

04 February 2019**Agenda Item: 4**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

UPDATE ON THE COMMISSIONING AND PROVISION OF CHLAMYDIA TESTING FOR 15-24 YEAR OLDS IN NOTTINGHAMSHIRE

Purpose of the Report

1. The purpose of this report is to update the Committee on the positive progress that has been made in improving the detection of chlamydia, and the important implications this has for the health of young people in Nottinghamshire.

Information

2. Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK, affecting both men and women. It disproportionately affects young heterosexuals between the ages of 15 to 24 years. In women, if untreated, 10-20% of chlamydia cases result in infertility.¹ Other complications of leaving chlamydia untreated include pelvic inflammatory disease. Consequences such as these make the prevention, detection and treatment of chlamydia an important public health issue with benefits for the wider health and care system as well as for our residents.
3. The **chlamydia detection rate** is an indicator of how adequate arrangements are for controlling chlamydia infection in a population. Achieving a higher detection rate reflects improved identification of those requiring treatment. The rate is a function of both the number of tests performed and the overall positivity rate of those tests, which incentivises the targeting of high-risk groups.²
4. Public Health England recommends that local authorities should be working towards achieving detection rates of at least 2,300 per 100,000 population aged 15-24. The current England average is 1,882.^{2,3} Our ambition is to achieve the recommended rate of 2,300.

¹Public Health England (2018) Sexually transmitted infections and screening for chlamydia in England, 2017. Health Protection Report. 12(20), pp.1-26.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713962/hpr2018_AA-STIs_v5.pdf

²Public Health England (2014) Towards achieving the chlamydia detection rate: Considerations for commissioning. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/373105/NCSP_achieving_DR.pdf Accessed on 27/12/2018.

³Public Health England (2018) Public Health Profiles: Chlamydia. Available at <https://fingertips.phe.org.uk/search/chlamydia#page/0/gid/1/pat/6/par/E12000004/ati/102/are/E10000024> Accessed on 27/12/2018

5. The detection rate in Nottinghamshire has generally been below the national average, due in part to the decommissioning of the chlamydia screening programme by the former primary care trust. In 2016, the detection rate for Nottinghamshire County reached a low of 1,456. The Sexual Health Strategic Advisory Group (composed of commissioners, providers and other stakeholders) accordingly formulated a **Chlamydia Action Plan** to improve the effectiveness of chlamydia control in both City and County.
6. Since the report on chlamydia presented to the Chair of the Adult Social Care and Public Health Committee in October 2017, the data which is nationally collated by Public Health England has shown a clear improvement in the Nottinghamshire detection rate. The rate has increased from 1,576 in 2016 to 1,750 in 2017. While that was still below the national and East Midlands averages, the latest figures for quarters 1 and 2 of 2018 show Nottinghamshire now outperforming the regional and national rates (see **Appendix 1**).
7. This improved performance has been driven by an increase in the number of people being tested and the positivity rate of those tests (Nottinghamshire's positivity rate has shown an increase of approximately 10% annually over the last three years).
8. PHE recommend that chlamydia testing should be provided through a range of service types that young people may access. Currently, the majority of chlamydia testing is performed within integrated sexual health services commissioned by the local authority (47%) or in GP services (38%). Uptake of testing through schools and the youth service has generally been low, suggesting that there may be barriers (such as embarrassment) preventing young people from accessing testing in these settings.
9. Community pharmacies play an important role in the delivery of sexual health services, especially through their provision of emergency hormonal contraception (EHC), also known as the "morning after pill". A pilot project is currently underway to offer chlamydia testing during EHC consultations in pharmacies which have high levels of this activity.
10. Since November 2017, NCC has commissioned an online chlamydia testing service, provided by [Preventx](#). This service allows young people in Nottinghamshire (aged 16-24 years) to anonymously request that a testing kit be sent to their home address. If the results come back negative they are informed by text message; if they are positive their details are passed on to the local sexual health clinic who then schedule an appointment for treatment.
11. Since it was first commissioned this service has provided over 2,500 chlamydia tests to young people in Nottinghamshire (as of October 2018), with a 71.8% return rate. Over 160 cases of chlamydia have been identified for treatment. See **Appendix 2** for data tables including the gender breakdown of service users.
12. As this service has now been running for over a year, with gradually increasing levels of uptake, the public health team have undertaken an evaluation to assess how well it is meeting the needs of the at-risk population. This project has involved mapping chlamydia prevalence data against LSOA breakdowns of online testing uptake, and soliciting anonymous online service user feedback. Initial results show a need for greater promotion of the service in economically deprived areas.
13. Work is continuing to identify and target groups at high risk of chlamydia infection with preventative health education, testing and (if required) treatment. The public health team is

working with NHS providers, online services, health promotion teams, NHS England and primary care colleagues in order to accomplish this. The recently-refreshed Sexual Health Joint Strategic Needs Assessment (JSNA) chapter reviews some of the challenges faced and also some of the innovative awareness-raising strategies that have been employed, including the use of social media platforms and health promotion team visits to traveller sites and swinger clubs.

14. This is a planned update from the October 2017 Adult Social Care and Public Health Committee report on chlamydia screening. The county-wide **Chlamydia Action Plan** will be reviewed and refreshed as necessary in the light of the new JSNA chapter. A summary of the plan, and updates against it, can be seen in **Appendix 3**.

Other Options Considered

15. Pursuing a mix of affordable approaches (on-line testing, working with pharmacies, use of social media, etc) was considered the best way to improve detection rates. Pursuing a reduced number of approaches was discounted as it would have limited or delayed progress towards the control of chlamydia in the local population.

Reason for Recommendation

16. To provide Committee oversight of the impact of measures taken to improve and protect the sexual health of people in Nottinghamshire.

Statutory and Policy Implications

17. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

18. The measures described have been funded through the Public Health grant and through collaboration with partner organisations. The financial benefits of good arrangements for the prevention, detection and treatment of chlamydia arise from reduced transmission (which means fewer infections for our commissioned service to treat) and reduced complications (which means less demand on local NHS primary care, gynaecology and infertility treatment services).

RECOMMENDATION

- 1) That members comment on the positive progress that has been made in improving the detection of chlamydia, and the important implications this has for the health of young people in Nottinghamshire.

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Constitutional Comments (EP 03.01.2019)

19. The recommendations fall within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DG 03.01.2019)

20. The financial implications are contained within paragraph 18 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Update on the Commissioning and Provision of Chlamydia Screening for 15-24 year olds in Nottinghamshire, to Support the Chlamydia Detection Rate. [Briefing to the Chair of the Adult Social Care and Public Health Committee – 16th October 2017].
- Local Authority Commissioning of Comprehensive Sexual Health Services from April 2016 [Report to the Health and Wellbeing Board – 4th February 2015].
- Commissioning Comprehensive Sexual Health Services in Nottinghamshire from April 2016 [Report to Public Health Committee – 26th November 2014].
- Report on progress on actions to support Delivery Plan [Report to Health and Wellbeing Implementation Group – 17th September 2014].

Electoral Division(s) and Member(s) Affected

- All