

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	6 November 2014
Subject:	Sexual Health Strategy 2015-2020 London Borough of Harrow
Responsible Officer:	Dr Andrew Howe – Joint Director of Public Health - Barnet and Harrow Public Health Teams
Public:	Yes
Wards affected:	All wards
Enclosures:	Draft Sexual Health Strategy 2015-2020 Equality Impact Assessment (EIA)

Abbreviations and definitions:

- 1) Sexually Transmitted Infections (STIs) are illnesses that have a significant probability of transmission between humans by means of sexual behaviour.
- 2) Genitourinary Medicine (GUM) services are acute hospital based services that offer confidential specialist advice, screening, treatment and partner notification for sexually transmitted infections (STIs).

Section 1 – Summary and Recommendations

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.

Recommendations:

The Board is requested to note:

- 1) The plan for Barnet and Harrow joint public health service to participate in collaborative commissioning of Genitourinary Medicine (GUM) services.
- 2) The plan for Barnet and Harrow joint public health service to expand the provision of sexual health and reproductive services in primary care and community settings especially in hotspot and deprived areas of the borough.
- 3) The plan for Barnet and Harrow joint public health service to increase the uptake of HIV and Chlamydia screenings among high risk population groups in family planning, primary care and community (pharmacy) settings.
- 4) The plan for Barnet and Harrow joint public health service to work in collaboration with partner agencies, voluntary and third sector organisations to improve the welfare of children and young people.
- 5) The plan for Barnet and Harrow joint public health services to map and review current sexual health services and contracts in Harrow to obtain information on user preference in relation to sexual health and family planning services by age and ethnicity, disability and sexual orientation and identify any gaps in the current services.
- 6) The plan for Barnet and Harrow joint public health service to launch a robust awareness and signposting campaign targeting key priority groups in Harrow i.e. young people, black and minority ethnic (BME) communities, heterosexual females and men who have sex with men (MSM).

Harrow Healthwatch team has approved the strategic recommendations. We plan to work with them for a wider user level consultation at the implementation stage.

We are also seeking feedback from our colleagues in clinical commissioning groups (CCGs) as part of our stakeholder consultation.

Section 2 – Report

Background

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. In light of this new responsibility, a local sexual health strategy has been produced

setting out our commitment in improving the sexual health and wellbeing of Harrow residents and service users.

Current situation

Current services in Harrow

Barnet and Harrow joint Public Health service commissions the following services;

- London North West Hospitals Trust (LNWHT) for GUM and family planning services.
- Primary care contract for the provision of contraception (long acting reversible contraception and screening of some STIs).
- Pharmacy contract to provide emergency hormone contraception.
- Clinic In a Box (CIB) and Sex and Relationship Education (SRE) programmes for young people in both educational and also in non-educational settings e.g. children linked with youth offending team, young people in care and leaving care and young asylum seeking children in Harrow.
- Freedom and C-Card free condom distribution schemes.

Current situation

- 1) Genitourinary Medicine (GUM) activity in Harrow (as elsewhere in London) has risen in the past years and Barnet and Harrow joint public health service currently spends the biggest proportion of its budget on these services. Given the financial pressures, the provision of an integrated, open access, robust and cost effective sexual health service is a vital commissioning priority for the public health team.
- 2) Sexual health and reproductive services in primary care and community settings e.g. pharmacies are sporadic in Harrow.
- 3) There is a lack of robust data on the demography of actual and potential service users by age, gender, ethnicity, sexual orientation and clinical condition.
- 4) 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 1st and 2nd most deprived areas of Harrow.
 - The majority of screening for sexually transmitted infections was carried out in GUM clinics with a small number of tests performed in primary care and family planning services (especially for chlamydia).
 - In 2012, individuals from white ethnic background had the highest numbers of acute STIs, while individuals from black ethnic background had the highest rates (per 100,000 population).
 - 44% of all acute STIs in 2012 were seen among young people (15-24 years old)
 - Individuals from black African background have the highest rates of HIV infection, which is disproportionate to their population size.
 - The main route of HIV infection in Harrow is heterosexual exposure (sex between men and women 75%) with a further (20%) attributed to men who have sex with men (MSM).

- Between 2009 and 2011, 51% of HIV diagnoses were made at a late stage of infection. 58% of the heterosexuals and 41% of MSM were diagnosed late.
- The under 18 conception and abortion rates in Harrow have dropped significantly in the past few years. However, the total numbers of abortions in Harrow are higher compared to London and England. Similarly the GP prescription rate for long acting reversible contraceptives in Harrow is lower compared to London and England.

Why a change is needed

1. GUM patient activity in Harrow has risen in the past years and there is an urgent need to address the increasing cost of GUM services in secondary care.
2. Primary care and community settings offer good platforms for seeking advice and care and at present the provision of these services in Harrow is sporadic.
3. The needs of young people are different to those of 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. Similarly, there is evidence of poor uptake of C-Card scheme and chlamydia testing amongst young individuals. Lacks of marketing and poor availability of easily accessible local services are the two main factors for low uptake of the C-Card scheme.

The expected benefits of the recommendations;

- To provide a sustainable and robust open access sexual health and reproductive services within the available financial resources.
- To prevent and reduce the transmission of STIs among Harrow residents.
- To increase the uptake of contraception and reduction of unintended pregnancies throughout the borough by providing more choice in different healthcare settings.
- To promote the welfare of children and reduce the risks of child sexual exploitation (CSE) in Harrow.
- To reduce the stigma associated with HIV and STIs and expand sexual health promotion and reduce sexual health inequalities among vulnerable groups.

Main options

- 1) Barnet and Harrow joint public health service to participate in collaborative commissioning of Genitourinary Medicine (GUM) services.

It is anticipated that a collaborative commissioning of GUM services at a multi borough level will offer the best opportunity to deliver effective contract management, value for money, robust clinical risk management and data collection analysis dissemination and distribution. The details of how this collaboration will work are currently

being developed by the Pan London Sexual Health Transformation Project. The project is hosted by the West London Alliance (WLA).

- 2) Barnet and Harrow joint public health service to expand the provision of sexual health and reproductive services in primary care and community settings especially in hotspot and deprived areas of the borough.
Provision of easily accessible sexual health and reproductive services, 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. Further consultation with the clinical commissioning group (CCG) will be carried out at the implementation stage.
- 3) Barnet and Harrow Joint public health service to increase the uptake of HIV and Chlamydia screenings among high risk population groups in family planning, primary care and community (pharmacy) settings.
Public health team would carry out a detailed appraisal of different available options at the implementation stage.
- 4) Barnet and Harrow joint public health service to work in collaboration with partner agencies, voluntary and third sector organisations to improve the welfare of children and young people.
- 5) Barnet and Harrow joint public health service's to map and review current sexual health services and contracts in Harrow to obtain information on user preference in relation to sexual health and family planning services by age and ethnicity, disability and sexual orientation and identify any gaps in the current services.

Barnet and Harrow joint public health service to launch a robust awareness and signposting campaign targeting key priority groups in Harrow i.e. young people, black and minority ethnic (BME) communities, heterosexual females and men who have sex with men (MSM).

Other options considered

The GUM service is 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 GP or other health professional. 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.

Implications of the Recommendation

Resources, costs and risks

In economic terms alone, sexual health and reproductive services take up around one third of the current public health budget. The strategy suggests an expansion of services into primary care and community settings with the expectation that it would be cost beneficial in reducing referrals to

genitourinary medicine (GUM) services and the over reliance on acute hospital services.

Improved and easily accessible sexual health and reproductive services, closer to home, will encourage individuals to seek medical care promptly. This in turn will minimise the risk of onward transmission of infections and unintentional pregnancies.

Financial Implications/Comments –

Delivery of open access sexual health and reproductive services is a mandatory responsibility of the local authority's public health team.

Across the shared service approximately £7.1m, and around a third of the grant, is spent on sexual health services. The largest element of spend relates to GUM services - approximately £4.8m in 2014/15 (£3.1m for Barnet and £1.7m for Harrow). These open access services are demand led and have seen growth in the region of 8% in recent years. A proposal for collaborative commissioning across 20 London Boroughs (led by the Barnet and Harrow public health team) 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 unspent grant from 2013/14 is retained in an earmarked public health reserves and is available to offset any growth that cannot be contained within the annual grant levels.

The cost of CaSH services in relation to family planning is approximately £1.8m for 2014/15 (975,000 for Barnet and 816,000 for Harrow) and for Harrow includes clinic in a box and SRE.

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 the strategy to minimise growth and reduce costs where possible (through innovative procurement programmes) to enable the delivery of sexual health services in line with public health outcomes framework.

In addition to the above, a number of sexual health contracts expire in March 2015 and a separate paper is being presented to the Harrow Cabinet in November 2014 asking for their approval to extend these to 2017. This will allow the necessary time to conduct a service review and redesigning of the sexual health services.

Legal Comments

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)¹ 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.

The terms of reference of the Health and Wellbeing Board including promoting integration and partnership across areas, including promoting joined up commissioning plans across NHS, social care and public health.

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

Risk Management Implications

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.

Equalities implications

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 local population and the recommendations are anticipated to bring more uniformity and improved access to the services for the whole community. Further EqIA will be carried out at the implementation stages to ensure the equality and diversity of the proposals is maintained at all stages.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards



on behalf of the
Chief Financial Officer

Date: 24 October 2014

Name: Linda Cohen



on behalf of the
Monitoring Officer

Date: 16 October 2014

Ward Councillors notified:

NO

Section 4 - Contact Details and Background Papers

Contact:

Dr Wazirzada M.R.Khan – Senior Health Improvement Specialist – Barnet and Harrow Public Health Team. 02083592530

Background Papers:

- 1- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013; www.legislation.gov.uk/ukxi/2013/351/contents/made
- 2- 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
- 3- 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
- 4- 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_PHOE_Improving_Outcomes_PT2_v1_1.pdf
- 5- 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
- 6- 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
- 7- 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>
- 8- 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>
- 9- British HIV Association (BHIVA 2008): UK National Guidelines for HIV Testing 2008 (available at)
<http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf>
- 10- 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>
- 11- 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
- 12- Public Health England 2014 – Sexual and Reproductive Health Profiles (available at)
<http://www.phoutcomes.info/profile/sexualhealth/data#gid/8000035/pat/6/at/i/102/page/4/par/E12000007/are/E09000003>
- 13- 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>

- 14-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
- 15-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>
- 16-Faculty of Sexual and Reproductive Healthcare (2014) - Quality Standards for Contraceptive Services (available at) <http://www.fsrh.org/pdfs/FSRHQualityStandardContraceptiveServices.pdf>
- 17-Faculty of Sexual and Reproductive Healthcare (2011) - Service Standards for Sexual and Reproductive Healthcare (available at) <http://www.fsrh.org/pdfs/ServiceStandardsIntroduction.pdf>
- 18-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
- 19-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
- 20-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>
- 21-Public Health England (2013) HIV in the United Kingdom: Report (available at) <https://www.gov.uk/government/publications/hiv-in-the-united-kingdom>
- 22- 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
- 23-Future commissioning of HIV prevention services in London (2013) - HIV Prevention Needs Assessment for London (available at) www.londoncouncils/hivprevention