

Committee: Health and Wellbeing Board

Date: 25th June 2019

Agenda item:

Wards: Borough Wide

Subject: Merton Joint Sexual Health Strategy

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Tobin Byers, Cabinet Member for Adult Social Care, Health and the Environment

Forward Plan reference number:

Contact officer: Julia Groom, Consultant in Public Health /Kate Milsted, Sexual Health Commissioning Manager

Recommendations:

That the Health and Wellbeing Board members:

- A. ***review and endorse the proposed vision and priorities for the borough wide sexual health strategy;***
 - B. ***consider their roles and opportunities for promoting sexual health in the borough;***
 - C. ***support the Fast Track Cities London programme.***
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report sets out the development to date of a joint local authority and CCG sexual health strategy (2020-2025) for the London Borough of Merton. This strategy takes a life course approach.
- 1.2. This report covers the commissioning responsibilities for sexual health, and gives an update on progress on the strategy to date including stakeholder engagement feedback. It outlines the proposed vision and priorities and the next steps for strategy development. It also gives a brief update on the Fast Track Cities (FTC) London Programme.
- 1.3. Board members are requested to review and endorse the draft vision and priorities for the strategy, consider their roles and opportunities for promoting sexual health in the borough, and agree to support the Fast Track London Programme.

2 BACKGROUND

- 2.1. Sexual health is a key public health issue. Access to quality sexual health services improves the health and wellbeing of both individuals and populations. In 2013 the Government published *A Framework for Sexual*

*Health Improvement in England*¹ setting out its ambition to improve the sexual health of individuals and populations within the context of a changing commissioning landscape.

- 2.2. With the introduction of the Health and Social Care Act in 2012, commissioning responsibilities for sexual and reproductive health, HIV prevention, detection and management have undergone major changes. These responsibilities are now shared between NHS England, Local Authorities and Clinical Commissioning Groups (CCGs)².
- 2.3. The transfer of public health to the local authority, which includes sexual health commissioning, took place in April 2013. Local authorities have a statutory duty to secure the provision, for their residents, of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs).

Why do we need a sexual health strategy?

- 2.4. The past decade has seen great improvements in the quality and scope of sexual and reproductive health promotion and HIV prevention. Merton has seen one of the highest reductions in teenage conceptions in the country. However, unlike the rest of London, Merton is experiencing a continuing rise in acute sexually transmitted infections (STIs), particularly Syphilis, Gonorrhoea and HIV. This has led to a higher demand for London services than any other area of the country, and as a result, a rising cost of sexual health services.
- 2.5. Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), under 25 year olds and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans.
- 2.6. A joined up approach is needed to meet the needs of the most vulnerable, working in partnership with a range of other services such as those dealing with sexual violence, gangs, child sexual exploitation, learning difficulties, mental health and substance misuse issues. Local authorities across London and across the country also need to continue to work together to tackle these issues.
- 2.7. The development of a sexual health strategy for Merton will provide a joined up response to sexual health, by detailing how partners will collaboratively respond to increasing STI and HIV rates and the subsequent pressure on services. It will detail the actions those in Merton will take, and the ways in which the borough will work with other local authorities. The long-term goal is to improve outcomes in sexual health and sexual well-being and access to

¹ A Framework for Sexual Health Improvement in England Dept. of Health, March 2013

² Making it Work: A Guide to Whole-System Commissioning for Sexual and Reproductive Health and HIV, Public Health England, September 2014 and Commissioning Sexual Health Services and Interventions: Best Practice Guidance for Local Authorities, Department of Health, March 2013

services in the borough, which should in turn reduce the cost to the broader health and social economy.

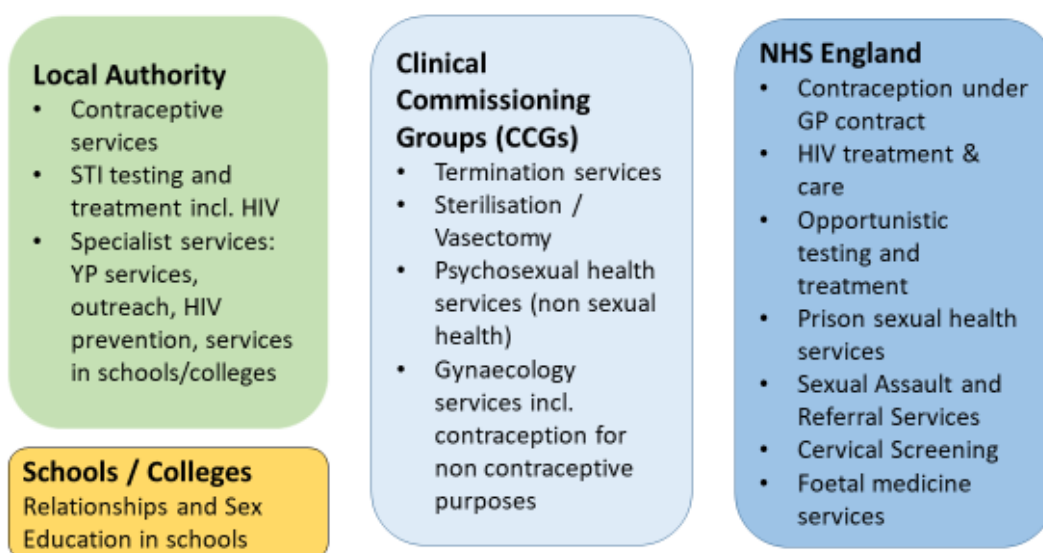
- 2.8. The sexual health strategy will be supported by a comprehensive implementation plan. The plan will detail how the strategy vision and priorities will be delivered over five years. Progress will be regularly reviewed and assessed by the strategy steering group, to ensure it remains fit for purpose and that milestones are met.

3 DETAILS

3.1 Commissioning and delivery of sexual health services

- 3.1.1. Sexual health is a complex issue with a complicated commissioning structure. The diagram below sets out sexual health services and who commissions them:

Diagram 1. Sexual Health Services and who commissions them



- 3.1.2. Due to sexual health clinics, being open access Merton residents can choose to access any service in the country, which can make budgets very hard to predict and control. Therefore, it is crucial that Merton works collaboratively with its neighbouring boroughs in South West London, and with all authorities London and England wide.

- 3.1.3. Merton contributes to the London Sexual Health Programme (LSHP). The objective is for all London boroughs to work together to transform and commission services, ensuring continued good practice whilst responding to current and future financial challenges by making the best use of resources. Future aspirations of the programme are to explore more locally integrated service models. To date the programme has achieved;

- introduction of a standardised integrated service model and a more effective pricing mechanism;

- co-commissioning of integrated sexual health services in clusters rather than by boroughs individually;
 - procurement of an e-service for those who are asymptomatic and;
 - co-ordination of London wide approaches to commissioning challenges.
- 3.1.4. In line with the LHSP objectives, Merton public health team have recently co-commissioned a local integrated sexual health service with the London Borough of Wandsworth and the Royal Borough of Richmond upon Thames. This service was commissioned using the London service specification and tariff. It is delivered by Central London Community Healthcare (CLCH), and provides specialist sexual health clinics across the three boroughs, as well as outreach programmes to young people. Having one provider across the three boroughs allows for a clearer patient pathway as well as economies of scale.
- 3.1.5. Key commissioning priorities for the integrated service are to encourage asymptomatic patients currently using sexual health clinics to use new online STI services; and seek to move Merton residents using sexual health services outside the borough into the local service. Achieving this will only be possible by commissioning in partnership and working closely together with partners, so this will be a key component of the strategy.
- 3.1.6. Consortia arrangements for commissioning HIV prevention and support services are also in place with the neighbouring boroughs of Sutton, Richmond upon Thames and Kingston upon Thames. The services are delivered by Spectra who sub-contract to Metro and Kwa Africa, who provide specialism on engaging with black Africans in community settings.

3.2 Fast Track Cities London Programme

- 3.2.1. Merton also contributes, along with all other London boroughs, to the London HIV programme. The programme has delivered a highly successful HIV prevention campaign called 'Do It London', which has proven high brand recognition. This is alongside outreach programmes for MSM and condom distribution.
- 3.2.2. The success of this programme was one of the drivers for the Mayor of London, London Councils, NHS England and PHE signing up to the global HIV Fast Track Cities (FTC) initiative, with ambitious goals of reaching zero new HIV infections by 2030 and zero HIV-related stigma.
- 3.2.3. A festival event to showcase London HIV initiatives is being organised for September, to coincide with London hosting the International Association of Providers of AIDS Care (IAPAC) International Conference. Merton are working with South West London commissioners and providers of HIV services to ensure the good work in the sector is highlighted at this event.
- 3.2.4. Health and well-being boards have been asked to support the FTC London programme and in particular the London showcase event.

3.3. Sexual health strategy approach

- 3.3.1. A strategy development steering group has been set up to oversee the development of the sexual health needs assessment, strategy and implementation plan. The group is co-chaired by Dr Tim Hodgson (GP lead for sexual health, Merton CCG) and Julia Groom (Public Health Consultant lead for sexual health). Members of this group include representatives from; the CCG, LBM social care and education departments, the local pharmaceutical committee, voluntary sector, the current integrated sexual health service provider and Merton Healthwatch.
- 3.3.2. The public health team have developed a comprehensive sexual health needs assessment, which uses a range of national and local data to examine trends in STIs and teenage conceptions in Merton. This needs assessment has informed the proposed vision and priorities for the strategy. See appendix 1 for key data findings.
- 3.3.3. Extensive engagement work has been undertaken, with over 500 people who live, work and learn in Merton. Those engaged included professionals working in Merton, residents, those studying in or looked after by Merton, and service users. Care was taken to engage with those disproportionately impacted by sexual ill health including those with disabilities, young people, Black Africans and men who have sex with men (MSM). See section 5.1 for details.
- 3.3.4. Engagement included focus groups, one to one interviews and an online survey, which received an above average response of 116 responses, and a school survey including sexual health questions, which received 1,167 responses. This engagement tested a draft vision and priorities for the strategy, as well as seeking insight into the knowledge and experience of sexual health services in the borough.

3.4 Strategy stakeholder engagement findings

- 3.4.1. Feedback from those engaged provided powerful information on borough needs in relation to sexual health with some strong key themes emerging:

Staff training – professionals who are not specialists in sexual health felt they needed more support to deliver the expected information and advice. Patients felt clinical staff would merit from more training to understand the needs associated with their sexual wellbeing, rather than just the medical issues. In particular, it was felt that more support was needed on:

- Engaging with LGBTQ+.
- Consultation skills for those with learning and physical disabilities.
- How to manage disclosures about sexual abuse/exploitation.
- Guidance on relationships & sex education (RSE) and how it should be delivered in schools.
- How to offer support relating to sexual wellbeing.

Resident education & awareness – in particular areas to address were:

- To ensure that those with learning and physical disabilities can access the same sex education as their peers.
- To improve awareness of sexual health services to allow greater understanding of what is available, where and when.
- To include more teaching on sexual wellbeing (at present the focus is on sexual disease and reproduction) i.e. LGBT, sexuality, relationships, sexual abuse and exploitation, relationships and consent.
- To improve education about sexual health and wellbeing for those over the age of 25. It was felt that there is a lot of focus on young people but older people are struggling with knowledge and access.

Improved access to clinic services – in particular areas to address were:

- Physical access and confidential access for those with both learning and physical disabilities.
- Locations that are central and not in open spaces to maintain anonymity.
- Outreach services to better access young people.
- Evening and weekend service to better access working people.
- Links with other services for easier referral access e.g. substance misuse services, voluntary services.
- Improved referral processes to other services when problems are identified e.g. social services (safeguarding), police (domestic violence or sexual exploitation).

3.4.2 **Strategy vision**

In relation to the vision for the strategy those consulted thought it important to differentiate between:

- 1) The prevention, diagnosis and treatment of sexual health conditions and reproductive health;
- 2) Sexual well-being.

It was felt that the latter needed more focus, in particular information and advice on healthy sexual relationships, sexuality and sex for pleasure as well as the emotional and psychological impacts of issues such as sexual violence, exploitation and dysfunction e.g. erectile problems. It was felt that services need to focus on both these areas in order to be labelled comprehensive.

3.5. **Proposed vision and priorities**

- 3.5.1. Taking account of both the stakeholder engagement undertaken to date, and the strategic needs of the borough, it is proposed that the vision and priorities for the strategy are as follows:

Vision:

“To improve the sexual health and wellbeing of those who live, work and learn in Merton by:

- ***facilitating information and development of skills to allow people to make informed choices about their sexual health and wellbeing;***
- ***providing confidential, easily accessible and comprehensive services and***
- ***reducing stigma, exploitation, ill health and inequalities”***

Priorities:

- 1) **Workforce development:** To provide training to healthcare and front line staff about sexual health and wellbeing, which supports and facilitates the ongoing prevention strategies and reduces the need for specialist services.
- 2) **Easy access:** Ensure accessibility to free, confidential, comprehensive sexual health and wellbeing services for those who live, work and learn in Merton, or who choose to access services in Merton.
- 3) **Comprehensive sexual health and wellbeing:** Enable all those in Merton to consider their sexual health and wellbeing in the context of their lived realities, by ensuring services are joined up and address the wider determinants.

3.5.2. The actions to be undertaken to meet these priorities will be detailed in the implementation plan but some examples are:

- planning and delivering a comprehensive staff training package on sexual health and well-being, with focus on supporting those with learning and physical disabilities and those identifying as Lesbian, Gay, Bisexual, Transgender (LGBTQ+).
- assessing and developing the specialist sexual health clinics to ensure confidential access for those with learning and physical difficulties.
- to ensure all LA and CCG commissioned services complement each other and so deal with all issues a person may have together e.g. substance misuse service can also deal with sexual health needs and vice versa.
- To support CYP initiatives, particularly the implementation of Relationships and Sex Education (RSE) in schools.

3.5.3 Although sexual health is not a specific priority within the Health and Wellbeing Strategy there are synergies with the Health and Wellbeing Boards' principles and ways of working, including:

- ***Tackling health inequalities:*** the strategy will have a strong focus on addressing inequalities in sexual health
- ***Prevention and early intervention:*** the strategy will give priority to sexual wellbeing, including healthy relationships and sex education.

- *Community engagement and empowerment*: Over 500 people have been engaged in the development of the strategy and continued engagement will be a priority.

3.5.4. The Health and Well-being Board are asked to:

- review, consider and endorse the vision and priorities for the strategy and;
- identify opportunities to champion sexual health and well-being.

3.6 Next steps

- 3.6.1. Once the vision and priorities for the strategy have been agreed the strategy will be finalised and the implementation plan developed. This is due to be completed by the end of August.
- 3.6.2 Findings from the engagement work will be used to develop the actions in the implementation plan. Further engagement with the CCG Patient Engagement Group, the Local Pharmaceutical Committee and clinical staff is planned for July 2019.
- 3.6.3 The strategy and implementation plan will be taken to all relevant local authority and CCG groups/boards for agreement and sign off.
- 3.6.4 The membership of the strategy development steering group will be reviewed and a new strategy implementation steering group formed. This group will oversee the agreed strategy implementation plan.
- 3.6.5. The Overview and Scrutiny Group will be holding a meeting with a focus on sexual health, which gives a great opportunity to raise the profile of this area of health.

4 ALTERNATIVE OPTIONS

Not applicable

5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1. The following consultation has been undertaken:

- 123 face to face focus groups with young people at Ricards Lodge, Phipps Bridge and Pollards Hill youth clubs, SMART Centre, Merton College, Lavender Footballers, Youth Parliament, Uptown youth club and School Council Action Day.
- 116 people responded to an on-line survey on the Council's website.
- 1,167 school aged young people answered sexual health questions on the school-based survey.
- Face to face consultation with 300 professionals working in Merton via different meetings & networks, including; Involve, CSF DMT, Promote and Protect group, secondary/primary heads and governors, GP practice leads, CLCH practitioners, Preparation to Adulthood Board, PSHE co-

ordinators, YP Health Ref Group, health commissioners, Children's Trust, VAWG, and substance misuse partnership board.

6 TIMETABLE

Please see below some key milestones in the next steps for the strategy development:

End July 2019: all consultation on the strategy complete.

End August 2019: Final draft of sexual health strategy, implementation plan and needs assessment complete.

Sept 2019: Draft strategy and implementation plan highlights circulated to groups previously consulted for final review.

Oct – Nov 2019: Sign off of final strategy and implementation plan by the strategy steering group and relevant Local Authority and CCG boards

Dec 2019: Strategy implementation group is set up and work on the implementation plan commences.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

There has been no cost incurred whilst developing the strategy except staff time. The implementation plan will be delivered within existing budgets and staff resources.

8 LEGAL AND STATUTORY IMPLICATIONS

The strategy will have oversight of the following areas, which are the legal and statutory responsibility of local authorities:

- The statutory duty to secure the provision, for their residents, of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs).
- Statutory Relationships and Sex Education (RSE), which will come into effect in September 2020.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1 Assessment of need, research and consultation conducted thus far indicates that there is recognised disparity and inequality of sexual health between different population groups. Young people, gay men, and black and minority ethnic groups are disproportionately affected by poor sexual health.

9.2 The strategy and corresponding implementation plan aim to address this disparity, and ensure equality and equity of access to education and sexual health services in the borough, with particular emphasis on these most vulnerable groups.

9.3 A equality impact assessment will be carried out and will feed into the strategy and implementation plan.

10 CRIME AND DISORDER IMPLICATIONS

There are strong links between sexual health and wellbeing and domestic violence, sexual exploitation and abuse. The police and Sexual Assault and Referral Centres (SARC) are key partners in the strategy.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1: Merton sexual health – key data

13 BACKGROUND PAPERS

None