

Item No. 15.	Classification: Open	Date: 29 January 2015	Meeting Name: Health and Wellbeing Board
Report title:		Lambeth, Southwark and Lewisham Sexual Health Strategy and Consultation	
Wards or groups affected:		All	
From:		Elizabeth Clowes, Asst Director, Commissioning EClowes@lambeth.gov.uk ; Andrew Billington, Lead Commissioner, LSL HIV and Sexual Health Commissioning Team	

RECOMMENDATIONS

1. The board is requested to:
 - Review the responses to the public consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy (Appendix 1 of the report).
 - Agree the Lambeth, Southwark and Lewisham Sexual Health Strategy (Appendix 2 of the report).

EXECUTIVE SUMMARY

2. This report summarises the contents of the Lambeth, Southwark and Lewisham Sexual Health Strategy, which was launched in April 2014 for a period of consultation, including presentation at boroughs' relevant scrutiny or health committees.
3. The strategy is based on a public health needs assessment, covers analysis of investment and service delivery and makes recommendations regarding a direction of travel for shifting investment from clinic-based services to community provision and prevention and promotion.
4. The strategy has been developed with input from stakeholders, and consultation has included engagement with Clinical Commissioning Groups (CCGs) and specific focus groups with young people, MSM (men who have sex with men) and black and ethnic minorities.

BACKGROUND INFORMATION

5. From April 2013, as a result of the Health and Social Care Act 2012, the responsibility for population based health improvement through the provision of Public Health specialist advice, strategic responsibility and the commissioning of a range of health improvement services transferred to local authorities. The duties are covered by Part 2 of the Local Authorities (Public Health Functions and Entry into Premises by local Healthwatch representatives) Regulations 2013, which sets out specific duties regarding public health advice services, weighing and measuring of children, health checks, and sexual health services and protecting the health of the local population.

6. These duties were transferred from Primary Care Trusts (PCTs) and the interventions and services commissioned cover all the population for universal access as well as targeted services, and include specialist targeted areas such as sexual health and substance misuse services.
7. The provision of Public Health specialist advice now operates across the two boroughs of Southwark and Lambeth; it is a shared service hosted by Southwark Council. Lambeth Council is the host for a small sexual health commissioning team which operates across Lambeth, Southwark and Lewisham (as was the arrangement in the PCT). Lambeth is also host for the London-wide HIV prevention programme, which is high-level and high-profile, and led by the London Directors of Public Health. Other commissioning arrangements for children, health and well-being (or staying healthy) and substance misuse are borough-based, but have some alignment with Southwark to varying degrees.
8. The commissioning service, hosted by Lambeth, is governed by a three borough Board, chaired by Kerry Crichlow, Strategic Commissioning Director for Adults and Children's Services in Southwark. The Council is responsible for commissioning open access GUM provision, sexual health prevention and promotion, community contraception, and sexual health in pharmacies and primary care. The 3-borough team also commissions termination of pregnancy services and HIV care and support on behalf of the Clinical Commissioning Groups.
9. Lambeth, Southwark and Lewisham have some of the poorest sexual health in the country. Southwark was ranked 3 (out of 326 local authorities, first in the rank has highest rates) in England for rates of acute STIs in 2012, with 6350 acute STIs diagnosed (a rate of 2199.4 per 100,000 residents). In Southwark, 38% of diagnoses of acute STIs were in young people.
10. London local authorities account for 18 out of the 20 local authorities with the highest diagnosed prevalence rate of HIV in the country. In 2012, for Southwark diagnosed HIV prevalence was 11.7 per 1,000 population aged 15-59 years. Recently released Public Health figures show increases in serious STIs such as gonorrhoea, which has increased nationally by 15%, and by 26% in the MSM population, with treatment-resistant strains becoming an increasing problem.
11. Against this background, the Commissioning Board had a priority to develop a three-borough sexual health strategy, to tackle high levels of need and set clear prevention and promotion programmes in place. The strategy builds on previous LSL strategies, achievements and work of Modernisation Initiative. An initial stakeholder engagement day in September 2013 helped to build the local strategic priorities. Following extensive commissioning and public health engagement, a draft strategy was finalised and launched for consultation in April 2014.
12. The strategy sets out the local HIV and sexual health landscape, assessing previous strategies, financial resources and sexual health services in Lambeth, Southwark and Lewisham, as follows:
 - Promotion and prevention
 - Sexual health services/GUM/psychosexual
 - Primary Care

- HIV Care and support
- Termination of pregnancy (abortion)
- Young peoples services & teenage pregnancy

13. The strategy sets out the following vision and strategic priorities:

- Embedding good sexual health and wellness as part of a wider health agenda
- Actively promoting good sexual health and healthy safe relationships, not just the absence of disease
- Reducing the stigma attached to sexually transmitted infections (STIs)
- Focusing on those statistically most at risk thereby reducing health inequalities
- Reducing the rates of unplanned pregnancy and repeat terminations, especially for under 18 year olds
- Reducing rates of undiagnosed STIs and HIV
- Aligning strategic priorities with the intentions of our local CCGs
- Developing the workforce to deliver integrated and improved services
- Shifting the balance of care to community-based services that are accessible and responsive to the needs of service users

14. The strategy consultation ended 31 July 2014. The Strategy was available on local websites. CCGs were included in consultation, and specific focus groups were held in each borough for men who have sex with men (MSM), black and ethnic minorities and young people, the three strategic priority groups. The responses to the consultation were reviewed by the LSL HIV and Sexual Health Commissioning team and Specialist Public Health Consultants, who responded to the feedback and agreed any changes.

KEY ISSUES FOR CONSIDERATION

Consultation and co-production

15. The Strategy was co-produced following a stakeholder event attended by over 100 stakeholders representing a diversity of organisations and communities in September 2013. Key areas of sexual health were discussed with providers from the NHS and voluntary sectors, service users, public health colleagues and others. The draft strategy was launched at a further stakeholder event in April, and was subject to wide-ranging consultation across the three boroughs. During the consultation the Strategy was available on the Lambeth Council website and, via a link, on the Lambeth, Southwark and Lewisham CCG and Council websites, with a dedicated email and online form for responses.

16. The Strategy has identified three key target user groups: MSM, young people and Black minority ethnic communities. Focus groups were held in each borough with these groups to discuss the Strategy and gain feedback. The strategy was reviewed by primary care networks, by the 3 borough Local Medical Committees and Local Pharmacy Committees and presented to each relevant scrutiny committee, all of whom gave detailed feedback. Healthwatch in each borough has been engaged and responded with detailed feedback. Detailed feedback was also received from local voluntary sector organisations, local NHS (including providers of clinical sexual health services) and children and young people's services.

17. The overall consultation response endorsed the aims and vision for the Strategy, recognising the need to shift investment from treatment into prevention, and supported the move towards commissioning services that were delivered closer to home. Key concerns that were raised by the consultation are summarised below along with the consultation response and changes that are being made as a result on the consultation:

- Why does the Strategy adopt a medical model and focus on services?
Response: The focus on services, and reshaping services, is key to delivering better outcomes for residents. The plan to shift to community-based services is central to the Strategy and community engagement and involvement is key to bringing about this change.
- How will Community and Voluntary Sector Organisations (CVSO) be involved in delivering the Strategy
Response: CVSOs will remain central to delivery on the aims of the Strategy and future commissioning, for example, in the procurement of new prevention services. There are community forums and networks in LSL that can support delivery of the Strategy, for example, the Sexual Health Network and African Health Forum. Work will be undertaken to review how to best support the work of existing networks to deliver on the aims of the Strategy. Detailed plans for community and stakeholder engagement, involvement and activation will be included in the Implementation Plan
- Is there sufficient evidence to identify what works to inform commissioning, including for work with African communities and men who have sex with men (MSM)?
Response: Overall, evidence in relation to work with African communities suggests that a multi-component approach to prevention and sexual health promotion is most effective. The Strategy is informed by a service review of SRH and the epidemiology report, which also constitutes a needs assessment. The Strategy sets a direction of travel which includes a shift to self-management, online services and primary care to meet less complex needs. This is widely accepted as offering best value and as increasing patient choice, as backed up by evidence from evaluation and service-user feedback. New service models, including innovative on-line services, will be fully evaluated during development. Partnership work will support further research, looking for best value, particularly given the current financial climate.
- Is there a commitment to protecting open access services and patient choice?
Response: The Strategy aims to extend patient choice by extending access to services so that people continue to access sexual health services via open access clinical services as well as an additional range of other community and online services.
- Will there be a review of primary care?
Response: There is a need for a review of sexual health work within primary care as part of the work needed to drive forward the vision of the Strategy. An LSL Sexual Health Commissioning Board Primary Care sub-group will deliver this work.

- Is there a commitment to supporting workforce development?
Response: There is an on-going need for staff in mainstream services to be trained in HIV and sexual health. Also, many staff in mainstream services may already possess related skills and knowledge but should have access to training to maintain and develop them. Further detail of proposals to take forward workforce development will be included in the Implementation Plan
- How can high quality SRE be delivered in all schools?
Response: There is currently extensive work across LSL aimed at ensuring high quality SRE is delivered in all schools and colleges. Work will continue with colleagues in young people's services and education to promote access to quality SRE
- Will work related to Hepatitis prevention and Female Genital Mutilation(FGM) be commissioned?
Response: Detail on commissioning in relation to Hepatitis and FGM be included in the Action Plan

18. The full response document is available as an Appendix to this report.
19. The consultation endorsed the Strategy's overall direction of travel. As a result of the response there will be additional emphasis in the Action Plan on: female genital mutilation; Hepatitis; workforce development; co-working with colleagues outside of sexual health; and involving the community and voluntary sector in delivery of the Strategy.

Policy implications

20. There are no specific implications arising.

Community and equalities impact statement

21. An Equalities Impact Assessment has been finalised which incorporates the response to the consultation.

Legal implications

22. There are no specific legal implications arising but it should be noted that, with effect from 1 April 2013, local authorities are required to ensure that comprehensive, open access, confidential sexual health services are available to all people who are present in their area whether resident in their area or not.

Financial implications

23. Over the last few years NHS and local authority services budgets have consistently had to find cost-efficiencies whilst the demand for their services have grown. Although public health budgets transferred to local authorities have been ring fenced for at least two years from April 2013, given the present economic climate it is imperative that all locally commissioned sexual health services are cost effective and deliver measurable outcomes. To achieve this LSL sexual health commissioning team will work with local partners to avoid duplication and to commission and deliver evidence based, needs led, responsive sexual health services.

24. In 2013/14, Southwark’s budget for clinical services was £10,800m, with cost pressures in demand-led Genitourinary Medicine (GUM clinic presentations). Spend on prevention and promotion was £242K, and £287K on primary care and pharmacy. A total of over £27m was spent on sexual health services across Lambeth, Southwark and Lewisham, mainly on clinic-based GUM services. Steps have been put in place in to drive down price and demand. New contracting mechanisms will be introduced that will contain spend for 2014/15, and onwards, whilst services will be reshaped to shift activity to community settings where they are more cost-effective and deliver better health outcomes. For example, basic sexual health services will be provided in community pharmacy where they will be more accessible and offer better value for money. All services will be underpinned by prevention. With the lifetime cost of HIV treatment estimated at £276,000 the health economics argument to invest in sexual health services to prevent such infections and, for example, unintended pregnancy are clear, and the direction of the strategy is to shift resources to prevention and promotion.

REASONS FOR URGENCY

25. Sexual health is a national and local public health priority. Lambeth, Southwark and Lewisham are working together to commission services in a tri-borough agreement. The Southwark Health and Wellbeing Board is being requested to consider the consultation responses and to agree the Lambeth, Southwark and Lewisham Sexual Health Strategy 2014 – 2017. It is imperative that the board considers the strategy as soon as possible so to enable it to endorse the strategy in line with the other boroughs.

REASONS FOR LATENESS

26. It was not possible to finalise the officer report prior to the deadline for the agenda despatch.

BACKGROUND PAPERS

Background Papers	Held At	Contact
LSL Sexual Health Strategy 2014-2017	See link below	ABillington@lambeth.gov.uk
Link: http://lambeth.gov.uk/social-support-and-health/lambeth-southwark-and-lewisham-sexual-health-strategy		

APPENDICES

No.	Title
Appendix 1	Responses to the Consultation on Lambeth Southwark and Lewisham (LSL) Sexual Health Strategy 2014-2017: A Summary Report
Appendix 2	LSL Sexual Health Strategy 2014 -2017

AUDIT TRAIL

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CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
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