

Non-Executive Report of the: Health & Adults Scrutiny Sub-committee 12 March 2020	
Report of: Somen Banerjee, Director of Public Health	Classification: Unrestricted
Sexual Health Services- update on new services	

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Wards affected	All wards

Summary

Sexual health is an essential element of the physical and emotional health and wellbeing of individuals. It is influenced by a range of social, economic and cultural factors. The provision of an easily accessible and confidential sexual and reproductive health service is vital for the well-being of individuals and their communities.

The purpose of this report is to:

- a) Advise the committee of the needs of the local population regarding sexual health and the council's statutory responsibility for commissioning comprehensive open access sexual health services
- b) Update the committee on how the Integrated Sexual Health Service (ISHS) and other sexual health provisions in Tower Hamlets addresses these needs
- c) Outline some of the service challenges and future opportunities for continued service developments to meet local need through innovation.

Tower Hamlets is an area of very high need for sexual transmitted infections (STI) testing, with the 7th highest rates of (STIs) in the country. Whilst uptake rates for Long Acting Reversible Contraception (LARC, a highly effective and cost-effective method of contraception) are improving, rates remain below the London and England average. The demand for sexual health services is set to continue to increase due to a combination of population change and provision of new HIV prevention technologies.

Since April 2013 councils have been responsible for the commissioning of accessible

services for the testing/ treatment of sexually transmitted infections and provision of a full range of contraception. The London Sexual Health Transformation programme was set up to improve: a) patient access through the integration of contraception services with genitourinary medicine (GUM) b) cost effectiveness of services and c) innovate by commissioning the e-service. For Tower Hamlets the new service model started in 2017/18, through the integrated sexual health service.

In 2019 “Health Watch” undertook several “Enter and View” visits (visits to get feedback about patient experience) at local sexual health services. A mystery shopping programme of the services was also undertaken by the East London councils. This has shown the benefits of integrating services, improvement in patient experience but a need to further improve the booking system for appointments and need for a more joined up approach to termination services.

Recommendations:

The Health and Scrutiny Committee is recommended to:

1. Note the significant improvements that have occurred through the implementation of the new integrated service specification and e-service.
2. Note that demand for services has been increasing and is expected to continue to increase due to population growth and the expected mainstreaming of new HIV prevention technologies such as PrEP in 20/21 – this highlights the importance of prevention, demand management and cost effective approaches (such as the e-service) in addressing cost pressures on the system.

1. REASONS FOR THE DECISIONS

- 1.1 Health Overview and Scrutiny last received an update on sexual health services in March 2018. Since then the new service model, including the e-service, has had time to be fully mobilised. This update report on the benefits of the new service model and highlight areas for further improvement for consideration by the committee.

2. ALTERNATIVE OPTIONS

- 2.1 The Health Overview and Scrutiny Committee can request further updates or information on sexual health services or supporting services.

3. DETAILS OF THE REPORT

Vision

- 3.1 Good sexual health is an important part of physical, mental and social well-being, requiring a positive and respectful approach to sexuality and sexual

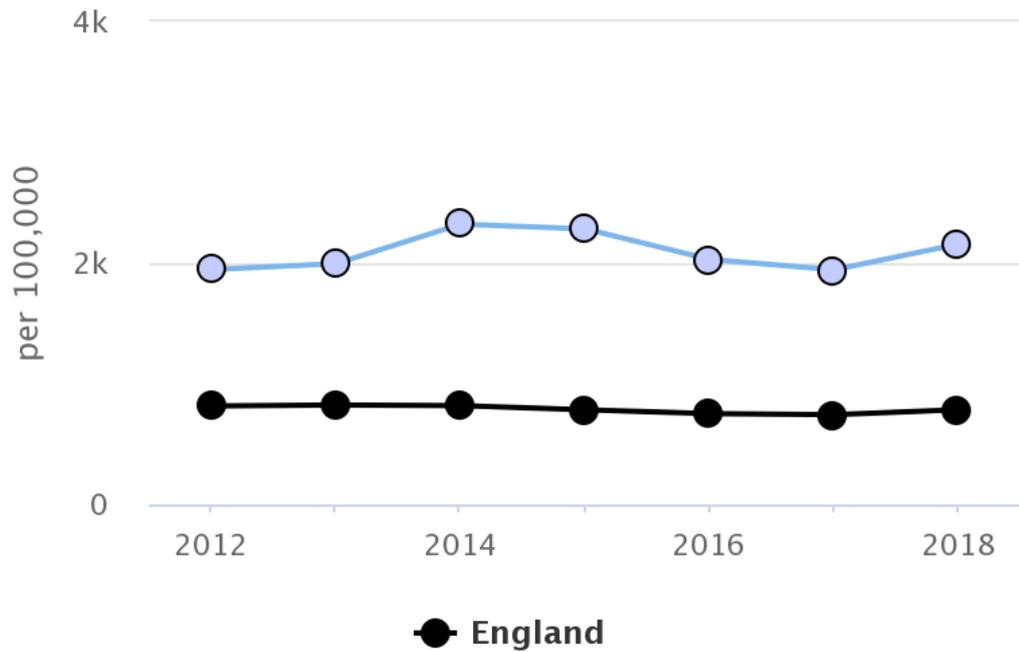
relationships. Promoting sexual wellbeing is important to enable residents to having pleasurable and safe sexual experiences which are free of coercion, discrimination and violence. The provision of an easily accessible and confidential sexual and reproductive health service is vital for the well-being of families, individuals and local communities.

- 3.2 The vision for Tower Hamlets is that it is a borough which promotes good reproductive and sexual health for all our residents by:
- a. Promoting a culture which supports good sexual and reproductive health for all which prioritises prevention and reduces stigma, prejudice and discrimination
 - b. Ensuring access to services that improve sexual health is good for everyone where services offer early detection, effective support/treatment and reduction in the transmission of sexually transmitted infections, including HIV
 - c. Support people to make informed choices about when to get pregnant or choose contraception; reduce unplanned pregnancies, including unplanned teenage pregnancies through good access to family planning advice and a full range of contraceptive options
 - d. Offering sexual health services that are high quality, value for money, proportionate to level of need, provide the right care in the right place with a focus on prevention.

Sexual and reproductive health need

- 3.3 Tower Hamlets remains an area of very high sexual health need with the 7th highest rates of STIs diagnosed in England and, although access to contraception has improved, the uptake rates of long acting reversible contraception remains below both the London and England average.
- 3.4 Figure 1 below shows the rates of STI diagnosis for Tower Hamlets residents has remained very high throughout the last 7 years. This is due to a combination of an adult population with high numbers of young people and the third largest gay and bisexual (gb) male community in the country. Nationally rates of STIs amongst gb men are estimated to be four times higher than the rest of the general population.

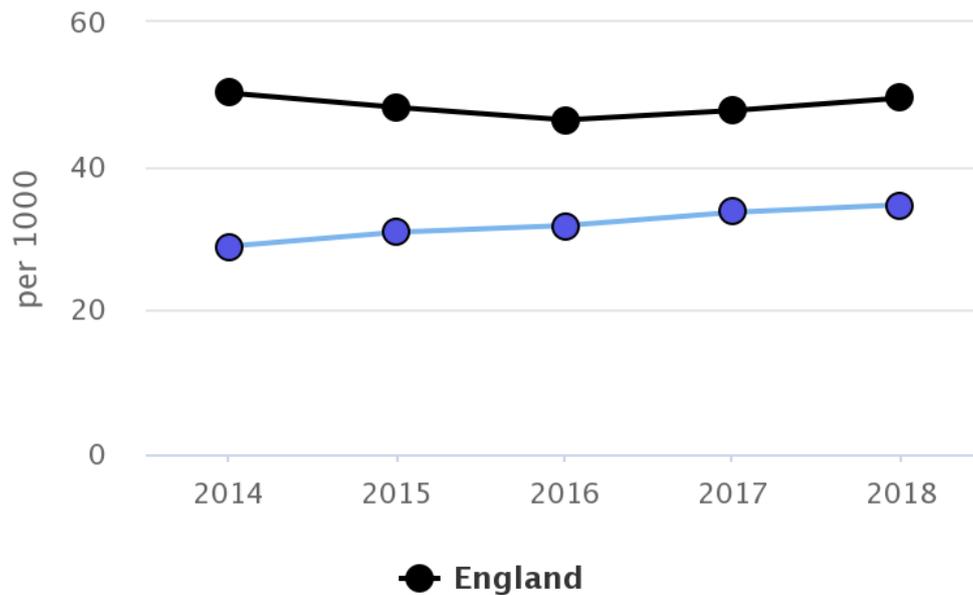
Figure 1 All new STI diagnosis rate per 100,000 (Tower Hamlets and England)



3.5 LARC, long acting reversible contraception, is the collective name for the most reliable forms of contraception. It is important that women and their partners are provided with easy to access and a wide range of contraception from user dependant methods such as rhythm method, condoms, combined oral hormonal pill to LARC which includes intrauterine devices (IUD), Intrauterine system (IUS) and contraceptive injections.

3.6 Figure 2 shows there has also been a small increase in the uptake of LARC in the last two years. There remains an aspiration for Tower Hamlets to further increase access to meet the average rate for London and then England by 2025.

Figure 2 Total prescribed LARC excluding injections rate/ 1,000 for Tower Hamlets



Service provision and developments

- 3.7 Since 2013 local councils have been responsible for commissioning services to provide for a) testing and treatment of sexually transmitted infections (STIs) and b) contraception with services mandated to be open access by the Department of Health. This gives residents the freedom to choose to use any service in England with their council of residence then recharged for costs of clinical care.
- 3.8 In order to improve services councils in London collaborated to deliver the London Sexual Health Transformation Programme. This developed a new approach to the provision of sexual health services by: -
- a) Integrating contraceptive services (CaSH) with genitourinary medicine (GUM) into a single service specification
 - b) Agreeing cross charging arrangements to support open access
 - c) Developing the specification for an e-service option for residents to STI self-sample at clinics or through a postal service.

Integrated contraceptive and genitourinary medicine services

- 3.9 New integrated services were commissioned across London in 2017/18. Barts NHS Trust was confirmed as the local provider of services located in Tower Hamlets, Newham and Waltham Forest.
- 3.10 Since 2018 Barts have undertaken a two million pound investment programme to significantly improve the patient and clinical environment in their two centres of excellence based in Whitechapel and Stratford and satellite services. In Tower Hamlets the satellites are currently in Mildmay Mission Hospital, St

Andrews Medical Centre, Step Forward (for those under the age of 21) and Sylvia Pankhurst Centre at Mile End Hospital. These sites offer provision alongside sexual health services in both GP Practices and Community Pharmacies.

- 3.11 In 2018 approximately 114,500 STI tests were undertaken amongst residents with over 6,500 infections diagnosed, an increase of 22% since 2013.
- 3.12 Access and uptake of long acting reversible contraception has improved. Approximately 3,000 devices were fitted in 2018 a 29% increase compared to 2014, although overall rates remain below those for London and England.
- 3.13 The open access mandate has been maintained and approximately 50% of Tower Hamlets residents choosing to access out of borough sexual health services with the most popular services being provided by Chelsea and Westminster, Homerton, Guys & St Thomas and Central and North West London NHS Trusts.
- 3.14 There is expected to be a continued increase in the uptake of STI testing due to a) continued population growth in Tower Hamlets b) as PrEP, pre-exposure prophylaxis to protect against HIV infection, is mainstreamed in 2020.
- 3.15 The cost effectiveness of STI testing in Tower Hamlets has significantly improved due to the new integrated services and provision of the e-service. The average cost of each STI diagnosed fell by 16% from 2014 (£980 per STI diagnosed) to 2018 (£843 per STI diagnosed). However, there is limited scope to increase testing without increased expenditure.
- 3.16 The integration of the two formally separate contraception clinic and genitourinary medicine clinic into a single integrated service has not only improved patient access but also significantly improved the average cost per LARC device fitted from £1,197 in 2014 to £322 in 2018.

E-service

- 3.17 The e-service was commissioned in 2017 and first started operating from 2018, acting as the digital front door for sexual health for resident across London.
- 3.18 The service is accessible online at shl.uk and in sexual health clinics. Users register using their own device and complete a triage form to check eligibility for self-sampling.
- 3.19 Once eligibility has been confirmed self-sampling kits for a wide range of STIs are sent to users' home or an alternative address with completed samples then returned in the post. Results are usually provided the day after they arrive

at the laboratory and chlamydia treatment is posted to the home. All other positive results for STIs are followed up with appointments at clinics.

- 3.20 For the period (Jan 18-Dec 19) over 22,500 residents Tower Hamlets registered with the e-service, approximately 33,000 triages were completed and 22,000 test kits issued. A kit return rate of approximately 80% was achieved and 684 cases of chlamydia were diagnosed. A further 591 reactive test results for other conditions (Gonorrhoea, Syphilis, HIV, HCB and HCV) were referred to clinic for confirmatory tests and/or treatment.
- 3.21 The e-service is a highly cost-effective service and has helped divert activity that might otherwise go into the acute services. If all the STI testing activity in the e-service from Tower Hamlets residents had taken place within the integrated acute services, this would have cost approximately £1.3m. Once the cost of providing the e-service to residents has been accounted for this gives a cost averted saving of £850,000.
- 3.22 The e-service is rated highly by the authority's residents: 98% would recommend it and they have given it a satisfaction score of 4.8 out of 5.

User experience

- 3.23 Between January and March 2019 Tower Hamlets Health Watch undertook a series of engagements events alongside "Enter and View" visits to look at the following:
- how well service users feel sexual health services meet their needs;
 - any challenges to accessing sexual health support;
 - the amount of information and advice is given to individuals;
 - the perspectives of young people when it comes to accessing sexual health services.
- 3.24 66 residents were spoken to about their experience of sexual health services in Tower Hamlets and a further 116 comments were received through outreach events. Five 'Enter and Views' were undertaken to three sexual health services where 48 service users were spoken to and a workshop was undertaken with 16 young people.
- 3.25 The subsequent report by "Health Watch" published in April 2019¹, concluded the following as working well:
- Overall very positive feedback from service users
 - Staff were kind, reassuring, supportive, non-judgemental and maintained confidentiality
 - Self-referral/ walk in system is very popular with patients
- 3.26 Areas for improvement were identified as the following:

¹ https://www.healthwatchtowerhamlets.co.uk/wp-content/uploads/2019/05/HWTH_Sexual-Health-Services-Report-May-2019.pdf

- Difficulties with the online booking service for local sexual health clinics
- The walk in and wait nature of the service could lead to long waiting times
- There was a need for a more consistent approach to provision of sexual health services in primary care where availability of services varied widely between different practices

3.27 An action plan has been developed jointly by commissioners and service providers to address the issues raised by the Health Watch report for implementation in 2019/21

Wider provision of sexual and reproductive services

3.28 The integrated sexual health service is part of a wider system to improve sexual and reproductive health in the borough and provides a system leadership role including training for primary care and other professionals

3.29 The other services that also play significant role in supporting sexual health outcomes for residents include:

- GP provision of STI testing, treatment of patients who are symptomatic and the provision of long acting reversible contraception (commissioned by LBTH)
- chlamydia screening, chlamydia treatment, condom distribution and emergency contraception provision in community pharmacies (commissioned by LBTH)
- community outreach service for promotion of sexual health and support for people with HIV (commissioned by LBTH)
- integrated young people's health and wellbeing service (commissioned by LBTH)
- cervical screening and HIV treatment (commissioned by NHS England)
- termination of pregnancy services (commissioned by CCG).

Conclusions

3.30 Good sexual and reproductive health is integral to wellbeing. In the context of population growth, a young population, a large gay and bisexual male community and high deprivation, provision of easily accessible, high quality sexual and reproductive service to meet need continues to be an important priority. Population growth as well as new technologies are expected to continue to drive increased demand. This highlights the importance of the prevention, demand management and cost-effectiveness approaches (such as the e-service) described in this report in addressing cost pressures on the system.

5. EQUALITIES IMPLICATIONS

- 5.1 There are significant inequalities within sexual health with people from a range of protected characteristics having higher rates of STIs and lower uptake of contraceptive choices. These include young people, black, Asian and other minority ethnic groups and gay/ bisexual men.
- 5.2 All the sexual health services are monitored against the protected characteristics to ensure proportionate universalism so that those most at risk of poor sexual health can benefit most from service provision.

6. OTHER STATUTORY IMPLICATIONS

- 6.1 The responsibility for ensuring the provision of pre exposure prophylaxis (PrEP), a highly effective HIV prevention method, is the subject of ongoing discussions between NHS England, Local Councils and the Department of Health. PrEP has been made available to Tower Hamlets residents through the Impact Research Trial and planning is now taking place to mainstream provision within 2020/21.

7. COMMENTS OF THE CHIEF FINANCE OFFICER

- 7.1 This report is an update on how the Integrated Sexual Health Service (ISHS) and other sexual health provisions in Tower Hamlets including challenges and future opportunities.
- 7.2 The costs of meeting the nationally mandated requirements for the provision of sexual health services are funded by the Public Health grant. Sexual health represents a financial risk since this is a demand led service, however robust activity and cost monitoring is in place. Efficiencies are sought through Pan London tariff prices and channel shift to more modern and accessible services and the budget has been reduced in line with the agreed MTFs savings from 2017-18 to 2019-20 of £0.5m. Increased cost effectiveness of the service was achieved through implementation of the new integrated service specification in 2017-18 and implementation of the e-service.
- 7.4 The expenditure on providing the integrated sexual health service in 2019-20 is expected to be approximately £5.6m, creating a forecast overspend of £0.35m. This is a result of an increasing number of residents attending services. The overspend will need to be managed within the Public Health Grant for 2019-20.
- 7.5 The level of the Public Health Grant for 2020-21 has yet to be confirmed and any increases in demand for sexual health services or national requirements to commission additional services such as PrEP may result in any additional cost pressures on the Public Health Grant, which will need to be managed.

8. COMMENTS OF LEGAL SERVICES

- 8.1. Sections 244-247 of the National Health Service Act 2006 govern the Council's health scrutiny function. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ("the Regulations"), which are aimed at supporting local authorities to discharge their scrutiny functions effectively. The Council has the power to review and scrutinise matters relating to the planning, provision and operation of the health service in the area and can make recommendations and require a response from NHS bodies.
- 8.2. The Council also has statutory duties pursuant to section 2B (1) of the National Health Service Act 2006 to take steps as it considers appropriate for improving the health of the people in its area and section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012 to provide or make arrangements to secure the provision of open access sexual health services in its area. Reviewing the new service model for sexual health and commenting on the proposals for future opportunities therefore falls within the functions of the Health Scrutiny Sub-Committee.
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Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- None.

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

- None

Officer contact details for documents:

N/A