

	<b>Health and Well-Being Board</b> <b>13 November 2014</b>
<b>Title</b>	<b>Sexual health strategy 2015-2020</b>
<b>Report of</b>	Director of Public Health
<b>Wards</b>	All
<b>Date added to Forward Plan</b>	September 2014
<b>Status</b>	Public
<b>Enclosures</b>	None
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<h2>Summary</h2>
<p>Sexual health is an essential element of the physical and emotional health and well-being of individuals, couples and families. Since April 2013, the commissioning responsibility for sexual health interventions and services is one of the mandatory functions of Local Authority Public Health teams.</p> <p>In light of this new responsibility, a local draft sexual health strategy has been produced setting out our commitment in improving the sexual health and wellbeing of Barnet residents and service users. The report sets out our future direction to provide an accessible, modern, coherent, cost effective and integrated sexual health and reproductive services to our residents at primary care, secondary care and community level.</p>

<h2>Recommendations</h2>
<ol style="list-style-type: none"> <li>1. That the Health and Well-Being Board agrees that the Public Health team should participate in collaborative commissioning of Genitourinary Medicine (GUM) services.</li> <li>2. That the Health and Well-Being Board agrees the plans to expand the provision of sexual health and reproductive services in primary care and</li> </ol>

**community settings, especially in 'hotspot' and deprived areas of the Borough to facilitate the shift from hospital based services.**

- 3. That the Health and Well-Being Board agrees the plans to review current services, increase the uptake of testing for HIV and Chlamydia among high risk groups and introduce an awareness and signposting campaign.**

## **1. WHY THIS REPORT IS NEEDED**

- 1.1 Sexually transmitted infections can cause long term and life threatening complications. These complications and rates of onward transmission increase when diagnosis and/or treatment is delayed with significant implications for the individual, community and the public sector finances, particularly NHS.
- 1.2 Unintended pregnancies also have significant implications for the individual, community and public sector finances. Teenage pregnancies for example can lead to intergenerational patterns of dependency and diminished life chances.
- 1.3 Local Authorities have a mandatory responsibility to provide "open access" sexual health and reproductive services. Genito-Urinary Medicine (GUM) services are provided as part of a national open access service which means that residents are entitled to attend the service of their choice, in any part of the Country, without the need for a referral from their own GP or other health professional. The total patient activity at GUM services went up between 2012 and 2013. An increase in patient activity adds financial pressure on the Council and approximately, one third of the Public Health budget in Barnet is currently spent on the commissioning of sexual health and reproductive services.
- 1.4 Currently the prevention activities and the provision of sexual health screening and family planning services are not uniformly distributed across the Borough in primary care and community settings. Expansion of services in these settings (especially in deprived areas of the Borough) would offer easily accessible and non-discriminatory venues to our population when seeking advice and care and reduce reliance on costly hospital based services.
- 1.5 There is a lack of robust data on the demography of actual and potential service users by age, gender, ethnicity, disability, sexual orientation and existing health conditions. There is a need to review existing services to ensure these services are equitable and address the needs of all groups.
- 1.6 Information about existing where existing services are located and exactly what they offer is not easily available and there is a need to provide robust marketing of these services.
- 1.7 A brief snap shot of the local epidemiology indicates key priority areas and groups;
- In 2012, the highest rates of STIs were seen in the 1<sup>st</sup> and 2<sup>nd</sup> most deprived areas of Barnet.

- 42% of all acute STIs in 2012 were seen among young people (15-24 years old).
- In 2012, there more acute STIs amongst people of white ethnic background had the highest rates (per 100,000 population) were amongst the black ethnic population of STIs.
- Individuals from black African background have the highest rates of HIV infection.
- The main route of HIV infection in Barnet is heterosexual exposure (sex between men and women 64%) with a further (29%) attributed to men who have sex with men (MSM).
- Between 2009 and 2011, 54% of HIV diagnoses were made at a late stage of infection. 59% of the heterosexuals and 40% of MSM were diagnosed late.
- Under 18 conception and abortion rates in Barnet have dropped significantly in the past few years. However, the total numbers of abortions are still relatively high in Barnet when compared to England as a whole.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The number of new STIs went up slowly between 2010 and 2012 with a slight drop in 2013. On the other hand the GUM patient activity went up during this time. There is an urgent need to address the increasing cost of GUM services in secondary care. It is expected that the suggested recommendation of multi-Borough collaborative commissioning of GUM services will provide value for money for the council along with providing robust clinical risk management, data collection and analysis to inform commissioning.
- 2.2 Expanding the provision of sexual health and reproductive services in primary care and pharmacy settings (especially in deprived areas of the Borough) would offer easily accessible venues to our population when seeking advice and care along with addressing the over reliance on secondary care services. An easily accessible sexual health and reproductive service, closer to home, will encourage individuals to seek medical care promptly which will in turn minimise the risk of onward transmission of infections and unintentional pregnancies.
- 2.3 The needs of young people are different to adults. Young people require dedicated services which can address their concerns around access, confidentiality, child sexual exploitation and provide education on safe and healthy relationships. The existing services cover some aspects of these but there are limited school programmes beyond the investment made this year from Public Health budgets.
- 2.4 The epidemiology of HIV among Barnet residents is different to London in general. There are more cases of HIV infections among heterosexual females compared to heterosexual males and the main route of HIV infection in Barnet is heterosexual exposure. There is also a higher percentage of new HIV diagnosis among black or black ethnic groups, which is disproportionate to their actual population size in Barnet. Similarly the percentage of late HIV

diagnosis in Barnet is higher compared to London and England. In light of the above, we need to promote and encourage HIV testing among at risk population groups via easily accessible and opportunistic testing facilities in primary care, family planning and community settings.

- 2.5 Currently, there are gaps in accurate information on the demography of actual and potential service users by disability, ethnicity, sexual orientation and existing health conditions. Similarly, there is poor evidence of the the local populations preferences for service access. In order to better understand the needs of the local population and to identify how they are best met, it is essential to map and review all current sexual health services.
- 2.6 We plan to introduce a local awareness and signposting campaign to provide reliable and consistent information about all available sexual health, family planning and contraceptive services in the Borough.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Continuation of the current GUM contract with no changes would be financially unsustainable in the medium to long run due to an expected rise in patient activity.

#### **4. POST DECISION IMPLEMENTATION**

- 4.1 The post decision implementation work will involve regular consultation, progress evaluation and risk assessments.
- 4.2 Barnet and Harrow joint Public Health service will work in collaboration with the West London Alliance (WLA) to develop proposals for the medium to long term commissioning of sexual health services.
- 4.3 The Public Health knowledge and intelligence team will provide mapping and identification of hotspot areas of the Borough for acute STIs and teenage pregnancies.
- 4.4 Barnet and Harrow joint Public Health service will work in collaboration with the clinical commissioning group and revise the existing GP contract for sexual health screening and family planning services. In addition, efforts would be made to identify and recruit a small number of additional GP surgeries in the hotspot areas of the Borough. As the service looks forward to the CCG assuming a co-commissioning role of primary care services, the Public Health team will explore the potential for a tripartite joint commissioning arrangement between Public Health, the CCG and NHS England.
- 4.5 Barnet and Harrow joint Public Health service will work in collaboration with the Public Health children's team to develop a sex and relationship education (SRE) programme for secondary schools.
- 4.6 Barnet and Harrow joint Public Health service will conduct a detailed review of the existing services and launch an awareness and signposting campaign in the Borough as per details in the recommendations.
- 4.7 Barnet and Harrow joint Public Health service will carry out an option appraisal for HIV testing for high risk populations in the Borough.
- 4.8 Governance and reporting structures are currently being developed.

#### **5. IMPLICATIONS OF DECISION**

##### **5.1 Corporate Priorities and Performance**

- 5.1.1 The report supports two of the four themes of Barnet Health and Wellbeing Strategy 2012–2015.
  - Awareness of them and to avoid them
  - How we live
    - Easily accessible services for early diagnosis and prompt treatment of STIs (including HIV) to reduce the onward transmission of disease.
    - Better availability and choice of contraception to reduce unintentional pregnancies.
- 5.1.2 The report would be a significant contributor to the delivery of the following key priority outcomes of the Barnet Council's Corporate Plan 2014-15:

- To maintain a well-designed, attractive and accessible place with sustainable service infrastructure across the Borough.
- To create better life chances for children and young people across the Borough.
- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health.

## 5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 Delivery of open access sexual health and reproductive services is a mandatory responsibility of the Local Authority's Public Health team.

5.2.2 Around a third of the Public Health grant is currently spent on sexual health services. The largest element of spend relates to GUM services - approximately £3.1 million in 2014/15. These open access services are demand led and have seen growth in the region of 8% in recent years. The Public Health Team is proposing a collaborative commissioning arrangement across 20 London Boroughs (led by the Barnet and Harrow Public Health team). A collaborative commissioning approach is expected to deliver savings to compensate growth and the expansion in other sexual health services (including preventative services). It will also enable the costs of wider sexual health services to be managed within the overall Public Health ring fenced grant. The new service specifications are expected to be developed and consulted on in the next 12 months, followed by the re-commissioning of new services from 2017/18.

5.2.3 The unspent grant from 2013/14 is retained in an earmarked Public Health reserve and is available to offset any growth that cannot be contained within the annual grant levels.

5.2.4 The cost for Contraceptive and Sexual Health services (CaSH) services in relation to Family Planning is around £975,000 for Barnet in 2014/15. We have projected an overall saving of 1.4% in our future commissioning intentions (2015/20).

5.2.5 NHS England have recently confirmed that the Public Health grant for 2015/16 will be held at 2014/15 levels. This increases the importance of this strategy to minimise growth and reduce costs where possible (through innovative procurement programmes) to enable the delivery of a robust sexual health services in line with the Public Health Outcomes Framework.

## 5.3 Legal and Constitutional References

5.3.1 The Local Authority's responsibilities for commissioning sexual health services are detailed in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. Regulation 6 requires Local Authorities to arrange for the provision of:-

- Open access sexual health services for everyone present in their area;
  - 1) Covering free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and

2) Free contraception and reasonable access to all methods of contraception.

5.3.2 The terms of reference of the Health and Well-Being Board including promoting integration and partnership across areas, including promoting joined up commissioning plans across NHS, Social Care and Public Health.

5.3.3 The Local Authority, in respect of the services that it commissions from NHS providers, must have regard to the NHS Constitution in accordance with s2 Health Act 2009.

#### **5.4 Risk Management**

5.4.1 There is a financial risk associated with the escalating cost of mandatory open access, GUM services. The rise in cost of these services is directly linked with an increase in patient level activity. We have taken this risk into consideration and have added budgetary growth plus containment through collaborative commissioning of GUM services at a multi-Borough level. In addition, we are proposing the expansion of sexual health and reproductive services in primary care and community settings. These services will be procured at lower unit cost price than hospital based services and it is anticipated that their provision will also reduce the current demand on secondary care services.

#### **5.5 Equalities and Diversity**

5.5.1 Poor sexual health is much more common amongst people who already experience inequality associated with their age, gender, ethnicity, sexuality, or economic status.

5.5.2 The Council needs to comply with the Equality Act 2010 in the provision of Public Health services in the area. An initial equalities impact assessment has been carried out on the above recommendations. There is no indication of adverse effects to the local population and the recommendations are anticipated to bring more uniformity and improved access to the services for the wider community. Further EqlAs will be carried out at the implementation stages to ensure the equality and diversity of the proposals is maintained throughout the process.

#### **5.6 Consultation and Engagement**

5.6.1 Barnet Healthwatch team has been consulted for their input on the strategic recommendations and they have not identified any concerns. We plan to work in collaboration with them in holding wider consultations with the relevant population groups at the implementation stage.

5.6.2 The Public Health team is also seeking feedback from colleagues in clinical commissioning groups (CCGs) as part of stakeholder consultation.

## 6. BACKGROUND PAPERS

- 6.1 Draft Sexual Health Strategy for Barnet 2015-2020 (available on request from the Public Health team on 0208 359 3974)
- 6.2 The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013; [www.legislation.gov.uk/uksi/2013/351/contents/made](http://www.legislation.gov.uk/uksi/2013/351/contents/made)
- 6.3 HM Government 2011 – Healthy Lives, Healthy People: Update and way forward  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216142/dh\\_129334.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216142/dh_129334.pdf)
- 6.4 Department of Health. A Framework for Sexual Health Improvement in England. March 2013 (available at) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW\\_ACCESSIBLE.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf)
- 6.5 Public Health Outcome Framework 2013: Department of Health - Improving outcomes and supporting transparency (available at) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/263662/2901502 PHOF Improving Outcomes PT2 v1 1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263662/2901502_PHOF_Improving_Outcomes_PT2_v1_1.pdf)
- 6.6 Department of Health (2013): Commissioning Sexual Health services and interventions (available at) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144184/Sexual Health best practice guidance for local authorities with IRB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144184/Sexual_Health_best_practice_guidance_for_local_authorities_with_IRB.pdf)
- 6.7 Public Health England (2014) Making it work- A guide to whole system commissioning for sexual health, reproductive health and HIV [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/351123/Making it work FINAL full report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351123/Making_it_work_FINAL_full_report.pdf)
- 6.8 Public Health England - Sexually Transmitted Infections Annual Data – STI diagnoses and rates in England by gender, 2004 to 2013 <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>
- 6.9 Public Health England - Sexually Transmitted Infections Annual Data - STI diagnoses & rates by local area, 2009 – 2013 <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>
- 6.10 British HIV Association (BHIVA 2008): UK National Guidelines for HIV Testing 2008 (available at) <http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf>
- 6.11 British Association of Sexual Health and HIV (BASHH) 2014 – Standards for management of sexually transmitted infections (available at) <http://www.medfash.org.uk/uploads/files/p18dtqli8116261rv19i61rh9n2k4.pdf>
- 6.12 Public Health England (2014) Opportunistic Chlamydia Screening of Young Adults in England - An Evidence Summary (available at) [http://www.chlamydia-screening.nhs.uk/ps/resources/evidence/Opportunistic%20Chlamydia%20Screening Evidence%20Summary April%202014.pdf](http://www.chlamydia-screening.nhs.uk/ps/resources/evidence/Opportunistic%20Chlamydia%20Screening_Evidence%20Summary_April%202014.pdf)
- 6.13 Public Health England 2014 – Sexual and Reproductive Health Profiles (available at) <http://www.phoutcomes.info/profile/sexualhealth/data#gid/8000035/pat/6/ati/102/page/4/par/E12000007/are/E09000003>



- 6.14 Health and Social Care Information Centre NHS Contraceptive Services: England, 2012/13 (available at) <http://www.hscic.gov.uk/catalogue/PUB12548/nhs-cont-serv-comm-cont-clin-eng-12-13-rep.pdf>
- 6.15 National Institute of Clinical Excellence (NICE 2003) - Evidence briefing- Teenage pregnancy and parenthood: a review of reviews (available at) [http://www.nice.org.uk/niceMedia/documents/teenpreg\\_evidence\\_briefing.pdf](http://www.nice.org.uk/niceMedia/documents/teenpreg_evidence_briefing.pdf)
- 6.16 National Institute for Health and Clinical Excellence (NICE 2005) - National cost-impact report: Implementing the NICE clinical guideline on long-acting reversible contraception. <http://www.nice.org.uk/guidance/cg30/resources/longacting-reversible-contraception-cost-impact-report2>
- 6.17 Faculty of Sexual and Reproductive Healthcare (2014) - Quality Standards for Contraceptive Services (available at) <http://www.fsrh.org/pdfs/FSRHQualityStandardContraceptiveServices.pdf>
- 6.18 Faculty of Sexual and Reproductive Healthcare (2011) - Service Standards for Sexual and Reproductive Healthcare (available at) <http://www.fsrh.org/pdfs/ServiceStandardsIntroduction.pdf>
- 6.19 Royal College for Obstetrics and Gynaecologists (2011): The Care of Women Requesting Induced Abortion: Summary Evidence-based Clinical Guideline Number 7 (available at) [http://www.rcog.org.uk/files/rcog-corp/Abortion\\_Guideline\\_Summary.pdf](http://www.rcog.org.uk/files/rcog-corp/Abortion_Guideline_Summary.pdf)
- 6.20 Department for Children, Schools and Families and Department of Health (2010). Teenage Pregnancy Strategy: Beyond 2010 (available at) [https://www.education.gov.uk/consultations/downloadableDocs/4287\\_Teenage%20pregnancy%20strategy\\_aw8.pdf](https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf)
- 6.21 Department for Children, Schools and Families (2010) Young People in London: Abortion and Repeat Abortion (available at) <https://www.bpas.org/js/filemanager/files/tpyoungpeopleinlondonabortionandrepeatabortion.pdf>
- 6.22 Public Health England (2013) HIV in the United Kingdom: Report (available at) <https://www.gov.uk/government/publications/hiv-in-the-united-kingdom>
- 6.23 Public Health England (2014) Addressing Late HIV Diagnosis through Screening and Testing: An Evidence Summary (available at) [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317141126407](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317141126407)
- 6.24 Future commissioning of HIV prevention services in London (2013) - HIV Prevention Needs Assessment for London (available at) [www.londoncouncils/hivprevention](http://www.londoncouncils/hivprevention)