

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

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WARD(S): All

PART I **FOR COMMENT & CONSIDERATION**

SEXUAL HEALTH SERVICES: UPDATE ON SERVICE PROVISION

1. Purpose of Report

- To provide a summary of the current commissioning and provider arrangements for sexual health services and the organisations involved
- To highlight the ongoing challenges and broad range of collaborative work in improving sexual and reproductive health

2. Recommendations

The Wellbeing Board is recommended to:

1. Consider the actions being taken to deliver sexual health services and sexual health promotion in Slough.
2. Consider what role each member of the Board can have in promoting better sexual health in Slough.

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

3a. Slough Joint Wellbeing Strategy Priorities

The current programme of sexual health promotion and services is aimed at supporting local residents to improve their sexual and reproductive health and wellbeing. In particular, this work supports the Joint Wellbeing Strategy priorities:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities

Data from sexual health services contribute to further developing the base of the Joint Strategic Needs Assessment and understanding the needs and health inequalities of our population..

3b. **Five Year Plan Outcomes**

The primary outcomes where delivery will be enhanced by the paper are:

- Outcome 1: Slough children will grow up to be happy, healthy and successful
- Outcome 2: Our people will be healthier and manage their own care needs

4. **Other Implications**

(a) Financial

There are no immediate financial implications directly resulting from the recommendations of this report and outlined activities are within the current budget and resources.

(b) Risk Management - None

There are no identified risks associated with the proposed actions.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications to the content of this report

(d) Equalities Impact Assessment

The content of this report does not require an Equalities Impact Assessment.

5. **Supporting Information**

Context

5.1 Local Authorities are responsible for commissioning sexual health services and to promote good sexual and reproductive health as a part of improving and protecting the general health and wellbeing of the population. In Slough in 2018/19, approx. £950,000 (12%) of the Public Health grant was spent in this way with the lion's share spent on demand-led sexually transmitted infection (STI) screening and treatment. Like the national picture, efforts on prevention are increasing but still trail behind.

National strategic context

5.2 The national strategic approach to sexual health improvement is set out in the DH publication '*A Framework for Sexual Health Improvement in England*' and are summarised in Figure 1 below. The *Public Health Outcomes Framework* provides the key set of indicators against which progress is tracked.

5.3 The PHE strategic action plan *Health Promotion for Sexual and Reproductive Health and HIV 2016-19*, sets out four key objectives:

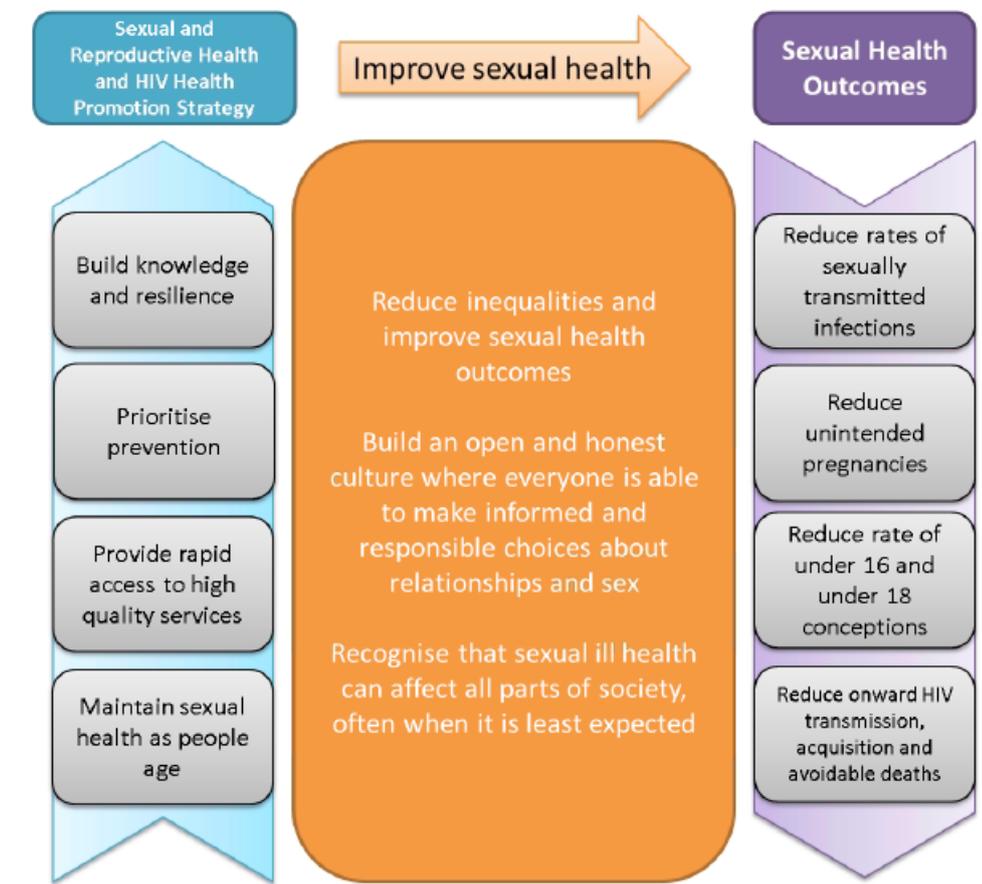
- Reverse the observed increase in sexually transmitted infections
- Reduce the burden of HIV infection
- Minimise the proportion of pregnancies that are unplanned
- Reduce the rates of under 18 and under 16 conceptions

5.4 These three documents and guidance underpin the core objectives our work in Slough.

5.5 Rates of sexually transmitted infections (STIs) tend to be highest in the more deprived areas. In 2016, East Berkshire rates were lower than regional and national

rates and in Slough, rates are decreasing, which in part is likely to be due to the maintained investment in sexual health services.

Figure 1: Key objectives and ambitions to improve sexual health in England



Source: [Public Health England, 2015](#)

Local need – sexual and reproductive health in Slough

5.6 Some key areas of sexual health need for Slough are:

- Chlamydia is the most common STI and rates are considerably higher in young adults. However, in Slough, detection rates are lower than national and regional average and decreasing.
- HIV prevalence in Slough is significantly higher than the national average (rate of 2.31 per 100,000) at 3.34 per 100,000. The groups predominantly affected in Slough are heterosexual men and women from African communities.
- Rates of new HIV diagnoses have shown a downward trend in Slough where rates have been historically high.
- Abortion rates in Slough are 21.5 per 1,000 female population aged 15-44 in Slough which is significantly higher than England. The proportion of women having abortions who have had a previous abortion among women aged under 25 is in line with the England figure of 26.7%.
- Long-acting reversible contraceptives (LARC) are the most effective methods of preventing pregnancy. In Slough, the rate for LARC prescribed in general practice is 12.2 per 1,000, less than half the national rate, with the more expensive Sexual Reproductive Health (SRH) clinic prescribed rate of 20.7 which is significantly higher than the national figure.

- Nationally, under 18 conception rates have been falling over the last decade and Slough's rate is similar to the national.
- Emergency Hormonal Contraception (EHC) is provided free of charge via GP Practices and Sexual Health Clinics across England and free of charge via pharmacies for women aged 13 to 25 years in Berkshire Local Authorities. The average rate of provision of EHC provided by SRH services in Slough is comparable to the average for the South East Region.
- A table summarising the data is available at Appendix 1.

Sexual and reproductive health service offer in Slough

- 5.7 Sexual health services are demand-led and in keeping with the national requirement, are fully open access to anyone eligible for NHS treatment, regardless of where they may live in the country. Nationally the demand for sexual health services has increased by 13% since 2013. The total number of sexual health screens (tests for chlamydia, gonorrhoea, syphilis and HIV) has also risen 18 per cent during this time period – both patterns which is reflected locally.
- 5.8 SBC Public Health, via Public Health Services for Berkshire, co-commission the main provision of sexual health services along with Bracknell Forest and Royal Borough of Windsor and Maidenhead. In common with many other local authority commissioners, we have worked with our providers of sexual and reproductive health services to innovate in order to meet the needs of residents and others in the area, including using digital approaches as in many other areas of people's lives; one such change has been to provide the option for people without symptoms to test for STIs without the need to come into the specialist clinic.

Re-commissioning of Berkshire East Integrated Sexual Health Service

- 5.9 Further to a tender exercise in Summer/Autumn 2018, Berkshire Healthcare Foundation Trust (BHFT) was identified as the preferred provider of the Berkshire East Integrated Sexual Health Service. The current service is provided for Slough, Bracknell Forest and Royal Borough of Windsor and Maidenhead residents. This will not change for the new service, which is expected to commence July 2019.

Digital sexual health services and health promotion

- 5.10 The Safe Sex Berkshire website (www.safesexberkshire.nhs.uk) is a "front door" to all sexual and reproductive health services in the area and aims to provide up to date, clinically accurate information on sexual health issues such as sexually transmitted infections (STIs) and contraception choices as well as enabling people to locate the most appropriate service for their needs or to order a testing kit.
- 5.11 The Safe Sex Berkshire website has been promoted through the use of paid advertising and organic promotion via social media feeds across partner organisations and through printed media including wallet sized promotional cards and posters that are circulated to organisations and community groups in each locality.

Online testing

- 5.12 In June 2018, the local NHS provider of sexual health services began a pilot project to evaluate offering STI testing kits online for use at home. This project enables residents to order a test kit for the four main STIs online through the online provider SH:24. The kits can be requested via www.safesexberkshire.nhs.uk and also directly from SH:24 at <https://www.sh24.org.uk/> An alternative online service for stand-alone

HIV testing has also been available prior to the SH:24 service for residents of Slough.

Reviewing ways to provide 'simple' sexual health interventions in the community

5.13 We are currently looking at how we can more effectively commission wellbeing services from 2020 for the wider community. This may include reviewing the provision of emergency hormonal contraception (EHC), condom distribution and LARC to help increase uptake and reduce inequalities.

Sexual health promotion via schools, Slough Youth Parliament and young people

5.14 Public Health is working with of the Schools Improvement to establish a new Schools Wellbeing post (to start approx. Jul 19) to support schools to develop holistic plans for wellbeing including good sexual health. This would incorporate linking up with the existing PHSE Network, Public Health-commissioned school nurses and other initiatives that partners in the voluntary or statutory sector may offer.

5.15 Public Health has been working with the Slough Youth Parliament on sexual health for some time, including having their input on the selection of the Integrated Sexual Health Service provider for Jul 2019.

5.16 Public Health is working alongside the Slough Youth Services team, the Slough Youth Parliament and various local young people groups to ensure the Safe Sex Berkshire website remains fit for purpose and to explore the potential of a new condom distribution scheme as mentioned in 5.13.

Challenges and opportunities

5.17 Poor sexual and reproductive health has historically been a source of stigma and often hidden distress and unmet need for people. The good news is that through both changes in wider society and the continued investment in sexual health promotion and effective treatment services in Slough, stigma and anxiety surrounding sexual health is generally reducing (which is then associated with better health outcomes – both in physical and mental wellbeing). However, pockets of it remain, often more strongly related to lower socio-economic status and cultural factors.

5.18 Our two main areas of concern at present likely to be related to cultural issues and stigma are our relatively :

- a. Higher rates of abortion and repeat abortion and relatively lower rates of uptake of long-acting reversible contraceptives and resulting in associated health inequalities for poorer BME women.
- b. Lower rates of early HIV detection (and treatment) in Slough which disproportionately affects our Black African community.

5.19 For the future, further work with our Slough-based faith communities and key communities groups may help us understand more of their ongoing concerns about sexual and reproductive health promotion and services so we can find a more mutually acceptable way of encouraging those in need to attend.

5.20 We continue to work with a broad array of partners and are building stronger links with the local implementation of national priorities that are relevant including:

- Frimley Local Maternity System: There are clear links with good sexual health and safer pregnancies for Slough women and their partners.
- East Berkshire's Children & Young People Mental Health Local Transformation Plans: Poor mental health in young people is associated with increased risk-taking including poor sexual health.
- Drugs & Alcohol Service: People misusing substances are more likely to also have poor sexual health including blood-borne viruses.

5.21 While unlikely to herald any immediate changes, it should be noted that in the recently published NHS Long Term Plan¹, it was suggested that “the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services.....and what best future commissioning arrangements might therefore be”. We will take this in our stride and continue to work with a broad array of partners as planned.

6. **Conclusion**

5.1 The paper outlines an improving picture of sexual health in Slough which in some cases, is bucking the national trend. Part of this improvement is related to Slough's ongoing investment in sexual health services which include both traditional face-to-face provision but increasingly, a shift towards online information and postal STI testing. In addition, we continue to increase our offer of sexual health promotion and linking in with relevant partners both inside and outside the council such as schools, drug and alcohol services and the Frimley local maternity system.

5.2 However, amongst the good news, the paper also highlights the areas of particular need and health inequality that persist which include preventing unwanted pregnancies and earlier detection of HIV which are more challenging because of the strong factors related to cultural differences and the long-standing stigma associated with poor sexual health.

8. **Appendices**

1. Table summarising selected sexual and reproductive (SRH) health indicators (2015 – 2016)

9. **Background Papers**

None

¹ NHS Long Term Plan (Chapter 2). Available at: <https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/>

APPENDIX 1

Table 1: Selected sexual and reproductive (SRH) health indicators (2015 – 2016)

	England	South East	Slough
All new STI diagnoses (excluding chlamydia <25) – rate/100,000 (2016)	795	648	723
Chlamydia detection - rate per 100,000 <25 (2016)	1882	1500	1042
Chlamydia proportion aged 15-24 screened (%) (2016)	20.7	19.2	15.0
HIV testing coverage, total (%) (2016)	67.7	71.5	83.1
New HIV diagnosis rate / 100,000 aged 15+ (2016)	10.3	7.7	10.8
HIV late diagnosis (%) (2014-2016)	40.1	43.4	53.7
HIV diagnosed prevalence - rate per 100,000 aged 15-59 (2016)	2.31	1.76	3.34
Total prescribed LARC excluding injections rate/1000 (2016)	46.4	54.0	32.9
GP prescribed LARC excluding injections rate/1000 (2016)	28.8	37.5	12.2
SRH services prescribed LARC excluding injections/1000 (2016)	17.6	16.4	20.7
Abortion rate – crude rate per 1,000 women aged 15-44 (2016)	16.7	15.0	21.5
Repeat abortions under 25s (%) (2016)	26.7	25.2	29.9
Under 18 conception - rate per 100,000 (2015)	20.8	17.1	22.2
Under 18 conceptions leading to abortion (%) (2015)	51.2	53.7	60.3

Source: [PHE Sexual and Reproductive Health Profiles](#) (accessed January 2018)