

Health and Wellbeing Board Update **Sexual Health Southwark**

Prepared for meeting of 28 January 2016

SUMMARY

There remain a number of challenges for sexual health and sexual health services within Southwark attributable to:

- **The continued high rates of sexually transmitted infections.**
- **The diversity of population need and the range of services required to meet them.**
- **The requirement to make significant savings to the public health sexual health budget over the next two years amounting to a minimum of 25% by the end of 17/18.**
- **The risks to population health if access to testing and treatment is not maintained.**

WHERE ARE WE?

1. Responsibility for commissioning open access sexual health services – Genito-urinary Medicine (GUM) and Reproductive and Sexual Health (RSH) transferred from the NHS to Local Authorities in April 2013. By statute, a patient can attend any GUM clinic and the local authority where the patient is resident is responsible for the cost.
2. Southwark and Lambeth have joint commissioning arrangements for GUM and RSH services as there is a high degree of interdependencies between services. Lambeth and Southwark councils are host commissioners to two large providers of integrated sexual health services (integrated GUM and RSH services) at Kings College Hospital (KCH) and Guy's and St Thomas's Hospital (GSTT).
3. Activity data indicates that both sexual health services are operating at full capacity. Lambeth and Southwark residents also attend out-of-borough services in considerable numbers – especially the Chelsea and Westminster Hospital site at Dean Street which is a very popular choice for men who have sex with men (MSM).
4. The London Sexual Health Transformation Programme (LSHTP), which consists of 31 boroughs, is currently driving change across the sexual health system in London, working towards a new home sampling, online and partner notification service being in place by April 2017. A concurrent local, Lambeth, Southwark and Lewisham Transformation Programme is also underway, which aims to refocus activity away from clinics towards home sampling, online and primary care and pharmacy.

Sexual health within Southwark

5. During 2014/15, 359 Southwark residents used a sexual health service. A third of these did so via a Southwark clinic (GSTT) and further third via Kings College

Hospital. The remainder used an out of borough clinic, with Dean Street (Chelsea and Westminster) being the most popular. The average number of attendances per patient is 1.7 which is in line with national average although this varies with clinic.

6. Sexual health remains poor, and Southwark has the 4th highest rate of sexually transmitted infections nationally.

Rates of Sexually Transmitted Infections 2013 – 2014

		Southwark			
	England rate 2014	2013 rate per 100,000	2014 rate per 100,00	% Change 2013-14	Rank
New STIs (excl. those with Chlamydia aged 15-24)	828.7	2393.8	2464.9	3.0	4
Gonorrhoea	64.3	401.1	433.9	8.2	3
Syphilis	7.9	79.7	98.2	23.2	3
Genital Warts	129.3	228.2	211.8	-7.2	12

7. Southwark has the second highest prevalence of HIV nationally: In 2014, the diagnosed HIV prevalence rate was 13.0 per 1,000 population aged 15-59 years, compared to 2.2 per 1,000 in England. All medium super output areas in the borough have a prevalence rate higher than 2 per 1,000.
8. Southwark has high levels of risky sexual behaviour shown by high reinfection rates amongst men and the high incidence of syphilis and gonorrhoea.
9. Reducing late HIV diagnosis by 50% by 2020 is a key priority for Southwark through the 'Halve it Campaign' and Lambeth and Southwark have commissioned a new sexual health promotion programme from 1st April 2016 to replace the current HIV prevention programme (formally known as the Safer Partnership). The new contract has been awarded to the RISE Partnership, which consists of Naz Project London (lead contractor), GMFA, London Friend/Antidote and Race Equality Foundation. The contract for the Condom Distribution service has been awarded to Brook London.

HIV rates, testing and late diagnosis

	HIV per 1,000 population 15-59 2014	% of eligible GUM patients tested for HIV	% of late diagnosisⁱ	% late diagnosis MSM	% late diagnosis heterosexual
Southwark	13	74.2%	37.8%	27.9%	53.7%
England	2.1	68.9%	42%	16%	31%

* Late diagnosis data 2012-14

ⁱ CD4 count <350 cells/mm³ within 3 months of diagnosis

Reproductive Health

10. Southwark continues to have high rates of abortion and repeat abortions reflecting unmet contraception needs. There is also significant variation in abortion and repeat abortion rates by ethnic groups and ward which may reflect barriers of access to contraceptive services.

Abortion rates 2014

	Abortion rate per 1,000 females 15-44 years	Previous abortion (under 25s)	Previous abortion (over 25s)	Proportion under 10 weeks (NHS funded only)
England	16.5	27%	45.6%	80.4%
Southwark	24.7	33.5%	50.6%	83.8%

11. Teenage conceptions have reduced significantly although they remain higher than the national average.
12. Increasing access to long acting reversible contraception remains a local priority as Southwark currently has low uptake.

Current Financial Challenge

13. Approximately 90% of Southwark council's 2015/16 budget for sexual health is spent on GUM/RSB services. 2% of the sexual health budget is on HIV and STI prevention/early intervention, 3% on young people's sexual health services, 2% on online sexual health services (SH24) with the remainder on Primary Care and Pharmacy services (Section 75 arrangement with CCG) and support costs.
14. Considerable savings are required to be delivered in the Public Health sexual health budget over the next two years. The level of savings required and the rising population demand necessitates a significant change in the way sexual and reproductive health services are delivered and this is being managed through the Lambeth, Southwark and Lewisham Sexual Health Transformation Programme.

LSL Sexual Health Transformation Programme

15. A key aim of the LSL Sexual Health Strategy 2014-17 is to refocus activity away from clinics towards home sampling, online services, and primary care and pharmacy to:
- Better meet complex need by increasing capacity within clinics to deliver more complex work.
 - Reduce costs and produce cashable savings.
 - Improve access to testing and treatment.
 - Deliver services closer to home.
16. Lambeth and Southwark are working with providers to move to a new Sexual Health Integrated Tariff from April 2017. This will be a more sensitive payment mechanism which will better reflect levels of complexity across services and enable better commissioning across the system. Modelling indicates this will financially benefit the Council.

17. Pharmacies will have an increased role within the new sexual health system and their offer expanded to include STI testing and treatment, referral to specialist services, LARC insertion and removal as well uncomplicated partner notification.

Key actions for 2016/17

18. Working with providers to manage demand for specialist services and redirect patients towards online and self testing.
19. Embedding and strengthening actions which contribute to reducing late diagnosis of HIV
20. Embedding the new primary care and pharmacy offer
21. Supporting the move to an Integrated Tariff.

Briefing Author

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TABLE 1 ACTIONS SUMMARY

	Progress in 2015	Actions for 2016
HIV Prevention and reducing late diagnosis	Review completed to inform commissioning of a new sexual health promotion programme to replace the current HIV prevention programme (formally known as the Safer Partnership). The new contract has been awarded to the RISE Partnership, which consists of Naz Project London (lead contractor), GMFA, London Friend/Antidote and Race Equality Foundation and will start 1 st April 2016.	<ul style="list-style-type: none"> • Develop and implement an action plan with new provider to reduce late diagnosis. • Work with GPs and the CCG to promote and support detection and appropriate monitoring and management of HIV in primary care.
Young People	Condom Distribution service reviewed and retendered. The new contract has been awarded to Brook London.	<ul style="list-style-type: none"> • Increase appropriate condom accessibility and provision in community settings across the borough through Brook.
Primary care and Pharmacy	The review of sexual and reproductive health provision by primary care and pharmacies has been completed. Commissioning intentions have been developed.	<ul style="list-style-type: none"> • Commission new enhanced pharmacy services from April 2016.
Transformation programme	<p>The Lambeth, Southwark & Lewisham transformation programme has been agreed by the three Councils. This is a major programme involving behavior change, contract and tariff re-negotiations and service re-design.</p> <p>Develop and launch SH 24 (online sexual health service).</p>	<ul style="list-style-type: none"> • Work with Kings and GSTT to accelerate the work of the LSL transformation programme.

TABLE 2: INDICATOR OVERVIEW

Indicator	Southwark	London Region	England	Commentary
Under 18 Conceptions per 1000 (2013)	30.6	21.8	24.3	Southwark's under 18 conceptions are significantly* higher than both the London and England rates.
Rate of Chlamydia detection per 100,000 people aged 15-24	3241	2178	2012	Southwark's detection of chlamydia 56% higher than the London rate - a statistically significant* difference.
Proportion of adults (15 and above) with newly diagnosed HIV with CD4 count less than 350 mm² (2012-14)	37.8%	36.6%	42%	Southwark's proportion of late HIV diagnosis is marginally higher, but not significantly* different from the London average. There is a small statistically significant* difference between Southwark and England rates.
GUM & RSH activity	To be discussed in light of new provider contract			

* – a statistically significant difference implies that there is a 95% chance that the difference is real; put another way, the difference cannot be attributed to chance alone.