Written Evidence from the Department of Health and Social Care

Introduction

1. The Department of Health and Social Care (DHSC) welcomes the Health and Social Care Select Committee’s inquiry on sexual health. We are grateful for the opportunity to contribute to this process.

Background

2. The nation’s sexual health has improved in recent years, more people are getting treatment, and rates of infection are falling.

3. For most people, good sexual and reproductive health is an important contributor to their overall wellbeing. People need access to different information, services and interventions through their lives. We have seen significant changes in relationships, how people live their lives and how they access information which impacts on the services they need to keep themselves healthy and prevent unplanned pregnancy and infections. There are a wide range of providers of sexual health services including general practice, community services, acute hospitals, pharmacies, on-line services and the voluntary, charitable and independent sectors.

4. The Government’s current policy and ambitions to improve sexual health are set out in its Framework for Sexual Health Improvement in England. These ambitions are to:

- reduce the rates of sexually transmitted infections (STIs) among people of all ages
- provide rapid access to high quality services
- reduce onward transmission of HIV and avoidable deaths from it
- reduce unintended pregnancies among all women of fertile age
- continue to reduce the rate of under 16 and under 18 conceptions

Recent Trends

Sexually Transmitted Infections including HIV
5. STIs are diagnosed in specialist level 3\(^{i}\) and non-specialist level 2\(^{ii}\) services. Overall between 2013 and 2017 STI diagnosis fell by 7% (from 455,234 to 422,147). In 2017 there were 4,363 new diagnoses of HIV in the UK representing a 17\% decline compared to 2016 and a 28\% drop from the 6,043 diagnoses in 2015. New diagnoses in gay and bisexual men have decreased by almost a third (31\%) since 2015 to 2,330 diagnoses in 2017. In London numbers have dropped by 41\% and by 30\% outside London. There has been a 19\% increase in attendances at STI clinics.

6. A separate submission from Public Health England (PHE) will cover in detail surveillance and trends in STIs and HIV and we have therefore not focussed on this issue in the Department’s submission.

Prevention

7. As set out in our Framework, sexual health promotion and prevention work aims to help people to make informed and responsible choices, with an emphasis on making healthy decisions. Effective health promotion addresses the prejudice, stigma and discrimination that can be linked to sexual ill health. However, service provision and treatment can also play key roles in prevention, in diagnosing STIs and HIV and preventing their onward transmission and in providing contraception to prevent unwanted pregnancies. Local authorities are responsible for HIV prevention and sexual health promotion work at local level. PHE funds prevention programmes at national level, which are set out in detail in PHE’s submission.

The commissioning and delivery of sexual health services and governance and the role of Government, NHS England, Public Health England and local authorities

Governance

8. The Secretary of State for Health and Social Care has overall responsibility to Parliament for the provision of the health service, including sexual health services. Through the Department he provides strategic direction for the NHS and wider health and care system and holds all of the national bodies to account for their operational and financial performance.

9. NHS England is operationally independent from DHSC with the Secretary of State setting out what the Government expects from NHS England in the Mandate. NHS England also commissions some national services including HIV treatment and care. NHS England is also responsible for commissioning primary care, including GP services which include contraception provision provided through the GP contract.
10. PHE is the expert national public health agency which fulfils the Secretary of State for Health and Social Care’s statutory duty to protect the public from infectious diseases and other public health hazards, to promote the health and wellbeing of the nation and address health inequalities. PHE delivers its remit both through its own actions and by supporting government, local authorities and the NHS to secure the greatest gains in health through evidence-based interventions.

11. At local level, upper tier and unitary authorities are responsible for improving the health of their populations, backed by a ring-fenced grant and a specialist public health team, led by the director of public health. Because of the need to ensure universal provision of these essential services, local authorities (LAs) are mandated to commission comprehensive, open access STI testing and treatment services and contraception advice and services. DHSC guidance has been published to help LAs fulfil their legal requirements.

Commissioning

12. The current commissioning arrangements for sexual health have been in place since 2013 following the transition to the new health and care system. The arrangements that were put in place followed public consultation and there was a consensus from those responding that the Government’s proposals were the best fit for the range of services.

13. Given the range of providers both within and outside the NHS and the need to ensure multiple access points, the commissioning arrangements for sexual health services are acknowledged to be complex. Commissioning responsibilities are distributed as follows:

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
- user dependent contraception provided through the GP contract (increasingly shared with Clinical Commissioning Groups (CCGs))
- 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
o relevant immunisation programmes
o specialist foetal medicine services
o NHS infectious diseases in pregnancy screening

**Clinical Commissioning Groups**
o abortion services
o female sterilisation
o vasectomies
o non-sexual aspects of psychosexual services
o contraception for gynaecological purposes
o HIV testing for specified services

14. Within the current commissioning arrangements our focus has been, and will remain, on supporting the system and encouraging integrated approaches that follow the patient pathway and patient need. The Department, PHE and other partners have published a range of guidance, including on fair payment systems for open access services for patients attending services outside of their “home” authority as follows:

- **Commissioning Sexual Health Services and Interventions: Best Practice Guidance for Local Authorities** published 2013
- **Integrated sexual health services: a suggested national service specification** first published in 2013 and updated in 2018
- **Sexual health services: key principles for cross-charging** first published in 2013 and updated in 2018.
- **Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV (full document)** – this document was led by PHE and published in 2014.

15. In 2016 PHE and the Association of Directors of Public Health (ADPH), supported by NHS England and NHS Clinical Commissioners, carried out a survey of local authorities, NHS England and CCGs to identify areas of challenge within the commissioning framework.

16. The survey findings: [https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review](https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review) form the basis of an action plan published within the review. The report analysed the responses from across the country and makes recommendations designed to support and improve commissioning. The key commissioning issues faced by commissioners and providers ranged from tackling sexual and reproductive health and HIV in a
co-owned strategic way to the complexities of multiple commissioners dealing
with open access services. A national pilot scheme designed to support and
evaluate the development of two commissioning collaborations is now
underway. The participating areas are Cheshire and Merseyside and
Cambridgeshire and Peterborough. Results will be widely disseminated as
they emerge.

Demand and Access

17. In 2017 there was a total of 3.3 million attendances at specialist and
non-specialist services for STI testing and treatment. This represents a 13%
increase in overall attendances (including follow up appointments) and a 19%
increase in new attendances since 2013. There are some differences in new
attendances by risk group:

- Heterosexual men (from 673,290 in 2013 to 673,458 in 2017) - small
  increase
- Gay and bisexual men (from 174,254 in 2013 to 275,543 in 2017) - 58%
  increase
- Women (heterosexual, gay and bisexual) (from 1.310m in 2013 to 1.590m
  in 2017) - 21% increase

18. These trends show that some groups at highest risk of acquiring an STI
or highest risk of sequelae have seen significant increases in attendances at
services. There is also regional variation in the rate of increased attendances
which is shown in the table below:

<table>
<thead>
<tr>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>% change between 2013 and 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>London</td>
<td>754,235</td>
<td>827,691</td>
<td>873,082</td>
<td>921,208</td>
<td>916,703</td>
<td>22%</td>
</tr>
<tr>
<td>East of England</td>
<td>181,469</td>
<td>179,307</td>
<td>176,093</td>
<td>166,901</td>
<td>181,467</td>
<td>0%</td>
</tr>
<tr>
<td>East Midlands</td>
<td>148,573</td>
<td>146,881</td>
<td>156,872</td>
<td>154,566</td>
<td>161,278</td>
<td>9%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>157,093</td>
<td>181,111</td>
<td>180,880</td>
<td>183,661</td>
<td>193,914</td>
<td>23%</td>
</tr>
<tr>
<td>North East</td>
<td>77,909</td>
<td>80,986</td>
<td>80,040</td>
<td>77,033</td>
<td>76,778</td>
<td>-1%</td>
</tr>
<tr>
<td>North West</td>
<td>318,962</td>
<td>341,116</td>
<td>361,625</td>
<td>357,696</td>
<td>359,361</td>
<td>13%</td>
</tr>
<tr>
<td>Yorkshire &amp; the Humber</td>
<td>148,481</td>
<td>189,558</td>
<td>165,372</td>
<td>202,658</td>
<td>230,453</td>
<td>55%</td>
</tr>
<tr>
<td>South East</td>
<td>263,338</td>
<td>265,531</td>
<td>286,328</td>
<td>318,816</td>
<td>331,516</td>
<td>26%</td>
</tr>
<tr>
<td>South West</td>
<td>161,712</td>
<td>179,921</td>
<td>179,950</td>
<td>173,418</td>
<td>170,284</td>
<td>5%</td>
</tr>
<tr>
<td>England Total</td>
<td>2,211,772</td>
<td>2,392,102</td>
<td>2,460,242</td>
<td>2,555,957</td>
<td>2,621,754</td>
<td>19%</td>
</tr>
</tbody>
</table>
Access to Contraception and sexual and reproductive health services

19. Data published by NHS Digital show that there were 1.79 million contacts with community sexual and reproductive health services (SRH) in 2017/18 which represents a 5% decrease from 2016/17 and 28% less than in 2007/08 (2.48 million). These contacts include 792,636 females who attended SRH services on one or more occasions for reasons of contraception. This has fallen for 3 consecutive years; a drop of 16% compared to 2014/15. There has however been an increase in use of long acting reversible contraception (LARC) methods which require far fewer follow up attendances than other methods of contraception which may account for some of the reduction in attendances.

20. In primary care, there were 1.24 million prescriptions for LARC in 2017. This is similar to 2016 but 9% higher than in 2007 (1.14 million). However, prescriptions for LARC have fallen from 1.32 million in 2013/14. In 2017, there were 7.05 million prescriptions for user dependent methods such as the contraceptive pill, a fall of 2% since 2016. This continues a decline in the number since 2008 when there were 7.45 million prescriptions, a fall of 5%.

Online Services

21. To help manage the overall increase in demand, LAs have been utilising technology to manage lower risk and asymptomatic patients. Free, confidential online services which are convenient for patients are increasingly being commissioned. As these services develop, they also have the potential to reach groups not currently engaged with clinic services. While most LAs are now offering the option of ordering STI and HIV self-testing kits through the internet, a small number are also providing online access to the contraceptive pill.

22. LAs must still meet their open access mandate and ensure that appropriate walk-in and/or appointment only physical services are still available to anyone wishing to use them.

Funding

23. Funding for sexual health services is allocated through the commissioning arrangements set out in paragraph 6 above. For LAs services are funded through the ring-fenced public health grant. The Department has published grant conditions which provide clarity to LAs regarding what the grant is intended for, how it may be used and what the financial reporting arrangements are.
Standards

24. The model service specification for integrated sexual health services originally published in 2013 was updated by PHE and the Department and re-published this year (paragraph 9). This highlights that providers of integrated sexual health services are expected to operate in line with most recent guidance and established clinical practice. The specification will be reviewed annually and updated as appropriate. In addition, the Care Quality Commission (CQC) is responsible for ensuring that health and social care services provide safe, effective, compassionate and high-quality care. Most sexual health and HIV services are registered with the CQC as they undertake regulated activities.

Co-commissioned services

24. LAs are expected to work collaboratively with NHS England and CCG commissioners to map patient pathways and plan services according to population need. In some areas, commissioners may choose to formally jointly commission services, however, even when this route is not taken, all local commissioners should work together to provide seamless services for patients and the population, regardless of which body is responsible for commissioning.

HIV Pre-exposure Prophylaxis

25. HIV Pre-Exposure Prophylaxis (PrEP) is not currently routinely commissioned in England. NHS England has allocated up to £10 million for a three-year trial (the PrEP Impact Trial) which will address outstanding questions on PrEP need, uptake and duration of use in those at high risk of HIV acquisition in England.

26. In June, the PrEP Oversight Board received a proposal from the Trial Management Group to consider increasing the total number of places available for the trial from 10,000 to 13,000. The researchers consider that based on the data regarding the number and profile of those enrolled in the trial in the first six months, a greater number of participants is required to more accurately estimate the likely long-term needs of a routinely commissioned PrEP programme.

27. Full results for the 36-month trial will be available in early 2020. NHS England and LA commissioners are continuing to work together to use the information generated by the trial to prepare for future commissioning of PrEP.

Cervical Screening
28. Concern has also been expressed about access to cervical screening in SRH services. NHS England local teams have worked with LAs and sexual health providers to negotiate the continuation of opportunistic cervical screening over the last five years. NHS England is working with PHE and an expert group of stakeholders to explore what more can be to maximise uptake of screening in SRH services amongst vulnerable groups.

**Workforce**

29. The sexual health workforce is varied and includes a broad range of medical and non-medical, specialist and non-specialist staff. Specialist clinicians are trained in either Community Sexual and Reproductive Health (CSRH) or Genitourinary Medicine (GUM). Non-medical specialist staff working in these services are mainly nurses, midwives, allied health professionals, sexual health advisers, administrative and clerical staff and healthcare scientists with some physician assistant roles also emerging.

30. Many other health professionals such as general practitioners, practice nurses, school nurses, health visitors and pharmacists provide sexual health and HIV services as part of their wider roles.

31. There are a few workforce issues including filling vacant posts and an aging workforce in some specialities which is creating concerns around sustainability of services. In 2017 Health Education England (HEE) set up a programme of work with key partners to identify areas of workforce concern and vulnerabilities in this field. DHSC and PHE were represented on the task force for this project and the final report and recommendations is now published on their website: [https://hee.nhs.uk/our-work/sexual-health-reproductive-health-hiv-workforce](https://hee.nhs.uk/our-work/sexual-health-reproductive-health-hiv-workforce)

**Progress and Conclusion**

32. Improving sexual health outcomes remains a priority. On HIV England has made considerable progress in recent years towards meeting the United Nation 90:90:90 ambitions to eliminate HIV-related mortality and transmission by 2030. Two ambitions were met in 2016 with 96% of people diagnosed with HIV receiving anti-retroviral treatments and 95% of those treated virally suppressed. Data, to be published by PHE later this year, will show whether all three ambitions were achieved in 2017. In London, all three of the 90:90:90 ambitions were met in 2016.

32. Teenage pregnancy rates are at an historic low and continue to decline, through work that has been underway across successive governments.
33. Other work that will have an impact on sexual health includes our announcement in July this year that 12 to 13-year-old boys in England will be offered the human papilloma virus (HPV) vaccine. A project board is in place to plan and implement this programme. In addition, a programme to offer the HPV vaccine to gay and bi-sexual men up to the age of 45 in sexual health clinics is also being rolled out.

34. The Department for Education is currently consulting on draft statutory guidance relating to health education and relationships and sex education (RSE). The draft statutory guidance for both primary and secondary schools includes content on sexual health. The focus in primary schools will continue to be on building healthy relationships and staying safe. Schools will be encouraged to teach the new subjects from September 2019; many schools are already teaching the subject and will be able to adapt to the new guidance quite quickly. The requirement to teach the new subjects will then follow from September 2020.

35. These important steps, and others underway, will support continued improvement in sexual health outcomes. We are also very alive to some of the current challenges and are committed to continuing to ensure that information and services are available that meet people’s needs and improve sexual health and wellbeing.

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\(^1\) A Framework for Sexual Health Improvement in England. DHSC, March 2013
\(^2\) Complex/specialist care
\(^3\) Provides a wider range of care undertaken in primary care by those with a special interest in sexual health or by those providing additional elements of care not traditionally provided in their service