From:	Clair Bell, Cabinet Member for Adult Social Care and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Health Reform and Public Health Cabinet Committee – 17 May 2022
Subject:	Sexual Health Services – COVID-19 Impact and Recovery
Key decision:	None
Classification:	Unrestricted
Past Pathway of report:	None
Future pathway of report:	None
Electoral Division:	All

Summary: This report provides an update on the impact that COVID-19 has had on Sexual Health Services commissioned by Kent County Council. The report looks at the operational delivery response, the impact on performance and the changes that have been made as the services have adapted and moved towards living with COVID-19.

Recommendation: Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this report and **COMMENT** on the delivery model and approach of Sexual Health Services through the global COVID-19 pandemic.

1. Introduction

1.1 The Health and Social Care Act 2012, mandates Local Authorities to provide comprehensive sexual health services.

1.2 NHS England and Improvement (NHSE/I) are responsible for the commissioning of Human Immunodeficiency Virus (HIV) treatment and care services, which in Kent is passed to KCC under a Section 75 agreement, enabling Kent residents and non-Kent residents to receive HIV care.

1.3 KCC works in partnership with Kent Community Healthcare NHS Foundation Trust (KCHFT) and Maidstone Tunbridge Wells NHS Trust (MTW) to deliver Integrated Specialist Sexual Health Services which includes:

- Provision of contraception
- Contraceptive advice

- Testing treatment and management of sexually transmitted infection (STI)
- Prevention, testing and treatment of HIV
- Sexual health promotion

1.4 KCC also commission a charity, METRO, to provide Kent residents under the age of 25-years old access to free condoms, and commissions general practices (GPs) to provide Long-Acting Reversible Contraception (LARC) procedures in Primary Care.

1.5 As many of the Sexual Health Services are mandated, the impact of COVID-19 was widespread. However, due to the established Partnership Agreements with MTW and KCHFT, effective mechanisms were put in place to respond rapidly to the ever-changing government requirements. Working alongside partners, a number of new and enhanced services were implemented to manage demand and ensure patients could have their needs met in a COVID-19 safe environment.

2. Impact and response of COVID-19

2.1 Following government guidance on social distancing, all sexual health clinics adapted to reduce the number of patients in clinic at any time. Walk in clinics ceased and a telephone triage system was introduced. Individuals accessing clinics were either booked for a telephone appointment with a consultant, directed to the online STI testing service (asymptomatic) or booked into an appropriate clinic for face-to-face appointments for symptomatic needs or those with complex needs.

2.2. As the pandemic continued, the online testing service developed to screen for those who were symptomatic, reducing the need to physically enter clinic buildings and be seen face to face.

2.3 Psychosexual therapy moved their services to virtual appointments and have maintained this provision alongside offering face to face appointments. Pharmacy appointments for emergency oral contraception had to rapidly shift all their sessions to virtual appointments throughout the duration of the pandemic when mitigation to risk transmission were most heightened.

2.4 Outreach delivered by both the specialist services and METRO were paused. This included outreach to young people and vulnerable groups. However, services updated their business continuity plans to ensure that, where possible, individuals were not affected, with some individuals being seen in safely arranged face to face appointments with social distancing measures in place.

2.5 Due to the limitation of GP appointments and social distancing measures, the Faculty of Sexual and Reproductive Health (FSRH) introduced temporary measures which allowed LARC devices to remain in place longer than usual. This meant LARC devices could continue providing contraceptive benefits for

an individual whilst reducing demand on primary care and specialist services during the height of the pandemic.

2.6 LARC capacity in primary care was reduced and, in response, the Kent Specialist Sexual Health Services created additional LARC capacity with specific clinics in order to meet demand and keep waiting times to a minimum.

2.7 METRO moved their training for professionals online and a range of educational sexual health resources were created and made available to educational settings, including schools and colleges.

3. Activity and Performance during COVID-19

3.1 Throughout the pandemic, providers were able to maintain a reasonable level of service delivery despite challenging circumstances. They worked towards the agreed KPIs and indicators with reduced staffing and capacity. Evidence of KPI performance and service delivery from 2019/2020 to 2021/2022 can be seen in **Appendix 1** (Sexual Health Service Performance Data).

3.2 The below table compares the difference in activity levels from 2019/2020 (pre-COVID-19) to 2020/2021 (start of COVID-19). Most areas show a decrease in activity except in online STI testing and psychosexual therapy which both had activity increases.

	2019/2020	2020/2021	% Difference
Number of appointments (face to face and virtual)	71,543	57,014	-20%
Number of outreach sessions delivered	4,810	718	-85%
Number of contraception prescriptions	28,165	13,232	-53%
Number of emergency contraceptives (oral and intrauterine device) delivered by the integrated service	994	188	-81%
Number of emergency oral contraception from pharmacies	5,256	3,311	-37%

Number of condoms issued METRO only Pack of six	33,472	9,517	-72%
Number of psychosexual therapy sessions	2,618	2,772	+6%
Total number (and %) of online STI testing returned by	17,116 (asymptomatic only)	37,965 (symptomatic testing started October 2020)	+122%

3.3 It is anticipated that where activity levels reduced from 2019/2020 to 2020/2021, that these will increase to during 2022/2023.

3.4 The number of online STI testing has increased significantly from 2019/2020 to 2020/2021, however, it is worth noting that symptomatic testing only started in October 2020 so an increase in 2020/2021 was anticipated. As evident in **Appendix 1**, there continues to be a rise in online testing, 2021/2022 data shows a 26% increase from 2020/2021. Commissioners are reviewing this data to look at the breakdown between asymptomatic and symptomatic testing to help anticipate future demand.

4. COVID-19 Recovery

4.1 As we enter into a new phase of COVID-19, the Consultant in Public Health, Commissioners and partners have been reviewing activity, outcomes and performance against the delivery model to ensure it still is effective and meets the sexual health needs of Kent residents.

4.2 Walk in clinics have not been reintroduced. Throughout the pandemic it was clear that there was no decline in services users' ability to access a service, despite the drop in overall appointments being made. During this time, individuals utilised the online testing service, telephone triage, and bookable only clinic appointments. This has led to services utilising their time more effectively and providing more bookable clinic sessions.

4.3 Psychosexual therapy is now being offered via a hybrid model with the option for digital or face to face appointments as dictated by service user request. This has also increased the capacity of the service allowing additional sessions to take place and the service is reporting more sessions being delivered outside of core clinical hours.

4.4 Following the pandemic, integrated sexual health appointments and outreach have seen demand rise towards pre-COVID-19 levels. However, contraception, emergency contraception and condom distribution all remain well below pre-

COVID-19 level. Psychosexual therapy remained largely unaffected by the pandemic and has remained operational and in high demand.

4.5 METRO has recommenced their face-to-face delivery of training for practitioners working with young people, now providing the option for digital sessions which offers increased access to training.

5. Key learning

5.1 The pandemic forced several major changes to service delivery, however there were multiple key learning points that have been identified following service changes due to COVID-19, including:

- The stability of the service offer was maintained through an increased use of digital methods including online symptomatic STI testing service, virtual psychosexual therapy service, remote consultations, and the online condom programme. These highlighted the strength and flexible nature of KCCs working relationships with service providers.
- Some services have reported that capacity has increased through the use of online such as reduction in travel time and escorting people through to consultation rooms.
- Virtual consultations facilitated by highly skilled staff has resulted in less patient contact time whilst still delivering the same outcomes. Further analysis of this will be undertaken.
- The emphasis on digital delivery may increase barriers to access services for certain groups of people. Every measure has been taken to make the digital service offer as accessible as possible. However, digital delivery cannot be provided for outreach, and has only been able to recommence in the last six to nine months.
- Strong relationships with partners and providers delivering sexual health services enabled quick decision making and continued service delivery in line with government guidance as evidenced by the speed of implementation of change to service delivery.

6. Financial Implications

6.1 As the majority of sexual health services are provided by the NHS, any additional financial costs, such as personal protective equipment (PPE) were re-imbursed by NHS England.

6.2 LARC through GPs and the service specification with METRO have an activity-based element within their contractual models. Due to a reduction in LARC activity within Primary Care and a reduction in the distribution of condoms, actual spend was lower than the allocated budgets for both services in 2020/2021. This trend has continued in 2021/2022 (**Appendix 2)**.

6.3 In line with government recommendations[1], KCC provided £69,263.13 in supplier relief to GPs during the initial lockdown period. This funding provided financial support to GPs, who at the time, were unable to generate income from the LARC service due to it being temporarily suspended. From Q2 2020/2021 to Q4 2021/2022, KCC have also used the Contain Outbreak Management Fund (COMF) to provide GPs with an additional COVID-19 payment per LARC procedure for time related costs (e.g., cleaning and changing PPE). These additional COVID-19 payments are expected to total £103,669.51.

7. Equalities Implications

7.1 Due to the nature of service delivery, changes being made throughout the pandemic, response to changing government guidelines and social distancing measures, an Equality Impact Assessment (EQIA) is due to be carried out to ascertain if service delivery changes have had a negative impact on protected characteristics.

7.2 Commissioners will undertake an EQIA in the coming months, working with partners to investigate the changes and identify any negative impacts to protected characteristics that may have occurred.

7.3 Initial assumptions on possible negative impacts have been made below. Further investigation is required to confirm these and identify any additional impacts that service delivery changes may have had.

- Age - Older service users have been identified as potentially finding the digital approach a barrier to access. It is noted, however, that the digital offering is only a part of the access options and alternative/hybrid methods of service delivery are also available.
- Marriage and Civil partnerships – It has been identified that service users accessing the Psychosexual Therapy service may prefer face to face appointments over digital only sessions. The service has a hybrid model and will offer access to fully digital or face to face sessions at service users' discretion.

8. Data Protection Implications

8.1 A full Data Privacy Impact Assessment (DPIA) was completed in 2019. Changes to the delivery model post COVID-19 has shown no additional implications.

9. Conclusion

9.1 As detailed in this report, COVID-19 has had a profound impact on the way Sexual Health Services now operate. The pandemic accelerated a variety of changes on all aspects of service delivery.

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[1] Procurement Policy Note

9.2 The service has moved away from a pre-COVID-19 reliance on drop-in sessions and has adopted a more hybrid method of delivery. This change was forced upon the service by circumstance but has proven effective in providing both cost efficiencies and greater service flexibility overall. The digital offering now provided by the service allows access to be maintained and widened whilst the face-to-face clinics, outreach, and therapy sessions continue to offer high levels of provision across the county.

9.3 Sexual Health Services are operating well across the board, where the majority of KPIs have been met throughout 2021/2022. Activity has increased throughout the year and Commissioners will continue to monitor.

10. Recommendation

Recommendation: Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this report and **COMMENT** on the delivery model and approach of Sexual Health Services through the global COVID-19 pandemic.

11. Background Documents

None

12. Contact details

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