

# Family and People Services Policy and Scrutiny Committee

<b>Date:</b>	Monday 1 <sup>st</sup> April 2019
<b>Classification:</b>	General Release
<b>Title:</b>	Sexual Health in Westminster
<b>Report of:</b>	Bernie Flaherty – Executive Director of Adult Social Care and Health
<b>Cabinet Member Portfolio</b>	Cllr Heather Acton – Cabinet Member for family Services and Public Health
<b>Wards Involved:</b>	All
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## 1. Executive Summary

- 1.1 In 2013, new commissioning arrangements for sexual, reproductive health and HIV were introduced as part of the implementation of the Health and Social Care Act 2012. The commissioning of sexual health services is fragmented with three organisations responsible for commissioning different elements of local sexual health services: local authorities, NHS England and Clinical Commissioning Groups. A glossary of terms can be found at the end of the report. The majority of services are commissioned by local authorities. These are summarised in the table below:

Table 1 – commissioning organisations for sexual health services

Local Authorities	Clinical Commissioning Groups	NHS
Contraception	Abortion services	HIV treatment and care
Sexually Transmitted Infections (STI) testing and treatment	Female sterilisation	Testing and treatment of STIs in primary care
Sexual aspects of psychosexual counselling	Vasectomies	Sexual health in secure and detained settings
Sexual health specialist services	Non-sexual aspects of psychosexual services	Sexual assault referral centres
HIV social care	Contraception for gynaecological purposes	Cervical screening
Wider support for teenage parents	HIV testing for specified services	HPV immunisation programme
		NHS infectious disease in pregnancy screening

- 1.2 Elements of sexual health are mandated these include screening for Sexually Transmitted Infections (STIs), treatment for STIs excluding HIV treatment and contraception. The cost of these sexual health services is funded through the ringfenced public health grant.
- 1.3 Sexual health remains a priority for local authorities and Public Health England (PHE). The ambition is to reduce the acquisition and transmission of STIs and reduce unplanned pregnancies and repeat abortions.
- 1.4 Within Westminster City Council (WCC) there are two clinics that deliver sexual and reproductive health services also referred to as Genitourinary Medicine (GUM) clinics. The clinic in Soho is the largest clinic for activity and diagnosis in the UK, it is internationally renowned and considered best practice for other countries to develop services and tackle STIs.
- 1.5 The second sexual health clinic is based within St Marys hospital known as the Jefferiss wing, the clinic is well established as one of the first clinics in London to provide treatment and wards for people living with AIDS. The clinic was the first to develop a specialist service targeting sex workers and dealing with their holistic needs.
- 1.6 The number of attendances at the clinics are detailed in appendix 1, the overall picture of attendances has reduced from 2017/18 – 2018/19, however it should be noted that those who do attend clinic are presenting with more complex

needs. For WCC residents they make up 27% of attendances at Dean Street and 38% of attendances at Jefferiss Wing

- 1.7 The ongoing challenge for WCC is to balance cost pressures against rising demand for services including the introduction of Pre-Exposure Prophylaxis (PrEP), ongoing chemsex, increasing STI rates and the increasing cost of Long Acting Reversible Contraception (LARC). Our services are particularly challenged with the high numbers of people attending our Soho sites in terms of managing demand in the context of an open access service. To manage this, we have action plans and demand management strategies in place to divert people to the online offer. This requires significant culture change within services in how people access services and remains an issue for London as a whole.
- 1.8 The additional cost pressures of PrEP across London are currently being discussed by the London sexual health programme. It is proposed that we mitigate this pressure through the additional screening required being diverted to the online offer. This has yet to be formalised and negotiations are underway, a verbal update will be presented at the meeting.

## **2. Key Matters for the Committee's Consideration**

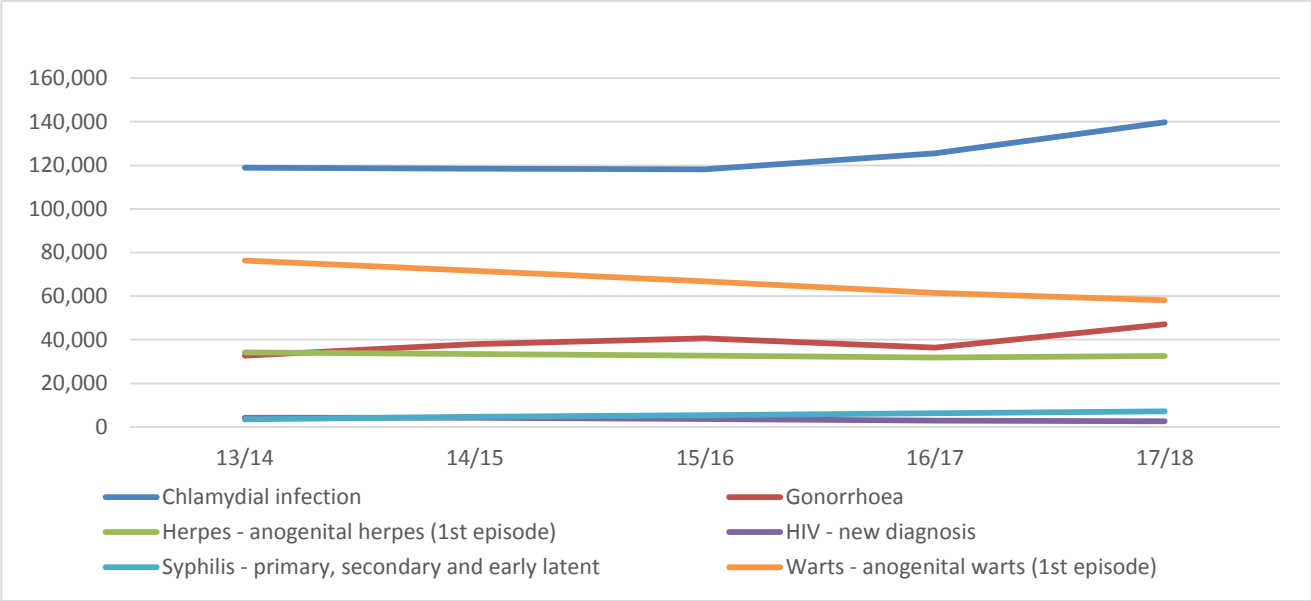
- 2.1 The committee are asked to consider the content of the report and prepare questions to put to providers who will be in attendance.

**3. Background**

National Picture

3.1 The access to sexual and reproductive health across England and Westminster has changed since 2013. Testing rates continue to rise and therefore an increase in the diagnosis rate for some STIs has also increased. The graph below shows the trends from 2013-2018 in England.

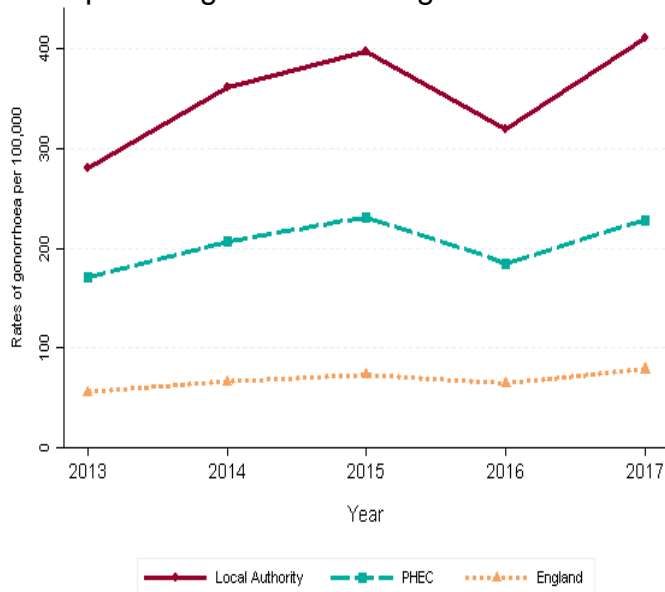
Graph 1 Diagnoses of the main STIs, 2013 - 2018, England



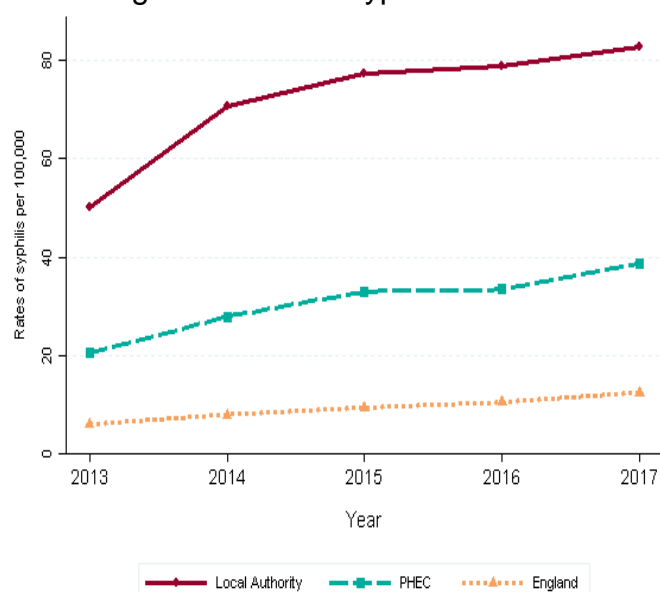
3.2 Chlamydia often has no symptoms and can lead to range of longer term complications such as infertility. In order to detect and treat chlamydia, PHE recommends repeat testing in the 15-24-year-old population. The repeat testing following a positive result contribute to the increasing diagnoses of chlamydia in England, WCC is aligned with the national trend in detecting and treating chlamydia.

3.3 A key priority for Public Health England is to reduce gonorrhoea transmission and ensuring treatment-resistant strains of gonorrhoea do not persist and spread, this will be achieved by prompt diagnosis and treatment. In addition, there is an increase in syphilis diagnosis across London. The clinics within Westminster diagnose the majority of cases within London. PHE will address this with a national action plan that will be published in the Spring. The graphs below compare the diagnosis rates of England and WCC for gonorrhoea and syphilis.

Graph 2 diagnosis rates of gonorrhoea



diagnosis rates of syphilis



- 3.4 Recommendations from PHE include the joint work of drug and alcohol services to address the specific needs of Men who have Sex with Men (MSM) and Chemsex. The joint working should include an integrated approach to care, Hepatitis C testing and treatment and Hepatitis B vaccination. How we address this locally is covered in section 6.

## 4 Sub regional picture

- 4.1 Westminster are the lead contractor for the commissioning of sexual and reproductive health services in Westminster, Kensington and Chelsea and Hammersmith and Fulham. All three boroughs form part of the London sexual health programme.
- 4.2 In order to transform services within the sub region the sexual and reproductive health system underwent major changes in order to make services more sustainable and cost effective. Following the transfer of contracts from the NHS to Local Authorities in 2013 a review of sexual health services was conducted and included a financial impact assessment to understand affordability limits.
- 4.3 The procurement of the sexual and reproductive health services was progressed as part of a London sexual health programme that brought about savings by adopting a new Integrated Sexual Health Tariff that supports greater efficiencies. This pricing system is based on an individual specified clinical intervention and clinical need.
- 4.4 The new London wide sexual and reproductive health system is designed to divert low and medium risk cases from acute services to local community services or online. This includes embedding effective clinical pathways and

demand management strategies to shift the focus on services working with groups that are the most at risk of poor sexual health.

- 4.5 WCC currently commission several services to support the sexual health vision of reducing the acquisition and transmission STIs, reducing the late diagnosis of HIV, reducing unplanned pregnancies and increasing the awareness of emotional wellbeing and healthy relationships in young people.

## **5 Tackling HIV**

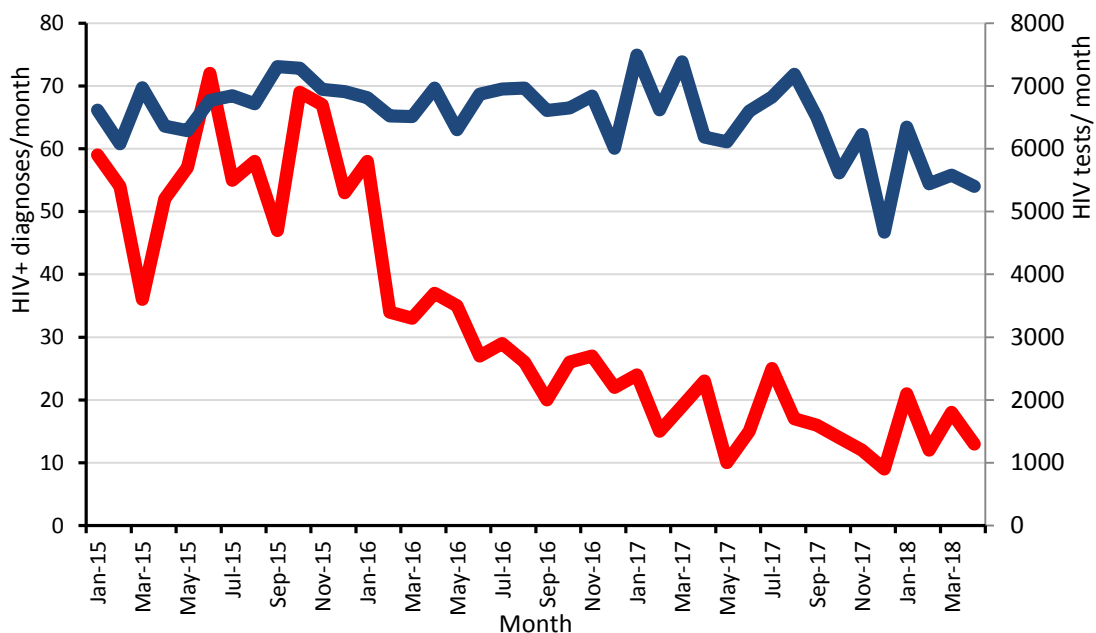
### **Pre-Exposure Prophylaxis PrEP**

- 5.1 Pre-Exposure Prophylaxis also known as PrEP is a medication that can help prevent people from developing HIV if they have been exposed to HIV. Following challenges in 2018 from the National Aids Trust the High Court ruled the NHS has a responsibility for providing PrEP medication. However, this has not been implemented fully across England but is operating as a trial, which started in 2019 and is due to complete in 2022.
- 5.2 In order for patients to access the trial they must adhere to the protocol, which includes screening of STIs every three months at GUM clinics to be prescribed the PrEP medication. The cost of the PrEP medication is funded by NHS, the cost of STI screening is funded by the local authority. The local authorities are not privy to data or the process of the trial but with the expectation to ensure the cost of screening is covered. This is an additional cost pressure to already tight financial constraints. However, PrEP is reducing the transmission of HIV and ensures that patients on the trial have access to the appropriate support.
- 5.3 To fully evaluate the trial the national oversight board have proposed doubling the existing number of places. For London clinics, this represents an increase in MSM places from 7,083 to 14,166; and for women and other risk groups, an increase from 526 to 1,052; a new total of 15,218 trial places at London clinics. Translating this to Westminster residents and MSM only the current PrEP uptake on the impact trial is 356 and under proposal to increase the total will be 712. The clinics that residents attend are
  - Burrell street – based in Southwark
  - Dean street – local clinic
  - Jefferies wing – local clinic
  - John hunter – based in Kensington and Chelsea
  - Mortimer market – based in Camden

## PRIME at Dean Street

- 5.4 PRIME is part of Dean Street's 'Plan ZERO' project to reduce HIV in the MSM cohort. The clinic identified several warning signs that indicated a patient had a 10% chance of HIV acquisition. Dean Street is key stakeholder into reducing HIV amongst MSM. Dean street diagnoses over half of the Capital's STI's in this group.
- 5.5 PHE evaluated PRIME and showed that users risk for HIV dropped from 10% to less than 1%. Between 2016 and 2018, the number of new cases of HIV dropped by 81%. This accounted for a significant part of the 40% reduction across London.
- 5.6 The graph below shows the reduction of HIV in London, the blue line is the number of HIV tests, the red line is the number of new HIV diagnoses.

Graph 3 PRIME impact on HIV diagnosis



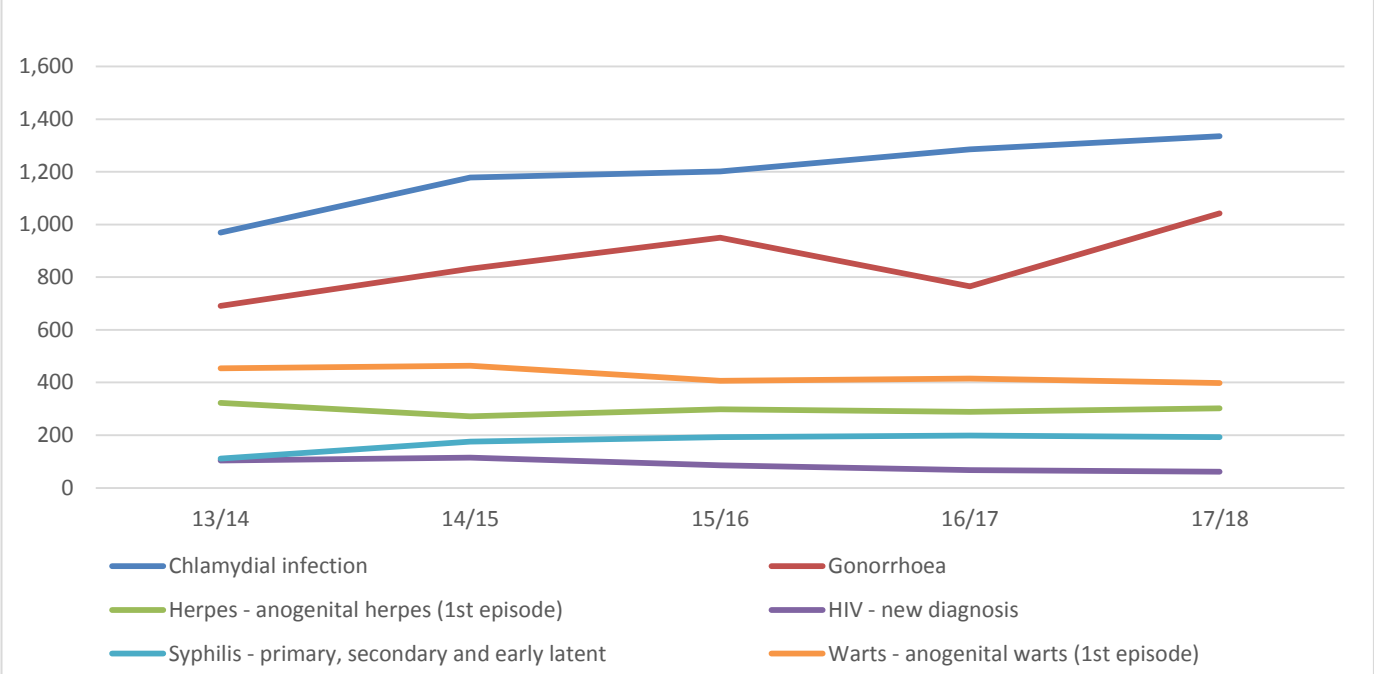
- 5.7 However the PRIME programme has identified new emerging trends in young MSM, who are presenting with high risk behaviours and a higher chance of acquiring HIV.

## 6. Local picture – responding to the need of residents

- 6.1 In order to address the transmission of STIs and HIV WCC needs to support a sustained response to support early detection, successful treatment of STIs. This will be achieved by partner notification sexual health promotion of safer sexual behaviour and the long-term health implications. This approach is also supported by PHE.

6.2 The graph below compares STI diagnosis for WCC residents from 2013-2018. WCC is aligned with the national picture of an increase in gonorrhoea and chlamydia, further information on the breakdown of STI diagnosis can be found in appendix 2.

Graph 4 Diagnoses of the main STIs, 2013 - 2018, Westminster



6.3 Over the last 12 months PHE have been working with local commissioners on the ongoing increase of syphilis diagnosis across London, although locally our numbers are relatively low. Our local services diagnose majority of syphilis cases. Therefore, we have developed an action plan to reduce the infection rate of syphilis.

The agreed action plan for syphilis includes:

Testing and treatment

- Increase number, frequency, subsequent treatment and contact trace of known sexual contacts
- Follow guidance around testing and frequency of testing
- Develop an appropriate community engagement strategy
- Identify opportunities to strengthen existing resources

Surveillance and reporting

- Consider indicators for outbreak monitoring
- Develop mechanisms to facilitate routine access to laboratory testing data



## Antenatal care

- Education on importance of STI and Blood Borne Virus (BBV) testing during pregnancy
- Inform the prevention of congenital syphilis cases

6.4 In line with PHE priorities and recommendations WCC clinics are leaders in collaborating to address chemsex. We have developed pathways and system with local providers to deliver innovative ways of working with this cohort. This includes joint working with the Club Drug Clinic to deliver care packages for both sexual health and their drug and alcohol use. We are piloting a 'party pack' to minimise the harms caused by chemsex practices. The packs will provide harm minimisation advice and reduce the transmission of BBVs and STIs.

## Commissioned services

6.5 Within WCC we continue to strengthen local services on prevention, diagnosis, treatment and care of STIs with a focus on the population including young adults, Black Asian Minority Ethnic (BAME) and MSM. To achieve this, we commission flexible services that address the needs of the changing needs of the population.

## Prevention services

6.6 London HIV prevention programme  
WCC alongside most boroughs in London we contribute towards the London HIV prevention programme this is run by Lambeth Council. The programme delivers seasonal campaigns on the importance of testing of HIV, deliver HIV testing within venues such as nightclubs, gyms and saunas, and maintain a website where information of testing and HIV is consistent.

6.7 Freedoms  
Freedoms is a condom distribution scheme, there are two elements to the service:

- Several services can order and distribute condoms. The coverage of these services include the voluntary sector, hostels, young people services and community centres whereby residents can receive free condoms.
- Freedoms operate a shop within Mortimer Market a sexual health clinic in Camden, whereby those who work in the sex industry and sex workers where they can buy condoms and other safer sex material at cost.

6.8 PrEP  
Although PrEP is a prevention service that sits within the NHS, WCC do contribute to the costs of testing within the GUM services as detailed in section 5. We also support, although not financially, the 'we want PrEP now' website that provides information on how to get private PrEP.

6.9 Sexual and Relationship Education (SRE) within schools and colleges

SRE is part of the curriculum although not always delivered consistently. For WCC schools and colleges we provide an offer of training for teachers and other front-line staff to deliver SRE to pupils.

#### 6.10 Community sexual health services

SASH are a consortium of specialist providers to deliver a range of interventions such as sexual health promotion campaigns, counselling, peer support, training of peers and volunteers, advocacy for people living with HIV and complimentary therapies.

### **Clinical services**

#### 6.11 E-services

The e-services are a London wide initiative. The service went live in April 2018. The service has been well received by residents, activity data can be found in appendix 3. The uptake of the e-service offer has continued to grow. The activity in the 3<sup>rd</sup> quarter has shown a decrease in positive/reactive rates, which may point to an increase in asymptomatic patients being tested, but this is still early into the service to make these assumptions.

#### 6.12 GUM services

The provider for WCC clinics is Chelsea and Westminster Foundation Trust with their sub-contractor Imperial Healthcare Trust, deliver non-complex and complex (levels 1,2 and 3) sexual health services. The entry point to the service will be based on triage and risk assessment which determines the most appropriate service to meet individual need i.e. e-services or referrals to community services for non-clinical support.

## **7 Summary**

7.1 Whilst sexual health continues to be a priority for PHE and WCC, the emerging trends are a reminder that we should not be complacent in the potential increase in rates of STIs amongst the population. The nature of the services being open access allows the commissioning of services to continue to serve both WCC residents but also the rest of London. To ensure services are readily available for all London residents cross charging arrangements are key to ensure there is limited financial risk to WCC.

7.2 The services within WCC will continue to develop and respond to the needs of residents in reducing the rate of STIs and unplanned pregnancies. Although the data reflects an increase in STI diagnosis it should be caveated that the screening of STIs has also increased. This supports the configuration of services by providing good sexual health campaigns to reduce the transmission of STIs. It is also worth noting that the increase in screening activity means we can diagnose promptly and reduce the transmission which is in line with PHE recommendations and guidance.

7.3 In order to address the emerging needs and manage the cost implications we will continue to target groups who have high risk factors, ensure there is capacity within services to meet the need of residents and work with the London sexual

health programme on a systematic approach to the development of sexual health services.

7.4 A number of programmes are in development to address the needs of residents these include;

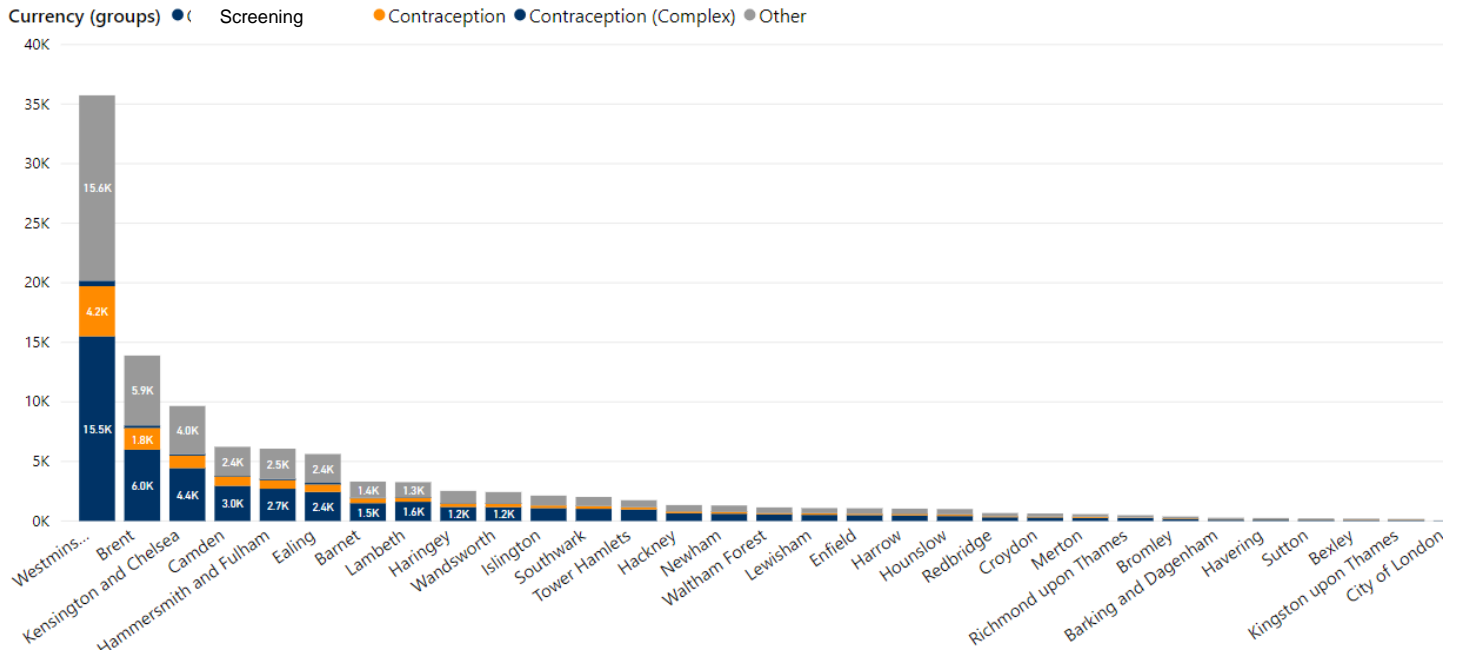
- Development and implementation of a communication strategy aimed at WCC residents on sexual health promotion.
- Improve the offer and uptake in the delivery of SRE in schools and colleges
- Update the BBV strategy to ensure provision is meeting the needs of residents and to review the joint commissioning arrangements with WCC and the CCGs.
- Scope and develop a primary care engagement strategy to ensure the access to contraception is readily available.

# Appendices

## Appendix 1 - Activity comparison in GUM clinics in WCC

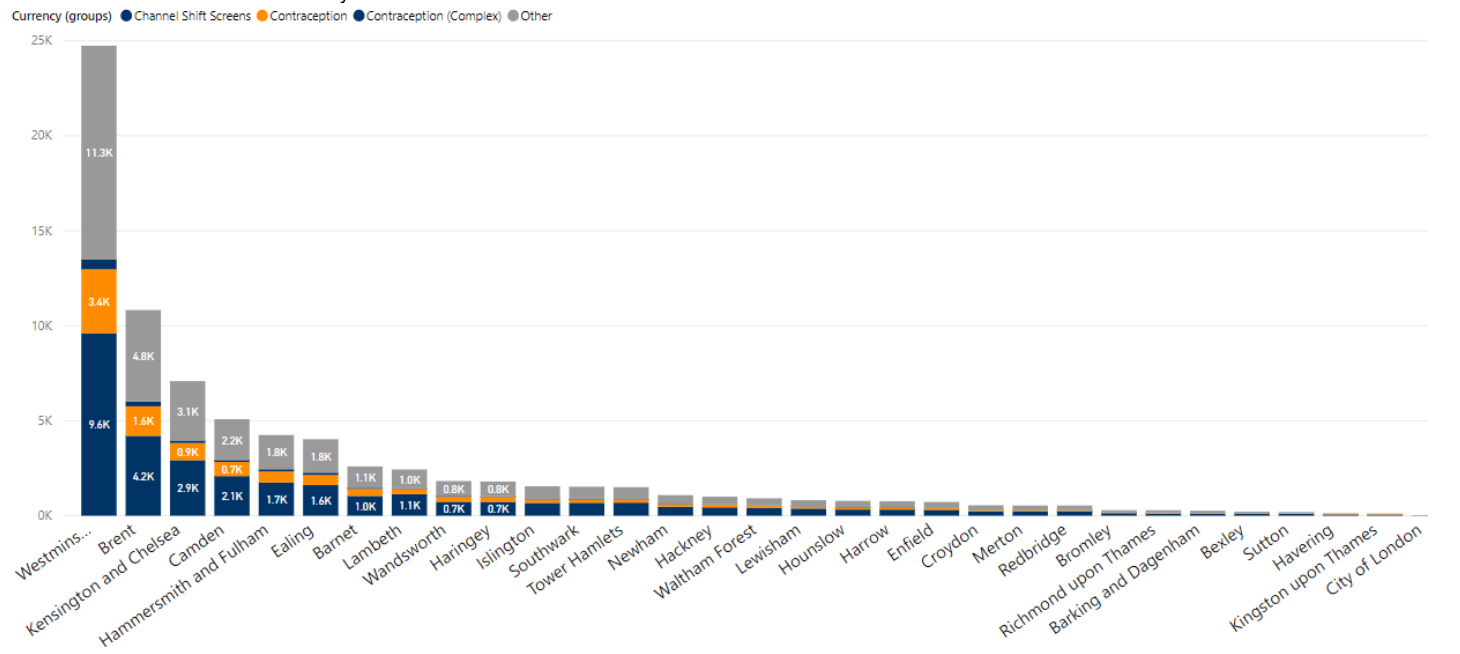
### Jefferiss Wing Attendance\* - 17/18

\*This is a count of activity so will count each service provided, therefore those single visits where multiple activity is undertaken is counted for each activity



### Jefferiss Wing Attendance\* - 18/19 YTD (April – December)

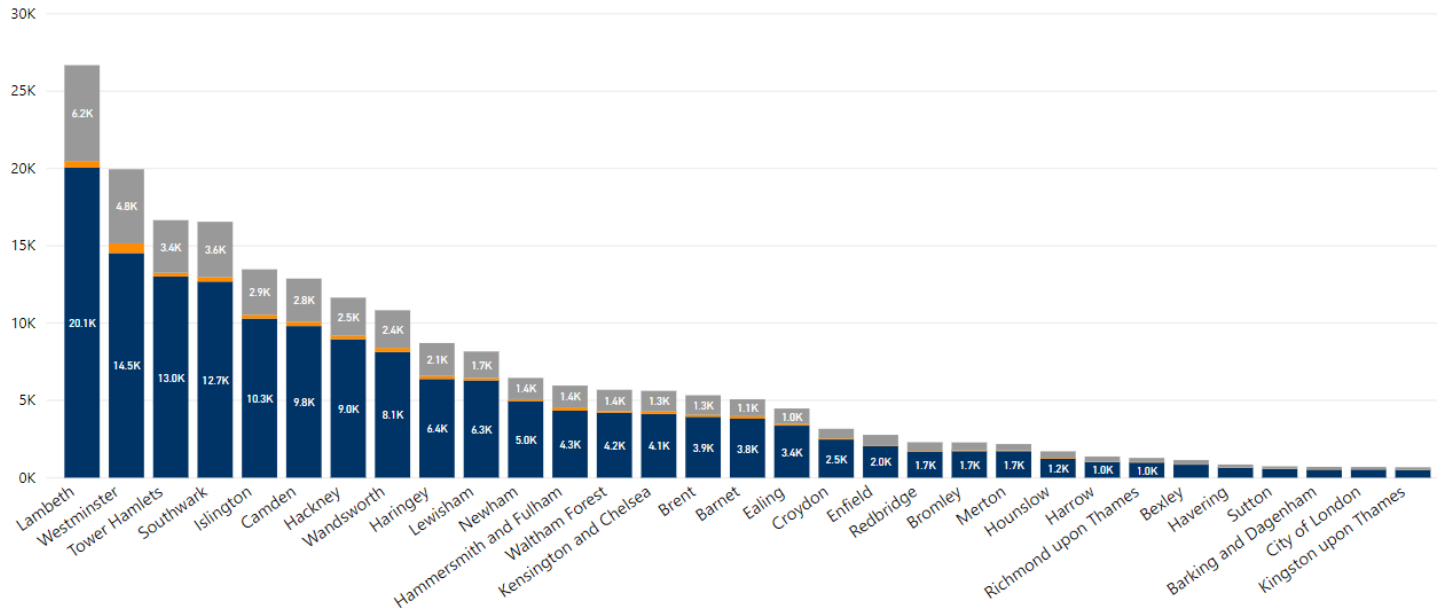
\*This is a count of activity so will count each service provided, therefore those single visits where multiple activity is undertaken is counted for each activity



## Dean Street Attendance\* - 17/18

\*This is a count of activity so will count each service provided, therefore those single visits where multiple activity is undertaken is counted for each activity

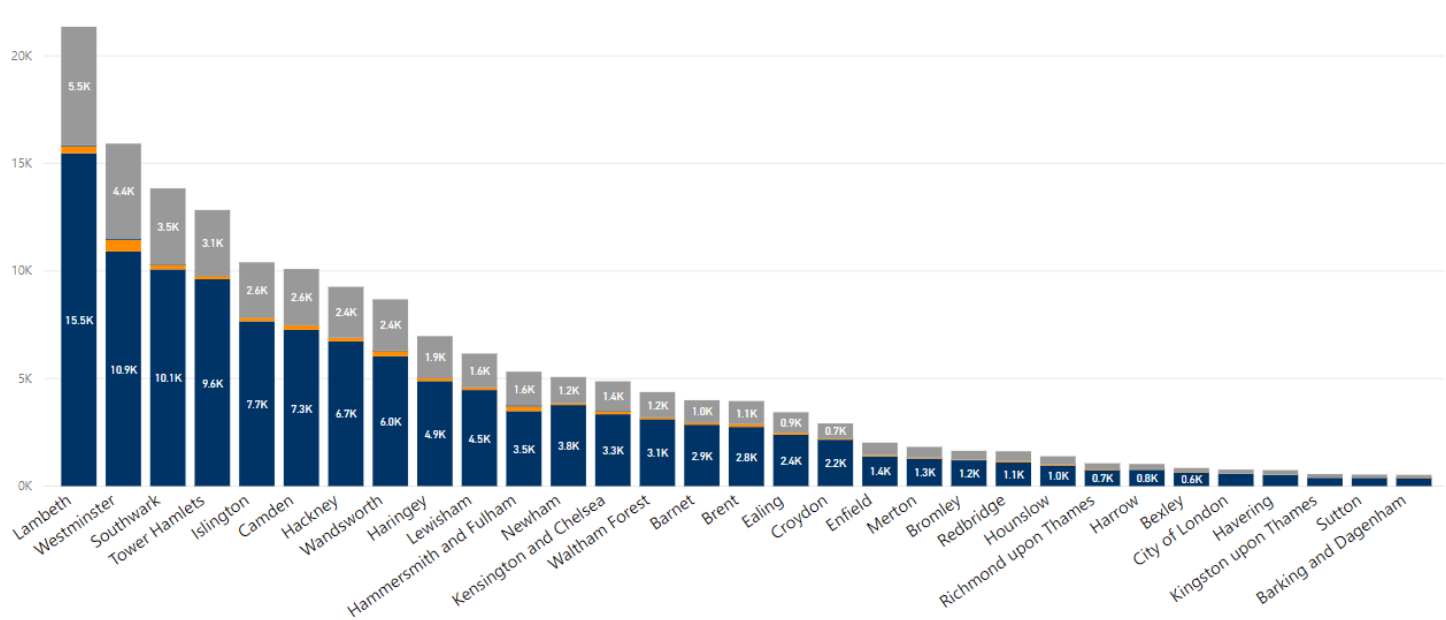
Currency (groups) ● Channel Shift Screens ● Contraception ● Contraception (Complex) ● Other



## Dean Street Attendance\* - 18/19 YTD (April – December)

\*This is a count of activity so will count each service provided, therefore those single visits where multiple activity is undertaken is counted for each activity

Currency (groups) ● Channel Shift Screens ● Contraception ● Contraception (Complex) ● Other



## Appendix 2 - WCC residents screening and diagnosis of STIs

There was a 13% increase in overall diagnoses of new STI's in Westminster between 2013/14 and 2017/18. However the increases here were felt in Syphilis (74%), Gonorrhoea (51%) and Chlamydia (38%), with HIV (-41%) showing a decrease in this period. It is also worth pointing out that during this period screening increase by 80%.

Diagnoses	2018	% change 2013-2018	% change 2016/17-2017/18
New STIs	4,556	13%	5%
Syphilis	193	74%	-3%
Gonorrhoea	1,042	51%	36%
Chlamydia	1,335	38%	4%
Genital Herpes	302	-7%	4%
Genital Warts	398	-12%	-4%
HIV	61	-41%	-9%

	2013	2018	% Change
Total Screens	24,647	44,509	80.59%

## Appendix 3 WCC E- services activity

Chlamydia Testing Results						
Quarter	Borough	Ordered	Kits Returned	Tests	Positives	Positivity Rate
18/19 Q1	Westminster	1066	835	830	37	4.46%
18/19 Q2	Westminster	1751	1382	1367	58	4.24%
18/19 Q3	Westminster	1922	1499	1488	42	2.82%

HIV Testing Results						
Quarter	Borough	Ordered	Kits Returned	Tests	Reactives	Reactive Rate
18/19 Q1	Westminster	1066	835	547	2	0.37%
18/19 Q2	Westminster	1751	1382	1038	5	0.48%
18/19 Q3	Westminster	1922	1499	1148	5	0.44%

Gonorrhoea Testing Results						
Quarter	Borough	Ordered	Kits Returned	Tests	Positive	Positivity Rate
18/19 Q1	Westminster	1066	835	830	5	0.60%
18/19 Q2	Westminster	1751	1382	1366	16	1.17%
18/19 Q3	Westminster	1922	1499	1488	11	0.74%

Syphilis Testing Results						
Quarter	Borough	Ordered	Kits Returned	Tests	Reactives	Reactive Rate
18/19 Q1	Westminster	1066	835	543	15	2.76%
18/19 Q2	Westminster	1751	1382	1035	28	2.71%
18/19 Q3	Westminster	1922	1499	1141	23	2.02%

## Glossary of terms

Term	Acronym	Definition
Asymptomatic	Asymptomatic	If a patient believes they have been exposed to but experiences no symptoms.
Blood Borne Virus	BBV	Blood-borne viruses (BBVs) include Hepatitis A, B and C and HIV. These viruses that people carry in their blood and can be spread from one person to another.
Chemsex	Chemsex	Chemsex is a term commonly used by gay men to describe the use of certain drugs in a sexual context Where risk taking behaviours are the norm
Genitourinary Medicine clinics	GUM	Genitourinary Medicine (GUM) clinics are where the investigation and management of sexually transmitted infections and HIV take place. They are also known as sexual health clinics.
Hepatitis A	Hep A	Hepatitis A is a viral liver disease that can cause mild to severe illness. The hepatitis A virus (HAV) is transmitted through ingestion of contaminated food and water or through direct contact with an infectious person. Hepatitis A can be treated and vaccinated.
Hepatitis B	Hep B	Hepatitis B is an infection of the liver caused by a virus that's spread through blood and body fluids. Hepatitis B can be treated and vaccinated.
Hepatitis C	Hep C	Hepatitis C is a virus that can infect the liver. It is spread through blood and body fluids. Hepatitis C can be treated but there is no vaccination.
Human Papilloma Virus	HPV	Human papilloma virus (HPV) is the name for a group of viruses that affect your skin and the moist membranes lining your body. Vaccinations are available
Long Acting Reversible Contraception	LARC	Long-acting reversible contraception (LARC) is the term used for birth control that helps prevent pregnancy after just one treatment. These include the coil and the implant which can be removed at any time.
Pre-Exposure Prophylaxis	PrEP	PrEP is a drug taken by HIV-negative people before sex that reduces the risk of acquiring HIV.
PRIME at Dean Street	PRIME	PRIME is a bespoke service within the Dean Street clinic, patients are offered the PRIME service based on their high-risk factors. The PRIME offer includes fast track to screening, group support, weekly interventions to reverse their high-risk factors.