Subject: Access to Sexual Health Services

Report to: Health Committee

Report of: Executive Director of Secretariat  Date: 4 June 2014

This report will be considered in public.

1. Summary

1.1 This report sets out background information to the discussion Members will have with invited guests on access to sexual health in London.

2. Recommendation

2.1 That the Committee notes this report as background to the discussion on access to sexual health in London.

3. Background

3.1 London has the highest prevalence of sexual ill health in the UK affecting more than three million Londoners each year.\(^1\) The rates of gonorrhoea, syphilis and genital herpes have increased, and 2533 new HIV cases were diagnosed in London in 2011.\(^2\) London has a disproportionately higher number of young people who are at greater risk of sexually transmitted infections (STIs).\(^3\) This has a disproportionate impact on health inequalities, public health and financial burden to London’s health commissioners. London also has a complex system of sexual health services which are predominantly demand led.\(^4\)

Defining sexual health

3.2 The World Health Organisation (WHO) defines sexual health as:

\[\text{The state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction and infirmity. Sexual health requires a positive, respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.}\]

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\(^2\) Ibid
\(^3\) Ibid
\(^4\) Sexual Health Needs Assessment 2012 - 2013, London Borough of Hounslow City Hall, The Queen’s Walk, London SE1 2AA

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3.3 Poor sexual health can lead to serious complications or consequences. Many sexual infections have long-term impacts on physical and mental health and well-being. Some examples include: hepatitis, chronic liver disease and liver cancer, pelvic inflammatory diseases which cause ectopic pregnancies and infertility, HIV, and the psychological consequences of sexual abuse or coercion.

4. Issues for Consideration

**The Mayor’s statutory responsibility**

4.1 The Mayor has a statutory responsibility under section 309 of the GLA Act 2007 to prepare and publish a health inequalities strategy which should include proposals and policies for promoting the reduction of health inequalities. The Strategy was published in April 2010 and set out five core objectives towards tackling health inequalities in London. Two of the objectives are directly relevant to the topic of discussion – empowering individuals and communities and equitable access to high quality health and social care services.

4.2 The Strategy notes that some specialist health services, such as targeted sexual health clinics and HIV prevention campaigns are best commissioned at a sectoral or pan-London level. It also challenges Londoners to become health and well-being champions, by taking advantage of services, such as those that provide sexual health checks, to prevent illness.

**Sexual health provision in London**

4.3 Sexual health services offer a broad spectrum of activities which include the promotion of sexual health and safer sex in primary and community settings to clinical interventions by specialists in hospitals. Sexual and reproductive health (SRH) services provide contraception and reproductive health care. Genito Urinary Medicine (GUM) services focus on treating sexually transmitted infections, including HIV testing. Integrated sexual health (ISH) services provide SRH and GUM services.

4.4 Changes were made to the way sexual health services are commissioned on 1 April 2013, the implementation date for the Health and Social Care Act 2012. Pre-April 2013 GUM services were commissioned by a ‘lead’ PCT on behalf of a number of neighbouring PCTs and the geographical distribution of the lead PCT commissioners broadly fitted within the six PCT clusters. The HIV prevention programme (annual budget £2.8 million) was commissioned by Kensington & Chelsea PCT on behalf of all London PCTs. This programme, delivered by a collection of different third sector organisations, aimed to reduce the prevalence of HIV through a range of interventions. Specialist services, such as the clinical and forensic services, provided in Sexual Assault Referral Centres (SARCs), and HIV treatment and care were commissioned on a London wide basis by the London Specialised Commissioning Group (LSCG).

4.5 There were a mix of PCT and cluster arrangements for the commissioning of independent sector services such as the Termination of Pregnancy services, young people sexual health services,

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5 Health inequalities defined in the strategy as inequalities in respect of life expectancy or general state of health which are wholly or partly a result of differences in respect of general health determinants one of which is the degree of ease or difficulty with which persons have access to public services.

6 The other four core objectives can be accessed here.

7 Sexual health promotion can take place in a range of settings including the community and health care settings.
chlamydia screening and psychosexual counselling. Some boroughs grouped together to commission innovative sexual health services to improve sexual health at borough level.

4.6 Since 1 April 2013, London boroughs are responsible for commissioning:
- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception;
- sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing; and
- specialist services, including young people’s sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies.

4.7 Local CCGs commission most abortion services, sterilisation, vasectomy, non-sexual-health elements of psychosexual health services, and gynaecology. While NHS England (London) is responsible for commissioning specialists services, as noted in paragraph 4.4 above, HIV treatment and care, cervical screening, specialist fetal medicine services, and promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs.8

**Developments on commissioning sexual health services in London**

4.8 Boroughs have recognised the value in co-ordinating commissioning across London and are in the process of developing a shared understanding of how it will operate in practice. The London Directors of Public Health (DPH) identified lead two DPHs to lead on sexual health on behalf of their peers in London: Dr Mary E Black, London Borough of Havering DPH and Dr Jonathan Hildebrand London Borough of Kingston DPH.

4.9 A project led by a third DPH, Dr Julie Billett, Camden DPH, has looked into setting priorities for the London-wide commissioning of HIV prevention services. Evolving terms of reference have been formed work is underway to establish a strategic vision and promote cross sectoral joint working on sexual health commissioning across London. Meetings in respect of the project are currently co-ordinated through London Councils.

**Focus for the meeting**

4.10 At today’s meeting, Members will discuss access to sexual health, focusing on the:
- emerging arrangements for commissioning sexual health services across the capital; and,
- challenges boroughs face to ensure that the arrangements put in place ultimately lead to improved services and health outcomes.

**Expert guests**

4.11 Representatives from the following organisations have been invited to participate in the discussion:
- Director of Public Health Network, Sexual commissioning expert;
- Terence Higgins Trust;
- A local Healthwatch representative (Camden);
- A representative from a GUM clinic; and
- A representative from Brook.

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8 Public Health England
5. **Legal Implications**

5.1 The Committee has the power to do what is recommended in this report.

6. **Financial Implications**

6.1 There are no financial implications arising from this report.

**List of appendices to this report**: There are none.

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**Local Government (Access to Information) Act 1985**

List of Background Papers: There are none

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