

HEALTHIER COMMUNITIES SELECT COMMITTEE		
Title	Lambeth, Southwark & Lewisham Sexual and Reproductive Health Strategy 2019-2024	
Key Decision	No	Item No. 6
Ward	Borough Wide	
Contributors	Danny Ruta – Director of Public Health	
Class	Part 1	Date: 16 th January 2019

1. Purpose

- 1.1 The purpose of this report is to provide members of the Healthier Communities Select Committee with the Lambeth, Southwark & Lewisham Sexual and Reproductive Health Strategy 2019-2024.
- 1.2 The strategy outlines the key sexual health challenges facing our boroughs and identifies four key priority areas for action: healthy and fulfilling relationships; good reproductive health across the life course; high quality and innovative STI testing and treatment; and living well with HIV.

2. Recommendations

Members of the Healthier Communities Select Committee are recommended to:

- 2.1 Note the content of the report.

3. Policy Context

Since the publication of LSL's most recent strategy (2014-17), there have been some significant changes in the sexual health landscape:

- 3.1 The financial climate for public services (and public health services in particular) is extremely challenging, and not predicted to improve in the near future.
- 3.2 New, sustainable ways of funding sexual health services have been adopted across London and other parts of England, which despite now meeting the exact costs of sexual health service provision, have represented a considerable reduction in income for many NHS trusts.

- 3.3 Demand for sexual health services remains high and is not expected to decline, and people across the country often struggle to access sexual and reproductive health services exactly when they want them.
- 3.4 Commissioners and services have had to innovate, and LSL provided proof of concept of STI self sampling via an online service, which has now been adopted across many parts of London to alleviate pressure on sexual health clinics.
- 3.5 The use of pre-exposure prophylaxis (PrEP) has transformed HIV prevention and has likely contributed in part to a reduction in new diagnoses, particularly amongst MSM, and work is ongoing to establish how PrEP will form part of the publically-funded HIV prevention agenda nationally.

4. Background

- 4.1 Lambeth, Southwark and Lewisham (LSL) together face some of the greatest sexual health challenges in England. We have similarly young, mobile and diverse populations, and our local sexual health services are modern and popular. Our rates of HIV and STIs are the highest in England, and there are persistent inequalities in sexual and reproductive health, with young people, men who have sex with men (MSM), and Black and minority ethnic (BME) communities suffering the greatest burden.
- 4.2 Sexual health inequalities cannot be addressed in isolation; it must be done in partnership. Due to the similarities in the challenges we face, LSL collaborate on sexual health commissioning and strategy in order to maximise our efforts to meet the significant and ongoing needs of our populations. This strategy assesses the most up to date intelligence and sets out LSL's shared ambitions and priority areas in sexual and reproductive health over the next five years.
- 4.3 There have been considerable improvements in key outcomes since our last strategy was published in 2014, most notably a reduction in new diagnoses of HIV for the first time in the history of the disease in England, and a continued downward trajectory in rates of teenage conceptions. However, gains have not been made equally across our population. BME communities (and black communities in particular) remain at greater risk of poor sexual and reproductive health.
- 4.4 There is an extremely high rate of diagnosed HIV across LSL – it is the highest in England, and over 8,700 of our residents have been diagnosed with HIV. Just over three quarters of people living with a HIV in LSL are men, the majority of whom are white. Sex between men is the most common HIV exposure category in Lambeth (66%) and Southwark (58%), but in Lewisham, heterosexual contact is the most common exposure type (54%) of those diagnosed.

- 4.5 New HIV diagnosis rates are falling across in LSL, but too many people still receive a late diagnosis, and there are still people living with HIV that are unaware of their status. There remain significant inequalities in those diagnosed late in LSL; people aged 50-64 years, of black African ethnicity, those exposed through heterosexual contact, and women have the highest rates of late diagnosis. Furthermore, a disproportionate number of HIV cases locally are diagnosed in people living in the 40% most deprived areas.
- 4.6 Across LSL, 22,000 new STIs were diagnosed in 2017, with rates highest amongst men and those aged 20-24. While men have higher rates of STIs across most of the life course, women have higher rates of STIs than men at age 15-19. It is unclear what is driving this pattern, but it may be that young people lack the skills and confidence to negotiate safer sex. There is a general downward trend in new diagnoses of STIs in LSL, with the exception of gonorrhoea and syphilis (which most affect MSM). The increases in these STIs is concerning due to antimicrobial resistance and the severity of syphilis. Given the general burden of STIs in our populations, untreated STIs remain a concern in protecting the reproductive health of residents.
- 4.7 In terms of reproductive health, user-dependent contraceptive methods (e.g. condoms, or the pill) are the most common form of contraception used in LSL. This combined with challenging access to services translates to a high use of emergency contraception and abortion, indicating that reproductive health needs continue to be unmet, particularly amongst young, black women.
- 4.8 We know that a large part of improving sexual and reproductive health is supporting people to develop the skills to negotiate the sex (and sexual relationships) that they want to have. Abusive and coercive relationships affect people of all ages, genders, and sexualities, but some groups are at higher risk of unhealthy sexual relationships than others, including young women, people with learning disabilities, and people identifying as LGBTQI+. MSM in particular may be at risk through chemsex, as maintaining control of behaviour and choices while under the influence of drugs may be difficult. However, few local data are available on indicators for safe and healthy sexual relationships.

5. Summary of the Lambeth, Southwark & Lewisham Sexual and Reproductive Health Strategy 2019-2024

- 5.1 Our vision for maximising sexual and reproductive health for all people in our boroughs focuses on four key priorities:

Healthy and fulfilling sexual relationships

- **VISION:** People have healthy, safe and fulfilling sexual relationships

Good reproductive health across the life course

- **VISION:** People effectively manage their fertility and reproductive health, understand what impacts on it, and have knowledge of and access to contraceptives

High quality and innovative STI testing and treatment

- **VISION:** The local burden of STIs is reduced, in particular among those who are disproportionately affected

Living well with HIV

- **VISION:** We move towards achievement of 0-0-0: zero HIV-related stigma, zero HIV transmissions, and zero HIV-related deaths

5.2 LSL will work collaboratively to deliver our vision, guided by a common set of principles:

We will work in partnership, at a local, London and national level	We will commission high quality, effective and financially sustainable services, and capitalise on technological innovations	We will listen to service users' views and experiences and use these to improve what we do	We will focus on reducing inequalities in sexual and reproductive health	We will support the development of a resilient sexual health system
Prevention focused				
Evidence based				

5.3 The strategy and supporting evidence review (see Appendix) describes the aims and objectives that will achieve the vision for each of the four priorities, how we will

work together to achieve them, and the indicators with which we will measure our progress. It is clear that many of these are intertwined. While we will progress many of these objectives collaboratively, each borough will have an annual delivery plan which will set out the borough-specific actions needed to achieve these objectives in a given year.

6. Financial Implications

6.1.

7. Legal Implications

7.1. Legal implications arising are set out in the draft Strategy, in particular Section 5: 'Commissioning responsibilities and local services'.

8. Crime and Disorder Implications

8.1 There are no specific crime and disorder implications arising from this report.

9. Equalities Implications

9.1 The Equality Act 2010 protects us all from discrimination or harassment as a result of a personal characteristic. Good sexual and reproductive health is not equally distributed in the population. Some groups are more at risk of poorer sexual and/or reproductive health based on a common characteristic, most notably young people, Black communities, and MSM.

9.2 While we will continue to commission welcoming, accessible and non-discriminatory services, to reduce inequalities in sexual and reproductive health we also need to commission services aligned with the concept of proportionate universalism. This means that whilst we will maintain open access sexual and reproductive health services for all, we also need to also target resources to those most at risk in order to reduce the burden of poor sexual health in our communities. This theme is threaded throughout this strategy.

10. Environmental Implications

10.1 There are no specific environmental implications arising from this report.

11. Conclusion

11.1 This strategy sets out the actions we will take in each of the above priority areas to continue improving sexual and reproductive health in our boroughs over the next five years. Each borough will have an annual action plan which will include specific steps to deliver this strategy. This approach allows us to collaborate to deliver an overarching strategy and to take local action as needed. Progress against this strategy will be overseen by the LSL Sexual Health Commissioning Board in addition to each borough's Health and Wellbeing Board.