Committee: Health and Wellbeing Board

Date: 19th March 2024

Agenda item: Sexual Health Services update

Wards: ALL

Subject: Sexual Health update

Lead officer: Russell Styles (Director of Public Health)

Lead member: Cllr McCabe

Forward Plan reference number:

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Recommendations:

Health and Well-being Board members are asked to:

A. Note how sexual and reproductive health services are arranged for Merton residents.

B. Note the feedback from residents/stakeholder and the opportunities that exist to enhance services locally to better meet the sexual and reproductive health needs of residents.

C. Note current and emerging plans to re-procure sexual and reproductive health services in Merton

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1. PURPOSE OF REPORT

1.1. The purpose of this paper is to update Board members on Sexual Health in Merton including the local picture, resident and stakeholder engagement undertaken and the services commissioned.

2. BACKGROUND

2.1. Sexual health is a critical area of public health. Most of the adult population of England are sexually active and having access to quality sexual health services improves the health and wellbeing of both individuals and populations.

2.2. The government set out its ambitions for improving sexual health in its in 2013 publication, a framework for sexual health improvement in England[1]. In December 2021, the government published an action plan towards ending HIV transmission, AIDS and HIV-related deaths in England 2022 to 2025[2].

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[1] https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

[2] https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025

2.3. Poor sexual health is not equally distributed within the population. Strong links exist between deprivation and higher rates of sexually transmitted infections (STIs), under 18 conceptions and abortions. Often the highest burden is borne by females, gay, bi-sexual, and other men who have sex with men (GBMSM), trans communities, teenagers, young adults, and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects GBMSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

2.4. Local authorities through the Director of Public Health have a statutory responsibility to commission and provide open access sexual and reproductive health services in their boroughs as per the Health and Social Care Act 2013. This includes free STI testing treatment; notification of sexual partners of infected persons; advice on, and reasonable access to, a broad and comprehensive range of contraceptives; and advice on preventing unplanned pregnancy.

2.5. The provision of Merton's sexual and reproductive health services must meet the needs of residents in the borough as set out in the Merton Story (Joint Strategic Needs Assessment) and supports delivery of the vision and themes within the Merton Sexual Health Strategy 2020-2025.[3] The vision for the strategy is: 'To improve the sexual health and wellbeing of those who live, work and learn in Merton by:

- providing people with the information and skills they need to make informed choices about their sexual health and wellbeing.
- providing confidential, easily accessible, and comprehensive services; and
- promoting healthy fulfilling sexual relationships and reducing stigma, exploitation, violence, and inequalities.

2.6 Local authority, NHS England and ICB commissioners are expected to work collaboratively to map service user pathways and plan services according to population need, and the local sexual health strategy has an associated action plan overseen by the Sexual Health Implementation Group (SHIG) which fosters cross organisational working to help achieve the vision above

2.7 Specialist sexual health clinics are only part of a range of the provision that need to be provided to meet the sexual health needs of the local population. Services delivered by primary care, third sector and community-based organisations form an essential part of any local sexual health system.

2.8 A specialist integrated sexual health service (ISHS) provides service users with open access to confidential, non-judgemental services including sexually transmitted infections (STIs) and blood borne viruses (BBV) testing (including HIV), treatment and management; HIV prevention including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP); the full range of contraceptive provision; health promotion and prevention including relevant vaccination.

2.9 The advent of the Covid-19 pandemic at the end of the 2019/20 financial year and the Mpox outbreak in 2020 impacted hugely on access to integrated sexual health services, effectively closing walk-in services and hugely reducing the number of

[3] https://www.merton.gov.uk/system/files/2022-03/MertonSexualHealthStrategy-Accessible.pdf

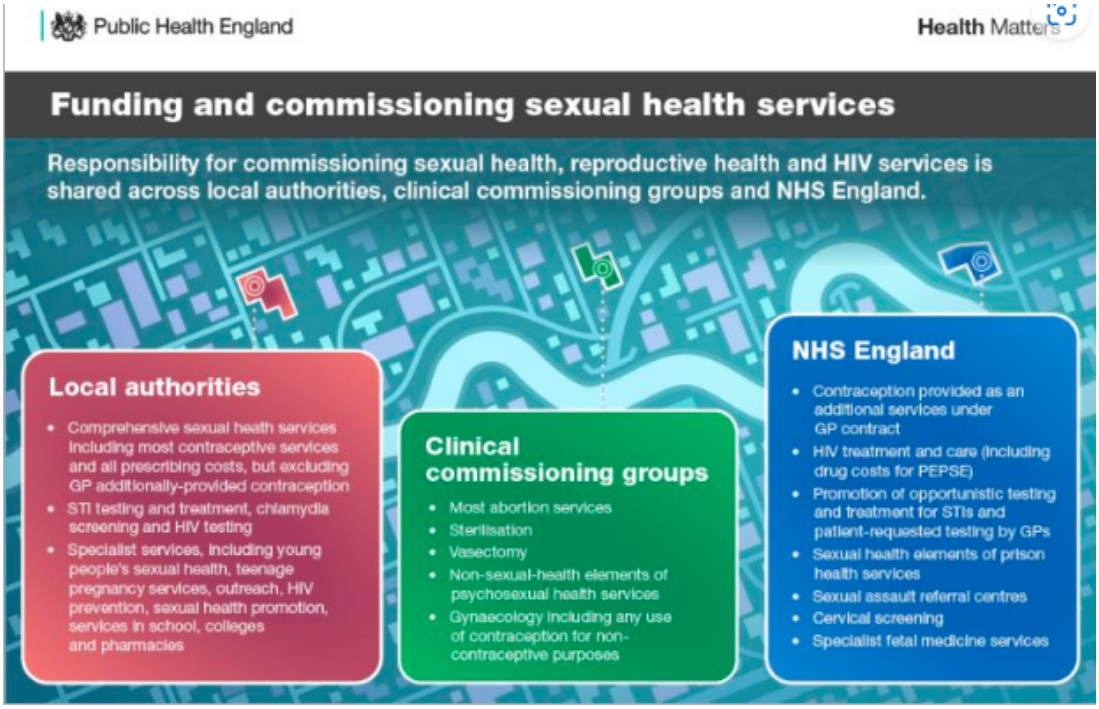
people seeking or entering clinic-based treatment as well as service seeking behaviours.

2.10 These developments accelerated the shift from clinic-based provision to online and remote services, however it should be recognised that some will be excluded or may be disadvantaged by these approaches (2020 data on internet access revealed 5% of the adult population of Great Britain had not used the internet in the last 3 months and 16% of the population does not use a smartphone for private use). We have also seen a recent increase across the country in gonorrhoea and syphilis, which are the STIs used as markers of risky sexual behaviour, and overall, there is no evidence that local underlying need for clinic-based services has reduced.

3. DETAILS

3.1 Local authority, NHS England and ICB (previously Clinical Commissioning Groups) commissioners are responsible for different elements of the sexual health pathway (please see figure 1 below) and are expected to work collaboratively to map service user pathways and plan services according to population need. The main focus of this paper is on the services commissioned by Public Health within Merton council.

Figure 1: Responsibilities of commissioning organisations for sexual and reproductive health services

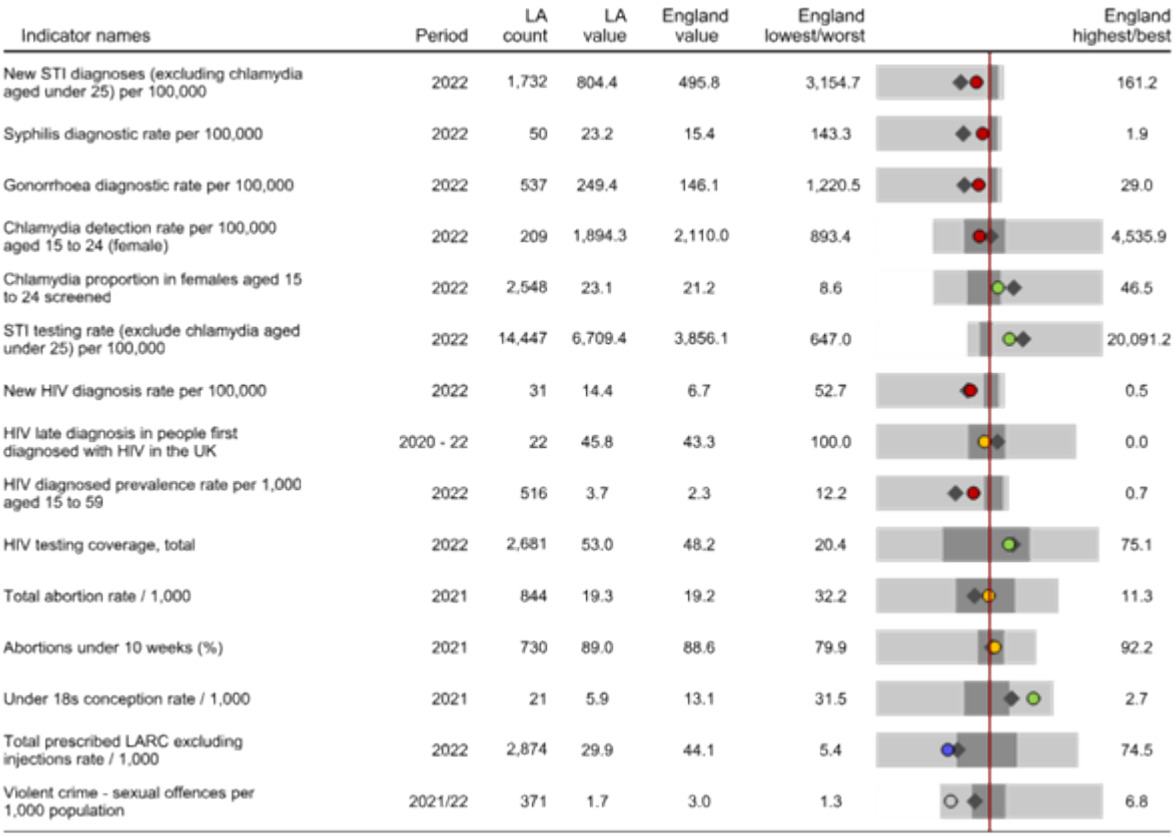


Local Picture

3.2. The Public Health outcomes framework provides data on a number of key sexual and reproductive health outcomes so we can understand the needs for Merton.

Figure 2. Chart showing key sexual and reproductive health indicators in Merton compared to the rest of England (OHID, January, 2024).

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the London region.



Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	1,732	804.4	495.8	3,154.7	161.2
Syphilis diagnostic rate per 100,000	2022	50	23.2	15.4	143.3	1.9
Gonorrhoea diagnostic rate per 100,000	2022	537	249.4	146.1	1,220.5	29.0
Chlamydia detection rate per 100,000 aged 15 to 24 (female)	2022	209	1,894.3	2,110.0	893.4	4,535.9
Chlamydia proportion in females aged 15 to 24 screened	2022	2,548	23.1	21.2	8.6	46.5
STI testing rate (exclude chlamydia aged under 25) per 100,000	2022	14,447	6,709.4	3,856.1	647.0	20,091.2
New HIV diagnosis rate per 100,000	2022	31	14.4	6.7	52.7	0.5
HIV late diagnosis in people first diagnosed with HIV in the UK	2020 - 22	22	45.8	43.3	100.0	0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2022	516	3.7	2.3	12.2	0.7
HIV testing coverage, total	2022	2,681	53.0	48.2	20.4	75.1
Total abortion rate / 1,000	2021	844	19.3	19.2	32.2	11.3
Abortions under 10 weeks (%)	2021	730	89.0	88.6	79.9	92.2
Under 18s conception rate / 1,000	2021	21	5.9	13.1	31.5	2.7
Total prescribed LARC excluding injections rate / 1,000	2022	2,874	29.9	44.1	5.4	74.5
Violent crime - sexual offences per 1,000 population	2021/22	371	1.7	3.0	1.3	6.8

Key findings:

- It is important to acknowledge that London more broadly has a significantly higher burden of STIs and poor sexual health than elsewhere across England and this will be reflected in data from all boroughs in London.
- Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Merton in 2022 was 2,086. The rate was 969 per 100,000 residents, higher than the rate of 694 per 100,000 in England, and higher than the average of 859 per 100,000 among its nearest neighbours.
- Merton ranked 22nd highest out of 147 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia in those aged under 25 in 2022, with a rate of 804 per 100,000 residents, worse than the rate of 496 per 100,000 for England.
- The chlamydia detection rate per 100,000 females aged 15 to 24 years in Merton was 1,894 in 2022, worse than the rate of 2,110 for England.
- The rank for gonorrhoea diagnoses (which can be used as an indicator of local burden of STIs in general) in Merton was 21st highest (out of 147 UTLAs/UAs) in 2022. The rate per 100,000 was 249, worse than the rate of 146 in England.

- Among specialist sexual health service (SHS) patients from Merton who were eligible to be tested for HIV, the percentage tested in 2022 was 53.0%, better than the 48.2% in England.
- The number of new HIV diagnoses in Merton was 31 in 2022. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2022 was 3.7, compared to the rate of 2.3 in England. The rank for HIV prevalence in Merton was 27th highest (out of 147 UTLAs/UAs).
- In Merton, in the three-year period between 2020 - 22, the percentage of HIV diagnoses made at a late stage of infection amongst those first diagnosed in the UK (all individuals with CD4 count ≤350 cells/mm^3 within 3 months of diagnosis) was 45.8%, compared to 43.3% in England.
- The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist, and non-specialist SHS per 1,000 women aged 15 to 44 years living in Merton was 29.9 in 2022, lower than the rate of 44.1 per 1,000 women in England. The rate prescribed in primary care was 10.7 in Merton, lower than the rate of 26.5 in England. The rate prescribed in the other settings was 19.2 in Merton, higher than the rate of 17.7 in England.
- The total abortion rate per 1,000 women aged 15 to 44 years in 2021 was 19.3 in Merton, similar to the England rate of 19.2 per 1,000. Of those women under 25 years who had an abortion in 2021, the proportion who had had a previous abortion was 24.8%, similar to 29.7% in England.
- In 2021, the conception rate for under-18s in Merton was 5.9 per 1,000 girls aged 15 to 17 years, better than the rate of 13.1 in England.
- In 2021/22, the percentage of births to mothers under 18 years was suppressed, and not compared to 0.6% in England overall.

Local service provision

3.3. Merton's main Integrated Sexual Health (ISH) contract (with Central London Community Healthcare Trust) includes provision of STI testing and treatment (also referred to as Genitourinary Medicine – GUM), provision of all methods of contraception, pre and post exposure prophylaxis for HIV, psychosexual counselling, specialist clinics for young people, gay, bisexual and other men who have sex with men (GBMSM), chemsex clinics, information and advice and now also includes Monkey Pox (MPox) identification and vaccinations. The service broadly speaking covers all ages who may need the service.

3.4. The service is organised around a hub in Clapham Junction (Falcon Road) providing all interventions. There are spoke clinics at the Patrick Doody Clinic in Wimbledon and 'Off the Record' in Richmond which provide non-complex STI testing, contraception and health information and advice.

3.3. The contract is jointly commissioned with Wandsworth and Richmond Councils with Wandsworth as lead commissioner, hence alignment between the Councils is key to continuing our co-commissioning arrangements.

3.4. The current contract with CLCH started in October 2017. The initial 5-year contract term for the ISH service ended on 30 September 2022. Through Cabinet, the ISH contract has been extended to September 202

3.5. Although many Merton residents attend the main hub at Clapham junction, more attend other out of borough clinics. In 2022/23, 35% of Merton's total ISH activity was at CLCH and 65% was seen at other London providers. This has slightly changed since before the pandemic when in 2019/20 42% was seen at CLCH and 58% at other London providers. Apart from CLCH, the top three London providers which Merton residents choose to attend are Chelsea & Westminster Hospital, Kingston Hospital and Epsom & St Helier Trust. Wherever residents are seen across the country, this will be cross-charged and paid for by the borough of residence from the Public Health Grant.

3.6. The service is part of a wider framework of sexual and reproductive health provision which includes but is not restricted to:

- Free Emergency Hormonal Contraception (EHC) and chlamydia screening in pharmacies (commissioned by Public Health);
- routine and Long-Acting Reversible contraception (LARC) provided by some local GP Practices (Commissioned by Public Health) and free routine contraception and EHC provided by all local GP practices (Commissioned by SWL Integrated Care Board);
- online services for STI self-sampling (available London wide and funded by the Public Health grant for Merton residents);
- community based sexual health promotion and HIV prevention and support for those at highest risk of HIV; for young people they provide support to schools and colleges with relationship and sex education including training, as well as relationship support and mentoring for young people (SWL service provided by Spectra CIC, funded from the Public Health Grant);
- Free condom distribution scheme for young people (provided by Catch 22 as part of the wider Risk and Resilience service, funded from the Public Health Grant;
- Testing and treatment provided under the National Chlamydia Screening Programme (NCSP) for 15–24-year-olds (commissioned by Public Health);

Resident and stakeholder engagement

3.7. In preparation for recommissioning of the Integrated Sexual Health Service (ISHS) contract, a needs assessment/service review was undertaken in 2023 to inform the service model and understand how to support improving the sexual health of residents across the three commissioning boroughs (Merton, Wandsworth, and Richmond). Part of this included an online resident survey which aimed to find out more about awareness and experiences of those accessing sexual health services and obtain views of how they would like to access services in the future. The survey was targeted at those who live, work, or socialise in Merton.

Resident engagement (those living, working, learning or socialising in Merton)

3.8. A total of 547 residents responded to the survey across the three boroughs and 74% identified Merton as the borough where they live, work, learn or socialise (406 respondents). This is not a representative sample, so caution is required in interpreting the results, however provides us with feedback to support our recommissioning work and plans for the future.

Feedback

On accessing contraception, testing/treatment for STIs

- 60% ranked a location close to home as most important (contraception)
- 38% ranked staff knowledge and training as most important
- 29% ranked how quickly they can obtain and appointment/be seen as most important.

On contraception:

- Respondents cited preference for GP led services (67%)
- Specialist clinic (23%) most important consideration
- Recurrent comment on lack of knowledge/info on alternative places that offer contraception (except for those offered in primary care)

On testing/treatment of STIs

- 58% preference for SH clinic
- Comments cited difficulties obtaining access to local sexual health clinic and GP appointments and needing to go out of borough for treatment.

Development of Sexual and Reproductive Health services

- Comments cited preference for GP led service, more convenient opening hours and specialist clinic in borough.
- For STI testing (including HIV), respondents commented on preference for specialist sexual health services.
- Some concerns on accessing LARC related to long waiting times and patients opting to go out of borough.
- Preference for services closer to home

Stakeholder engagement

3.9. A stakeholder survey was circulated in 2023 and 67 Merton stakeholders responded to the survey. More than 50 % of respondents had been in their posts for 5 years or more and respondents ranged from those within the NHS (GPs, Pharmacies, Integrated Care Board-ICB etc), Merton council, education, health, and well-being services).

3.10. 50% of respondents had signposted residents to Patrick Doody clinic and 43% had signposted to Falcon Road. 24% were unaware of the services.

3.11. On awareness of services provided by the ISH service, 71-78% of stakeholders were aware the service provided STI testing, EHC, Free condoms and LARC. Stakeholder were least aware that the service provided advice on sexual dysfunction, Pre and post exposure prophylaxis for HIV exposure (PrEP/PEP) and training.

3.12. Some areas cited by stakeholders for improvement for the ISH service were appointment times, better sharing of information/awareness/ training and accessibility of clinic locations.

3.13. Asked about the opportunities if more patients were referred to primary care/online, stakeholders cited benefits such as local access expanded, utilising good/existing relationships, range of locations expanded, prevention encouraged and improved, frees up other services, reduced walk in and wait times. The challenges identified included insufficient GP appointments/capacity, lack of specialist knowledge amongst GP and Pharmacists, anonymity/confidentiality risk, IT access or IT literacy barrier.

3.14. Other comments made included the following:

- Need more instant services (tele-appointments, walk in)
- Better links needed between ISHS and Hospitals
- More consideration of users with learning disabilities
- Greater visibility of services required.
- More consideration of older users
- More women's specific services

3.15. Feedback from the engagement is supporting how services commissioned by Public Health across the sexual health pathway are arranged.

Procurement of ISHS and Future Opportunities

3.16. Going forward and based on the feedback provided, there is potential to arrange services and pathways to better meet the sexual and reproductive health needs of residents.

3.17. Our current ISHS contract comes to an end in September 2024. As part of our requirements to put in place a wider framework of sexual and reproductive health provision for our residents, we are re-considering our current specified service model proposal with a view to exploring different options and approaches to the delivery of the service beyond September 2024.

3.18. There are opportunities to enhance the online offer for example which could mean residents can access some forms of contraception online. We currently only provide options for residents to order an STI self-sampling kit online. This would improve access for residents to contraception meaning they would not need to book an appointment with their GP or at the ISH service.

3.19. There is recognition that we do not currently have a spoke clinic in the east of the borough. This is something being explored but also bearing in mind that some Mitcham residents (and others across Merton) may prefer to access the clinics at St Helier, Kingston or Chelsea and Westminster as it may be closer to home, they may prefer the service based on previous experience or in many cases they wish to remain anonymous and so want to go somewhere they can be assured they will not be seen by their family or friends. Therefore, any Merton residents can choose to use the clinics in neighbouring boroughs and the Local Authority will pay for the intervention.

3.20. There are opportunities to enhance services delivered through primary care for example through increasing access and reducing waiting times for Long Acting Reversible Contraception (LARC) through GP Practices and the enhanced provision of Emergency Hormonal Contraception (EHC) through Pharmacies which will make it easier for residents to access services quicker and getting EHC which can be taken 5 days after unprotected sex (rather than just the current EHC drug which can only be taken 3 days afterwards). There is also a need to balance the shortfall in the Public Health Grant anticipated in 2024/2025 and beyond.

3.21. The sexual and reproductive health services commissioned by the Local Authority are funded through the Public Health Grant. The funding is limited, and we are tackling the challenges of managing a Public Health grant with the many services and financial pressures. We are now actively exploring different opportunities aimed at increasing access more broadly to sexual health support in a way that will reduce inequalities in access and outcomes. These options include re-purposing elements of our current funding arrangements, in order to facilitate a shift in how residents access services locally.

ALTERNATIVE OPTIONS

N/A

CONSULTATION UNDERTAKEN OR PROPOSED

See 3.8 above.

TIMETABLE

A new contract for the provision of a main ISHS service must be in place by October 2024 and work is underway to ensure there are services in place.

FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

The public health grant includes an allocation to ensure that the DPH's statutory responsibility to commission and provide open access sexual and reproductive health services is met.

LEGAL AND STATUTORY IMPLICATIONS

Sexual health procurement processes will comply with LB Merton's standard legal and statutory responsibilities.

HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Our approach to commissioning sexual health services is grounded in the principle of improving access for those in greatest need and in ensuring support can be easily accessed by those with protected characteristics with the aim of reducing inequalities.

CRIME AND DISORDER IMPLICATIONS

N/A

RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A

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

N/A

BACKGROUND PAPERS

N/A