

Item No. 9.	Classification: Open	Date: 4 March 2019	Meeting Name: Health & Wellbeing Board meeting
Report title:		Lambeth, Southwark and Lewisham Sexual and Reproductive Health Strategy 2019-24	
Ward(s) or groups affected:		All Southwark wards and all population groups	
From:		Professor Kevin Fenton, Strategic Director of Place and Wellbeing Southwark Council	

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Approve the new Lambeth, Southwark and Lewisham (LSL) Sexual and Reproductive Health Strategy 2019-24; and
- Note that separate detailed action plans will be produced on a yearly basis, delivery of which will be overseen by the LSL Sexual Health Commissioning Partnership Board.

BACKGROUND INFORMATION

1. Southwark Public Health Division has spent the last year authoring a new Sexual and Reproductive Health Strategy for 2019-24, in partnership with teams in Lambeth and Lewisham Councils. A steering group comprised of key public health and commissioning officers led the production of the strategy, developed in line with a multi-stage consultation exercise which commenced early in the process.
2. This strategy updates and replaces the previous LSL Sexual Health Strategy 2014-17.

KEY ISSUES FOR CONSIDERATION

3. Separately, LSL face some of the greatest sexual health challenges in England, including high rates of HIV, STIs, emergency contraception use and abortions.
4. We have young, mobile and diverse populations, and our local sexual health services are modern and popular. Proportionately and in real terms, we spend a significant sum on sexual and reproductive health services, spending between a quarter and a third of the Public Health Grant, to meet both the needs and demands of our populations.
5. As the challenges we face are similar, LSL are in a stronger position to meet the needs of our populations through collaborating on sexual health commissioning and strategy. Through this approach, we are able to effectively pool both financial and human resources to maximise our impact in many areas. However, there remain areas where we commission separately to meet the differing requirements of our boroughs.

6. To underpin our collaboration, we need a clear strategic direction for action. This strategy provides that direction for the next five years.
7. The previous strategy was implemented in 2014, and largely focused on service modernisation and transformation. Since that time, new issues and opportunities have arisen, including declining access to contraception and associated reproductive health indicators, a decline in new HIV diagnoses for the first time since the beginning of the epidemic (in addition to the introduction of pre-exposure prophylaxis (PrEP) as a major factor in HIV prevention), and significant funding reductions from central government coupled with growing demand for services. Lambeth and Southwark introduced and provided proof of concept of STI self testing via e-services as a major part of a local sexual health system, and this has since been adopted and expanded across London.
8. The 2019-24 LSL Sexual and Reproductive Health Strategy is therefore built upon the achievements made under the last strategy, and the challenges that remain. It:
 - summarises the most up to date intelligence and information we have on sexual and reproductive health;
 - summarises the evidence of what works and good practice;
 - sets out our shared vision in four priority areas; and
 - provides a roadmap for achieving this.
9. There are three key components to the strategy:
 - The main strategy document, which is supported by two appendices:
 - A summary of the evidence in each of our priority areas; and
 - A statistical appendix, summarising the current picture and recent trends.
10. A short executive summary will also be published alongside the strategy documentation.
11. Our strategy has four key priorities:

Priority	Vision and key outcomes
Healthy and fulfilling sexual relationships	<p>People are empowered to make their sexual relationships healthy and fulfilling:</p> <ul style="list-style-type: none"> ▪ People make informed choices about their sexual and reproductive health ▪ People in unhealthy or risky sexual relationships are supported appropriately
Good reproductive health across the life course	<p>People effectively manage their fertility and reproductive health, understand what impacts on it, and have knowledge of and access to contraceptives:</p> <ul style="list-style-type: none"> ▪ Reproductive health inequalities are reduced ▪ Unwanted pregnancies are reduced ▪ Knowledge and understanding of reproductive health and fertility are increased

Priority	Vision and key outcomes
High quality and innovative STI testing and treatment	<p>The local burden of STIs is reduced, in particular among those who are disproportionately affected:</p> <ul style="list-style-type: none"> ▪ There is equitable, accessible, high-quality testing and treatment that is appropriate to need ▪ Transmission of STIs and repeat infections are reduced
Living well with HIV	<p>We move towards achievement of 0-0-0: zero HIV-related stigma, zero HIV transmissions, and zero HIV-related deaths:</p> <ul style="list-style-type: none"> ▪ People living with HIV know their status and are undetectable (=untransmittable) ▪ People living with HIV are enabled to live and age well

12. The strategy is not a commissioning plan. It provides our shared vision, and at a relatively high level, the steps we will take to get there over the next five years. We recognise that within LSL, some areas have further to progress than others and there will be local factors which may be unique to individual boroughs. Therefore, there will be an annual action plan which will include specific actions to deliver this strategy, tailored to each borough's differing progress. Commissioning actions will be taken as necessary following each borough's governance requirements. This approach allows us to collaborate to deliver an overarching strategy and to take local action as needed.
13. Collaborative sexual health work across LSL is overseen by the LSL Sexual Health Commissioning Partnership Board, which meets quarterly with representatives from each local authority public health department and each Clinical Commissioning Group (CCG). Its function is underpinned by a formal tripartite agreement. This body will also oversee the delivery of the new strategy. Annual updates will be provided to the Southwark Health and Wellbeing Board, as they are now.

Policy implications

14. We recognise that good sexual and reproductive health is intertwined with many other areas of health and wellbeing, as well as our wider communities. This joint strategy has therefore been developed to complement and tessellate with a range of other local strategies in each borough, and other strategies at a regional level (e.g. Mayor's Health Inequalities Strategy).

Community impact statement

15. The Equality Act 2010 protects us all from discrimination or harassment as a result of a personal characteristic. Good sexual and reproductive health is not equally distributed in the population. Some groups are more at risk of poorer sexual and/or reproductive health based on a common characteristic, most notably young people, black communities, and MSM.
16. The following characteristics are Protected under the Act:
 - Age
 - Race
 - Gender
 - Pregnancy and maternity
 - Religion or belief
 - Sexual orientation

- Disability
- Marital status
- Gender reassignment

17. While we will continue to commission welcoming, accessible and non-discriminatory services, to reduce inequalities in sexual and reproductive health we also need to commission services aligned with the concept of proportionate universalism. This means that whilst we will maintain open access sexual and reproductive health services for all, we also need to tailor services to those with greater need in order to reduce the impact of poor sexual health in our communities. This theme is threaded throughout the strategy.

Resource implications

18. There are no immediate resource implications, as this is not a commissioning plan. Commissioning plans and other resource implications arising from the annual action plans will be subject to each borough's governance processes.

Legal implications

19. 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.

20. This strategy underpins the local delivery of these mandated functions.

Financial implications

21. None – see resource implications.

Consultation

22. The involvement of communities is a key part of the work of all parts of the health system. The views of individuals and wider communities are critical to understanding health beliefs, behaviour, and access to services, and are therefore critical in tackling health inequalities and poor health outcomes in the borough. Consultation and co-design are core values for the sexual health system across LSL.

23. The strategy process commenced with a consultation event with professionals and interested parties working in the sector in December 2017, seeking views on key issues, what was working, and what needed attention. This, along with a review of current performance and statistics and an evidence review of effective actions, focused the direction of the strategy.

24. A follow up event was held in September 2018 to consult on the draft strategy, followed up by an online consultation. The event was well attended with

approximately 100 people participating. A small number (n<10) provided views online via the survey as they were unable to attend the event. Following this consultation, a number of aims and objectives were clarified, amended and added.

25. Reproductive health – particularly that of women and people with uteri – is a priority in the new strategy, but it is also an area in which we were lacking understanding of local people’s views. Focus groups on contraception and reproductive health were undertaken in May 2018 with a diverse sample of women across LSL, which supplemented what data told us about the needs of local women. The findings are detailed within the strategy and have heavily influenced actions in this area.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Lambeth, Southwark and Lewisham Sexual and Reproductive Health Strategy 2019-24
Appendix 2	LSL Sexual and Reproductive Health Strategy 2019-24: Statistical appendix
Appendix 3	LSL Sexual and Reproductive Health Strategy 2019-24: Review of the evidence
Appendix 4	LSL Sexual and Reproductive Health Strategy 2019-24: Summary

AUDIT TRAIL

Lead Officer	Professor Kevin Fenton, Strategic Director of Place and Wellbeing	
Report Author	Sigrid Blackman, Head of Public Health Programmes / Kirsten Watters, Consultant in Public Health	
Version	Final	
Dated	21 February 2019	
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	n/a
Date final report sent to Constitutional Team		21 February 2019