Item No. 11.	Classification: Open	Date: 30 July 2018	Meeting Name: Health and Wellbeing Board
Report title:		Sexual Health Update	
Ward(s) or groups affected:		All	
From:		Director of Health and Wellbeing	

RECOMMENDATIONS

1. The Health and Wellbeing Board notes the sexual health programme update, including progress and recent media interest.

BACKGROUND INFORMATION

2. The Health and Wellbeing Board receives regular thematic updates through its core business reports and thematic reports on the implementation of the health and wellbeing strategy. The focus of the reporting has been on the 'wicked issues' of obesity, sexual health, tobacco and smoking, alcohol and mental health and wellbeing; and on strategic developments and implementation of the integrated approaches to health and social care commissioning and service improvement. This report provides the annual update on sexual health.

3. Under their public health duties, local authorities are required by statute to provide open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons, and free provision of contraception. Local authorities are responsible for providing:

    - comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP-provided contraception;
    - sexually transmitted infection (STI) testing and treatment, chlamydia testing, and HIV testing;
    - specialist services, including young people's sexual health, outreach, HIV prevention, sexual health promotion, and targeted services, e.g. in schools, college and pharmacies.

4. Across England, the majority of sexual and reproductive health services are delivered in clinical settings by NHS trusts.

5. Local authorities receive a ring-fenced Public Health Grant to fund these services. This grant has reduced year-on-year since 2015/16.

6. Lambeth, Southwark and Lewisham (LSL) Councils work collaboratively in sexual health commissioning. There is a shared LSL Sexual Health Commissioning Team hosted by Lambeth Council that commissions all sexual health services on behalf of Southwark Council, with the exception of primary care (GP and pharmacy) services, and specialist young people's services, which are commissioned by Southwark Council.

7. The term sexual health encompasses both sexual and reproductive health, i.e.

needs and the care surrounding sexually transmitted infections and contraception.

KEY ISSUES FOR CONSIDERATION

Recent data

Sexually transmitted infections (STIs)

8. Southwark's significant sexual health needs are due to our young, mobile, and diverse population, and that our local sexual health services (run by King's College Hospital NHS Foundation Trust (KCH) and Guy's and St Thomas' NHS Foundation Trust (GSTT)) are high quality, modern and popular. Young people, men who have sex with men (MSM) and black communities are most at risk of poor sexual health.

9. New data on sexually transmitted infections (STIs) were released on 5 June 2018. These showed a slight decrease in the number and rate of overall STIs diagnosed in Southwark between 2016 and 2017 (fig. 1), but a significant increase in both syphilis (fig. 2) and gonorrhoea (fig. 3). Between 2016 and 2017, syphilis diagnoses increased in Southwark by nearly 42% (higher than England, 20%) and gonorrhoea diagnoses by 14% (lower than England, 22%). Prevention of condomless sex and understanding in detail the populations most at risk of infection will be key strategies to overcome this, across London.

Figure 1: Rate of all new STI diagnoses (per 100,000 population)

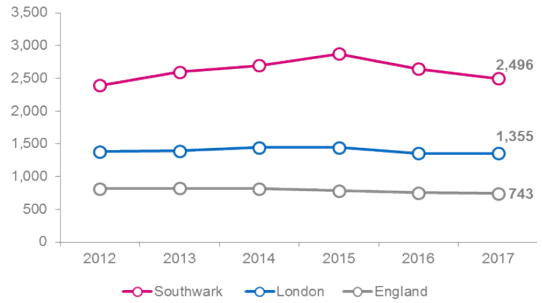


Figure 2: Rate of new syphilis diagnoses (per 100,000 population)

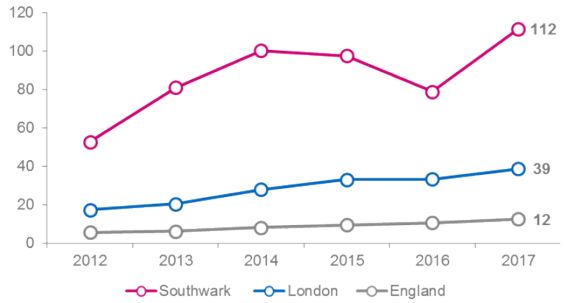


Figure 3: Rate of new gonorrhoea diagnoses (per 100,000 population)

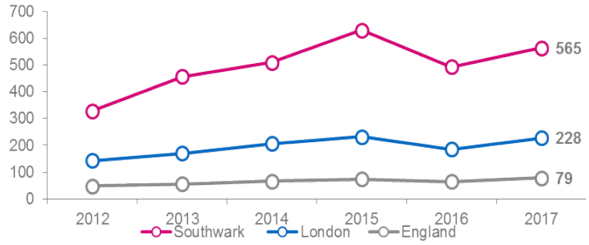
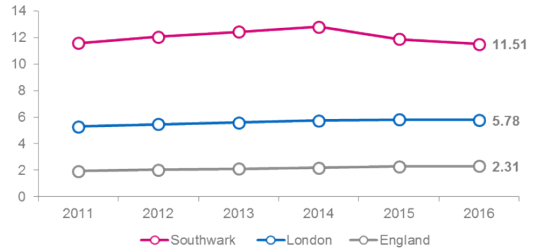


Figure 4: Rate of HIV prevalence (per 1,000 population)



10. Southwark now has the third highest rate of new diagnoses of STIs (down from second highest), and the second highest rate of diagnosed HIV, in the country. In 2017, there were 7,778 new STIs diagnosed in residents of Southwark, a rate of 2,496 per 100,000 residents (compared to 743 per 100,000 in England). In 2016 (most recent data), 11.5 residents per 1,000 were known to be living with HIV (compared to 2.3 per 1,000 in England).

11. Our HIV prevalence (the proportion of people living with HIV) continues to decline (fig. 4) in line with reductions in new diagnoses of HIV since 2012, and a growing population. In 2016, 65.1% of Southwark residents attending sexual health clinics or using online services elected to have an HIV test (fig. 5). This is lower than most of London, and coverage is lowest in women. We will be exploring this as part of our new strategy.

Figure 5: Proportion of residents attending sexual health clinics that took an HIV test

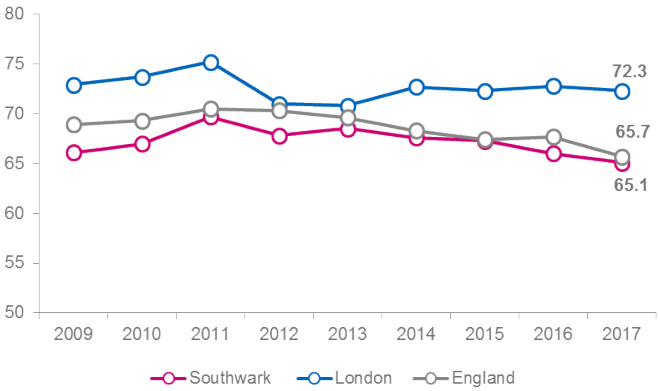
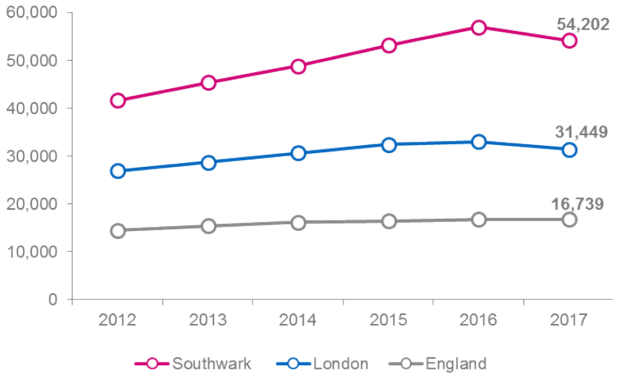


Figure 6: STI testing rate (excl. chlamydia in u25s) (per 100,000 population)



12. There were 125,359 STI tests in Southwark residents in 2017. Unfortunately, this represents a slight decrease of just under 5% compared to 2016. This is despite increasing capacity through online services (which saw an increase in the number and rate of tests from 2015). This may be explained by system-wide (national and London) issues in sexual health service capacity caused by reductions in the Public Health Grant given to local authorities. Especially in London, the closure of a popular clinic outside our borough (or change to its opening hours) does affect our residents, as demonstrated in Southwark and London testing rates (fig. 6).

Reproductive health

13. Unplanned pregnancy is an indicator of poor reproductive health. While rates of teenage pregnancy have been declining since 1998, Southwark still has the third-highest rate in London (though more recent quarterly data shows this trend is improving).

14. Rates of contraception provided to Southwark women by their GP have declined significantly in recent years, and women in Southwark are also more likely to request emergency contraception from sexual health – more than our neighbouring boroughs, London, and England.

15. Just under 30% of Southwark women aged under 25 years who had an abortion in 2016 had also had a previous abortion, indicating ongoing unmet reproductive health needs.

16. 2017 data have not yet been released for key reproductive health indicators; an update will be provided to the HWB with the sexual health strategy.

Inequalities

17. Young people, black communities, and men who have sex with men (MSM) are at greatest risk of STIs and poor sexual health. In terms of ethnicity specifically, the greatest burden of all STIs diagnosed in 2016 in Southwark (all ages) were in both

white and black heterosexual women, black and mixed ethnicity heterosexual men, and white MSM. This varies by STI, which will be presented in detail in our strategy.

18. Young people aged 15-24 years in Southwark accounted for 34% of all new STI diagnoses in 2016 (2017 data not yet available). Young people are also more likely to be re-infected with an STI, which points to a lack of skills and confidence to negotiate safer sex. This is backed up by findings from a survey with secondary-aged pupils in Southwark in 2016 which showed that only two-thirds of year 10 pupils knew where to obtain free condoms.

19. Chlamydia is the most common STI amongst young people. The proportion of Southwark residents aged 15-24 years who were screened for chlamydia in 2017 declined (from 45% in 2016 to 37% - the same as England). We will investigate the causes for this but the introduction of sexual health e-services for asymptomatic people may be a factor (i.e. the people attending sexual health clinics may be more likely to be there for contraception, and so may not necessarily accept a STI/chlamydia test), as well as general difficulties in accessing sexual health services due to system-wide pressures. Our rate of chlamydia detection also decreased in the same time period, as might be expected, although we are still performing in the top 3 local authorities nationally.

20. New diagnoses of HIV declined between 2015 and 2016 (mainly a reduction amongst MSM), although there are significant inequalities in testing rates, with Black communities and heterosexual women less likely to accept an HIV test, and are more likely to be diagnosed late. Rates of HIV in Southwark are above a threshold where universal testing is recommended, and we need to do more work to increase uptake in under-testing groups.

21. Across LSL, young black women are the highly represented amongst women seeking abortions and repeat abortions. Action to improve reproductive health - especially for those most affected - will be a cornerstone of our new sexual health strategy.

London Sexual Health Transformation Programme

22. The London Sexual Health Transformation Programme focused on developing long term, financially and clinically sustainable, open access sexual health services across the capital, based on shared standards and outcomes. Over several years, 32 boroughs collaboratively agreed a new model for sexual health services, including:
    - Introduction of a shared tariff Integrated Sexual Health Tariff (ISHT) that matches payments to the cost of delivering services; and
    - A shared online STI self-testing service across London to complement traditional sexual health clinics by enabling appropriate low risk (asymptomatic) individuals to self-test via an online portal.

<u>Implementation of the Integrated Sexual Health Tariff (ISHT)</u>

23. The introduction of ISHT-based contracts for sexual health services in London is the result of a decade-long process which moved commissioning away from expensive, fixed cost 'first appointment' and 'follow-up appointment' tariffs (no matter the service provided), to a fully itemised tariff which matches payment to the specific costs of an appointment (including staff time, any tests and medicine, even a proportion of heating/lighting the clinic). This ensures commissioners will only pay what an individual appointment costs. The tariff was developed in partnership with

clinicians and other stakeholders.

24. ISHT contracts were introduced with KCH and GSTT in October 2017, following significant negotiations. Despite now meeting the exact costs of delivering sexual health services, the new ISHT contracts deliver a significant drop in income for both KCH and GSTT. We, along with our commissioners at Lambeth Council, have been working closely with them on the changes that may be needed to staffing mix and staffing levels, hours of operation, site strategies and links with e-services.

Implementation of e-services

25. Lambeth and Southwark Councils have commissioned a local sexual health e-service, SH:24, since 2016. This has helped to deliver considerable cost reductions in sexual health services at KCH and GSTT as the clinics have been able to offer asymptomatic patients attending these services the option of self-testing using an online portal. Online services have been shown as an important way to meet demand for sexual health services. Between 2015 and 2016, the rate of newly diagnosed STIs in Southwark declined, while the rate of testing went up (explained by the use of the e-service).

26. In 2016/17, the Transformation Programme, led by Camden Council at the time, procured a new London-wide sexual health e-service which would deliver a service of comparable quality to the local service, at a lower price (due to the volume and collective buying power of London boroughs). Boroughs would further benefit in that asymptomatic residents that attend clinics outside their borough would be 'channel shifted' to the new London e-service, thereby delivering lower costs across the capital (not just in local clinics, as we have now).

27. Due to these benefits, the council took the decision in 2017 to join the new London e-service, effective from July 2018. This will mean that in July, our local sexual health e-service will cease being provided by SH:24 and we will join the rest of London in having a single sexual health e-service, called 'Sexual Health London'.

28. We will continue to work with SH:24 in the development of a local online contraception service to improve women's access to the range of contraceptive choices, and reduce unplanned pregnancies and repeat abortions.

Demand for local services

Changes to services

29. GSTT elected to close three of their six sexual health clinics in 2016/17 (prior to the introduction of the ISHT), following a consultation with commissioners and other stakeholders.

30. In May 2018, KCH amended their opening times to allow for better use of their staff and site (but will not be closing clinics). This has meant shorter opening times but greater capacity during those times, due to more staff working at any one time. Early findings indicate that there has been a 22% increase in activity; although the Trust reduced the total opening hours they increased the total walk in hours and have considerably increased the number of appointments available, reducing waiting times for LARC from 4 weeks to a few days.

31. In June 2018, GSTT are trialling shorter opening times for one month, similar to the KCH strategy – i.e. greater use of all available clinic space and staffing – to test

whether this approach also increases their capacity. It is expected that this will.

Media interest

32. The changes to sexual health services are complex, the detail of which is not well-captured (nor understood) by the news media. Sexual health clinicians and associated stakeholders are expert at engaging the media, and we have worked with our lead clinicians at KCH and GSTT to ensure accurate messages have been released to the media, wherever possible. Most articles have taken the line that the central government cuts to the Public Health Grant have been passed onto sexual health services (as the largest area of grant spend nationally), but it is more complex than that, as detailed above.

33. There have been a number of FOI requests and news stories on the reducing funding available for sexual health services, closures of a number of clinics, and the associated unmet demand (e.g. patients being turned away from clinics) since 2017. There were print and television stories from a number of news outlets on clinic access nationally in June 2018, which quoted clinical leads from GSTT (BBC News online) and KCH (BBC News on television).

34. We do not anticipate any imminent media interest.

Understanding demand for local sexual health services

35. In order to understand unmet demand in our area, we collaborated with Lambeth and Lewisham Councils and all eight sexual health clinics across the inner south east London area on a snapshot survey in November 2017. This had the aim of understanding the number of people who walked into sexual health clinics and were turned away due to capacity, and whether they had been turned away previously. During the month of November 2017, there were 8,859 attendances at these clinics, and a further 1,094 attendances (not individuals) were turned away due to capacity. Of those turned away:
    - 73% were from Lambeth, Southwark or Lewisham
    - 54% of people turned away reported having symptoms of an STI infection
    - 25% had previously been turned away from other services, of which 44% had previously tried to access their GP for these services.

36. This survey was the first of its kind in England, and findings therefore generated some interest on social media when presented at a conference in April 2018. However, the findings were clear on the limitations of the survey, including a lack of objective measure of 'symptomatic', respondents that were 'turned away' may have been offered another appointment that day or within 48 hours (national target), and that the survey cannot draw conclusions on capacity within sexual health services alone, as demand is driven by a number of factors within the wider system (including increasingly difficult access to GP services).

37. A second survey took place in April 2018 to further understand capacity and address some of these limitations, which is currently being analysed and will inform local and London-wide actions to mitigate high levels of demand on clinic based services and improve timely access to services.

38. We are operating within the constraints of an ever-reducing Public Health Grant and continue to monitor demand in various settings. We are also boosting capacity in online services through joining the new pan-London e-service and developing capacity in general practice and local pharmacies, which will form part of a new

Lambeth, Southwark, and Lewisham Sexual Health Strategy 2018-23. However, national reductions to the funding available for sexual health are not expected to end soon.

Sexual Health Strategy

39. We are leading the development of the Lambeth, Southwark, and Lewisham Sexual and Reproductive Health Strategy 2018-22, in partnership with public health and commissioning colleagues from both Lambeth and Lewisham. Collectively, we have the highest sexual health needs in the country, and this will take account of the achievements in service improvement and reductions in new diagnoses of HIV and some STIs in recent years, and focus on improving access to services for those most at risk of poor sexual health (reducing inequalities), and improving contraceptive choice and access for local women. It is expected that consultation on the draft strategy will take place over the late summer across the boroughs, with the final version being presented to the Health and Wellbeing Board and signed off by Cabinet in the Autumn.

40. The strategy will focus on achieving the vision set out below:
    - People have healthy and fulfilling sexual relationships
    - People effectively manage their reproductive health, understand what impacts on it, and have knowledge of and access to contraception
    - The burden of STIs is reduced, especially in disproportionately affected groups
    - There is zero HIV stigma, zero transmission, and zero deaths

Policy implications

41. Southwark Council has a statutory responsibility to commission a range of sexual and reproductive health services, as set by in the Health and Social Care Act 2012.

42. All Southwark residents can, by statute, access sexual health clinics anywhere in the country, with the council where the person is resident being liable for the cost. Despite commissioners exerting downward pressure on clinic tariffs in recent years, the increasing need/demand for services saw spend in Southwark increase year on year to 2016. Sexual health services continue to require approximately one-third of the annual Public Health Grant spend. The high costs remain unsustainable, especially given the central government cuts to Public Health grant. Through partnership working in south east London, across London, and with our providers, we have been able to deliver cost-effective transformation of services, and are starting to see costs come down, though demand remains high.

43. The Southwark Health and Wellbeing Strategy 2015-20 sets out that improving sexual health, particularly for those groups disproportionately affected by poor sexual health, is a key issue for the council. Additionally, one of the strategy's key priorities is to promote increased self-care over a reliance on acute care. Changes to services in recent years are aligned to this priority.

Community impact statement

44. The work undertaken to improve sexual and reproductive health in Southwark is underpinned by an understanding that sexual ill-health is not equally distributed in the population. Black communities, young people, and men that have sex with men are most at risk of poor sexual health. We know that young black women suffer the poorest reproductive health in LSL, with high rates of emergency

contraception use and abortion.

45. Not all services work for all people, so a range of responsive universal and targeted services are needed. In developing new and improving reproductive health services, and following on from recent focus groups with local women, we will be working alongside young, black women in LSL in particular to understand their specific needs and co-design services and programmes.

Resource implications

46. There are no specific resource implications attached to this annual update. Resource implementations arising from the implementation of the new strategy will be considered at the time these are brought forward.

Legal implications

47. Local authorities are required by statute to improve and protect the public's health, and specifically mandated to commission and provide specific sexual health services defined in Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. This report provides an update on some of the key measures of those services.

Financial implications

48. There are no specific financial implications attached to this annual update. Financial implications arising from the implementation of the new strategy will be considered at the time these are brought forward.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Business Case – Cabinet Approval	Public Health Southwark Council 160 Tooley Street London SE1 2QH	Kirsten Watters 020 7525 7758
Link: http://moderngov.southwark.gov.uk/mgChooseDocPack.aspx?ID=5142		
Gateway 2 - Access to London e-service for online sexual health testing	Public Health Southwark Council 160 Tooley Street London SE1 2QH	Kirsten Watters 020 7525 7758
Link: http://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=6295		
Gateway 2 - Contract Award Approval - Award of Contracts for the Provision of Sexual Health Services	Public Health Southwark Council 160 Tooley Street London SE1 2QH	Kirsten Watters 020 7525 7758
Link: http://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?Id=6272		
Lambeth, Southwark and Lewisham Sexual Health Strategy 2014-17	Public Health Southwark Council 160 Tooley Street London SE1 2QH	Kirsten Watters 020 7525 7758

Link: (Copy and paste into browser)
http://moderngov.southwark.gov.uk/documents/s51569/Appendix%202%20Lambeth%20Southwark%20and%20Lewisham%20Sexual%20Health%20Strategy%202014-%202017.pdf

AUDIT TRAIL

Lead Officer	Kevin Fenton, Director of Health and Wellbeing
Report Author	Kirsten Watters, Consultant in Public Health; Sigrid Blackman, Head of Programmes (Sexual Health, Children and Young People)
Version	Final
Dated	16 July 2018
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	Yes	No
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