

|                                  |                                |  |  |
|----------------------------------|--------------------------------|--|--|
| <b>Item No.</b><br>10.           | <b>Classification:</b><br>Open | <b>Date:</b><br>10 July 2017                 | <b>Meeting Name:</b><br>Health and Wellbeing Board |
| <b>Report title:</b>             |                                | Southwark Sexual Health Progress Report      |  |
| <b>Wards or groups affected:</b> |                                | All  |  |
| <b>From:</b>                     |                                | 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 gonorrhoea reduced by 21%.

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

|  | <b>2016<br/>London<br/>rate per<br/>100,000</b> | <b>2015<br/>Southwark<br/>rate per<br/>100,000</b> | <b>2016<br/>Southwark<br/>rate per<br/>100,000</b> | <b>% reduction<br/>2015-6</b> |
|--|---|--|--|-------------------------------|
| 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

- 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.

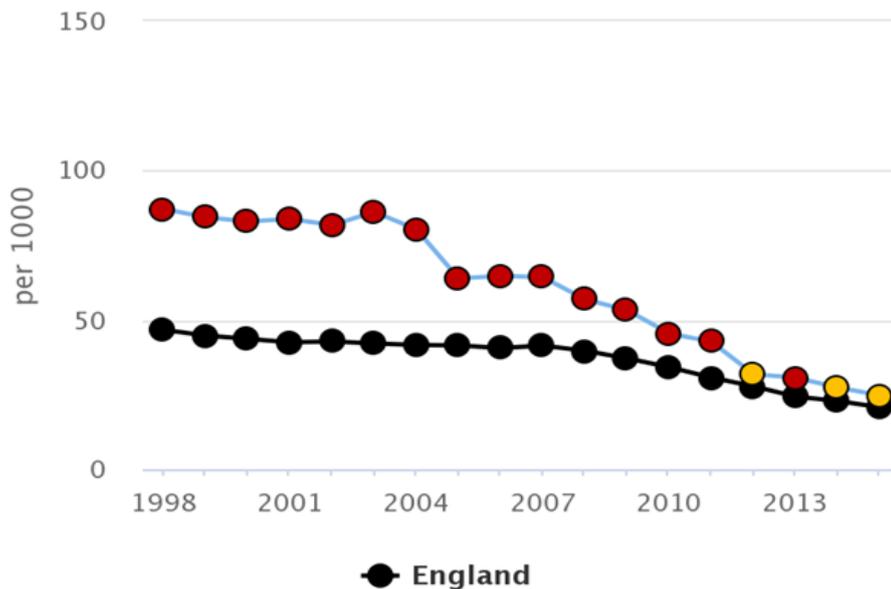
**Table 2: Comparison of key HIV performance indicators London and Southwark**

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

## Teenage Conceptions

- 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.

**Under 18s conception rate / 1,000 (PHOF indicator 2.04) - Southwark**



## UPDATE ON SERVICES

### Pan London e-service

- 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 move 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 1<sup>st</sup> 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 |
| <b>Link: (copy and paste into browser)</b><br><a href="http://moderngov.southwark.gov.uk/documents/s47068/LSL%20Sexual%20Health%20Strategy%20Consultation.pdf">http://moderngov.southwark.gov.uk/documents/s47068/LSL%20Sexual%20Health%20Strategy%20Consultation.pdf</a> |         |                             |

### APPENDICES

| No. | Title |
|-----|-------|
|     | None  |

## AUDIT TRAIL

|   |  |                          |  |
|---|--|--------------------------|--|
| <b>Lead Officer</b>   | Kevin Fenton, Director of Health and Wellbeing |                          |  |
| <b>Report Author</b>  | Kirsten Watters, Consultant in Public Health   |                          |  |
| <b>Version</b>  | Final  |                          |  |
| <b>Dated</b>  | 4 July 2017                                    |                          |  |
| <b>Key Decision?</b>  | No   |                          |  |
| <b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b> |  |                          |  |
| <b>Officer Title</b>  | <b>Comments Sought</b>                         | <b>Comments Included</b> |  |
| Director of Law and Democracy   | No   | -                        |  |
| Strategic Director of Finance and Governance                            | No   | -                        |  |
| <b>Cabinet Member</b>   | No   | -                        |  |
| <b>Date final report sent to Constitutional Team</b>                    | 4 July 2017                                    |                          |  |