Written evidence from Somerset County Council

Joint response to Health Select Committee Sexual Health Inquiry – Somerset County Council and Somerset-Wide Integrated Sexual Health Service

This response is being submitted by Somerset County Council, the local authority commissioner of sexual health services, in conjunction with the Somerset-Wide Integrated Sexual Health Service (SWISH), the integrated sexual health service provider in Somerset.

As a mandated Public Health service it is our view that appropriate funding should be available to enable Local Authorities to commission sexual health services to meet the population need. The ability to deliver modern accessible integrated sexual health services should not be impeded by a lack of funding to meet presenting need.

Somerset sexual health services have recently transformed to provide community-based integrated services to better meet the needs of its rural population for access to contraception, the testing and treatment of sexually transmitted infections, HIV testing and sexual health promotion, HIV prevention and HIV social support. The service is making good progress in improving the sexual health Public Health Outcome Framework (PHOF) indicators, particularly in relation to reducing the late diagnosis of HIV and in improving the chlamydia detection rate for 15 to 24 year olds for which Somerset were previously outliers in the region. However, the demands on the sexual health service continue to increase and recently we have experienced outbreaks of Hepatitis and a steady and, in relative terms, significant increase in the diagnoses of syphilis. However, due to funding arrangements there is no flexibility in the system to meet increasing demand and to respond effectively to increases in STIs especially when these are sustained, therefore putting additional strain on services and their ability to respond in a timely manner. In Somerset we have experienced an 8% increase in attendances at the integrated sexual health service since its inception in 2016.

There is an inequity in the funding of local authority commissioned NHS services and those commissioned by the NHS which is especially apparent for sexual health services. The reducing Public Health grant and the necessity of Local Authorities to maintain a balanced budget mean that no additional funds can be put into these services to meet any increase in demand and services cannot overspend. In addition as NHS providers increases in the pay of the sexual health workforce along with increases in the cost of medicines, devices and pathology mean that year on year sexual health services are under increasing financial pressure. The consequence of this is reduced accessibility for contraception particularly Long Acting Reversible Contraception (LARC) and an impact on unintended pregnancies and an increase in the transmission of communicable diseases.

Inadequate provision of sexual health screening and treatment of sexually-transmitted infections (STIs) in Somerset is a grave concern. In Somerset, the number of gonorrhoea diagnoses is increasing (Public Health England data). We are acutely aware of the global threat of antimicrobial resistance and there are already signs of increasing resistance of gonorrhoea to current first-line treatment. If access to sexual health care does not improve, gonorrhoea treatment may be delayed leading to complications including chronic pelvic pain, pelvic inflammatory disease, ectopic pregnancy and infertility in women. As well as negatively impacting on health and wellbeing, funding pressures are limiting the ability to develop and maintain our high-quality sexual health service. For example, new
national guidance recommends testing for Mycoplasma genitalium in selected individuals. This is currently not available at SWISH and requires additional funding.

The pressures on sexual health services are also exacerbated by the reducing ability of general practices to provide elements of sexual health and contraceptive services, particularly LARC, and an increased dependence on specialist sexual health services to provide routine contraceptive care. The lack of a coherent national cross-charging arrangement for contraception means that sexual health services are struggling to recoup the cost of providing costly LARC interventions for out of county patients attending for contraceptive care. We are aware locally that Somerset residents seeking LARC from sexual health services in neighbouring authorities are being turned away. This lack of clear guidance is detrimental to the notion of a mandated open access contraceptive service.

The fragmentation of commissioning for sexual health services means that there is no system leadership for sexual health. Examples of this locally have included difficulties in accessing funding for the drugs for post exposure prophylaxis for HIV following sexual exposure and the inability of the sexual health service to provide cervical screening to respond to declining uptake. In order to ensure that sexual health services are fit for the future and can provide cost-effective, accessible services in line with NICE guidance and sexual health standards of care it is essential that the Public Health funding formula is reviewed and that the ring-fence for the Public Health grant is maintained. A failure to protect sexual health service funding and sustainability will have a negative impact on the ability to provide modern evidence-based services and run the risk of a reversion to ‘test and treat’ only services undoing the significant progress sexual health services have made in the last fifteen years.

The transfer of commissioning responsibility for many of the major sexual health services to Public Health in the Local Authority has been a positive development and in Somerset this has enabled the integration of sexual health services which we had not been able to achieve whilst in the NHS. This means that services have been given the opportunity to modernise, improve flexibility, and to demonstrate value for money through more robust performance management, safeguarding and clinical governance processes.

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