Open Agenda

Health and Wellbeing Board

Monday 10 July 2017
11.00 am
Ground Floor Meeting Room G02C - 160 Tooley Street, London
SE1 2QH

Supplemental Agenda No.1

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Date: 5 July 2017

Agenda Item 10

Item No. 10.	Classification: Open	Date: 10 July 2017	Meeting Name: Health and Wellbeing Board
Report title:		Southwark Sexual Health Progress Report	
Wards or groups affected:		All	
From:		Kirsten Watters, Consultant in Public Health	

RECOMMENDATIONS

1. The board is requested:

   a) To note the update on performance and activity for sexual and reproductive health.

   b) To note the changes to the update to the e-service provider and young people's sexual health service.

EXECUTIVE SUMMARY

2. The Health and Wellbeing Board receives thematic updates on performance and activity in relation to its priority areas. This update is on sexual and reproductive health.

BACKGROUND INFORMATION

3. Southwark has some of the highest rates of diagnosed sexually transmitted infections and HIV in the country. This is a result of the borough's diversity of the area with high proportions of black and minority ethnic groups, young people and men who have sex with men (MSM) and population mobility. Sexual health clinics in LSL are large, modern and popular thus levels of attendances and diagnoses are higher compared to London rates.

Sexual health transformation

4. In recognition of the requirement for open access services and considerable cross borough activity Southwark works with Lambeth and Lewisham on a joint local sexual health transformation programme. The programme is a commissioner-led group with membership from clinicians, service-leads/directors and public health consultants, and aims to develop and implement a sustainable model for integrated sexual health services across the three boroughs. It is aligned with the London Sexual Health Transformation programme (LSHTP) to ensure risks of cost-pressures from patient flow to services outside of LSL are managed in an appropriate and cost efficient way.

5. The programme has two key aims:

1. **Refocus activity out of clinics** towards home sampling, online services, and primary care and pharmacy to:

- Better meet complex sexual health need by increasing capacity within clinics to deliver more complex work.
- Better meet contraceptive need within key groups to further reduce teenage pregnancy, abortion and repeat abortions.
- Reduce costs and produce cashable savings.
- Improve access to testing and treatment.
- Deliver services closer to home.

2. Implement a new **Integrated Sexual Health Tariff**.

- It is recognised the current system for paying for sexual and reproductive health services is flawed: the current GUM first and follow up tariff is blunt pricing instrument whereby local authorities pay the same price for very different interventions and block contracting for RSH prevents cross charging and disincentives providers to record activity.
- The new integrated sexual health tariff is a more sensitive payment mechanism (i.e. will better differentiate interventions and charge accordingly) and is estimated to bring significant financial benefits to most local authorities. This is because the current GUM tariff is expensive for what is being provided in clinic.
- The ISHT has been developed with extensive clinical input and includes the total and marginal costs of all care activities across GUM and RSH services. The methodical model used is endorsed by Price Waterhouse Coopers and NHS Improvement as best practice in developing new healthcare tariffs. Local clinicians have been consulted and involved in its development.

SUMMARY OF ACTIVITY

Sexually transmitted infections

6. Sexually transmitted infections within the borough are declining for the first time since 2013. New STIs (excluding chlamydia in 15-24 year olds) reduced by 8.6% between 2015 and 2016 and gonorrhea reduced by 21%.

Table 1: Trends in rates of key STIs London and Southwark

	2016 London rate per 100,000	2015 Southwark rate per 100,000	2016 Southwark rate per 100,000	% reduction 2015-6
New STIs (excl. those with Chlamydia aged 15-24)	795	3,062	2,799	8.6%
Gonorrhoea	186	630	497.9	21%
Syphilis	33.6	97.4	79.3	18.5%

HIV

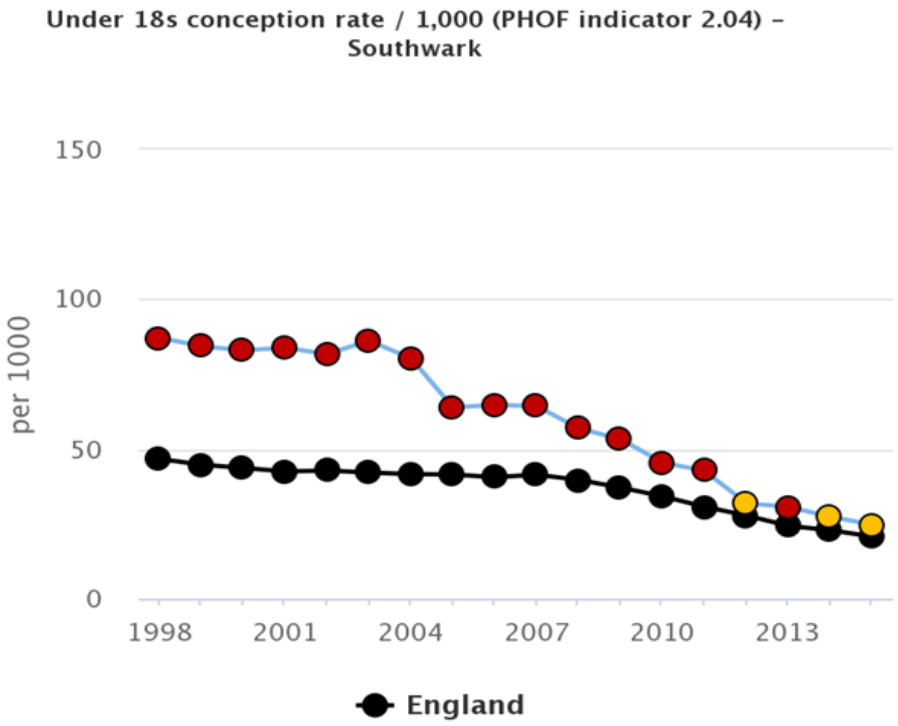
7. New diagnoses of HIV continue to reduce as does the proportion of people diagnosed late. Nationally intensified testing of high-risk populations, combined with immediately received anti-retroviral therapy and a pre-exposure prophylaxis (PrEP) programme, have resulted in significant reductions in new HIV infections amongst MSM.

Table 2: Comparison of key HIV performance indicators London and Southwark

	London	Southwark
New HIV diagnosis per 100,000 (2015)	28.2	60.1
% of late diagnosis 2013-15	33.5%	36.5%

Teenage Conceptions

8. Southwark has experience one of the largest reductions in teenage pregnancy in London and its rate has reduced by 72% since 1998. Southwark now has a rate which is not statistically different to that of London.



UPDATE ON SERVICES

Pan London e-service

9. Southwark and Lambeth have led the way with sexual health e-services through SH:24, which has been operating in the boroughs since 2015. This has allowed us to more faster and further with our transformation of services and our local acute providers (Guy's and St Thomas' Trust and Kings College London) have been the first in London to channel shift asymptomatic patients online. This has enabled clinics to focus on high risk and symptomatic patients.

10. Southwark has elected to join the London e-Service and the local offer will transfer to the new London provider by 1st October 2017. There are significant variations in access and activity across London boroughs, with high numbers of residents from across London using services in central London. Due to London's complex pattern of open access services, there are important advantages for London boroughs to transform and commission services together and the e-service offer is a key component of this.

Young people's sexual health service

11. A new young people's wellbeing service is being commissioned which will offer a specialist integrated sexual health and substance misuse service. This reflects the relationship between poor sexual health and substance misuse and other risky behaviours in adolescents. This service will be implemented from December 2017.

Financial implications

12. London Councils have projected that, without system transformation, 100% of local authorities' public health grants would be spent on sexual health in under five years. Within Southwark there is an overspend on the sexual health budget. This has arisen from rising need for services, demographic growth and the requirement for services to be open access. The transformation programme, through the introduction of ISHT and enabling more people to access online services, will support the Council to reduce its overspend and bring the services back with budget. We are working with our two acute trusts to finalise contracts based on integrated tariff with new associated key performance indicators. Securing high quality acute services in partnership with accessible e-services will enable the council to deliver the high volumes of population testing required to reduce sexually transmitted infections.

BACKGROUND PAPERS

Background papers	Held at	Contact
Southwark Sexual Health Strategy		Public Health 020 7525 0280
Link: (copy and paste into browser) http://moderngov.southwark.gov.uk/documents/s47068/LSL%20Sexual%20Health%20Strategy%20Consultation.pdf		

APPENDICES

No.	Title
	None

AUDIT TRAIL

Lead Officer	Kevin Fenton, Director of Health and Wellbeing
Report Author	Kirsten Watters, Consultant in Public Health
Version	Final
Dated	4 July 2017
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	-
Strategic Director of Finance and Governance	No	-
Cabinet Member	No	-
Date final report sent to Constitutional Team		4 July 2017

Agenda Item 11

Item No.	Classification:	Date:	Meeting Name:
11.	Open	10 July 2017	Health and Wellbeing Board
Report title:		Defibrillators (AEDs) in Schools	
Wards or groups affected:		All	
From:		Kevin Fenton, Director of Health & Wellbeing	

RECOMMENDATIONS

1. The board is requested to:

   a) Note the evidence review (paras 12 - 19) relating to automated defibrillators (AEDs)
   b) Consider encouraging schools in particular secondary schools to take part in the British Heart Foundation "Restart a heart" campaign and support cardiopulmonary resuscitation (CPR) awareness and training.

EXECUTIVE SUMMARY

2. The Department for Education (DfE) recently issued guidance on the introduction of automated external defibrillators (AEDs) on school premises. While the guidance states that schools should consider installation of an AED the guidance does not make a recommendation that they should do so.

3. Automated external defibrillators are already widely distributed in Southwark in areas where a high footfall is expected, or where higher risk physical activities are undertaken regularly. This includes major underground and railway stations, large offices and commercial buildings and sports clubs and leisure centres.

4. Our review identified that the incidence of out-of-hospital cardiac arrests (OHCAs) in children and adolescents is very low and less than 1% of these cases occur in the school setting. It would be difficult to place AEDs in school locations that are externally accessible at all times; therefore they are unlikely to be available for use by anyone outside school hours and outside school premises (i.e. not a public access defibrillator). At a minimum cost in excess of £65,000 the value for money on a population basis provided by this intervention is low.

5. However increasing knowledge and skills through schools around cardiopulmonary resuscitation (CPR) and the use of AEDs could be of substantial benefit and would impact more widely across Southwark and across London. This is recommended by the British Heart Foundation.

BACKGROUND INFORMATION

6. The Department for Education recently published guidance on the use of

automated external defibrillators (AEDs) in schools[1].

7. In Southwark, there are 108 state maintained schools with 42,000 children. This includes 5 nurseries, 74 primary schools, 18 secondary schools, 2 hospital schools and 7 special schools, 1 all-through school and 1 pupil referral unit (correct as of January 2017).

Automated External Defibrillators (AEDs)

8. An AED is a machine used to give an electric shock to a person when their heart stops beating normally (sometimes referred to as cardiac arrest). In approximately 20% of out-of-hospital cardiac arrests (whether adults or children), defibrillation is beneficial to restore normal heart rhythm. In the remainder of cases the defibrillator will not be of benefit. However cardiopulmonary resuscitation (CPR, sometimes referred to as heart massage) is always a vital first step in the chain of survival following cardiac arrest.

9. Modern AEDs are inexpensive, simple to operate and safe for users. The AED will analyse the individual's heart rhythm and apply a shock to restart it, or advise that CPR should be continued. They can be used for both adults and children (over the age of 12 months).

10. Public access defibrillators (PADs) are already available at numerous locations across Southwark where a high footfall is expected, including major underground and railway stations, large offices and commercial buildings (Southwark Council included) and sports clubs and leisure centres. London Ambulance Service (LAS) has a record of most of these PADs and provide a training and accreditation scheme to support their use and maintenance.

Policy context

11. The Department for Education's statutory guidance on supporting pupils at school with medical conditions advises schools to consider purchasing a defibrillator as part of their first-aid equipment but stops short of recommending that they do so[2]. In June 2017, further guidance was published for schools, providing an overview of the various issues they may consider when installing and maintaining AEDs on their premises. The information provided is not definitive as decisions relating to the purchase and installation of AEDs are entirely for schools to determine.

EVIDENCE REVIEW

Out-of-hospital cardiac arrests

12. There are approximately 60,000 out of hospital cardiac arrests (OHCA) per year in the UK. Approximately 80% of these occur at home and 20% in public spaces.

13. Only about 2-3% of OHCAs occur in children and adolescents. The annual incidence is approximately 8–10 cases per 100,000 children. Of these, only a small proportion will take place in the school environment: probably less than

[1] DfE (2017) Automated external defibrillators (AEDs): A guide for schools
[2] DfE (2015) Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England

0.5%.

Cost effectiveness of AEDs

14. A previous feasibility study on PADs by Southwark Public Health in 2015 found that most of the evidence on cost-effectiveness of PAD programmes is based on regional or national scale and takes into account larger numbers of people treated across different sites. One peer reviewed paper found that if placed in the right location (i.e. those that have high numbers of people and are likely to have high incidences of cardiac arrests) defibrillators can be cost effective compared to other life-saving interventions. Another paper found that provision of more widespread public access defibrillation to sites with lower incidence of cardiac arrest is unlikely to be cost-effective. Schools would be considered locations that have lower footfall and with lower incidence of cardiac arrest.

15. Initial costs: There are different types of defibrillators that can be purchased. At the time of writing the cost for one type of DfE recommended defibrillator is approximately £514.64 (£617.57 incl. VAT), however this does not include the cost of installing a high visibility cabinet.

16. Future costs: Defibrillators should have two sets of pads, and these need to be changed every 2 years. Pads cost approximately £20 a set. The battery lasts for approximately four to five years, and cost around £150 to replace.

17. The AEDs are designed to be usable without specific training, however there may be barriers if those in the school are not confident in accessing or applying the equipment. The London Ambulance Service provides a training and accreditation scheme to this end.

KEY ISSUES FOR CONSIDERATION

Benefits

18. Defibrillation is an essential life-saving step in the chain of survival following some types of cardiac arrest; AEDs are simple to operate and safe for users.

19. Defibrillators need people to be able to access and operate them. Therefore, having AEDs in schools may promote first aid / CPR training in schools, giving rise to additional benefits in terms of public health messages and providing a concrete and visible sign of health across the borough.

Issues

20. It would be difficult to place AEDs in schools in locations that are externally accessible at all times; therefore they are unlikely to be available for use by anyone outside school hours and outside school premises (i.e. not a public access defibrillator). This limits their potential value.

21. Each AED costs approximately £620 (excluding replacement consumables); total initial cost for all state maintained schools in Southwark to have one defibrillator is therefore £65,100 (excluding future costs), not including installation or associated training costs (see Paragraphs 13 – 16).

22. Southwark is an inner city borough and all schools are readily accessible by emergency vehicles and paramedics within a short period of time. All schools also have a first aider who is trained in CPR and will therefore be able to start on the chain of survival following cardiac arrest, with or without the presence of an AED on the school premises.

23. Cardiac arrest that may be treated by out-of-hospital defibrillation in children and young people is very rare. Therefore, the cost-effectiveness of placing defibrillators in every school on a population health basis is poor.

24. However CPR is valuable in almost all cases of out-of-hospital cardiac arrest and schools provide opportunities for us to promote health and life-saving skills. Training for CPR and PAD use would be of value both in the secondary school setting and in the wider Southwark and London context.

25. The British Heart Foundation is encouraging schools to register to take part in their "Restart a heart " campaign (16th October 2017). Schools can apply for a training kit from:

    https://www.bhf.org.uk/heart-health/how-to-save-a-life/cpr-kits/cpr-training-for-schools

BACKGROUND PAPERS

Background papers	Held at	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Kevin Fenton, Director of Health and Wellbeing	
Report Author	Suzanne Tang, Specialty Registrar in Public Health Medicine	
Version	Final	
Dated	4 July 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	-
Strategic Director of Finance and Governance	No	-
Cabinet Member	No	-
Date final report sent to Constitutional Team		4 July 2017

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Dated: June 2017