

Healthier Communities and Older People Overview and Scrutiny Panel

Date: 5th November 2019

Agenda item:

Subject: Merton Joint Sexual Health Strategy

Lead officer: Dr Dagmar Zeuner, Director of Public Health

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

Contact officer: Julia Groom, Consultant in Public Health /Kate Milsted, Sexual Health Commissioning Manager

Recommendations:

- A. *review and consider the draft borough wide sexual health strategy in order to provide pre-decision scrutiny.***
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report sets out the development to date of a joint local authority and CCG sexual health strategy (2020-2025) for the London Borough of Merton. It provides an opportunity for pre-decision scrutiny of the strategy, which will be presented to the Health and Wellbeing Board in January 2020.

2 DETAILS

2.1. Sexual health strategy

- 2.1.1 Sexual health is a key public health issue. Access to quality sexual health services improves the health and wellbeing of both individuals and populations. The sexual health strategy has been developed to strengthen how partners work together to improve sexual health in Merton, addressing the challenges of increasing sexual health needs, higher demand for services and consequent financial pressures.
- 2.1.2 The past decade has seen great improvements in the quality and scope of sexual and reproductive health promotion and HIV prevention. Merton has seen one of the highest reductions in teenage conceptions in the country. However, alike the rest of London, Merton is experiencing a continuing rise in acute sexually transmitted infections (STIs), particularly Syphilis, Gonorrhoea, and HIV. 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 of sexual health services.
- 2.1.3 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), under 25 year olds and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans.

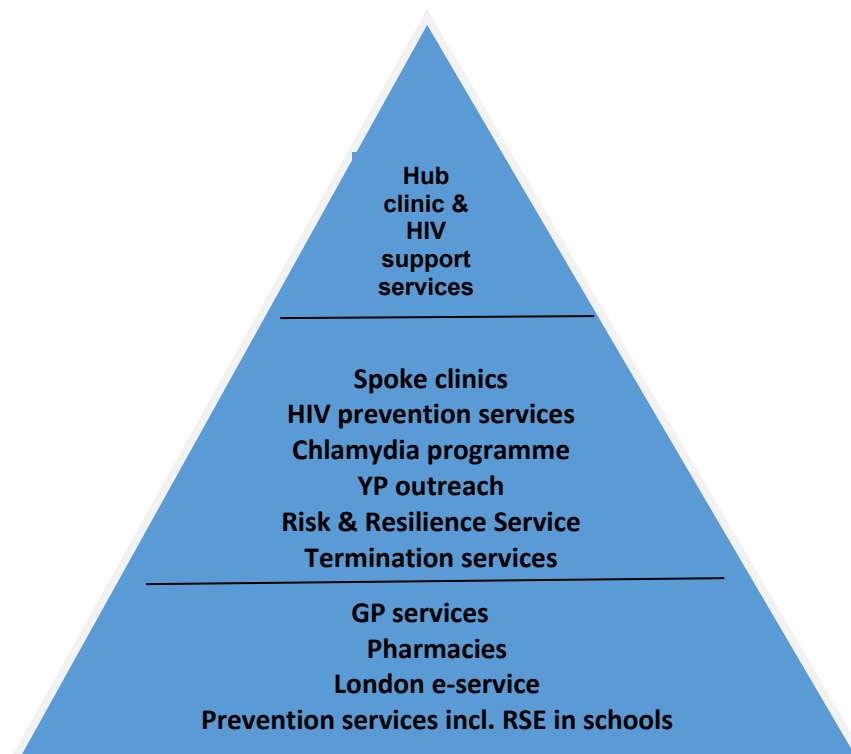
- 2.1.4 A joined up approach is needed to meet the needs of the most vulnerable, working in partnership with a range of other services, such as those dealing with sexual violence, gangs, child sexual exploitation, people with learning difficulties, mental health and substance misuse issues. Local authorities across London and across the country continue to work together to tackle these issues.
- 2.1.5 The development of a sexual health strategy for Merton provides a joined up response to sexual health, by detailing how partners will collaboratively respond to increasing STI and HIV rates and tackle the subsequent pressure on services. It details the actions those in Merton will take, and the ways in which the borough will work with other local authorities. The long-term goal is to improve outcomes in sexual health and sexual well-being and access to services in the borough, which should in turn reduce the cost to the broader health and social economy.
- 2.1.6 The strategic vision for Merton is to improve the sexual health and wellbeing of those who live, work and learn in the borough 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.
- 2.1.7 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 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.
- 2.1.8 A strategy development steering group has been set up to oversee the development of the strategy and implementation plan. This group is jointly chaired by a Consultant in Public Health and GP Clinical lead from Merton CCG, ensuring clinical input throughout the process. Members of this group include representatives from: the CCG, LBM social care and education departments, the local pharmaceutical committee, voluntary sector, the current integrated sexual health service provider and Merton Healthwatch.
- 2.1.9 The strategy is informed by a comprehensive sexual health needs assessment, which uses a range of national and local data to examine trends in STIs and teenage conceptions in Merton.

2.1.10 Over 1500 people who live, work and learn in Merton were consulted with in the development of the strategy, with care being taken to engage with those disproportionately impacted by sexual ill health including those with disabilities, young people, Black Africans, men who have sex with men (MSM) and lesbian, gay, bisexual, transgender or questioning (LGBTQ+) groups. See section 5.1 for details.

2.1.11 The strategy will be supported by a comprehensive implementation plan. The plan will detail how the strategy vision and priorities will be delivered over the next five years. Progress will be regularly reviewed and assessed by the strategy steering group, to ensure it remains fit for purpose and that milestones are met.

2.2. Commissioning responsibility for Sexual Health Services

2.2.1 London Borough of Merton along with Merton Clinical Commissioning Group (MCCG) and NHS England have joint commissioning responsibility for sexual health services. The diagram below shows the sexual health services provided in the borough. 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.



Local authorities have a statutory duty to secure the provision, for their residents, of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs). Due to this open access Merton residents can choose to access any service in the country and this is then charged back to LBM. This can make budgets difficult to predict and control and so working with partners to manage demand is essential. 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.

- 2.2.2 Merton contributes, along with most other boroughs in London, to the London Sexual Health Programme (LSHP). The objective is for 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. A key commissioning priority of LSHP is the provision of an innovative London wide 'e-service' which allows people to order a testing kit to be completed at home rather than attending a clinic. This service commenced in January 2018 and to date has seen a good uptake.
- 2.2.3 In line with the LSHP objectives, Merton public health team have recently co-commissioned a local integrated sexual health service with the London Borough of Wandsworth and the Royal Borough of Richmond upon Thames. This service was commissioned using the London service specification and tariff. This service is delivered by Central London Community Healthcare (CLCH), and provides specialist sexual health clinics across the three boroughs, as well as outreach programmes to young people. Having one provider across the three boroughs allows for a clearer patient pathway as well as economies of scale.
- 2.2.4 The service provides the hub and spoke clinics which are listed in the diagram above. The hub clinic is located in Clapham Junction and the spoke clinics in Merton are located in Wimbledon and Mitcham. Clients contact the service via a single point of access phone number and are triaged accordingly.
- 2.2.5 The service commenced on 1st October 2017 and the hub clinic at Clapham Junction (Falcon Road) opened in November 2018. Between October 2017 and the end of June 2019 (the date up to which data is available) there have been 28,164 attendances by Merton residents at ISH clinics.
- 2.2.6 The highest proportion of patients seen in the service are aged 18-24 or 25-34 years which reflects national data on the greatest sexual health need. Most patients seen are female which correlates with data showing that the most common reason for attendance is access to contraception.
- 2.2.7 Data on the number of attendances by Merton residents at clinics which are not within the ISH service has also been analysed. Of those Merton residents who do not attend clinics run by the ISH service most attend clinics in South West London: Kingston hospital; Epsom & St Helier hospital; and Croydon hospital. Analysis of this data shows that these attendances are largely related to postcode, so those living on the borders of these boroughs are more likely to attend those hospitals as they are nearest to home.
- 2.2.8 Priority 2 in the draft sexual health strategy is to ensure easy access to sexual health and wellbeing services. In line with this key priorities for the ISH service over the next year are: communication to stakeholders on the services offered and pathways to access; targeted provision for under 18 year olds; training other professionals in the borough particularly GPs and; encouraging people attending the service who do not have symptoms to use the London e-service.

3 ALTERNATIVE OPTIONS

Not applicable

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. Extensive consultation has been undertaken to inform the development of the sexual health strategy:

- 123 face to face focus groups with young people at Ricards Lodge, Phipps Bridge and Pollards Hill youth clubs, SMART Centre, Merton College, Lavender Footballers, Youth Parliament, Uptown youth club and School Council Action Day.
- 116 people responded to an on-line survey on the Council's website.
- 1,167 school aged young people answered sexual health questions on the school-based survey.
- Face to face consultation with 300 professionals working in Merton via different meetings & networks, including; Involve, Children's Schools and Families DMT, Promote and Protect group, secondary/primary heads and governors, GP practice leads, CLCH practitioners, Preparation to Adulthood Board, PSHE co-ordinators, Young People Health Reference Group, health commissioners, Children's Trust Board, Violence Against Women and Girls group, and the substance misuse partnership board.

5 TIMETABLE

Please see below some key milestones in the next steps for the strategy development:

Mid November 2019: Final draft of sexual health strategy, implementation plan and needs assessment complete and signed off by the strategy steering group.

Nov – Dec 2019: Sign off of final strategy and implementation plan by relevant Local Authority and CCG boards

28th January 2020: Endorsement of the strategy at the Health and Well-Being Board

Jan 2020: Strategy implementation group is set up and work on the implementation plan commences.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

There has been no cost incurred whilst developing the strategy except staff time. The implementation plan will be delivered within existing budgets and staff resources.

7 LEGAL AND STATUTORY IMPLICATIONS

The strategy will have oversight of the following areas, which are the legal and statutory responsibility of local authorities:

- The statutory duty to secure the provision, for their residents, of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs).
- Statutory Relationships and Sex Education (RSE), which will come into effect in September 2020.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1 Assessment of need, research and consultation conducted thus far indicates that there is recognised disparity and inequality of sexual health between different population groups. Young people, gay men, and black and minority ethnic groups are disproportionately affected by poor sexual health.
- 8.2 The strategy and corresponding implementation plan aim to address this disparity, and ensure equality and equity of access to education and sexual health services in the borough, with particular emphasis on these most vulnerable groups.
- 8.3 An equality impact assessment has been carried out and the results have fed into the strategy and implementation plan.

9 CRIME AND DISORDER IMPLICATIONS

There are strong links between sexual health and wellbeing and domestic violence, sexual exploitation and abuse. The police and Sexual Assault and Referral Centres (SARC) are key partners in the strategy.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None

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

- Merton’s joint sexual health strategy – draft version, subject to change.

12 BACKGROUND PAPERS

None