

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL			
SUBJECT:	SEXUAL HEALTH SERVICES			
DATE OF DECISION:	1 NOVEMBER 2018			
REPORT OF:	DIRECTOR OF PUBLIC HEALTH			
<u>CONTACT DETAILS</u>				
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STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
<p>This briefing provides the Panel with an overview of reproductive and sexual health outcomes and services, and a draft 5 year plan for sexual health improvement in Southampton.</p> <p>The City's residents have relatively poor sexual health outcomes and a high teenage pregnancy rate. Improvements have been achieved in reducing teenage pregnancy and increasing access to sexual health services through home testing despite a growing population, rising demand and reductions in overall spend on sexual health since 2013. Nonetheless, sexually transmitted infection (STI) rates are high and a relatively high proportion of people with HIV are not identified until late in their diagnosis; resulting in poorer prognoses. Beyond sexual health services, Southampton also has high levels of reported intimate partner violence and sexual assault compared to both England and areas with similar levels of deprivation. Services for sexual health are commissioned by the Local Authority, Southampton City CCG and NHS England. Commissioners work closely to ensure a clear and consistent care pathway for service users. Funding for Local Authority sexual health services has been subject to year on year reductions as a consequence of the annual public health grant savings.</p> <p>Partners across the City are working with commissioners and SCC's public health team to refresh Southampton's sexual health improvement plan. This will set the framework for supporting future joint working toward better outcomes within the context of the continuing financial saving requirements. The draft plan (and embedded link to our sexual health compendium of outcomes) is included as an appendix to this report.</p>	
RECOMMENDATIONS - That the Panel consider and challenge;	
	(i) Current reproductive and sexual health outcomes for communities in Southampton, and inequalities in those outcomes for specific groups.

	(ii)	The position of sexual health and services in Southampton, and the progress made to date in relation to ensuring value for money and good access through digital innovation to offset the impact of service reductions.
	(iii)	The developing sexual health improvement plan which will be agreed at a final stakeholder workshop in November 2018.
REASONS FOR REPORT RECOMMENDATIONS		
1.		To facilitate effective scrutiny of sexual health and service provision in the City and inform the development of the City's draft Reproductive and Sexual Health Improvement Plan.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.		None
DETAIL (Including consultation carried out)		
3.		<p>Key sexual health indicators are:</p> <ul style="list-style-type: none"> - Southampton ranks 29 out of 326 local authorities for acute STI (excluding Chlamydia) rates (where 1 is highest) (2017). - HIV prevalence in Southampton is above the England average (2.32) and continues to increase, with the rate now standing at 2.43 per 1,000 residents aged 15 – 59 (2017). - Performance on late diagnosis levels for HIV in Southampton (49.2%) is poorer than nationally (41.1%) and we are ranked 5th worse out of our ONS comparators (2015-17). - Under 18 conception rates have halved in Southampton since 1998 (31.7/1,000), but the city still has a significantly higher rate than England (18.8/1,000) and is ranked worse out of its ONS comparators (2016). - Levels of sexual offences in Southampton (3.4/1000) are more than 50% higher than the national rate (1.9/1000) (2016/17).
4.		Sexually transmitted infections (STIs), unplanned pregnancies and sexual violence and exploitation can have a significant impact on the physical, mental and emotional health and wellbeing of individuals, families and communities. Poor control of reproductive health also has wider socio-economic consequences and implications such as making it harder to make work pay, adding to levels of benefit dependency, child poverty and deprivation, and levels of avoidable demand for children's social care services, acute and community health services, crime and anti-social behaviour and contributing to overcrowded housing and demand for social housing. There are also clear links between deprivation and rates of teenage pregnancy and STIs.
5.		There are inequalities in the reproductive and sexual health profiles of specific communities; this leads to some groups experiencing disproportionately worse reproductive and sexual health in relation to specific outcomes. For example, men who have sex with men (MSM), and some black and ethnic minority (BME) groups are at a higher risk of STIs, including Human Immune deficiency Virus (HIV).

6.	<p>Southampton has a large young population (under 25s) compared to similar cities. Young people and young adults are at higher risk of acquiring STIs compared to adults in other age groups due to higher levels of sexual activity, the number of partners they are exposed to, and variability in condom use when changing partners. Individuals in the 16 – 24 age group are more likely to have had two or more sexual partners in the last year, and more likely to have had at least two sexual partners with whom no condom was used in the past year compared to older groups. Young people are at significantly increased risk of both unplanned pregnancy and sexually transmitted infections.</p>
7.	<p>In 2013, responsibility for a number of Public Health improvement functions shifted to the local authority and commissioning responsibilities of different elements of sexual and reproductive health services were divided between local authorities, CCGs and NHS England. Local Authorities have responsibility for open access sexual health services, Long Acting Reversible Contraception (LARC), STI detection and treatment, sexual health promotion and HIV prevention. Alongside this local authorities commission services such as school nursing (public health nursing). CCGs have commissioning responsibility for terminations of pregnancy, vasectomies, LARC for non-contraceptive purposes, sterilisation and STI testing in acute health settings. NHS England have responsibility for HIV treatment, and also commission HIV pre-exposure prophylactic treatment, and sexual health services for victims of sexual assault.</p>
8.	<p>A key national document for delivery of sexual health is the framework for Sexual Health Improvement in England (DH 2013). This document highlighted the need for a continued focus on sexual health across the life course and identified four areas for improvement, which continue to remain a priority:</p> <ol style="list-style-type: none"> 1. Reducing sexually transmitted infections (STIs) 2. Reducing HIV transmission rates and avoidable deaths 3. Reducing unwanted pregnancy 4. Reducing teenage pregnancies <p>This framework has shaped the way we work strategically in the City to deliver sexual health. A Southampton sexual health improvement plan was developed in 2014 to support partners across the City in achieving these outcomes.</p>
9.	<p>Appendix 1 shows the current draft sexual health improvement plan. This plan has been developed with local stakeholders both in recognition of the increasing sexual health need and reductions in resources. Our intention is to maintain an affordable open-access sexual health service that meets the universal, targeted and specialist needs of sexually active residents across the life-course, which encourages prevention and self-management and a service which follows a ‘right care, right place, right time’ approach. For those individuals at highest risk of sexual ill-health and vulnerability to exploitation, the plan will help to ensure that these people receive the interventions they require based on their need, and that they are prioritised for face to face interventions and outreach.</p>

10.	<p>The refreshed sexual health improvement plan will refocus commissioned services around the delivery of the following Council priority areas:</p> <p>Southampton is a city with strong and sustainable economic growth: Through better control of their sexual and reproductive health, adults particularly women, can increase participation in the labour market, can have reduced absence rates and provide greater financial security for their families.</p> <p>Children and young people in Southampton get a good start in life. Support for planned parenthood and reduced unplanned pregnancies will help to reduce social and financial instability, child poverty and reduce demand on statutory health and children’s services.</p> <p>People in Southampton live safe, healthy, independent lives. Improving sexual and reproductive health through prevention and early intervention will enable those at greatest risk to live healthier and independent lives. Adverse childhood experiences in relation to sexual assault and abuse have been shown to increase a range of damaging behaviours in adult life.</p> <p>Southampton is a modern, attractive city where people are proud to live and work – Sexual health services which provide the right support, in the right place at the right time and pro-actively supports vulnerable communities, can support the City’s image of a confident, bustling City with a dynamic social and night life in which its citizens are empowered to live the lives they want. Good sexual health services and effective access to birth control will help ensure that Southampton is a city that people are proud to live in.</p>
11.	<p>The vision of the proposed sexual health improvement plan is that Southampton is a city which promotes reproductive and sexual health for everyone, and where discrimination, coercion, violence and exploitation is not tolerated.</p> <p>With the following strategic aims:</p> <ol style="list-style-type: none"> 1. Promote a culture supporting good sexual and reproductive health for all which prioritises prevention and reduces stigma, prejudice and discrimination. 2. Ensure access to services that improve sexual health is good for everyone, with no individuals or groups left behind. Services should offer early detection, effective support/treatment and reduction in onward transmission of sexually transmitted infections, including HIV. 3. Women and men are supported in avoiding unplanned pregnancies, including unplanned teenage pregnancies through good access to family planning advice and a full range of contraceptive options. 4. Safeguard and promote the welfare of those most at risk of poor outcomes including vulnerable adults, children and young people, protecting them from exploitation and abuse through fostering effective partnership between all relevant services and agencies. 5. Offer sexual health services that are value for money, proportionate to level of need, provide the ‘right care in the right place’ and focus on prevention.

RESOURCE IMPLICATIONS																																
<u>Capital/Revenue</u>																																
12.	<p>Local Authority budgets for Sexual Health services have been affected by national reductions in local authority Public Health grant funding. Since a high point of funding in 2014-15 funding for the integrated sexual health service has reduced from £2,957k to £2,524k in 2018-19, a reduction of 14.6%. The current contract for the Integrated Sexual Health service has an inbuilt option for seeking annual reductions of 2% efficiency on the GUM, STI treatment and contraception services. Changes in spend are set out below in Table 1.</p> <p>Table 1 – SCC spend on reproductive and sexual health services 2014-15 compared to 2018-19:</p> <table border="1"> <thead> <tr> <th>Area of Spend</th> <th>2014-15 £(000)</th> <th>2018-19 £(000)</th> </tr> </thead> <tbody> <tr> <td>Psychosexual Health</td> <td>27.7</td> <td>14</td> </tr> <tr> <td>Out of Area GUM Spend</td> <td>53</td> <td>60</td> </tr> <tr> <td>Integrated Sexual Health service</td> <td>2,531</td> <td>2179</td> </tr> <tr> <td>HIV Enhanced Screening</td> <td>14.8</td> <td>14.8</td> </tr> <tr> <td>Chlamydia Screening in Primary Care</td> <td>35</td> <td>0</td> </tr> <tr> <td>Emergency Hormonal Contraception in Pharmacy</td> <td>128</td> <td>80</td> </tr> <tr> <td>LARC in Primary Care, including device costs</td> <td>195</td> <td>190</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Total planned spend</td> <td>2956.8</td> <td>2523.8</td> </tr> </tbody> </table>		Area of Spend	2014-15 £(000)	2018-19 £(000)	Psychosexual Health	27.7	14	Out of Area GUM Spend	53	60	Integrated Sexual Health service	2,531	2179	HIV Enhanced Screening	14.8	14.8	Chlamydia Screening in Primary Care	35	0	Emergency Hormonal Contraception in Pharmacy	128	80	LARC in Primary Care, including device costs	195	190				Total planned spend	2956.8	2523.8
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13.	<p>The current contract for the Integrated Sexual Health service has an inbuilt option for seeking annual reductions of 2% efficiency on the GUM, STI treatment and contraception services. The first year of the new integrated sexual health service (1 April 2017) resulted in significantly greater levels of sexual health service activity than were forecast in the annual activity plan. Maintaining those levels and patterns of activity are not sustainable, so Commissioners are working with the service to support a transformation plan that will ensure the sustainability of the integrated open access service that provides the core of sexual health services in the City.</p>																															
<u>Property/Other</u>																																
14.	None.																															
LEGAL IMPLICATIONS																																
<u>Statutory power to undertake proposals in the report:</u>																																
15.	Southampton City Council commissions reproductive and sexual health services under its Public Health Improvement mandates under the Health and Social Care Act 2012.																															
<u>Other Legal Implications:</u>																																
16.	None.																															

RISK MANAGEMENT IMPLICATIONS	
17.	Direct risk management implications of the services commissioned by the Local Authority are limited because these services are commissioned through specialist third party providers as opposed to direct provision. However, there are financial risks relating to the sustainability of existing models of open access sexual health service delivery resulting from phased reductions in Public Health Grant. Management of this will require Commissioners to work closely with Sexual Health services on an ongoing programme of service transformation. The draft 2018-23 Sexual Health Improvement Plan (Appendix 1) includes a risk management grid to identify key risks associated with the delivery of the plan.
POLICY FRAMEWORK IMPLICATIONS	
18.	Current investment and priorities for sexual health services and their improvement are consistent with the Health and Wellbeing Strategy and the Council's Policy Framework.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Draft Southampton Sexual Health Improvement Plan – 2018-2023

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	Not applicable