

Committee: Health and Social Care Scrutiny Committee	Dated: 30 June 2021
Subject: Sexual and Reproductive Health Services and COVID	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4, 9
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N.a.
What is the source of Funding?	N.a.
Has this Funding Source been agreed with the Chamberlain's Department?	N.a.
Report of: Andrew Carter, Director of Community and Children's Services Dr Sandra Husbands, Director of Public Health Chris Lovitt, Deputy Director of Public Health	For Information
Report author: Xenia Koumi, Department of Community and Children's Services	

Summary

This report presents an update on sexual and reproductive health services in the City of London. Although both the delivery and uptake of services to support good sexual and reproductive health have been disrupted due to the COVID-19 pandemic, a flexible approach and partnership working between commissioners and service providers has meant that services have continued to be delivered, including to our most vulnerable residents.

In addition, there have been exciting innovations made in terms of local sexual health provision over the past year, which this report summarises.

This work supports, and is influenced by, local, regional and national strategic objectives relating to sexual health and tackling inequalities.

Recommendations

Members are asked to:

- Note the impact of COVID on sexual health services.
- Note and comment on the contingencies that were put in place during COVID and the move to wider service choice through online provision whilst retaining walk up clinical services.
- Support the continued promotion of sexual and reproductive health services among City residents, workers, and students.

Main Report

Background

1. Under the Health and Social Care Act 2012, Local Authorities, including the City of London Corporation, have statutory responsibility – alongside NHS England and Clinical Commissioning Groups (CCGs) – to make available open-access sexual health services to their local populations. For Local Authorities, this requirement includes the commissioning of testing/ treatment for sexually transmitted infections (STIs), including HIV, the provision of most contraceptive services, sexual health advice, prevention and promotion.
2. In the City, a [wide range of services](#) – both universal and targeted – are made available to local populations to support good sexual and reproductive health and wellbeing. These include STI testing and treatment through Level 3 specialist sexual health services provided by Homerton University Hospital NHS Foundation Trust, the ability to order self-testing kits of STIs through the Sexual Health London (SHL) online platform, the fitting and removal of long-acting reversible contraception (LARC) in primary care, and the provision of outreach and support to Commercial Sex Workers through the Open Doors service.
3. In addition, the City Corporation supports the delivery of the [London HIV Prevention Campaign](#).
4. Local efforts operate within a regional and national context to improve outcomes around sexual and reproductive health and reduce associated inequalities. A national Sexual Health strategy is due to be published by the Government this year, the first national Women's Health Strategy is in development, and London has committed to ending the HIV epidemic by 2030 through its pledge to the [Fast-Track Cities Initiative](#).

Current Position

5. Since March 2020 the COVID-19 pandemic has had a significant impact on both the delivery of, and access to, sexual and reproductive health services at a local, regional and national level. At various points during this time, staff in primary care and specialist sexual health services have been redeployed to the frontline COVID-19 response and vaccination effort.
6. The implementation of physical distancing measures has meant that services have often needed to be delivered in a different way, with a move to access via more remote and online methods. In addition, individuals have been hesitant to attend NHS and other services in general, and the full extent of the longer-term impacts of COVID-19, lockdowns, and easing restrictions on sexual activity and behaviour on individuals and groups is still not fully understood¹.
7. There are significant inequalities within sexual and reproductive health and many local sexual health services often support some of the most vulnerable members of our community, including those with complex needs such as substance misuse and homelessness, and those who may be marginalised due to stigma. While service providers have gone to great efforts to ensure that these individuals have been able to access support over the past 16 months especially when digitally excluded, the

¹ [The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England: Provisional data: January to September 2020](#)

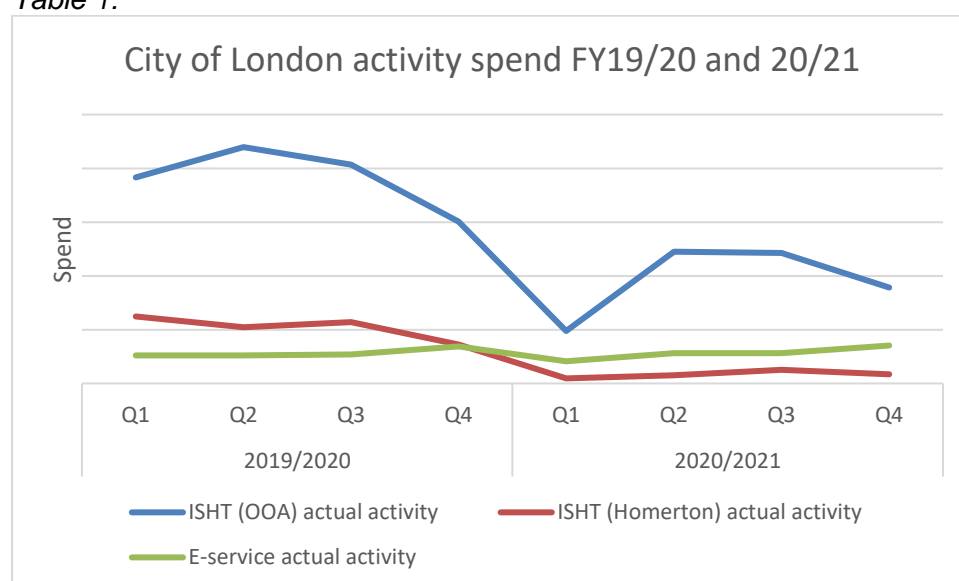
socioeconomic impacts of the pandemic have been significant and may have exacerbated existing vulnerabilities.

8. Commissioners within the City and Hackney Public Health team have worked flexibly with service providers and partners to ensure the continued delivery of sexual and reproductive health services to local populations despite the COVID related challenges. These changes have had some many positive outcomes, including for residents with additional needs, such as:
 - Expanding the offer of COVID-19 testing for homeless individuals by the local Find and Treat team to on-street sex workers and assisting them to access the COVID-19 vaccine.
 - Implementing “Walk and Talk” sessions for isolated service users affected by HIV.
 - Assisting service users with digital connectivity, to help them to access online service provision.
 - The use of the sexual health clinic at 80 Leadenhall Street in early 2021 for lateral flow testing
 - Enabling the self-testing STI kits for those with mild symptoms, as well as with no symptoms.
9. Some of the changes and innovations implemented in services in response to the pandemic have demonstrated to be beneficial to service users, as well as supporting longer-term aims around service delivery. Benefits, learnings, and opportunities identified are being considered as part of recovery planning and reinstating of services in the short, medium and longer term.
10. Despite challenging circumstances, major innovations have been introduced in recent times, which aim to further improve sexual and reproductive health outcomes for our local populations. These include:
 - The roll-out of NHS PrEP (Pre-Exposure Prophylaxis) in October 2020, for individuals in groups deemed to be at higher risk of acquiring HIV. This is a major breakthrough in HIV prevention and offer significant potential, along with rapid access to HIV treatment to achieve zero viral load to end new HIV transmission.
 - Access to contraception, including emergency hormonal contraception (EHC), via the SHL online platform. This provided an important contingency arrangement when access to physical services was disrupted due to the pandemic.
 - The expansion of the Open Doors service to provide support and outreach to off-street Commercial Sex Workers in both the City and Hackney.
 - The recommissioning of HIV prevention, sexual health promotion and HIV support services for adults and families, children and young people.
 - The planned launch of a pilot around STI testing in primary care, which aims to embed practices around more routine testing for HIV, thereby identifying and diagnosing positive cases earlier on.
11. Many aspects of the changes to service provision throughout the pandemic have improved choice and widened access to services. However, there remains the need to proactively communicate the new pathways into sexual health services to ensure early diagnosis, treatment and access to contraception. Maintaining an open access clinical service and reinstating walk-in sessions remains a priority for the City of London in order to meet the needs of both our local residents and also the daytime worker population.
12. In addition to recovery planning and assessing the impacts of COVID-19 on the sexual and reproductive health of local populations, a sexual health needs assessment for City and Hackney will be undertaken in 2021. This work will be closely linked with local work

on tackling health inequalities and the newly-established Population Health Hub. The needs assessment will assist in the delivery of sexual and reproductive health services locally, as well as in informing future commissioning, service design and re-commissioning.

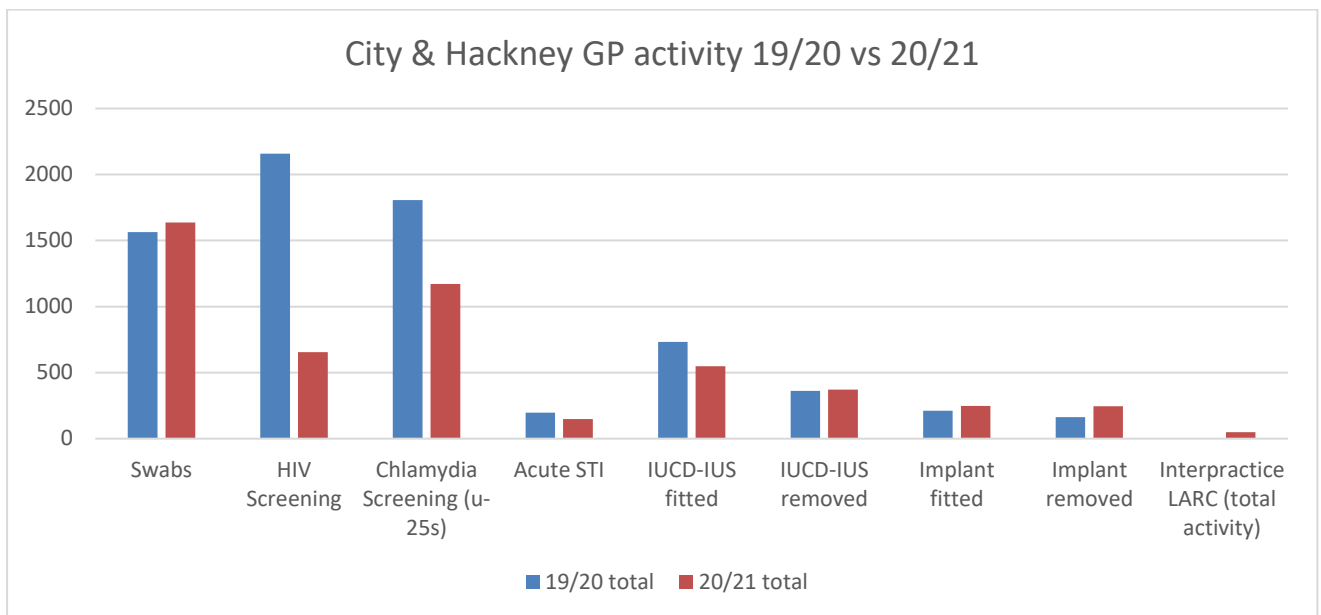
13. The changing nature of attendances at sexual health services is shown in Table 1 below. Attendance at sexual health clinics across London by City residents (the blue line) decreased during the national lockdowns. City residents' use of sexual health services provided by the Homerton also decreased, but not so markedly, as these services are provided more locally. A similar pattern of service change occurred across other London areas.

Table 1:



14. The changes in the provision of sexual health services in primary care is shown in Table 2 below. Whilst there was a large reduction in both HIV and chlamydia testing - both of which can be undertaken by signposting patients to the E-service - the provision of contraception, i.e intra-uterine contraceptive device (IUCD) and implants, was prioritised as face-to-face consultations are required for fitting and removal.

Table 2:



15. The following is the latest data against key sexual and reproductive health indicators, as shared by Public Health England².

It is important to note that due to the small number of residents in the City of London, indicators displayed as rates per 1,000 or 100,000 can be a result of small number variation. In addition, City workers may provide their work, rather than their home, address when accessing local sexual health services, which also reflects within the data.

- While HIV testing coverage in the City in 2019 was better than the England average, the HIV diagnosed prevalence rate is statistically significantly higher than the London average (11.76 per 1,000 aged 15 to 49, and 5.6 respectively), however the rate in the City has been steadily decreasing over the past several years.
- The rates of conceptions in under-18s locally has been on a downward trend from 2010. In 2018 the conception rate for under-18s for the City and Hackney combined was 16.3 per 1,000 females aged 15 to 17 years, while the average rate in England was 16.7.
- In 2019 the rate (per 1,000) of total prescribed LARC (excluding injections) was 23.4 in the City of London, which is lower than the England average, but statistically similar to the London average. Improving access to long-acting reversible contraception (LARC) is a local priority and has been assisted through enhanced delivery of LARC via primary care since 2019.
- Diagnosis rates for new STIs (excluding chlamydia in 15 to 24 year-olds) in the City were significantly higher than the England average in 2019 (3,711 per 100,000 compared with 900 per 100,000).
- The rate per 100,000 of gonorrhoea diagnoses in 2019 was 844, compared with a London average of 360. Gonorrhoea is a marker of high levels of risky sexual activity.
- Compared with the England average, the proportion of abortions under ten weeks in the City in 2019 was similar to the England average (95.7% compared with 82.5%).

² <https://fingertips.phe.org.uk/indicator-list/view/nAIS2FS0LU>

Corporate & Strategic Implications

16. While this report is not a proposal, the activities it services to update on have a clear alignment with a number of the objectives outlined within the Corporate Plan, including:
- People are safe and feel safe
 - People enjoy good health and wellbeing
 - People have equal opportunities to enrich their lives and reach their full potential
 - Communities are cohesive and have the facilities they need
 - We are digitally and physically well-connected and responsive

Conclusion

17. The City Corporation and the work of the joint public health team continue to work towards improving the sexual and reproductive health of both our local populations and provide open access services to the daytime worker population. Throughout the pandemic provider, clinicians, commissioners and the public health team have continued to work in close partnership to maintain access to sexual health services and seek to reduce associated health inequalities, including through the provision of new and targeted services. Even though the COVID-19 pandemic has had significant negative impacts on service delivery, innovations, opportunities and learnings have been identified as a result, which will bring benefits in recovery planning and beyond.

Appendices

- None

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