Merton Council

Cabinet Agenda

Membership

Councillors:

Stephen Alambritis (Chair)
Mark Allison
Nick Draper
Caroline Cooper-Marbiah
Edith Macauley MBE
Tobin Byers
Martin Whelton
Katy Neep
Ross Garrod

Date: **Wednesday 12 October 2016**

Time: **7.15 pm**

Venue: **Committee rooms C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX**

This is a public meeting and attendance by the public is encouraged and welcomed. For more information about the agenda please contact democratic.services@merton.gov.uk or telephone 020 8545 3357.

All Press contacts: press@merton.gov.uk, 020 8545 3181

Cabinet Agenda
12 October 2016

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

CABINET
19 SEPTEMBER 2016

(7.15 pm - 7.45 pm)

PRESENT Councillor Stephen Alambritis (in the Chair),
Councillors Tobin Byers, Caroline Cooper-Marbiah, Nick Draper, Edith Macauley, Katy Neep, Martin Whelton and Ross Garrod.

Ged Curran, Chief Executive
Paul Evans, Assistant Director Corporate Governance
Caroline Holland, Director Corporate Services
Chris Lee, Director Environment & Regeneration
Yvette Stanley, Director Children, Schools & Families
Simon Williams, Director Community & Housing
Anthony Hopkins, Head of Library and Heritage Services

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Mark Allison.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: That the minutes of the meeting held on 15 August 2016 are agreed as an accurate record.

4 REGIONALISATION OF LONDON ADOPTION SERVICES (Agenda Item 4)

The Cabinet Member for Children's Services introduced the report and noted the benefits of working in partnership with boroughs across London to develop the London Regional Adoption Agency.

RESOLVED: That Cabinet

1. Agree, in principle, to join a London Regional Adoption Agency, as supported by London Councils and the Association of London Directors of Children's Services; and

2. Authorise the Director of Children's Services, in consultation with the Cabinet Member for Children's Services, to progress arrangements relating to the development of the Agency model.

5 MERTON ADULT EDUCATION COMMISSIONING UPDATE (Agenda Item 5)

The Cabinet Member for Community and Culture introduced this report which outlined the three year strategic aims for adult learning in Merton. He highlighted the progress made so far and thanked officers for their hard work on this project. The Cabinet Member noted that Lot 3 (provision for learners with learning difficulties and / or disabilities) will continue to be provided in-house, and reassured Cabinet that the quality of service would not suffer as a result.

The Cabinet Member for Children's Services asked if the KPI will include employability and apprenticeships. In response, the Head of Library and Heritage Services reassured Cabinet that an annual report on apprenticeships and employability will continue to be brought to the Sustainable Communities Overview and Scrutiny Panel. The Director of Community & Housing also confirmed that engagement with London's Local Enterprise Partnership is ongoing.

RESOLVED: That Cabinet

1. Agree the 3-year strategic aims for the service.

2. Note the progress made with the commissioning of adult education services and the new arrangements.

6 PLANNING OBLIGATIONS, COMMUNITY INFRASTRUCTURE LEVY, AND PLANNING APPLICATION VALIDATION REQUIREMENTS (Agenda Item 6)

The Cabinet Member for Regeneration, Environment and Housing introduced this report which sought authority for range of planning matters.

RESOLVED: That Cabinet

1. Endorse the approach to neighbourhood CIL governance and authorise public consultation on project themes

2. Delegate authority to the Director of Environment and Regeneration in consultation with the Cabinet Member for Regeneration, Environment and Housing to approve an updated planning application validation checklist for public consultation

7 OPTIONS ANALYSIS REPORT FOR THE RE-PROCUREMENT OF THE HIGHWAY WORKS AND SERVICES TERM CONTRACT (Agenda Item 7)

The Cabinet Member for Environment, Regeneration and Housing introduced this report, which sought agreement to extend the current Highway Works and Services contract with FM Conway, a contract which has run for 37 years to date. The Director of Environment and Regeneration noted that pre-decision scrutiny had taken place and the Panel were supportive of an extension of the contract.

RESOLVED: That Cabinet

1. Note the contents of this report.

2. Agree a two-year extension to the current Highway Works and Services Term Contract with FM Conway, as the most economically advantageous option to continue to deliver planned and reactive highway works from 1 September 2017 to 31 August 2019.

8 FINANCIAL MONITORING JUNE 2016 (Agenda Item 8)

At the request of the Cabinet, the Director of Corporate Services introduced this report and item 9 (Financial Monitoring July 2016) at the same time. She highlighted that between June and July there was an increased overspend and actions being taken to address the overspend will be reported back to Cabinet in October

RESOLVED: That Cabinet:

1. Note the financial reporting data relating to revenue budgetary control, showing a forecast net overspend at year end of £2.7million, 0.5% of the gross budget.

2. Note the proposed adjustments to the Capital Programme detailed in appendix 5b and approve the two items in the table below:

Scheme	**2017/18 Budget**	**Adjustment**	**Revised 2017/18 Budget**	**Estimated Useful Life**
	£	£	**£**	**£**
SWLP Vehicles*	**0**	4,190,000	**4,190,000**	**8 Years**
SWLP Wheelie Bins	**0**	1,512,000	**1,512,000**	**15 Years**
Total **	**0**	**5,702,000**	**5,702,000**	

* to note that this expenditure will be required regardless of whether or not the Phase C of the Waste Partnership is progressed.
** This investment will significantly contribute towards the estimated £2 million of annual revenue savings (allowing for the debt charges of the scheme)

3. Endorse the addition of the £5.702 million SWLP Scheme above and that this is sent to Council on 23 November 2016 for its approval.

4. Note the virement of £109k from the corporate contingency to Children, Schools and Families for the first quarter costs of additional social worker capacity and the virement from Corporate Services to Community and Housing for the housing benefit cost for temporary accommodation.

9 FINANCIAL MONITORING JULY 2016 (Agenda Item 9)

RESOLVED: That Cabinet

A. Note the financial reporting data relating to revenue budgetary control, showing a forecast net overspend at year end of £5.356million, 1.0% of the gross budget.

B. Ask officers to report back next month after reviewing their budgets and estimated outturn, with the actions necessary to reduce the overspend for 2016/17 and mitigate any on-going overspends in future years.

C. Note the adjustments made to the Capital Programme in Appendix 5b and approves the following:

Scheme	2016/17 Budget	Adjustment	Revised 2016/17 Budget	2017/18 Budget	June Monitoring Adjustment	July Monitoring Adjustment	Revised 2017/18 Budget
	£	£	£	£	£	£	£
SLWP Contract	0	0	0	0	5,702,000	1,043,000	1,043,000
Replacement Social Care System	554,590	300,000	854,590	0	0	0	0
Improving Financial Systems	191,000	137,000	328,000	0	0	0	0
Full EDRMS Invoice Solution SCIS/FIS	0	41,000	41,000	0	0	0	0

D. Endorse the revised SLWP Contract figure for progression to Council in November 2016 for approval

E. Agree the virement of £25k between E&R and CSF in relation to a notional rent agreement for Pollards Hill Youth Centre.

10 BUSINESS PLAN 2017-21 (Agenda Item 10)

This report was introduced by the Director of Corporate Services. She highlighted the Medium Term Financial Strategy 2017-21 as detailed in the report and also noted the deadline for the submission of the draft Efficient Plan to the DCLG in order to qualify for the four year funding offer.

RESOLVED: That Cabinet

1. Note the rolled forward MTFS for 2017 - 21.

2. Confirm the latest position with regards to savings already in the MTFS.

3. Agree the approach to setting a balanced budget using weighted controllable expenditure for each department as the basis for the setting of targets.

4. Agree the proposed departmental targets to be met from savings and income.

5. Review the targets and the MTFS at the next meeting in light of the actions identified in response to the monitoring report recommendations set out elsewhere on this agenda.

6. Agree the timetable for the Business Plan 2017-21 including the revenue budget 2017/18, the MTFS 2017-21 and the Capital Programme for 2017-21.

7. Note the process for the Service Plan 2017-21 and the progress made so far.

8. Consider and review the draft Efficiency Plan at Appendix 3 and request officers to submit a final version to the DCLG by the deadline of 14 October 2016 in order to qualify for the four year funding offer.

12 PROPOSED EXTENSION OF THE COMENSURA CONTRACT (Agenda Item 12)

The Director of Corporate Services introduced this report.

RESOLVED: That Cabinet agree the extension of the contract with the existing provider for a further 12 months from 9th December 2016.

13 HARRIS ACADEMY MERTON EXPANSION - CONSTRUCTION CONTRACT AWARD (Agenda Item 13)

The Cabinet Member for Education introduced the report, which sought approval to award the contract for the main phase expansion works for Harris Academy Merton to Lakehouse Construction Ltd. In doing so, she briefly described the benefits of expansion for children in the East of the borough.

The Director of Children, Schools and Families (CSF) noted that the contract sum is almost £300K below the pre-tender estimate and advised that the surplus will be put back into the capital programme budget.

In response to questions from the Leader, the Director of CSF confirmed that the expansion will ease pressure on school places and will retain more pupils in the East, thereby reducing movement across the borough.

RESOLVED: To award the contract for main phase expansion works to Lakehouse Construction Ltd.

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Committee: Cabinet

Date: 12 October 2016

Wards: Ravensbury

Subject: Ravensbury Garages, Ravensbury Grove, Mitcham, CR4 4DL

Lead officer: Chris Lee, Director of Environment and Regeneration

Lead member: Councillor Mark Allison, Deputy Leader and Cabinet Member for Finance

Contact officer: Howard Joy, Property Management and Review Manager

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Recommendations:

A. Land adjoining Ravensbury Garages be declared surplus to requirements.

B. The decision of Cabinet on 18th December 2006 minute 3 D) is rescinded.

C. The Director of Environment and Regeneration is authorised to dispose of the Ravensbury Garage Site under his delegated powers in consultation with the Cabinet Member.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. Ravensbury Garages comprises blocks of disused and derelict garages located at the end of Ravensbury Grove. Cabinet on 15th November 2004 decided that the property was surplus to council requirements and should be sold to a housing association but this decision was varied by Cabinet on 18th December 2006 where the decision was made to sell the property on the open market.

1.2. At the time of the 2004 and 2006 decisions the adjoining housing stock was owned by the Council but on the 22nd March 2010 the Council's housing stock was transferred to Merton Priory Homes. Merton Priory Homes/Circle Housing are intending to redevelop their property and a better more comprehensive scheme can be provided if the property owned by the Council that was excluded from the stock transfer were sold to them and included within the redevelopment.

1.3. These 2004 and 2006 decisions only referred to the block of garages. The new scheme includes an area of adjoining land owned by the Council. To facilitate the redevelopment this extra land needs to be declared surplus to council requirements and the 2006 Cabinet decision needs to be amended to allow sale of both areas to Merton Priory Homes/Circle Housing.

2 DETAILS

2.1. At the Southern end of Ravensbury Grove lie two areas of land that remain within the ownership of the Council as they were not transferred to Merton Priory Homes/Circle Housing on 22nd March 2010 as part of the stock transfer. These two areas adjoin and comprise Ravensbury Garages which are derelict and have laid empty for over sixteen years and an area of grass with a large planter upon it. The total site area of both the garages and the

open space comprises approximately 0.24 hectares/0.59 acres (edged red on attached plan).

2.2. To facilitate the regeneration of the Ravensbury Estate which is owned by Circle Housing it is the intention, subject to authority, to dispose of the Council's freehold interest in both the garages and the adjoining open space (edged red on attached plan – the Ravensbury Garage Site) to Circle Housing.

2.3. A planning application was considered by Planning Applications Committee on 15th September 2016 with a recommendation to grant planning permission to develop this site plus 64-70 Ravensbury Grove to provide 21 Residential units (C3) – comprising 14 flats and 7 dwelling houses. This recommendation was approved subject to conditions.

2.4. An application was submitted on 8th June 2016 to list an area of grass adjoining the entrance to the garages as an Asset of Community Value (cross hatched blue on attached plan). The application did not meet the requirements of the Localism Act 2011 and therefore the area cross hatched blue on the attached plan was not listed as an Asset of Community Value.

2.5. The disposal is subject to obtaining the best consideration reasonably obtainable. The best means of demonstrating this would be through an open market sale. However the adjoining landowner Circle Housing comprises a special purchaser who would be expected to outbid any other interested party. Therefore the DVS (District Valuer Service) has been instructed jointly to provide an independent valuation of the site for sale to a special purchaser. This figure is to form the purchase price.

2.6. Cabinet on 15th November 2004 declared Ravensbury Garages surplus to requirements and authorised the Director of Environment and Regeneration to dispose of the property to Presentation Housing Association. Cabinet also decided that the capital receipt from the sale of this site be used for regeneration purposes-details to be determined through the budget process.

2.7. Cabinet on 18th December 2006 amended its decision on 15th November 2004. This decision was: "That Cabinet agrees to cease all negotiations for new affordable housing on this site as previously decided in a Cabinet report darted 15th November 2004, and that Cabinet approves the sale of this site on the open market, having sought outline planning permission – subject to necessary consents and to be completed by the Director of Environment and Regeneration under the Scheme of Management."

2.8. The decisions of Cabinet on 15th November 2004 and 18th December 2006 have not been superseded and the land that adjoins the garages has not been declared surplus to council requirements. Cabinet will therefore need to declare the area of land surplus to requirements and rescind its decision of 18th December 2006 (Minute 3 D)) to authorise the disposal to Circle Housing by private treaty and the Director of Environment and Regeneration to approve main terms of the disposal under his delegated powers.

3 ALTERNATIVE OPTIONS

3.1. Retain the property. The property is of minimal benefit to the Council.

3.2. Disposal on the open market. This is unlikely to achieve a better redevelopment or capital receipt.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. Through the planning application process.

5 TIMETABLE

5.1. Exchange of contracts will take place as soon as the necessary legal documentation is agreed. Completion of the disposal will take place once an acceptable planning consent is granted.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. Property implications are contained within the “Details” section of this report.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. The council is under an obligation under s123 of the Local Government Act 1972 when disposing of an interest in land to obtain best consideration reasonably obtainable.

7.2. The council has a duty to act fairly and reasonably in carrying out its functions and duties.

7.3. Decisions taken in accordance with the Recommendations of this report will not, in themselves, give rise to any state aid and/or European procurement implications. In addition, paragraph 2.5 of the report provides that the disposal is subject to obtaining the best consideration reasonably obtainable. On this basis, the disposal of the Ravensbury Garages and/or the adjoining land will not engage the state aid rules or the European procurement rules.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. None for the purpose of this report

9 CRIME AND DISORDER IMPLICATIONS

9.1. None for the purpose of this report

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

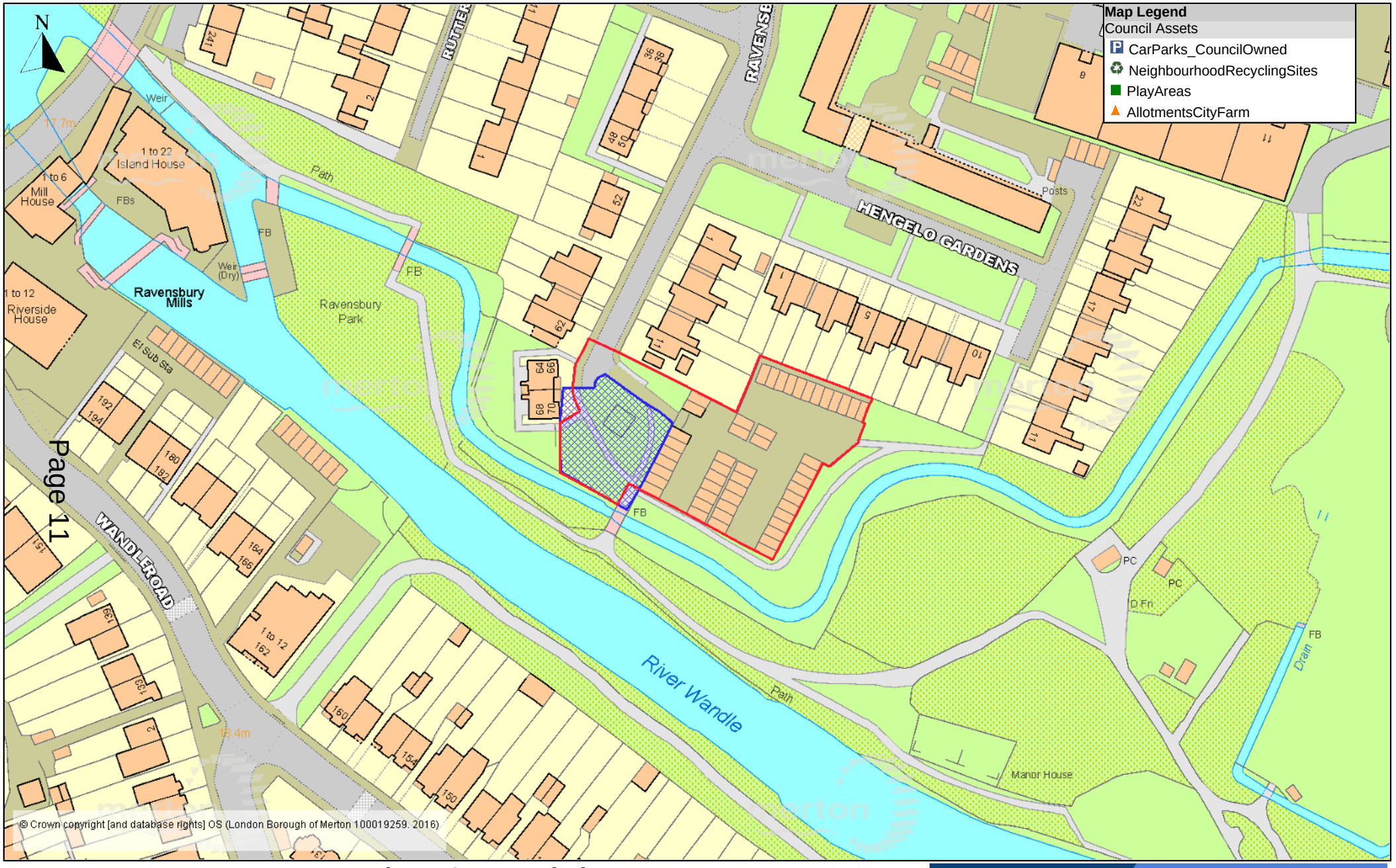
10.1. None for the purpose of this report

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

- Location Plan

12 BACKGROUND PAPERS

12.1. None.



Ravensbury Grove, Mitcham

Scale 1 : 1250

MERTON COUNCIL

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Committee: Cabinet

Date: 12 October 2016

Wards: All

Subject: Merton Sexual Health Commissioning Strategy And Procurement Intentions

Lead officer: Dr. Dagmar Zeuner, Director of Public Health

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

Contact officer: Dr. Anjan Ghosh, Consultant in Public Health

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Recommendations:

That the cabinet:

A. Agrees the outline sexual health commissioning strategy.

B. Agrees delegation to the cabinet lead for the full endorsement of the completed Merton sexual health commissioning strategy once ready.

C. Approves the tendering of a new integrated sexual health service (level 2 and 3) with the London Boroughs of Wandsworth and Richmond upon Thames, contracted for 5 years (with the possibility of two one year extensions) as part of the London Sexual Health Transformation Programme.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

PURPOSE OF REPORT

1.1. The purpose of this report is to brief cabinet members about the overall picture of sexual health in Merton, the challenges and the proposed direction of travel, and

1.2. Furthermore to outline the sexual health commissioning strategy in Merton and,

1.3. To seek approval of the commissioning plans for the joint procurement of a new integrated sexual health service in Merton in partnership with the London Boroughs of Wandsworth and Richmond upon Thames.

EXECUTIVE SUMMARY

1.4. Under the Health and Social Care Act 2012 local authorities have a duty to secure the provision for their residents of open access services for

contraception and for testing and treatment of sexually transmitted infections (STIs).

1.5. This is mandatory and entails the key principles of providing services that are free of charge, open access (open to all those 'present' in the area not just local residents), not restricted by age and confidential.

1.6. 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), teenagers, young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

1.7. The main elements of a modern, comprehensive sexual health service are:

- contraceptive care and abortion;
- diagnosis and treatment of sexually transmitted infections and HIV;
- prevention of sexually transmitted infections and HIV.

1.8. In general sexual health services are structured in three levels:

- Level 1 Services - these are usually STI testing and treatment, immunisation and contraceptive services for uncomplicated cases, usually provided through GP Practices and community pharmacies. In Merton Level 1 services are provided by GP Practices and community pharmacies, and payment is based on activity according to an agreed payment structure;
- Level 2 Services – these are more specialised services for contraception and STIs, provided by a specialist community health service. In Merton Level 2 services called CaSH (Contraceptive and Sexual Health) services are provided by the local Community Health Service through CLCH (Central London Community Healthcare NHS Trust), and this is funded through a block contract;
- Level 3 Services – these are highly specialised services for people who have complex, chronic and intensive needs. This is provided through Genito-urinary medicine clinics (GUM clinics) typically based in an NHS Acute Trust. Level 3 services are all provided outside Merton as we do not have an acute trust in the borough. Majority attend GUM services in St Georges Hospital, followed by Epsom and St Helier NHS Trust and Kingston NHS Trust. We are cross-charged by these trusts for any patients they see who are resident in Merton according to their tariff structures.

1.9. Most sexual health services are directly funded by the Merton Council and others (e.g. terminations) through the Merton CCG and NHS England (screening, immunisation, HIV treatment and care). Because we do not have

local GUM services (level 3), nor an integrated service, we have very little control over the spend of a significant portion of the sexual health budget.

1.10. There is a wider Pan-London programme of work underway to maximise the effectiveness and efficiency of the sexual health provision across London, called the London Sexual Health Transformation Programme (LSHTP) and this is a major driver for changes in sexual health service design to an integrated model (the integration is across the three levels described above, particularly levels 2 and 3). This is also a key driver for all SW London boroughs and facilitates a more joined up and seamless service to residents, while achieving potential savings, economies of scale and enhancing quality and patient experience.

1.11. The outcomes we wish to achieve for our Merton residents are to:

1. Reduce unwanted pregnancies, including teenage pregnancies
2. Reduce harm from STIs and HIV
3. Reduce inequalities in sexual health
4. Fulfil our statutory duty to provide open access services for contraception and for testing and treatment of sexually transmitted infections

1.12. Our main commissioning priorities are to:

1. Promote prevention of STIs including HIV, through greater awareness and education, use of condoms, and better self-care
2. Provide the right care in right place & effect a channel shift to the most cost-effective level of care that is clinically appropriate through the provision of an integrated CASH and GUM services that incorporates e-services
3. Improve quality, access, equity and safety, including safeguarding such as Female Genital Mutilation (FGM), and Child Sexual Exploitation (CSE)

1.13. Additionally, the total PH grant for 2015/16 was £9,236,000 (pre-in year cuts). The Sexual Health (SH) expenditure in the year was around £3,000,000, which is viewed as disproportionate to the overall PH budget (33% of PH grant). Public Health Merton is seeking to change this shape by finding savings from 2017/18 onwards from the SH budget rather than other PH areas.

1.14. By 2020 we aspire to have a fully integrated sexual health service, joining up community pharmacy and GP Practice services in primary care with Level 2 CaSH services and Level 3 GUM services in a seamless provision, underpinned by a negotiated Integrated SH Tariff and the Pan-London e-service that effectively triages patients and forms the portal to sexual health services in Merton and across London.

1.15. An opportunity has presented to Merton to create an integrated sexual health pathway for Merton residents, through the procurement of a integrated sexual health service in Merton in partnership with the London Boroughs of Wandsworth and Richmond upon Thames.

2 DETAILS

A. Context

2.1. Under the Health and Social Care Act 2012 local authorities have a duty to secure the provision for their residents of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs).

2.2. This is mandatory and entails the key principles of providing services that are free of charge, open access (open to all those 'present' in the area not just local residents), not restricted by age and confidential.

2.3. Adapted from the current WHO (World Health Organisation) working definition, sexual health is:

"…a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, and the sexual rights of all persons must be respected, protected and fulfilled." (WHO, 2006a)[1]

2.4. STIs are spread by infectious organisms between sexual partners. Some STIs present with symptoms such as discharge, pain and ulcers while others are asymptomatic and may remain undetected without testing. STIs are largely treatable but if undiagnosed can cause serious health problems and long term consequences.

2.5. As can be appreciated from the definition, this is a complex area of need and provision, and includes areas such as the prevention, early diagnosis and treatment of STIs like HIV, syphilis, gonorrhoea and chlamydia- there are 27 different STIs[2], contraception, unplanned teenage conceptions, condom distribution, contact tracing and partner notification, screening, immunisations, counselling, sex and relationships education especially to young people, risk reduction and other areas (termination of pregnancies).

2.6. Sexual health has particular public health significance to individuals and society because of the implications of person to person spread of STIs and transmission from mother to child. Addressing sexual health encompasses both a population-based approach towards prevention, promotion of sexual well-being and reduction in risk-taking behaviour; and an individual approach

[1] http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/
[2] https://www.medinstitute.org/faqs/how-many-stis-are-there-and-what-are-their-names/

to early detection, treatment and contact tracing. It can be a highly emotive issue, with conflicting social, religious and cultural norms and values, and issues of stigma, discrimination and violence.

2.7. The main elements of a modern, comprehensive sexual health service are:

- contraceptive care and abortion;
- diagnosis and treatment of sexually transmitted infections and HIV;
- and prevention of sexually transmitted infections and HIV.

2.8. In general sexual health services are structured in three levels (appendix A for details):

- Level 1 Services - these are usually STI testing and treatment, immunisation and contraceptive services for uncomplicated cases, provided generally through GP Practices and community pharmacies.
- Level 2 Services – these are more specialised services for contraception and STIs, provided by a specialist community health service.
- Level 3 Services – these are highly specialised services for people who have complex, chronic and intensive needs. This is provided through Genito-urinary medicine clinics (GUM clinics) typically based in an NHS Acute Trust.

2.9. Who commissions what[3]

Local authorities commission:

- Comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- Sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
- Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

CCGs commission:

- Most abortion services
- Sterilisation
- Vasectomy
- Non-sexual-health elements of psychosexual health services

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3 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf

- Gynaecology including any use of contraception for non-contraceptive purposes
- HIV testing when clinically indicated in CCG-commissioned services (including A&E and other hospital departments)

NHS England commissions:

- HIV treatment and care including drug costs
- Sexual health elements of prison health services
- Sexual assault referral centres
- Cervical screening
- HPV immunisation programme
- Specialist foetal medicine services

B. Outline Sexual Health Commissioning Strategy

2.10. Picture in Merton

2.10.1 Acute STIs

In Merton there were 2,130 cases of STIs diagnosed in 2014, a rate of 1048 per 100,000 of the population, which was significantly higher than the England rate of 797 per 100,000 but lower than the rate in London *(HPA, 2014)*. Compared to the 33 local boroughs in London, Merton is ranked 19 (where 1st is the highest rate) for rates of new STI diagnoses. When compared to the 326 local authorities in England, in 2014 Merton was ranked 24th for rates of new sexually transmitted infections (where 1st is the highest rate). Although the number of new STI cases have remained fairly stable between 2013 to 2014, during this period Merton has gone from having the 43rd highest rate of STI diagnoses amongst England' local authorities to the 24th highest rate *(Laser Report, 2014)*.

2.10.2 HIV/ AIDS

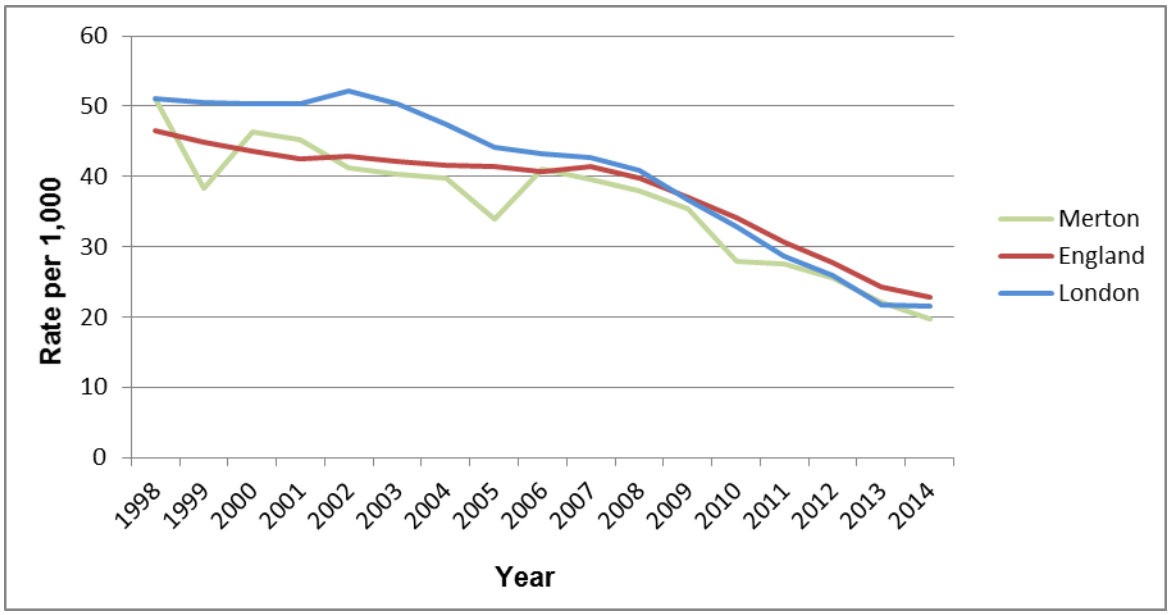
In 2014, 542 people in Merton were known to be living with HIV. This equates to a prevalence rate of 4.1 per 1,000 population amongst those aged 15-59 year, which was significantly higher compared to the rate in England of 2.2 per 1,000 population. In London, Merton is ranked 21 out of the 33 boroughs (with 1 having the highest prevalent rate).

2.10.3 Teenage Conception

In 2014, there were 60 conceptions in Merton to women under the age of 18 years. This is equivalent to a conception rate of 19.7 per 1,000 women aged 15 to 17 years, and is comparable to that for London at 21.5 per 1,000 and for England at 22.8 per 1,000 (HPA, 2014).

From figure below it can be seen that rates have been reducing fairly consistently over time. Between 1998 to 2014, Merton achieved a 61% reduction in its under 18 conception rate. This reduction in rate is greater than that seen for London (58%) and for England (51%).

Figure: Under 18 Conception Rates per 1,000 females aged 15-17 years in Merton, London and England (1998-2014)



(Source: HPA, 2014)

2.10.4 **At Risk Groups in Merton (inequalities)**

Sexual health is affected by socioeconomic inequalities with those living in areas of deprivation being more at risk of adverse outcomes. In Merton deprivation is higher in the eastern wards, in particular areas around Figges Marsh and Pollards Hill.

The groups in Merton that are disproportionately at risk of poor sexual health include Black and Minority Ethnic Groups (BAME), Lesbians, Gay, Bisexual and Transgender people (LGBT) and young people.

2.11. **Current Services in Merton**

The following services are commissioned by Public Health Merton in the Council:

2.11.1 ***Level 1 services*** are provided in Merton through GP practices and community pharmacies. All GP practices can provide oral contraception (OCP) and emergency hormonal contraception (EHC) via NHS Merton CCG funding. Through Public Health funding 10 Practices additionally provide LARC (long active reversible contraception). 19 GP practices also provide

chlamydia testing. Community pharmacies provide EHC (8 pharmacies) and chlamydia testing (18 pharmacies). All the services provided by GP practices and pharmacies are described as locally commissioned services (LCS) and are directly funded by Public Health Merton. Payments are activity based.

2.11.2 ***Enhanced open access Level 2 services*** are provided by CaSH services as part of the wider contract for community services which is managed by Merton CCG. The new provider, Central London Community Healthcare (CLCH) NHS Trust commenced delivery of this service on the 1st April 2016. There are two sites - Patrick Doody clinic in Wimbledon is the hub and Wideway Clinic in Pollards Hill is the satellite. Services provided include: contraception, cervical screening, Chlamydia and gonorrhoea screening (as part of the national screening program for under 25s), sexual health advice and assessment and psychosexual counselling. This is a block contract.

2.11.3 ***Level 3 GUM services*** are not provided within Merton as there is no Acute Trust in the borough. Residents have to travel out of borough to attend clinics. The principal providers of GUM services to Merton residents include St George's Hospital GUM (42.9%), St Helier's Hospital GUM (12.6%) and Kingston Hospital GUM (11.0%). However Merton residents often attend GUM services in and around London, with roughly a fifth of Merton residents attending GUM services beyond their neighbouring boroughs. Payments are activity based.

2.11.4 ***Other services*** include a SW London HIV service and a young people's service provided through the CaSH service (Check It Out) and the Risk and Resilience Service.

2.12. Merton CCG and NHS England commission services as outlined earlier in section 2.9

2.13. **London Sexual Health Transformation Programme (LSHTP)**

Within London there is a very high level of cross-boundary travel for sexual health services. Because of this, and to secure a strengthened negotiating position with providers, the majority of London boroughs have worked together through the London Sexual Health Transformation Programme (LSHTP).

This joint working has three main elements:

2.13.1 ***Procurement of e–services***. This programme seeks to establish an electronic 'front door' for sexual health services. The purpose of this is to provide an on-line triage assessment, enable users of the service to access home testing kits, and to route those who need to be seen in a clinic to the most appropriate service. The objective is that around 30% of those who would otherwise have attended clinics will have their needs fully met by this service.

2.13.2 ***The Integrated Sexual Health Tariff (ISHT)***. The tariff defines the main categories of activity undertaken in contraception and STI services, and assigns an expected cost to each intervention. The intention is that all boroughs will pay providers commissioned by any London borough in accordance with the volume of activity and at the ISHT price. For almost all boroughs, ISHT when applied to the actual activity undertaken in 2015/16, would have secured a significant saving compared to the contract price actually paid.

2.13.3 ***Sub-regional procurement of clinic-based services.*** The objective of this strand of activity is to shape the configuration of sexual health clinics within London, on the basis of an agreed service model. This model brings together previously separate services (predominantly community based Reproductive Sexual Health (RSH) /Contraception and Sexual Health (CaSH) services, which have been mainly concerned with contraception, and predominantly hospital based GUM services, which have been mainly concerned with STIs) into a system where patients are seen according to their level of need,, This entails a hub (complex or Level 3) and spoke (Level1/2) model, underpinned by triage through the London e-service described above. This service offer is in line with Department of Health best practice models and seeks to ensure consistency across London.

2.14. **Challenges and case for change for Merton**

2.14.1 The vision is to focus on prevention and self-management so as to decrease the need for attendance at services. Where services are required the focus is on channel shift to ensure that patients are seen at the right time and the most appropriate level for their needs. Behaviour change is a challenge and will take time to establish so Merton will work with other London boroughs to achieve these changes across the capital.

2.14.2 Sexual health is a complex area of commissioning. Sexually Transmitted Infections (STIs) are increasing in London at the same time as finances are decreasing. Demand is continuing to rise and while there is some levelling in the overall rates of STI infection, there are worryingly high levels of increase in the rates of diagnosis of Syphilis and drug-resistant Gonorrhoea.

2.14.3 Merton has a high rate of acute STI diagnosis and without our own GUM services this poses a challenge both in terms of prevention and also in terms of a spiralling GUM cost pressure to Merton Council.

2.14.4 Current total value of the SH budget under Public Health in 2016/17 is £3,011,314 of which the GUM provision costs £2,136,100 and the CaSH service costs £638,436. The total PH grant for 2015/16 was £9,236,000 (pre-in year cuts). The Sexual Health expenditure is viewed as disproportionate to the overall PH budget (33% of PH grant). Public Health Merton is seeking to change this shape by finding savings from 2017/18 onwards from the SH budget rather than other PH areas.

2.14.5 There is a statutory duty for local authorities to provide open access sexual health services, which are open to all those 'present' in the area not just local residents. In the short term changing the payment mechanism for these services, by moving to a new London Integrated Sexual Health Tariff (ISHT) from April 2017, should lead to savings for the council. However in the longer term system re-design is needed to ensure continued efficiencies whilst also meeting client needs.

2.14.6 Commissioning and paying for separate level 2 and 3 services rather than having an integrated service means Merton cannot obtain the same cost efficiencies as other boroughs, or achieve the required system re-design. For example in the current system there would be instances where double charging may occur. Furthermore with the LSHTP procuring an e-service provision, the introduction of ISHT and the cost pressures on the Public Health budget, an integrated sexual health clinical service presents the opportunity to improve patient experience and service quality by creating a seamless service for our residents in Merton, achieve the channel shifts for patients to be seen at the most appropriate levels, while increasing our control over the services in order to achieve savings.

2.14.7 On a SW London footprint, three boroughs (Kingston, Croydon and Sutton) have either already got an integrated service provider who they are negotiating with to achieve service model changes, or in the case of Sutton have recently commissioned a new integrated sexual health service.

2.14.8 Wandsworth plan to commence procurement for a fully integrated sexual health service underpinned by the LSHTP e-services in November 2016. Merton and Richmond have the option of joining this procurement and collaboratively commissioning across a smaller SW London sub-region.

2.14.9 In the wider and longer term context, services that promote sexual well-being particularly for young people, with appropriate PSHE in schools, SRE that bolsters emotional and mental health, and the provision of young people friendly services must be strengthened in order to stem the "flow" into clinical services.

2.14.10 The interfaces of risk taking behaviour between sexual health, substance misuse and mental health must be addressed as part of the wider integration agenda. There are safeguarding areas where alignment is imperative such as around domestic violence, child sexual exploitation, and female genital mutilation.

2.14.11 New emerging areas such as Chemsex have increased the challenges in terms of HIV and STIs particularly among MSM – our sexual health strategy needs to be able to tackle this area.

2.15. **The outcomes we wish to achieve for our Merton residents:**

2.15.1 *Reduce unwanted pregnancies, including teenage pregnancies*

Merton has seen significant reductions in teenage pregnancies but this needs to be continued. As the numbers get smaller, each additional unwanted conception becomes harder to prevent. Merton also has a high rate of repeat terminations for women under 25 years of age, and to fully optimise the gains seen in reducing unwanted pregnancies, assertive outreach and intervention is required to reduce repeat terminations.

2.15.2 *Reduce harm from STIs and HIV*

This required a robust and strengthened prevention programme, particularly geared towards young people. It also requires continued early detection and treatment. While significant improvements have been seen in timely HIV diagnosis, the late diagnosis rate can be improved further. This ties in with service redesign and channel shift, through a fully integrated sexual health service that eventually encompasses primary care as well.

2.15.3 *Reduce inequalities in sexual health*

In Merton Black and Minority Ethnic Groups (BAME), Lesbians, Gay, Bisexual and Transgender people (LGBT) and young people are disproportionately at risk of poor sexual health. We must ensure that services are designed and provided to reduce inequities and inequalities, and are culturally sensitive and appropriate.

2.15.4 *Fulfil our statutory duty to provide open access services for contraception and for testing and treatment of sexually transmitted infections*

The commissioning of an integrated sexual health service is central to this outcome, in order to provide a virtual open access gateway through the e-portal and simultaneously achieve savings.

2.16. **Our main commissioning priorities are to**:

2.16.1 Promote prevention of STIs including HIV, through greater awareness and education, use of condoms, and better self-care

2.16.2 Provide the right care in right place & effect a channel shift to the most cost-effective level of care that is clinically appropriate through the provision of an integrated CASH and GUM services that incorporates e-services. This is through a fully integrated sexual health service.

2.16.3 Improve quality, access, equity and safety, including safeguarding such as Female Genital Mutilation (FGM), and Child Sexual Exploitation (CSE)

2.17. **Proposed process for finalising the Merton sexual health commissioning strategy**

The refresh of the Health Needs Assessment (HNA) is almost complete and will inform the development of a five year sexual health strategy for Merton. This will be a joint strategy with Merton NHS CCG. The challenges and opportunities above will form the basis for the action plan. A multi-partner steering group (including MCCG commissioners, local authority colleagues from LBM Adult Social Care and Children's, Schools and Families, clinical colleagues from Primary Care and voluntary sector partners) will be established to help the development of the draft strategy, which will be consulted on with key stakeholders. Considerable public health engagement has already taken place in a deep dive review of sexual health services that was undertaken by MBARC (a Management Consultancy and Social Research organisation http://www.mbarc.co.uk/). The final strategy will be submitted for endorsement by the Cabinet Lead, should the cabinet approve delegated authority.

For timetable please see section 5.

C. Procurement plan for an integrated level 2 and 3 sexual health service

2.18. **Joint Procurement of Integrated Sexual Health Clinical Services with Wandsworth and Richmond, as part of LSHTP**

In the immediate context, the opportunity to jointly procure an integrated sexual health service with Wandsworth and Richmond is a high priority.

2.18.1 The integrated model would consist of a 'hub' providing level 2 and 3 sexual health services located in Wandsworth, with several level 2 'spokes'. It would be specified that one or more of these 'spokes' must be in Merton. At a later stage the Merton provision is envisaged to become a "fully integrated" service whereby services provided by GP Practices and Community Pharmacies are incorporated.

2.18.2 This model will incorporate the LSHTP e-service, supporting self-testing at home and the ISHT.

2.18.3 A paper was presented to the Merton Procurement Board on 20th September 2016, and this was approved with certain caveats and subject to final approval by the Cabinet.

2.18.4 The paper describes the risks and the benefits in detail. Members will note that this joint procurement presents Merton Council with the opportunity to develop an integrated sexual health service that achieves many of the outcomes set out above. Of necessity it also entails the discontinuation of the CLCH provided CaSH service with effect from October 2017, when the new service is envisaged to commence.

2.18.5 There are potential financial penalties for decommissioning CLCH CaSH services. The financial risk of terminating the CLCH contract is being estimated.

2.18.6 The procurement will consist of:

- As a minimum, an integrated sexual health service for Merton and Wandsworth, replacing the current contract with St George's University Hospitals NHS Foundation Trust and the CaSH contract in Merton;
- The procurement of services for Merton consists of:
  a) Procuring sexual health services in Merton as part of the procurement of an integrated sub-regional service. It is likely an integrated model would consist of a 'hub' providing level 2 and 3 sexual health services with several level 2 'spokes'. It would be specified that one or more of these 'spokes' must be in Merton;
  b) Decommissioning CaSH services currently provided by CLCH. Merton has the option of terminating the contract with the current provider to allow for its incorporation in the current procurement, and has had formal discussions with the current provider that this is under consideration. CLCH will be invited to bid for the remodelled integrated services
- Procurement of a community contraception and sexual health service for Richmond. Depending upon Richmond's decision, this might either be as provision within a single procurement of an integrated sub regional service or as a stand-alone CaSH service to be procured as a separate lot.

3 ALTERNATIVE OPTIONS

3.1. This is relevant for the proposed joint procurement of an integrated sexual health service with Wandsworth and Richmond.

3.2. The alternative option is business as usual: Continue with the current contract for enhanced level 2 sexual health services with CLCH but with a contract variation to use the London integrated sexual health tariff (ISHT) from 1st April 2017, and pay for GUM service cross charging as before but under ISHT.

3.3. The alternative option has major disadvantages in the long run:

3.3.1 There is very limited scope in this model to develop a seamless and integrated service for residents that meets their needs.

3.3.2 It will be difficult to create the channel shifts so that residents are seen at the right level for their need, and make savings.

3.3.3 It is in fact very likely to cost Merton Council more when growth is factored in, and the implementation of the ISHT in the current CaSH service. There are a number of reasons for this:

- There is the possibility that there will be double charging between separate CaSH and GUM services for diagnostics.
- There is no incentive for CaSH services to work in an integrated way with GUM providers, so some of the projected savings are not going to be experienced in this model.

3.3.4 Merton Council would be out of step with the wider sub-regional and London-wide move to integrated services.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. Sexual Health Strategy

4.1.1 As mentioned in the strategic framework (section 2.22), the development of the strategy will be led by a multi-partner steering group and key stakeholders will be consulted on the draft.

4.1.2 Considerable public health engagement has already taken place in a deep dive review of sexual health services that was undertaken by MBARC. A survey was conducted amongst current and potential sexual health service users in order to gather qualitative data regarding the services and provisions provided by Merton. Summary included in appendix as Merton voice.

4.1.3 Further consultation will be undertaken with service users and residents if indicated.

4.2. Joint procurement of an integrated sexual health service with Wandsworth and Richmond

4.2.1 As clinic-based services are specialised service provision, there are only a limited number of prospective suppliers, which are mostly NHS Trusts. A soft market testing questionnaire was issued, to which responses were returned on 14th September, exploring a number of issues that may affect the response to the procurement. In particular, this sought views over whether a single procurement exercise or division of the procurement into borough lots is most likely to secure market interest, and which option offers the greatest potential for efficiency saving. In the process of the procurement, once agreed, a further provider engagement event/ exercise will be undertaken

5 TIMETABLE

5.1. Sexual Health Commissioning Strategy

5.1.1 The timetable has not yet been developed but the strategy is aimed to be developed October to December 2016 and finalised in the last quarter of this financial year (Jan-Mar 2017).

5.2. Joint procurement of an integrated sexual health service with Wandsworth and Richmond

5.2.1 This is commercially sensitive information but the all the three boroughs are undertaking an internal approval process similar to Merton concurrently. Once all three boroughs have agreed to jointly procure and the necessary Inter Agency Agreements (IAAs) are in place (by October), the service will go out to tender by end November 2016. The contract will be awarded by April 2017 and the service will commence in October 2017.

5.2.2 CLCH require to be given a notice of the termination of their CaSH contract with LBM with at least six months' notice.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. Total value of the 2016/17 SH budget is £3,011,314 which includes GUM and CaSH provision of £2,774,536.

6.2. Of this, the estimated value for GUM services through St George's Hospital and CaSH combined will be £1.7m in 2017/18 and annually, modelling with ISHT. This assumes an annual growth of 3.5% and modelling suggests upto a maximum of 13% saving.

6.3. This complex modelling was undertaken by LSHTP for all the boroughs participating in the LSHTP. A sample of three months of real-time activity from 2015/16 was used to model the financial implications for each borough, and then extrapolated to a full financial year factoring in growth and other parameters. In Merton's case, using modelled assumptions there could be a maximum of upto 13% reduction in spend (Estimated actual spend for 2015/16 £2,590,859 and the projected spend through ISHT with caveats is £2,235,786) on these sexual health services. This is a maximum saving of £355,073 annually. In the first year as the service is establishing from October 2017, it is unlikely that this level of saving will be experienced. However once the service embeds it is hoped that we will be able to achieve a significant proportion of the projected savings.

6.4. Potential financial penalties could be incurred by Public Health Merton for decommissioning CLCH CaSH services. The financial risk of terminating the CLCH contract is being estimated, given the contract value of £638,436.

6.5. The table below shows the total PH budget for sexual health in 2016/17. Current budgetary commitments for sexual health relevant to levels 2 and 3 sexual health services are highlighted.

Table: 2016/17 PH budget for sexual health

HIV services (SWL) Contract		£ *49,900*
HIV services (Pan-London) Contract		£ *20,278*
Locally Commissioned Services	Emergency Contraception in pharmacies and Webstar IT system Contract	£ *25,600*
	LARC GP Contracts	£ *84,100*
	Chlamydia Testing Contracts (Including Free Test Me and Check Urself)	£ *23,900*
CaSH Contract (CLCH)		£ *638,436*
GUM Services (includes CSU contract)		£ *2,136,100*
LSHTP (London Sexual Health Transformation Programme)		£ *33,000*

Total value of the 2016/17 SH budget £3,011,314 which includes GUM and CaSH provision of £2,774,536.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. Under the Health and Social Care Act 2012 local authorities have a duty to secure the provision for their residents of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs). This is mandatory.

7.2. The procurement of the integrated sexual health services will be undertaken as part of the London Sexual Health Transformation Programme in collaboration with the London Boroughs of Wandsworth and Richmond.

7.3. Merton will enter into an inter-agency agreement for this joint procurement, with Wandsworth as the lead procurement borough. That a Procurement Project Board, of which Merton is a part, represented by Public Health Merton and if capacity permits, a procurement officer, jointly chaired by the Deputy Director of Public Health (Designate) for Richmond and Wandsworth and the Head of Commissioning for Prevention and Wellbeing (Designate) for Richmond and Wandsworth shall be established to secure agreement of the remaining details of the procurement, subject to sign-off by all three Councils.

7.4. Upon the successful procurement and award of contract, London Borough of Merton will enter into a collaborative agreement with Wandsworth and Richmond for the duration of the contract length.

7.5. Merton council legal services and procurement are closely involved in the work and will provide continued support and advice.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The outline commissioning strategy and proposed joint procurement of an integrated sexual health service explicitly aim to reduce sexual health inequalities. The full commissioning strategy and integrated service specifications will have EIA (Equality Impact Assessments) undertaken.

9 CRIME AND DISORDER IMPLICATIONS

None

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. There are clear risks in relation to the integrated sexual health services procurement. The main risks are:

10.1.1 Financial risk of decommissioning CaSH services in CLCH.

10.1.2 Risk of instability of the CaSH service in 2016/17 once our commissioning intentions become public.

10.1.3 Risk of the procurement failing.

10.2. The Procurement Board considered these risks and made a few recommendations to mitigate the risk in this complex procurement.

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

- Appendix A: Sexual health service Levels 1, 2 and 3
- Appendix B: Merton Voice- summary of MBARC findings

12 BACKGROUND PAPERS

Procurement Board Paper on Sexual Health that was discussed at the Procurement Board meeting on 20.09.2016

Appendix A: Sexual health service Levels 1, 2 and 3

The following lists comprise elements of STI management that are appropriate at various levels of service provision. They are drawn from the three Levels (1, 2 and 3) defined in the *National strategy for sexual health and HIV,* published by the Department of Health in 2001.

- Sexual history-taking and risk assessment
- Signposting to appropriate sexual health services
- Opportunistic screening for genital chlamydia in asymptomatic males and females under the age of 25
- Asymptomatic STI screening and treatment of asymptomatic infections (except treatment for Syphilis) in men (excluding MSM) and women
- Partner notification of STIs or onward referral for partner notification
- HIV testing
- Point of care HIV testing
- Screening and vaccination for hepatitis B
- Information about the full range of contraceptive methods
- First prescription and continuing supply of oral contraception
- First prescription and continuing supply of injectable contraception
- Emergency oral contraception
- IUD/IUS routine follow-up
- Pregnancy testing, and advice and non-directive support about pregnancy choices
- Referral for Termination Of Pregnancy (TOP) assessment
- Referral for antenatal care
- Referral for vasectomy and female sterilisation
- Sexual health promotion
- Condom distribution
- Assessment and referral for psychosexual problems

Incorporates Level 1 plus:

- STI testing and treatment of symptomatic but uncomplicated infections in men (except MSM) and women excluding:
  - men with dysuria and/or genital discharge
  - symptoms at extra-genital sites, e.g. rectal or pharyngeal
  - pregnant women
  - genital ulceration other than uncomplicated genital herpes
- IUD insertion and removal including emergency IUD

- Contraception implant insertion and removal
- Investigation and treatment of problems with oral contraceptives
- Referral to level 3 STI services where appropriate for follow up of complex symptomatic infections

Incorporates Levels 1 and 2 plus:

- STI testing and treatment of MSM
- STI testing and treatment of men with dysuria and genital discharge
- Testing and treatment of STIs at extra-genital sites
- STIs with complications, with or without symptoms
- STIs in pregnant women
- Recurrent or recalcitrant STIs and related conditions
- Management of syphilis and blood borne viruses
- Tropical STIs
- Specialist HIV treatment and care
- Provision and follow up of HIV post exposure prophylaxis (PEP)
- Management of complex problems with IUD/IUS and implants
- STI service co-ordination across a network including:
- Clinical leadership of STI management
- Co-ordination of clinical governance
- Co-ordination of STI training
- Co-ordination of partner notification

Appendix B: Merton Voice- summary of MBARC findings

As part of the MBARC report, a survey was conducted amongst current and potential sexual health service users in order to gather qualitative data regarding the services and provisions provided by Merton. From the demographic data of the respondents, 52% were female, 45% male and 3% were transgender. From those who disclosed their sexuality 81% of survey participants were heterosexual, 10% gay or lesbian, 1% bisexual and 8% preferred not to say.

Key findings from the survey regarding sexual health services in Merton included:

- 37% had used sexual health services in the borough within the last 12 months
- Of those who did not access sexual health services, 11% did not know what services were available, 17% did not know where they were located and a further 5% said the borough did not offer what they needed.
- Respondents were extremely or fairly satisfied with the expertise of staff (92%); felt they were treated with dignity and respect (88%); friendliness of staff (88%); information given by doctor, nurse or health advisor (87%); were heard/listened to be a doctor, nurse or health advisor (86%); location of service (83%); confidentiality (80%) and diagnosis/treatment received (72%).
- There were very low levels of extreme dissatisfaction – with only speed of receiving treatment (2%) and confidentiality of the service (1%) rated at this level
- The majority of respondents felt that their sexual health needs were being met, with 35% agreeing and another 38% strongly agreeing (63% overall): 18% neither agreed nor disagreed, 9% disagreed and 1% strongly disagreed.

When asked about barriers to accessing sexual health services, responses included:

- ‘Fear of being seen by someone I know’ (58%)
- ‘Services not available at convenient times’ (40%)
- ‘Fear that family/friends will find out that I used a sexual health service’ (35%)
- ‘Confidentiality concerns’ (28%)
- ‘Not having a same sex advisor’ (16%)
- ‘Not having a sexually segregated facility – separate facility for men and women’ (13%)
- ‘My religion’ (12%), ‘Language issues’ (13%), ‘my sexual orientation’ (6%) and ‘other cultural barriers’ (16%) were also raised by respondents.

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