18	2018/19
Total Activities	21955	22500	24905
Contraceptive care (excl. emergency contraception)	13315	9990	9060
STI related care		5125	9205
Emergency contraception	585	555	505
Sexual health advice	2800	2595	2215
Pregnancy related (excl. ultrasound scan)	2265	1705	1390
Ultrasound scan	275	195	90
Abortion related	10	< 6	10
Cervical screening	770	495	395
Psychosexual therapy / referral	270	405	415
Implant removal	715	780	920
IUS removal	215	275	345
IUD removal	190	205	235
PMS and menopause related care	130	20	< 6
Alcohol brief intervention	-	-	-
Other	415	150	110

Contraception

In Newcastle there were 5,910 female residents in Newcastle with a main contraception method recorded in 2018/19 a decline from 6,365 in 2017/18.

- 49% had long action reversable contraceptives (LARCs) as their main method of contraception an increase from 46% in 2017/18, followed by the pill at 40% a decline from 42% in 2017/18
- 51% relied on user-dependent contraception such as the oral pill or male condom a decline from 54% in 2017/18

The 2017/18 data shows:

- There were 3,632 LARC's excluding injections prescribed in Newcastle, rate of 53.7 per 1,000 an increasing from 52.7 per 1,000 in 2015.
  - 2,032 GP Prescribed LARCs a rate of 30 per 1,000 in 2017 a decline from 34.2 per 1000 in 2014 and
  - 1,600 SRH services prescribed LARCs, a rate of 23.6 per 1,000 in 2017 an increase from 20.9 in 2015.
  - 27.5% of under 25's and 47.7% over 25's chose the LARCs at SRH services an increasing trend for both age groups
- Of those choosing the injection, 630 chose the injection at SRH services in 2017 which is a consistent trend
- 3,839 (56%) women chose user dependent method (condom and pill), which has declined since 2014 from 61%.
- 2,990 (43.7%) chose hormonal short acting contraception, a decline from 47% in 2014.

Table 2: Method of contraception to female's resident in Newcastle and proportion of females using it as their main method 2017/18 and 2018/19

Type of contraception	2017/18 % of females	2018/19 % of females
Intrauterine (IU) device	10%	10%
Intrauterine (IU) system	12%	13%
Implant	15%	16%
Injectable	10%	16%
Total (long-acting reversible)		
Oral (pill)	42%	40%
Male condom	10%	9%
Patch	1%	1%
Other	1%	1%

Sexually Transmitted Infections (STIs)

Nationally there has been an increase in the number of new STIs in 2018, with increased diagnoses in chlamydia, gonorrhoea, syphilis, genital herpes. With the largest rise in the number of gonorrhoea diagnosis, in 2018 it was the largest annual number reported since 1978, since 2009 gonorrhoea diagnosis has risen by 249%. This rise is mainly due to increases amongst gay, bisexual and other men who have sex with men.

National STIs trends:

- 15% increase between 2014 to 2018 in the number of consultations in sexual health services.
- 22% increase in the number of sexual health screenings (tests for chlamydia, gonorrhoea, syphilis and HIV) between 2014 to 2018.
- There is a decline in the number of diagnosis of genital warts, 3% reduction between 2017 and 2018. This decline is mainly due to decline numbers in young women being diagnosed, who will have received the HPV vaccination when they were 12 and 13 years of age, which is linked to the reductions in heterosexual males of a similar age, most likely due to herd protection.

- The burden of STIs continues to be greatest in young people, men who have sex with men (MSM) and black ethnic minorities.
- The highest rates of STIs diagnoses in England are in young people age 15-24 years of age. As STIs are often asymptomatic, frequent testing of risk groups is important. Early detection and treatment can reduce important long-term consequences such as fertility and ectopic pregnancy.

Newcastle STIs trends:

- There were 3,061 new STIs were diagnosed in residents of Newcastle during 2018, a decline of 444 compared to 2017.
- The rate of new STIs diagnosis has fallen from 1185 per 100,000 in 2017 to 1035 per 100,000 in 2018.
- This decline in not so severe when you exclude chlamydia in the under 25's, suggesting that the reduction in STIs diagnosis is in the under 25's population and in chlamydia detection and diagnosis.

Syphilis cases: Nationally there is a rise in cases diagnosed, the North East and Newcastle have seen this increase from 2016, however Newcastle has seen a decline into 2018 (no. 33 in 2018 and no.48 2017). In 2018:

- The syphilis diagnosis rate was 11.2 per 100,000, which is statistically similar to the England average of 13.1 per 100,000.
- 88% of syphilis diagnoses were in males, with the main age group being those aged 20-24 year of age (33%), closely followed by those aged 35-44 years (27%) and those aged 25-34 years (24%) and 82% of cases occurred with Men who have Sex with Men (MSM).

Genital herpes: Nationally there has been an increase in the number of diagnoses for genital herpes (3% increase between 2017 and 2018). In Newcastle there was a 13% increase between the same time period (no. 255 cases of genital herpes in 2018). This is the highest rate Newcastle has seen over the 7-year period (86.2 per 100,000), giving Newcastle the highest rate in the North East.

Genital warts: The number of genital warts cases Nationally and across the North East have been in decline. This is also the case in Newcastle where the number of diagnoses has declined to 495 a rate of 167.3 per 100,000, the lowest rate in the 7-year period.

- This decreasing trend is mainly due to the decline in young women being diagnosed, these women will have received the HPV vaccination when they were 12 and 13 years of age, which is linked to the reductions in heterosexual males of a similar age, most likely due to herd protection. Along with genital herpes, genital warts continue to present a significant burden of STIs.

Gonorrhoea: The number of gonorrhoea cases Nationally has increased by 26% between 2017 and 2018. The number of gonorrhoea diagnoses in 2018 was the largest annual number since 1978. This increase can be seen in the North East but with much lower rates than Nationally.

Newcastle gonorrhoea trends:

- has seen a significant increase in the number of gonorrhoea diagnoses between 2012 (no. 178) and 2018 (no. 389), with an 118% increase in cases.
- has seen a reduction in the rate of diagnoses in 2018 (rate 131.5 per 100,000), but it remains above the North East and National average.
- is the only local authority in the North East classified as significantly worse than the England average.

- almost 57% of gonorrhoea cases are in males, almost 40% with MSM and 39% with heterosexual women. The highest numbers are in those aged 20-24 (36%) year old and 25-34 years (27%). Females have higher numbers in those aged 20-24 (44%) and 25-34 (40%) year old males.

Chlamydia: Chlamydia accounts for 49% of all new STIs in England in 2018 and remains the most common STI nationally and across the region, with 8,735 chlamydia diagnosis in the North East in 2018. In Newcastle there was an identified data recording issue in 2018, which has been resolved, but has impacted on the published chlamydia data for Newcastle. Therefore, we have reflected the 2019 data for Newcastle where:

- There has been an increase in the number of chlamydia diagnoses between 2015 and 2017, with a decline into mid-2018, but data is showing an increase again in 2019.
- Newcastle continues to have the highest rates of chlamydia in the North East
- The diagnostic rate in the over 25's has not declined to the same extent, there is a slight reduction in the number of chlamydia diagnoses (408 in 2018 from 415 in 2017) and a slight reduction in rate to 218 per 100,000.
- The main decline in diagnoses has been with those aged 15-24 years. The detection rate has fallen to 1,872 per 100,000 in 2018 which is below the expected target of 2,300 per 100,000. However, this has increased into 2019.
- A greater proportion of females aged 15-24 years receiving a chlamydia diagnosis. In 2018 the chlamydia detection rate was 2485 (no. 726) per 100,000 for Females and 1281 per 100,000 for males (390) in Newcastle.

HIV: Nationally there has been a decline in the number of people receiving a new HIV diagnosis in 2018, which reflects the decline trend of previous years. Between 2015 and 2018 there was a 28% decline in new HIV diagnosis in the UK. This decline is due to fewer diagnoses in gay and bisexual men and men who have sex with other men, who have seen a 39% reduction in diagnosis between 2015 and 2018.

National HIV trends:

- There has been a 24% decline amongst young people who acquire HIV through heterosexual contact.
- There are low number of HIV diagnoses in injecting drug users and through the exposure route such as mother to child transmission.

Newcastle HIV trends:

- In 2018 the diagnosed prevalence was 2 per 1,000 (aged 15-59 years), compared to 2.37 per 1,000 in England.
- In 2018 401 adult residents were receiving HIV related healthcare.
    - In 2017 those receiving HIV related health care 66% were male and 34% female. Among these, 52% were white, 27% black African and 1.2% black Caribbean.
    - Estimates for 2017 show that around 47% were exposed and probably acquired their infections through sex between men, and 50.5% through sex between men and women.
- 19 adult residents of Newcastle newly diagnosed with HIV in 2018 within Newcastle.
- The rate of new diagnosis per 100,000 (aged 15-59 years) was 7.6 in Newcastle compared to 8.8 in England. Due to small numbers it is not possible to provide a breakdown of transmission route at local authority level.

HIV late diagnosis: HIV still proposes a significant challenge in the UK, with the proportion of people diagnosed at a late stage of infection, which has increased over recent years. Late

diagnosis is associated with increased risk of short-term mortality and with increased onward transmission.

- The overall late diagnosis rate nationally in 2018 was 42.5%, with the highest proportion amongst heterosexual men at 60%, followed by black African adults (52%). With late diagnosis in men who have sex with men at 32.5%.
- In 2018 there were 225 people in the UK with an AIDS-defining illness reported at HIV diagnosis and 473 deaths amongst people with HIV.

Newcastle HIV late diagnosis trends:

- Between 2016 and 2018 43.6% of HIV diagnoses were made at a late stage of infection (CD4 count =<350 cells/mm3 within 3 months of diagnosis), compared to 42.5% in England.
- 54.5% (no. 12) of men how have sex with men were diagnosed late an increase from 38% (no. 18) in 2012-14, although numbers are low.

HIV Testing Coverage: The HIV testing coverage published data should be viewed with caution as there were some data issues at a local level, these issues have now been resolved. Published data shows:

- The percentage of the eligible population offered a HIV test was at around 64% in 2017, however local data shows this was at 93% in Q1 2019.
- Of those offered a test around 79% had a HIV test carried out in 2017, however local data for Q1 2019 shows this at 74%.
- Newcastle has seen a decline in the level of HIV testing coverage from 2012 to 2018, although there was a slight increase in 2018 to 56.1% from 55.8% in 2017, however local data for Q1 2019 shows coverage levels at 69%.
- Newcastle has seen a decline in female (45.1%) HIV coverage and male (75.8%) coverage between 2012 to 2018. However, there are significant data quality issues with the HIV testing and coverage data in Newcastle for 2017 and into 2018.

PrEP Impact Trial: The current service provider is one of many sites across England taking part in the study (https://www.prepimpacttrial.org.uk/about-prep). There are potentially just over 300 places on the study in Newcastle which patients are recruited to or independently request to participate. Patients outcomes are submitted to the trial centrally and held and analysed by the study sponsor (Chelsea and Westminster Hospital NHS Foundation Trust) so local data on need and outcomes is not currently published whilst the trial is ongoing. The trial began enrolling participants in October 2017 and is expected to continue to recruit until mid-2020. Current service professionals anticipate that PrEP prescribing will become prescribed just as any other medicine where clinically appropriate.

Chlamydia screening: As part of the National Chlamydia Screening Programme (NCSP) screening is offered across the city to those aged 15-24 years. Nationally the number of chlamydia tests carried out through the NCSP was 1% lower in 2018 than in 2017, with a 22% drop in the number of tests over the last five years. At the same time there has been an increase in the proportion testing positive at a national level.

In Newcastle there has been a data issue identified with the chlamydia screening test data, which has resulted in a number of screening tests activity not being classified as Newcastle residents therefore not appearing in the Newcastle published data. This issue is being resolved by the service provider.

Published chlamydia screening data for Newcastle shows:

- A reduction in the percentage of 15-24 years old's who have received a chlamydia screening.
- Screening coverage in Newcastle fell from 28% in 2017 to almost 22% in 2018, although it remains above the England average of 19.6%.
- There is an actual fall in numbers from 16,889 in 2017 to 12,984 in 2018 a 23% reduction in screening for those aged 15-24 years. However, at a local level data shows this is not accurate and in Q1 2019 there were almost 4,000 15-24-year olds screened in Newcastle.
- A higher level of screening in females aged 15-24 year than males. In 2018 71% of screening in the 15-24-year-old population was with females, which is similar to the level in 2017 (69%). 67% of 15-24 years olds screened were white, but 26% had no ethnicity specified in 2018.
- Positivity: Across all chlamydia screening in Newcastle there was 6.23% positivity in 2018 a slight decline on 2017 (6.69%). The highest rate of positivity remains with the younger population, for those aged 15-24 years there was 8.6% positivity in 2018, a slight decline on 2017 (8.8%). The highest level of positivity remains with those aged 16-19 years of age (10% in 2018 a slight decline from 11% in 2017).
- Testing Services: Chlamydia testing services are offered across a number of services in Newcastle, with the vast majority taking place in GUM services, this has increased in 2018 to 51% of testing taking place in GUM services. There has also been an increase within GP settings, which have increased to 34% in 2018.
    - There is also a difference in terms of age group, those aged 15-24 are more likely to be testing within the GUM services (56% in 2018) compared to those aged 35 plus who are more likely to be testing within the GP setting (50% in 2018).

Screening & Immunisations
Newcastle City Council do not commission or provide screening and immunisation programmes. Public Health and the local authority have a scrutiny function, as with many other health issues, to ensure those responsible for the programme are working to benefit our population and reduce inequalities. One of the main areas of concern nationally and locally is the decline in the level of cervical cancer screening uptake, particularly in the younger females. Additional work is underway such as the No Fear and Have a Smear campaign, but remains a priority area as does HPV.

HPV vaccine: The national HPV programme was introduced in September 2008. The aim of the programme is to reduce the incidence of cervical cancer through vaccination against the Human Papilloma Virus (HPV). The vaccine is offered to all girls in year 8 aged 12-13 years and although when first introduced consisted of a course of three separate vaccinations, it now consists of two separate vaccinations which protect against 2 HPV types that cause over 70% of cervical cancers. The first dose is offered when girls are in year 8 and the second dose in offered nationally when girls are in year 9, however in some area's girls are offered the second dose in year 8. In Newcastle in 2017/18:

- 83.4% of girls aged 12 to 13 years received one HPV dose, compared to the England average of 86.9% and the North East at 85.7%
- 89.2% of girls aged 13 to 14 years received the 2 HPV doses, compared to 83.8% in England and 85.3% in the North East.
- From September 2019, both boys and girls aged 12- and 13-year-olds in school Year 8 will be offered on the NHS the human papillomavirus (HPV)

Cervical cancer: Between 2014 and 2016 3,192 women were newly diagnosed with cervical cancer in the UK, with 854 deaths from cervical cancer in 2016, yet in 2015 99.8% of all cervical cancer cases were considered preventable in the UK. (source: Cancer Research UK). The main cause of cervical cancer is long lasting infections of certain type of Human Papilloma Virus (HPV), in fact HPV infection causes 99.8% of all cervical cancer cases.

Cervical cancer screening: The NHS Cervical Cancer Screening Programme offer screening to those women aged 25 to 64 years of age. For women aged 25 to 49 years it is offered every 3 years and for those 50 to 64 it is offered every 5 years, but women must also be registered with a GP. Screening is also available for all people in the age group that have a cervix such as the transgender population.

- Nationally there has been a decline in the level of coverage of cervical cancer screening, falling from 75.5% of the eligible population screened in 2010/11 to 71.7% in 2017/18.
- Newcastle has also seen a decline in cervical cancer screening in 2018 only 67.6% of the eligible population were screened a decline from 74.7% in 2010.
- There is also massive variation in the level of screening coverage at GP practice level in Newcastle is ranges from 23% to 85% of the eligible population at GP practice level being screened.
- Across the Newcastle and Gateshead CCG in 2017-2018, 70.4% of the eligible females were adequately screened for cervical cancer. This proportion is lower than the England proportion of 71.7%. Since 2009-2010, the performance of the CCG has declined (from 75.8%). This is in line with a reduction across England (from 75.45%). Only eight of the individual practices achieved the 80% threshold.
- There is also a lower level of cervical screening uptake in younger women. In 2017/18 76% of females age 50 to 64 years were screened in Newcastle, compared to 64.2% of those aged 25 to 49 years.

This is of concern to Newcastle as it has such a large student population and diverse population. As a result, a range of initiative have been put into place in 2018/19 which aim to increase awareness of the need for women to be screened and which aim to increase the uptake of screening across the city

Sexual violence

It can often be difficult to obtain reliable information on the level of sexual offences that have occurred or the volume of offences that have taken place as many offences do not get reported to the police. The Crime Survey for England and Wales (CSEW) is the preferred measure of trends in the prevalence of sexual assault as it is unaffected by changes in police activity, recording practices and propensity of victims to report such crimes. The CSEW estimates:

- 20% of women and 4% of men have experienced some type of sexual assault since the age of 16, equivalent to an estimated 3.4 million female victims and 631,000 male victims.
- 3.1% of women (510,000) and 0.8% of men (138,000) aged 16 to 59 experienced sexual assault in the last year, according to the year ending March 2017 CSEW.
    - Based on the 2018 mid-year population estimates this equates to 783 Males and 2,871 Females.
- around 5 in 6 victims (83%) did not report their experiences to the police.

Local Police recorded crime data shows that there were 1,209 recorded sexual offences in Newcastle, this is a rate of 4.1 per 1,000 which has increased significantly since 2014/15.

Domestic violence

The CSEW shows an estimated 2.0 million adults aged 16 to 59 years experienced domestic abuse in the last year. With Police recorded 599,549 domestic abuse-related crimes in the year ending March 2018, which was an increase of 23% from the previous year.

Across the Northumbria police force area:

- There were 35,887 domestic abuse related incidents and crimes recorded in the year ending March 2018. Which equates to 25 incidents/crimes for every 1,000 people in the population, below the North East (30 per 1,000) and above England (20 per 1,000).
- There were 20,419 domestic abuse related crimes recorded in the year ending March 2018. Which equates to 14 crimes for every 1,000 people in the population.
- This shows that 57% of domestic abuse related incidents and crimes were subsequently recorded as crimes in Northumbria police force area in the year ending March 2018, in comparison to 48% in the North East and 50% in England and Wales.
- 13% of all recorded crimes were classified as domestic abuse related in Northumbria in the year ending March 2018 in comparison to 14% in the North East and 12% in England and Wales.

Local data for domestic abuse incidents in the Newcastle area for 2015-2017 shows:

- A small increase in incidents in 2016/17 compared to 2015/16. The data shows 6,948 incidents in 2016-17 of which 2,620 were subsequently recorded as domestic abuse crimes (Northumbria Police Domestic Abuse Problem Profile, May 2018).
- The highest levels of recorded domestic abuse occur over summer, with another smaller peak around Christmas/New Years.
- The number of victims has increased less than the number of incidents, indicating increased repeat victimisation, and similarly rather than new suspects being recorded the data points to existing suspects committing more repeat incidents.
- Levels of recorded domestic abuse regarding Honour Based Violence and abuse involving LGBTQ are low, but this is theorised to be due to possible under-recording (Northumbria Police Domestic Abuse Problem Profile, May 2018).
- most recorded incidents to take place among the 21-30 age group, with 75.2% of the victims in 2015-2017 female. Most recorded victims were White European (94.8%), with a small minority of Asian (2.8%) and Afro Caribbean (1%) (Northumbria Police Domestic Abuse Problem Profile, May 2018).

Multi-Agency Risk Assessment Conference (MARAC): MARAC is a meeting where information is shared among relevant professionals regarding high risk cases of domestic violence and abuse in order to increase the safety of victims and their children, reduce repeat incidents and assess the risk of the perpetrator to the community. In Northumbria police force area:

- 50 cases were discussed at MARACs per 10,000 adult females (aged 16+) in the year ending March 2018 in comparison to 38 cases per 10,000 in England and Wales.
- 31% of cases discussed were repeat cases in Northumbria, 28% were repeat cases in England and Wales.

Sexual exploitation

It is difficult to collate figures on the level and scale of sexual exploitation within a population. The National Crime Agency states that females are the most commonly identified potential victims of sexual exploitation, with adult service websites remaining a key enabler (National Crime Agency National Strategic Assessment of Organised Crime, 2019). One of the main areas of concern around sexual exploitation is around child sexual exploitation:

- The NSPCC found that 11% of young people had experienced contact sexual abuse when under the age of 18 (Radford et al, 2011), although not explicitly about child sexual exploitation, it gives an idea of the potential scale.
- In 2016 the Crime Survey for England found 7% of the UK population experienced one or more sexual assaults during childhood, although not explicitly about incidence of Child Sexual Exploitation, it gives an indication of the scale of childhood sexual abuse in society.

Newcastle carried out a Joint Serious Case Review Concerning Sexual Exploitation of Children and Adults with Needs for Care and Support in Newcastle-upon-Tyne, following Operation Sanctuary. Which was conducted through the Newcastle Safeguarding Children Board and Newcastle Safeguarding Adults Board. Full details and recommendations can be found at: https://www.nscb.org.uk/sites/default/files/Final%20JSCR%20Report%20160218%20PW.pdf

The Joint Serious Case Review found a number of things in relation to sexual health services in the city:

- Victims of sexual exploitation are very likely to attend sexual health services or walk-in community support services while being groomed and when they are being exploited.
- A study by the sexual health service in Newcastle after the launch of Operation Sanctuary, found that approximately 85% of victims of sexual exploitation had received services from sexual health services.

Sex work

Sex work is a very diverse area in terms of those involved in the industry, some people are working on a voluntary basis and others can be subject to sexual exploitation and modern-day slavery. There is also a varied range of service offered by those involved in sex work. But what is very clear is the expansion and transition of sex work into the online environment, rather than simply a street-based market.

- The House of Commons Home Affairs Committee (Third report of 2016-17 session) estimated that there are between 60,000 and 80,000 sex workers in the UK with the majority female. There may also be a minority of trans and male sex workers.
- Research suggests that most buyers are male, with approximately 11% of 16-74-year-old British men paying for sex at least once.
- A recent survey of sex workers found that more than 80% had experienced at least one form of crime in the past 5 years and only 23% stated they had ever reported incidents to the police
- Nationally there are changes in the overall makeup of the sex industry, with increasing numbers of migrant workers (Ward and Aral 2006), this can potentially increase their vulnerability.

B3. Statutory requirements

Regulations on the exercise of local authority public health functions

Regulations made under Section 6C of the *NHS Act 2006* require local authorities to take particular steps in exercise of their public health functions, or aspects of the Secretary of State's public health functions. Part 2 of the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* (SI 2013/351) makes provision for the steps to be taken by local authorities in exercising their public health functions.

Regulation 6 requires local authorities to provide or plan to secure the provision of open access sexual health services in their area. HIV treatment and care, abortion, vasectomy and sterilisation services will continue to be commissioned by the NHS.

Prescribed functions:

1) Sexual health services – STI testing and treatment

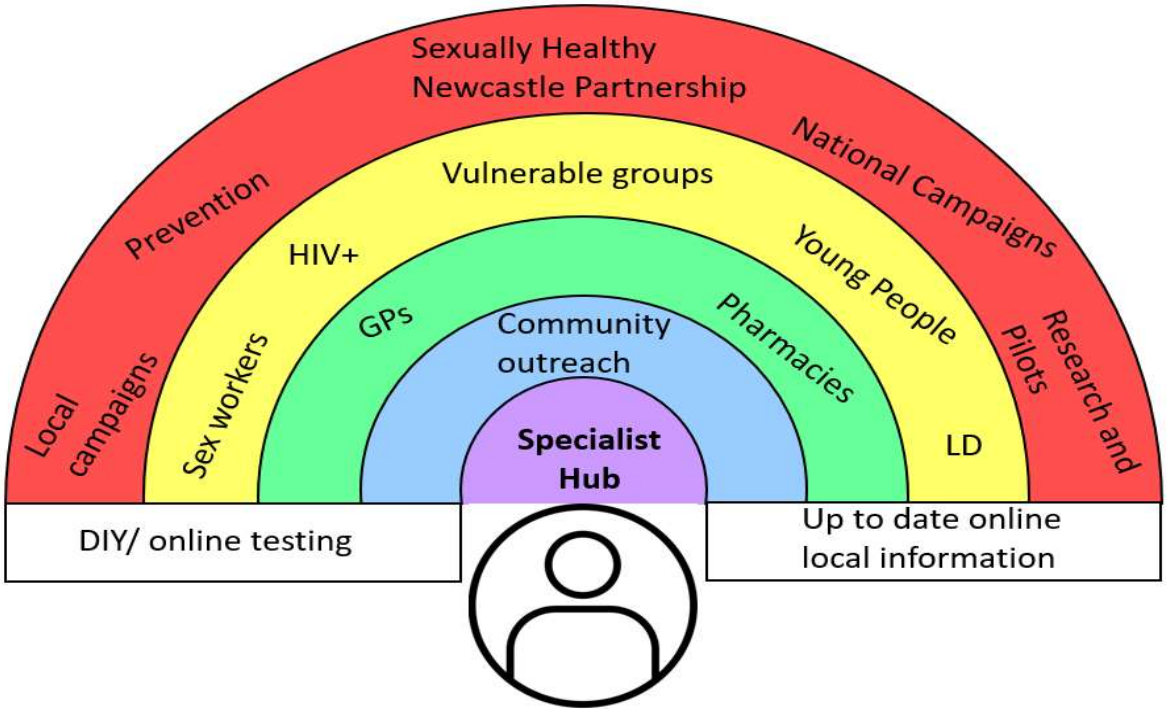
2) Sexual health services – Contraception

Section C: Change proposal

C1. What is the proposal to change the service?

i. Whole system approach

In Newcastle our ambition is to create a whole system approach to sexual health service provision:



We recognise opportunities to strengthen and improve a system that offers:

- A specialist clinical hub based in a suitable city centre location, offering level 1, 2 and 3 provision.
- Clinical community outreach based in areas of evidenced low provision and/or high need delivering level 1 and 2 services.
- GPs delivering community wide sexual health advice, C-card, STI screening, improved HIV testing offer, chlamydia screening and treatment and the provision of LARCs including inter practice referral where appropriate and referral to specialist hub for complex cases.
- Pharmacies delivering community wide sexual health advice, C-card, pregnancy testing, chlamydia and gonorrhoea screening and treatment for chlamydia, emergency contraception and LARCs and referral to specialist hub for complex cases.
- Improved HIV testing offer across the city and strengthening this offer from primary care.
- Multi-disciplinary working with non-clinical services targeting priority vulnerable groups (young people, BAME communities, LGBT communities, people with learning disabilities, those that have been sexually exploited and those engaged in sex work, HIV+ people and drug and alcohol users). It will be important that statutory and non-statutory providers work together to develop pathways to ensure seamless referral into appropriate services for vulnerable groups. There is a need to improve and support the training of front-line service partners to deliver DIY STI testing, HIV testing and pregnancy testing to improve access and choice to reduce pressure on services.
- Strategic level partner working and input e.g. Sexually Healthy Newcastle Partnership and participation in relevant workstreams to contribute to the successful delivery of a Sexually Healthy Newcastle.

- Increased DIY and online STI testing kits that are provided across a range of settings improving uptake and completion of testing.
- Obligation to ensure up to date online information about all sexual health services available in Newcastle.

This whole system approach and opportunities to strengthen and improve were supported in the engagement feedback and in the evidence base findings.

ii. Proposed contract opportunities to be presented to the market

We propose to continue to separate the contract opportunities by clinical and non-clinical requirements. There is a clear distinction in the requirements and expectations in service provision between clinical and non-clinical contracts currently in operation.

Benefits of maintaining separate clinical and non-clinical opportunities:

- Allows for commissioning opportunities within both markets
- Improves opportunities for ongoing training of staff to meet required standards for delivery of clinical sexual health services
- Strengthened clinical governance
- Addresses access and inequalities in sexual health by delivering a more diverse model by addressing wider determinants
- Provides flexibility to respond to emerging issues in sexual health
- Allows for improved monitoring of contract performance
- Allows for more creative and flexible response within the available budgets.

The review has identified a theme of four areas that we propose to follow for the non-clinical contract opportunities. These are: Support for people HIV+, people with learning disabilities and/or autism, people at risk of sexual exploitation or involved in sex work, and hard to reach young people.

Clinical opportunity

We propose to continue the **clinical** opportunity as one integrated services contract.

This includes the maintenance of the requirement for the clinical service to arrange, ensure delivery and management of the arrangements with GPs and Pharmacies, and online DIY STI testing. We acknowledge within the feedback that indicated a preference for the local authority to separate these requirements and retain direct contracting with GPs and Pharmacies specifically, however on review of this we feel the integration of all the clinical requirements allow a greater level of service monitoring with clinical-focussed leadership and more flexibility within the budget available. As the separation of these arrangements would have a potential to have a disproportionate impact on the clinical contract value and be more costly for the local authority to manage as standalone contracts.

To utilise the opportunity of re-procurement we propose to update the current requirement to review and strengthen aspects of the clinical specification that were identified in the priority areas of focus:

- Improved outreach provision
- Better online presence to support online booking for patients
- Online presence for DIY STI home testing as well as opportunity for patients to complete a DIY kit on site or alternative sexual health site

- Clinical hub to work with primary care to increase and strengthen their sexual health and contraception offer, including HIV testing and inter practice referral where appropriate
- Clinical hub to work with community pharmacies to increase chlamydia screening and treatment including piloting the provision of LARCS in a pharmacy with high footfall
- Clinical service to work with and provide training to consultants and nurses to ensure women are offered immediate post-partum contraception after labour.
- Training and support offer to non-clinical services to enable expansion of their offer

To support the market in being able to competitively tender for the clinical opportunity we propose that the new contract arrangements would commence 1 September 2020 to allow for a sufficient mobilisation period post tender award. This is to allow interested organisations to seek and form security on a city-centred location as part of the tender process. This is in response to market engagement feedback that the proposed timeline following award did not provide enough mobilisation of a clinical central base if required. We will therefore seek to extend current arrangements by 5-months (subject to relevant Council approvals) to end in line with the commencement of the new arrangements.

Non-clinical opportunities

For the **non-clinical** opportunities, we propose to also seek to extend current arrangements (outlined in Section B) for 5 months (subject to Council approvals). This will allow for both the new clinical and non-clinical arrangements to commence at the same time in September 2020.

It would be advantageous to offer tendering opportunities for both the clinical and non-clinical services at the same time. However, the service review and consultation has highlighted a need for further development and co-design work to be undertaken within the non-clinical sector to understand the requirements of the contract opportunities to be tendered for.

We will hold further co-design sessions based on the identified four themes for the non-clinical contract opportunities:

- People with learning disabilities and/or autism
- Hard to reach young people
- Sexual exploitation and sex work
- People living with HIV+

We aim to work with the market to design specifications that are clear in depicting our vision of a more streamlined, multi-agency working sexual health system in Newcastle with improved non-clinical offers for these target groups. In addition, we will review the overall financial envelope available for the non-clinical opportunities and how this will be divided amongst the contract offers.

iii. Contract duration

We propose to offer the clinical opportunity (following the proposed 5-month extension) as a 4-year contract with 3 x 12-month options to extend commencing 01 September 2020

The non-clinical opportunities (following the proposed 5-month extension) will also be proposed as 4-year contracts with 3 x 12-month options to extend commencing 01 September 2020.

iv. Finance

Through these contract opportunities, it is anticipated that overall funding will be at current levels.

The aggregated value inclusive of the options to extend and based on the anticipated annual contract values set out below will be £28,288,588. This equates to an annual value of £4,062,015.

The anticipated annual contract values for each contract are as follows:

Sector system	**Contract**	**Anticipated Maximum Annual Value* (£)**
Clinical	Integrated sexual health	£3,770,981
Non-clinical	Hard to reach young people	Current funding levels for ALL non-clinical contracts is £291,034. Contract structure and applicable value will be determined following further co-design sessions.
Non-clinical	People living with HIV+	
Non-clinical	Sexual exploitation and sex work	
Non-clinical	People with learning disabilities and/or autism	

C2. Determining the contract structure

i. Service delivery models

In putting in place these new contract arrangements in 2020, we are seeking to reinforce and strengthen the opportunities within the clinical and non-clinical offers to provide greater opportunities for access and availability to sexual health services and support.

We will welcome collaborative bids from organisations working together to provide the responses.

In developing the contract opportunities, consideration was given to other potential options for structuring the contract opportunities (see section “What other options did we consider?”). We believe that the options presented best support the policy aims and priorities described in section A of this document.

ii. Opportunities to build in Social Value

Social Value was considered to identify ways in which this commissioning and contracting opportunity could be designed to maximise the potential for Social Value. Key themes can be found in Section C3ii below, which summarises how the Council has, or intends to, incorporate feedback from the engagement into the commissioning and procurement process.

iii. Contract geography

The services will deliver a range of sexual health interventions from a variety of locations across the City of Newcastle aimed at promoting positive sexual health, preventing and treating infections, providing good quality contraception and preventing unwanted pregnancy.

The clinical opportunity is expected to operate a hub service from a city centre location and deliver outreach into wider evidence-based community locations to improve the current clinical coverage across the city.

It is expected non-clinical contracts will deliver from community-based settings utilising an evidence-based approach to ensure the services are positioned in the most appropriate and easily accessible areas for their target cohorts.

Appendix A provides maps showing the locations of current service delivery across the city representing active GP and pharmacy delivery sites. We expect through this re-commissioning to improve the outreach and community provision locations of sexual health services across Newcastle.

iv. Services out of scope of the contract opportunities

The following services are out of scope of the contract opportunities proposed within this document:

Currently provided by CCGs:

- Abortion, vasectomy and sterilisation services, and community gynecology

Currently provided by NHS England:

- HIV treatment and care services
- Sexual Assault Referral Centres (SARCs)
- Sexual health services as part of GP core contract
- Cervical Screening

Currently delivered or planned within other arrangements in Public Health:

- Sex, Relationship and Health Education in schools (and school nursing)
- HIV Home Testing is part of a North East Regional arrangement commissioned with SH:24

Directly delivered by Newcastle City Council:

- MESMAC – provides a comprehensive sexual health, health promotion and HIV prevention service that targets gay and bisexual men and men who have sex with men. The services include, phone line, drop in, website, one to one support, counselling, outreach work in saunas, bars, cruising areas etc, condom distribution, DIY STI screening and HIV testing.

- SHINE – works within a community development framework, to provide a free, accessible, confidential sexual health and HIV support and advice for women in Newcastle upon Tyne. The service has a specific focus on women who traditionally do not access mainstream services, for example women from black and ethnic minorities (including refugees and asylum seekers), lesbian and bisexual women and those questioning their sexual orientation, and women involved in the adult sex industry.

- Teenage Kicks - The service provides sex and relationship education targeting vulnerable young men and women. It aims to reduce sexual health inequalities by promoting better access to services for young people least likely to access mainstream provision. Working in partnership with other agencies to provide a targeted sex and relationship programme to groups of young people, as well as support and training for staff across the system.

C3. Delivery requirements

i. Essential delivery requirements of all contracts

Outcomes-focused delivery

The overall outcomes we are seeking from the clinical service include:

Supporting delivery against the three main sexual health Public Health Outcome Framework measures:

- Under 18 conceptions
- Chlamydia diagnoses (15-24-year olds)
- People presenting with HIV at a late stage of infection

The Public Health Outcome Framework tool will help to understand trends and progress over time in relation to the three overarching indicators. The tool can be accessed at http://www.phoutcomes.info/

Providing confidential open access, cost-effective, high quality provision for contraception and prevention, diagnosis and management of sexually transmitted infections, according to evidence-based protocols and adapted to the needs of local populations.

Developing and supporting a "whole system approach" to sexual health in order to deliver the following benefits:

- an improved experience for Patients/Service Users through a new integrated service model based on national best practice and the findings from local consultation with Patients/Service Users and communities at risk of sexual ill health
- better health outcomes through improved access for Patients/Service Users, providing early testing, treatment and partner notification to stop onward transmission of STIs and prompt provision of contraception to reduce unplanned pregnancies
- better value for money through reducing duplication, realising efficiencies in order to invest to meet rising demand, and promoting preventive and risk reduction approaches.

Welcoming to all that need to use it, regardless of age, gender, ethnicity, sexuality and physical or learning disabilities. The Service will have a particular focus on young people (aged 24 and under) and adults within target groups, e.g. young people, Black, Asian and Minority Ethnic Groups (BAME), Men who have sex with men (MSM), sex workers, people with learning disabilities and/or autism.

We believe that having a greater focus on outcomes gives providers greater opportunities to be more flexible and adaptive in their delivery of support. We are seeking to stimulate more innovative ways of working to develop solutions to achieve the outcomes above.

Knowledge, experience and track record
We expect the successful provider(s) to have demonstrable knowledge, experience and a good track record of delivering sexual health services.

Service delivery will be predicated on a solid knowledge of existing support services for sexual health to enable effective signposting and making the best use of facilities and resources available to these individuals in the city (including Council services, voluntary and community services and other organisations and services delivering across the city).

Partnership working
An integrated multi-agency sexual health partnership can only be achieved with a focussed and robust partnership approach that builds on collaborative practice and integrated working at a local level.

Collaborative and outcome focussed working will be central to successfully supporting people, and in particular those with multiple and complex needs; developing an approach that builds on positive engagement, information sharing and shared service planning.

We expect the successful providers (and their sub-contractors where appropriate) to not only offer flexible solutions within their own contractual partnership to meet the needs of people requiring services and support, but to also establish and maintain relationships with statutory and non-statutory organisations, and wider community partners and stakeholders both within the sexual health sector and beyond.

Where a successful provider (prime contractor) is awarded overall responsibility for the contract, including the identification of a designated lead contract manager where there are consortia contracts awarded. The prime contractor will determine the process for securing the quality assurance of any delivery partners they subsequently subcontract, and the Council will also require these delivery partners to have submitted a satisfactory response to the Council's Selection Questionnaire (SQ) before they can be accepted as partners to these contracts. If at any stage following the award of the contract delivery partners should change, the prime contractor will be responsible for ensuring that new partners have submitted a satisfactory SQ to the Council.

Staff experience, qualifications and training
The culture and skill set of the workforce delivering these contracts will be critical in delivering sexual health services to a range of patients, including the most vulnerable sectors within the population.

Main expectations from the workforce will include (but will not be limited to):

Staff directly delivering clinical services, the provider will:

- Ensure that all directly employed staff within the service are competent to fulfil their roles. It is the responsibility of the provider to monitor, manage and develop the performance of the workforce.

- Ensure they comply with Faculty of Sexual and Reproductive Healthcare (FSRH) Service Standard on Training. https://www.fsrh.org/documents/clinical-standards-all-service-standards-jan2013/ This states all doctors, nurses and other health professionals working in contraception should be trained to the competencies and training programmes jointly agreed by all their educational bodies including:
    - Royal College of General Practitioners (RCGP)
    - Royal College of Obstetricians and Gynaecologists (RCOG)
    - Faculty of Sexual and Reproductive Healthcare (FSRH)
    - British Association for Sexual Health and HIV (BASHH)
    - Society of Sexual Health Advisors
    - Royal College of Nursing (RCN)
    - Royal Pharmaceutical Society of Great Britain (RPSGB)

- Ensure the Service is staffed by those who understand adolescent development and have experience of working with young people.

- Provide training on how to recognise the signs of sexual abuse, sexual exploitation, sexual violence, domestic violence, drug and alcohol misuse, and how to manage other vulnerable groups such as sex workers, and any other related safeguarding issues.

- Deliver the full range of BASHH and FSRH accredited postgraduate training including specialist training programmes if required.

- Maintain a record of the dates and types of training given to all Staff working within the Service and wider sexual health service. All such records should be immediately available to the Council on request for audit purposes.

- Ensure that training requirements and competencies are monitored through regular assessment and staff appraisal and that staff are enabled to progress through supported learning. All such records should be immediately available to the Council on request for audit purposes.

- Ensure that Staff can demonstrate that they have participated in organisational statutory and mandatory training, for example infection control, manual handling, risk assessment, sage guarding, prevent etc. as required.

Staff working in an element of the service which the provider sub-contracts, the provider will:

- Ensure that any staff are competent to meet the necessary standards.

- Deliver appropriate training which may include supporting practitioners undertaking:
    - Diploma of the Faculty of Sexual and Reproductive Health (DFSRH) training including letters of competencies for fitting and removing LARC;
    - Clinical placements for clinicians training for cervical smear taking;
    - Emergency hormonal contraception provision;
    - Sexual health information, advice and prevention including STI testing and treatments and partner notification;
    - Chlamydia screening;
    - Knowledge and awareness raising of issues relating to Sexual and Reproductive Health (SRH);
    - HIV testing, including who, when and how; and
    - C-card training which as a minimum will include training staff on how to use the C-card system to provide condoms, condom demonstration, information on sexual health and related health issues including signposting to other services e.g. drug and alcohol service.

- Maintain a record of the dates and types of training provided. All such records should be immediately available to the Authority on request for audit purposes.

Specifically, for Primary Care Staff the Provider will:

- Provide annual update training in relation to any sub-contracted services.

- Provide training for staff who wish to obtain or renew their competency for fitting LARCs.

Specifically, for Community Pharmacy the Provider will:

- Provide annual update training in relation to any sub-contracted services.

- Provide training for qualified pharmacists who wish to become competent in issuing emergency hormonal contraception under a Patient Group Directive (PGD).

In addition, the Provider will support the delivery of training to the wider workforce including:

- Undergraduate training to Newcastle and Northumbria Universities where health care training is undertaken, including offer of placements for medical and nursing and other healthcare students.

- Multidisciplinary training, which will include post graduate training to primary and secondary care professionals, and relevant specialty registrars (in line with the latest General Medical Council (GMC) curricula) and other healthcare workers.

- Training for other professionals to increase knowledge of sexual health e.g. youth workers, education staff, and staff working in the voluntary and community sector.

- Ongoing regular contribution to the Newcastle Sexual Health Training Programme through facilitation of courses and contribution to development of courses to address identified gaps.

- Staff should also be aware of, and be competent in, meeting the specific needs of a culturally diverse client group and those with complex needs.

ii. Key themes of Social Value

The Council has made a Social Value Commitment which sets out four principles of Social Value; these principles are what Social Value means in Newcastle.

Organisations are required to explore how the requirements could best be designed to maximise social value, deliver better outcomes and to improve outcomes in the most efficient, effective, equitable and sustainable way and in the best interests of the City's residents; including improved employment opportunities, creating skills and training opportunities (for example, apprenticeships or on the job training), improving access to community facilities, providing additional opportunities for individuals or groups facing greater social or economic barriers, encouraging ethical and fair trade purchasing. Providers should also explore opportunity to include members of the local community to participate in training delivered to staff; this would not only build relationships with groups and/ or residents but would also equip them with skills to identify and engage with hard to reach groups.

Through the Social Value section of the engagement session, we identified the following opportunities that will be incorporated or considered within this tender:

Social Value priorities	**Opportunities identified**	**How these could be incorporated**
Think, buy, support Newcastle	Construct contract opportunities that support local business opportunities. Maintain requirement for central hub service in clinical service. Training opportunities for clinical and non-clinical staff.	• Commissioning model • ITT documents • Performance measures/KPIS
Community focused	Developing community opportunities with the market.	• ITT documents

	Analytical representation of the outreach provision sites in the City to target communities more in need of outreach. Requirements for pro-active approach to engagement with local communities around awareness.	• Contract management
Ethical leadership	Ethical standards in recruitment, employment and conditions. Identification of workforce skills and opportunities for up-skilling staff within the wider network. Living wage requirements in non-clinical opportunities. Upskilling opportunities. Volunteer opportunities and support programme.	• ITT documents, including a Supplier Questionnaire (SQ) • Performance measures/KPIs
Green and sustainable	Commitment to ensuring a minimum standard in environmental standards within the contract. Consideration of practices and sourcing to off-set environmental impact of services.	• ITT documents • Contract management • Performance measures/KPIs

C4. What other options did we consider?

Separating the GP and pharmacy contracts from the integrated clinical offer

It was suggested in the engagement feedback that sub-contracting arrangements with GPs and pharmacies were removed from the integrated offer and replaced with direct contracting arrangements with the local authority. We have considered this feedback, however, believe that the expertise from a clinical provider would be more appropriate in relation to the wider sexual health vision. This would ensure clinical governance in relation to training, maintaining accreditation and the development of referral pathways to ensure a more joined up approach to sexual health across the city. We also feel that separating the integrated offer may reduce the overall financial envelope available thus reduce possible innovation within the clinical offer.

In considering this option we considered a number of potential risks. For example, the main provider may not appropriately manage contracts and performance of the sub-contractors, or there may be a risk averse approach to the arrangements that stifles innovation/developments in primary care and community pharmacy, maintaining all activity in clinical hub as opposed to ensuring wider coverage. To mitigate these concerns, we would seek to ensure close monitoring of any new sub-contract arrangements with the successful provider, to ensure and support the delivery and achievement of services within these settings.

C5. What evidence has informed this proposal?	
Information source	**What has this told you?**
ONS Population Estimates	Annual population estimates. Figures are available for various administrative and electoral geographies and for different population sub-groups, for example, estimates of the very old and estimates by marital status. This data has been used in the production of rates per population in Newcastle and in some mapping. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland
School Census	Statistics on pupils in schools in England as collected in the January 2018 school census. Allows us to look at the ethnicity of the school population as well as the portion with English as a second language. https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2018 **Special Educational Needs and Disability (SEND):** Information from the school census on pupils with special educational needs (SEN), and SEN provision in schools https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018
PHE Fingertips: Sexual and Reproductive Health Profiles	The profile provides information/data on the sexual and reproductive health of the population in Newcastle, across the North East and Nationally. https://fingertips.phe.org.uk/profile/sexualhealth
Spotlight on sexually transmitted infections in the North East 2017 data	The report provides regional and national analysis on sexually transmitted infections (STIs), HIV, teenage conceptions, abortions and contraception. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731722/spotlight_on_sexually_transmitted_infections_in_the_north_east_2017_data.pdf
Newcastle upon Tyne local authority HIV, sexual and reproductive health epidemiology report (LASER): 2017, Public Health England (PHE).	The LASER report aims to describe sexual and reproductive health in a local area in an integrated way, including sexually transmitted infections (STIs), HIV, teenage conceptions, abortions and contraception.

Conceptions and Teenage Conceptions	Provides information on the number and rates of conceptions in England, and at local authority level. This includes overall conceptions and teenage conceptions and under 16's conceptions. It also includes the rates of conceptions leading to abortions. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2017
Abortion statistics for England and Wales: 2018	This provides information and statistics on abortions carried out across England and Wales. This comes from information collected from the abortion notification forms returned to the Chief Medical Officers of England and Wales. https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2018
Sexually transmitted infections (STIs): annual data tables	Information on STI diagnoses and sexual health services provided in England by demographic characteristics and geographical region. https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables
National chlamydia screening programme (NCSP): data tables	Provides information on chlamydia testing and diagnoses in 15 to 24-year olds in England by demographic characteristics and geographical region. https://www.gov.uk/government/statistics/national-chlamydia-screening-programme-ncsp-data-tables
Trends in new HIV diagnoses and in people receiving HIV-related care in the United Kingdom: data to the end of December 2018, PHE, Sept 2019	Provides information on the trends in HIV diagnosis and treatment nationally and across key populations https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/828284/hpr3119_hiv18.pdf
HIV: annual data tables	Provides information on the trends in HIV diagnosis and treatment nationally and across key populations at a local authority level. https://www.gov.uk/government/statistics/hiv-annual-data-tables#history
Sexual and Reproductive Health Services, England - 2017/18	This publication primarily covers activity taking place at dedicated Sexual and Reproductive Health (SRH) services in England, as recorded in the Sexual and Reproductive Health Activity Dataset (SRHAD). SRH services include family planning services, community contraception clinics, integrated Genitourinary Medicine

	(GUM) and SRH services, and young people's services https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2017-18
Newcastle Pharmaceutical Needs Assessment 2018-2021 (PNA)	The PNA is used to help inform decisions related to applications for new pharmacies to determine the need for new pharmacies and / or extended hours. It is also used by the local authority, CCG and partners to inform the commissioning of services from Newcastle pharmacies to meet the needs of our local population. It aims to determine: - if there are enough community pharmacies to meet the needs of the population of Newcastle and secondly; - what services could be delivered by community pharmacies to meet the future identified health needs of the population. https://www.newcastle.gov.uk/sites/default/files/Public%20Health/PDFs/PNA%202018-21%20FINAL%20-%2019th%20Feb%20(002).pdf
The Pharmacy Offer for Sexual Health, Reproductive Health and HIV A resource for commissioners and providers. Public Health England, March 2019	This is a resource document for commissioners of sexual health services and aims to raise awareness with commissioners and other health professionals of the community pharmacy offer for delivering sexual health (SH), reproductive health (RH) and HIV services across England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788240/Pharmacy_Offer_for_Sexual_Health.pdf
Cervical Cancer Screening, NHS Digital	Women between the ages of 25 and 64 are invited for regular cervical screening under the NHS Cervical Screening Programme. This is intended to detect abnormalities within the cervix that could, if undetected and untreated, develop into cervical cancer. This report presents information about the NHS Cervical Screening Programme in England and at a local authority level. It includes data on the call and recall system, on screening samples examined by pathology laboratories and on referrals to colposcopy clinics.

	https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-programme/england---2017-18
Crime Survey for England	The Crime Survey for England and Wales (CSEW) is a victimisation survey. It measures the amount of crime in England and Wales by asking people, about whether their household has experienced any crimes in the past year. It provides Police force level data. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingmarch2019 https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/policeforceareadatatables
Police recorded Crime, ONS	This data looks a police recorded crime by force areas, which includes the number of sexual offences. https://www.gov.uk/government/statistics/police-recorded-crime-open-data-tables#history
Adverse Childhood Experiences (ACE)	**Introduction to Adverse Childhood Experiences, PHE:** https://www1.bps.org.uk/system/files/user-files/Division%20of%20Clinical%20Psychology/public/ACES%20and%20social%20injustice%20_DCP%20SW.pdf **Adverse Childhood Experiences – Public Health Masterclass:** https://www.nwcpwd.nhs.uk/attachments/article/276/Presentation.pdf **Welsh Adverse Childhood Experiences (ACE) Study:** http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf
Joint Serious Case Review Concerning Sexual Exploitation of Children and Adults with Needs for Care and Support in Newcastle-upon-Tyne. Newcastle Safeguarding Children Board and Newcastle Safeguarding Adults Board. Independent Report Author – David Spicer	Key findings from the Joint Serious Case Review Concerning Sexual Exploitation of Children and Adults with Needs for Care and Support in Newcastle-upon-Tyne. Including findings from Operation Sanctuary, as well recommendations relating to sexual health services in Newcastle. https://www.nscb.org.uk/sites/default/files/Final%20JSCR%20Report%20160218%20PW.pdf
Public Contracts Regulations 2015	The Public Contracts Regulations 2015 (“PCR 2015”) implement in England and Wales the new EU Directive 2014/24/EU (the “Directive”) on public procurement.

	The PCR 2015 came into force from 26th February 2015 and replaced the Public Contracts Regulations 2006 ("PCR 2006") from that date. Under the PCR 2006, contracts for so-called Part B Services were exempt from the full application of the rules (particularly, there was no requirement to advertise in the OJEU). Under the PCR 2015, the distinction between Part A and Part B Services has been removed and replaced by what is becoming known as the "Light Touch" regime. A services contract falls within the scope of the Light Touch regime if it is for the certain types of health, social and other services listed at Schedule 3 of the PCR 2015. For these Light Touch regime contracts, a higher threshold than that for ordinary service contracts applies, before the Light Touch regime is applicable. The thresholds for light tight regime contracts from 1 January 2016 are £615,278. While the Light Touch regime is not prescriptive as to how contracting authorities design their procurement process for Light Touch regime services contracts, it does for the first time require that services contracts that fall within the Light Touch regime are advertised.

C6. Who have you engaged with about this proposal?			
Date	**Who**	**No. of people**	**Main issues raised**
11 June 2019	Session with providers of sexual health services and those services who currently work alongside sexual health services or have an interest in providing services in Newcastle.	22	Discussions at this session were split into clinical and non-clinical services. **Clinical services:** Attendees stated the following **positives** in the current service: • Current premises are centrally located, and staff are well trained • Partnership working is viewed as excellent in terms of c-card, chlamydia screening • To reduce pressure on the main service at New Croft there need to be links to other resources and using these resources smarter e.g. the pharmacies, community and voluntary sector Attendees stated the following **negatives** in the current service: • Current setup of the service means that clinics can be fully booked by 9am, and staff resources/time with patients is limited • Conflicting views on whether online testing/DIY testing reduces demand on main service or adds pressure by increase of testing • There is a perceived “high visibility” when accessing New Croft especially for vulnerable groups (BAME, homeless) with a need for more outreach community development • Graingerville clinic used to see a number of BAME women – gap in provision since this closed. • Although noted as an excellent provision, attendees felt c-card, chlamydia screening etc is restrained by current structures and resources Attendees stated the following **opportunities** in the re-commissioning: • Opportunity to understand the sub-contracting to primary care services and use them more • Opportunity to reach out and include BAME communities more within settings that they are more comfortable/confident accessing • Key Performance Indicators (KPIs) should be streamlined and IT opportunities could be explored further

			Non-clinical services Attendees stated the following **positives** in the current services: • passionate and dedicated staff, working closely on complex cases who may need long term work/support • There is a range of non-clinical young peoples' services available Attendees stated the following **negatives** in the current services: • Roles and responsibilities for staff need to be clarified. Some staff are more dynamic and "think outside the box" whereas others are perceived as more risk averse • Gaps in provision for young people such as clinic times allowing for young people to travel across the city after school, lack of provision in east of city • Process of introducing pregnancy testing is too drawn out Attendees stated the following **opportunities** in the re-commissioning: • A need for a better offer to Trans-gender community. Missing younger people and not accessing mainstream services • There are links to the 0-19 contract and the current offer in schools • Reaching vulnerable groups and BAME communities could be strengthened through engagement, trust in interpreter to get correct information across • Reaching vulnerable young people needs more thought • Opportunity to consider more training sessions outside of core hours and passing down knowledge through "train the trainer" • Opportunity to introduce more online/DIY testing kits into community settings • Build more community capacity and a louder voice for those living with HIV
11 June to 15 July 2019	Let's Talk Newcastle (online survey)	331	Key points of the feedback received: • Service users would like a sexual health service that gives flexibility in terms of opening times, and appointments (booked and walk-in appointments) • A range of ways to be able to book appointments (walk-in, online, mobile, telephone) would be preferable

			• Confidentiality and trust in staff were deemed important; both in their knowledge and skills but also in their attitude and making service users feel welcome • Barriers to accessing the service were perceived to be opening hours and embarrassment to attend. This links back to the perceived needs above for the service to be flexible and for staff to provide a welcoming and confidential service.
19 June 2019	Written feedback from a single stakeholder organisation	1	Feedback received directly from one professional highlighted a report into the evaluation of a local community group's work with migrants and BAME communities dated November 2018. This report highlighted there is a need for community groups to engage those from under-represented communities to understand how primary care functions operate locally (such as sexual health services) with women for them to then pass this information on to their families, husbands, and wider communities.
26 June 2019	Response received directly from GP	1	Clear specialist referral pathways: GPs need to be able to refer patients in a timely manner to the specialist hub service for emergency/urgent appointments in a way which avoids delay and confusion for both professionals and patients
11 July 2019	Response received directly from GP	1	Young people access: There was a perceived difficulty for young people to access sexual health services within a GP's area, so a young person's clinic was set up in the surgery. However, it was poorly attended. Feedback to the GP indicated this was due to the risk of running into friends/family and reiterates the need for young people to access service in a safe space to protect their anonymity/confidentiality.
08 July 2019	Engagement session held at Riverside Community Health Project	11	Key themes identified from the user group sessions included: • Privacy and confidentiality with the possible use of outreach into the community to deter stigma of attending a known sexual health service • Ease of access and being able to secure convenient appointments • Female staff provision • More information and advice being made available
16 July 2019	Engagement session with Streetwise Young People Project	12	

17 July 2019	Engagement session with West End Women and Girls	15	
05 September 2019	Follow-up session with providers of sexual health services and those services who currently work alongside sexual health services or have an interest in providing services in Newcastle.	25	Key points from the session include: Participants agreed: • to keep the clinical and non-clinical services sperate • proposed model for the sexual health system • the priority areas of focus. Issues highlighted were: • The importance of using and embedding online services appropriately • Services being proportionate for the population they are serving whilst being mindful of those who need targeted support (priority groupings) and understanding of influence in investigations such as Operation Sanctuary • Keeping the clinical service universal whilst taking part in targeted work • Consider the sub-contracting responsibilities within the clinical contract • Consideration on the impact of more emphasis on community outreach within the available budget • Improved collaborative working across clinical and non-clinical services • The need to grow partnerships and communication across clinical and non-clinical services • Importance of realistic timelines and consider the ability of interested parties to respond to the requirements of the clinical opportunity, especially with expectations of maintained City centre base and improved online services

C7. What are the potential impacts of the proposal?				
Staff / service users	**Specific group / subject**	**Impact** (actual / potential disadvantage, beneficial outcome or none)	**Detail of impact**	**How will you address or mitigate disadvantage?**
People with protected characteristics				
	Younger people	Beneficial outcome.	Based on our engagement feedback and research, there	Continue to work with providers regarding the availability of

			is no evidence to suggest the proposal will have a disproportionately negative impact on young people. Hard to reach young people will continue to be an identified target group for clinical outreach and within non-clinical opportunities to ensure an updated and improved approach to the sexual health needs of young people.	sexual health services for all age groups. We propose to continue to include services for hard to reach young people to be a key theme within the non-clinical opportunities.
	Older people	Beneficial outcome	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on older people.	Continue to work with providers regarding the availability of sexual health services for all age groups including older people. Addressing the sexual health needs of older people is a key theme in the Sexually Healthy Newcastle work. We will continue to engage with older people's services in relation to sexual health.
	Disabled people	Beneficial outcome.	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on disabled people.	Continue to work with providers regarding the availability of sexual health services for disabled peoples. We propose to continue to include a Learning Disability

				nurse requirement within the clinical contract and will maintain non-clinical provision within the theme of people with disabilities and/or autism.
	Carers	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on carers.	Continue to work with providers regarding the availability of sexual health services for carers.
	People who are married or in civil partnerships	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their partnership status.	Continue to work with providers regarding the availability of sexual health services for people who are married or in civil partnerships.
	Sex or gender (including transgender, pregnancy and maternity)	Beneficial outcome.	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of sex or gender (including transgender, pregnancy and maternity).	Continue to work with providers regarding the availability of sexual health services for those who are transgender, pregnant and post-partum. The review of the clinical offer considers a more targeted response to women who are pregnant or accessing maternity services.
	People's sexual orientation	Beneficial outcome.	Based on our engagement feedback and research, there	Continue to work with providers regarding the availability of

			is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their sexual orientation. Consultation feedback has included response from those within the LGBT Community, and we will work with clinical and non-clinical services to ensure a focus on sexual orientation.	sexual health services regarding people's sexual orientation.
	People of different races	Beneficial outcome.	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of people of different races.	Continue to work with providers regarding the availability of sexual health services for people of different races.
	People who have different religions or beliefs	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their religion or belief.	Continue to work with providers to ensure the support needs of people of different races and ethnicities are understood and that they are supported to access sexual health services.
People vulnerable to socio-economic disadvantage				
	People living in deprived areas	Beneficial outcome.	Based on our engagement feedback and research, there is no available evidence to	Continue to work with providers to ensure the support needs of people vulnerable to socio-

			suggest the proposal will have a disproportionately negative impact on people living in deprived areas. A priority area of focus is to ensure a targeted evidence-based approach to outreach services across the City, especially ensuring an improved coverage of GPs and pharmacies within deprived areas of the City.	economic disadvantage are understood and that they are supported to access sexual health services.
	People in low paid employment or in households with low incomes	None	Based on our engagement feedback and research, there is no available evidence to suggest the proposal will have a disproportionately negative impact on people in low paid employment or in households with low incomes.	Continue to work with providers to ensure the support needs of people vulnerable to socio-economic disadvantage are understood and that they are supported to access sexual health services.
	People facing barriers to gaining employment, such as low levels of educational attainment	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on people facing barriers to gaining employment, such as low levels of educational attainment.	Continue to work with providers to ensure the support needs of people vulnerable to socio-economic disadvantage are understood and that they are supported to access sexual health services.
	Looked after children	None	There is no available evidence to suggest the proposal will have a disproportionately	Continue to work with providers to ensure the support needs of people vulnerable to socio-economic disadvantage are

			negative impact on looked after children.	understood and that they are supported to access sexual health services. The Teenage kicks service will work with LAC to ensure they have access to sexual health service provision.
	People facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness	None	There is no available evidence to suggest the proposal will have a disproportionately negative impact on people facing multiple deprivation.	Continue to work with providers to ensure the support needs of people vulnerable to socio-economic disadvantage are understood and that they are supported to access sexual health services.
Businesses				
N/A	Businesses providing current or future jobs in the city	Potential disadvantage	Current providers may not be successful in the tendering process.	We will work with current and potential providers to help them understand the procurement process.
Geography				
N/A	Area, wards, neighbourhoods	None	Our proposals ensure we have robust sexual health coverage across the city through primary care, community pharmacies, outreach clinics and online testing.	
Community cohesion				
N/A	Community cohesion	None	Based on our engagement feedback and research, there is no available evidence to suggest the proposal will have a disproportionately negative	Continue to work with partners and stakeholders to encourage build on aspirations within the Social Value commitment to promote a community focus with

			impact on community cohesion.	organisations we work with to deliver these services.
Community safety				
N/A	Community safety	None	Based on our engagement feedback and research, there is no available evidence to suggest the proposal will have a disproportionately negative impact on community safety.	
Environment				
N/A	Impact on environment and air quality	None	Based on our engagement feedback and research, there is no available evidence to suggest the proposal will have a disproportionately negative impact on environment and air quality.	Continue to work with partners and stakeholders to encourage build on aspirations within the Social Value commitment to promote a green and sustainable Newcastle with organisations we work with to deliver these services.

Section D: Summary and next steps

D1. When will the change happen and how it will be implemented?

Following this final consultation, the Council will commence a competitive procurement exercise for the contracts described in Section C. We will encourage providers to explore opportunities to work together collaboratively to bid for and deliver the service to help maintain the local and specialist knowledge and skills that already exist.

The Council will ensure that equality, social inclusion and community objectives are considered through the procurement process. Through the procurement process, organisations will be assessed by the quality of their tenders against the requirements set out by the Council.

It is proposed that the arrangements for the new **clinical** service will commence **September 2020**

- Procurement process commences – mid November 2019
- Award of contract – January 2020

- Transition period including service mobilisation (6-months) – March to August 2020
- Service commences – 01 September 2020

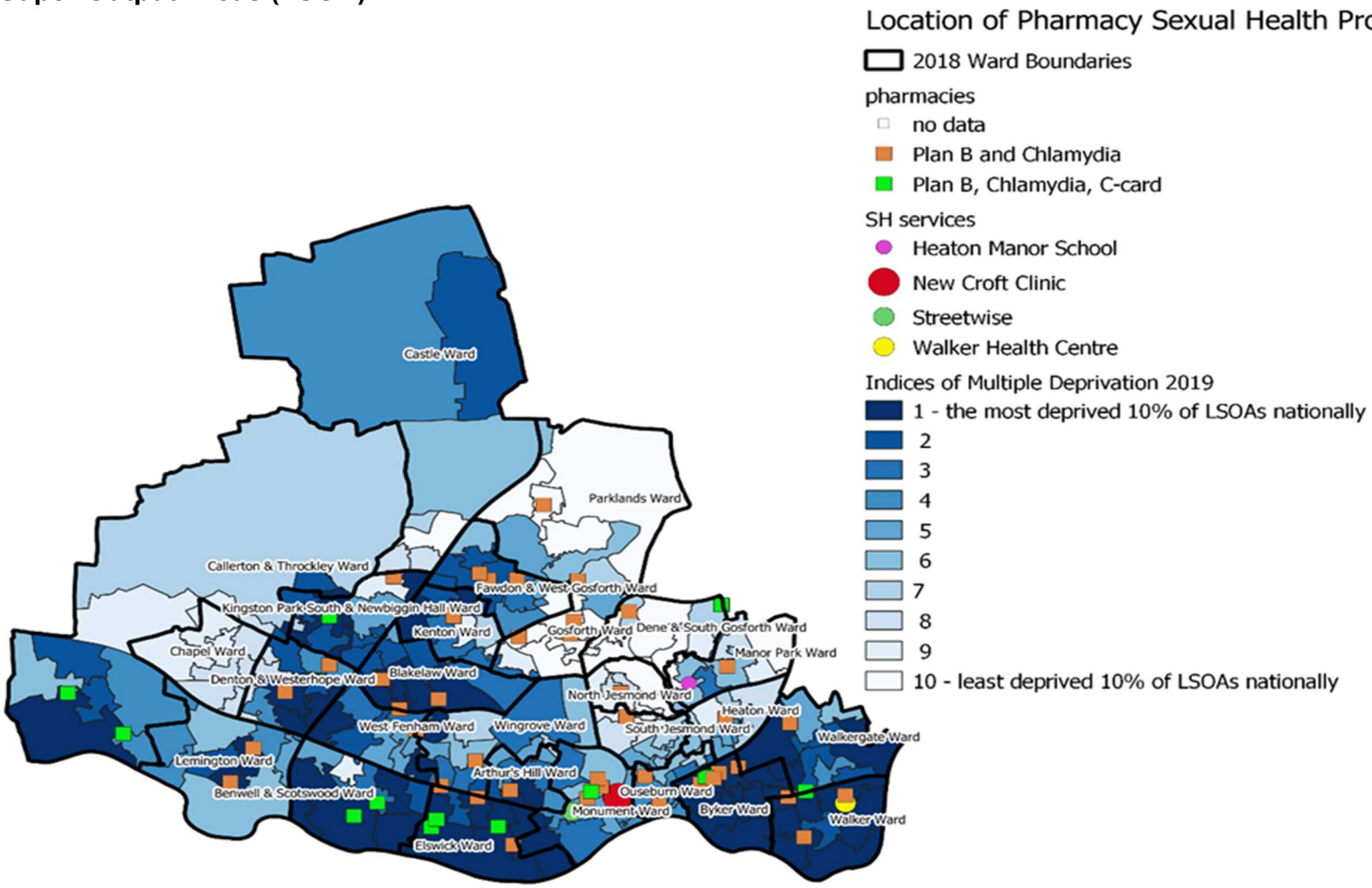
It is proposed that the arrangements for the new **non-clinical** services will commence **September 2020**

- Co-design sessions – end November/early December
- Procurement process commences – February 2020
- Award of contract – May 2020
- Transition period (3-months) – June to August 2020
- Service commences – 01 September 2020

Funding and contracts for existing services in the scope of the proposal will continue until the new contracts commence (subject to Council approval) at which point existing funding will be committed to fund the new contracts. The above activities and timescales may be subject to change.

Appendix A: Maps of current service provision

Map 1: of Current Sexual Health Provision within Newcastle Pharmacy Setting mapped to 2019 Indices of Multiple Deprivation by Lower Super Output Areas (LSOA)



Map 2: Current Sexual Health Provision within Newcastle GP Setting mapped to 2019 Indices of Multiple Deprivation by Lower Super Output Areas (LSOA)