



Report of the Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 13th February 2020

AB

Subject:

Sexual Health Services

Summary statement:

Local authorities are responsible for providing comprehensive, open access sexual health services. While they are able to make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain services which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

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Portfolio:
Healthy People and Places

Overview & Scrutiny Area:
Health and Social Care

1. SUMMARY

Local authorities are responsible for providing comprehensive, open access sexual health services. While they are able to make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain services which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

2. BACKGROUND

The fields of sexual health, sexually transmitted infection (STI), contraception, reproductive health and HIV are frequently interwoven, yet each is separate and has its own defining features and interfaces. Different elements have different commissioning arrangements which adds to the complexity. The commissioning responsibilities for sexual health are fragmented and while the majority sit within the Local Authority other elements are delivered by Clinical Commissioning Groups and NHS England. The commissioning responsibilities for CCGs and NHS England are set out in the Health and Social Care Act 2012.

3. REPORT ISSUES

The commissioning responsibilities for sexual health are fragmented and while the majority sit within the Local Authority other elements are delivered by Clinical Commissioning Groups and NHS England:

Commissioning responsibilities

Local Authorities	Clinical Commissioning Groups	NHS England
Comprehensive sexual health services. These include: Contraception, including LESs (implants) and NESs (intra-uterine contraception) and all prescribing costs, but excluding contraception provided as an additional service under the GP contract; Sexually transmitted infection (STI) testing and treatment, chlamydia screening as part of the National Chlamydia Screening Programme and HIV testing; Sexual health aspects of	Most abortion services Sterilisation Vasectomy Non-sexual health elements of psychosexual health services Gynaecology, including any use of contraception for non-contraception purposes	Contraception provided as an additional service under the GP contract HIV treatment and care (including drug costs for post-exposure prophylaxis after sexual exposure) Promotion of opportunistic testing and treatment for STIs, and patient-requested testing by GPs Sexual health elements of prison health services Sexual Assault Referral Centres

<p>psychosexual counselling; and</p> <p>Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion, services in schools, colleges and pharmacies</p>		Cervical Screening Specialist foetal medicine services
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Open access sexual health services

Open access services are essential to control infection, prevent outbreaks and reduce unwanted pregnancies. The regulations refer to the provision of "open access services for the benefit of all persons present in the area". This means that anyone who is in an area is entitled to use the services provided in that area, and services cannot be restricted only to people who can prove that they live in the area, or who are registered with a local GP, or who are referred by a local GP, or on other grounds such as that they are an overseas national or are just visiting the local area.

Open access services are confidential. This means that people who want to use services anonymously and do not want to give their name, address or other personal details cannot be denied access to services – although in practice most people are happy to provide these details. There is a longstanding recognition of the particularly sensitive nature of the information collected by these services and an equally longstanding commitment to ensuring that the uptake of services is not undermined by concerns about the confidentiality of service provision.

In September 2015, the public health department commissioned a new integrated open access sexual health service, provided by Locala Community Partnerships CIC. The service, based on a Hub and Spoke model delivers the sexual and reproductive health responsibilities of the council in Bradford. The hub and main clinic is based at Howard House, 2nd Floor, Bank St, The Service works in a variety of settings and links into voluntary sector agencies, NHS organisations and non-NHS organisations that provide outreach, sexual health testing, and treatment.

The Service delivers health information, generic information on pregnancy, STIs and HIV prevention/safer sex advice, male and female condoms, and lubricant and Chlamydia screening for sexually active under 25 year olds.

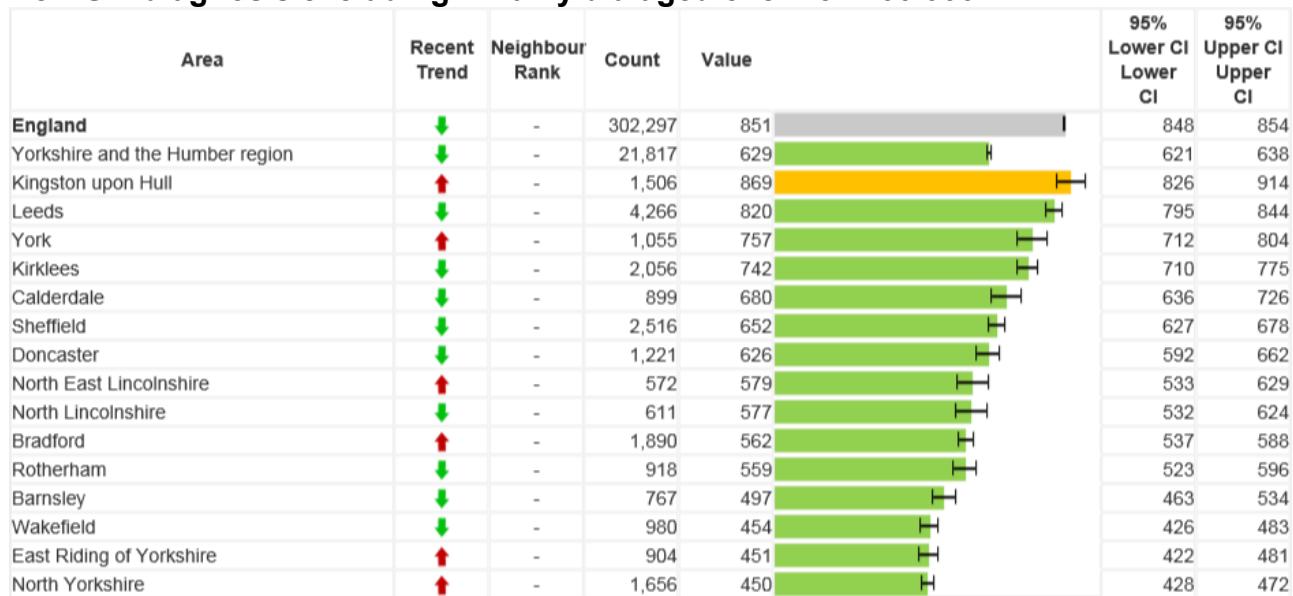
Sexually Transmitted Infections (STIs)

Local authorities are required to arrange for the provision of free STI testing and treatment, and the notification of sexual partners of infected people. Untreated STIs can lead to serious and painful health consequences, ranging from infertility to cancer. The requirement covers the provision of testing for all STIs and HIV, and the provision of free treatment for all STIs, but not HIV.

Over the past decade, diagnoses of gonorrhoea, syphilis, and genital herpes have increased in England, most notably in males, while diagnoses of genital warts have decreased in females. Since the full-scale implementation of the National Chlamydia Screening Programme (NCSP) in 2008, diagnosis rates of chlamydia have increased in men and women. More STI testing in sexual health services and through the NCSP with routine use of more sensitive diagnostic tests, such as nucleic acid amplification tests (NAATs), will partly explain increases in the early part of the decade, although ongoing high levels of condomless sex will have played a role.

People with STIs and HIV can put their current partners at risk of infection, and may have infected previous partners as well. Partner notification is an essential component of STI management and control, protecting patients from reinfection, partners from long-term consequences from untreated infection and the wider community from onward transmission. It is important to make sure that partners who may be infected are offered the opportunity to be tested and to obtain any necessary treatment. The burden of STIs continues to be greatest in young people, MSM and black ethnic minorities. The highest STI diagnosis rates in England are in young people aged 15-24 years.

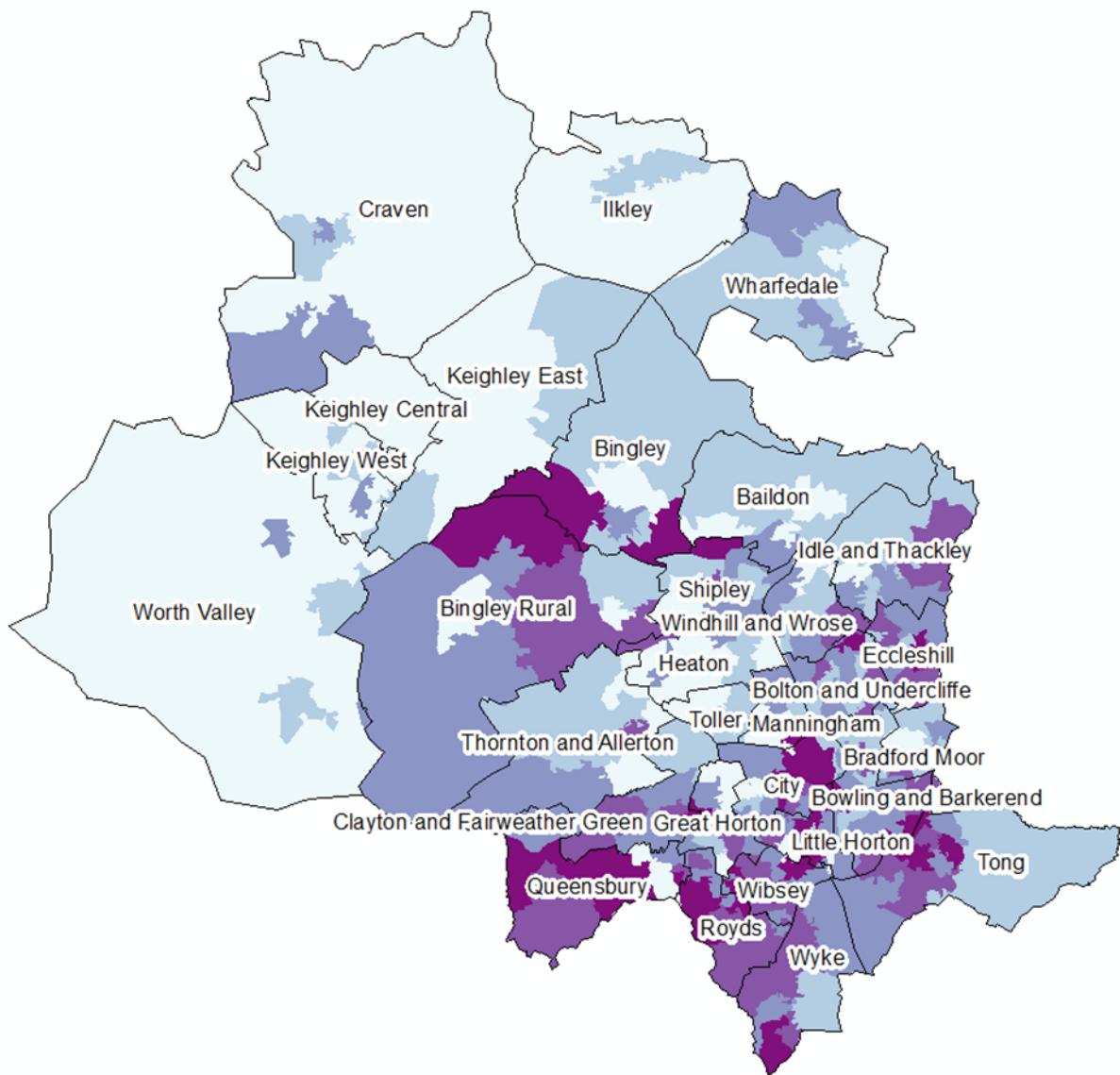
New STI diagnosis excluding Chlamydia aged over 25 / 100.000



Chlamydia

Local authorities are required to provide STI testing services, and this includes chlamydia testing. Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious and costly health consequences (e.g. pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility) it is vital that it is picked up early and treated. Chlamydia testing is currently available at all Locala clinics and everyone over 16 years of age has access to SH24 for online testing of chlamydia along with other STIs and Locala are looking at how this offer can be expanded. Locala are not currently providing self-testing kits in the community for Chlamydia due to a change in laboratory but are actively engaged with their laboratory provider to try and solve the issues preventing this.

Average rate for new diagnosis of the five main STI's (chlamydia, gonorrhoea, herpes, warts and syphilis) by LSOA – ward overlaid. (2014-2018)



Rate per 1000 population

- 0.66 to 2
- > 2 to 3
- > 3 to 4
- > 4 to 5
- > 5

Sexual and Reproductive Health Profiles

□ 1000 10000

Compared with benchmark: **Better** **Similar** **Worse** **Lower** **Similar** **Higher** **Not compared**

* a note is attached to the value, hover over to see more details

	Recent trends:		Increasing / Getting better		Increasing / Getting better		No significant change		Increasing		Decreasing
	— Could not be calculated		Decreasing / Getting worse		Decreasing / Getting worse		Decreasing / Getting worse		Decreasing		Decreasing

Indicator	Period	England	Yorkshire and the Humber region															
			Yorkshire	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Syphilis diagnostic rate / 100,000	2018	13.1	7.4	6.6	6.4	4.8	4.9	3.3	8.4	7.3	9.3	3.1	9.9	5.2	9.9	9.5	11.4	8.2
Gonorrhoea diagnostic rate / 100,000	2018	98.5	67.9	51.0	69.0	46.3	61.2	28.7	87.1	62.7	118.9	47.6	56.0	35.0	49.0	91.9	61.3	64.9
Chlamydia detection rate / 100,000 aged 15-24 <1900 1900 to <2300 ≥2300	2018	1975	2096	2138	1562	2191	1943	1237	1838	1950	3385	2656	2243	1711	1824	1609	2100	1712
Chlamydia proportion aged 15-24 screened	2018	19.6	20.0	18.9	14.9	18.0	23.2	9.4	10.0	17.4	29.6	20.5	20.2	21.1	18.3	18.0	19.0	23.9
New STI diagnoses (exc chlamydia aged <25) / 100,000	2018	851	629	497	562	680	626	451	869	742	820	579	577	450	559	652	454	757
HIV testing coverage, total (%)	2018	64.5	59.8	49.3	65.9	75.7	40.4	69.2	63.0	64.3	61.2	40.9	42.5	67.0	70.3	81.9	38.7	61.9
HIV late diagnosis (%) <25% 25% to 50% ≥50%	2016 - 18	42.5	49.3	61.3	46.3	59.1	42.9	33.3	30.4	53.1	52.5	41.7	58.3	55.8	57.1	38.4	52.5	60.0
New HIV diagnosis rate / 100,000 aged 15+	2018	8.7	6.4	4.5	8.9	5.8	5.9	1.4	5.7	7.6	13.2	3.8	4.2	3.9	1.8	5.6	6.7	3.4
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2018	2.37	1.48	1.66	1.41	1.27	1.39	0.57	1.23	1.43	2.77	0.68	0.78	0.75	1.43	1.79	1.42	0.83
Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) <80% 80% to 90% ≥90%	2017/18	86.9	91.5	91.8	90.2	89.5	91.5	92.0	88.9	89.4	92.2	93.9	90.9	88.8	95.3	92.8	93.8	95.1
Under 25s repeat abortions (%)	2018	26.8	25.6	24.8	27.4	29.1	27.6	19.3	19.0	30.7	27.9	30.2	26.1	22.5*	17.9	23.6	25.5	22.5*
Abortions under 10 weeks (%)	2018	80.3	78.5	61.8	80.9	82.8	79.8	76.6	72.8	79.5	81.8	85.6	82.3	81.4*	63.7	75.8	82.0	80.1*
Total prescribed LARC excluding injections rate / 1,000	2018	49.5	56.9	44.6	48.6	55.9	56.2	60.9	60.9	47.9	59.2	58.5	64.4	72.6	51.5	57.4	51.4	62.6
Under 18s conception rate / 1,000	2017	17.8	20.6	29.1	19.1	17.4	24.7	13.5	32.7	18.9	27.3	33.2	20.1	10.0	22.1	18.0	22.5	15.6
Under 18s conceptions leading to abortion (%)	2017	52.0	43.9	45.0	40.0	57.1	47.9	58.3	36.4	46.9	42.7	36.5	35.7	52.1	41.2	42.9	40.3	53.5
Violent crime - sexual offences per 1,000 population	2018/19	2.5*	3.1*	2.4	4.3	4.1	2.8	2.1	4.7	3.2	3.3	4.5	2.8	2.3*	3.1	2.3	3.4	2.4

Reproductive health

Reducing unplanned pregnancy (whether this leads to maternity, miscarriage or abortion) requires appropriate services to be in place. Local authorities are required to arrange for the provision of a broad range of contraception and advice on preventing unintended pregnancy, and all contraception supplied must be free to the patient. Services should be based around the following: easy access to high quality information for informed decision-making; easy access to the full range of contraception (particularly the most effective long-acting reversible contraception [LARC], the implant, intrauterine systems [IUS] and intrauterine device [IUD]) for pregnancy prevention with rapid referral to abortion services for unwanted pregnancy. These services should be delivered alongside promotion of safer sexual and health-care seeking behaviour

Long Acting Reversible Contraception (LARC) is available both in the Local Hub and Spokes and is also delivered via local General Practices with the contracts for this

managed via the sexual health service provider, Locala.

Provision of Long Acting Reversible Contraception (LARC)



Emergency Hormonal Contraception (EHC)

Emergency Hormonal Contraception (EHC) is available at all Locala clinics and free to under 19s at the following pharmacies

Boots, Unit 8, Charles Street Mall The Broadway
Boots 147-149 Main Street, Bingley
Boots, 22-28 Queensway Keighley
City Road Pharmacy 100-102 City Road
Cohen's Chemist 123 Main Street Burley-in-Wharfedale Ilkley,
Currie's Chemists (Wyke) 81 Towngate Wyke
Lloyds Pharmacy 20a Bingley Road Saltaire Shipley
Rowlands Pharmacy 66-68 High Street Queensbury
Superdrug Pharmacy 32-34 Bank Street
Westcliffe Pharmacy Westcliffe Road Shipley

Relationship and Sex Education (RSE)

Provision of RSE by schools will become mandatory in September 2020. In primary schools, this will include compulsory curriculum content on health education, as well as

teaching on positive relationships and how this links to health and wellbeing. In secondary schools, there will be an additional requirement for sex education. Parents will have a right to withdraw their child from sex education classes if they wish, although children are able to opt into sex education from the age of 15 years. Delivery of high quality RSE is one of the factors considered to reduce teenage pregnancy rates, but it also has potential benefits more broadly than this on a range of wellbeing outcomes. In preparation for these changes, a task group has been set up to support the implementation of the new mandatory curriculum. Outputs from this group include model policies for relationships education for primary schools and RSE policies in secondary schools. A framework to support implementation of RSE has been developed which includes training of teachers to deliver the curriculum, as well as sourcing of content appropriate for primary and secondary schools on this topic.

4. FINANCIAL & RESOURCE APPRAISAL

- No financial issues arising

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

No significant risks.

6. LEGAL APPRAISAL

- No legal issues arising

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

No implications

7.2 SUSTAINABILITY IMPLICATIONS

- No implications

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

- None.

7.4 COMMUNITY SAFETY IMPLICATIONS

- No implications.

7.5 HUMAN RIGHTS ACT

- No implications

7.6 TRADE UNION

- No impact.

7.7 WARD IMPLICATIONS

- None.

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)**

7.9 IMPLICATIONS FOR CORPORATE PARENTING

None.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

None

8. NOT FOR PUBLICATION DOCUMENTS

- None.

9. RECOMMENDATIONS

- The committee is invited to note and comment on the report