

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 23rd March 2016

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WARD(S): All

PART I **FOR COMMENT & CONSIDERATION**

REVIEW OF ONLINE SEXUAL HEALTH SERVICE PROVISION

1. Purpose of Report

To provide the board with evidence regarding the effectiveness and acceptability of online sexual health services available elsewhere in the UK, including ordering of postal home screening kits for sexually transmitted infections and notification of results by email, web, or SMS and to provide an update on plans for sexual health provision locally.

2. Recommendation(s)/Proposed Action

The Board is requested to note the report

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

The Slough Joint Wellbeing Strategy (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA). Both are clearly linked and must be used in conjunction when preparing your report. They have been combined in the Slough Wellbeing Board report template to enable you to provide supporting information highlighting the link between the SJWS and JSNA priorities.

3a. Slough Joint Wellbeing Strategy Priorities

The board is asked to consider the information presented in relation to the key Slough Joint Wellbeing Strategy priority of **Health**.

Sexual and reproductive health, like physical and mental health is a key component of wellbeing, a healthy sex life and confidence and personal control over reproductive health are important.

One aim of the Slough Health and Wellbeing Strategy is to improve the sexual health of adults and young people, by enhancing uptake of effective sexual health screening and family planning services. Slough residents can play their part by taking up offers of health screening.

Access to high quality sexual and reproductive health information and services for all population groups is important for Slough to achieve good sexual and reproductive health.

Nationally, demand for sexual health services is increasing, the National Survey of Sexual Attitudes and Lifestyle indicates use of sexual health services has with three times as many women and 2.5 times as many men attending a clinic in the last year between the 1999-2001 and 2010-20121 surveys. Ensuring that health services are accessible to all residents and reducing health inequalities is particularly important when it comes to sexual health.

Cross cutting themes - Improving wellbeing and having access to high quality modern health services relates to the cross cutting theme of Improving the image of the town, while empowering individuals to take responsibility for their sexual health aligns with civic responsibility.

JSNA - The sexual health chapter of the Slough JSNA provides information on sexual health outcomes used in the Public Health Outcomes Framework the incidence of sexually transmitted infections and HIV, service use, teenage pregnancy and contraception for Slough residents.

In Slough rates of sexually transmitted infections have remained lower than the England rate over the past three years, the diagnosis rate of gonorrhoea (a marker of high levels of risky sexual activity) has decreased in the last two years and is now significantly lower than the national and comparator group rates, this is against the national trend.

Late HIV diagnosis is the most important predictor of HIV-related illness and short-term death and the proportion of late stage HIV diagnoses in Slough has reduced over the last four years, in line with the national picture.

There are still challenges to improving the sexual health of adults and young people in Slough;

- In 2014 there were 334 people living with HIV in Slough, this equates to a rate of 3.7 per 1000 which is significantly higher than the England rate of 2.2 per 1,000 and the rate of 2.7 per 1,000 in the comparator group of local authorities.
- Rates of new STIs rise with the level of deprivation across England, in Slough rates of new STI were highest in the most deprived fifth of the population
- Men who have sex with men and men and women of black African ethnicity continue to bear a disproportionate burden of HIV

3b. **Five Year Plan Outcomes**

Explain which of the Five Year Plan's outcomes the proposal or action will help to deliver. The outcomes are:

- **More people will take responsibility and manage their own health, care and support needs** – providing sexual health information and increasing access to some elements of sexual health service provision online has the potential to empower people to manage their sexual health and to free up time in specialist services for more complex cases, so that overall capacity can increase

- **Children and young people in Slough will be healthy, resilient and have positive life chances** - providing sexual health information and increasing access to some elements of sexual health service provision online in a way which is acceptable to young people regardless of gender, ethnicity or sexual orientation will enable
- **The Council will be a leading digital transformation organisation** – providing sexual health information and increasing access to some elements of sexual health service provision online will contribute to Sloughs ambition to become a leading digital transformation organisation.

4. **Other Implications**

(a) Financial

Report for information only - there are no financial implications

(b) Risk Management

Report for information only - not applicable

(c) Human Rights Act and Other Legal Implications

Report for information only - not applicable. There are no Human Rights Act Implications.

(d) Equalities Impact Assessment

Not applicable.

5. **Supporting Information**

5.1 **Why is sexual and reproductive health important?**

Sexual and reproductive health, like physical and mental health is a key component of wellbeing, a healthy sex life and confidence and personal control over reproductive health are important.

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Access to high quality sexual and reproductive health information and services for all population groups is important for Slough to achieve good sexual and reproductive health.

Nationally, demand for sexual health services is increasing, the National Survey of Sexual Attitudes and Lifestyle (1) indicates use of sexual health services has with three times as many women and 2.5 times as many men attending a clinic in the last year between the 1999-2001 and 2010-20121 surveys. Ensuring that health services are accessible to all residents and reducing health inequalities is particularly important when it comes to sexual health.

5.2 What sexual and reproductive health services are available in Slough?

Slough BC currently commissions a full range of sexual and reproductive health services for residents, primarily through the Garden Clinic at Upton Hospital and by providing access to long acting reversible contraception in GP practices.

In 2014, more than three quarters of first attendances by Slough residents at the Garden Clinic were female and only a quarter were male, although this reflects both the integrated nature of the service, which provides both sexual health and contraceptive services and differences in health-seeking behaviours between men and women more broadly, there is an opportunity to increase access to sexual health services, including STI testing, for men in Slough.

5.3 What is sexual health like in Slough?

In Slough rates of sexually transmitted infections have remained lower than the England rate over the past three years, the diagnosis rate of gonorrhoea (a marker of high levels of risky sexual activity) has decreased in the last two years and is now significantly lower than the national and comparator group rates, this is against the national trend.

Late HIV diagnosis is the most important predictor of HIV-related illness and short-term death and the proportion of late stage HIV diagnoses in Slough has reduced over the last four years, in line with the national picture.

There are still challenges to improving the sexual health of adults and young people in Slough;

- In 2014 there were 334 people living with HIV in Slough, this equates to a rate of 3.7 per 1000 which is significantly higher than the England rate of 2.2 per 1,000 and the rate of 2.7 per 1,000 in the comparator group of local authorities.
- Rates of new STIs rise with the level of deprivation across England, in Slough rates of new STI were highest in the most deprived fifth of the population
- Men who have sex with men and men and women of black African ethnicity continue to bear a disproportionate burden of HIV

5.4 What is involved in STI screening?

Different sample types are required to screen for different STIs; while a urine sample or self-taken swab is sufficient for chlamydia and gonorrhoea, a small blood sample is required to test for HIV. The samples must then be transferred to a laboratory for testing and the result provided to the individual. Those receiving a positive diagnosis must then be referred to appropriate services for treatment and supported to notify their sexual contacts so that they too can be tested.

- There is good evidence that home-sampled swabs are a valid method of testing for genital, rectal and pharyngeal chlamydia and gonorrhoea

- There are few studies of the validity of home-sampled urine
- There are few studies of the validity of home sampled blood tests. Dried blood spots have been evaluated for hepatitis and HIV; capillary-tube type tests and home sampled blood drops have now been shown to be an acceptable sample for HIV
- There is extensive evidence for the validity of self-sampled HPV (genital warts) tests

5.4 What is the evidence for effectiveness and acceptability of online sexual health services?

National statistics show that 76 % of UK adults access the internet every day, demonstrating a sizable population that could potentially be reached by an online sexual health intervention

Access via an internet enabled phone or tablet is also prevalent, particularly among young people - in the UK it is estimated that 96 % of 16 to 24 year olds access the internet via mobile device. Globally, the World Health Organisation estimates that 79 % of 18–29 year olds use mobile apps daily.

There is some evidence that online sexual health services increase access, at least for some groups (2, 3) and that this approach may be less expensive than similar services delivered in clinic settings (4). Randomised trials have found uptake for home-based testing to be equal to or higher than clinic-based services (5).

There are an increasing number of commercial providers of online STI testing, which can be confusing for service users to navigate.

Many local authorities and sexual health providers in England now offer free online screening for Chlamydia and gonorrhoea as part of the National Chlamydia Screening Programme for 15 to 24 year olds. Nationally, in 2014 there were xxx online chlamydia screens accounting for xx% of all tests within the programme. Three local authorities in Berkshire have recently commissioned Source BioSciences to provide an online chlamydia screening service for young people as a one-year pilot to evaluate the effectiveness and acceptability of an online-only service. Outcomes for this service will be shared across all Berkshire LAs to inform future service provision

Public Health England commissioned a national online HIV self-sampling service which began in November 2015. The first two month of this service were offered as a free trial for all English local authorities, as of 31st December 6768 of 15,012 HIV tests had been returned, of which 93 were reactive. In Slough 41 tests were ordered in this time with a return rate of 41%.

Provision of a wider range of STI testing is now being commissioned by local authorities and sexual health providers in some areas.

5.4.1 SH:24

This service operating in the London Boroughs of Southwark and Lambeth offers online STI screening but this is only one element of the service.

[SH:24 https://sh24.org.uk/](https://sh24.org.uk/) is a not for profit Community Interest Company (CIC) developed as a partnership between Lambeth and Southwark Public Health Directorate and two local NHS Foundation trusts. It is funded by SH:24 is funded by Guy's and St Thomas' Charity during its four year development phase and the evaluation will be undertaken by Kings College London.

SH:24 is being developed in phases using a design-led approach, involving substantial amounts of iterative consultation with stakeholders to inform each phase based on feedback. The service was conceptualised as a full online sexual health service providing a range interventions and is linked to a telephone and clinic based service. Phase 1 is a online STI testing service linked to a telephone and live-chat function and sexual health services

Output from stakeholder interviews suggested that service introduction should be considered as part of a dynamic sexual health economy and not a standalone service. Rather than being a "bolt on" service it is a change to the whole system of sexual health service provision and close working between the different elements of the system is essential to its success (6).

A recent service impact summary for the service (7) suggests that a 10% shift to online provision through this model could release 6% of initial service costs and that a larger shift to 30% could release 17%. The service also reports a high return rate of 72% for STI screening kits.

This service is reported to have increased productivity in the local health system by freeing up capacity in specialist sexual health services for more complex case management

Of those accessing the service in Lambeth and Southwark, 25% are from BAME groups, 30% are under 25 and 15% identify as men who have sex with men. The diagnosis rate for STIs is 11%, compared to between 12 and 14% positivity in clinic settings. Demonstrating that, in the area, the service is being accessed by those groups at risk of poor sexual health outcomes.

In 2016 SH:24 intends to develop its service so that it provides a holistic sex and reproductive health service including; Chlamydia treatment, partner notification, emergency contraception, pregnancy tests, oral contraception and condom distribution as well as rolling out the model in other locations including Essex.

5.4.2 Greenwich Sexual Health

The London Borough of Greenwich has also developed an online home screening kit service, where kits can be ordered through the Borough's "one stop shop" sexual health website
<https://www.greenwichsexualhealth.org/>

An evaluation of the service (8) found that;

- Home screening kits provided a cheaper way to provide asymptomatic screening for DTI's than clinic-based screening
- A significant minority of service users were willing to use a home screening kit rather than visit a clinic but the majority still wanted to see a clinician – including those who have symptoms, or were worried about something, those who were not familiar with sexual health services and those who were not willing to take their own blood sample
- People accessing the service in Greenwich were not commonly from high risk groups and had low prevalence of STIs - the programme had not been actively promoted at the time of the evaluation

5.5 Are any sexual health services available online in Slough?

Slough, as part of the shared public health agreement has part funded development of a sexual health website for Berkshire residents. Similar to the Greenwich website mentioned above, this will be a shop window for the various sexual health services available across Berkshire. The site is in the final stages of development process that has involved consultation with service users, young people and sexual health providers. There will be a soft launch in April 2016 followed by a marketing and awareness raising campaign.

The site will provide information on STIs and contraception as well as providing the location and time of sexual and reproductive health clinics through a “clinic finder” portal using google maps.

Slough will join the PHE framework for HIV self sampling in April 2016 and access to this for Slough residents will be available through the website.

5.6 Considerations for further developing an online sexual health services

Considerable effort should be focused on designing healthcare applications from the patient's perspective to maximise acceptability. This applies to design of the whole system. Online provision should not be a 'bolt on' service but instead should provide a way for people to navigate and access the system in a way that is convenient.

The SH:24 approach has demonstrated that understanding residents motivation to use online services is key to successful take up. Gaining a meaningful level understanding requires significant input.

Close links to specialist sexual and reproductive health services should be maintained to allow service users to move between different types of service provision as appropriate for their needs and in a way that is convenient and simple.

6. Comments of Other Committees

n/a.

7. Conclusion

Online provision of sexual health information and improved access to some elements of sexual health service provision has the potential to empower people to manage their own sexual health and to improve cost-effectiveness of services by reducing the cost of STI testing and creating capacity in clinic-based services by shifting activity online.

Gaining a good understanding the motivation of young people and adults in Slough with regards to accessing sexual health services would be essential in the development of online service provision

Online sexual health services should not be viewed as an alternative to or “bolt on” addition to clinic based services, but should be developed as an integrated element of a wider service enabling service users to move easily between modes as appropriate for their needs and in a way that is convenient to them

8. Background Papers

1. The National Survey of Sexual Attitudes and Lifestyles
<http://www.natsal.ac.uk/home.aspx>
2. Woodhall SC, et al. Internet testing for Chlamydia trachomatis in England, 2006 to 2010. BMC Public Health. 2012;12:1095.
3. Lorimer K, McDaid L. Young men’s views toward the barriers and facilitators of Internet-based Chlamydia trachomatis screening: qualitative study. J Med Internet Res. 2013;15(12):e265
4. Griffiths F, Lindenmeyer A, Powell J, Lowe P, Thorogood M. Why are health care interventions delivered over the internet? A systematic review of the published literature. J Med Internet Res. 2006;8(2):e10
5. Fajardo-Bernal L, et al. Home-based versus clinic-based specimen collection in the management of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections. Cochrane Database Syst Rev. 2015;9:CD011317
6. Baraitser et al. How online sexual health services could work; generating theory to support development BMC Health Services Research (2015) 15:540
7. SH:24. Service Impact Summary, January 2016
8. Public Health & Wellbeing department, Royal Borough of Greenwich. Evaluation of home sampling kits for STI testing in Greenwich, May 2015