

LONDON SEXUAL HEALTH GROUP'S HIGH LEVEL VISION FOR IMPROVING SEXUAL & REPRODUCTIVE HEALTH IN LONDON

Good sexual health, combined with confidence and empowerment of individuals to negotiate the sex that they have, is important and impacts on people's wider health and wellbeing, and therefore life opportunities and happiness.

London faces some of the most significant levels of sexual ill-health and wider sexual and reproductive health issues in the country and for some issues the situation is getting worse, eg:

- nearly half of all people living with HIV live in London, 57% of new HIV diagnoses are in London and the trend is rising. 1 in 12 men who have sex with men in London have HIV with 1 in 5 undiagnosed;
- increases in syphilis of 16% and gonorrhoea of 19% between 2012 and 2013;
- 26,004 diagnoses of chlamydia were made in London GUM clinics in 2012;
- London has a significantly higher rate of repeat abortions in women under 25 at 33% compared to a national average of 26.9%
- men who have sex with men constitute 24% of all London residents diagnosed with a new sexually transmitted infection in 2013, despite representing less than 2% of the London adult population, with the number of new gonorrhoea diagnoses increasing 3 fold since 2010.

Since April 2013, responsibility for commissioning sexual and reproductive health services, and HIV treatment and care, in London is split between 33 local authorities, 32 CCGs and NHS England. Local authorities and other public and voluntary sector organisations are also responsible for securing a wider range of services that support education, information, empowerment and personal safety that help Londoners to enjoy safe and respectful sex.

The London Sexual Health Group brings together representatives of all these commissioners with the British Association for Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Health (FSRH) and Public Health England (London Region) to seek to co-ordinate leadership and promote joint working where that adds value.

This high level vision has been developed jointly by commissioning representatives¹ of the London Sexual Health Group, to be a catalyst for improving sexual health outcomes for Londoners through individual and joint action by commissioners, providers, the voluntary sector and other interested parties. It does not seek to over-ride the responsibilities of different commissioners, but articulates some of the challenges and aspirations on which we need to make progress individually and collectively for the benefit of Londoners.

¹ Including representatives of the Association of Directors of Public Health (London), London Councils, NHS England (London Region), Office of London CCGs and Public Health England (London Region).

Our aspirations are that:

1. all Londoners should be able to enjoy positive sexual health and relationships, with the knowledge and information to enable them to make autonomous and informed choices without stigmatisation, discrimination or prejudice
2. rates of new sexually transmitted infections (STIs) and new HIV infections fall substantially²
3. rates of unwanted pregnancies, in teenagers and at all ages, and repeat terminations of pregnancy fall
4. the proportion of new HIV cases that are diagnosed late falls
5. sexual health inequalities are reduced, particularly for people in those groups who currently experience particularly poor outcomes in London (including men who have sex with men, particular BME groups and young people)

We therefore believe there should be:

- access to information, advice and education on sexual and reproductive health issues and services to enable all Londoners to make empowered, informed, responsible and respectful decisions and enjoy safe sex and good sexual health, as part of their wider wellbeing
- good-quality sex and relationship education to help all London's children & young people develop the confidence and emotional resilience to make responsible decisions about sex
- open access to sexual and reproductive health services and interventions in a broad range of settings to all irrespective of age
- integrated sexual and reproductive health services with care pathways that direct people to the service or range of services that best meets their level and complexity of need
- access to a full range of choices of contraception, including long-acting reversible contraception (LARC) and emergency hormonal contraception (EHC), with appropriate information and advice to help people make those choices
- increased testing for HIV and STIs among high risk groups, in particular men who have sex with men, Black Africans, Black Caribbeans, young people and sex workers
- high levels of take-up of preventative screening (eg cervical screening) and immunisation opportunities (eg HPV for young women)

² This refers to the rates of disease in the population. It does not preclude reported rates rising due to increased testing.

- promotion of high levels of consistent condom use particularly among high risk groups
- good links or integration between sexual and reproductive health services and other services (including general practice, psycho-sexual services, schools, drugs & alcohol services, etc) to address wider issues that influence some people's risky sexual behaviour in a co-ordinated way
- confidential, sensitive, accessible services for victims of physical or psychological sexual abuse or assault, including female genital mutilation
- clear arrangements for managing, reporting and recording safeguarding issues that come to light through sexual and reproductive health services, including child sexual exploitation

Key enablers for this are:

- a strong, accessible evidence base including intelligence on locality specific sexual and reproductive health outcomes, evidence about interventions and models of good practice, and accessible information on the clinical effectiveness, performance and cost of services
- a strong drive for value for money for the taxpayer, to maximise improvements in outcomes and reductions in inequalities within the reality of constrained budgets
- effective and meaningful engagement with citizens and users, including harder to reach groups, to co-produce accessible services that meet sexual and reproductive health needs
- a strong orientation toward and focus on prevention in all sexual and reproductive health services and interventions, including an increasing focus on a wider range of lifestyle and behavioural risk factors that impact not only on sexual health but also general health and wellbeing
- information, advice and services should be tailored to the different needs and cultures of different groups and communities, including those that are most at risk and/or harder to reach, reflecting London's diversity and demographic characteristics
- effective sharing of innovation and good practice and ongoing learning from developments in other parts of the UK and internationally
- exploration of the use of new technologies and different ways of tailoring and delivering services to improve outcomes and value for money
- effective partnerships with schools, youth services, drug and alcohol services and other services, to secure delivery of high quality, effective education, information and advice on sexual and reproductive health issues

- co-ordination³ between different commissioners to ensure that the strategic linkages between and implications of individual commissioning decisions (eg local authorities' decisions on HIV prevention and NHS England ones on HIV treatment) are clearly understood and taken into account
- co-ordination³ of commissioning across sectors and/or areas to ensure the right linkages are made between different services to enable people to access co-ordinated services in cost-effective ways
- effective engagement between commissioners, experts, current and potential providers (including in the voluntary and private sectors, as well as in the NHS), and existing and potential service users to drive the development of the best quality, efficient services to meet the needs of individuals and communities
- co-ordination³ of sexual and reproductive health commissioning with NHS England's primary care commissioning to enable appropriate consideration of the role of general practice in sexual and reproductive health
- workforce development and training to ensure staff have the skills, competencies and confidence to deliver future models of high quality, cost-effective, integrated sexual and reproductive health services
- ensure all services deliver evidence-based practice and provide quality of care based on standards from national professional bodies.

³ Co-ordination may take different forms, as appropriate, from sharing information through to co-commissioning. It will be for individual commissioners to determine the appropriate level of co-ordination for different aspects of sexual and reproductive health.