



Health Scrutiny Committee  
15 November 2012

## Sexual Health

**Purpose of the report:** Scrutiny of services

This report presents the rates of Sexually Transmitted Infections (STIs) and uptake of Chlamydia screening in Surrey. The report will inform the committee of what action is being taken to address sexual health in Surrey.

### Introduction:

#### Sexually Transmitted Infections

1. Having good sexual and reproductive health is an important aspect of overall physical and emotional health and well-being. Sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) remain among the most important causes of illness due to infectious disease across all age groups, but particularly among younger people.
2. If left untreated, STIs can lead to long-term fertility problems, cervical cancer, and long-term illness and HIV can reduce life span and cause premature death. All of these aspects of poor sexual health can occur at any stage of life and can have an enduring and severe impact upon people's overall quality of life.
3. Genital Chlamydia infection is the most commonly diagnosed STI among young people attending Genitourinary Medicine (GUM) clinics in England. In 2011 over 186,000 new cases were diagnosed in England with sexually active young adults remaining at highest risk of infection<sup>1</sup>. During 2011 a total of 2146 new cases of Chlamydia were diagnosed in Surrey, an increase from 1746 in 2010 (see **Annex 1** for further information). Chlamydia is caused by a bacterium called Chlamydia Trachomatis. The bacteria are found in the semen of men and vaginal fluids of women who have the infection. Chlamydia is easily passed from one person to another

<sup>1</sup> Health Protection Agency (2012)

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Chlamydia/>

through unprotected sex. Untreated Chlamydia can have serious long-term health implications and may lead to infertility.

4. Within the NHS the only national screening programme offered to patients (up to the age of 25 years) which screens for STIs is the Chlamydia Screening Programme. NHS Surrey monitors and reports the uptake of Chlamydia Screening quarterly. Antenatal screening is also routinely offered to pregnant women for a range of diseases including syphilis, HIV and hepatitis B however this will not be discussed in this report.
5. Levels of need around the issue of sexual and reproductive health remain diverse in Surrey. In the case of HIV, Black African people and men who have sex with men (MSM) are the two population groups in Surrey who are most affected by this infection given their relative proportions within the Surrey population.

### **Healthy Lives, Health People (2010)**

6. Following the Healthy Lives, Healthy People (2010) White Paper, future commissioning of sexual health services will become the responsibility of public health teams from 1<sup>st</sup> April 2013. Local authorities will take on a new public health role, commissioning comprehensive accessible and confidential contraception and sexually transmitted infections (STIs) testing and treatment services. This new structure will provide opportunities to integrate sexual health services with wider services, including alcohol and drugs, allowing for targeted work with particular groups.
7. Specialist sexual health services such HIV treatment and care, termination of pregnancy and Sexual Assault Referral Centres (SARC) will not sit within public health in the future but will instead be a commissioning responsibility of the NHS Commissioning Board (NCB). Contraception will also remain in primary care and will not be commissioned by Public Health.

### **Sexually Transmitted Infections**

8. The STIs which are monitored nationally by the Health Protection Agency (HPA) are as follows:
  - HIV
  - Chlamydia
  - Syphilis
  - Gonorrhoea
  - Genital Warts
9. The latest data show the rate of diagnosed STIs in Surrey has increased. Specifically the number of diagnosed cases of Gonorrhoea in Surrey has risen from 182 cases in 2010 to 218 in 2011 (see **Annex 1** for further information). Nationally there has also been an increase in diagnosed STIs of 2% in England from 2010- 2011 (from 419,773 to 426,867). This is primarily associated with increased rates of gonorrhoea, syphilis and genital herpes.

10. The high risk groups for STIs in Surrey continues to be young heterosexuals (15-24 years old) and men who have sex with men, with continuing high levels of unsafe sexual behaviour contributing to the rises recorded. However there has also been an increase in STI testing which should lead to a decrease in infection as these are identified and treated. In Surrey there are more STIs diagnosed in the under 15 years age group and those aged 45 years and over compared to England (see **Annex 1** for further information).
11. In 2009 there were 803 people living in Surrey who are diagnosed with HIV infection. This represents an increase of 56 from the previous year and an increase of 144 from 2007. This rise does not necessarily suggest that increased numbers are all newly diagnosed as this may represent some people with known HIV moving to the area. In Surrey HIV infections are highest in the Black African population (given their relative proportions) at 38.7%. This is due to the fact Black Africans are often born in or have close ties with countries in Sub-Saharan Africa which have a greater incidence of HIV England (see **Annex 1** for further information). In 2011 in the UK an estimated 3,000 MSM were diagnosed with HIV, the highest number ever reported in one year<sup>2</sup>. The majority of MSM diagnosed in 2011 are white (84%) and acquired their infection within the UK (84%).
12. Transmission of HIV in Surrey is highest in sex between men and women at 59.8% which is higher than the England average of 50%. Nationally the rate of transmission between MSM is steadily increasing. In 2011 transmission between MSM was 41.8% in England and 32.9% in Surrey (see **Annex 1** for further information).
13. A range of sexual health services are currently provided in Surrey. The below table lists the level of services offered and the commissioning responsibilities (see **Annex 2** for further information on these sexual health services). The provision of sexual health services are currently provided on three levels, the first offering easily accessible, core services which ensure patients are signposted to the appropriate services, level 2 offering some more specialist services and follow up and the third offering all skills provided in the first two along with specialist treatment and screening.

**Table 1: Provision of sexual health services in Surrey**

	<b>Services</b>	<b>Health provider</b>	<b>Service Commissioner</b>	<b>Future Commissioner</b>
Level 1	GP practices Pharmacy Health Promotion Voluntary sector	Primary Care Pharmacy Terrance Higgins Trust	NHS Surrey	Public Health (Surrey County Council, SCC) NCB
Level 2	Primary Care Contraceptive and sexual health (CASH) clinics	Primary Care Surrey Community Health (SCH)	NHS Surrey	Public Health (SCC)
Level 3	Genitourinary medicine (GUM) clinics	Acute Trusts	NHS Surrey	Public Health (SCC)

14. As proposed by the Surrey Joint Strategic Health Needs Assessment (JSNA) for Sexual and Reproductive Health (2011) and also supported by the Healthy Lives, Healthy People (2010) White Paper, future commissioning of sexual health services should see an integrated sexual health service (combining all sexual health services in one e.g GUM, and CASH) in Surrey. From 1<sup>st</sup> April 2013 commissioning of these services will look to provide integrated care. In the meantime efforts are being made to enable CASH clinics to offer a wider range of STI testing other than just Chlamydia screening. Support is also being made to enable our GUM clinics to provide a greater range of contraception methods. At present, two of our GUM clinics have fully integrated contraception services on site and greater staff skill mixing is already enabling more people to have 'one-stop-shop' experience of sexual and reproductive health services.
15. A project being undertaken by the public health team in partnership with Surrey Community Health (sexual health service provider) and collages is underway to find out what sexual health services young people would like in Surrey. Following this consultation the public health team will work with the providers and collages using funding available from the Strategic Health Authority to address the identified need.
11. The South East CASH clinics has recently achieved the You're Welcome accreditation which requires health services to meet a set of quality standards to demonstrate that they are providing a young people friendly service. The South East CASH service is one of only two services in Surrey to achieve this standard so far.

<b>Chlamydia Screening</b>
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12. Surrey's Chlamydia Screening Programme is part of the National Screening Programme to provide opportunistic screening to all sexually active young men and women under the age of 25. In Surrey this is delivered in a variety of healthcare settings such as GP practices, pharmacies, CASH clinics and in maternity services but it is also delivered in non healthcare settings such as youth centres, prisons, military bases, further education colleges and universities.
13. The table below shows the uptake of Chlamydia screening for England and Surrey along with the national target. In Surrey a local target has been set based on diagnosis (positivity) rate rather than uptake of screening. This was agreed at the Surrey Chlamydia Screening Steering group in order to focus on targeting the population at higher risk of infection. The 2012-13 a target of an overall rate of 1632 per 100,000 (10% increase on the previous year) was set in Surrey. This will be achieved by testing more young people. From 2013 the national target will also focus on the diagnosis rate with a target of achieving a rate of 2,400 per 100,000.

**Table 2: Chlamydia screening target and uptake for Surrey and England**

Year	National target*	England uptake	Surrey uptake
2010-11	35%	28.5%	10.5%

2011-12	N/A	28.5%	19.3%
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\* Uptake of screening among sexually active young people under the age of 25

14. The uptake of Chlamydia screening in Surrey has been increasing year on year (see **Annex 3** for further information). In 2011-12 the percentage of young people testing positive for Chlamydia was similar to the national average at 7.7% compared to 7.3% in England. This suggests we can be confident that the young people being tested in Surrey are those who are more likely to be having unprotected sex and at risk of catching Chlamydia.
15. A recovery plan is in place which aims to increase screening rates through sustainable services such as primary care and CASH clinics, but also to ensure the positivity level remains high by targeting those most at risk. This includes a targeted mail out to young people in specific geographical areas, promoting and embedding screening of young offenders in new prisoner health checks and promoting screening in places attended by large numbers of young people such as colleges and universities.
16. The Surrey Chlamydia Screening service (as part of the Sexual Health Improvement and Prevention Team) have also just achieved the You're Welcome accreditation demonstrating their efforts to provide a young people friendly service.

#### Conclusions:

17. The increased rate of diagnosed STIs in Surrey is in line with a national increase and reflects the need for greater targeted work with high risk groups.
18. Chlamydia screening uptake is increasing with continued work by the Chlamydia Screening Team to increase this further. The positivity rate is in line with the national rate suggesting the service is testing the high risk groups. The recovery plan will continue to be monitored by the Public Health team to oversee improvements to delivery.
19. Chlamydia screening has been identified as a Public Health outcome in the new Public Health Outcomes Framework (PHOF). This outlines the responsibility of public health to achieve positive health outcomes for the population and reduce inequalities in health. This will ensure a continued focus by public health on improving sexual health in Surrey. There are two public health outcomes specifically relating to sexual health:
  - a) Chlamydia diagnoses in 15 to 24 year olds
  - b) People presenting with HIV at a late stage of infection
20. Whilst the commissioning of HIV service will not sit within the local authority, public health will be required to report on the numbers of Surrey residents presenting at a late stage of infection.
21. A new integrated sexual health service contract will be developed following the Public Health transition into local authority from 1<sup>st</sup> April 2013. Current contracts are being transferred over to Surrey County Council as a short

term arrangement to ensure continuity of care with the intention of being reviewed from the 1<sup>st</sup> April 2013. An integrated sexual health service will improve access for patients in Surrey.

**Recommendations:**

22. The Committee is requested to scrutinise provision of sexual health services in Surrey.

**Next steps:**

The following outlines what action is being taken by the Public Health Team to improve sexual health in Surrey considering future commissioning responsibility:

- The Surrey JSNA Sexual and Reproductive chapter will be refreshed during November 2012 to ensure an accurate picture of the sexual health need in Surrey is understood. This will also help to identify groups at higher risk and gaps in current provision.
- A Project Implementation Document (PID) will be completed by the end of November 2012 outlining the work to be undertaken by public health in order to meet the Public Health Outcome Framework. This will ensure continued work towards the commissioning responsibilities outlined above.
- All existing contracts and Local Enhanced Services (LES) will be reviewed and updated and transferred before 1<sup>st</sup> April 2013 to ensure a smooth transition over to Surrey County Council and the best outcomes for patients.
- A review of all sexual health services in Surrey will be undertaken in January 2013 in light of future responsibility and will inform commissioning and development of a unified contract for integrated sexual health services in Surrey. This will also ensure future practice is evidence based and in line with guidance.
- The Chlamydia Screening Team recovery plan will continue to be monitored by Public Health to ensure the targets outlined by PHOF are achieved.
- All Sexual health services will continue to be encouraged to work towards the You're Welcome quality mark to ensure they are providing young people friendly services.

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**Sources/background papers:**

- Surrey JSNA Sexual and Reproductive Health Chapter
- Health Protection Agency Website