

# MAYOR OF LONDON

**Tony Arbour AM**

Chair of the London Assembly  
City Hall  
The Queen's Walk  
More London  
London SE1 2AA

**Our ref:** MGLA071218-0213

**Date:** 17 JAN 2019

*Dear Chairman Arbour,*

Thank you for your letter of 7 December 2018 about the motions agreed at the London Assembly (Plenary) meeting on 6 December 2018. My reply to each motion is set out below:

## **Motion 1 – Global Warming**

The IPCC Special Report on Global Warming outlined the unacceptable consequences of warming beyond 1.5 degrees C and the urgency of efforts to avoid this. I therefore recognise the immense threat posed by climate change.

I am fully committed to helping address this climate emergency. On 12 December 2018, I launched London's 1.5C compatible Climate Action Plan. It looks at the different scenarios London can take to reduce its emissions and reach my zero-carbon target by 2050. It is based on modelling and analysis carried out in support of the London Environment Strategy, supported by C40's Deadline 2020 programme and Climate Action Planning Framework, and is compliant with the highest ambition of the Paris Agreement.

London is one of the first cities in the world to have such detailed bottom-up modelling of how a 1.5C compatible emissions pathway can be achieved. This is based around achieving a 60 per cent reduction in emissions by 2030 and zero-carbon by 2050. The 2050 trajectory we have set out is in line with the reductions recommended in the IPCC report, is based on detailed assessments of ambitious, but technically possible, changes to buildings and energy systems and also only relies on a limited amount of offsetting by 2050.

I am doing everything I can within my powers to deliver the carbon reductions needed to address this climate emergency. I have set up a half a billion-pound fund to invest in energy efficiency in the capital; Transport for London is investing over £750 million in cleaning up the transport system; and I have allocated £34 million to my Energy for Londoners programme. The new draft London Plan also goes further than national government policy by making sure all new buildings will meet our zero-carbon objectives. These actions have helped put London on a pathway to zero-carbon. In September, London was verified by C40 as being one of 27 cities globally that has peaked their emissions.

However, our plan highlights that as Mayor, I only have powers to deliver less than half the emission cuts required to make London zero carbon. The rest is down to national government. City Hall simply does not have the funding or powers it needs.

# MAYOR OF LONDON

I will continue to call on the government to stop dragging its feet, recognise the climate emergency we face and give London and cities across the UK the powers and funding we need to take strong action to protect the public and help safeguard our planet.

As you note, I am committed to also ensuring that London has a global leadership role on climate action. I will continue to use my position as Vice Chair for Europe of the C40 Cities Climate Leadership Group to share best practices from London's climate action internationally so that other cities can pursue similar paths and work with other Mayors to advocate for ambitious global climate action.

## **Motion 2 – Sexual Health Funding**

Thank you for raising your concern about access to sexual health services for Londoners, and the risks that Government cuts to the local government public health grant carry.

I remain committed to ensuring Londoners have good sexual health, including support for London as a Fast Track City for progress on HIV as part of my health inequalities strategy.

Councils are in the unenviable position of having to prioritise their resources relentlessly across the diverse health and care needs of their communities. I have called for the cuts in the public health grant to be reversed, and investment made to tackle health inequalities.

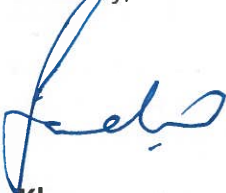
The commitment to a radical upgrade in prevention from the Secretary of State for Health was not forthcoming as a concrete funding commitment in this year's budget round. To the contrary, Government has announced that Councils will need to manage further cuts in the grant for public health next year, and possibly beyond the next spending review.

Following concerns raised by the Health Committee and in Mayoral correspondence last year, my officers sought clarification on a number of issues from the London Sexual Health Programme. Their response has been shared with the Health Committee and is enclosed for your reference.

I am confident that Councils in London are taking proactive action to try and manage this situation, through cross-borough collaboration on the 'Do it London' sexual health promotion programme, and the London sexual health services transformation programme. This includes an innovative on-line testing service that removes the need to attend a clinic, and I await their evaluation with interest.

I will continue to take every opportunity to highlight the damage that cuts to public health funding may impose on population health and our ability to tackle health inequalities.

Yours sincerely,



**Sadiq Khan**  
Mayor of London

Enc.



London Sexual Health Programme  
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Vicky Hobart  
Head of Health  
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26 October 2018

Dear Vicky

### **London Sexual Health Services**

The London Sexual Health Programme has direct responsibility for management of the London online sexual health service, SHL.uk, on behalf of 27 authorities and provides governance for 31 authorities in support of commissioning open access integrated sexual health services across London.

London is complex, and the London Sexual Health Programme does not hold the commissioning responsibility for locally commissioned sexual health clinics. Councils participating in the programme, often working together as sub-regions, have commissioned integrated sexual health services taking into account local needs and circumstances. These are based on a shared core model of integrated sexual health services developed by the London Sexual Health Programme's Clinical Advisory Group. Decisions and specific details about the local configuration of these services reside with the responsible authorities. New contracts have been awarded to NHS services across the capital.

As well as integrated sexual health services and the London online service, it should be noted that participating authorities may commission other types of sexual health services. These include additional HIV/STI testing and contraceptive services from GPs and community pharmacies; young people's sexual health services; HIV prevention and sexual health promotion; chlamydia screening; and outreach services. Such services are, however, more localised and are outside of the governance of the Programme.

It is therefore not possible to capture every individual circumstance or arrangement in London, and it should also be noted that sexual health needs vary significantly between local authorities. It is, however, possible to provide an overview of the overall approach which informs collaborative working on sexual health services across the capital with regard to a number of questions that you have posed.

Firstly, to address your question about hours of service.

New integrated sexual health services are commissioned to offer longer hours, including earlier starts, more evening services, and weekend working. The precise arrangements will depend on the

sub-region model. As well as the longer hours, the integration of contraceptive services and services for sexual health screening and treatment helps increase convenience by reducing the need for service users to make additional appointments. Working alongside the clinics, the London online sexual health service, SHL.uk, is available for kit orders 24 hours a day, seven days a week to residents of the participating authorities. The online service offers an alternative to clinic attendance for people who are seeking HIV and STI testing, but who do not have symptoms or other needs that should be seen within a clinic.

Next, you asked about access to sexual health services and people who are turned away from clinics.

London provides significantly more access to sexual health services than in the rest of the country, accounting for close to a third of sexual health service attendances and sexual health screens carried out in England. In 2017, with close to 1.1 million attendances at sexual health services, attendances in London were 155% (2.55 times) higher per capita in the capital than in the rest of the country. STI and HIV screening levels were more than 180% (2.8 times) higher.

It is important to set out clearly, as demonstrated by the 2017 data, that commissioners have not reduced the level of activity being commissioned for sexual health services. In fact, since transition from the NHS to local authority commissioning responsibility, we have seen an increase of 16% in sexual health service attendances and 24% in HIV/STI screens in the capital. Among gay, bisexual and other men who have sex with men (MSM), who are among our most vulnerable groups for HIV, syphilis and gonorrhoea, the changes have been even more significant, with an overall increase in screens of 88% since 2013. We therefore see a complex picture of long term increases in diagnoses of syphilis and gonorrhoea over the past decade (and at the same time, some more recent reductions in other STIs, notably ano-genital warts) indicative of a high level of need within the capital, but increasing diagnosis also indicative of a high level of access, including for asymptomatic infections which might otherwise go undiagnosed, helping to prevent the risk of harmful impacts on individuals' future health and reducing the risk of transmission to others.

This level of access is an important factor in recent trends in HIV, also. In 2017, London achieved a second successive drop in new HIV diagnoses. In its assessment of this unprecedented reduction, Public Health England highlighted the impacts of increased levels of HIV testing and of starting people with newly diagnosed HIV on anti-HIV drug treatment as early as possible in driving this positive change. London has seen a far steeper drop in new diagnoses than the rest of the country: between 2015-17, new HIV diagnoses fell by 37% in the capital, compared with 19% in the rest of the country. Indeed, after close to 35 years of increases in new diagnoses, the number of new HIV diagnoses in the capital has now fallen to levels not seen since the end of the 1980s.

However, although there is a high level of access and screens in London services, we know that clinics are busy and that appointments are being taken up very quickly at many clinics. Commissioners in London understand that long term social changes, changes in clinical technologies and guidance, as well as demographic growth, underpin long term growth in sexual health service use. Access to services is therefore an ongoing matter of attention in London, which becomes more complex due to the amount of population movement across the capital, as well as people coming into the capital from other areas. As well as its Clinical Advisory Group, the London Sexual Health Programme's governance structure includes a Commissioner's Group, which facilitates planning of services by the sub-regions.

Over the last year, we have also seen a number of trends which have contributed to short term but significant pressures on services.



- There has been a very rapid uptake of places on the anti-HIV Pre-Exposure Prophylaxis (PrEP) Impact Trial by gay, bisexual and other men who have sex with men at London clinics (a 'super surge', far exceeding any activity forecast by the national trial). This is a very positive development, which alongside the significant increase in regular HIV and STI testing, and rapid access to anti-HIV treatment for people with a new diagnosis, should further support reductions in future HIV infections in London. The rapid uptake of the trial however placed pressure on trusts, particularly during the recruitment phase. Further places have just been made available by the national trial and have begun rolling out, and it is widely expected that London clinics will recruit to these new places at a similar pace. By the end of this additional roll-out, there will be around 7,600 people in the trial attending London clinics. Although NHS England has funded the drug costs, local authorities have received no additional funding for the sexual health service activity arising from the trial, at a time when the Public Health Grant continues to be cut by central government. In the longer term, the trial represents a further ongoing increase in appointments and testing since people enrolled in the trial are likely to be seen more often as part of regular monitoring.
- Co-location and integration of services is supporting early significant increases in prescribing of Long Acting Reversible Contraception (LARC) following introduction of new service models, including for women presenting with emergency contraception needs. London has had significantly lower uptake of LARC compared with the rest of the country for many years. These reported increases are therefore an important and very positive development, meaning that an increasing number of women accessing sexual health clinics are benefitting from the most effective forms of contraception. In the short term, though, these significant increases have placed pressure on appointments at some services while additional capacity is being put into place. There are also ongoing reports from some areas that pressure on access in primary care is contributing to longer term pressures on access to contraception, with more women seeking contraception from sexual health clinics.

The introduction of new integrated services and the online service are important and necessary changes to meet the changing and increasing needs of Londoners. However, as the above examples illustrate, this is not a simple, finite process. As part of these new services, there are ongoing changes and developments which will further facilitate and support access, such as new, modern clinical service sites in accessible locations; use of IT to improve access and service experience; changes in prescribing practice, helping to reduce the need for frequent attendance for some service users; and further training and development of staff to provide integrated services, among others.

Supporting access to sexual health testing, the online sexual health service has dispatched just over 75,000 kits for STI and HIV self-sampling to residents living in the participating London authorities since the launch in January 2018, and by the end of the calendar year is expected to have provided well over 100,000 kits to Londoners. Most kits are being ordered online, but kits are also available for direct collection in more than 30 clinics across the capital. Over the coming year, the e-service will continue to increase the number of sexual health screens available online working with clinics across London, as part of a phased approach to supporting greater use of online services. As well as continuing to see significant numbers of new users, now that the service has been available for some months, we are seeing more returning users as well as consistently high service user satisfaction. More than 98% of Londoners using the London sexual health online service would recommend the service to others.

Finally, you have asked about travel and access for young people.

The remit of the London Sexual Health Programme does not include holding local information about travel. As part of the introduction of changes, some service sites have closed and new service sites

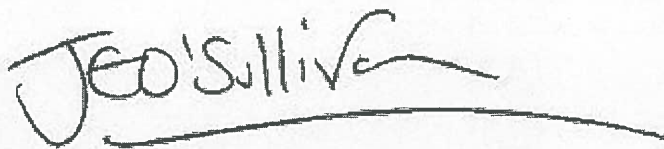
have been opened. Changes in some locations have been due to changes in the local NHS provider following procurement. Existing and new sites are located near to public transport links. Satellite clinics may be located in specific areas to target particular needs or co-located with other services in order to improve access to groups otherwise less likely to use specialist centres.

The London integrated sexual health service specification includes standards for young people friendly services which apply to all services, whether they are clinics specifically targeted to young people or general clinics for service users of all ages. Sub-regions have commissioned young people-specific clinics within the new sexual health services to encourage access for young people and young adults. Falling outside of the scope of the London Programme, some authorities commission dedicated young people's sexual health services.

For residents who do not have symptoms and are seeking a sexual health check-up, the online sexual health service can provide self-sampling for sexually transmitted infections and for HIV, without the need to travel to a clinic. For residents who use the online service and who are found to have uncomplicated chlamydia, there is also option for eligible patients to have remote treatment at home or at a participating community pharmacist, with partner notification provided by the online service, rather than the need to attend a clinic.

The London Sexual Health Programme represents a unique collaboration of authorities and NHS services in terms of scale and complexity, working together in support of open access sexual health services. New integrated sexual health services, which include opening new clinics, are embedding across the capital. These changes offset the closures various commentators have pointed to, without reference to what is being expanded and improved. As well as the integrated sexual health services, local authorities may commission a range of other local sexual health services which support access. The online sexual health service has rolled out successfully across London since the start of the year, and provides a convenient alternative for people seeking a sexual health check-up, with very high levels of service user satisfaction. As the needs of Londoners continue to change, so too will services, and access remains an ongoing factor in the delivery and development of services in the capital.

Yours sincerely

A handwritten signature in black ink, reading 'Jonathan O'Sullivan'. The signature is stylized with a large 'J' and a long horizontal line extending from the end of the name.

Jonathan O'Sullivan  
Director of Sexual Health  
London Sexual Health Programme

CC Julie Billett, Chair ADPH London  
Penny Bevan, Director of Public Health, Hackney and The City of London