

DRAFT

Ealing Sexual Health Strategy

2015-2020

EALING COUNCIL

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Introduction

This strategy provides an overview of the medium-term actions, over the next 5 years, that are our priorities to support improved sexual health outcomes for our local population's health and wellbeing for 2015-2020.

This document supports the local delivery of these national strategic documents:

- *A Framework for Sexual Health Improvement in England (2013)* www.gov.uk
- *The Public Health Outcomes Framework (2015)* www.gov.uk
- *Making it Work: A Guide to Whole System Commissioning for Sexual Health, Reproductive Health and HIV (update 2015)* www.gov.uk
- *Health Promotion Strategic Plan for Sexual and Reproductive Health and HIV 2015-18* (Public Health England; draft July, 2015)
- *PHE action plan 2015-16; Promoting the health and wellbeing of gay, bisexual and other men who have sex with men (2015)* www.gov.uk
- *Breaking down the barriers: The need for accountability and integration in sexual health, reproductive health and HIV services in England* (All-Party Parliamentary Group on Sexual and Reproductive Health in the UK' July, 2015) www.fpa.org.uk/all-party-group-uk/accountability-inquiry-standards-sexual-and-reproductive-health

Purpose and key aims

The purpose of this strategy is to identify priority actions that can be taken to support improved sexual health outcomes amongst the population of Ealing, within the current sexual health commissioning context.

By taking a system-wide approach and through partnerships and engagement with a range of stakeholders, we aim to improve sexual health and wellbeing by:

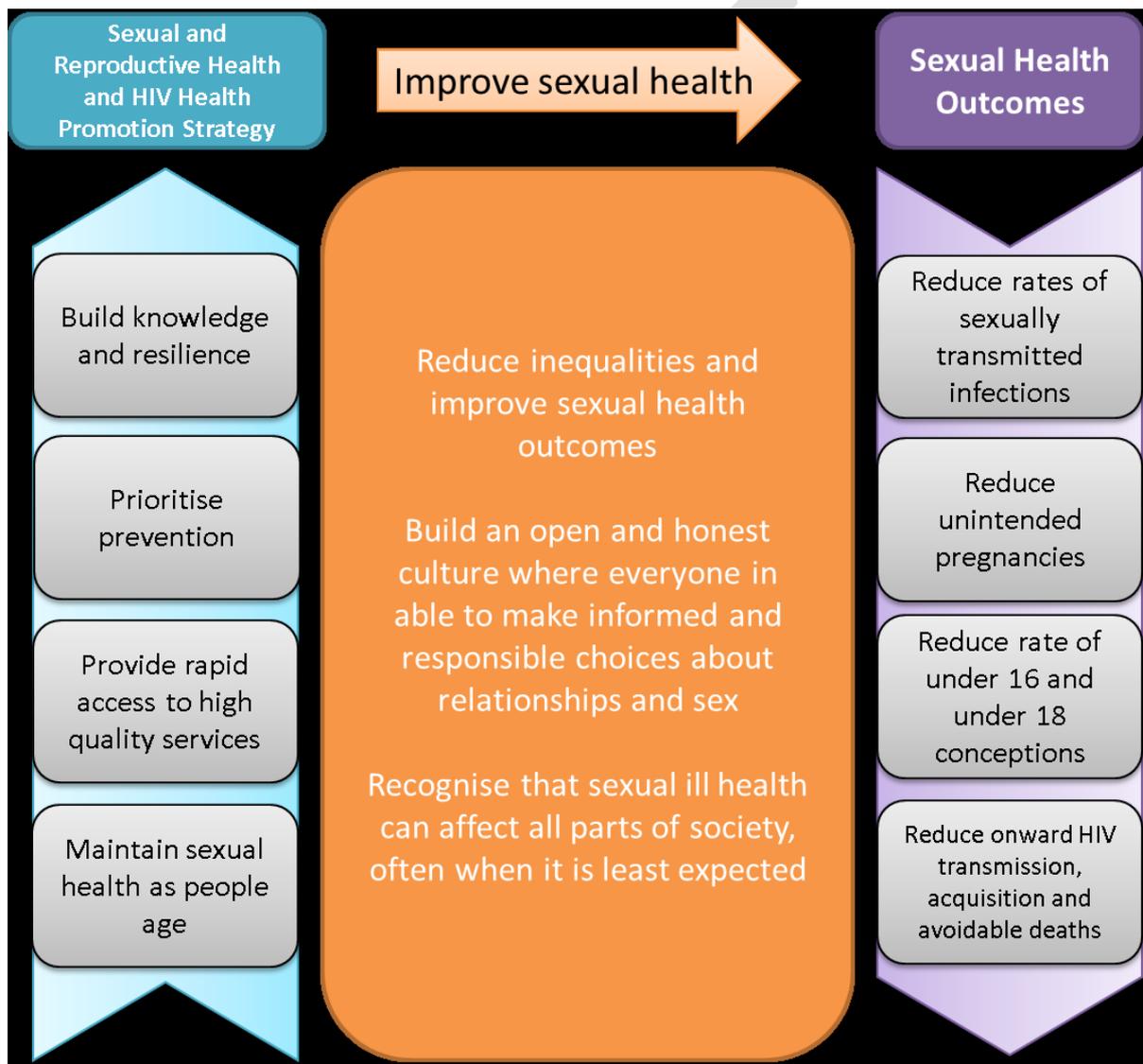
- Improving sexual health outcomes
- Reducing inequalities between different groups who have poor sexual health
- Recognising that poor sexual health affects all parts of society, including those who are more vulnerable, and that sometimes stigma surrounding sexual health can act as a barrier to care

This document supports the delivery of Public Health England's Health Promotion Strategic Plan for Sexual and Reproductive Health and HIV, 2015-18 (in draft) by aiming to ensure that:

- Interventions are evidence based and cost effective

- The impact of interventions on health behaviours and health outcomes are evaluated
- Good practice and innovations are identified and shared
- Interventions are appropriately targeted, amongst populations who have higher risk
- The evidence base on what works in improving sexual health is strengthened

Figure 1: Key Objectives to be addressed through the Sexual Health Strategy



(Source: Health Promotion Strategic Plan for Sexual and Reproductive Health and HIV, 2015-18; Public Health England; draft July, 2015)

To help to achieve these objectives, we want to work collaboratively to build a sustainable integrated sexual health system which provides good quality and value

for money for residents. The proposed system aims to support people to make informed choices about their sexual health, particularly those who have a higher level of risk of poor sexual health.

This strategy is needed, to support changes in the sexual health landscape. These new arrangements include:

- Transfer of commissioning responsibility for aspects of sexual health services from the NHS into Ealing Council (as set out in the Health and Social Care Act, 2012)
- The further development of the London Sexual Health Transformation programme (LSHTP), where currently 22 boroughs collaborate on clinical sexual health commissioning
- London-wide commissioning agreements between councils on HIV prevention and online testing for HIV and other cross-borough commissioning, including online chlamydia testing and condom distribution
- LSHTP sector-wide commissioning partnerships, with local implementation across North West London, exploring service re-design and market testing of new models of local integrated services

The Health and Social Care Act, (2012) led to significant changes in the commissioning, contracting, monitoring, governance of and payment of sexual health services in England. Considerable responsibility is now with local authorities, including aspects of sexual health clinical care. Other responsibilities lie with key commissioning partners, NHS England, Public Health England (PHE) and local Commissioning Groups.

These shared responsibilities are explained in the government's publication: *Making it Work: A Guide to Whole System Commissioning for Sexual Health, Reproductive Health and HIV* (September, 2014, revised, 2015). Each organisation's commissioning responsibilities are summarised in Appendix 1 and shown by delivery site in Appendix 2. Local authorities are mandated to commission confidential, open access services for STI's and contraception, as well as reasonable access to all methods of contraception (Public Health Functions and Entry to premises by Local HealthWatch Representatives Regulations. 2013).

The sexual health system refers to sexual health, reproductive health and HIV and encompasses prevention and awareness, testing and treatment of sexually transmitted infections and HIV, contraception and abortions. This guidance highlights that as sexual health improvement is a collective responsibility, it requires a system-wide approach between various partners, including commissioners, providers and stakeholders across a wider footprint than at an individual borough level, to build structures that best suit particular area needs.

The transfer of new commissioning responsibilities offers challenges and opportunities. Challenges include maintaining 'business as usual' in ensuring open-access testing and treatment and preventing of the spread of Sexually Transmitted Infections, including HIV, and the prevention of avoidable abortions, within the context of these new commissioning arrangements and priorities. It is important to acknowledge that sexual health is complex, and commissioning decisions need to

achieve a balance between current and future need, system stability and innovation, within the current and changing contexts. The recent report *'Breaking down the barriers: the need for accountability and integration in sexual health reproductive health and HIV services in England'* (All Party Parliamentary Group on Sexual and Reproductive Health in the UK, July, 2015) outlines a number of key recommendations, including a clear accountability structure to avoid fragmentation across the sexual health system.

This report identifies opportunities to be pursued including the potential to reduce inequalities in sexual health and to provide services that focus on prevention, are responsive to new technologies, offering provision that is integrated and relevant and accessible to people's changing needs. Sexual health is at the forefront of new commissioning arrangements, and provides the opportunity to provide more integration and possibilities to act as a 'vanguard' of new commissioning approaches (Breaking down the Barriers, July, 2015).

Evidence suggests that sexual behaviours are changing and some people who have a higher level of risk, do not always access traditional clinical services, therefore there is a need to build on innovations in service delivery and use opportunities such as the internet and social media, as part of the sexual health system to enable access amongst those where there are barriers or different preferences (LSHTP, July 2015).

The Public Health Outcomes Framework (PHOF) indicators that Ealing Council are measured on, including those specifically relating to sexual health:

1. A continued fall in conceptions amongst young women under 18 year olds
2. An increase in chlamydia diagnosis in amongst young people aged 15-24 year olds, to be achieved by appropriate testing
3. A reduction in the proportion of people presenting with HIV who are at a late stage of infection

Other Public Health England (PHE) indicators we will measure outcomes on are:

4. A reduction of all Sexually Transmitted Infections (STI's) (chlamydia dealt with separately as above)
5. Increased uptake of Long Acting Reversible Contraception (LARC)

This strategy supports the delivery of these indicators and we will align targets on these with those that PHE are currently developing (August, 2015). The Sexual Health Needs assessment for Ealing (2015) accompanies this strategic plan and we will monitor progress on those needs identified, on an annual basis, to assess impact of this strategy.

Other priorities this strategy aims to support are those set out in Ealing Council's corporate plan 2014-2018 www.ealing.gov.uk. These 6 priorities are based on the views of residents and service users who want Ealing to be a place that is:

- prosperous
- safer
- healthier
- cleaner
- fairer
- accessible

Improved sexual health makes an important contribution to the health and wellbeing of individuals and the communities they serve.

As with other areas in London, some of our residents prefer to go to sexual health services in different areas, where for clinical services they can receive testing and treatment, and the council where the person lives pays for the services provided to their own residents.

Further details on the nature of open-access sexual health clinical services can be found in *Sexual Health Services: Key Principles for Cross Charging* (Department of Health, 2013). The open access requirement of Genitourinary Medicine (GUM) means that commissioners work with many clinical providers across the capital within contracted arrangements, and with others across the country. In order to achieve best outcomes for our residents, who access services across London, we participate in the London Sexual Health Transformation Programme (LSHTP) and other collaborative commissioning, as appropriate.

Collaborative commissioning across London boroughs through the LSHTP on GUM services has enabled standardised performance and quality indicators within agreed costs, for the main services accessed by our residents. It is our intention to build on this successful collaboration to re-design and implement new models that emphasise prevention and integration of sexual health provision.

This approach towards service re-design aligns with national guidance and responds to findings from recent market engagement with Sexual Health Clinical providers across London through the LSHTP. Key themes from feedback from a series of engagement with clinical provider organisations were that service integration (Sexual and Reproductive Health and GUM) are considered best placed to act as a hub for community based services to provide a one-stop shop approach for service users and oversee clinical governance for networked providers. Several London sexual health providers already deliver integrated models, with examples of significant innovation and capability in the current London system. Concerns were raised that a move towards separate service provision was a retrospective approach to improving the sexual health system (London Sexual Health Transformation Programme, July 2015). We intend to build on good practice and consider different models that focus

on improved outcomes. This included provision that focus on sexual health promotion, contraception, STI testing and treatment, HIV testing and prevention, and support for people living with HIV and reducing onward transmission to people who are not infected.

Subject to the LSHTP's final business plan, approval from participating Council's Cabinets and consultation, and market engagement, the intention is that new delivery models are in place, at a Northwest London sub-regional level, by April, 2017.

Scope and definitions

The scope of this strategy relates to the sexual health commissioning responsibilities of Ealing Council, as part of the wider commissioning and provider sexual health system across London.

This document has been developed by the Public Health team and incorporates feedback from internal and external stakeholders.

The World Health Organisation (WHO) broadly defines sexual health as:

'...a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity' (WHO, 2002).

The WHO also defines health promotion as:

'...the process of enabling people to increase control over, and to improve, their health' (WHO, 1986)

This includes prevention initiatives aimed at individual behaviour, within the context of their relationships and networks, as well as a wide range of social, clinical and environmental interventions.

It is recognised that sexual health needs are complex and varied. Poor sexual health can affect anyone who is sexually active, but is sometimes concentrated in more vulnerable and marginalised communities. Improvements in sexual health and a reduction of health inequalities, however, can benefit the whole of society.

Therefore, we follow evidence-based public health guidance and national strategy to target more efforts towards groups who have a higher risk of poor sexual health outcomes (known as the prevention groups), as well as the general population.

These groups, where prevention is prioritised include:

- young people, particularly those aged under 25 years
- gay and bi-sexual men (men who have sex with men; MSM)
- African people at risk of HIV

- Black and Minority Ethnic (BME) Groups
- People who have HIV
- More vulnerable groups and segments of the population where there is evidence of poorer sexual health

It is important that we assess and respond to emerging needs and changes in populations and lifestyles, in a timely and relevant way, to protect population health. It is also important that service models deliver the best outcomes for individuals and the wider population. This involves challenging ourselves to ensure that delivery is the most effective, relevant and responsive to changing contexts.

Context

Our principles align with the government's criteria for improved sexual health in 'A Framework for Sexual Health Improvement in England' (2013) www.gov.uk

1. Prevention is prioritised

Evidence-based interventions that motivate people to alter their behaviour are commissioned, including in non-health settings.

2. Leadership and joined-up working

Commissioners work closely together and with key local partners to ensure that sexual health services are of a high quality and are not fragmented. Health and Wellbeing Boards have a key role in promoting joined-up working.

3. Focus on outcomes

Challenging outcomes measures are produced, used to develop plans and monitored over time.

4. Wider determinants of sexual health are addressed

Strong links are made with other key determinants of health (e.g. alcohol and drug misuse, smoking, mental health and violence), in order to tackle them in a joined-up way – contributing to a reduction in health inequalities.

5. Commissioning of high-quality services

Services are commissioned from high quality providers with appropriately trained staff and are offered in a range of settings, with robust care pathways to ensure a seamless service. Patient feedback is used to ensure that services meet needs.

6. The needs of more vulnerable groups are met

Services are able to meet the needs of groups who may be vulnerable and at risk from poor sexual health.

To achieve improved sexual health outcomes requires active participation to work towards a solution-focused approach, with the needs of the population at the centre of reforms.

As well as collaboration between NHS and local government commissioners and multi-sector providers, there is consensus that considerable health gains can be achieved by proactive, segmented health promotion and advice aimed at specific group's needs, access to a wide range of contraception, and timely testing and treatment of STI's and HIV.

Evidence and analysis of issues and opportunities

In developing this strategy we have drawn on a number of data sources, including data from PHE on the sexual health profile of Ealing, which can be accessed on this link:

PHE Sexual Health profile for Ealing (2015)

<http://fingertips.phe.org.uk/profile/sexualhealth>

A more detailed analysis from the current Ealing Sexual Health Needs Assessment (2015) forms the basis of this strategy. This includes a summary from stakeholders, including public views, service information and PHE data on health needs and will be available on the Ealing Council website.

Summary of Key Issues – Ealing Sexual Health Needs Assessment (2015)

- London has higher than national sexual health needs. Key risk groups include young people, men who have sex with men and black and minority ethnic groups (BME) especially black ethnic groups.
- Ealing has comparable or significantly better sexual health, for the majority of sexual health outcome indicators, than London. Areas where improvement is needed are highlighted in the accompanying sexual health needs assessment (2015).
- Comparative analysis (2013-14) indicates that Ealing spends proportionately less on sexual health expenditure per population head than London average.
- The National AIDS Trust reports that Ealing spends approximately £0.67 per capita on HIV prevention. This is above the median spend of £0.51 inside London.
- STI testing and treatment comprises the majority of sexual health expenditure (>70%). The majority of Ealing residents using GUM services choose services

that are out of borough (70%). Ealing Council is working in a collaboration with other London Authorities to commission GUM services.

- Contraception is available from General Practices, community clinics (CaSH), and pharmacies. Ealing has a low rate of prescribing long-acting reversible contraceptives (LARC), both compared to London and England averages.
- Ealing has a high prevalence of HIV. Ealing commissions regional and local HIV primary prevention services that target high risk groups such as gay and bisexual men and black African ethnic groups. Ealing commissions three HIV support services that provide a variety of support for people living with HIV in Ealing including treatment adherence and secondary prevention. An update of the issues for people living with HIV is included in the report.

The public health consultation and Ealing Sexual Health Network have raised important opportunities and challenges for improving sexual health in Ealing. There is wide support for sexual health priorities: reducing STIs and unwanted pregnancies, reducing onward transmission of HIV and proportion of late diagnosis and reducing sexual health inequalities. The importance of responding to the needs of a number of vulnerable and high risk groups has been highlighted.

- There is local and regional support, and challenges, for exploring new models of service delivery to meet future sexual health needs in Ealing and London, including integration and further development of digital and new technologies

Service Provision

In Ealing, there are currently a wide range of services commissioned by different commissioning organisations to provide Sexual Health services. More details about current provision can be found in the accompanying needs assessment.

The range of service provision is shown by responsible commissioning organisation in Appendix 2. Services commissioned by Ealing Council for 2015/16 include:

- Specialist health promotion and community outreach and HIV testing for gay and bisexual men provided by West London Gay Men's Project
- Piloting of HIV outreach and testing for Black African Communities (ACE) provided by West London Gay Men's Project (2 year pilot to enable evaluation)
- London-wide prevention of HIV (via collaboration through the Association of Directors of Public Health ADPH)
- Support for people living with HIV provided by Riverhouse Trust, Positively UK and Living Well

- Provision of Emergency Hormonal Contraception (EHC), contracts with 17 (18 sites) community pharmacies across Ealing.
- Provision of Long Acting Reversible Contraception (LARC) delivered in General Practice (19 contracts for IUCD's and 4 contracts for contraceptive implants) across Ealing
- Online testing for chlamydia (checkurself website) in collaboration with other London Boroughs
- Forthcoming agreement on (online) HIV home sampling, national procurement through (procured on behalf of boroughs by PHE)
- Cross-borough provision on condom distribution for young people (C-Card)
- Clinical GUM services in Ealing, Harrow and Brent provided locally by London Northwest Healthcare Trust (LNWHT) and other GUM services mainly accessed by Ealing residents, across London through agreed contracts. Collaboration with 22 boroughs through the LSHTP
- Local Community Contraception and Sexual Health Services based across Ealing provided by London Northwest Healthcare Trust (LNWHT) across Ealing in Central Ealing, Northolt, Southall Broadway, Southall Featherstone Road, and Acton
- Piloting of Relationship and Sexual Health Education and outreach aimed at improving teenage pregnancy rates in the Northolt area, where rates remain higher than the national average, provided by LNWHT (2 year pilot to enable evaluation)
- Relationship and Sexual Health Education for young people with learning disabilities provided by Image in Action
- FGM advocacy and awareness provided by LNWHT

Opportunities

The transfer of commissioning responsibilities combined with strengthening of collaborative commissioning present opportunities to evaluate whether there may be better ways to address needs, following the principles outlined in *A Sexual Health Framework for England (2013)*.

There are several contracts with providers for a range of services, which were transferred into Ealing Council as part of the Public Health reforms in 2013. In order to provide a more integrated and sustainable system, and avoid transaction costs, we seek opportunities to streamline these contracts through re-procurement activities, across London and with neighbouring boroughs at a sector-level. Cross-borough commissioning partnerships makes sense in maximising resources and this approach is particularly relevant to our area, given recent changes in existing service provision, including the merging of Ealing Hospital, Northwick Park and

Central Middlesex Hospitals into LNWHT, where a combined 50% of our GUM users access services based in Ealing, Harrow and Brent.

The LSHTP programme is currently undertaking further engagement to determine the scope of future sexual health commissioning. The business case will be available in autumn, 2015. The fast moving developments and transition towards a new commissioning landscape means there are a number of variables which may affect the final commissioning business case.

Ealing Council plans to align our commissioning intentions across the range of sexual health provision and HIV support, with the LSHTP's commissioning plans. Subject to the outcome of consultation, market response and participating council's cabinet approvals, it is anticipated that re-designed services will be in place by April, 2017.

We intend to adopt an outcome-based commissioning model and engage in provider dialogue to address improved sexual health outcomes by seeking a collaborative approach towards designing a system that is responsive to changing needs and contexts.

There are further opportunities to provide improved care pathways with other key services that address health inequalities and the causes of poorer sexual health, including drugs and alcohol and stop smoking services, mental health and wellbeing services, social services and young people's services, including provision of Personal, Social and Health Education and Relationship and Sex Education (RSE) in schools and other young people's settings. It is important that issues such as domestic violence, sexual exploitation, female genital mutilation (FGM) and safeguarding are tackled across the whole health and social care system, amongst all sexual health services and other front-line service provision. We also aim to strengthen our commissioning partnerships with Ealing Clinical Commissioning Group, NHS England and PHE and other councils, where possible, to strengthen the sexual health system to make the best use of resources to improve outcomes.

Commissioning Priorities for 2015- 2017

<p>Sexual Health Needs</p>	<p>Needs are changing, therefore we intend to procure a networked system that can respond flexibly and target resources appropriately towards people with highest need, based on assessment of need and equalities.</p> <p>We aim to complete the accompanying sexual health needs assessment by Autumn, 2015 and to utilise local intelligence and public and user views, as part of the commissioning cycle,</p>

Access	We aim to provide access that is relevant for today's life-styles at times that are convenient, in venues that are accessible and using models of innovation including web-based provision, as part of the system.
Commissioning	<p>Service Re-design</p> <p>We plan to re-design services following the principles outlined in <i>The Framework for Sexual Health Improvement</i> (2013) www.gov.uk/.../a-framework-for-sexual-health-improvement-in-england</p> <p>We want to build on innovation in the current system and maximise opportunities to re-design, thinking more broadly about sexual health, to improve sexual health outcomes</p> <p>Our aim is to further develop a commissioning and delivery approach that makes strategic and economic sense for Ealing, aligning our approach with the London Sexual Health Transformation Programme (LSHTP) and sector-level commissioning plans.</p> <p>Commissioning decisions should be based on key, relevant, guidance and best practice in commissioning sexual health, within local government and in collaboration with NHS partner organisations: see <i>Making it Work: a Guide to Whole system commissioning for sexual health, reproductive health and HIV</i> (September, 2014, revised March, 2015) https://www.gov.uk/.../Making it work revised March 2015</p> <p>We aim to build on examples of how local councils, working together, are facing the challenges of sexual health by effective re-design, service integration and modernising approaches and an emphasis on collaboration. These examples of good practice include Sexual Health programmes that Ealing Council are currently active participants, such as the London Sexual Health Transformation Programme (LSHTP), The London Sexual Health Commissioners Network and The London HIV Prevention Programme (LHPP).</p> <p>For more details see: <i>Sexual health commissioning in local government: building strong relationships, meeting local needs</i> (June 2015) www.local.gov.uk/publications</p> <p>Sexual Health Clinical Services</p> <p>To collaborate with key commissioning and provider organisations and stakeholders in a solution-focused dialogue as a means of</p>

improving sexual health outcomes.

To work with neighbouring and partner boroughs to maximise commissioning opportunities, where appropriate, and to develop more integrated models of local sexual health service provision, where appropriate.

To explore a lead provider model for a localised sexual health system, with delivery in different settings, including primary care and community settings, to ensure appropriate clinical governance standards and enable access.

Sexual Health Community Outreach, Prevention and HIV Support

To streamline multiple local prevention and support contracts through procurement activities. Service provision to include primary and secondary prevention, as part of the system, to address groups, identified as having higher risk and poorer sexual health outcomes, including:

- Young People under 25
- A continued focus on areas and specific groups known to have consistently higher rates of teenage pregnancy
- Gay and bi-sexual men
- Young People with Learning Disabilities
- People with HIV
- African Communities
- People living with HIV
- BME groups
- Women
- Other vulnerable groups, as needs change

We aim to gain more insight into other vulnerable groups, such as sex workers, where national data sets are not readily available, through local intelligence as part of the sexual health needs assessment (2015).

We aim to align procurement timescales for local prevention with the LSHTP, with a view to developing an integrated systems-approach.

New Technologies and London-Wide Prevention

To continue participate in home-sampling online testing for sexually transmitted infections, and HIV for higher-risk groups known to use the internet and HIV prevention and awareness at a London and national level, through programmes co-ordinated

	<p>through the London Sexual Health Commissioners network and the LSHTP.</p> <p>Our implementation plan will align with the LSHTP's plans.</p>
Governance	To ensure commissioned services have governance, safeguarding and quality assurance in place.
Quality and Finance	To achieve quality and value for money
Monitoring Outcomes	We will continue to monitor and report annual sexual health outcomes as part of the annual Joint Strategic Needs Assessment for Ealing to identify achievements and identify and address underperformance.

Governance arrangements

Performance against the strategic actions will be reported to Ealing's Health and Wellbeing Board annually.

Measuring the Impact of the strategy

The impact of this strategy will be measured against successful collaboration, successful; delivery of a sustainable re-designed system, which is responsive to need and public involvement.

Outcome measures of an effective system include improved PHOF and PHE sexual health and contraception indicator outcomes, as described above, which will continue to be monitored and reported on an annual basis.

Appendix 1

Figure 1: Lead Sexual Health Commissioning Organisation by Service

(Source: making it Work: A guide to whole system commissioning for sexual health, reproductive health and HIV; September, 2014; revised March, 2015. www.gov.uk)

Services	Lead Commissioning Organisation
Psychosexual health services	Local Government (sexual Health) CCG's (non- sexual Health)
Pregnancy testing, referral and self-referral to abortion services	Local Authorities
Abortion care (pre and post abortion counselling)	CCG's
STI testing and treatment, contraception advice as part of abortion care	CCG's
Referral to specialist HIV outpatient service following diagnosis	Local Authorities
HIV treatment and care	NHS England
Partner notification for contacts of people diagnosed as HIV positive	Local Authorities
Contraception and sexual health advice for people with HIV	Local Authorities
Cervical screening, including provision in SRH and GUM	NHS England
Cervical Screening programme quality assurance	PHE
Investigation/colposcopy following urgent referral	CCG's
Community based HIV nurses	Local determination
Hospital-based HIV nurse specialists	NHS England
Community-based support for psychological, social and peer support	Local determination
Treatment information for people living with HIV	Local determination
Psychological support for PLWH as part of routine patient care in general practice	NHS England
Mental health services for PLWH with complex/severe psychological difficulties	CCG's
Maternity (including contraception)	CCG's
Post-natal contraception advice and provision in	NHS England

general practice or SRH services	
Antenatal screening for HIV, syphilis and hepatitis B	NHS England
HIV testing and diagnosis in SRH and GUM and Public Health commissioned settings	Local Authorities
HIV in antenatal clinics	NHS England
HIV testing in general practice as part of the 'essential services' under GP contract	NHS England
HIV testing in general practice if locally commissioned public health services	Local authorities
HIV testing in non-traditional settings (e.g. outreach, home sampling)	Local authorities
HIV testing in termination of pregnancy settings	CCG's
HIV testing in other CCG commissioned services (e.g. A&E and other hospital departments, as part of patient care)	CCG's
In other NHS England-commissioned services, as part of patient care	NHS England
Initiation and management of PEPSE in Level 3 GUM and other integrated service	Local Authorities
Initiation of PEP in occupational health settings	CCG's
Outside GUM clinic hours in A&E	CCG's
Antiretroviral drug costs for PEP/PEPSE	NHS England
Health promotion Campaigns	Local Authorities
Contraception for gynaecological purposes (non-contraception)	CCG's
Contraception for contraception purposes in SRH services and those commissioned from primary care under public health contracts	Local Authorities
Contraception for contraception purposes provided as an additional service under the GP contract (GMS, PMS and APMS)	NHS England
Pathology associated with STI testing, diagnosis and management in sexual health services	Local Authorities
Pathology associated with STI testing, diagnosis and management in abortion services	CCG's
Pathology services associated with HIV testing	Local Authorities, CCG's, NHS England
Pathology Services associated with HIV treatment and care	NHS England
Pathology services associated with infectious diseases in pregnancy screening and cervical screening	NHS England
Forensic medical examination, sexual health screening, PEPSE and emergency contraception in SARCS	NHS England
Services provided to people who have experienced assault attending SRH or GUM	Local Authorities
STI management following referral from SARC	Local Authorities

to GUM	
Abortion following sexual assault	CCG's
HIV treatment and care following sexual assault	NHS England

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Summary of shared commissioning responsibilities across the Sexual Health System

Responsible Commissioner Organisation

<i>Local Authority (Ealing Council)</i>	<i>NHS England</i>	<i>Clinical Commissioning Group (Ealing CCG)</i>	<i>Shared responsibilities</i>

See making it Work: A guide to whole system commissioning for sexual health, reproductive health and HIV (September, 2014; revised March, 2015) for more detail when commissioning responsibilities are shared www.gov.uk

Commissioned Service (by provider venue and Responsible Commissioning Organisation)

<i>Service</i>	<i>Location of Commissioned Services</i>					
	<i>Community Healthcare</i>	<i>Community -outreach</i>	<i>Acute Hospital</i>	<i>GP's</i>	<i>Pharmacies</i>	<i>Online</i>
Abortion	✓		✓			
IUCD Contraception	✓			✓		
IUCD non-contraception	✓			✓		
Contraceptive Implants	✓			✓		
Condoms	✓	✓	✓			
Testing for Sexually transmitted Infections (STI'S)	✓ (Locally chlamydia for young people only)		✓			✓ (chlamydia for young people only)
Testing for HIV		✓	✓			✓ (forthcoming national/London-wide)
Treatment of STI's			✓			
Treatment of HIV			✓			

Emergency Hormonal Contraception (EHC) for young women	✓				✓	
Testing for Chlamydia (young people under 25 s)	✓		✓			✓
HIV post exposure prophylaxes (PEP)			✓			
Contraceptive Pills	✓		✓	✓		
Cervical Screening	✓			✓		

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