

# **Commissioning for Clinical and Non-clinical Sexual Health Services in Newcastle**

**Thursday, 05 September 2019**

# Purpose of the day

- Review the sexual health profile of Newcastle
- Current contract arrangements
- Analysis of the consultation
- Outline service model proposals
- Provide an opportunity to review the model together
- Outline next steps and timescales

# Today's agenda

10.00am Welcome and introductions

10.05am Part 1: Sexual health in Newcastle

✓ Needs assessment highlights ✓ Current arrangements ✓ Consultation findings

10.30am Part 1: Roundtable discussions

11.00am Part 2: Service model proposals

✓ Our Vision ✓ Clinical opportunity ✓ Non-clinical opportunities

✓ Social Value commitment

11.20am Part 2: Roundtable discussions

11.50am Next steps and timescales

11.55am Questions

12.00pm Close

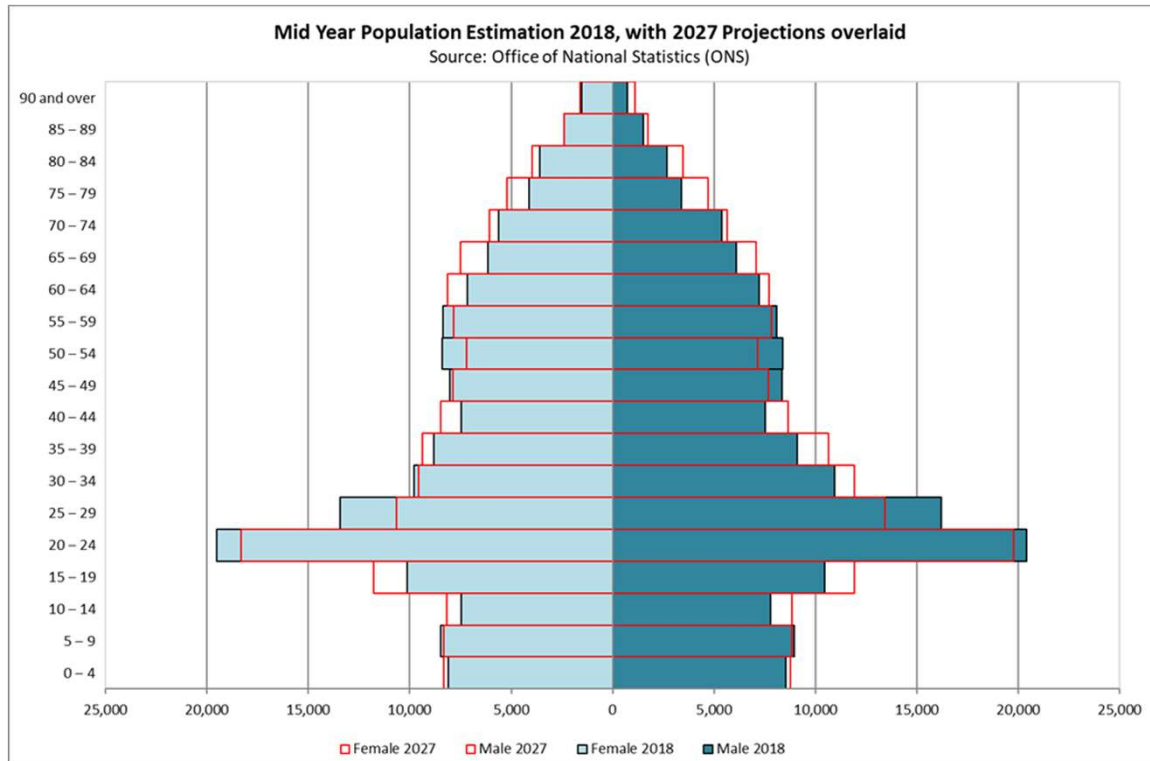
# Part 1:

# Sexual health in Newcastle

# ✓ Needs assessment highlights

# Population

Almost 37% of Newcastle's estimated population are under 25 years of age.



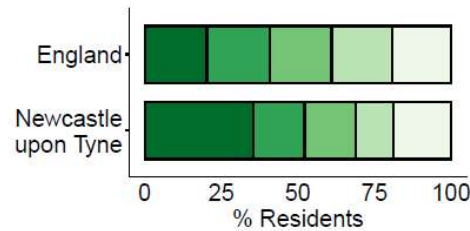
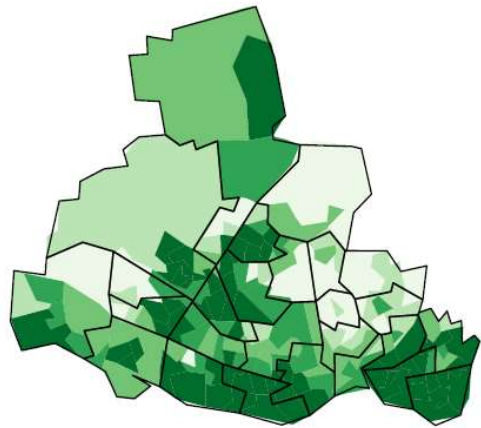
	2017 (N)	2017 (%)	2027 (N)	2027 (%)	% Change 2017-2027
<b>&lt;10 years</b>	34,092	11.52%	34,236	11.14%	0.42%
<b>10-14 years</b>	14,700	4.97%	17,002	5.53%	15.66%
<b>15-24 years</b>	59,674	20.17%	61,794	20.10%	3.55%
<b>15-44 years</b>	140,493	47.49%	144,438	46.98%	2.81%
<b>&gt;44 years</b>	106,557	36.02%	111,753	36.35%	4.88%
<b>65+ years</b>	42,728	14.44%	50,392	16.39%	17.94%
<b>Total</b>	295,842		307,429		3.92%

# Deprivation

## National

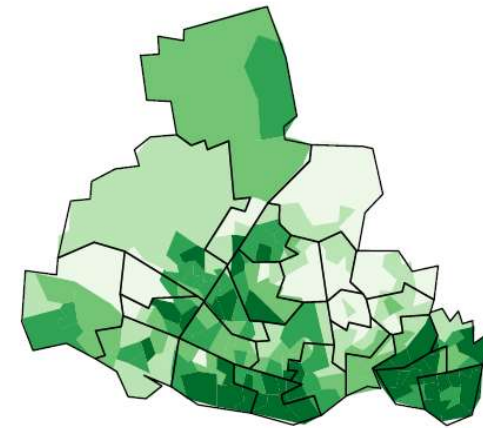
The first of the two maps shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of IMD 2015, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

The chart shows the percentage of the population who live in areas at each level of deprivation.



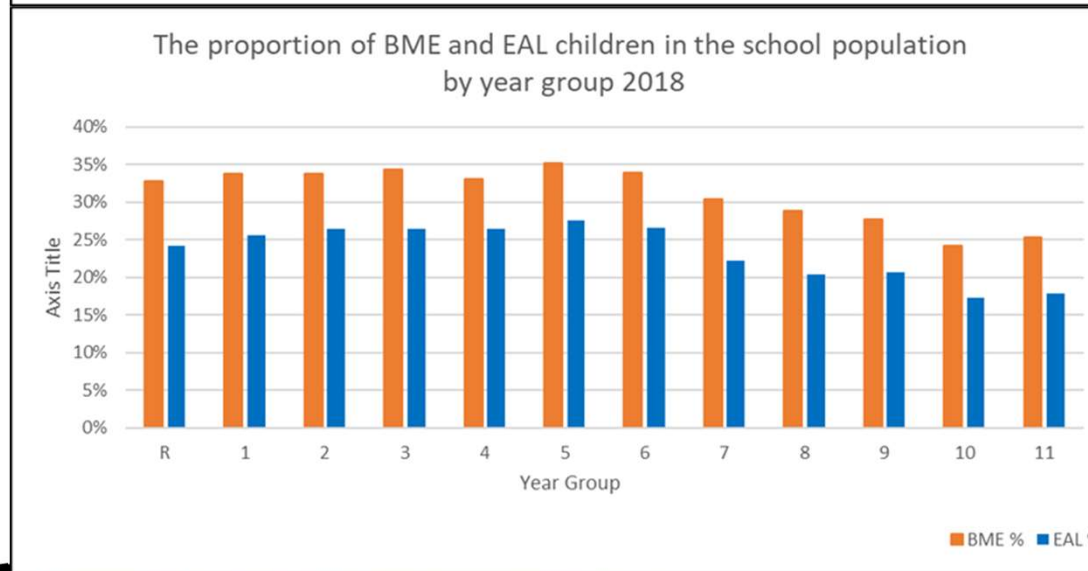
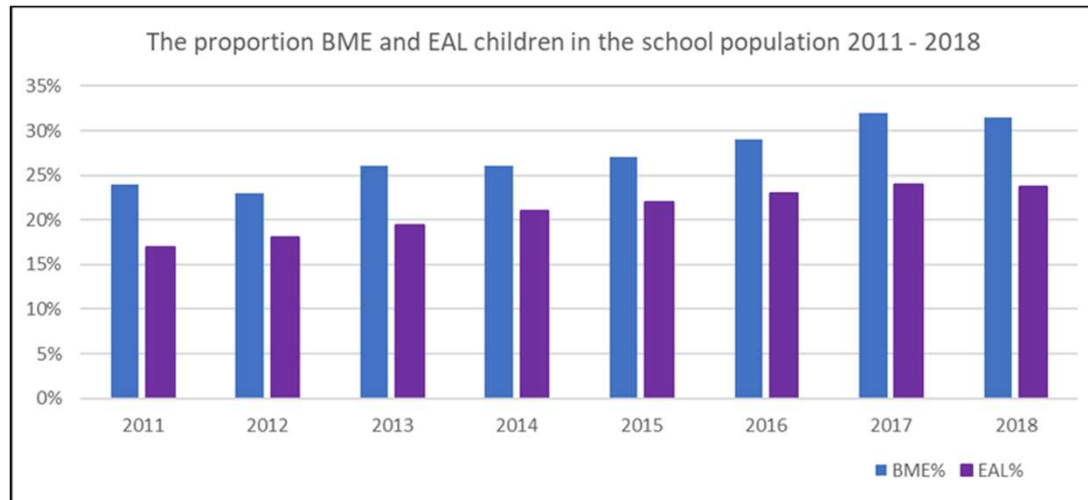
## Local

The second map shows the differences in deprivation based on local quintiles (fifths) of IMD 2015 for this area.



- Newcastle upon Tyne is one of the 20% most deprived districts/unitary authorities in England

# Ethnicity

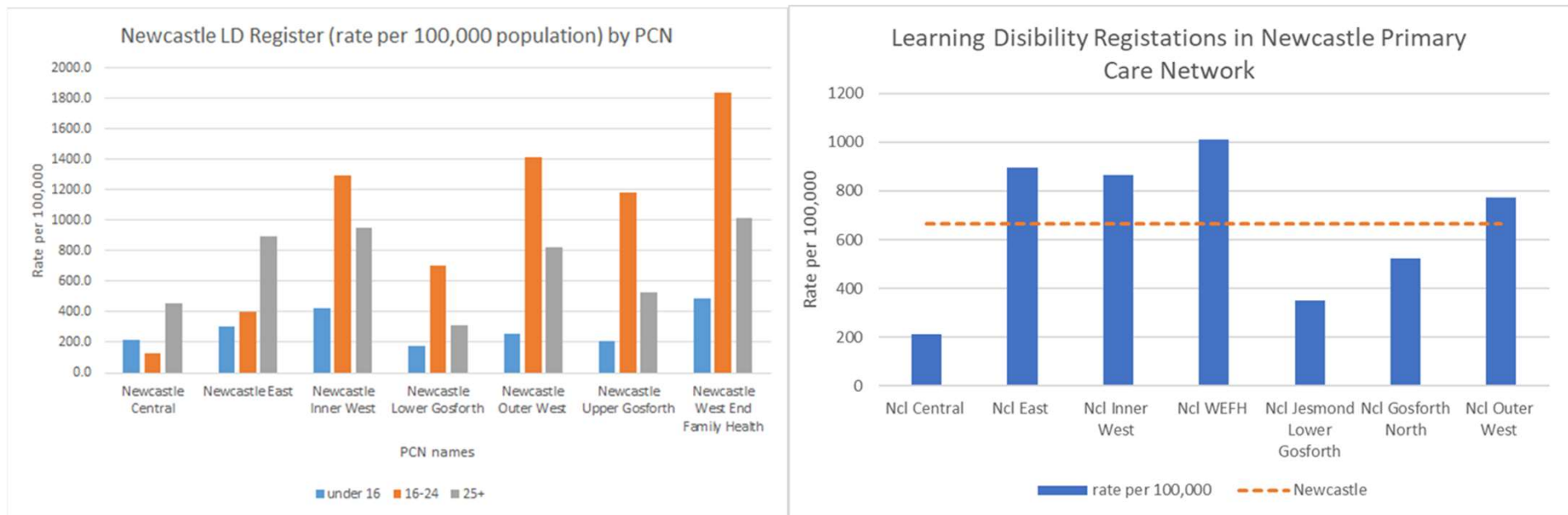


- 2011 Census: 85.5% population white, 9.7% Asian, 1.8% black, 1.5% mixed and 1.5% other.
- School Census: 31% of children in 2018 are BME population and 24% have English as another Language.



# SEND/ Learning Disability

- In June 2019 **2142** people were recorded by GP on Learning Disability register
- The highest actual number are those in the East and Inner West Primary Care network.
- In 2018 there were **1,026** adults receiving social care support for LD/Autism.
- 2018 there were **1,989** children known to schools with learning difficulties, with **599** identified with autism

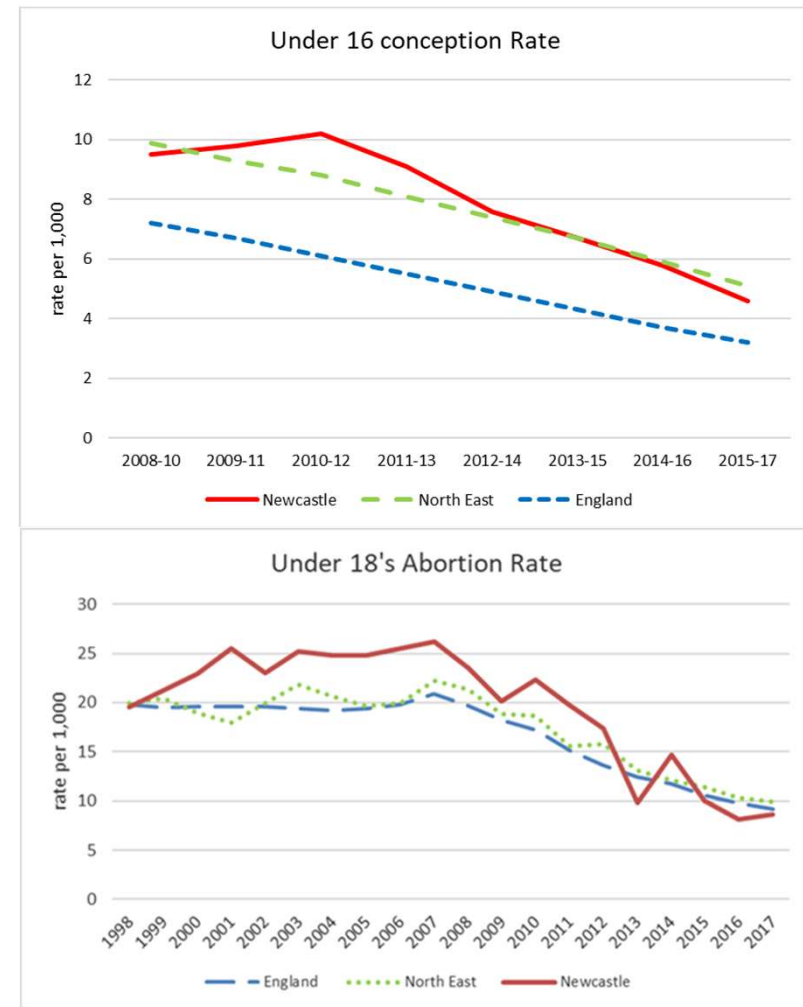


# Conceptions

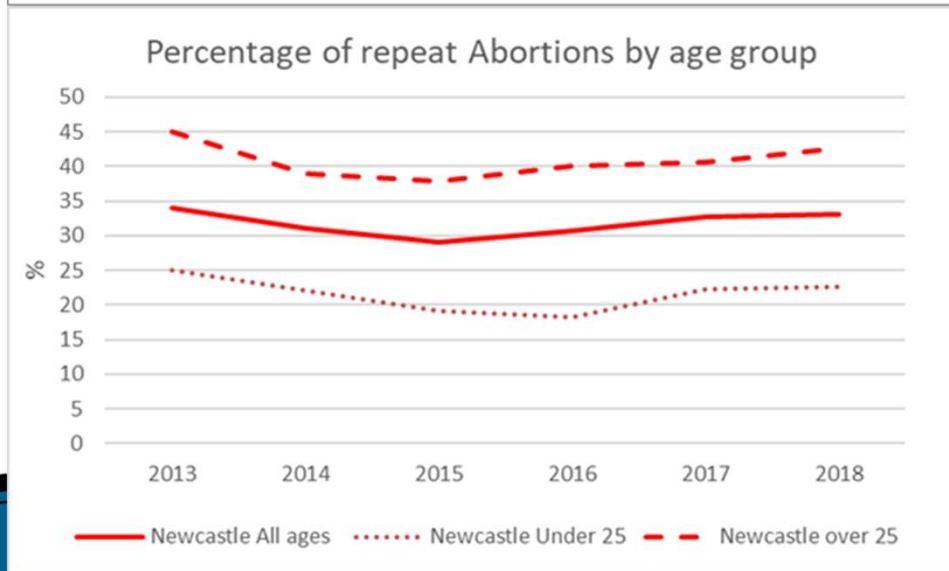
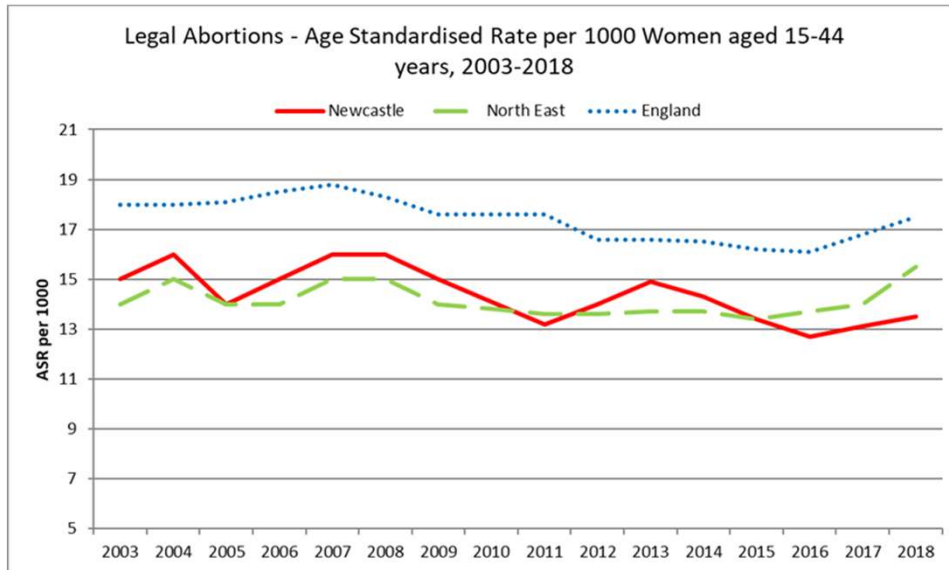
- Nationally decrease of 1.8% in conception in 2017, largest decrease since 2012.
- Newcastle seen decline in conceptions from 4,414 in 2009 to 4170 in 2017, which is a 5.5% reduction.
- Conception rate has fallen in Newcastle 70.3 per 1,000 in 2010 to 61.6 per 1,000 in 2017.
  - Newcastle remains below the North East (69.9 per 1,000) and England (76.4 per 1,000). This has meant the gap between the England and Newcastle rates has widened, as well as the gap between Newcastle and the North East.
- Newcastle has seen a slight rise in 2017 in the percentage of conceptions leading to abortion to 23.6% from 22.3% in 2009
  - Newcastle does have 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.
- Newcastle has reduced under 18's conceptions from 287 in 1999 to 100 in 2017.

# Under 16's Conceptions

- Decline in under 16's conceptions, falling from 10.2 per 1,000 in 2010-12 to **4.6 per 1,000 in 2015-17**, from 132 conceptions in 2010-12 to **56 conceptions in 2015-17**.
- Newcastle has also fallen below the North East average of 5.10 and the gap between Newcastle and England (3.2 per 1,000 in 2015-17) has reduced since 2010-12
- There were **13 under 16's conception in 2017** the lowest Newcastle has seen.
- Between 2013-17 an increase in % of conceptions leading to abortions, but the number of conceptions has reduced meaning numbers are low and the abortion percentage looks higher.
- The age profile of mothers at birth shows the rate of births for those 16 and under has declined into 2015-17.



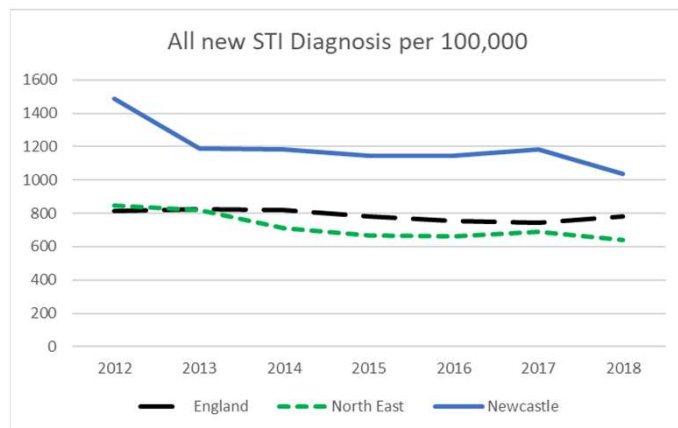
# Abortions



- 23.6% of all conceptions in Newcastle lead to abortion in 2017
- Rate of abortions is at 13.5 per 1,000 ASR this equates to 1017 abortions 2018, highest number since 2010.
- Historically Newcastle's highest abortion rates in 25-29 & 30-34 yr olds, in 2018 this increases in 18-24 year olds.
- 79% of abortions performed at under 10 weeks (increase 72% 2015), similar to the national (80%) % regional (78%)
- 2018, 33.% of women undergoing abortions had one or more previous abortions.
- Women (42.7%) aged 25 years & over who have had one or more previous abortions

# Sexually Transmitted Infection's

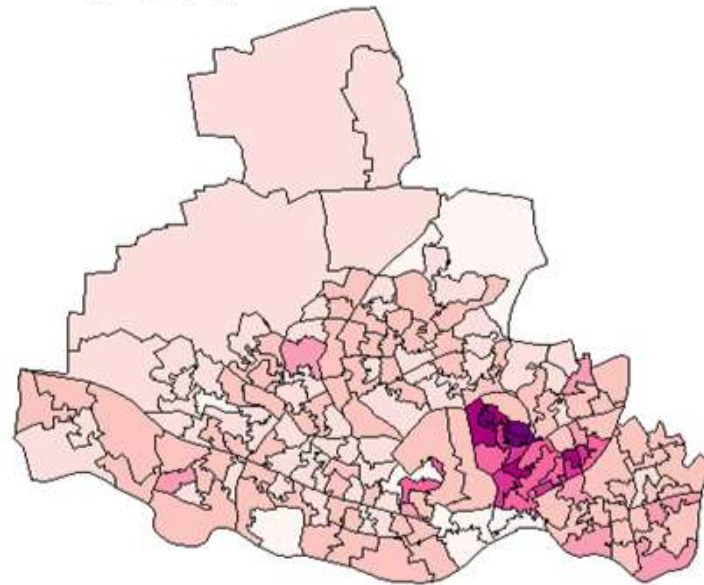
- **3,061** new STIs diagnosed in 2018, decline of 444 compared to 2017
- Decline in **Syphilis** in 2018 and declining trend in **Genital warts**
- Decline in **Chlamydia** diagnosis in 2018, with decline in detection rates in 15-24 year olds.
- Increasing trend in **Gonorrhoea** from 2012, but stable in 2018, and increase in **Genital Herpes** in 2018.
- **HIV** new diagnosis remains similar between 2016 and 2017, as does late diagnosis
- HIV testing coverage is low at 56.1% in 2018, a slight increase on 2017, but this has been identified as a data issues that needs to be resolved.



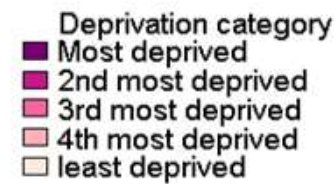
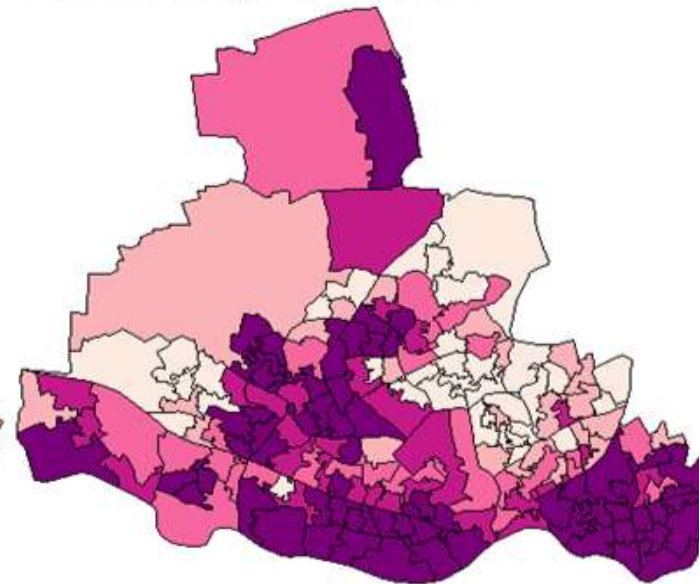
Diagnoses	2017 rate	2018 Rate	2018 England Rate
<b>New STIs</b>	1185	1035	784
<b>New STIs (excl. Chlamydia aged 15-24)</b>	981	946	851
<b>Chlamydia</b>	645	517	384
<b>Gonorrhoea</b>	135.5	131.5	98.5
<b>Syphilis</b>	16.2	11.2	13.1
<b>Genital Warts</b>	187.9	167.3	100.1
<b>Genital Herpes</b>	76.1	86.2	59

**Figure 1.7. Rates per 100,000 population of new STIs and deprivation by LSOA\* in Newcastle upon Tyne (SHS diagnoses): 2017.** (Please refer to the text and Appendix 5 to assess the extent to which clinic coding issues may have distorted this map)

2011 geography



Distribution of deprivation by LSOA



# Contraception in 2017

- There were **3632 LARC's** excluding injections prescribed in Newcastle, rate of 53.7 per 1000 an increasing trend
  - 2032 by GP and 1600 in SRH services (increasing trend)
  - 27.5% of under 25's and 47.7% over 25's chose the LARC at SRH services (excluding injection) **increasing trend** for both age groups
- **630** chose the **injection** at SRH services – consistent trend
- **3839** chose **user dependent** method at 56%, declining trend from 61% in 2014
- **2990** chose **hormonal short acting** contraception 43.7%, decline from 2014 at 47%
- Decline in rate of females under 25's attending specialist contraception services
  - 182.6 per 1000 in 2014 (no. 5364) to 172.8 per 1000 in 2017 (no. 5048)
- Slight increase in rate of males under 25 attending specialist contraception services
  - 32.6 per 1000 in 2014 (no. 1027) to 37 per 1000 in 2017 (no. 1128)

## Summary activity of SRH services in Newcastle 2017/18,

Region & Local Authority of residence	2016/17	2017/18	% difference
Total Activities	21955	22500	2.5%
Contraceptive care (excl. emergency contraception)	13315	9990	-25.0%
STI related care		5125	
Emergency contraception	585	555	-5.1%
Sexual health advice	2800	2595	-7.3%
Pregnancy related (excl. ultrasound scan)	2265	1705	-24.7%
Ultrasound scan	275	195	-29.1%
Abortion related	10	5	-50%
Cervical screening	770	495	-35.7%
Psychosexual therapy / referral	270	405	50%
Implant removal	715	780	9%
IUS removal	215	275	27.9%
IUD removal	190	205	7.9%
PMS and menopause related care	130	20	-84.6%
Alcohol brief intervention	-	-	
Other	415	150	-63.9%

Awaiting GP final data



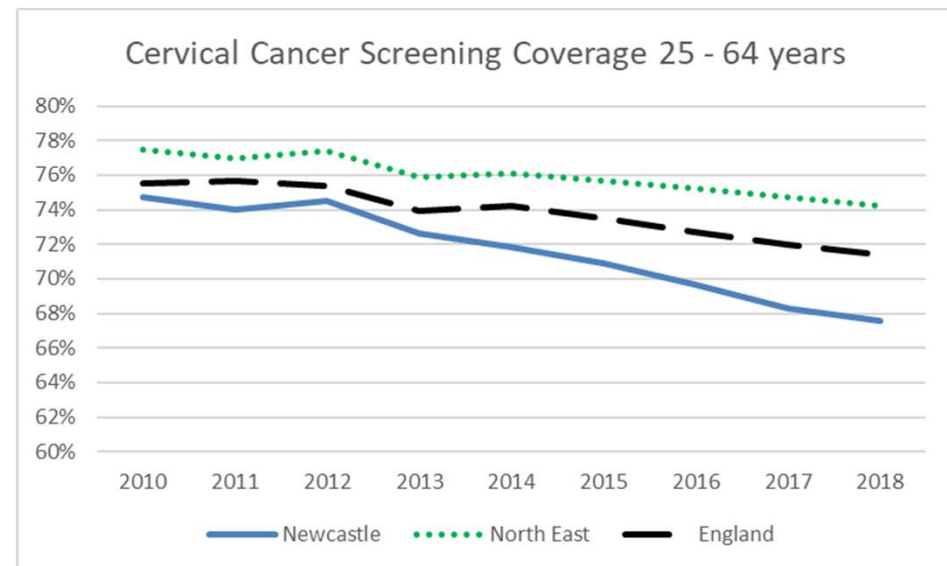
# Cervical Cancer

## HPV 2017/18:

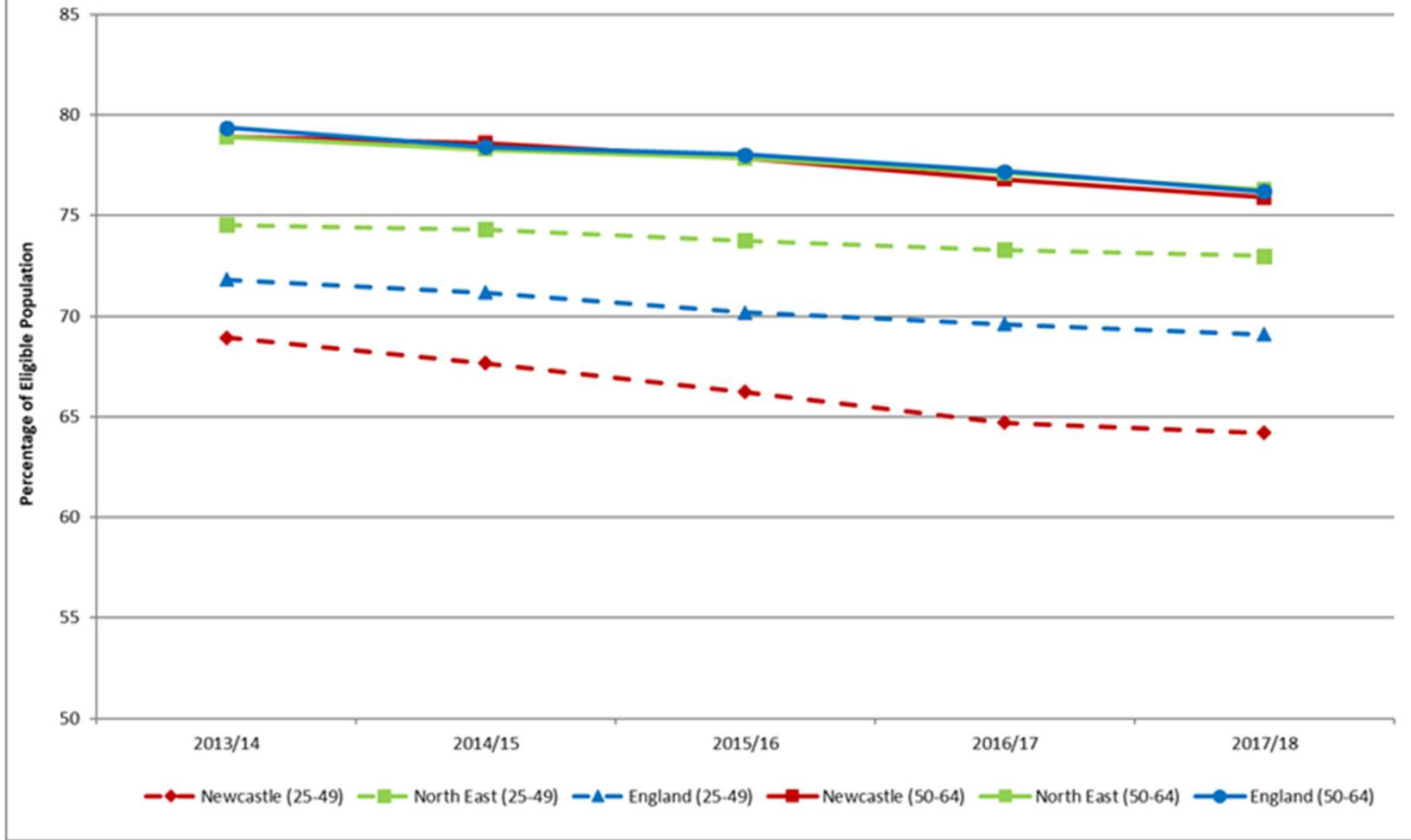
- **83.4%** of girls aged **12 to 13 years** in Newcastle received one HPV dose, compared to England av. 86.9% & North East at 85.7%.
- **89.2%** of girls aged **13 to 14 years** in Newcastle received the 2 HPV doses, compared to 83.8% in England & 85.3% in North East.

## Cervical Cancer

- Decline in cervical screening uptake to **67.6%** in 2018 in Newcastle.
- Rate at GP level range from 23% to 85% across Newcastle
- Lower uptake in younger women.
  - 50-64 yrs. 76% coverage
  - 25-49 yrs. 64.2% coverage



Cervical Cancer Screening Programme Coverage: 2013/14 to 2017/18 by age group (25-49 years and 50-64 years). Source: NHS Digital



# Sexual & Domestic violence

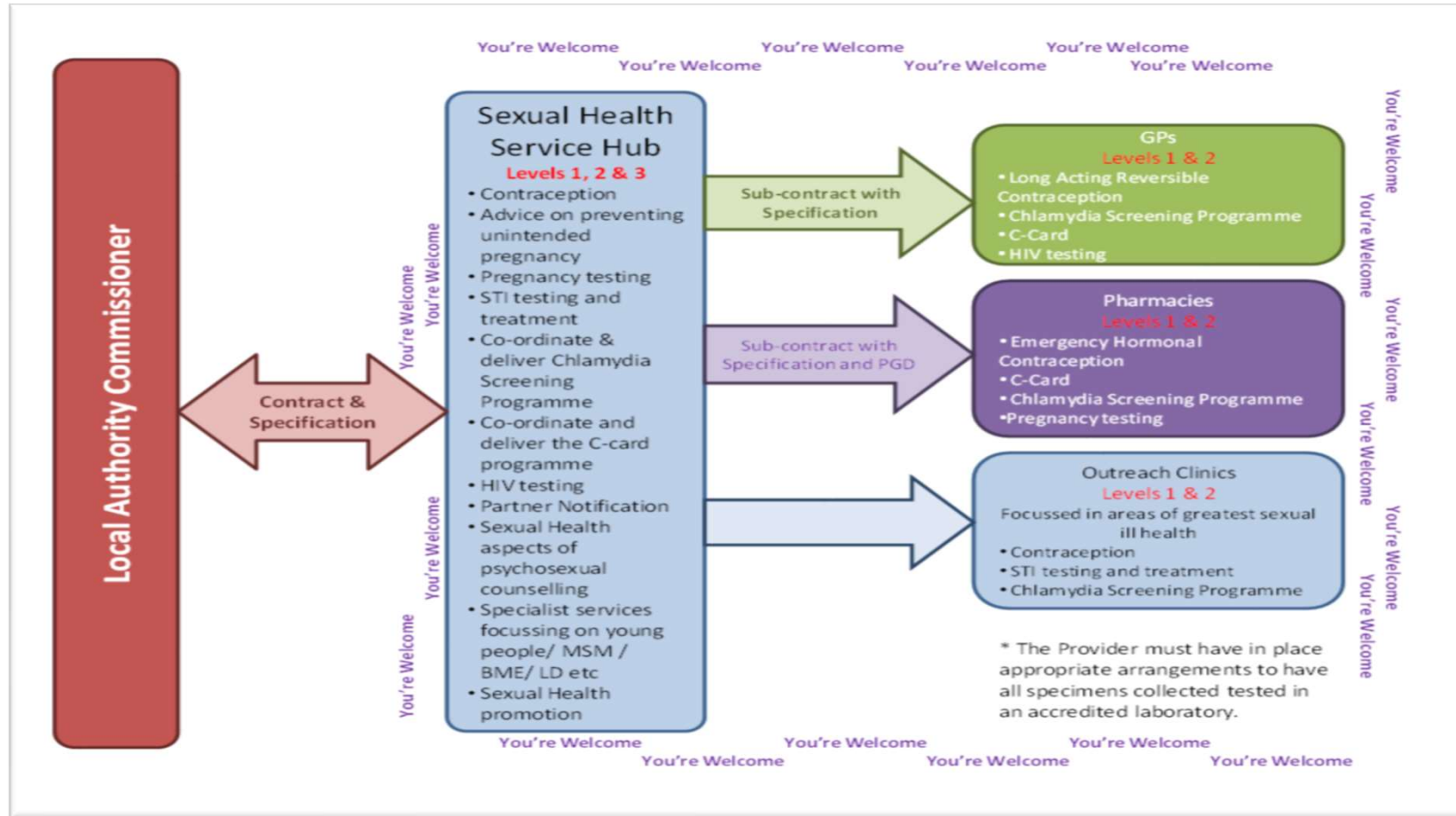
- The Crime Survey for England estimates:
  - 20% and 4% men have experience some type of sexual violence since the age of 16.
  - 3.1% of women and 0.8% men aged 16-59 experienced sexual assault in the last year.
  - 5 in 6 victims didn't report to the police.
- In Newcastle police recorded crime shows there were 1209 recorded sexual offences in 2018 an increase on pervious years.
- Northumbria police force: 35,887 domestic abuse related incidents & crimes recorded in 2018. 25 incidents and crimes for every 1,000 of the population
  - 13% of all recorded crimes were classified as domestic abuse related in Northumbria in the year ending March 2018
  - 50 cases were discussed at MARACs per 10,000 adult females (aged 16+) in 2018, compared to 38 cases per 10,000 in England and Wales. 31% of cases were repeat cases in Northumbria, 28% were repeat cases in England and Wales.

## ✓ Current arrangements

Sexual health services in Newcastle are currently contracted as:

- One clinical contract – Integrated Sexual Health Service (NuTH)
- Several non-clinical contracts - targeted towards marginalised or hard to reach priority groups across the City (Several third sector providers)

# Clinical arrangements



# Non-clinical arrangements

## Young people (2 contracts):

West End Youth Enquiry Service (WEYES)  
Teenage Contraception

## People with learning disabilities (1 contract):

Sexual Health Training for people with Learning Disabilities: Love Life service

**Local Authority Commissioner**

## HIV+ support (2 contracts):

Floating support service for people with HIV/AIDS  
HIV support programme

## People at risk of sexual exploitation (1 contract):

GAP and MAP services

# Out of scope

- 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
- Currently delivered or planned within other arrangements in Public Health:
  - ✗ Sex and relationship education in schools (and school nursing)

# ✓ Consultation findings



# Consultation dates

Date	Session/ Method	Stakeholder
11 <sup>th</sup> June 2019	Services review	Current and potential providers/ wider stakeholders
04 <sup>th</sup> June-15 <sup>th</sup> July 2019	Contact via email and Pharmoutcomes requesting feedback	GPs and Pharmacies in Newcastle
11 <sup>th</sup> June-15 <sup>th</sup> July 2019	Survey via Let's Talk Website*	Members of the public- 331 responses received
8 <sup>th</sup> July 2019	Engagement session held at Riverside Community Health Project	11 females took part from mixture of ethnicities and priority social groupings
16 <sup>th</sup> July 2019	Engagement session with Streetwise Young People Project	12 males from BAME community
17 <sup>th</sup> July 2019	Engagement session with West End Women and Girls	15 females from BAME community

\*Copies of survey also left with New Croft Centre, Young People and Mesmac, Streetwise and Riverside Community Health Project

# Service review session

Attendees at the service review session in June were asked to discuss the strengths, weaknesses and opportunities for current arrangements.

The discussions were split into clinical and non-clinical services.

The key points of these discussions follow:

# Key Points: clinical service

- Current premises are centrally located, and staff are well trained
- LD Nurse – excellent resource only one in NE
- Partnership working is excellent in terms of c-card, chlamydia screening etc
- Current setup of the service means that clinics can be fully booked by 9am, and staff resources/time with patients is limited
- To reduce pressure on the main service at New Croft there need to be links to other resources e.g. the pharmacies, communities, voluntary sector
- Pharmacy could take more on to improve access to SRH services and reduce pressure on main service i.e. chlamydia treatments, quick start contraception, repeat pills, HIV and BBV testing
- Conflicting views on whether online testing/DIY testing reduces demand on main service or adds pressure by increase of testing
- Opportunity to understand the sub-contracting of 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
- There is a perceived “high visibility” when accessing New Croft especially for vulnerable groups (BAME, homeless) a need for more outreach community development

# Key Points: non-clinical service

- A strength is the passion and dedication of staff in Newcastle.
- A need for a better offer to Trans community-missing younger people as they are not accessing mainstream services.
- Lack of referrals from main service to MAP/GAP or patients newly diagnosed as HIV +
- More work with the two universities - students unions having access to STI kits
- Reaching vulnerable groups and BAME communities could be strengthened through engagement, trust in interpreter to get correct information across
- Some staff are too risk averse; we need to think outside the box
- Reaching vulnerable young people needs more thought
- 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 in non-clinical settings is too drawn out
- Opportunity to introduce more online/DIY testing kits into community settings
- Build more community capacity and a louder voice for those living with HIV

# Key Points – Community engagement sessions

**Community engagement sessions held with ASDAN group at Riverside Health Partnership, West End Women and Girls and Streetwise:**

- Privacy and confidentiality was a recurring theme
- City centre location was not good for some of the groups. They would prefer to see their GP or attend an outreach clinic in community setting closer to home or a site such as Riverside
- Other groups mentioned new croft, school, streetwise
- Ease of access and being able to secure appointments was important
- Female staff provision
- More information and advice being made available in locations where BAME groups meet

# Let's Talk highlights

- 331 responses in total (not every respondent answered every question)
- 180 females, 92 males, 3 prefer not say, 6 prefer to self-describe, 50 blank answers.
- Range of ages from under 15's to over 75's
- 76% White, White Irish or White British
- 18% considered themselves a limited a little or a lot by a disability or LTC
- 56% identified their sexuality as heterosexual (straight), 16% identified as gay men
- The majority had used at least one sexual health service in Newcastle, with 58% having a planned visit

# Key Points – Let's Talk Survey

- Service users would like a sexual health service that gives flexibility in terms of opening times, and appointments (booked and walk-in appointments and Saturday mornings)
- A range of ways to be able to book appointments (walk-in, online, mobile, telephone) would be preferable
- Confidentiality and trust in staff was 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.

# Priority areas of focus

From the evidence base and consultation findings we think the priority areas of focus for this commissioning activity is:

- Improved clinical outreach – with a focus on gaps in provision, targeting priority groupings, under-represented groups and other vulnerable groups, including the needs of BAME communities
- Greater and improved online presence for online booking and DIY testing kits
- Strengthen the GP services offered with improvements to accessibility and availability with City-wide coverage
- Improved Pharmacy services offered and improved coverage at weekends
- A better understanding of the role of non-clinical services within the overall system and scoping opportunities to improve their offer with support and training from the clinical service



# Part 1: Roundtable discussions

- What are the challenges and opportunities you envisage for sexual health services in Newcastle?
- Do you agree with our priority areas of focus?
- What other priorities should we be considering?
- How can we better engage with people who use our services to develop our commissioning plans?

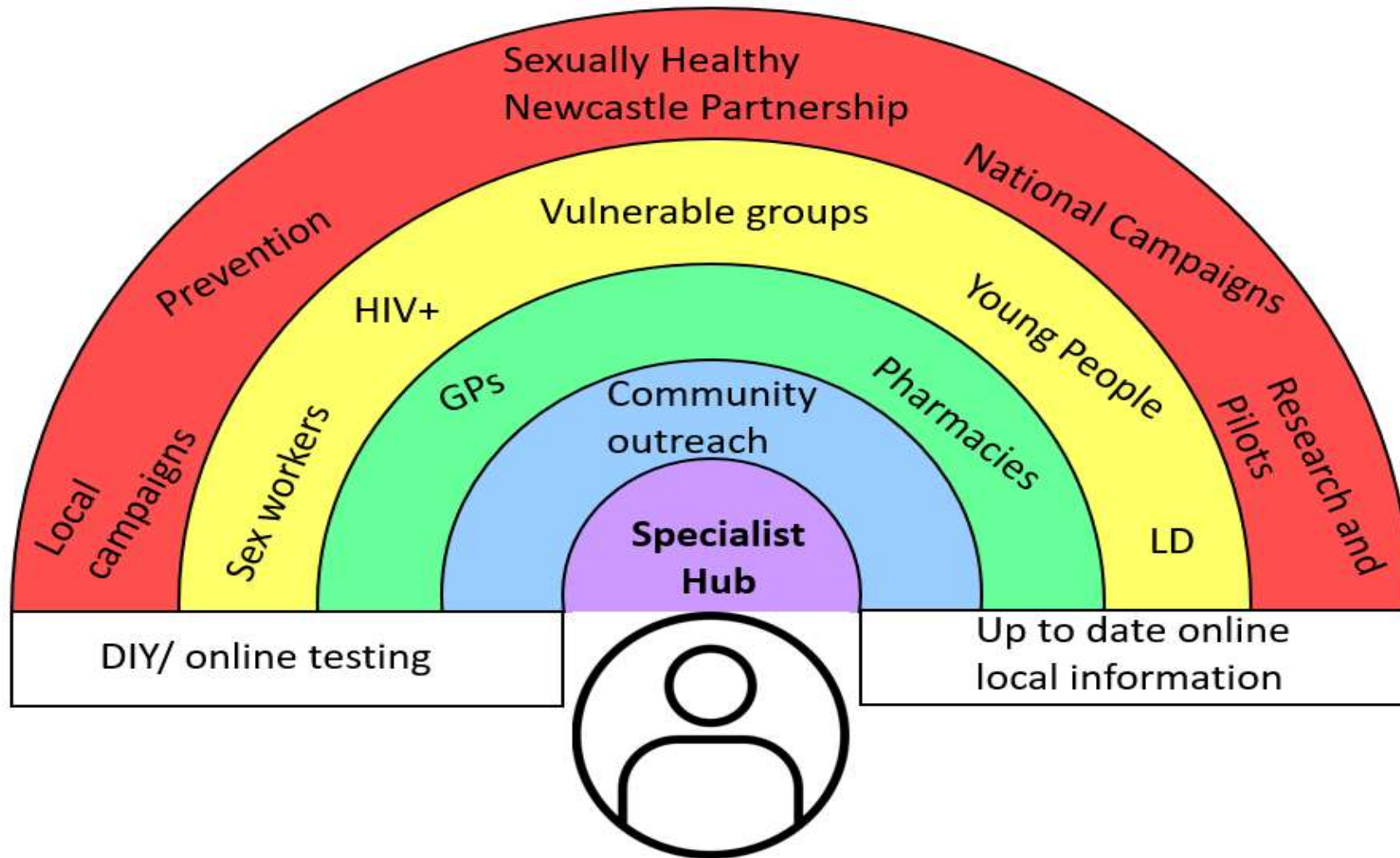
# Part 2:

# Service model proposals

## ✓ Our Vision

- To provide an integrated sexual health system that supports Newcastle residents to make informed, confident choices that, when necessary, ensures access to appropriate good quality services.
- Ensuring all residents have the right and opportunity to live a healthy sexual and reproductive life, free of discrimination, regret, coercion and violence

# Newcastle Sexual Health system



# Our vision: What do we want to achieve?

## A sexual health system in Newcastle that offers:

- A specialist clinical hub
- Clinical community outreach based in areas of evidenced low provision or high need
- Pharmacies and GPs delivering community wide sexual health advice, screening and contraception
- Improved HIV testing offer from GP services
- Multi-disciplinary working with non-clinical services targeting priority groups (currently people with learning disabilities, sexual exploitation and those engaged in sex work, HIV+ and young people) to improve support and training to front line service partners.
- Strategic level partner working and input e.g. Sexually Healthy Newcastle Partnership and participation in relevant campaigns
- Increased DIY/online testing kits 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

## ✓ Clinical opportunity

### **We propose to:**

- Remain as 1 integrated services contract
- Maintenance of overall financial envelope (£3.9m)
- 4 year contract with option to extend (3 x 12 months) – commencement from 01 April 2020
- 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 and DIY testing
  - Strengthened GP and pharmacy services offered
  - Training and support offer to non-clinical services

# ✓ Non-clinical opportunities

## We propose to:

- Seek to extend current arrangements for a short period of time (potentially 6 months) to fully understand the opportunities required.
- During this time hold further co-design sessions in October and November themed on the 4 areas we view as the targeted groups for non-clinical service (LD, Young People, HIV+ and Sexual Exploitation)
- Design specifications that are clearer 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
- Aim for new contracts to be in place from 01 October with end dates in line with the clinical opportunity – 3.5 year contract with option to extend (3 x 12 months)
- Review the overall financial envelope available for these opportunities and how this is split across the opportunities

# ✓ Social Value commitment

The Public Services (Social Value) Act came into force on 31 January 2013. It requires commissioners to think about how they can also secure wider social, economic and environmental benefits through the commissioning and procurement of public services.

Social Value refers to wider financial and non-financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment.

The Act gives us a framework and mechanism to talk to our local market to design better services and consider new and innovative solutions to difficult problems.



# Our Social Value Commitment

Newcastle made a **Social Value Commitment** which sets out four principles of Social Value.

These principles are what Social Value means in Newcastle and form the basis of our focused activities throughout the commissioning cycle.

Securing Social Value is at the **heart of our activity** as it helps to maximise the collective benefit to our communities and residents in Newcastle.

We all need to consider how Social Value could shape the design of services and how it is built into the service to **maximise the collective benefits**.

Working in partnership with stakeholders at an early stage (colleagues, communities, markets, partners and others) helps us to build a better picture of the opportunity and to put Social Value at the heart of the design...through the commissioning model, KPI's, contract design, evaluation criteria, etc

Think, Buy,  
Support  
Newcastle



Community  
Focused

Ethical  
Leadership



Green and  
Sustainable

# Social Value principles

Newcastle made a Social Value Commitment which sets out four principles of Social Value:

## 1. Think, Buy, Support Newcastle

- value local spend and spending money locally generates value across our supply chain, and effectively delivers it to local people.

## 2. Community Focussed

- Understand and deliver value that local people recognise and ensure mechanisms in place for local people and partners to give feedback that is then used to shape practice
- Working together with partners who have a common interest, creating a greater recognition of, and response to our specific local social challenges

## 3. Ethical Leadership

- We will seek to work with businesses that employ high ethical standards within their practice, and those who want to work to improve their ethical approach.

## 4. Green and Sustainable

- Commitment to using resources efficiently and protecting the environment by minimising waste and energy consumption.
- Work with partners and providers to promote green and sustainable practice in the work that we commission and procure.

Think, Buy,  
Support  
Newcastle



Community  
Focussed

Ethical  
Leadership



Green and  
Sustainable

# Part 2 – Roundtable discussions

## Clinical services

- Do you agree with maintaining an integrated clinical offer as is?
- What do you think are the strengths and weaknesses of an integrated offer?
- Is there anything else we need to consider, or based on your experience, a need that would not be met through this proposed model?

## Non-clinical services

- Do you agree with the four themes we have proposed for the non-clinical opportunities?
- Have we missed any opportunities, or based on your experience, a need that would not be met through this proposed model?
- What do you think success could look like in this proposed service system?

## Social Value

How do you think we could support maximising Social Value within these opportunities, for example:

- What is the impact on the community related to physical locations of services?
- How will local people benefit (including the broader community who may experience employment, environmental and social benefits from these services)?
- What ethical issues exist within sexual health services and how could these risks be mitigated, for example, through supply chain management, employee benefits and support, etc?
- How could impacts to the environment be minimised through the development of these contracts?

# Next steps and timescales

# Next Steps

- Review and incorporate feedback into an Integrated Impact Assessment (IIA) as a final consultation document on the new service model proposed – publish for 3 weeks for final feedback on proposals.
- Review and update specification for clinical service prior to conducting tender for the clinical opportunity
- Hold further co-design sessions to explore non-clinical services to feed into the specification development prior to competitive tendering process
- Conduct tender for the non-clinical opportunities

# Procurement Timeline – Clinical

- Publish final consultation document (IIA) w/c 16 September (open for 3 weeks)
- Close consultation with final service model proposal feedback early October
- Publish Tender for Clinical opportunity mid/end October 2019
- Award – end January 2020
- Start of Clinical contract 01 April 2020

**This timetable is indicative only and may be subject to change at the discretion of the Local Authority**

# Procurement Timeline – Non-clinical

- Publish final consultation document (IIA) w/c 16 September (open for 3 weeks)
- Close consultation with service model proposal feedback early October
- Further co-design of non-clinical opportunities during October/November (dates and venues TBC)
- Publish Tender for non-clinical opportunities February/March 2020
- Award of Non-Clinical Contract end June 2020
- (TBA) start of non-clinical contracts 01 October 2020


**This timetable is indicative only and may be subject to change at the discretion of the Local Authority**

# How to tender for the opportunity

All Tender documentation will only be published via the Council's Electronic Tendering System at website - <https://www.nepo.org/>

In order to be considered for the opportunities, please register your details free of charge on the above Electronic Tendering Portal. Once registered you can express an interest in the contract and download the tender documentation.

You can register your details on the Electronic Tendering Portal by entering the 'Suppliers Area' and following the registration instructions.

If you are experiencing a problem please read the reference guides by clicking the icon 

If you still need a solution to your problem, then please contact:

NEPO Support Team  
By Phone: 0191 261 3940  
By Email: [info@nepoportal.org](mailto:info@nepoportal.org)





# Procurement Contact

All queries relating to the tendering *process* should be directed to the Commissioning & Procurement Officer (Stacey Urwin) Telephone: **0191 2116569**

by email: [Stacey.urwin@newcastle.gov.uk](mailto:Stacey.urwin@newcastle.gov.uk)

Please note for audit trail purposes all questions regarding the *tender* (once published) must be raised via the Electronic Tendering Portal at [www.nepoportal.org](http://www.nepoportal.org) through the Question and Answer facility.

Please remember to give yourself enough time to upload your tender submission to the Electronic Tendering Portal, as a 1 second delay over the deadline will be deemed as a late tender submission and may not be considered.

# Questions from today?

