

HEALTH AND WELLBEING BOARD			
Report Title	Lambeth, Southwark and Lewisham Sexual Health Strategy and Consultation		
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Class	Part 1	Date:	25 November 2014
Strategic Context	Sexual Health is a Health and Wellbeing board priority. Services are commissioned in partnership with Lambeth and Southwark through a tri-partite arrangement.		
Pathway	An update on Sexual Health was submitted to the 28 January 2014 Health and Wellbeing Board		

1. Purpose

- 1.1 This report summarises the contents of the Lambeth, Southwark and Lewisham Sexual Health Strategy, which was launched in April 2014 for a period of consultation, including presentation at boroughs' relevant scrutiny or health committees.
- 1.2 The strategy is based on a public health needs assessment, covers analysis of investment and service delivery and makes recommendations regarding a direction of travel for shifting investment from clinic-based services to community provision and prevention and promotion.
- 1.3 The strategy has been developed with input from stakeholders, and consultation has included engagement with Clinical Commissioning Groups (CCGs) and specific focus groups with young people, MSM (men who have sex with men) and black and ethnic minority groups.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- 2.1
 - 1) Review the responses to the public consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy
 - 2) Agree the Lambeth, Southwark and Lewisham Sexual Health Strategy

3. Policy Context

- 3.1 From April 2013, as a result of the Health and Social Care Act 2012, the responsibility for population based health improvement through the

provision of Public Health specialist advice, strategic responsibility and the commissioning of a range of health improvement services transferred to local authorities. The duties are covered by Part 2 of the Local Authorities (Public Health Functions and Entry into Premises by local Healthwatch representatives) Regulations 2013, which sets out specific duties regarding public health advice services, weighing and measuring of children, health checks, and sexual health services and protecting the health of the local population.

- 1.2 These duties were transferred from Primary Care Trusts (PCTs) and the interventions and services commissioned cover all the population for universal access, as well as targeted services, and include specialist targeted areas such as sexual health and substance misuse services.
- 1.3 Lambeth Council is the host for a small sexual health commissioning team which operates across Lambeth, Southwark and Lewisham (as was the arrangement in the PCT). Lambeth is also host for the London-wide HIV prevention programme, which is high-level and high-profile, and led by the London Directors of Public Health.
- 1.4 The commissioning service, hosted by Lambeth, is governed by a three borough Board, chaired by Kerry Crichlow, Strategic Commissioning Director for Adults and Children's Services in Southwark. Lewisham Council is represented by Ruth Hutt, Public Health Consultant. A Lewisham Children and Young Peoples' commissioner is also on the board. The Council is responsible for commissioning open access specialist GUM provision, sexual health & HIV prevention and promotion, community contraception and sexual health services, and sexual health in pharmacies and primary care (GPs). The 3-borough team also commissions termination of pregnancy services and HIV care and support on behalf of the Clinical Commissioning Groups.
- 1.5 Lambeth, Southwark and Lewisham have some of the poorest sexual health in the country. Lewisham was ranked 17 (out of 326 local authorities, first in the rank has highest rates) for rates of acute STIs in 2012, with 4,066 acute STIs diagnosed in residents of Lewisham (a rate of 1468.2 per 100,000 residents). Lambeth was ranked 1 in England for rates of acute STIs in 2012 with 9773 acute STIs diagnosed in residents of Lambeth (a rate of 3209.7 per 100,000 residents). Southwark was ranked 3, with 6350 acute STIs diagnosed in residents of Southwark (a rate of 2199.4 per 100,000 residents). 48% of diagnoses of acute STIs in Lewisham in 2012 were in young people aged 15-24. In Lambeth, 35% of diagnoses of acute STIs were in young people and in Southwark, 38% of diagnoses were in young people.
- 1.6 London local authorities account for 18 out of the 20 local authorities with the highest diagnosed prevalence rate of HIV in the country. In 2013, the diagnosed HIV prevalence in Lewisham was 8.2 per 1,000

population aged 15-59 years (compared to 2 per 1,000 in England). In Lambeth it was 14.7 per 1,000 population aged 15-59 years and in Southwark it was 12.6 per 1,000. Recently released Public Health figures show increases in serious STIs such as gonorrhoea, with treatment-resistant strains becoming an increasing problem. Gonorrhoea rates have doubled in Lewisham over the last 5 years.

4. Background

4.1 Against this background, the Commissioning Board had a priority to develop a three-borough sexual health strategy, to tackle high levels of need and set clear prevention and promotion programmes in place. The strategy builds on previous LSL strategies, achievements and work of Sexual Health Modernisation Initiative; there was an initial stakeholder engagement day in September 2013, which helped to build the local strategic priorities. Following extensive commissioning and public health engagement, a draft strategy was finalised and launched for consultation in April 2014.

4.2 The strategy sets out the local HIV and sexual health landscape, assessing previous strategies, financial resources and sexual health services in Lambeth, Southwark and Lewisham, as follows:

- Promotion and prevention
- Sexual health services/GUM/psychosexual
- Primary Care
- HIV Care and support
- Termination of pregnancy (abortion)
- Young peoples services & teenage pregnancy

4.3 The strategy sets out the following vision and strategic priorities:

- Embedding good sexual health and wellness as part of a wider health agenda
- Actively promoting good sexual health and healthy safe relationships, not just the absence of disease
- Reducing the stigma attached to sexually transmitted infections (STIs)
- Focusing on those statistically most at risk thereby reducing health inequalities (including young people, BME groups and men who have sex with men)
- Reducing the rates of unplanned pregnancy and repeat terminations, especially for under 18 year olds
- Reducing rates of undiagnosed STIs and HIV
- Aligning strategic priorities with the intentions of our local CCGs
- Developing the workforce to deliver integrated and improved services
- Shifting the balance of care to community-based services that are accessible and responsive to the needs of service users

5. Consultation

- 5.1 The Strategy was developed following a stakeholder event attended by over 100 stakeholders representing a diversity of organisations and communities in September 2013. Key areas of sexual health were discussed with providers from the NHS and voluntary sectors, service users, public health colleagues and others. The draft strategy was launched at a further stakeholder event in April, and was subject to wide-ranging consultation across the three boroughs. During the consultation the Strategy was available on the Lambeth Council website and, via a link, on the Lambeth, Southwark and Lewisham CCG and Council websites, with a dedicated email and online form for responses.
- 5.2 The Strategy has identified three key target user groups: MSM, young people and Black minority ethnic communities. Focus groups were held in each borough with these groups to discuss the Strategy and gain feedback. The strategy was reviewed by primary care networks, by the 3 borough Local Medical Committees and Local Pharmacy Committees and presented to each relevant scrutiny committee, all of whom gave detailed feedback. Healthwatch in each borough has been engaged and responded with detailed feedback. Detailed feedback was also received from local voluntary sector organisations, local NHS (including providers of clinical sexual health services) and children and young people's services
- 5.3 The overall consultation response endorsed aims and vision for the Strategy, recognising the need to shift investment from treatment into prevention, and supported the move towards commissioning services that were delivered closer to home. Key concerns that were raised by the consultation are summarised below along with the response and resultant changes:

Why does the Strategy adopt a medical model and focus on services?

Response: The focus on services, and reshaping services, is key to delivering better outcomes for residents. The plan to shift to community-based services is central to the Strategy and community engagement and involvement is key to bringing about this change.

How will Community and Voluntary Sector Organisations (CVSO) be involved in delivering the Strategy

Response: CVSOs will remain central to delivery on the aims of the Strategy and future commissioning, for example, in the procurement of new prevention services. There are community forums and networks in LSL that can support delivery of the Strategy, for example, the African Health Forum. Work will be undertaken to review how to best support the work of existing networks to deliver on the aims of the Strategy. Detailed plans for community and stakeholder engagement, involvement and activation will be included in the Implementation Plan

Is there sufficient evidence to identify what works to inform commissioning, including for work with African communities and men who have sex with men (MSM)?

Response: Overall, evidence in relation to work with African communities suggests that a multi-component approach to prevention and sexual health promotion is most effective. The Strategy is informed by a service review of SRH and the epidemiology report, which also constitutes a needs assessment. The Strategy sets a direction of travel which includes a shift to self-management, online services and primary care to meet less complex needs. This is widely accepted as offering best value and as increasing patient choice, as backed up by evidence from evaluation and service-user feedback. New service models, including innovative on-line services, will be fully evaluated during development. Partnership work will support further research, looking for best value, particularly given the current financial climate.

Is there a commitment to protecting open access services and patient choice?

Response: The Strategy aims to extend patient choice by extending access to services so that people continue to access sexual health services via open access clinical services as well as an additional range of other community and online services.

Will there be a review of primary care?

Response: There is a need for a review of sexual health work within primary care as part of the work needed to drive forward the vision of the Strategy. An LSL Sexual Health Commissioning Board Primary Care sub-group will deliver this work.

Is there a commitment to supporting workforce development?

Response: There is an on-going need for staff in mainstream services to be trained in HIV and sexual health. Also, many staff in mainstream services may already possess related skills and knowledge but should have access to training to maintain and develop them. Further detail of proposals to take forward workforce development will be included in the Implementation Plan

How can high quality SRE be delivered in all schools?

Response: There is currently extensive work across LSL aimed at ensuring high quality SRE is delivered in all schools and colleges. Work will continue with colleagues in young people's services and education to promote access to quality SRE

Will work related to Hepatitis prevention and Female Genital Mutilation(FGM) be commissioned?

Response: Detail on commissioning in relation to Hepatitis and FGM to be included in the Implementation Plan

- 5.4 In addition to the general comments above specific issues in Lewisham included concerns that funding was significantly lower than in Lambeth and Southwark. This was partially due to the fact there was some missing financial data in the consultation version of the strategy (this has now been rectified); the fact that some HIV care and support spend was transferred to local authorities rather than remaining in the CCG as was the case in Lewisham, and the fact that there is a greater level of sexual health need in Lambeth and Southwark reflecting historical spend on sexual health.

6. Financial implications

- 6.1 In 2014/15 the Public Health grant for Lewisham was £20.08M. Sexual Health expenditure accounts for 36% of the public health grant.
- 6.2 In 2013/14, Lewisham's budget for clinical services was £6.992M, with cost pressures of £300k in demand-led Genito-Uninary Medicine (GUM clinic presentations). A total of over £29m was spent on sexual health services across Lambeth, Southwark and Lewisham, mainly on clinic-based GUM services
- 6.3 As part of the Lewisham Futures Programme a savings proposal of up to £322k was set against sexual health. Delivering this level of saving may make the implementation of aspects of the Strategy very challenging. A final decision regarding the level of investment in sexual health by Lewisham Council will be made in February 2015.

7. Legal implications

- 7.1 There are no specific legal implications arising but it should be noted that, with effect from 1 April 2013, local authorities are required to ensure that comprehensive, open access, confidential sexual health services are available to all people who are present in their area whether resident in their area or not.
- 7.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area

8. Crime and Disorder Implications

- 9.1 None

9. Equalities Implications

- 9.1 An Equalities Impact Assessment has been undertaken and is being further developed to incorporate the detailed response to the consultation.

10. Environmental Implications

10.1 None

11. Conclusion

11.1 The consultation on the Strategy endorsed the overall direction of travel. As a result of the response there will be additional emphasis in the Implementation Plan on: female genital mutilation; Hepatitis; workforce development; co-working with colleagues outside of sexual health; and involving the community and voluntary sector in delivery of the Strategy.

11.2 An Implementation Plan, incorporating the responses to the consultation, is being developed and will be finalised by the end of November. The Implementation Plan will show key actions over the next two years to deliver the Strategy. Key early actions are underway now.

Background Documents

Lambeth, Southwark and Lewisham Sexual Health Strategy 2014-2017

Lambeth, Southwark and Lewisham, Sexual Health Epidemiology, 2013/14

Both documents are available at:

<http://www.lambeth.gov.uk/consultations/lambeth-southwark-lewisham-sexual-health-strategy-consultation>

If you have any difficulty in opening the links above or those within the body of the report, please contact Kalyan DasGupta (kalyan.dasgupta@lewisham.gov.uk; 020 8314 8378), who will assist.

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