Merton Sexual Health Strategy 2020-2025

London Borough of Merton and Merton Clinical Commissioning Group

October 2019

DRAFT DOCUMENT (V.21 22 10.19)

Merton Sexual Health Strategy: 2020-2025

Contents

1. Foreword

2. Executive summary

3. Introduction
3.1 What is sexual health & well-being?
3.2 The case for change
3.3. Purpose & scope of this strategy

4. Our Vision for Merton
4.1 Vision
4.2 Principles
4.3 Outcomes

5. Our Priorities
5.1 Priority 1: Education and Training
5.2 Priority 2: Easy access to sexual health & well-being services
5.3 Priority 3: Comprehensive sexual health & well-being

6. Strategy development & delivery
6.1 How the strategy has been developed
6.2 Governance
6.3 Action plan
6.4 Measuring success

7. Supporting information
7.1 The evidence base for sexual health
7.2 National context
7.3 Regional context
7.4 Local partners
7.5 Sexual health needs in Merton
7.6 Merton sexual health services

8. Glossary

9. References

1. Foreword

To be added

2. Executive summary

This 2020-2025 joint Sexual Health Strategy recognises that healthy relationships, sexuality and sexual health affects everyone at some point in their lives. The strategy sets out how London Borough of Merton (LBM) and NHS Merton Clinical Commissioning Group (MCCG), along with their partners and the residents of Merton, plan to improve sexual health in the borough. It sets out plans to respond to increasing sexually transmitted infections (STI) and HIV rates, and prevent long lasting impacts of poor sexual health and well-being.

The strategy and associated implementation plan recognise that sexual health and well-being impact on and are affected by wider determinants of health (such as social, economic and environmental issues which shape daily life and impact on people's health), and so partnership working with all relevant organisations nationally, regionally and locally is crucial.

Prevention is a priority and although a universal approach is identified it is also recognised that certain groups, such as under 25s, men who have sex with men (MSM) and black and minority ethnic (BME) groups, are disproportionately affected and so targeted interventions are required.

Our vision is to improve the sexual health and wellbeing of those who live, work and learn in Merton by:

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

To achieve this three key priorities have been identified:

Priority One: Education & Training - increase training and education with the community and frontline workforce to build their confidence to discuss sexual health and wellbeing, empowering people in Merton to manage their own sexual health and develop fulfilling and healthy relationships.

Priority Two: Easy access to sexual health & well-being services - ensuring sexual health and well-being services are free, confidential, comprehensive and available to all, at times and locations which meet the need.

Priority Three: Comprehensive sexual health and wellbeing - enabling people to consider their sexual health and wellbeing in the context of their whole life, by ensuring services are joined up and address the wider determinants.

This vision and key priorities were informed by a local sexual health needs assessment, which highlighted that although sexual health need in Merton is similar to much of London, there are areas which require focus. These include but are not limited to: reducing the rate of new diagnoses of gonorrhoea and syphilis, (which are markers of risky sexual behaviour); tackling high repeat termination of pregnancies in under 25 year olds; ensuring those at risk of HIV get tested earlier; and providing protection against sexual violence and exploitation.

The sexual health landscape is continually changing with emerging issues such as the threat of antibiotic resistance to gonorrhoea and new medical interventions, and Pre-exposure prophylaxis (PrEP) causing challenges to already reduced public budgets. Demand for sexual health services remain high, and in response commissioners and providers have had to be innovative. In London partners have worked together to introduce a standardised integrated service model, a more effective pricing mechanism and an online STI service.

The development of this strategy has been overseen by a multi-agency steering group with representation from all key partners. Extensive stakeholder engagement with over 1,500 people living, working and studying in Merton has been undertaken which has been invaluable in ensuring the vision, priorities and actions respond to local views and need.

The implementation plan for the borough sets out how partners will work together to achieve the strategy's priorities, with the top six actions being to:

- Provide support and training to schools to implement the new national guidance for Relationship and Sex Education (RSE) and meet the new Ofsted framework on promoting personal development.

- Strengthen education and training for parents, carers and professionals supporting children, young people and adults with special educational needs and disabilities to enable them to have safe and sexually healthy lives.

- Work in partnership with South West London commissioners to review the provision of sexual health services in pharmacies, with the view to ensuring a standard model across the sector and widening access, particularly in the east of the borough.

- Explore opportunities to engage with those identified as needing further support, including but not limited to those: aged over 25; aged 50 +; identifying as lesbian, gay, bisexual, transgender, or questioning (LGBTQ+); with physical and learning disabilities; experiencing or at risk of child sexual exploitation (CSE) and; MSM.

- Continue to develop and improve pathways between sexual health related services including termination and contraceptive services, antenatal/postnatal support and HIV support services, working to address commissioning issues where needed.

- Strengthen and embed sexual health knowledge and support into inter-linked services, particularly for those: experiencing poor mental health; living and ageing with HIV; experiencing domestic violence or dealing with previous past abuse; who are the victim of CSE and who are using substances.

3. Introduction

3.1. What is sexual health and well-being?

Sexual health and wellbeing is a fundamental aspect of the human identity and life experience. The World Health Organisation (WHO) definition of 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, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." (WHO, 2006)

Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease[1]. It is a key public health issue and access to quality sexual health services improves the health and wellbeing of both individuals and populations.

3.2. The case for change

The past decade has seen great improvements in the quality and scope of sexual and reproductive health promotion and HIV prevention. In 2013 the Government published a framework for sexual health improvement setting out its ambitions to improve sexual health outcomes. Merton has seen one of the highest reductions in teenage conceptions in London and overall the rate of new STI diagnoses has remained stable. However, alike the rest of London, Merton is experiencing a continuing rise in acute STIs, particularly syphilis and gonorrhoea. This has led to a higher demand for services in London than any other area of the country, and as a result, a rising cost to public services.

A focus on sexual health and well-being is required as:

- **Sexual health inequalities remain**
  Sexual ill health disproportionately affects young people, men who have sex with men (MSM) and people from black and minority ethnic (BME) groups adding to existing health inequalities. Services need to continue to be targeted to these groups and integrated pathways to support are clear.

- **Commissioning responsibilities are complex and fragmented**
  Greater partnership working is required to ensure the best outcomes and value from combined assets: London Borough of Merton (LBM); NHS Merton Clinical Commissioning Group (MCCG); and NHS England, and third sector partners.

[1] Dept of Health (2001) The national strategy for sexual health and HIV

- **Sexually transmitted infections (STIs) and unintended pregnancies can have a long lasting economic impact**
  Preventing STIs, HIV and unwanted pregnancies is cost effective and evidence of return on investment is strong. For every pound spent on sexual health services, £86 could be saved on future public spending (Lucas, 2015) and every pound spent on contraception saves £11 in reduced healthcare costs (Kings Fund, 2014).

- **Sexual health clinics are open access services**
  While most residents choose to access services in South West London and Central London residents can choose to access services in any part of the country. This creates challenge to financial planning, making it difficult to predict and control budgets. Collaboration with commissioners across the whole sexual health system is therefore imperative.

- **Sexual health is compounded by the wider determinants of health**
  Socio-economic deprivation, alcohol/substance misuse, mental health, domestic violence, coercion, exploitation and abuse all impact on sexual health outcomes. A clear strategic direction and collaborative approach is required for organisations and departments to address cross cutting agendas together and create greater efficiency and effectiveness.

- **Almost everyone will have a sexual relationship at some point in their life**
  Stigma, myths and embarrassment about sexual health however, remain and disproportionately affect certain groups including young people, those at risk of HIV, those with learning disabilities and LGBTQ+ groups.

- **Local need is changing**
  The local sexual health picture is set out in our accompanying needs assessment, however, key needs are identified as:
    - low teenage conception rates, but high percentage of those leading to abortion and high repeat abortion rates;
    - low uptake of long acting reversible contraception (LARC);
    - high rates of STIs in comparison with the rest of the country and disproportionately affecting MSM, BME groups and young people;
    - low chlamydia detection rates;
    - increasing rates of new diagnosis of HIV alongside high late diagnosis of HIV.

3.3. Purpose and scope of the strategy

This is a joint strategy between London Borough of Merton (LBM) and NHS Merton Clinical Commissioning Group (MCCG) and partners. It sets out how organisations plan to achieve their collective vision for Merton. It recognises that healthy relationships, sexuality and good sexual health affects everyone at some point in their lives, and so takes a life course approach (Marmot 2012).

This strategy for Merton sets out a vision and priorities which will shape how LBM, MCCG and their partners will collaboratively work to improve sexual health and wellbeing and respond to increasing STI and HIV rates as well as the other determinants linked to sexual health.

The overall aim is to work in partnership to address the wide range of areas and issues which have an impact on relationships and sexual health, including health services, education, preparing for adulthood, employment and the criminal justice system. By working together it is hoped that Merton can reach the long-term goal of improving outcomes in sexual health and sexual well-being. This in turn should lead to a more effective patient pathway that allows people to manage their own sexual health and wellbeing and to seek help earlier, thus reducing the cost of treatment and care.

The scope of this strategy includes all sexual health services and interventions which are commissioned by LBM or MCCG. MCCG have delegated responsibility from NHS England to commission primary care services so these will be included. Other sexual health services commissioned by NHS England fall outside the scope of this strategy.

An integrated sexual health service for Merton was recently recommissioned in line with the London sexual health programme and this contract is not due to end until September 2023 at the earliest. In light of this, the strategy will focus on the development, rather than procurement, of the services covered under the contract. Consideration will also be given to future service models, and the potential to move towards a more integrated approach as part of holistic services, in line with other community health services.

4. Our vision for Merton

The vision and priorities for this strategy have been developed with key stakeholders including professionals who work in the borough, residents, and young people who are educated in Merton. Time has been taken to ensure engagement of priority groups and the professionals who work with these groups including; under 25 year olds; men who have sex with men; black Africans; and those with learning and physical disabilities and young people experiencing or at risk of CSE.

4.1. Vision

To improve the sexual health and wellbeing of those who live[2], work and learn in Merton by:

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

4.2. Principles

The strategy adopts the following principles to ensure quality of impact and achievement of outcomes:

People centred: sexual health pathways and services will be focussed on the individual and not on organisational or commissioning boundaries. Service user's views and experiences will be used to improve existing services and inform the commissioning of new services.

Equity: services will be available to all residents, but proportionate to needs. This includes offering universal services but also targeting the most deprived areas and the groups with the highest risk of poor sexual health.

Life-course approach: a life-course approach to sexual health and reproductive health will be taken, ensuring opportunities for health promotion at all stages but particularly at transitions.

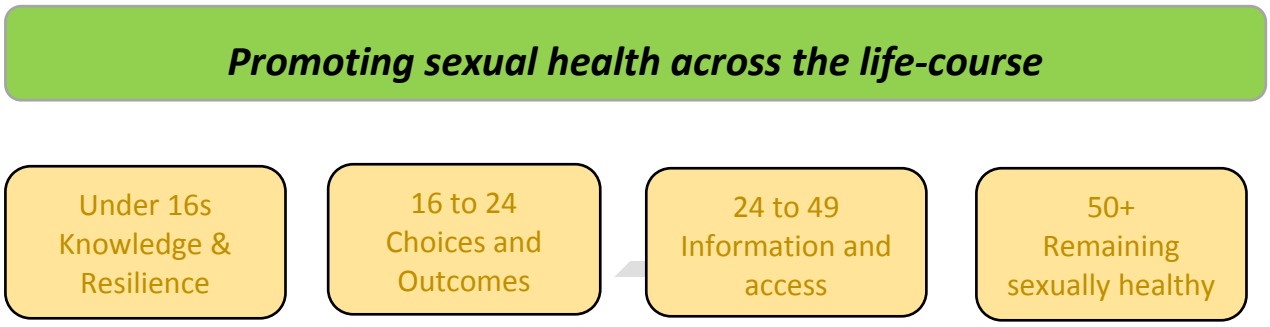
Evidence based: all sexual health and well-being services will be commissioned using the latest national evidence and standards including National Institute of Clinical Excellence (NICE), British HIV Association (BHIVA) and British Association of Sexual Health and HIV (BASHH) and will be informed by local needs assessments.

Partnership working: provision of sexual health services is complex and sexual health has many cross cutting themes. Continued partnership working at a local, London and national level is crucial to ensuring a whole systems approach.

[2] This includes young people who are looked after by Merton, but may live elsewhere.

Prevention focussed: it is recognised that prevention work underpins public health. This will be a core part of all interventions and services provided.

4.3. Proposed approach



4.4. Outcomes

The strategy aims to achieve the following outcomes:

Rates of infections: reduce the prevalence of undiagnosed STIs and HIV by encouraging early diagnosis and treatment.

Unwanted pregnancies: maintain reductions in under 18 conceptions, reduce repeat abortions and continue to support young parents through early years strategies.

Sexual health and well-being of vulnerable groups: to identify a set of outcome indicators to measure wider determinants of sexual health and well-being in relation to vulnerable groups, and achieve improvements in relation to priority areas.

Living with HIV: provide support for those living with HIV to ensure they are living well with zero HIV related stigma, HIV transmissions or HIV related deaths.

Sexual violence and exploitation: decrease the rate of sexual offences (outcome indicators for further development).

5. Our Priorities

This section should be read in conjunction with the implementation plan which provides the detail about how we plan to achieve each of the priorities.

5.1. Priority 1: Education and Training

5.1.1. Definition

Increase training and education with the community and frontline workforce to build their confidence to discuss sexual health and wellbeing, empowering people in Merton to manage their own sexual health and develop fulfilling and healthy relationships.

5.1.2. Why is this a priority?

Education and training about sexual health for individuals, communities and the workforce forms a vital component of improving sexual health and wellbeing while reducing reliance on specialist services. The sexual health workforce is diverse and includes both specialists and non-specialists in sexual health. Prevention strategies rely heavily on the knowledge, skills and confidence of professionals providing up-to-date and evidence-based interventions that promote sexual health. Yet, our workforce told us that they often felt poorly supported to deliver expected teaching and patients felt staff would merit from more training to understand the needs associated with sexual wellbeing.

5.1.3. What did people say?

- Over 80% of residents who responded to our online survey told us their top priority was improving Relationships and Sex Education (RSE). This was echoed by the workforce, who asked for support implementing the new national guidance on RSE.

- The workforce asked for support to develop their knowledge and skills, particularly in relation to:
    - the specific issues facing LGBTQ+ communities and those with disabilities;
    - supporting people living with HIV particularly those who are aging;
    - supporting those who disclose sexual abuse, violence and/or exploitation and;
    - sexual wellbeing, such as the changing nature of relationships due to technological advances, pornography and on-line sexual bullying.
    - Understanding the relationship between religion, belief and sexual health.

- Parents asked for support to build their skills and confidence to talk to their children about sex and relationships and the associated issues.

- Young people wanted information that didn't just focus on sexually transmitted infections and pregnancy but also sexual pleasure, consent and what to do if you have a concern.

5.1.4. Where are we now?

- Providers support the delivery of universal Personal Social Health Education (PSHE) including:
    - a support network for PSHE practitioners;
    - sexual health education sessions in schools including nurse provision;
    - theatre in education programmes which promote knowledge, skills and confidence;
    - programmes targeting the specific needs of children with special educational needs (including grooming, consent).

- Specialist HIV providers deliver training to professionals on HIV awareness, recognising and addressing stigma and normalising testing.

- The integrated sexual health service provides training on sexual health to primary care, pharmacies, school nurses and other healthcare professionals.

.

5.1.5. What do we plan we do?

The top four areas of development are to:

1. Provide support and training to schools to implement the new national guidance for RSE and meet the new Ofsted framework on promoting personal development.
2. Strengthen education and training for parents, carers and professionals who support children, young people and adults with special educational needs and disabilities.
3. Ensure sexual health information is embedded into existing training for professionals, adopting Making Every Contact Count (MECC) principles to enable the workforce to opportunistically promote sexual health and wellbeing in all conversations.
4. Provide information on how to most effectively support people who disclose sexual abuse, violence and/or exploitation.

5.2. Priority 2: Easy access to sexual health and well-being services

5.2.1. Definition

Ensuring sexual health and well-being services are free, confidential, comprehensive and available to all, at times and locations which meet the need.

5.2.2. Why is this a priority?

Improving access to sexual health and wellbeing services was a key recurring theme within our engagement work. In order for people to achieve good sexual health they require age appropriate education on how to protect their sexual health so they can make informed decisions, and information on how to access appropriate services and interventions when they need them.

5.2.3. What did people say?

- 72% of residents who responded to our online survey felt access to free, confidential contraception and STI screening was a priority, with many stipulating that this could be improved by increasing provision in GP practices, pharmacies and online.
- Only 42% of young people reported that they would know which services to go to if they had a concern about sexual health, with young people in wards with higher levels of deprivation feeling less able to talk to an adult about sexual health.
- Residents felt over 25 year olds, particularly the 50+ age group, were often overlooked so wanted a greater understanding of their needs, how to reach them and how to ensure they have the required skills and knowledge.
- Stakeholders specifically felt there is a need for improved:
    - outreach services and out of hours access to sexual health services, particularly in the east of the borough;
    - use of technology to inform people about sexual health services and to improve access e.g. booking appointments online;
    - fast track access to specialist sexual health services for those who are vulnerable and at risk and;
    - ‘consideration’ for the needs of vulnerable groups such as young people experiencing or at risk of CSE, those with physical or learning disabilities, LGBTQ communities and MSM.

5.2.4. Where are we now?

The provision of core sexual health services are constantly under review to ensure access to services is equitable and meets the needs of Merton’s diverse population. Over the last few years Merton has:

- Commissioned a new integrated sexual health service with a single point of access which allows early triage to the right service so simplifying the patient journey.
- Supported the roll out of the London e-service which provides online STI testing for those with no symptoms.

- Provided ongoing funding for community sexual health services for 13-24 year olds including pharmacy provision of emergency contraception, chlamydia screening programme, and condom distribution scheme.
- Provided targeted outreach services and testing to those most at risk including in schools and the local college, and to MSM and BME groups in their communities.
- Continued to promote awareness of the www.gettingiton.org website for young people which provides information on local sexual health services.

5.2.5. What do we plan to do?

The top four areas of development are to:

1. Work in partnership with South West London commissioners to review the provision of sexual health services in pharmacies, with the view to ensuring a standard model across the sector and widening access particularly in the east of the borough.

2. Explore opportunities to engage with those identified as needing further support, including but not limited to: over 25's; those aged 50 +; LGBTQ+; those with physical and learning disabilities; those experiencing or at risk of CSE and; MSM.

3. Ensure a robust communications strategy is developed for the integrated sexual health service to ensure services are well publicised to all groups and promote positive messages about sexual wellbeing and health.

4. Continue to support the roll out of the London e-service with a particular focus on channel shift from clinic to online in order to free up capacity in the integrated sexual health service.

5.3. Priority 3: Comprehensive sexual health and well-being

5.3.1. Definition

Enabling people to consider their sexual health and wellbeing in the context of their whole life, by ensuring services are joined up and address the wider determinants.

5.3.2. Why is this a priority?

Sexual wellbeing focuses on the more than just health and considers an individual's sexual life in its entirety. National and local evidence demonstrates there are strong links between sexual health and other key determinants of health and wellbeing, such as alcohol and substance misuse, smoking, obesity, mental and emotional health, and violence (particularly violence against women and girls), which exacerbate existing health inequalities. Delivering care that focuses on both sexual health and sexual wellbeing requires services and interventions to be developed and delivered to tackle these determinants in a joined-up way.

5.3.3. What did people say?

- The majority of respondents to our engagement work were clear in their view that sexual health and wellbeing across the borough needed to be more equitable, and that a joined up approach is needed. In particular stakeholders felt there is a need for:

    - The needs of vulnerable groups to be prioritised with a specific mention of those who have been in the care system, young parents, those experiencing or at risk of violence, those with poor mental health or using substances, BME and LGBTQ+ communities and those with disabilities.
    - Easier to navigate pathways between sexual health services and other related services such as substance misuse organisations, voluntary sector support, mental health services, social services, and the police.
    - A joined up approach with clear pathways between the whole sexual health related system including: GP and pharmacy services; integrated sexual health services; termination providers; HIV prevention and support; antenatal and maternity services; cervical screening; psychosexual services; and sexual health referral centres.
    - Education and promotion that focusses on sexual wellbeing and portrays relationships and sex positively, with a skilled and confident workforce able to address inter-related complex issues sensitively.

5.3.4. Where are we now?

Many of the services in Merton are already integrated or have successfully embedded sexual health into their work. These include:

- Risk and resilience service for young people which combines substance misuse interventions with sexual health promotion.
- Sexual health interventions with young parents as part of the Family Nurse Partnership.
- HIV testing and testing for blood borne viruses which is offered in the substance misuse service.

- Routine health reviews with looked after children covers sexual health and relationships.
- Improved local identification and response to people's emotional and mental health and wellbeing.

5.3.5. What do we plan to do?

The top four areas of development are to:

1. Continue to develop and improve pathways between services in the sexual health system working to address commissioning issues where needed. This includes but is not limited to:
    - termination and contraceptive services so that LARC is offered and provided more consistently;
    - cervical screening in the integrated sexual health service;
    - antenatal and postnatal support to prevent second conceptions in under 25s and;
    - HIV support providers and the community nurse outreach to ensure joined up care for those living with HIV.

2. Strengthen and embed sexual health knowledge and support into inter-linked services, particularly for those: experiencing poor mental health; living and ageing with HIV; experiencing domestic violence or dealing with previous past abuse; the victim of child sexual exploitation and; those using substances.

3. Improve sexual wellbeing for our most vulnerable communities and those where sexual health inequalities are greatest through strengthening conversations and reducing stigma in respect of sexual health and HIV.

4. Develop a greater understanding of the inter-relationship between emotional well-being and sexual health within both children and adults mental health service provision.

6. How will the strategy be delivered?

6.1. How has this strategy been developed?

6.1.1. Multi agency steering group

A steering group has been set up to oversee the development of the strategy, which is co-chaired by the LBM Public Health Consultant leading on sexual health, and the Clinical Lead for West Merton, MCCG. Members of this group include managers and commissioners from MCCG and LBM, the local pharmaceutical committee, voluntary sector organisations, the integrated sexual health service provider and Merton Healthwatch. The final strategy and implementation plan has been through the relevant governance processes of LBM and MCCG, and has been endorsed by Merton's Children's Trust and Health and Well-Being Board.

6.1.2. Sexual health needs assessment

The strategy has been informed by a comprehensive sexual health needs assessment. This provides an overview of sexual health in Merton and the services currently available. A summary is set out in the supporting information (see section 7). The full needs assessment includes national guidance and evidence, local population data, service mapping and stakeholder engagement. This data was used alongside stakeholder feedback to develop the strategy vision and priorities and so should be read in conjunction with this document.

6.1.3. Stakeholder engagement

Extensive engagement work has been undertaken on the strategic vision and priorities. This includes:

- Feedback from over 300 professionals from attendance at a wide range of staff meetings which included:
    - Local Pharmaceutical Committee
    - MCCG Patient Engagement Group
    - CSF Health Commissioning Group
    - Promote and Protect Forum
    - MVSC Involve Forum
    - Preparation for Adulthood Board
    - 0-19 community health services
    - Secondary school curriculum & PSHE leads
    - Violence Against Women & Girls strategy group
    - Children's Trust Board
    - Primary & secondary head teachers meetings
    - School governors
    - Health & Well-Being Board
    - GP practice leads
    - Substance Misuse Partnership Board
    - Young People's Health Reference Group

- Focus groups and workshops held with over 120 young people aged 24 and under including those with learning disabilities, BME groups, those excluded from school and LGBTQ+.

- Over 1,200 children and young people provided feedback on sexual health questions in the Children and Young People's School Survey.
- Public consultation published on the local authority website which received above average coverage with over 115 responses.

This feedback has been used to shape the strategy vision and priorities and the implementation plan.

6.2. Governance

The membership and terms of reference of the current sexual health strategy group will be reviewed within two months of the strategy being signed off. Once reviewed this will become the sexual health implementation group which will hold responsibility for the strategy.

The group will report to the Director of Public Health at LBM and the Director of Commissioning at MCCG. In the first year the group will meet bi-monthly to oversee the strategy implementation plan and ensure that tasks are completed within the timeline. The plan will be regularly reviewed and updated to track progress. Regular updates will be communicated to key stakeholders via existing clinical networks and practitioner meetings. Annual reports will be provided to the Children's Trust Board and the Health and Wellbeing Board.

6.3. Implementation plan and partners

The strategy is supported by a comprehensive implementation plan which details how LBM and MCCG plan to achieve the strategy priorities. The actions within this plan will be delivered within existing resources. Progress will be regularly reviewed and assessed by the strategy implementation group, to ensure it remains fit for purpose and that milestones are met.

6.4. Measuring success

The key indicators to assess whether this strategy has been successful are those reported in the PHE Sexual and Reproductive Health profiles. This will be alongside the development of a local dashboard which will measure the outcomes in the implementation plan.

7. Supporting information

7.1. The evidence base for sexual health

Many organisations including National Institute for health and Care Excellence (NICE) and the Department of Health have published guidance on the reasons why there should be a focus on sexual health. These include:

- Use of condoms, regular testing and reducing the number of sexual partners reduces the risk of Sexually Transmitted Infections (STIs).
- Comprehensive, open access sexual health services where people can be treated quickly and confidentially encourages people to attend for testing, treatment and partner notification, ensuring prompt diagnosis and treatment and preventing onward transmission (DH, 2013).
- Effective partner notification protects against re-infection, consequences of untreated infection and onward transmission (DH, 2013).
- The main cause of unintended pregnancies is the incorrect and inconsistent use of contraception.
- Long acting reversible contraception (LARC) is the most effective form of contraception.
- Improving HIV test uptake will help to diagnose people before they become unwell, enabling access to treatment and reducing onward HIV transmission.
- Relationships and sex education (RSE) results in young people choosing to wait until they are older to have sex for the first time, and being less likely to be involved in abusive relationships.

7.2. National Context

8.2.1 Policy and Responsibilities

Following the Health & Social Care Act 2012 and the subsequent transfer of public health responsibilities to local authorities in 2013, LBM has had a statutory duty to commission open access[3], demand-led sexual health services, including contraception and testing and treatment of STIs.

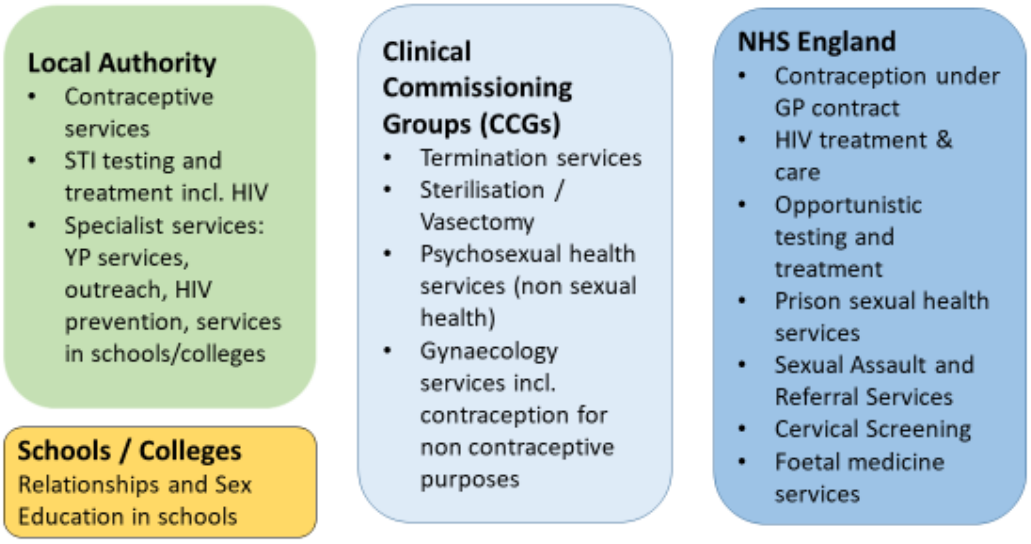
In 2013, the Government published *A Framework for Sexual Health Improvement in England*[4] setting out its ambition to improve the sexual health of individuals and populations within the context of a changing commissioning landscape. This sets out the commissioning responsibilities shared between NHS England, Local Authorities and Clinical Commissioning Groups (CCGs)[5].

[3] Open access means that the local authority must pay for its residents wherever in the country they choose to access services.

[4] A Framework for Sexual Health Improvement in England, Dept. of Health, March 2013

[5] Making it Work: A Guide to Whole-System Commissioning for Sexual and Reproductive Health and HIV, Public Health England, September 2014 and Commissioning Sexual Health Services and Interventions: Best Practice Guidance for Local Authorities, Department of Health, March 2013

Diagram 1. Sexual Health Services and who commissions them



**to note – in Merton the CCG have delegated responsibility from NHS England to commission primary care services which would include contraception under GP contract*

A supporting document *'Commissioning Sexual Health Services and Interventions – Best Practice Guidance for Local Authorities'* outlines best practice and practical steps for local authorities to commission sexual health services. As well as these there are many other guidance and support documents which have been published including national policy and NICE guidance.

A number of national public health outcome framework indicators are in place in order to provide oversight of sexual health improvement, including:

- Reduction in under 18 conceptions
- Increases in Chlamydia screening
- Late diagnosis of HIV

These are supplemented by further indicators in Public Health England's Sexual and Reproductive Health Profiles including:

- Diagnostic rates for syphilis, gonorrhoea and chlamydia
- HIV testing, coverage and diagnosis
- Abortion rates
- HPV vaccine take up rates
- Long acting reversible contraception (LARC)

8.2.2. Emerging issues

Sexual health is a rapidly developing area of public health. Some of the key areas of focus in 2019 and onwards are:

Fast track cities

In January 2018, London signed up as a 'Fast Track City' to reduce HIV infection. London has already exceeded the initial UNAIDS targets and aims to reach zero new infections, preventable deaths or stigma by 2030. Merton is committed to working with partners across London to address the challenges to achieving this target, in particular: tackling stigma and fear in BME groups; supporting an ageing population living with HIV; and modernising the model of care to recognise HIV as a long term condition.

PrEP impact trial

Pre-exposure prophylaxis (PrEP) has proven highly effective in reducing the risk of HIV transmission. NHS England are currently running a trial to establish the 'realities' of rolling out PrEP as standard across the NHS. Uptake has been high and has caused immediate pressure on local authority budgets as those on the trial are required to undertake more frequent STI testing. Discussions are ongoing with the trial impact board to establish who would have responsibility for commissioning PrEP in the long term.

Global issue of antibiotic resistance to gonorrhoea

The first case of multi-drug resistant gonorrhoea was identified in the UK in March 2018, which has led to the WHO warning this infection may soon become untreatable. LBM and MCCG, along with other local authorities and CCGs in the country, must work with Public Health England to report on any resistant strains and ensure timely and effective treatment.

Mandatory relationship and sex education (RSE)

Following amendments made to the Children and Social Work Bill (Department of Education 2017) from September 2020 schools will have to teach RSE. The local authority will need to support schools to deliver comprehensive lessons which are inclusive to all and tackle topical issues such as healthy relationships, consent, the increasing role of social media and the internet in sexual assault and abuse, and the difficulties faced by vulnerable groups.

Introduction of Human papillomavirus (HPV) vaccination for boys

Vaccination of school aged girls was rolled out in 2008 and roll out to all boys in year 8, 12 and 13 started in September 2019. This is an important step in eliminating cervical cancer and other associated cancers. Delivery of this in Merton will be through the school immunisation service commissioned by NHS England.

Increased diagnosis of Mycoplasma Genitalium (Mgen)

Mgen is a bacterial STI which often has no symptoms but can cause serious health problems if left untreated. Although in existence since 1981 a reliable test only became available in 2017 and since then more cases have been diagnosed across the Capital. A treatment pathway for this STI was not included in the original London

sexual health tariff so clinics are not currently receiving payment. A new tariff is now proposed which will increase pressure on local authority budgets. In the longer term there is concern this STI will become resistant to some antibiotics and so will require a more expensive drug to treat it effectively, increasing cost.

Youth violence across the capital

Levels and rates of serious youth violence have been increasing across the Capital as reported by the police, ambulance service and hospitals[6]. There is a strong correlation between those who are victims of serious youth violence and a number of public health factors, including conception to a mother aged under 18, children living in poverty, deprivation and emotional and mental health.

7.3. Regional context

Over the last five years the sexual health commissioning landscape and financial context have changed dramatically. In response to this local authorities in London, including Merton, have been working in partnership under the London Sexual Health Programme (LSHTP).

The objective is for all London boroughs to work together to transform and commission services, ensuring continued good practice whilst responding to current and future financial challenges by making the best use of resources.

To date the programme has achieved the;

- introduction of a standardised integrated service model and a more effective pricing mechanism;
- co-commissioning of integrated sexual health services in clusters rather than by boroughs individually;
- procurement of an e-service for those who are asymptomatic and;
- co-ordination of London wide approaches to commissioning challenges.

In line with the LSHTP objectives Merton have recently co-commissioned a local integrated sexual health service with the London Borough of Wandsworth and the Royal Borough of Richmond upon Thames.

Moving forwards, the programme will continue to ensure the new integrated service models and governance are embedded, and will have continued oversight of the development of the London e-service. Longer term sustainable funding models are being considered with the recognition that tariff can only go so far at containing cost pressures, and that sexual health services need to become part of capitated budgets.

As well as LSHTP, Merton partners with other London local authorities to commission HIV services for the Capital. The aim is to reduce new HIV infections and increase earlier diagnosis of HIV by: increasing the uptake of HIV testing; promoting condom use; and promoting safer sexual behaviours. To date it has delivered a highly successful HIV prevention campaign called ‘Do It London’.

[6] A Public Health Approach to Serious Youth Violence, Greater London Authority, 2018

7.4. Local Partners

Several consortia arrangements for the co-commissioning of services are in place with neighbouring boroughs. These include the integrated sexual health service, HIV services and termination services. Working together allows for better access to services across a larger footprint recognising that people do not just stay within one borough, as well as ensuring economies of scale for local authorities.

Within Merton there are links between public health and MCCG, as well as between LBM directorates, to ensure a joined up approach to ongoing national issues such as sexual exploitation, trafficking, domestic violence, knife crime and failure to support those with mental health issues.

7.5. Sexual health need in Merton

A full analysis of the needs relating to sexual health is detailed in *Merton's sexual health needs assessment (2019).* The sexual health needs in Merton are similar when compared with the London average, but alike the rest of London need is high when compared to England averages. A review of the Merton data shows that there are specific key areas which require focus.

Reducing the percentage of under 18 conceptions which lead to abortion

Merton has achieved great success in reducing teenage conceptions, with the rate per 1,000 15-17 year old girls being 12.8, which is lower the London or England average. However, 74% of conceptions to under 18s in Merton in 2017, led to abortion, which is higher than both England (52%) and London (64.4%).

Tackling STIs amongst vulnerable groups

Since 2013 the rate of new STI diagnoses in Merton has remained fairly stable. However Merton still has the 24th highest rate of new STI diagnoses in the country. Young people (particularly 25-34 year olds), MSM and BME groups are disproportionately affected and so must be targeted.

Reducing rates of gonorrhoea and syphilis

Merton, alike the rest of London and England is experiencing increasing rates of syphilis and gonorrhoea. These STIs are a marker for risky sexual behaviour. Rates in Merton are higher than the England average but lower than the London average. The rate of syphilis in Merton is 29.1 per 100,000 as compared to 13.1 per 100,000 in England and 38.9 per 100,000 in London. The rate of gonorrhoea is 178.1 per 100,000 as compared to 98.5 per 100,000 in England and 279.4 per 100,000 in London. In line with national data, the number of diagnoses of these STIs are higher in gay men compared to heterosexual men.

Increasing chlamydia screening amongst 15-24 year olds

When the National Chlamydia Screening Programme (NCSP) was established in 2003, DoH set a target of achieving a detection rate of 2,300 per 100,000 of 15-24 year olds. Although the chlamydia detection rate in Merton has increased over the period 2012-2018 which shows progress, this target is not being met. In 2018, there were 428 chlamydia diagnoses in this age group, which is a rate of 2,119 per 100,000. This is lower than the London average of 2,610 but higher than the England average of 1,975.

Reducing repeat abortions amongst under 25 year olds
In 2017, 32.3% of abortions in Merton women under the age of 25 were repeat abortions. Although similar to the proportion in London (30.7%) this is significantly higher than the proportion nationally (26.7%).

Increasing access to long acting reversible contraception (LARC)
In 2017, the rate of LARC prescribed by GPs and sexual and reproductive health services to women aged 15-49 years in Merton was 26.6 per 1,000. This was significantly lower than the England rate (47.4) and slightly lower than the London rate (34.0). This low uptake alongside a high repeat abortion rate for under 25s indicates that more work needs to be undertaken to ensure that young, vulnerable women in particular can access contraceptive services and are encouraged to use LARC.

Reducing new incidences of HIV
Between 2011 and 2017 the rate of new HIV diagnoses in Merton has risen by 10.3%. In 2017, 30 new diagnoses of HIV were seen in Merton in those aged 15 and over. This equates to a rate of 18.2 per 100,000, which is significantly higher than the England average (8.7 per 100,000) but lower than the London value (21.7 per 100,000).

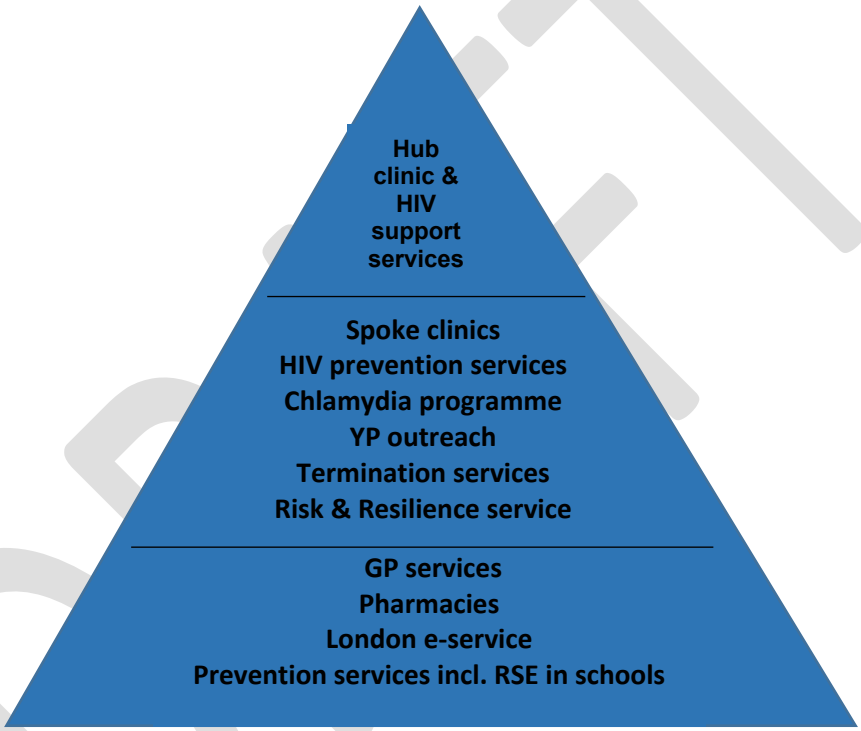
Assisting those living with HIV to live well and reducing onward transmission
Merton along with all other boroughs in London continues to be a HIV high prevalence area. In 2017, 558 people in Merton were known to be living with HIV. This equates to a prevalence rate of 4.27 per 1,000 of the population aged 15-59 years, which is significantly higher than the England average (2.32 per 1,000) but lower than the London average (5.69 per 1,000). Merton ranks 20 (with 1 being the highest) out of 33 London boroughs.

Reducing late diagnosis of HIV
Between 2015 and 2017, 43.2% of HIV diagnoses in Merton were made at a late stage (CD4 count was less than 350 cells/mm^3 within 3 months of diagnosis). This is higher than both the England (41.1%) and London (35.2%) figures. Heterosexual Black Africans and gay men are disproportionately affected. In this same period, 61% of late HIV diagnoses in Merton were heterosexuals as opposed to 26% being gay and bisexual men. Evidence from across London indicates that boroughs with high rates of HIV amongst the heterosexual population have had less success reducing late diagnosis, which it is believed is primarily due to stigma and fear about being diagnosed with HIV and getting tested later. HIV prevention services in Merton have made great strides engaging with BME groups, gaining access to faith groups which it is very difficult to achieve, however more needs to be done to dispel myths and to encourage testing.

Reducing hate crime related to sexual orientation and sexual violence
Although Merton had the fifth lowest hate crimes based on sexual orientation of all London boroughs, in 2018 there was an increase in sexual orientation crime in the borough, increasing 13% between July 2017 to July 2018 (up to 25 recorded crimes).

7.6. Merton sexual health services

The diagram below shows the sexual health services, as set out in the national commissioning responsibilities, commissioned by either LBM or MCCG. Those commissioned by NHS England are mentioned to give context but are not included on the diagram. The bottom of the triangle shows universal services and the top complex care. The aim is for people to be seen at the most appropriate service for their need.



Integrated sexual health (ISH) service

The service model is 'hub and spoke' with the hub located in Clapham Junction and the spoke clinics in Merton located in Wimbledon and Mitcham. Clients contact the service via a single point of access phone number and are triaged accordingly.

Clinic/service	Services provided	Clients
Hub clinic	Testing for those with symptoms, STI treatment, complex contraception, psychosexual counselling, specialist gay men's clinic sessions, walk in sessions for young people.	Symptomatic patients All gay men
Spoke clinics	Testing for asymptomatic patients, treatment for chlamydia and	Asymptomatic patients

	gonorrhoea, contraception, advice, walk in session for YP.	
London e-service	Option to be referred to register for a kit to be delivered to home or picked up from clinic.	Asymptomatic patients
Chlamydia programme	Chlamydia screening in pharmacies, GP & community settings	All 15-24 year olds
YP outreach	Mentoring programme, clinic in a box (15 hours a week) in schools & college, education sessions.	All under 21 year olds

In addition to accessing services at the local ISH service, Merton residents can choose to access a sexual health service anywhere in the country, attendance at which is then charged back to LBM. Latest data shows 52% of Merton residents access the local ISH service, 38% access other clinics in South West London and 10% access services elsewhere in the country, but mainly central London.

GP and Pharmacy led services
Provision of GP and Pharmacy sexual health services are complicated due to different commissioning organisations holding responsibility for the funding of different services. In order to ensure a smooth patient pathway all commissioners must work together.

Service	**Responsible commissioner**
GP Core contract - routine contraception & EHC	Delegated responsibility from NHS England to MCCG
GP - LARC for contraceptive reasons and chlamydia screening services	LBM
GP - LARC for non-contraceptive reasons	MCCG
National cervical screening programme (mainly delivered via GPs)	NHS England
Non sexual health related community pharmacy services	NHS England
Prescribing services - GPs	MCCG
Prescribing services – community pharmacies	NHS England
Pharmacy sexual health services – EHC and chlamydia screening	LBM

HIV prevention and support services
LBM commissions HIV prevention and support services which offer HIV testing and health promotion advice in the community, as well as support services (counselling, advice and advocacy and family support) for those living with HIV. MCCG commission a community nurse lead for HIV who provides care, particularly on adherence to medication, for those diagnosed with HIV and their carers. Merton

residents living with HIV will usually access specialist HIV clinics (mainly to receive medication) at one of the surrounding acute hospitals – St Georges, St Helier or Kingston. These clinics are commissioned by NHS England.

Termination of Pregnancy (ToPs) services
Merton and Wandsworth CCGs along with Sutton, Richmond and Kingston have jointly commissioned an Any Qualified Provider (AQP) Framework for the provision of ToPs. The service provides support, advice, assessment and appointment for any person suspected of pregnancy and/or wanting to discuss termination. As part of the assessment free non-LARC contraceptives (pill and condoms) are offered and also screening, treatment and partner notification (where required) for HIV, chlamydia, gonorrhoea and syphilis infection. Post abortion counselling is also offered.

Risk & resilience service
LBM public health and Children, Schools and Families (CSF) teams jointly commission a young peoples' risk and resilience service that incorporates substance misuse, detached youth and sexual health promotion including condom distribution. This service is currently being extended to incorporate missing from home and care and exploitation interventions. The service is delivered in a range of venues including youth clubs, schools, college and community outreach.

Online sexual health services
These are particularly popular with certain groups including under 25 year olds and gay men. LBM commission a well-established information website (www.gettingiton.org) aimed at under 21 year olds which covers sexual health, substance misuse, emotional & mental health and related issues. Both service users and professionals routinely use this to find out about local services in South West London. Merton also participate in the London e-service which provides online ordering of postal kits for a range of STIs, and the local Chlamydia Screening Programme offers an online testing option for 15-24 year olds.

Support schools to deliver Personal, Social & Health Education (PSHE)
A number of agencies support the provision of PSHE in schools, some of which are purchased by schools directly and others which are commissioned by the borough. For example, theatre in education sessions on sex and relationships are delivered in Merton educational settings to support pupils with the knowledge, skills and confidence they require to make informed decisions about their sexual health & well-being.

8. Glossary

AIDS	Acquired immunodeficiency syndrome
BASHH	British Association for Sexual Health & HIV
BHIVA	British HIV Association
BME	Black and minority Ethnic
CCG	Clinical Commissioning Group
CLCH	Central London Community Healthcare Trust
CSE	Child sexual exploitation
CSF	Children, schools and families
DoH	Department of Health
EHC	Emergency hormonal contraception
GUM	Genito-urinary medicine
GPs	General Practitioners
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
ISH	Integrated sexual health
LA	Local Authority
LARC	Long acting reversible contraception
LBM	London Borough of Merton
LGBTQ+	Lesbian, gay, bisexual, transgender and questioning
LSHTP	London Sexual Health Transformation Programme
MSM	Men who have sex with men
MCCG	Merton Clinical Commissioning Group
NCSP	National Chlamydia Screening Programme
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
PHE	Public Health England
PrEP	Pre-Exposure Prophylactic
PSHE	Personal and social health education
RSE	Relationships and sex education
SHNA	Sexual health needs assessment
STIs	Sexually Transmitted Infections
UNAIDS	United Nations AIDS targets
WHO	World Health Organisation

9. References

To be added

10. Resources

To be added