APPENDIX 1

Responses to the Consultation on Lambeth Southwark and Lewisham Sexual Health Strategy 2014-2017: A Summary Report

1 The Development of the Strategy and the Consultation Process

A stakeholder consultation event was held in October 2013. The outputs from this event informed the content of the draft strategy. The consultation process comprised of:

- Strategy placed on Lambeth Council website with links from all LSL CCGs and Council websites inviting feedback via email, feedback form or letter.
- Consultation launch event held in April 2014 attended by stakeholders to secure views on the draft strategy.
- 9 focus groups in LSL (3 groups in each borough) with the Strategy priority groups ie with men who have sex with men (MSM), young people and Black African people
- Attendance at LSL Scrutiny and Oversight Committees, CCG Boards, Primary Care Network Meetings, LGBT Forum to present Strategy and invite feedback

2 The Response to the Consultation

Responses were received from:

- LSL Local Medical Committee
- LSL Local Pharmaceutical Committee
- Guy's and St Thomas' NHS Foundation Trust Sexual and Reproductive Health Department
- Lewisham & Greenwich NHS Trust Directorate of Sexual Health & HIV
- Department of Sexual Health and HIV Kings' College Hospital
- Southwark Young People's and Children's team
- Lewisham Public Health and GP Wells Park Practice
- Lambeth CCG
- Lewisham CCG
- 3 Boroughs Health Inclusion Team, Guy's and St Thomas' NHS Foundation Trust
- Public Health Manager - Sexual Health & Immunisation
- WUSH (Wise Up to Sexual Health)
- Kings Health Partners
- Body and Soul
- Metro Centre
- National AIDS Trust
- HIV Clinical Nurse Specialist team, Guy's and St Thomas' NHS Foundation Trust
- Southwark LGBT Network
- African Advocacy Foundation

- Naz Project
- Positive Parenting and Children
- Beth Centre
- Brook (2 responses)
- Lambeth, Southwark and Lewisham Healthwatches (combined response)

A combined response was received from:

- Head of Service, Permanence, Southwark Children & Adult's Services
- Head of Service, Assessment, Southwark Children & Adult's Services
- Advanced Practitioner, Assessment Service Pre-Birth Team Southwark Children & Adult's Services
- Consultant in Community Sexual Health and HIV GSTT
- Head of Nursing, Addictions Clinical Academic Group South London & Maudsley NHS Foundation Trust Addictions Senior Management Team
- STARP Partnership Coordinator
- Associate Psychiatric Specialist Addictions, South London and Maudsley NHS Foundation Trust
- Deputy General Manager Sexual & Reproductive Health
- Specialist Registrar, Sexual & Reproductive Health GSTT
- Team Manager, Learning Disability Team
- Team Manager Transition Team (children & adults with Disabilities
- Head of Troubled Families
- Manager, Sexual Health Outreach for Young People & Sexual Health Promotion
- Adult Mental Health

3 Review of the Responses

The responses were reviewed by the LSL HIV and Sexual Health Commissioning team and Specialist Public Health Consultants, who will be responsible for delivering on the commitments made in the document.

This document synthesises and summarises responses and addresses them by themes. It also details all corrections and requests for clarification.

No.	Summary of feedback	Response	What we will do
Theme 1: Aims, Vision and Content			
1.1	Request that the strategic aims include: • Addressing HIV stigma	We recognise the value of all the aims proposed. However, based on evidence of need and epidemiology the strategic aims we state in the	We will address all the proposed aims within work outlined in the Implementation Plan

	• Reducing late diagnosis • Enhancing quality of life for PWHIV • Ensuring services accessible to all	Strategy remain our priority aims.	
1.2	Request for greater detail on governance arrangements for LSL sexual health commissioning.	The governance arrangements are summarised briefly, as appropriate to a high-level document	No proposed action
1.3	Request that the Strategy includes more detail on partnership working with other commissioning teams and bodies, other organisations, including non-sexual health services and on links with other local strategies.	We acknowledge that there are strong links between the Strategy and other LSL strategies. We acknowledge that collaborative working with other teams, services and organisations will play a key role in delivering on our aims	We will reference linked LSL Strategies and other relevant frameworks in the Implementation Plan. We will detail where we will work closely with others to deliver on our aims in the Implementation Plan. We will identify opportunities for the upskilling of workforces in non-sexual health settings to deliver on sexual health outcomes
1.4	Concern that the Strategy adopts too much of a medical model and focuses too much on services. Requests that the Strategy adopt a more holistic or life-course approach with a greater emphasis on community activation, education and empowerment.	We focus on services, as reshaping services is key to delivering better outcomes for LSL residents. We plan to shift to community-based services wherever they best meet need and acknowledge that community engagement and involvement is key to bringing about this change (we name this as best practice at 4.2.1).	We will include detail on community engagement, involvement and activation in the Implementation plan
1.5	Concern that here is too not enough emphasis on HIV or on sexual health.	We believe we have reached a balance in the content and aspirations included in the Strategy in relation to HIV and sexual health	No proposed action
1.6	Concern that there is not enough emphasis placed on each of the priority groups, or that there is too much emphasis placed on one at the expense of the others	We believe we have reached a balance in the content and aspirations included in the Strategy in relation to all the priority groups.	No proposed action
1.7	Concern that other vulnerable groups be named and prioritised in the Strategy: • Latin American people • People with sensory impairment, especially gay men	We acknowledge there are groups other than those we name as priorities who experience poor sexual health. In addition we note that LSL has fluid populations and it is important our services are accessible to these groups. However, the key priority for our work remains those groups most at risk in LSL,	We will work with colleagues and in partnerships to address the needs of other groups who experience poor sexual health

	• Women who have repeatedly lost the care of their children to others, or those at risk • Lesbian and bisexual women • Trans individuals	as identified in the Strategy, given the epidemiology.	
1.8	Concerns that the Strategy treats the priority groups named as homogenous and that this approach will influence the commissioning of services for these groups.	We acknowledge that the priority groups named in the Strategy have multiple identities and needs.	We will commission services that recognise the overlapping and multiple needs of LSL residents.
1.9	Request that blood born viruses other than HIV, including Hepatitis B and C, be included in the Strategy and for female genital mutilation (FGM) to be included in the Strategy	Noted	We will include Hepatitis and FGM in the Implementation Plan
1.10	Request for a dedicated section on improving health in Lewisham or a separate Strategy	Whilst there are differences between the 3 boroughs they are broadly similar. Commissioning across all three boroughs offers best value and quality, economies off scale and efficiencies. It also still allows for the commissioning of local services to meet local needs.	No proposed action
Theme 2: Community and Voluntary Sector Organisations (CVSO)			
2.1	Request for greater detail on how CVSOs, stakeholder, services users and residents will be involved in delivering the aims of the Strategy, including their role in workforce development. Request for new sector networks and forms to be set up to support delivery eg LSL Health Forum	CVSOs will remain central to delivering on the aims of the Strategy and future commissioning eg in the procurement of new prevention services. There are forums and networks in LSL that include CVS representation and that can support delivery of the Strategy eg Sexual Health Network. African Health Forum	We will review how to best support the work of existing networks to deliver on the aims of the Strategy
Theme 3: Evidence and evaluation			
3.1	Concern that there is insufficient evidence about needs and services, including robust service evaluation and focus on 'what works', particularly in relation to African communities. Concern that there is insufficient evidence, including cost analysis, stated in the strategy to underpin the	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	New service models, including innovative on-line services, will be fully evaluated during development. There is local research available which we will access to inform service developments

	proposed strategy for commissioning sexual health services	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 the private sector evaluation, service-user feedback.	We will use learning from previous innovative work, for example from the Modernisation Initiative, to inform our commissioning. We will work with partners to support further research, looking for best value, particularly given the current financial climate.
Theme 4: Stakeholder Involvement and Engagement			
4.1	Request for detail on the consultation that informed the development of the Strategy.	The consultation on the Strategy was broad and diverse. For full details see the introduction to this document.	No proposed action
4.2	Request for detail on plans for stakeholder involvement and engagement in the delivery on the aims of the Strategy, including on any plans to change services.	We recognise stakeholder involvement and engagement as central to the delivery of the Strategy. Stakeholder engagement will be central to decisions around service change.	We will include detail on how we will collaborate with the CCG and involve CVSOs, stakeholder, services users and residents in the delivery of the aims of the Strategy in the Implementation plan.
4.3	Concern that faith leaders are fully engaged in delivery on the aims of the Strategy	We acknowledge the importance of working with faith leaders in the Strategy. The detail of how we commission services to encompass this will be included in subsequent planning	We will include a focus on commissioning services that take the role of faith leaders into account in the Implementation Plan
Theme 5: Service Development and Redesign			
5.1	Request for a more detailed vision to be cited alongside an optimal model for sexual health and psychosexual services and detail on how this will be achieved.	The vision is high level and describes our direction of travel towards commissioning services that more-community-based and support better self-management.	The Implementation Plan will detail the steps we will take to implement the vision.
5.2	Information on sexual health and community services is hard to access and often not accurate	We acknowledge that accessing accurate service information is currently problematic	We are prioritising the commissioning of services that will include a focus on providing signposting to services
5.3	Concern there should be a stronger commitment to protecting open access services clinical services and that any changes to services do not reduce quality,	The Strategy aims to extend patient choice by extending access to services so that people continue to access sexual health services via open access	No proposed action

	restrict patient choice or are not delivered at the expense of other services	clinical services as well as an additional range of other community and online services. Any change in service configuration will be accompanied by an assessment of the impact on service users in relation to access.	
5.4	Request for detail on future investment in care and support for people living with HIV (PLWHIV), in sexual health services and on how money will be shifted from sexual health services into prevention.	We will continue to invest in care and support for PLWHIV and in sexual health services. However it is impossible to sustain the current levels of funding for sexual health services. We must therefore look to service-redesign and a shift to prevention to ensure we meet the needs of LSL residents rather than looking to additional investment.	We will include plans for commissioning care and support services for PLWHIV in the Implementation Plan. We will include the steps we will take to reshape sexual health services in the Implementation Plan.
5.5	Request for sexual orientation and gender monitoring to be included in service commissioning plans.	We acknowledge the importance of monitoring with the aim of addressing inequalities.	We will work with providers to improve monitoring regarding equalities.
5.6	Young people want a greater choice on where to access sexual health services	The Strategy outlines our commitment to extending choice through service innovation.	No proposed action
Theme 6: HIV Prevention and HIV Testing			
6.1	Request for detail on which HIV prevention interventions, including which models and approaches, will be commissioned.	The detail of HIV prevention interventions we will commission will be included in subsequent commissioning plans. Our commissioning will be outcome-focussed	We will include more detail on HIV prevention we will commission in the Implementation Plan
6.2	Request for a commitment to introducing HIV testing in all possible settings, including acute medical settings, and widening access to same day testing.	We make a commitment to introducing HIV testing in a variety of settings.	Future commissioning plans will prioritise rolling out HIV testing in all viable settings. We will work with CCG partners to ensure we maximise opportunities to extend this into acute medical settings
6.3	Request that the Strategy notes that clinical services also deliver prevention work.	We acknowledge that important prevention work is undertaken in sexual health services. However, we prioritise prevention work in the community which reduces the need for clinical treatment and care.	No proposed action
Theme 7: Primary Care			
7.1	Request for review of primary care with a view to identifying detail on how and which sexual health	We acknowledge the need for a review of sexual health work within primary care as part of the work	We will include detail of the Primary Care sub-group in the Implementation Plan

	services it can best provide.	needed to drive forward our vision. An LSL Sexual Health Commissioning Board Primary Care sub-group will drive this work and review the questions raised by the consultation	
7.2	Concern that certain groups (eg LGBT people, PLWHIV) are not always comfortable accessing sexual health services via primary care and express concerns related to patient confidentiality, especially compared to GUM and RSH services.	We recognise that some service users prefer to use specialist services. The strategy suggests a diverse range of options for care and self-management. We know from previous research that over 85% of PLWHIV share their HIV status with their GP. The same rules of confidentiality apply to all NIS clinicians wherever they work	All the services we commission deliver to the same standards of care. We will work to improve perceptions of confidentiality across all services
7.3	Note that pharmacies already have established relationships with substance misuse services and with vulnerable groups and are ideally placed to offer sexual health services.	We agree. Hence our intention to expand sexual health service provision in pharmacies	No proposed action
Theme 8: Workforce Development			
8.1	Request for detail on the workforce development that will be commissioned to support delivery of the strategy, with a variety of training and education proposed.	We acknowledge the importance and value of all the training named in the feedback. We will work with the SE London sexual health Network to develop workforce training across LSL.	We will include further detail of proposals to take forward workforce development in the Implementation Plan
8.2	Request that the re-balancing of specialist and mainstream services for PWHIV includes training staff in mainstream services to better meet the needs of PWHIV, including a focus on primary care.	We acknowledge there is an on-going need for staff in mainstream services to be trained in HIV and sexual health. However, we also recognise that many staff in mainstream services already process related skills and knowledge but should have access to training to maintain and develop them.	We will include further detail of proposals to take forward workforce development in the Implementation Plan
8.3	Request for detail on how Making Every Contact Count will be extended to all workforces and volunteers involved in sexual health	Noted	We will work with Local Authority and Health colleagues on proposals for taking forward Making Every Contact Count
Theme 9: Young People			
9.1	Request for ensuring high quality SRE provision in all schools	There is currently extensive work across LSL aimed at ensuring high quality SRE is delivered in all schools and colleges.	We will continue to work with colleagues in young people's services and education to promote access to quality SRE.

9.3	Concern that services for young people should be inclusive and welcoming.	We are committed to making services for young people inclusive and welcoming, eg we reference 'You're Welcome' Young People Friendly standards	We will include Young People Friendly standards, and a requirement to ensure services are fully inclusive in commissioning and procurement plans
Theme 10: Condom Distribution			
10.1	Request for detail on how the proposed condom distribution scheme will be more effective than the current scheme, especially as adults and young people may have differing needs.	We have outlined the benefits of a centralised LSL condom distribution scheme in Appendix 6 Summary of Review of Condom Distribution Schemes, 2013.	We will include further detail of centralised LSL condom distribution scheme in the Implementation plan
10.2	Request on how the London-wide MSM condom scheme delivers for Southwark when there are no LGBT venues in Southwark	The London-wide HIV Prevention Programme MSM condom scheme delivers condoms to LGBT venues across London. Residents of Southwark visit these venues. The scheme targets limited resources at those venues where condoms are most needed eg Sex on Premises venues.	No proposed action
Theme 11: Termination of Pregnancy (TOP)			
11.1	Concern that women over 40 should also be a focus for reducing TOP	Women under 25 remain our priority focus. As with all our work we review and adjust if necessary, according to epidemiology.	No proposed action
12: Corrections			
12.1	P4, under the heading 'Teenage pregnancy and young people'-did you mean to say Lambeth rather than Lewisham, for rates that are falling?	Noted	Revised in final version
12.2	P12 only Lewisham's repeat TOPs are stated here, though they are then stated for all three boroughs on p19.	Noted	Revised in final version
12.3	P47 suggests Brook has more funding than it does. Under clinical services the figure should be the ones cited under 'prevention', of £264,921 and £276,419. Under prevention, C Card is correct, but 'Brook sexual health service' should read £100k for being part of the Lambeth HWB programme.	Noted	Revised in final version
12.4	Section 4.3.1 requires a correction about level 3	Noted	Revised in final version

	GUM services. Since the appointment of GUM consultant in the community SRH service in 2010, the service provided most of the elements of a level 3 GUM service similar to 100 Denmark Hill and Lewisham		
12.5	There is an error in the second key message in section 4.5.1. It rightly talks about shifting medical gynaecology to a community setting [which needs redirection of funding to community as in the current contract in our Southwark medical gynaecology service] but the governance, oversight of the pathway and training is the remit of SRH units not GUM as the SRH service has gynaecologically trained specialists. GSTT SRH currently provide a prolapse/ring pessary service, deals with all women with Premenstrual syndrome referred to the acute unit and provides an extensive psychosexual service; all under the block contract, an anomaly that needs addressing	Noted	Revised in final version We will aim to address this situation working with CCG partners
12.6	"Local community sexual health integrated services now provide level 2 STI management and level 3 contraceptive provision. Also, Lewisham has had a level 3 community based GU service since November 2012, integrated into the Lewisham community SRH service (which also provides level 3 contraception). Kings College Hospital provides level 3 sexual health provision and level 3 contraceptive provision. In 2011, Southwark and Lambeth community sexual health services were brought together under one management structure into GSTT as part of its community directorate. Community services will be merged with GSTT GUM services to create an integrated service in 2014. Lewisham community sexual health service is now part of the new Lewisham & Greenwich Trust, created in October 2013, which also includes the	Noted	Revised in final version

	GUM service at Queen Elizabeth Hospital in Woolwich." The above section does not accurately reflect the situation in Lewisham at the present time. Lewisham Sexual and Reproductive Health services merged with the acute hospital trust in April 2010 and at that time were providing SRH to level 3 and GUM to level 2. In November 2012 a level 3 GUM service was launched, with the intention of transitioning to a fully integrated level 3 GUM and level 3 SRH service in the community. When Lewisham and Greenwich NHS trust was created in October 2013, the SRH and GUM service at Lewisham merged with the GUM service at the Trafalgar Clinic, which is based in the Queen Elizabeth Hospital in Woolwich		
12.7	4.4 Genitourinary Medicine (GUM) Services "LSL residents tend to attend GUM services outside of the boroughs. Less than half of Lambeth residents attended Lambeth or Southwark based GUM clinic (St Thomas, King's or Guy's hospital). In Lewisham the main reason is the absence of GUM services in Lewisham." As previously noted, Lewisham does have a GUM service, which is located within the community SRH service and provides level 3 GUM. So this may have been a historical reason why some Lewisham residents did not attend GUM services in their borough, but should not be the case going forward.	Noted	Revised in final version
12.8	"Unplanned pregnancy" is used synonymously with "unwanted pregnancy" – the 2 are by no means the same.	Noted	Revised in final version
12.9	The figures for late diagnosis of HIV infection, 39%, 45% and 52% seem to contradict P12 which appears to say that Lambeth / Southwark Late diagnosis of	Noted	Revised in final version

	HIV is 15% – Should it be 'reduce late diagnosis of HIV 'by' 15% by 2010-11?		
12.10	P18 Table 9 – blue. 2nd box down Needs rewriting e.g. Conceptions per 1000 young women aged 15-17yrs (2012) – at present it doesn't really make sense nor mirror other wording.	Noted	Revised in final version
12.11	P19 – 1st Paragraph Faraday needs to be Faraday	Noted	Revised in final version
12.13	P23 Lowest paragraph, 3rd point '….. prompt access to Emergency contraception and LARC methods (e.g. IUD, injection, implants)' As the paragraph is written now it suggests that injectables / implants can be accessed as Emergency contraceptive LARC method	Noted	Revised in final version
12.14	When you refer to people with 'learning difficulties' you mean 'learning disabilities'	Noted	Revised in final version
12.15	On final Table, need additional crosses as HPV occurs in Primary care too. Young people seen for sexual healthcare in Primary care too And IUD, Sex workers, Asylum seekers and the homeless, I am not sure why these have been omitted from the GP setting.	Noted	Revised in final version
13: Clarifications			
13.1	P20 I am not sure why 'Older people' is on the list for vulnerable to poor sexual health and to be targeted	Certain groups of older people have greater sexual need. They are not one of our priority groups but will form part of some of our priority groups eg older MSM	No proposed action
13.2	The term MSM should not be used as it does not reflect the cultural context and validity of the gay and bisexual community	We use the term MSM within this document given the Strategy's focus on sexual behaviour in the context of sexual health promotion. It is also used for concision.	We will include a footnote in the Strategy to explain why we use the term MSM
13.3	Request for detail on any Equality Impact Assessment of the being carried out as part of the Strategy development	We are currently updating the Equality Impact Assessment of the Strategy.	The Equality Impact Assessment will be published on the Lambeth Council website

13.4	There is a confusion of terminology and meaning. All sexual health services should now be integrated services – and it is unclear what is meant by 'integration'.	The Strategy refers to sexual health services according to how they are commissioned, either as GUM or as RSH.	We will add a footnote in the Strategy to explain the terminology
13.5	'Not getting HIV in the first place' is too blunt and pejorative as a definition of primary prevention	We used the phrase for purposes of clarity	No proposed action
13.6	How can HIV treatment services and SARCs be out of scope for prevention?	LSL Councils are not responsible for commissioning HIV treatment services and SARCs. We recognise that prevention should be delivered from these and other settings and we will work with NHSE and other commissioning bodies to influence their commissioning of prevention work in these settings	No proposed action
13.7	Will WUSH be rolled out across LSL?	WUSH is commissioned to provide services in Lambeth and Southwark. However, elements of the programme may be delivered in other boroughs. A range of other services for young people are commissioned in Lewisham	No proposed action
13.8	Are there action plans to reduce teenage pregnancies?	All three boroughs have plans to reduce teenage pregnancy. These remain the responsibilities of individual boroughs. In addition unplanned pregnancy affects other age groups, for whom we provide information and access to options	No proposed action
13.9	There is inconsistency in the use of the words 'abortion' and termination'	Noted	We will adopt 'termination'
13.10	Why are there no late TOP figures for Lewisham and Southwark?	Noted	This has been adjusted
13.11	Epidemiological data is not presented consistently across all three boroughs	Noted	We will present the data consistently across all three boroughs in the final version of the Strategy
13.12	The Strategy should reference links with 111	Noted	111 will be referenced within the Implementation Plan
13.13	Why is there no mention of CNS team, CASCAID and Mildmay?	Noted	Included in Implementation Plan

13.14	Please can you explain what 'Acute STI' means? It makes no sense to me as a clinician. It does not seem to be the total of all the other STI's in the table.	The definition of acute STI excludes HIV infection. It us used to describe the epidemiology of STIs. Generally it refers to cases of chlamydia, gonorrhoea, syphilis, warts and herpes. These are measured by incidence rates, ie new cases, whereas we tend to refer to the prevalence of HIV, as it is a chronic condition.	
13.15	P31, 'What we will do' box 4 What is 'wrap around primary care provision' can we clarify?	Wrap around primary care provision is sexual health services provided by primary care that aligns with specialist service provision	No proposed action
13.16	Why is there no national or local data on IDUs or sex workers?	Data on IDUs and sex workers is contained within other relevant Council and local NHS strategic and policy documents	No proposed action
13.17	The strategy needs to be updated to include recent plans on the tariff and a commitment to the integrated tariff	Noted	Updated detail on payment plans for sexual health services will be included in the Implementation Plan
13.18	The public health budgets should be included	The LSL HIV and sexual health budgets are included	No proposed action
13.19	RSH should continue to offer cytology screening given high rate of cervical cancer and patient choice	We acknowledge that cervical cytology is considered an integral part of good sexual and reproductive health service provision. GPs are commissioned and paid by NHSE to deliver cervical cytology. Whilst ideally this service will be offered through sexual health clinics there is currently no way of funding this capacity activity through the public health grant. Where clinics have the capacity to offer this service then commissioners may choose to continue with service provision but sites where patients are being tuned away it is more appropriate for GP's to be the first point of contact for smears.	No proposed action
13.20	Is there a referral pathway from community testing into care?	Yes. All organisations involved in community testing are required to have pathways into HIV clinics and have responsibility to ensure anyone identified as HIV positive is seen in clinics	No proposed action
13.21	Lewisham seems to do less via pharmacy but spends more on our pharmacy LES - double what Lambeth	This is partly because, historically, the other boroughs had age restrictions on emergency hormonal	No proposed action

	spends and nearly 1.5 times what Southwark spends	contraception (EHC), which was never the case in Lewisham. Pharmacies are used extensively in Lewisham for EHC whilst Southwark and Lambeth also have access via GP primary care, which Lewisham does not.	
13.22	Comparing the budget with the size of the population in each borough it appears that Lewisham is under-funded in comparison to Southwark and Lambeth	Financial data has now been revised for the final version. In addition, Lewisham has significantly lower HIV rates than Lambeth or Southwark (although they are still high), indicating that sexual health need is not quite so great.	No proposed action