

	Barnet Scrutiny Committee report 13th October 2015
Title	Barnet Sexual Health Strategy 2015-2020
Report of	Dr Andrew Howe, Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A - Sexual Health Strategy 2015-2020 (Health and Wellbeing Board November 2014)
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Summary

This paper responds to the scrutiny committee's queries about plans to prevent sexually transmitted infections (STIs) among Barnet residents in general and for the older population in particular and provides a summary of the sexual health strategy approved by the Health and Wellbeing Board on November 2014.

The strategy aims to improve access to contraception and sexual health services in the community thus reducing reliance on costly hospital based provision and reducing onward transmission of STIs.

Recommendations

- 1. That the committee notes that whilst there has been a significant increase in rates of STIs amongst those aged 45 and over in recent years, the numbers remain small and rates of infection are far below those of younger age groups.**

2. The committee notes the need for an integrated sexual health service (Genitourinary Medicine and Contraception and Sexual Health Services) comprising of primary, community and acute provision which ensures improved access to holistic and comprehensive services – both locally and across the North London region.

3. That the Committee notes that Public Health team are participating in collaborative commissioning of genitourinary medicine (GUM) services.

1. WHY THIS REPORT IS NEEDED

1.1 In May 2015, Barnet Scrutiny committee asked Public Health team for their plans to prevent STIs among Barnet residents in general and for the older population in particular in the light of the increased incidence of STIs reported in the 2015 Annual Director of Public Health report.

1.2 There has been a rise in rates of STIs amongst those over 45 years of age from 214.2/100,000 to 267.8/100,000 between 2010 and 2013 (Genitourinary Medicine Clinic Activity Data - GUMCAD). However, the actual numbers of STI diagnosis remain small compared to other age groups.

In 2013, the individuals under the age of 35 years had the highest prevalence of STIs in Barnet. During this period, males aged 25-34 years represented 21.8% of the male population but had **43.9%** of STI diagnosis. Similarly, females aged 20-24 years represented 7.5% of the female population but had **35.9%** of the STI diagnosis. In comparison, men over the age of 45 years represented 43.5% of the male population but had **11.6%** of the STI diagnosis; and women in the same age group represented 46.6% of the female population but had **4.8%** of the STI diagnosis.

With regard to the key STIs, e.g. for Gonorrhoea, Barnet has a diagnose rate of 60.2 per 1000,000 which is higher than the England average of 52.9 per 100,000. The highest rate of gonorrhoea infection is amongst the 20 -24 and 25 – 34 year olds. Similarly, for Chlamydia, 49% of all diagnosis is made amongst the under 25 year olds.

In 2013, 743 adult residents (aged 15 years and older) in Barnet received HIV-related care: 423 males and 320 females. Among these, 37.8% were white, 41.9% black African and 3.2% black Caribbean. With regards to exposure, 32.4% probably acquired their infection through sex between men and 59.0% through sex between men and women.

The Sexual Health Strategy recommended further research and stakeholder engagement. As a result, a Sexual Health Needs Assessment and Service Review was recently been undertaken to assess need, examine demand, map provision and assess gaps in sexual health services locally. Stakeholder engagement was an integral part of this review; service users, local residents from particular target groups, service providers including GPs and pharmacies were consulted during this project. Initial conclusions highlight the need for a coordinated and integrated service model (which include GUM and CASH) with improved access to local services within the community and primary care. The review has also highlighted the need for:

- Increased STI and HIV testing with a particular focus on early diagnosis
- Targeted outreach work with vulnerable and high risk communities
- Improved collaboration between service providers across all elements of the service pathway.
- The engagement of local community organisations in the dissemination of clear messages and promotional campaigns to vulnerable and high risk groups.

1.3 An easily accessible sexual health and reproductive service that is closer to home will encourage individuals to seek medical care promptly and this will in turn minimise the risk of onward transmission of infections and unintentional pregnancies.

1.4 The Public Health team has, and will continue to work, to raise awareness of STIs and local services. Recent activities include:

- Sexual Health Promotion
- Community based HIV screening/ testing for high risk individuals
- HIV media awareness
- HIV and local sexual health services information leaflets

A dedicated webpage on local sexual health services with contact information has been developed on the Council website to signpost individuals to key local services in the borough.

<https://www.barnet.gov.uk/citizen-home/public-health/Sexual-Health-Services.html>

The Needs Assessment and Sexual Health Review described above will inform future service development. There is an intention that the development of new service specifications will incorporate both health promotion and STI prevention as part of the contracts.

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. Genitourinary Medicine Services (GUM) and Contraception and Sexual Health services (CaSH) are statutory services. GUM services are provided on an open access basis which means that local residents are entitled to visit sexual health facilities, in any part of the country, without the need for a referral from GP or other health professional. This open access requirement service puts the Council under financial uncertainty as the level of activity is unpredictable. These open access services are demand led and have seen growth in the region of 8% in recent years. In 2014-15, Barnet residents attended 18231 appointments in a GUM clinic in England. However due to the nature of this service, only 24%

of these appointments were in Barnet with 36% in Camden, 15% in Islington and 12% in Westminster.

In recognition of the interdependencies across London borough boundaries, the pan London Sexual Health Transformation project was initiated in June 2014; boroughs agreed to jointly review the needs and provision of GUM services across the capital. The 22 councils involved in this project account for 83% of this spend and clinics operating in the areas covered by those 20 councils were responsible for delivering approximately 79.1% of all the GU activity for London in 2013/14.

1.5 To date, Barnet and Harrow Joint Public Health Service involvement in the collaborative project has led to better value for money, improved patient experience and sexual health outcomes for local residents in 34 GUM clinics across London.

1.6 The next phase of the collaborative project is for boroughs to procure a newly designed system which will address patient flow, local needs and demands, as well as improve outcomes and provide value for money. The new system will be procured in two parts:

1.6.1 **Sub regional project**

Considerable work has been done to map and understand how patients currently move around the system. As illustrated above, over 70% of Barnet GUM clinic attendance is outside of the borough; with the majority in Camden, Islington, Haringey and Enfield (respectively). These boroughs have agreed to work together as a sub-regional group to procure a new integrated sexual health system across borough boundaries. As Barnet residents also access services in Westminster, links will be made with the Central London procurement.

1.6.2 **Pan-London Online Procurement Project**

The Pan-London Online Procurement Project forms an integral component of the wider SH Transformation Programme. The primary aim of SH On-Line will be to ensure that high volume, low risk predominantly asymptomatic activity is controlled and managed where appropriate out of higher cost clinic environments.

The scope of the Pan-London Online Procurement Project incorporates the following elements:

- Triage and Information (“Front of house”);
- Self-Testing;
- Partner Notification; and

- Appointments (Booking system) (dependent on ability to interface with existing clinic systems).

Barnet and Harrow Joint Public Health Service plan to present a report to the November Health and Wellbeing Board, which will set out in more details the procurement timetable and the benefits that this project intends to achieve.

2. REASONS FOR RECOMMENDATIONS

- 2.1 GUM patient activity and associated costs have increased steadily in recent years beyond any changes in rates of STIs. This is financially unsustainable.
- 2.2 There is also a need to reduce reliance on hospital based services by improving access to community based services at lower cost. Improved access will in turn reduce onward transmission of infections and prevent unintentional pregnancies.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Continuation of the current GUM contract with no changes would be financially unsustainable in medium to long run due to a rise in patient activity. The proposed changes aim for improved outcomes and greater financial control.

4. POST DECISION IMPLEMENTATION

- 4.1 A service review is under way in support of the recommendation of the sexual health strategy as we move to implementation.
- 4.2 Barnet and Harrow joint public health service is working in collaboration with the West London Alliance (WLA) and Borough across London as part of collaborative GUM commissioning arrangements. A major new service tendering is expected in 2017.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Barnet Health and Wellbeing Strategy 2012–2015 Identifies sexual health in relation to commitments to:
 - Easily accessible services for early diagnosis and prompt treatment of STIs (including HIV) to reduce the onward disease transmission.
 - Better availability and choice of contraception to reduce unintentional pregnancies.
- 5.1.2 Barnet's Sexual Health Strategy (2015-2020), would also 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 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 £3.1m in 2014/15. A London wide collaborative commissioning of GUM service along with provision of basic sexual health and contraceptive services in primary care and community settings are expected to deliver savings to compensate growth and the expansion in other sexual health services (including preventative services).

5.3 **Social Value**

5.3.1 For consideration once the future service model has been clearly established.

5.4 **Legal and Constitutional References**

5.4.1 The Terms of Reference of the Health Overview and Scrutiny Committee are set out in the Council's Constitution (Responsibility for Functions; Annex A) and has following responsibilities:

-To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.

-To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents.

-To receive, consider and respond to reports, matters of concern, and consultations from the NHS Barnet, Health and Wellbeing Board, Health Watch and/or other health bodies.

-To scrutinise and review promotion of effective partnerships between health and social care, and other health partnerships in the public, private and voluntary sectors.

5.3.2 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;

- Covering free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and
- Free contraception and reasonable access to all methods of contraception.

5.3.3 The Local Authority, in respect of its health service functions, must have regard to the NHS Constitution in accordance with s2 Health Act 2009.

5.5 Risk Management

5.5.1 There is a need for boroughs to work together in order to address the 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. We are also proposing the expansion of sexual health and reproductive services in primary care and community settings at a lower unit cost price than hospital based services.

5.6 Equalities and Diversity

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

5.6.2 The Council needs to comply with the Equality Act 2010 in the provision of public health services in the area.

5.6.3 The public sector equality duty is set out in s149 of the Act:

A public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

5.6.4 The protected characteristics are

Age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

5.6.5 An initial equalities impact assessment on the sexual health strategy had been carried out on the key recommendations. There was no indication of adverse effects to local population and the recommendations were anticipated to bring more uniformity and improved access to the services for the whole community. There are plans to incorporate further EqIA at the implementation stages to ensure the equality and diversity of the proposals is maintained throughout the process.

5.7 Consultation and Engagement

5.7.1 The team carrying out the review of local sexual health and contraceptive services is currently consulting the key stakeholders and priority groups in the Borough. The consultation and engagement will be incorporate questionnaire and focus groups.

6. BACKGROUND PAPERS

6.1 Sexual Health Strategy 2015-2020 (Health and Wellbeing Board November 2014) page 151-160

<https://barnet.moderngov.co.uk/documents/g7783/Agenda%20frontsheet%2013th-Nov-2014%2010.00%20Health%20Well-Being%20Board.pdf?T=0>

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