

Sexual health provision

A Healthwatch briefing paper

Executive summary

Background

Purpose

This briefing provides an overview of the pressures and challenges facing sexual health services both nationally and in Brighton and Hove, and draws attention to how funding and commissioning challenges may be affecting provision.

Objectives

Improving local sexual health services and ensuring adequate provision is a priority for Healthwatch in 2019/20. We are aware that Brighton and Hove has some of the highest rates of sexually transmitted infections in the country and that local services face high demand. In response, we undertook research of reports, other publications and data relating to sexual health to try to understand the challenges facing services and providers. This included an examination of national and local funding levels and commissioning of relevant services.

By highlighting the pressures facing sexual health services we hope to start a wider conversation with commissioners and public health to ensure that local services are able to meet current and future demands. We are also aware that our local Council has public commitments regarding ending HIV transmission in the city and it is vital that the services which will deliver these targets are adequately supported.

At the same time Healthwatch acknowledges that there is no single action which will deliver change, but amongst possible actions are: identifying possible improvements to the commissioning process; recasting service specifications to meet needs and determining how best to affect individual behavioural change via the use of targeted marketing and ongoing education.

Summary of Findings

The evidence used to produce this report shows that:

Locally

- Brighton has committed at the international level to ending HIV transmission
- Brighton has very high STI levels, and certain groups are disproportionately affected
- There is high demand for services (which sometimes leads to long wait times but despite this it is believed that service-user satisfaction levels remain high)
- Services are introducing novel ways to cope with demand by improving services
- The current contract for the provision of statutory sexual health services is due for renewal after 31st March 2020.

Nationally

- Levels of STI diagnoses (not including HIV) are increasing
- Sexual health services are under increasing pressure due to high demand
- Funding levels may not be sufficient to meet current and future demands
- Fragmentation of commissioning may be affecting service provision
- The NHS 10 year plan does not offer reassurance around the future of funding for sexual health services.

The NHS Long-Term plan

The NHS Long-Term plan aims to make the NHS fit for the future. It gives priority to cancer, cardiovascular disease, maternity and neonatal health, mental health, stroke, diabetes and respiratory care¹. These priorities relate to tackling health inequalities - an area where the UK lags behind many other wealthy countries.

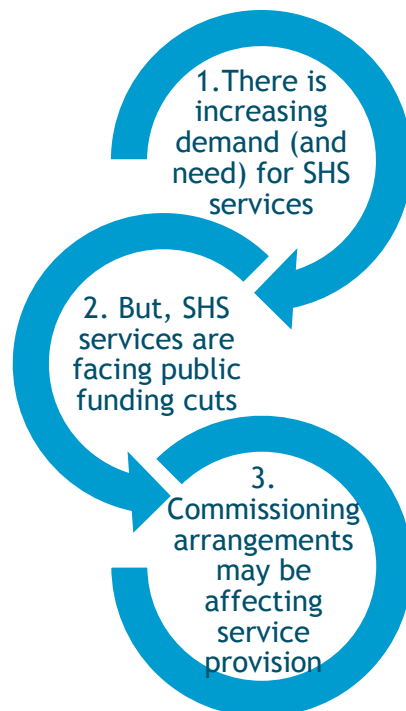
The Long-Term plan has a focus on condition prevention but as this is an NHS plan and not a broader health plan it focuses on NHS England responsibilities only, with little mention of the role that local authorities have to play in promoting public health; and there is no commitment on sexual health and HIV. Importantly, the Long-Term plan report includes the following line:

“As many of these [public health] services are closely linked to NHS care, and in many cases provided by NHS trusts, the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be.”

In June 2019, following a review of commissioning of sexual health, the Government announced that there would be “no change to the respective commissioning responsibilities of local government and the NHS, but for sexual health services we want to see every local area adopt a co-commissioning model and to jointly prepare a local sexual health plan”.

Pressures facing sexual health services and provision

The research undertaken by Healthwatch Brighton and Hove reveals that despite the increasing demand - and need - for sexual health services (SHS), funding and commissioning arrangements may be impacting on the ability to deliver wider Department of Health goals in this area:



¹ <https://www.longtermplan.nhs.uk/>

The Department of Health framework for sexual health improvement (2013) included the aim of reducing inequalities and improving the position in four priority areas:

- reducing STI rates
- reducing HIV transmission rates and avoidable deaths
- reducing unwanted pregnancies
- continuing to reduce ‘under 16 and 18’ conception rates².

Whilst these ambitions remain extant, local authorities³ across the country report that they are being left without the funding they need to provide services that will deliver these aims. Many authorities have already cut local public health services that are known to be cost-effective, including those that deliver sexual health services. This is happening at a time when record demand⁴ for sexual health services in England is putting the system under huge pressure and leaving people facing longer waits for appointments.

There are also concerns that commissioning arrangements⁵ for sexual, reproductive health and HIV, introduced in 2013 as part of the implementation of the Health and Social Care Act 2012, has led to a fragmentation of commissioning responsibilities and a lack of ‘joined up’ services that may also be affecting service provision.⁶ For example, there are currently three sets of organisations responsible for commissioning different elements of local sexual health services: local authorities, NHS England and CCGs. The majority of services are commissioned by local authorities; however some overlap occurs.

1. Increasing demand for sexual health services

Public Health England data shows that ...

In 2018, clinic attendances increased by 7% to over 3.5 million.

In 2018, there were nearly 2 million sexual health screens

In 2018, there was an increase of 5% in the number of STI diagnoses

² <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

³ <https://www.theargus.co.uk/news/national/16930939.sexual-health-services-at-breaking-point/>

⁴ https://www.theargus.co.uk/uk_national_news/16617102.record-demand-for-sexual-health-services-puts-huge-pressure-on-councils/

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640578/Sexual_health_reproductive_health_and_HIV_a_survey_of_commissioning.pdf

⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640578/Sexual_health_reproductive_health_and_HIV_a_survey_of_commissioning.pdf

Across England there is record demand reported for sexual health services. Attendances at clinics increased by 7% between 2017 and 2018 to over 3.5 million which also represents a 15% increase in the number of attendances from 2014. The total number⁷ of sexual health screens (for chlamydia, gonorrhoea, syphilis and HIV) increased by 22% from 2014, with nearly 2 million screens undertaken (1,955,108) in 2018 putting the system under huge pressure and leaving people facing longer waits for appointments.

National testing activity at sexual health services continued to increase in 2018, largely driven by an increase in testing amongst gay and bisexual men. This pattern of demand is mirrored in Brighton and Hove, where the two main dedicated sexual health services - the Claude Nicol and Morley Street clinics - experience large numbers of patients on a daily basis.

Encouragingly, this increase in testing may be one factor behind the fall in the number of new HIV infections detected in these services in England: in 2017, there were 1,956 new HIV infections, 17% fewer than in 2016⁸. However, Public Health England (PHE) data also shows that HIV levels amongst some Asian groups is not falling as quickly as other groups, and that many missed opportunities for testing continue to occur across sexual health services affecting all groups. For example, in 2017, it was estimated that nearly 350,000 attendees⁹ were not offered a test for HIV despite being recorded as eligible for testing¹⁰. As a result PHE has recommended that general practices and hospitals in high and extremely high prevalence areas should consider how they can better implement NICE guidance on offering HIV tests to patients¹¹.

The situation in Brighton and Hove

HIV infections and strategies

Locally, Brighton and Hove has some of highest HIV infections in the UK with 1,590 people estimated to be living with HIV, which equates to 1.8 per 1000 population (see Annexes A, B & C). Although HIV infections are falling Public Health England has indicated that Brighton is an area where “*expanded HIV testing should be implemented*”¹².

Brighton and Hove City Council has committed to doing more to combat HIV infection locally. In 2016, it became the first UK city to have “Fast-Track City” status approved¹³ by the United Nations (UN). This means working across the city to achieve the UN AIDS 90:90:90 targets. In November 2018, the UK was estimated to have met this target¹⁴ meaning that an estimated 92% of people living with HIV (PLHIV) are aware of their status; 98% of PLHIV are on anti-retro-viral therapy (i.e. treatment) and 97% of PLHIV who are receiving treatment are living with a suppressed viral load meaning that they ‘Can’t Pass’ the virus on to someone else¹⁵. Although there is no published data it is believed that Brighton and Hove also achieved the 90:90:90 in 2018.

⁷ <https://www.gov.uk/government/news/people-urged-to-practise-safer-sex-after-rise-in-stis-in-england>

⁸ In 2017, 116,071 gay and bisexual men were tested in Sexual Health Services, 9% more than in 2016. Also in 2017, over 67,000 heterosexual men and women who were of black African ethnicity or born in a high prevalence country (regardless of ethnicity) were tested for HIV in Sexual Health Services.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759408/HIV_annual_report_2018.pdf

⁹ See above link - page 4

¹⁰ See above link - page 13

¹¹ <https://www.guidelines.co.uk/infection/nice-hiv-testing-guideline/252881.article>

¹² See link 9 above - page 31

¹³ <http://martinfisherfoundation.org/brighton-gets-fast-track-city-status-2/>

¹⁴ Nationally the estimates are 92%:98%:97% <https://www.tht.org.uk/news/new-phe-stats-show-uk-has-reached-uns-hiv-target-2020-terrence-higgins-trust-response>

¹⁵ <https://www.tht.org.uk/our-work/our-campaigns/cant-pass-it-on>

In addition to the 90:90:90 target, Fast-Track City status commits the Council and city to achieving:

- zero discrimination and stigma around HIV
- ending AIDS as a public health threat
- providing sustained access to testing, treatment and prevention services
- working with at risk/vulnerable communities (slum dwellers, displaced people, young women, sex workers, drug-users, men who have sex with other men and trans individuals)
- developing innovative funding and mobilising additional resources.

Healthwatch is aware that Brighton-based HIV charity The Martin Fisher Foundation¹⁶ has been working closely with Brighton and Hove City Council on the Fast Track project to deliver these wider goals.

Sexually Transmitted Infections (STIs)

Brighton and Hove has some of the highest incidences of STIs both nationally and in the South East region, but at the same time it is believed that screening rates are higher and testing levels may also be higher. Local published data and research shows that the burden of sexual ill-health is not shared equally with younger people (under 25 years), men who have sex with men (MSM) and those from Black ethnic groups being most affected. Joint Strategic Needs Assessment (JSNA) data¹⁷ published in December 2018 (Annex A) showed that in 2017:

- 46% of new STI diagnoses were in people aged 15-24 years (51% in England)
- young people were more likely to become re-infected with STIs
- young females aged 15-19 had the highest rate of new STIs diagnoses, with a rate that was more than double that of young males of the same age
- In addition, STI levels amongst MSM remain particularly high with rates of chlamydia, gonorrhoea and syphilis levels all increasing.

Sexual Health

In relation to other aspects of sexual health, local survey data¹⁸ showed that across Brighton and Hove:

- In 2018, the percentage of 14-16 year olds who knew where to get free condoms from was 55%, compared to 52% in 2010
- In 2018, the percentage of 14-16 year olds who know where to get emergency hormonal contraception from was 31%, compared to 33% in 2010.
- Awareness of free condoms and emergency contraception are significantly higher in young people who have had sex (75% and 55% respectively in 2018).

Further data produced by Public Health England (Sexual and Reproductive Health Profiles) showed that locally in 2018:

- there were higher than average numbers of people accessing Long-acting reversible contraception (LARC);
- there were higher than average numbers of women under 18's seeking abortions and
- there were lower than average numbers of women under 25 seeking repeat abortions¹⁹.

¹⁶ <http://www.martinfisherfoundation.org/>

¹⁷ <http://www.bhconnected.org.uk/sites/bhconnected/files/Sexual%20health%20-%20young%20people%20JSNA%20topic%20summary%202018.pdf>

¹⁸ <https://www.bhconnected.org.uk/sites/bhconnected/files/Safe%20and%20Well%20at%20School%202018%20briefing%20FINAL.pdf>

¹⁹ <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000008/ati/102/are/E06000036>

Local services

Across the city organisations are working together to help promote good sexual health and ensure that the needs of all groups are being met (see Annex D).

- The integrated Sexual Health and Contraception Service²⁰ (SHAC) is commissioned to deliver services from three ‘one stop shop’ sites across the city with a mix of walk-in and booked appointments as well as the provision of on-line self-testing kits. SHAC also provides a chlamydia screening programme, condom distribution and sexual health promotion for young people (<25). The service is well regarded and despite budget reductions, positive and productive joint working between commissioners and the provider have ensured that quality has been upheld.
- Terrence Higgins Trust²¹ (THT) is a local sexual health charity commissioned to deliver a programme of targeted HIV prevention and sexual health promotion across Brighton and Hove. The service specifically supports groups who are disproportionately affected by sexually transmitted infections and groups at higher risk of HIV and poor sexual health. Services include testing for HIV, syphilis, gonorrhoea and chlamydia.
- Sexual health services are also currently provided at the Brighton Station walk-in clinic²². It is estimated that the walk-in clinic sees over 10,000 patients a year, a proportion of which are for their sexual health services.
- There are a number of elements of sexual health care that are available in general practice/GP surgeries. These include sexual history and risk assessment, contraception, STI testing for women, and assessment and referral of men with STI symptoms, and HIV testing for anyone who thinks they may have been at risk of infection.
- The Martin Fisher Foundation provides free and subsidised home HIV testing kits from vending machines across Brighton.
- A range of other organisations are involved in delivering and promoting health messages and support to groups or communities who are often under represented or struggle to be heard, for example OASIS²³ (who provide adult services for women over 18), MindOut²⁴ (a Lesbian, Gay, Bisexual, Trans & Queer Mental Health Service), SpeakOut²⁵ (who provide advocacy for adults with learning disabilities), and many more.
- Campaigns are delivered locally to encourage STI and HIV testing and increase testing accessibility - such as THT’s annual STI Testing Week²⁶ - as well as to educate and to tackle the stigma that is connected with HIV. At the same time there is recognition that certain groups face additional barriers when trying to access services such as individuals with learning disabilities; whilst cultural, religious or other factors may mean that some groups are less likely to access mainstream services e.g. members of the BME and trans communities. Commissioned services must rise to meet these challenges, and Healthwatch has a valuable role to play in bringing the needs of these groups to the attention of local decision-makers.

²⁰ <http://brightonsexualhealth.com/>

²¹ <https://www.tht.org.uk/centres-and-services/brighton>

²² <https://www.practiceplusbrightonstation.nhs.uk/>

²³ <https://www.oasisproject.org.uk/adult-services/>

²⁴ <https://www.mindout.org.uk/>

²⁵ <https://www.bhspeakout.org.uk/>

²⁶ <https://new.brighton-hove.gov.uk/news/2019/brighton-hove-sti-testing-week>

2. Funding of public health services

Sexual health services are funded from the ring-fenced public health grant provided by central Government. In December 2018, it was confirmed there would be £85 million worth of cuts to local authority public health budgets for 2019/20²⁷. This came on top of cuts that were applied in 2018/19. This funding is used for things like sexual health services, stop smoking campaigns, drug and alcohol treatment.

It is important to note that public health funding levels remain in the billions of pounds, and for sexual and reproductive health services nationally between 2016/17 and 2017/18 there were modest increases in local authority budgets for the delivery of contraception services. However, this increase has occurred alongside cuts to testing and treatment services for sexually transmitted infections (STIs), and significant reductions in budgets for sexual health promotion, prevention and advice - a service which faced cuts (in percentage terms) greater than any other public health service. Overall, local authority budgets for sexual health services were reduced by £30 million between 2016/17 and 2017/18, a 5% cut.

The £20.5 billion ear-marked for the NHS over the 5 years as part of the NHS Long-Term plan funding settlement does not cover all areas of health spending and the 3.4% average uplift in funding applies to the budget for NHS England and not to the Department's entire budget. The Department's budget covers other important areas of health spending such as sexual health initiatives run by Public Health England. The government has indicated that it will consider proposals in these areas as part of its 2019 Spending Review.

This lack of funding clarity is disappointing especially as it has already been recognised by the National Audit Office in their January 2019 report²⁸ that spending across public health could affect the NHS's ability to deliver the priorities of the Long-Term plan and have an impact on the financial sustainability of the NHS. The British Medical Association (BMA) has similarly reported²⁹ on the potential impacts of funding cuts to public health services stating that:

- 1. Changes to public health spending in local areas do not reflect the needs of local populations. Many areas with poor health outcomes are seeing substantial cuts to funding for a range of key public health services.*
- 2. Budget reductions are leading to unacceptable variation in the quality and quantity of services available to the public. This is likely to have a detrimental impact on population health, increase future demand for treatment services, and risks widening health inequalities.*

Overall, the funding to deliver public health services across England has significantly reduced over recent years, and planned cuts to the public health grant to local authorities' will have averaged 3.9% a year to 2020/21. Consequently, local authorities have significantly reduced spending on a range of public health activities, including substantial cuts to sexual health services which are described as leaving services at 'breaking-point'³⁰. The real impacts of these cuts can be seen from the results of a survey of professionals working within the sexual health sector which revealed that³¹:

²⁷ <https://www.bhiva.org/government-announces-plans-to-cut-public-health-budget-by-85-million>

²⁸ <https://www.nao.org.uk/report/nhs-financial-sustainability/>

²⁹ <https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/policy%20research/public%20and%20population%20health/public-health-budgets-feeling-the-squeeze-briefing-march-2018.pdf?la=en>

³⁰ <https://www.theargus.co.uk/news/national/16930939.sexual-health-services-at-breaking-point/>

³¹ British Association for Sexual Health and HIV (BASSH) and British HIV Association (BHIVA)

- 70% reported decreases in the level of service access to patients over the past year
- 76% felt that care delivered to patients in their HIV service had worsened
- 63% said they had to turn away patients each week
- 75% said there had been impacts on access to HIV prevention advice and condoms
- 41% said access to sexual health screening had been reduced
- 35% said that it is becoming more difficult for people to test for HIV.

The impacts of these budgetary cuts have been raised by the House of Commons Health Select Committee (2016) which warned that local authorities were at the limit of the savings they can achieve without having a detrimental impact on services and outcomes³². Local authorities are now being left without the funding they require to adequately support the health of their populations, and are cutting local public health services. In response, in May this year 80 organisations came together to call on the government³³ to fully fund public health services.

The situation in Brighton and Hove

The overall impacts of funding cuts to Brighton and Hove’s local authority public health budget can be seen in the table below, which shows that £530,000 has been removed from the 2019/20 budget with a cost per head reduction from £69 to £67 (versus an increase in the estimated population of the city of 1,878 over the same period)³⁴.

Public Health Allocation under Uniform Reduction (£000)

	2017/18 Allocations			2018/19 Allocations			2019/20 Allocations		
England Total	3,303,958	-	55,640,415	3,219,000	-	56,061,460	3,134,000	-	56,466,327
	<i>Allocation</i>	<i>Per head</i>	<i>Population 2017</i>	<i>Allocation</i>	<i>Per head</i>	<i>Population 2018</i>	<i>Allocation</i>	<i>Per head</i>	<i>Population 2019</i>
Brighton and Hove	20,619	71	289,093	20,089	69	291,253	19,559	67	293,152

³² <https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/140/14003.htm>

³³ https://www.cancerresearchuk.org/sites/default/files/consensus_statement_on_sustainable_funding_for_public_health_may_2019.pdf

³⁴ Public health local authority allocations 2018 to 2019 and indicative allocations 2019 to 2020 - <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2018-to-2019>

3. Fragmentation of commissioning

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. There are currently three sets of organisations responsible for commissioning different elements of local sexual health services: local authorities, NHS England and CCGs. The majority of services are commissioned by local authorities; however some overlap occurs (see Annex E).

Each local authority is required to secure the provision of open access sexual health services in its area including: preventing the spread of STIs (including HIV); testing, treating and caring for people with STIs and partner notification; the provision of contraceptive services including advice on, and reasonable access to, a broad range of contraceptive substances and appliances and advice on preventing unintended pregnancy. Local authorities are not responsible for the provision of HIV treatment services as these are commissioned by NHS England. Brighton and Sussex University Hospitals Trust (BSUH) is the local provider of HIV outpatient and inpatient treatment services. BSUH hold the current contract to provide an integrated sexual health and contraception (SHAC) service although this will come to an end on 31st March 2020 and arrangements from 1st April are already being actively considered by the Council.

The variability in implementation of the commissioning arrangements nationally has been the subject of comment and concern since their introduction. The issues have been the subject of debate amongst commissioners and providers, Parliament (both by the All-Party Parliamentary Group on Sexual and Reproductive Health - see Annex F, and the Health Select Committee), and medical colleges and health institutions e.g. Kings Fund³⁵ and the Royal College of General Practitioners³⁶.

In 2016, Public Health England conducted a survey of commissioning³⁷ in order to provide a clearer picture and to highlight areas of challenge within the commissioning framework. The main findings from the survey were:

- there is clear fragmentation of commissioning
- services must ensure they are accessible, particularly for those at greatest risk
- there are contracting problems including cross-charging for patients attending services outside of area
- there are workforce concerns i.e. clinical expertise both in service delivery but also in commissioning
- there is increasing demand for some services
- financial pressures due to reductions in budgets are particularly affecting local authorities.

From the survey results, specific areas were identified where action is required to support the commissioning of sexual health, reproductive health and HIV. These are:

- reduce fragmentation of commissioning and reduce contracting barriers
- support commissioners in the delivery of effective commissioning
- build capability in commissioning
- provide evidence and data to support commissioning and the monitoring of outcomes
- ensure that sexual health, reproductive health and HIV commissioning is explicitly considered within the development of the new funding mechanisms for public health over the next three years.

³⁵ <https://www.kingsfund.org.uk/publications/understanding-nhs-financial-pressures>

³⁶ <https://www.rcgp.org.uk/campaign-home/updates/blogs/2017/august/time-to-act-on-sexual-reproductive-health.aspx>

³⁷

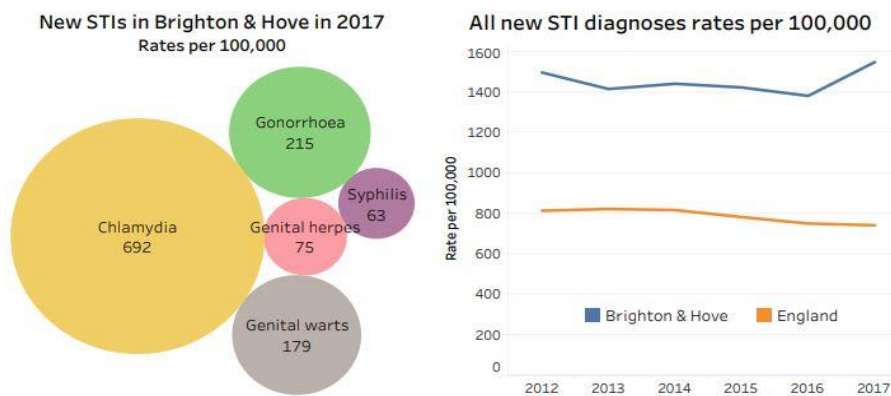
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640578/Sexual_health_reproductive_health_and_HIV_a_survey_of_commissioning.pdf

Annexes

(A) Sexual health in Brighton and Hove

Public Health England has stated that Brighton is an area where “*expanded HIV testing should be implemented*”³⁸. HIV levels are falling throughout the city however the city has one of the highest rates of infections in the country outside of London.

Data shows that Brighton also has some of the highest incidences of STIs both nationally³⁹ and in the South East region, but at the same time that screening rates are higher and testing levels may also be higher. For example, in 2017 in Brighton & Hove the chlamydia detection rate was 2,250 per 100,000 people aged 15-24. Public Health England recommends a detection rate of 2,300 per 100,000 as necessary to reduce chlamydia prevalence. Although the rate achieved locally is slightly lower than the recommended rate, it is better than both the rate in England (1,882 per 100,000), and the South East (1,510 per 100,000). In 2017, Brighton & Hove was ranked 35 of 152 local authorities in England for chlamydia detection rate⁴⁰.



Data from Joint Strategic Needs Assessments⁴¹ show that the burden of sexual ill-health is not shared equally with younger people (under 25 years); men who have sex with men (MSM) and those from Black ethnic groups are disproportionately affected:

³⁸ Page 31

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759408/HIV_annual_report_2018.pdf

³⁹

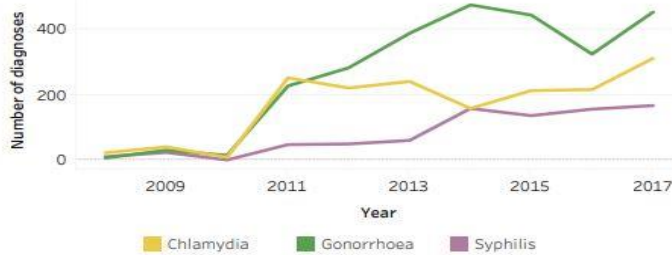
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000008/ati/102/are/E06000036>

⁴⁰ <http://www.bhconnected.org.uk/sites/bhconnected/files/Sexual%20health%20-%20young%20people%20JSNA%20topic%20summary%202018.pdf>

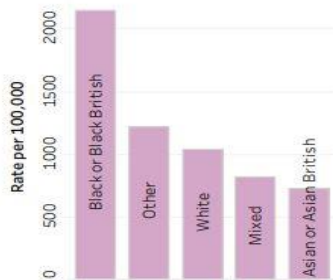
⁴¹ See above link

New diagnoses in Brighton & Hove

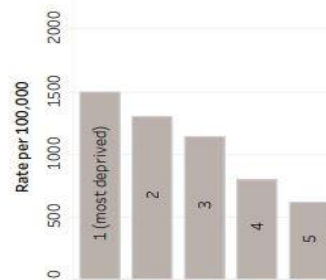
New diagnoses among men who have sex with men



New diagnoses by ethnic groups in 2016



New diagnoses by deprivation quintile in 2016



Young People

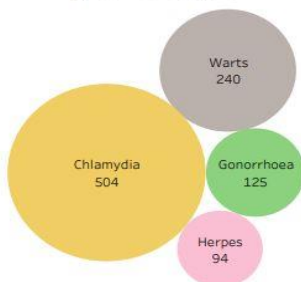
The December 2018 ‘Sexual health - Young people Brighton & Hove JSNA topic’ summary states:

“Ensuring that young people have the knowledge and skills to make informed decisions about their sexual health are key to enabling them to fulfil their potential. Poor sexual health is linked to social deprivation, health inequality and teenage pregnancy.”⁴²

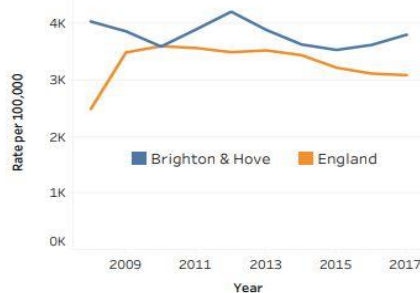
In 2016, 46% of new STI diagnoses of new STIs in Brighton & Hove were in young people aged 15-24 years (compared to 51% in England). It is believed that young people are also more likely to become re-infected with STIs.

Young females aged 15-19 years old have the highest rate of new STIs diagnoses, with a rate that is more than double that of young males of the same age (5,662 per 100,000 vs 2,188 per 100,000). Those aged 20-24 have the next highest rate, with females in this age group still more likely than males to have a new STI diagnosis, although the gap is narrower in this age band (4,479 per 100,000 in males). We also know that females are more likely to be screened for chlamydia than males, with 70% of screens in Brighton & Hove in 2017 being for females. It is however important to remember that in Brighton & Hove the chlamydia detection is higher than the national average.

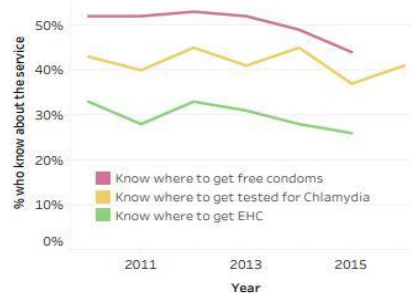
Number of new STI diagnoses in those under 25 years, Brighton & Hove, 2017



All new STI diagnoses rates per 100,000 (ages 15-24 years)



Knowledge of sexual health services in Brighton & Hove (ages 14-16 years)



⁴² See link 40

The 2018 'Safe and Well at School Survey'⁴³ is an anonymous online survey conducted by Brighton & Hove City Council Public Health team, in partnership with the University of Sussex, across primary and secondary schools in the city. The results from this survey showed that of year 10 and 11 pupils (ages 14-16 years) in Brighton & Hove:

- 78% have not had sex, and boys and girls were equally likely not to have had sex.
- Pupils who have also engaged in other risk taking behaviours (trying drugs, smoking and drinking) were more likely to have had sex.
- Lesbian, gay or bisexual students were more likely to have had sex (24%) than heterosexual students (19%).
- Young carers were more likely to have had sex (29%) compared to other pupils (19%).
- Pupils who have been bullied were more likely to have had sex (26%) compared to those who hadn't (18%)

In addition, the percentages of 14-16 year olds who:

	All pupils	Pupils who have had sex
Know where to get tested for chlamydia:	40%	55%
Know where to get free condoms:	55%	75%
Feel confident using condoms	68%	86%
Know where to get the morning after pill:	31%	55%

A number of these results showed improvement from the 2016 Safe and Well at School Survey.

Additionally, 79% of all pupils recognise the C-card⁴⁴ condom promotion scheme logo, rising to 89% amongst pupils who have had sex.

⁴³

<https://www.bhconnected.org.uk/sites/bhconnected/files/Safe%20and%20Well%20at%20School%202018%20briefing%20FINAL.pdf>

⁴⁴ <http://brightonsexualhealth.com/advice/c-card-free-condoms/>

(B) HIV data

The following data is taken from the 2018 Public Health England report “Progress towards ending the HIV epidemic in the United Kingdom”⁴⁵

HIV testing policy⁴⁶

HIV testing policies aim to encourage the offer and uptake of testing in a range of clinical and community settings and those at increased risk. This includes testing all attendees with an STI-related need at sexual health services, people attending general practice, A&E and admitted to hospital in areas of high and extremely high HIV prevalence, people with HIV indicator conditions and encouraging regular testing by those at continuing risk of HIV acquisition.

It is reported that many missed opportunities for testing continue to occur across SHS. It is estimated that nearly 350,000 SHS attendees were not offered a test for HIV in 2017, despite being recorded as eligible for testing. However, HIV testing practices vary between different Sexual Health Services. Within specialist Sexual Health Services, only 12% (27/221) of services met BASHH standards of testing 80% of all eligible attendees.

In 2017, 127,364 HIV tests were obtained online or carried out in a community setting. This includes people who either tested through the national targeted HIV self-sampling service, other free online HIV self-sampling services, community providers, or privately purchased self-testing kits.

Sexual health services should consider how they can:

- increase HIV test coverage among heterosexual attendees with an STI related need, including black Africans and people born in countries with high HIV prevalence
- increase HIV test coverage among gay, bisexual and other men who have sex with men, particularly those who have not tested recently or who have recently had a bacterial STI
- increase quarterly testing, including an STI screen, in gay, bisexual and other men who have sex with men if they are having unprotected sex with new or casual partners
- improve notification and testing of partners of heterosexuals and gay and bisexual men newly diagnosed with HIV.

In addition:

- General practices and hospitals in high and extremely high prevalence areas should also consider how they can better implement NICE guidance on offering HIV tests to patients.
- Healthcare and other professionals should offer and recommend HIV and Hepatitis C tests to any patient who has injected drugs.
- Local authorities should consider how they can ensure that their population groups at increased risk can access HIV testing online and in community settings⁴⁷

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759408/HIV_annual_report_2018.pdf

⁴⁶ See above link 45 - page 10

⁴⁷ See above link 45 - page 14

(C) Data on HIV, STIs, contraception and sexual health^{48,49}

	Nationally 2017	Brighton 2017
STIs	Rates of new diagnoses in England are 743 per 100,000 of population	Rates of new diagnoses are 1,549 per 100,000 of population. This is the highest in the South East region; where the average is 594 (London is 1,335)
Chlamydia (CT)	Rates of diagnosis are 361 per 100,000 of population Screening rate 1,882	Rates of diagnosis are 692 per 100,000 of population. This is higher than the South East average and the England average of 361. However, Brighton also has highest CT screening rate of 15-24 year olds in the region and double the England average (2,250/100,000); and also the highest detection rate in the region, again higher than that of England.
Gonorrhoea (GC)	Rates of diagnosis are 79 per 100,000 of population	Rates of diagnosis are 215 per 100,000 of population This is higher than the South East average of 46 and the England average of 79.
Syphilis (SPH)	Rates of diagnosis are 12.5 per 100,000 of population	Rates of diagnosis are 63 per 100,000 of population. This is higher than the South East average of 9.5 and the England average of 12.5.
HIV	93,385 people diagnosed with the virus in England. Overall prevalence of HIV in England was 1.7 per 1,000. 8% are unaware of their status, meaning there are an estimated 101,600 people living with HIV infection in total (up to end of 2017)	1,590 people diagnosed with the virus live in Brighton and Hove (1:8 per 1000 population) Brighton is one of 17 local authorities to have a prevalence of over 5 per 1,000 and has the second highest HIV levels outside of London (an est. 2,824 people diagnosed with the virus live in Sussex which has an average of 1:2; whilst the England average is 1:2.3) HIV testing coverage in Brighton is 68.2% higher than the England average of 65.7%, but still lower than many areas in the South East. Late diagnosis of HIV is lower than the England average (34.1% vs 41.1%) and better than the South East average of 44%)

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759408/HIV_annual_report_2018.pdf

49

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000008/ati/102/are/E06000036>

	Nationally 2017	Brighton 2017
Long-acting reversible contraception (LARC)	Total prescribed LARC excluding injections rate in England 47.4 per 1,000	The total prescribed LARC excluding injections rate is 60.3 per 1,000 (4th highest in the South East, and higher than the South East average of 55)
Under 18s conceptions leading to abortions	In England, this is 51.8%	In Brighton this is 64.8% (the highest in the South East, and higher than the South East average of 54.2%)
Under 25s repeat abortions	In England, this is 27%	In Brighton this is 24% (8th lowest in the South East and lower than the South East average of 27%)
Sexual offences rate	Sexual offences rate in England 2.4 per 1,000	Sexual offences rate in Brighton 3.0 per 1,000 (4th highest in the South East, and higher than the SE average of 2.4)

(D) Sexual health testing options

In Brighton and Hove there are a wide range of options to test for HIV and STIs including options which could feasibly alleviate pressures on local services.

The integrated Sexual Health and Contraceptive (SHAC)⁵⁰ service is currently delivered from three 'one stop shop' sites across the City with a mix of walk-in and booked appointments as well as the provision of on-line self-testing kits. SHAC also provides a chlamydia screening programme, condom distribution and sexual health promotion for young people (<25). The service is well regarded. Despite budget reductions, positive and productive joint working between commissioners and the provider have ensured that quality has been upheld:

- SHAC East (Claude Nicol) offers appointment based services which are available to all, including full sexual screens.
- SHAC Central (Morley Street) offers walk-in and wait services which are available to all, including full sexual screens.
- SHAC West (Wish Park surgery) offers walk-in and wait services for under 25s only
- HIV Outpatients (Lawson unit) offers services for people living with HIV in the city.
- Clinic M and Clinic T run from SHAC East and offer dedicate venues for testing of men who have sex with other men, and trans individuals.

In addition, contraception services provide free condoms to the under 25s. C-Cards⁵¹ are free and young people can sign up for a C-Card at SHAC Central, East and West and any youth centres in Brighton & Hove. All C-Card sites are listed here⁵².

Other local services include:

- Sexual health care that is available in general practice/GP surgeries including sexual history and risk assessment, contraception, STI testing for women, and assessment and referral of men with STI symptoms, and HIV testing for anyone who thinks they may have been at risk of infection.
- Brighton Station NHS Walk in Centre⁵³ offers a discreet and confidential sexual health clinic every day between the hours of 8am-7pm, with bookable and walk-in appointments.
- Terrence Higgins Trust⁵⁴ is commissioned to deliver a programme of evidence based, targeted HIV prevention and sexual health promotion across Brighton and Hove. The service specifically supports groups who are disproportionately affected by sexually transmitted infections (STIs) and groups at higher risk of HIV and poor sexual health: men who have sex with men, those from the Black African and BME communities, those who identify as trans, and male and female sex workers. A grant for 2018-19 has meant that services have been temporarily extended to anyone from the LGBTQ community. Services include testing for HIV, syphilis, gonorrhoea and chlamydia. Community based testing is delivered at their Ship Street offices, at local bars and male-only saunas; a youth group and colleges and universities.
- The Martin Fisher Foundation provides free and subsidised home HIV testing kits from vending machines across Brighton. Payment machines are located in other locations. The vending machines were a world first and award winning.
- HIV home testing kits are available for a subsidised fee from THT online⁵⁵

⁵⁰ <http://brightonsexualhealth.com/>

⁵¹ <http://brightonsexualhealth.com/advice/c-card-free-condoms/>

⁵² <http://brightonsexualhealth.com/wp-content/uploads/Where-to-get-a-C-Card-2017.pdf>

⁵³ <https://www.practiceplusbrightonstation.nhs.uk/>

⁵⁴ <https://www.tht.org.uk/centres-and-services/brighton>

⁵⁵ <https://www.tht.org.uk/our-services/phone-and-post/low-cost-hiv-self-test-kits>

- HIV home sampling HIV tests are available for free from [test.hiv](https://www.test.hiv/)⁵⁶
- HIV home sampling HIV tests are available for £29.95 from <http://hivselftest.co.uk/>
- HIV home sampling HIV tests can be purchased from [Superdrug](https://onlinedoctor.superdrug.com/hiv-tests.html)⁵⁷ for £30
- STI [home sampling kits](http://brightonsexualhealth.com/homekits/)⁵⁸ can be ordered from SHAC online for free. These provide tests for common STIs including chlamydia and gonorrhoea. A HIV/syphilis home sampling test can also be ordered.

⁵⁶ <https://www.test.hiv/>

⁵⁷ <https://onlinedoctor.superdrug.com/hiv-tests.html>

⁵⁸ <http://brightonsexualhealth.com/homekits/>

(E) Commissioning of services

There are currently three sets of organisations responsible for commissioning different elements of local sexual health services: local authorities, NHS England and CCGs. The majority of services are commissioned by local authorities. Each of the commissioners became responsible in 2013 for a portfolio of services. These can be summarised as:

Local authorities

- contraception
- STI testing and treatment
- sexual aspects of psychosexual counselling
- sexual health specialist services
- HIV social care
- wider support for teenage parents

NHS England

- some contraception services
- HIV treatment and care
- testing and treatment for STIs in primary care (including HIV)
- sexual health in secure and detained settings
- sexual assault referral centres
- cervical screening
- HPV immunisation programme
- specialist foetal medicine services
- NHS infectious diseases in pregnancy screening

Clinical Commissioning Groups

- abortion services
- female sterilisation
- vasectomies
- non-sexual aspects of psychosexual services
- contraception for gynaecological purposes
- HIV testing for specified services

A summary of Public Health England's Action Plan for 'Sexual Health, Reproductive Health and HIV Commissioning⁵⁹' 2017 is produced on the next two pages

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640578/Sexual_health_reproductive_health_and_HIV_a_survey_of_commissioning.pdf

Action Plan

Key:

- ADPH - Association of Directors of Public Health
 LGS - Local Government Association
 DH - Department of Health
 CCG - Clinical Commissioning Group
 MSM - Men who have sex with men
 PrEP - Pre-Exposure Prophylaxis
 LASERS - Local authority sexual health epidemiology reports.

Actions	Key deliverables
<p>1.Reduce fragmentation of commissioning and resolve contracting systems barriers</p>	<p>1.1 Develop a model of lead commissioning in conjunction with commissioning organisations, ADPH, LGA, DH and NHS Clinical Commissioners that:</p> <ul style="list-style-type: none"> • reviews service user flows and identifies patterns of service usage to support local commissioning • ensures appropriate data provision is specified in relevant contracts • identifies system leaders across the country to lead local sexual health, reproductive health and HIV commissioning within an agreed locality and to form a national network of commissioning leads to promote effective national development of commissioning • reviews the current contracting model with ADPH and DH with the view to support and develop key areas of contracting including: <ul style="list-style-type: none"> - development of local tariff - out of area cross-charging agreements at local level - models of integrated service delivery - models of effective NHS England and CCG involvement <p>1.2 Tests a model of local delivery based on examples of local practice to assist in the effective commissioning of sexual health, reproductive health and HIV</p>
<p>2. Support Commissioners in delivery of effective Commissioning</p>	<p>2.1 Building on the existing guidance, produce a more focused aid to commissioning that:</p> <ul style="list-style-type: none"> • explicitly addresses the key issues from the survey • provides advice and examples of locally designed system solutions to support commissioning of sexual health, reproductive health & HIV services • provide a single reference document that brings together a wide range of resources to assist commissioners in delivery of each step in the commissioning cycle • provides case studies and reference material that describes actual experience from across the country <p>2.2 Integrated sexual health specification/termination of pregnancy specification:</p> <ul style="list-style-type: none"> • □ develop updated Integrated Sexual Health Services AND Termination Services specifications (on behalf of the Department of Health) in conjunction with key stakeholders. These will include ways that NHS and LG commissioners work together to commission joined up services.

<p>3. Building capacity and capability in sexual health commissioning</p>	<p>3.1 Facilitate and support sexual health, reproductive health & HIV networks operating across the country:</p> <ul style="list-style-type: none"> • map and promote existing commissioner networks • review footprint of networks to ensure optimal coverage • utilise the LGA Knowledge Hub (KHub) as a focal point for the sharing of resources for networks <p>3.2 Facilitate discussions, both local and nationally, to ensure the development of an effective provider workforce.</p> <p>3.3 Agree a work programme with Health Education England and the Faculty of Reproductive and Sexual Health and British Association of Sexual Health and HIV:</p> <ul style="list-style-type: none"> • undertake local audits, identify gaps and produce plans to address identified needs <p>3.4 Develop, in conjunction with LGA and ADPH, a framework for sector/system lead improvement activity for sexual health, reproductive health and HIV that is explicit in how LG led Sector led Improvement interfaces with the NHS Improvement systems.</p> <p>3.5 Update service specification and commissioning guidance to improve the quality and effectiveness of abortion services.</p>
<p>4. Provide evidence and data to commissioners to support commissioning and the monitoring of outcomes</p>	<p>4.1 Continue to provide and develop a suite of information and data tools to support commissioners and service providers including:</p> <ul style="list-style-type: none"> • Sexual Health Profiles • LASERS • web portal information <p>4.2 Utilise information to provide open and transparent information on sexual health, reproductive health and HIV.</p> <p>4.3 Organise events, workshops and training for commissioners so they have access to the best available evidence, research and information to inform their commissioning decisions.</p> <p>4.4 Support commissioners to review and evaluate services and ensure wide dissemination of these results.</p> <p>4.5 Produce customised briefings to support commissioners in making the case for investment in sexual health, reproductive health and HIV services, covering:</p> <ul style="list-style-type: none"> • return on investment from preventative measures • impact on place of effective sexual health, reproductive health and HIV provision • a suite of topic specific briefings to provide key information to inform commissioning, eg MSM, PrEP, Reproductive Health.

5. Ensure that sexual health, reproductive health and HIV commissioning is explicitly considered within the changes in the system and mechanisms for public health funding from local government funding over the next three years

5.1 As part of wider work on public health funding, post ring-fence, ensure that the new model is able to respond to the sexual health needs of local areas. Work to include:

- a review of mandate
- involvement in new systems of funding as they develop

(F) All-Party Parliamentary Group on Sexual and Reproductive Health in the UK

The All-Party Parliamentary Group on Sexual and Reproductive Health in the UK (APPG) aims to raise awareness in parliament of the needs of women seeking abortion and the importance of improving the sexual health of people in the UK. We have summarised some of the key outcomes from their recent meetings below⁶⁰, in particular where these refer to funding and commissioning impacts; and also to highlight potential areas to investigate in more detail at a local level.

Inquiry into access to contraception

It is almost six years since contraception services were made the responsibility of local authorities. Since then, concerns regarding fragmented commissioning, a lack of accountability and cuts to the public health budget have been repeatedly raised. The APPG is concerned that it is becoming increasingly difficult for individuals to access the full range of contraceptive methods including long acting reversible contraception (LARC), hormonal contraception, barriers methods and emergency contraception, in a timely manner.

Women's reproductive health, November 2018

The needs of women have changed dramatically and the majority of women are now living longer and as a result the issues that affect women need to be considered across a longer spectrum, with greater opportunities to improve outcomes. This meeting considered some of the problems women experience in accessing reproductive and sexual health services:

- problems with access - which often affect the most vulnerable - are associated with complex commissioning arrangements.
- recent declines in cervical screening attendances particularly among groups including young women, women with a learning disability and women from black, Asian and minority ethnic (BAME) backgrounds. Difficulties getting an appointment are associated with the decline in women accessing cervical screening in sexual health clinics - combatting this requires better guidance on commissioning arrangements and greater collaboration between public health and primary care and funding for provision of cervical screening in sexual health.

Public health funding and impacts on sexual and reproductive health services, June 2018

In recent years, public health funding has experienced sustained and substantial cuts. This, combined with problems relating to commissioning, has had a significant impact on sexual health

- patients are having to travel further, are being turned away, and are receiving fragmented care as a result of commissioning structures.
- gynaecology and access - those with money, confidence, education, language skills and wherewithal are able to seek out a moved or changed service; the most compromised are badly affected and cost-saving decisions need to take this into account.

Women and HIV, November 2017

Women make up 52% of people living with HIV, the majority of whom are black Africans or from other black and minority ethnic backgrounds. Women who are at risk of, or living with, HIV face unique challenges. Women are often unaware of prevention methods such as pre-exposure prophylaxis (PrEP) and that people on treatment for HIV with an undetectable viral load cannot transmit the virus

⁶⁰ <https://www.fpa.org.uk/about-us/all-party-groups/all-party-parliamentary-group-sexual-and-reproductive-health-uk>

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