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| Service Specification |
| Lot 3 HIV Prevention ServiceExecutive Summary |
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| Wellbeing and Public Health Service/ Public Health |
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Contents

[1.0 Population needs](#PopulationNeeds10)

 [1.1 National/local context and evidence base](#NationalLocalContext11)

 [1.2 Local needs in Cornwall](#LocalNeeds12)

[2.0 Key service outcomes](#KeyServiceOutcomes20)

 [2.1 Locally agreed aims, objectives and outcomes](#LocallyAgreedAims21)

 [2.2 Cornwall sexual health delivery model](#CornwallSexualHealthDelivery22)

 [2.3 Principles of service delivery](#PrinciplesofServiceDelivery23)

 [2.4 Current service provision in Cornwall](#CurrentServiceProvision24)

 [2.5 Sexual health network in Cornwall](#SexualHealthNetwork25)

 [2.6 Priority groups](#PriorityGroups26)

[3.0 Scope](#Scope30)

 [3.1 Aim of the HIV prevention service](#AimsoftheService31)

 [3.2 Objectives of service](#ObjectviesofService32)

 [3.3 Service description](#ServiceDescription33)

 [3.3.1 Service user engagement](#ServiceUserEngagement331)

 [3.3.2 Understanding need and intelligence](#UnderstandingNeedIntelligence332)

 [3.3.3 Prevention through outreach provision to men who have sex with men](#PreventionThroughOutreach333)

 [3.3.4 Prevention through information and education](#PreventionThroughEducation334)

 [3.3.5 Interventions and behaviour change](#InteventionsandBehaviourChange335)

 [3.3.6 Support for people living with HIV](#SupportforPeople336)

 [3.3.7 Training](#Training337)

 [3.3.8 Audit, evaluation and research](#AuditEvaluationandResearch338)

 [3.4 Activity planning assumptions](#ActivityPlanningAssumptions34)

 [3.4.1 Population covered and priority groups](#PopulationCovered341)

 [3.4.2 Service availability](#ServiceAvaliability342)

 [3.4.3 Dependencies and interdependencies](#Dependencies343)

 [3.4.4 Acceptance and exclusion criteria and thresholds](#AcceptanceandExclusionCriteria344)

[4.0 Outcomes indicators](#OutcomesIndicators40)

 [4.1 Key performance indicators](#KeyPerformanceIndicators41)

[5.0 Contract management](#ContractManagement50)

[6.0 Quality requirements](#QualityRequirements60)

[7.0 Clinical governance](#ClinicalGovernance70)

[8.0 Information governance](#InformationGovernance)

[9.0 Service standards](#ServiceStandards90)

[10.0 Data requirements](#DataRequirements100)

[11.0 Safeguarding](#Safeguarding110)

[12.0 Mobilisation and implementation](#Mobilisation120)

[13.0 Commercial](#Commercial130)

1. Population needs

1.1 National/local context and evidence base

An integrated sexual health service provides patients with open access to confidential, non-judgemental services including STI and BBV testing, treatment and management; the full range of contraceptive provision; health promotion and prevention.

Sexual health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions. The highest burden is borne by women, MSM, trans community, teenagers, young adults, and BAME groups.

The provision of integrated sexual health services is supported by current accredited training programmes and guidance from relevant professional bodies.

The 2013 Framework for Sexual Health Improvement in England highlights a commitment to work towards an integrated model of service delivery.

The Cornwall Sexual Health Strategy 2016-2023 outlines Cornwall’s priorities in improving the sexual health and wellbeing of the population.

Key priorities from the strategy applicable to this service are:

1. Reduce rates of STIs among people of all ages
2. Reduce unwanted pregnancies amongst all women of fertile age
3. Reduce onward transmission of, and avoidable deaths from HIV
4. To promote relationships, sexual health and sexuality as an important aspect of health and wellbeing
5. Using innovation and collaboration to deliver financially sustainable models that deliver high quality outcomes

1.2 Local needs in Cornwall

Cornwall is the second largest local authority area in the South West region. The population is growing, with more than half a million residents living in the county (561,349).

Of these, 20% are under 18, 56% aged 19-64 and 24% are 65 or over. Cornwall is a rural and coastal county with over 40% of the population living in settlements with fewer than 3,000 people.

Maintaining accessible services among the population, despite the challenges rurality brings, is key to improving sexual health.

Cornwall as a whole is not deprived but there are areas which rank amongst the top 20% most deprived areas in England.

In 2017

* Overall 2,872 new sexually transmitted infections (STIs) were diagnosed in residents of Cornwall, a rate of 517.4 per 100,000 residents (compared to 743 per 100,000 in England).
* 60% of diagnoses of new STIs in Cornwall were in young people aged 15-24 years (compared to 50% in England).
* The chlamydia detection rate per 100,000 young people aged 15-24 years in Cornwall was 1,712 (compared to 1,882 per 100,000 in England).
* The rate of gonorrhoea diagnoses per 100,000 in this local authority was 20.2 (compared to 78.8 per 100,000 in England).
* Among specialist SHS patients from Cornwall who were eligible to be tested for HIV, 76.5% were tested compared to 65.7% in England (HIV testing coverage).
* The diagnosed HIV prevalence was 0.8 per 1,000 population aged 15-59 years in people being seen for HIV care resident in Cornwall (compared to 2.3 per 1,000 in England).
* In Cornwall, between 2015 and 2017, 48.3% of HIV diagnoses were made at a late stage of infection (CD4 count =<350 cells/mm³ within 3 months of diagnosis) compared to 41.1% in England.
* In 2016, the conception rate for under-18s in Cornwall was 16.1 per 1,000 females aged 15-17 years, while in England the rate was 18.8
1. Key service outcomes
	1. Locally agreed aims, objectives and outcomes
2. Under 18 conceptions
3. Chlamydia detection (15-24 year olds)
4. People presenting with HIV at a late stage of infection

Sexual and reproductive health (SRH) services:

1. Clear accessible and up-to-date information about services providing contraception
2. Increased uptake of effective methods of contraception, including LARC for all age groups
3. A reduction in unplanned pregnancies in all ages

Sexually transmitted infection (STI) services:

1. Improved access to services amongst those at highest risk of sexual ill health
2. Reduced sexual health inequalities amongst young people and young adults
3. Increased timely diagnosis and effective management of STIs and BBVs
4. Repeat and frequent testing of those who remain at risk
5. Increased uptake of HIV testing with particular emphasis on first-time service users, and repeat testing of those who remain at risk
6. Monitor rate of late diagnosis and partner notification
7. Increase availability of condoms and information on safer sex practices

2.2 Cornwall sexual health delivery model

The Lot 1 provider will lead the creation of the sexual health system digital front door, which will require collaboration with the providers of Lot 2 and Lot 3 as well as the commissioners.

The system digital front door will offer risk assessment and triage, directing service users to either their local service, a young people’s service or to online STI self-sampling, whilst also enabling access to their preferred service.

Those contacting face-to-face services can be given the option to access online services for routine care such as repeat and routine asymptomatic STI tests.

The Lot 1 provider will also provide leadership within the sexual health network sharing intelligence about sexual health risk, inequalities and trends.

Prevention will be delivered at every level of service ensuring residents are supported to reduce risk-taking behaviour, and improve and manage their sexual health. Making every contact count, opportunities to understand and address other factors that impact on the sexual health and wellbeing of individuals will be embedded.

2.3 Principles of service delivery

Core values for service delivery are set out in the Cornwall Sexual Health Strategy 2016-23.

1. Prioritise the prevention of poor sexual health, with a systematic and coordinated approach to provision of information, education and advice
2. Support behaviour change to reduce risk and empower individuals
3. Increase and promote self-management
4. Service-user centred, with a strong participative approach taken to the design
5. Responsive and adaptive services that recognise changes in technology
6. Outcomes focused, with the ambition to continuously improve
7. Evidence based, with decisions based on intelligence and high quality research and literature
8. Increased visibility of services through effective communication
9. Equitable, timely and accessible services
10. A cohesive sexual health system, where providers and partners work together
11. High quality and cost-effective services
12. Strong clinical leadership across the system
13. Outward facing, reaching beyond the sexual health system for workforce training
14. Non-judgemental, supportive and empathetic services

2.4 Current service provision in Cornwall

Kernow Positive Support (KPS)

The KPS service is based in The Hub at Treliske Hospital with links to the HIV clinic. It provides an extensive range of support services for people in Cornwall living with or affected by HIV and AIDS. The service offers guidance and support, tailored to individual needs. It offers advocacy, representation, training, financial and housing advice, counselling, therapies, drop-in opportunities, peer support, hardship funds and awareness raising workshops.

Eddystone Trust

The Eddystone Trust is an independent organisation providing information and support for anyone affected by HIV across the South West. The service provides

* Pre and post-test discussion
* Emotional and practical support to people affected by HIV
* Support with housing and money issues
* Advocacy
* Peer Support
* Counselling
* Complementary therapies
* Access to hardship funding
* Safer sex resources
* Condoms by post
* Information and training on blood borne viruses and sexual health for Professionals
* Bespoke support to help develop HIV responsive services

2.5 Sexual health network in Cornwall

Strong links will be developed with other organisations that also have a role in improving sexual health outcomes, together forming a sexual health network. This will be supported by the Cornwall Sexual Health Partnership Group

*Diagram 2*

2.6 Priority groups

The sexual health system will be designed to ensure the needs of these groups are prioritised and met, with the aim of reducing health inequalities, and maximising the impact of finite resources.

1. Scope
	1. Aim of the HIV prevention service

The aim of this service is to reduce onward transmission of HIV through the delivery of evidence-based health promotion interventions that increase uptake of HIV testing, promote safer sex practices, reduce stigma, improve early detection of HIV and support people living with HIV.

The service will also seek to improve outcomes for those affected by HIV by reducing late diagnosis, support with initial diagnosis, supporting adherence to treatment, support with disclosure when appropriate, and to signpost to mainstream services to improve health and wellbeing such as finance, employment, education, social care and accommodation.

* 1. Objectives of service

The provider will engage with service users, stakeholders and communities with a higher risk of HIV to ensure services are designed and delivered in line with need and are effective at improving outcomes at both an individual and community level.

The provider will deliver intelligence and evidence-based services. Processes and a culture of continued learning will support the service to prioritise resources and be responsive and adaptive to changing needs among communities at high proximity to HIV.

The provider will work in a collaborative and multi-disciplinary fashion, ensuring effective engagement with partners across the sexual health network and other sectors, in order to meet the outcomes. To facilitate this, the provider will actively contribute and engage with the Cornwall Sexual Health Partnership Group.

The provider will deliver prevention interventions across Cornwall that will include provision of information and education campaigns, behaviour change, and training, in order to raise public awareness of HIV, reduce stigma, increase uptake of HIV testing and safer sexual practices, reduce late HIV diagnosis and increase capacity for brief intervention and support among the wider health and social care workforce and communities.

The provider will act as a bridging service by aiding and empowering people living with HIV to access other services that will improve their health and wellbeing. The provider will work closely with professionals in health and social care to ensure equitable access to provision and support for people living with HIV and smooth transition into these services.

The provider will deliver and participate in audit, evaluation and research activities as appropriate to ensure services are continuously improved and delivered to a high standard.

* 1. Service description
		1. Service user engagement

Service users’ and stakeholder views will be at the centre of service delivery. An approach will be taken to service delivery that enables service users and residents (particularly those from priority groups) from Cornwall and IOS to shape and influence the services delivered to meet their needs.

The provider will:

* 1. Review and work with other providers, existing forums, networks, organisations and resources to enable local groups to engage with and shape the development and delivery of the service
	2. Provide a clear plan and process for working with and engaging service users on a regular basis that includes clear timeframes and milestones, and is grounded in evidence-based and strong theoretical approaches to provide feedback and participation on the design, development, improvement and delivery of the service
	3. Identify communities and groups that may be most excluded and disadvantaged in order to engage them effectively and act on inequalities
	4. Evaluate and report on the participation of service users, ensuring the outcomes and impact of their involvement is communicated back to individuals and their communities
		1. Understanding need and intelligence

The provider will be intelligence and insight led, utilising information and evidence from national guidance (NICE, PHE, BHIVA, BASHH), peer reviewed studies, local publicly available data, data from other providers within the sexual health system and network, and soft data gathered from local services, outreach, and partners.

Analysis of need, evidence and best practice will be used to design and develop interventions as set out in the prevention section of this service specification, identify target communities and stakeholders with which to engage, and establish appropriate settings for intervention. Monitoring of patterns and trends will enable interventions to be adaptive in response to changing need, and to identify areas to prioritise action.

* + 1. Prevention through outreach provision to men who have sex with men

The aim of this aspect of service delivery is to reduce incidence of sexually transmitted infections, including HIV, and to reduce length of time between HIV infection and diagnosis.

In 2017 48% of new diagnoses in Cornwall were diagnosed late, meaning diagnosed after treatment should have started, which can have a significant impact on a person’s health and wellbeing.

The provider will ensure one-to-one, group and resource based support for men who have sex with men to prevent and reduce HIV and STI transmission.

The provider will deliver point of care testing for HIV working to a clinical governance framework. All provider staff delivering this offer will have been trained by the clinical governance lead and have competence to deliver this service.

All training is to be targeted at the wider members of the community and under-represented organisations.

Key Performance Indicators (KPIs)

Quarterly performance will be monitored with targets allocated across the year. This will be flexible depending on demands of service users.

* Qualitative and quantitative evaluation of all training
* Data from the database on number of condoms distributed
* Data from database regarding numbers spoken to through outreach sessions
* Data from database regarding number of professionals trained as part of sexual health training

* + 1. Prevention through information and education
1. The provider will work to ensure that information pertinent to HIV and HIV prevention is available to enable individuals to have increased knowledge of HIV, and understand the benefits of early detection and testing
2. The provider will utilise high quality materials already available and quality assured through mechanisms such as the Information Standard from organisations such as NHS Choices, Public Health England and HIV Prevention England in order to avoid duplication
3. The provider will contribute to the Sexual Health Communications group and plan
4. HIV stigma can have a profound effect on HIV-related outcomes, including acting as a barrier to testing, safer sex and disclosure, attendance at services, and adherence to treatment for those living with HIV. Information, education and campaigns will aim to reduce stigma and discrimination
5. The provider will engage with other providers and organisations responsible for RSE, to ensure HIV is accurately represented within learning, and that resources used are effective at improving HIV awareness, prevention and reducing stigma
	* 1. Interventions and behaviour change

The provider will design and plan interventions based on needs assessment and local knowledge of those at risk of HIV infection and undiagnosed HIV, or groups and populations in high proximity of HIV. They will be planned and delivered in line with [NICE Guidance PH6 (2007)](https://www.nice.org.uk/Guidance/ph6), [NICE Guidance PH49 (2014)](https://www.nice.org.uk/guidance/ph49) and [NICE Guideline NG60 (2016)](https://www.nice.org.uk/guidance/ng60).

Clear consideration will be given to the social, cultural and environmental context of individuals, groups and communities, demonstrating links to theoretical and evidence base in the plans and delivery of interventions.

Interventions will range from group work, outreach, one-to-one brief interventions, and will include social marketing and digital outreach in order to meet the outcomes set out in this specification. These interventions will go beyond simple information giving in order to support development of behaviour change with positive outcomes for health and wellbeing.

Behaviours to be targeted will include (but are not limited to):

* Improved skills and self-efficacy for HIV negative individuals or those of unknown status for:
* Carrying and using condoms and lube
* Negotiating safer sex
* Initial testing and repeat testing for HIV and STIs (particularly during trigger points – new relationship/sexual partner and in line with PHE and BASHH guidelines for testing)
* Avoiding excess intoxicants to reduce sexual risk
* Reducing overlapping sexual relationships/partners
* Knowledge of PEP and PrEP
* People with diagnosed HIV infection:
* Safer sex practices
* Testing for STIs
* Adherence to treatment
* Disclosure to partners
* Knowledge of PEP and PrEP

In order to extend the reach of interventions and behavioural change interventions the provider will aim to work collaboratively with other providers across the sexual health network.

Digital and computer based technologies have been shown to be as effective as face-to-face interventions in some studies. This technology is developing rapidly and may be used as an effective approach to reach some groups such as young MSM. Digital technology can also enable targeting geographically; this will be a cost-effective way to reach rural MSM in Cornwall and the IOS.

The provider will submit an intervention and behaviour change action plan, detailing the interventions prioritised for Cornwall and the IOS with a clear rationale (need, intelligence and insight into local population and context), timeframe, resources and costs, partners engaged and contributing, outputs, and measurable short-, mid-term and long-term outcome measures.

* + 1. Support for people living with HIV

People living with HIV often experience increased co-morbidities. NAT’s (2017) review <https://www.nat.org.uk/publication/why-we-need-hiv-support-services-review-evidence> of evidence suggests these co-morbidities can affect employment, cause isolation and affect self-care. External and internalised HIV stigma can affect quality of life by impacting relationships, employment, accessing services – including health and social care, because of experienced and perceived prejudice, and affect adherence to treatment.

The objective of this element of the service specification is that the HIV prevention service will help improve outcomes for people living with HIV, by providing specialist advice and assistance that enables people living with HIV to access universal support services for people with long-term conditions. To do this, the provider will develop methods that will address the following:

* Understanding HIV
* Reducing isolation
* Coping with diagnosis
* Adherence to treatment
* Disclosure
* Relationships
* Facilitating access to universal support services within Cornwall and the IOS for help with finance and benefits, housing and accommodation, employment, education, health and social care

Approaches may include one-to-ones, volunteering and peer support, group work, telephone, online and digital/app-based support, and information. The approach will be designed and delivered in line with individual and community needs, and the availability of resources. The approach will be agreed in advance and reviewed at quarterly strategic review meetings with the commissioner.

This element of the service is not intended to provide long-term and ongoing support for people living with HIV. The provider will be expected to work with other services and identify appropriate sources of referral to meet ongoing support needs if they arise. The provider will support the development of guidance and pathways as appropriate, to enable smooth access and transition to support and care services for people living with HIV.

* + 1. Training

The HIV prevention service will provide input to the sexual health multi-agency training programme, providing input and delivery for at least one annual training session for HIV awareness among the workforce. This training will support the outcomes of this specification and aim to build capacity among other organisations and sectors in order to improve HIV-related outcomes. The provider will ensure robust evaluation of the training session is conducted and used to enhance future learning and training development.

* + 1. Audit, evaluation and research

Audit, evaluation and research will be needed to continuously improve the quality, efficiency, effectiveness and cost-effectiveness of interventions. The provider will be required to actively participate in these activities where applicable, supporting a culture of continuous service improvement based on evidence.

* 1. Activity planning assumptions

Local data on HIV incidence and HIV prevalence can be accessed here:

<http://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000035/pat/6/par/E12000009/ati/102/are/E06000052/iid/90759/age/1/sex/4>

3.4.1 Population covered and priority groups

The population covered by this service specification are residents of Cornwall and the Isles of Scilly aged 16 and over. It includes HIV negative individuals or those with unknown status at risk of HIV, individuals living with HIV and where appropriate, their carers, family and friends.

Poor sexual health is not distributed equally across the population, and as a result some groups carry the burden of sexual ill health. The sexual health system will be designed to ensure the needs of these groups are prioritised and met with the aim of reducing health inequalities, and maximising the impact of finite resources.

Priority groups for HIV prevention include:

* Gay and bisexual men
* Men who have sex with men (MSM) who do not identify as gay or bisexual
* Commercial sex workers
* Substance misusers
* Transgender women or men who have sex with men
* Black Africans and groups from HIV endemic countries
* People living in deprived areas
* Those experiencing or at high risk of sexual exploitation, coercion or violence
* People with serious mental illness
* People living with HIV
* Young LGBTQ people
* People over the age of 50 with changing sexual health needs
* Groups or individuals with concurrent or overlapping sexual partners

3.4.2 Service availability

The provider service base of this service will be located in Cornwall, and the provider will need to agree the location of this base with the commissioner to ensure equitable access to all areas for staff who are based in the service.

Interventions and support must be delivered at times to ensure they are effective, convenient and acceptable to both target populations and service users. This is to include provision in the evenings, and at weekends. Interventions will be both planned and reactive.

Coordination and management functions of the service should be delivered, during business operating hours 9am-5pm (GMT) Monday to Friday, and provision of interventions will be necessary out of these hours for online social media interventions, and for interventions and HIV prevention campaign work across the whole county.

3.4.3 Dependencies and interdependencies

The provider will need to collaborate with organisations within the sexual health network and sexual health system locally including Healthy Cornwall, chlamydia screening, local reproductive sexual health services, online sexual health services, as well as locally driven campaigns and activities.

The provider is expected to actively participate in the Sexual Health Partnership Group and regional networks, relevant trials, training, as well as research and audit programmes where applicable.

The provider will be expected to liaise and work with national organisations such as PHE and HIV Prevention England, as appropriate, for the local implementation and participation in national initiatives.

3.4.4 Acceptance and exclusion criteria and thresholds

Referral routes to the service may include but are not limited to: professional agencies (health and social care services) and self-referrals. The provider will work in close partnership with health and social care professionals to ensure seamless transfer to the service when being referred by these agencies. The provider will discuss with service users and referrers what they can expect to receive from the services provided.

Services will be available to people of over 16 years of age who wish to improve their sexual health, and have risk factors relating to HIV and poor sexual health.

4.0 Outcome Indicators

The provider will support delivery against the Sexual Health Strategy priorities, focusing on priorities 1, 4, 5 and 6:

The provider will also support delivery against the following indicators:

* HIV late diagnosis percentage (PHOF indicator 3.04)
* New HIV diagnosis rate / 100,000 aged 15+
* HIV diagnoses prevalence rate /1,000 aged 15-59
* HIV testing uptake
* Increased uptake of first time HIV testing through the online sexual health services
* Reduced number of undiagnosed cases of HIV

In addition it will deliver the following outcomes to improve the sexual health in the populations as a whole:

Direct and indirect outcomes:

* Improved access to STI testing for those at risk of sexual ill health
* Reduced sexual health inequalities
* Increased uptake of the C-Card service
* Detection and treatment of those with undiagnosed asymptomatic HIV and STI infection
* Improved behaviour change to reduce ongoing risk of HIV transmission and reinfection
* Improved knowledge and efficacy of population in managing sexual health, decision making and in accessing services
* Reduced onward transmission of HIV and other sexually transmitted infections
* Increased number of those newly diagnosed routinely accessing treatment and care
* Improve the health and wellbeing of people living with HIV
* Increased development of evidence-based practice
* Efficient and resourceful sexual health system
	1. Key performance indicators

Key performance indicators against the Sexual Health Strategy are:

*Priority 1: Reduce rates of sexually transmitted infections (STIs) among people of all ages:*

1. Evidence of improved knowledge, skills and behaviour change among people living with HIV in relation to STIs, condom use and sexual health through people using the service
2. Measured access to service from groups and areas with identified needs (number and demographics of service users)

*Priority 4: Reduce onward transmission of and avoidable deaths from HIV:*

1. Reduction in HIV late diagnosis
2. HIV incidence rate
3. HIV prevalence rate
4. HIV testing uptake
5. Evidence of improved knowledge, confidence and behaviour change among individuals groups and communities at close proximity to HIV accessing interventions (number and demographics of service users)
6. Number and type of interventions delivered
7. Number of referrals for people living with HIV to universal support services
8. Number of people engaged in interventions from target groups and communities
9. Evidence of improved knowledge and delivery of interventions through workforce in relation to HIV

*Priority 5: To promote relationships, sexual health and sexuality as an important aspect of health and wellbeing:*

1. Evidence of contribution to the communications plan and support of related activities
2. Delivery of an HIV awareness campaign, and measured impact
3. Evaluation of the HIV training and measurement of the reach and impact of the programmes delivery
4. Participation in HIV training by practitioners from target sections of the workforce measured by the number of practitioners participating and a summary of their feedback

*Priority 6: Using innovation and collaboration to deliver financially sustainable models that deliver high quality outcomes:*

1. Evidence and evaluation of effective partnership work in maximising impact and reach of interventions and services
2. Using technology to support and enhance access to services and extend the impact of interventions
3. Review and implementation of the most cost-effective methods of delivery
4. Effective participation of service users and groups with a close proximity to HIV in the evaluation, design, delivery and planning of services and interventions

The provider will set and agree clear measures with the commissioner in order to understand the effectiveness and performance of the service. The indicators will be set out in a template by the provider to be agreed by the commissioner. These measures will be reported quarterly to the commissioner at the strategic review meetings.

5.0 Contract management

Continuous improvement and development will be a key focus of the service, with ongoing review and improvement built into planning and contract management.

Monthly contract review meetings will be required to support the development and implementation of the new model of provision including integration with other services within the sexual health system, and to enable monitoring and evaluation of quality, performance and outcomes.

The provider will be expected to provide detailed plans, risk assessments and impact assessments for delivering the service, with the most effective use of resources.

Plans should seek to meet maximum efficiency and reach through effective models of delivery. Evaluation of technology and close partnership working should take place to ensure services users can access the most appropriate service for their needs, whilst efficiency and cost-effectiveness of the system is enhanced.

On-going strategic review meetings will take place on a quarterly basis.

6.0 Quality requirements

The NICE baseline assessment: HIV testing: increasing uptake among people who may have undiagnosed [HIV (NG60)](https://www.nice.org.uk/guidance/ng60), sections 1.3 and 1.4, will be assessed and updated annually by the provider and reported to the commissioner in quarter 1.

Care pathways will be in place for all identified service user needs – standard 100%

Service user experience will be demonstrated through:

1. Number of complaints
2. Number of compliments – standard 70% of service users
3. Percentage completion of survey / user feedback form
4. Evidence of patient and public engagement plan and action based on feedback
5. Clinical governance

All providers within the sexual health system will follow the council’s Clinical Governance Framework, which includes the incident reporting schedule.

8.0 Information governance

Information governance systems provide a framework to ensure service user data and records are stored handled and treated appropriately in order to maintain quality, confidentiality and trust by the patients and public services, as required by legislation, best practice and guidance.

The provider must ensure robust information governance standards are adhered to in line with legislation and guidance.

9.0 Service standards

National:

1. [National Institute of Clinical Excellence](https://www.nice.org.uk/guidance/ng44) ([NICE) *Community Engagement: improving health and wellbeing and reducing health inequalities* [NG44] March 2016](https://www.nice.org.uk/guidance/ng44)
2. [National Institute of Clinical Excellence](https://www.nice.org.uk/guidance/ph49) ([*NICE) Behaviour change individual approaches* [PH49] January 2014](https://www.nice.org.uk/guidance/ph49)
3. [National Institute of Clinical Excellence](https://www.nice.org.uk/guidance/ph6) ([*NICE) Behaviour change general approaches* [PH6] October 2007](https://www.nice.org.uk/guidance/ph6)
4. [National Institute of Clinical Excellence](https://www.nice.org.uk/guidance/ng60) ([NICE) *HIV Testing: increasing uptake among people who may have undiagnosed HIV* (joint NICE and Public Health England guideline) [NG60] December 2016](https://www.nice.org.uk/guidance/ng60)
5. [British HIV Association, British Association of Sexual Health and HIV, British Infection Society (2008) *UK National guidelines for HIV testing*](http://www.bhiva.org/HIV-testing-guidelines.aspx)
6. [PH3 One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups (NICE 2007)](https://www.nice.org.uk/guidance/ph3/resources/sexually-transmitted-infections-and-under18-conceptions-prevention-55452476869)
7. [UK National Guideline on Safer Sex Advice (BASHH & BHIVA 2012)](https://www.bashh.org/documents/4452.pdf)
8. [Standards for psychological support for adults living with HIV (British Psychological Society, BHIVA & MEDFASH 2011)](http://www.bhiva.org/StandardsForPsychologicalSupport.aspx)

Local:

1. Where the service is delivered to young people it will be SAVVY accredited: <https://www.savvykernow.org.uk/services/savvy-approved-services-levels/>
2. The provider will ensure services are delivered in line with the Cornwall Relationship and Sexual Health Guidelines: <http://www.cornwall.gov.uk/health-and-social-care/public-health-cornwall/teenage-pregnancy-and-sexual-health/information-for-practitioners/>

10.0 Data requirements

Regular and timely data to inform sexual health needs assessments, evaluations and audits will be collected and provided.

The provider will be required to report on prevention and behaviour change activity. Evaluation of interventions will be agreed and provided to the commissioner annually. The provider will provide a report on service user engagement.

An equality impact assessment should be completed on an annual basis and submitted to the commissioner.

11.0 Safeguarding

When working with children or young people, the provider will adhere to and adopt:

The most recent national legislation and local policies and procedures, including [Children Act 1989 and 2004](https://www.legislation.gov.uk/ukpga/1989/41), [Working together to safeguarding children (2015)](https://www.safeguardinginschools.co.uk/working-together-to-safeguard-children-2015/), Cornwall and IOS local safeguarding children procedures adopted by the [Safeguarding children partnership (SCB)](http://www.proceduresonline.com/swcpp/cornwall_scilly/contents.html), and [NHS Kernow safeguarding children policies](https://www.kernowccg.nhs.uk/get-info/safeguarding/children/) and procedures. This includes understanding local safeguarding referral procedures and referral pathways, and ensuring all policies and protocols are in line with those set out above.

The provider will have a Safeguarding Adults Policy, which includes a clear statement of every service user's right to live a life free from abuse. A copy of the service provider’s policy shall be available on request in a range of formats to all service users, carers, representatives and representatives of the council.

The provider will ensure its Safeguarding Adults Policy is compliant with [Cornwall and Isles of Scilly Safeguarding Adults Board's overarching multi-agency policy](https://www.cornwall.gov.uk/health-and-social-care/adult-social-care/safeguarding-adults/information-for-professionals/local-adult-safeguarding-policies-standards-and-guidance/) and provides clear process to make an alert both in Cornwall and the Isles of Scilly.

12.0 Mobilisation and implementation

The provider will produce a mobilisation and implementation plan to be agreed with the commissioner. The plan will set out the key resources, deliverables and milestones required for successful implementation of the new service, and the service’s successful integration and partnership with other providers within the sexual health system. Key elements of the plan may include but are not limited to:

* + Leadership
	+ Engaging and working with stakeholders
	+ Training and development – internally and externally
	+ Communications
	+ Resources
	+ Developing systems and pathways
	+ Transfer, support and referral for new and existing service users of HIV services
	+ Continuous monitoring, learning and adapting
	+ Evaluation

The plan should be fully costed and give full detail on how the successful implementation of the new service, in line with funding requirements, will be achieved.

13.0 Commercial

The provider will actively pursue wider funding opportunities to amplify the aims and objectives of this service.