

Healthy Communities Committee: Making Sexual Health Sexy

The Healthy Communities Scrutiny Sub-Committee first report of the 2016/2017 session was to consider the upcoming changes to the sexual health strategy in Southwark. This issue is one that held a great deal of interest amongst committee members, and is timely ahead of the consultation that is due to start around the proposed changes. This report provides an overview of the work carried out by the Committee and recommendations for the Cabinet Member and officers to consider in regards our approach to sexual health. Our recommendations are as follows:

1. The Committee would recommend that the final consultation documents are circulated to the Committee to note and the results are presented back in the Autumn ahead of implementation.
2. The Committee recommends that GP surgeries consider the translations services that they use and that they are appropriate for discussing personal sexual health issues.
3. The Committee recommends that the Council consider the provision of free English classes to help grow understanding and confidence amongst residents.
4. The Committee believes that integrating public health into the Voluntary Sector Strategy is an interesting and innovative approach to tackling the issue of those who do not currently access health services in the Borough. We would recommend that this approach is taken in the development of the Voluntary Sector Strategy.
5. The Committee recommends that the Clinical Commissioning Group, hospitals and the Council should work together to ensure a variety of multi-lingual information sources are available throughout the Borough.
6. The Committee recommends that council and GP services should look to signpost young people to NHS websites and SH24 where information will be authoritative and easy to access.
7. The Committee recommends that the Cabinet Member work with local schools to encourage the promotion of SH24 as a quick, convenient and safe way for young people to access sexual health services.
8. The Committee also recommends that the Cabinet Member work with local schools to encourage them to focus the sexual health concerns of a variety of sexualities, in particular men who sleep with men (MSM) and chem-sex which are areas of growing concern.
9. The Committee recommends that officers leading the sexual health strategy take forward the idea of a national government-funded sexual health advice service as part of the London-wide strategy development around sexual health.
10. The Committee would also recommend that the Cabinet member raises this issue with Public Health England to see where national funding may be able to be accessed.
11. The Committee looks forward to further outcomes from the RISE partnership and would welcome an update as the programme continues.

12. The Committee would recommend that medical services and professionals should begin to talk about 'late diagnosis' as any non-diagnosis, and encourage efforts to introduce opt-out testing at A&Es.
13. We are committed to putting pressure on Government to understand the importance of providing funding for preventative strategies, and will commit to writing to the Department of Health on this issue.

Committee and witnesses

The Committee would like to thank all of those who made this report possible.

Committee

Councillor Anne Kirby, Member of the Healthy Communities Committee

Councillor Rebecca Lury, Chair of the Healthy Communities Committee

Councillor Sunny Lambe, Member of the Healthy Communities Committee

Councillor Maria Linforth-Hall, Member of the Healthy Communities Committee

Councillor David Noakes, Vice Chair of the Healthy Communities Committee

Councillor Bill Williams, Member of the Healthy Communities Committee

Witnesses

Kirsten Watters, Consultant in Public Health, Southwark Council

Dick Frak, Interim Director of Commissioning, Children's and Adults' Services

Cllr Maisie Anderson, Cabinet Member for Public Health, Parks and Leisure

Andrew Billington, Lead commissioner for Public Health commissioning Lambeth Council

Ali Young, Head of pathway Commissioning Southwark Clinical Commissioning Group

Michelle Binfield, Associate Director, Integrated Commissioning, Lambeth Council

Andrew Bland, Southwark NHS Clinical Commissioning Group (CCG) Chief Officer

Barbara Hill, Guys & St Thomas' service manager

Sarah Willoughby, Stakeholder Relations Manager, King's College Hospital (KCH)

Dr Michael Brady, Clinical Lead for Sexual Health, KCH

Maureen Salmon, Service Manager for Sexual Health & HIV Service, KCH

Sukainah Jauhar, Africa Advocacy Foundation Trustee

Jeannine Noujaim, Project Manager of Family Project, Indoamerican Refugee & Migrant Organization

Catherine Negus, Healthwatch

Background

Around 28,000 Southwark residents use sexual health services each year. Approximately 9100 Southwark residents attended Guys and St Thomas' GUM services each year with approximately 7100 sexual health screens performed, and 11,500 residents attended Kings, with 7000 sexual health screens performed.

It is estimated that approximately 4200 patients who use GSTT and Kings for sexually transmitted infections (STI) testing could use self-testing, either via an online service or via a click and collect service.

At the moment sexual health services are open access, whereby a patient can attend any sexual health service in the country, and their local authority pays for it. This makes it difficult to control spending, and to effectively triage patients according to need.

This takes place against the backdrop of increasing STI rates, and spending on sexual health is rising against a reduced public health grant.

Currently, 90% of Southwark council's 2015/16 budget for sexual health is spent on GYM/RSH services, with 2% of the sexual health budget on HIV and STI prevention/early intervention, 3% on young people's sexual health services, 2% on online sexual health services and the remainder on Primary Care and Pharmacy Services.

Proposed changes

Southwark is proposing a reconfiguration of sexual health service to move more clinical activity online, reduce clinic capacity and expand the pharmacy and primary care offer.

Online services will form the cornerstone of the new model, supported by a comprehensive pharmacy and primary care offer. As a result, clinics will be re-orientated for complex and/or vulnerable patients. This will mean fewer sites, but longer opening hours ensuring a 7 day a week service.

Home testing is already available in Southwark, and has been since March 2015. To date, it has shown high acceptability amongst users, with an average 74% return rate.

Pharmacy and primary care will have a new offering around contraception, testing and referral, with pharmacists able to directly book GUM appointments. There is also work being done with GPs to develop skills around contraception and sexual health.

GUM and RSH clinics will work in partnership with online provision, and there is a plan for site rationalisation.

Areas of interest

Consultation

Consultation on the proposed changes to the sexual health strategy began in mid-August 2016. This item was brought to the Healthy Communities Committee ahead of the consultation launch and we would welcome representatives back to feedback on the consultation responses in the Autumn.

The Committee would recommend that the final consultation documents are circulated to the Committee to note and the results are presented back in the Autumn ahead of implementation.

Minority communities

The Committee heard from ethnic minority groups that language was a significant barrier to accessing sexual health services.

Many individuals do not have the necessary language skills to be able to confidently understand what GPs and sexual health practitioners might be saying to them. It was highlighted by Healthwatch that many parents will rely on their children to translate for them, and this leads to a difficult challenge when presented with a personal, sexual health issue.

There is therefore a need for better translation services provided at GP surgeries. *The Committee recommends that GP surgeries consider the translations services that they use and that they are appropriate for discussing personal sexual health issues.*

It is also recommended that the Council consider the provision of free English classes to help grow understanding and confidence amongst residents. This would obviously also have wider positive ramifications than addressing sexual health issues.

Voluntary Sector support

And interlinked with this is the challenge that there are many individuals who do not have the necessary understanding of the health system to know their entitlements, or do not attend GP surgeries. There is therefore the need for multi-lingual information to be provided at other points of access that these groups use.

The Council highlighted that they were working on the Voluntary Sector Strategy and they believe there is a role for the voluntary sector to provide support around the sexual health strategy.

With £24 million a year, alongside contributions from the Clinical Commissioning Group, there is a significant amount of money for voluntary sector organisations.

It was suggested to the committee that the voluntary sector strategy should take a public health approach. This would be done through asking voluntary sector organisations who are applying for funding to the Council to weave Public Health priorities into the work that they do in order to access Council funding.

This is likely to provide a culturally acceptable way of delivering education around sexual health, and would provide a sustainable method of delivery. The Council may have to commit some resource to training voluntary sector organisations but the Committee believes that this would be a worthwhile investment for the outcomes.

The Committee believes that integrating public health into the Voluntary Sector Strategy is an interesting and innovative approach to tackling the issue of those who do not currently

access health services in the Borough. We would recommend that this approach is taken in the development of the Voluntary Sector Strategy.

However, this alone will not reach all minority groups. *The Committee therefore recommends that the Clinical Commissioning Group, hospitals and the Council should work together to ensure a variety of multi-lingual information sources are available throughout the Borough.*

Education – young people

Education around sexual health still remains a concern, and this was highlighted by a number of attendees at the Committee roundtable.

Healthwatch talked about recent research which considered young people's thoughts on sex education and sexual health, with many offering scathing remarks. It is interesting to note that many young people did not want to go online for information for fear of what they might find through online search engines, or that they would not know whether the information that they found was reputable.

It is therefore incredibly important that we promote websites which offer straight forward, simple and convenient advice for young people. *The Committee recommends that council and GP services should look to signpost young people to NHS websites and SH24 where information will be authoritative and easy to access.*

There is also an ongoing concern about the sex education that is received by Southwark's young people. With an academised secondary education offering in Southwark there is obviously little sway that the Council holds over control of the curriculum. However, *the Committee recommends that the Cabinet Member work with local schools to encourage the promotion of SH24 as a quick, convenient and safe way for young people to access sexual health services.*

The Committee also recommends that the Cabinet Member work with local schools to encourage them to focus the sexual health concerns of a variety of sexualities, in particular men who sleep with men (MSM) and chem-sex which are areas of growing concern.

Education – advice and support

More widely, the Committee considered that individuals have limited resources that they can access to provide definitive advice and support. It was noted that FRANK, the national drug education service continues to act as a central advisory service focused on education around the effects of drugs and alcohol.

The Committee would be interested to understand if a similar approach is being considered for sexual health services and would *recommend that officers leading the sexual health strategy take forward the idea of a national government-funded sexual health advice service as part of the London-wide strategy development around sexual health.*

The committee would also recommend that the Cabinet member raises this issue with Public Health England to see where national funding may be able to be accessed.

Education – faith communities and minority groups

The Committee welcomes the launch of the RISE partnership, which is working alongside Lambeth and focusing on HIV prevention in the participating boroughs. We are encouraged by the work being done through the partnership in training faith leaders, and working with GMFA to offer educational support to the MSM community.

The Committee is very aware that HIV is no longer seen as the danger it once was, with the belief that medication is the solution. However, we remain concerned that this is not the message that should be prevailing, and that there needs to be continued education around HIV and other sexually transmitted diseases.

We look forward to further outcomes from the RISE partnership and would welcome an update as the programme continues.

Hospital approach

The Committee welcomes the work being done by Accident & Emergency Services in Southwark to routinely test everyone who attends A&E for STIs and HIV. The normalisation of sexual health testing is important, and we believe will greatly help to support awareness and education around the subject.

We were interested to hear that the prevalence of STIs and HIV is now spiking in non-African heterosexuals and therefore there needs to be further work done with this broad grouping.

Late diagnosis is also unacceptably high. The Committee believes that we should be changing the language around late diagnosis, such that any non-diagnosis is a late diagnosis. This will help to normalise testing for sexual health, and help individuals to take action sooner when there is a positive diagnosis.

The Committee would recommend that medical services and professionals should begin to talk about 'late diagnosis' as any non-diagnosis, and encourage efforts to introduce opt-out testing at A&Es.

GP approach

The Committee remains concerned about the long waiting times experienced in primary care, and the lack of experience sometimes seen amongst General Practitioners and pharmacists.

The Committee welcomes the focus on renewed GP training and the approach to make pharmacies more accessible for individuals with sexual health concerns.

Finances

The Committee is necessarily concerned about the financial pressures that are being seen across health services.

We understand that cuts are necessary, but believe that there needs to still be an appropriate level of funding for public health at a time when these issues continue to increase across the country. We welcome the efforts by Southwark to make efficiency savings where they can, but understand that it will not be long before we hit the ceiling in being able to deliver a quality service for our residents.

The Committee believes that sexual health has for too long been treated like a Cinderella service, and would like to see it having the same parity as issues including cancer and mental health.

We are committed to putting pressure on Government to understand the importance of providing funding for preventative strategies, and will commit to writing to the Department of Health on this issue.