

# London Sexual Health Transformation Programme

Jonathan O'Sullivan  
Deputy Director, Public Health  
Camden and Islington

# The challenges...

High and diverse levels of need across the capital.

Organisationally complex...

- ◆ 33 councils
- ◆ 26 GUM providers and 26 SRH providers across London
- ◆ Significant cross-boundary flows, particularly into central locations but also around boundaries with surrounding areas

Transition was difficult...

- ◆ But increased collaboration between commissioners from 2014 onwards helped to regularise arrangements for open access services, share standards and agree prices with providers.

# London Sexual Health Services



Source: ONS 2013 Population estimates, Transport for London 2009, London Datastore 2013, HESA 2010

# Case for change...

- ◆ The need for sexual health services in London is significantly higher than elsewhere.
- ◆ There are notable variations in access and activity across the capital, with residents across London accessing services in central London.
- ◆ Significant advantages for boroughs to work together and coordinate actions to transform and commission open access services.
- ◆ Need to maintain and improve strong clinical governance, safeguarding and quality assurance.
- ◆ Make the best use of resources available, including through use of new technologies and approaches.

# The new sexual health model...

- ◆ A new London on line sexual health model to better signpost service users to the right services, and provide self-sampling kits for HIV and STIs where indicated.
- ◆ A new, integrated sexual health service specification and KPIs for sub regional commissioning of clinic-based services.
- ◆ A new pricing mechanism that supports the new model and ensures services are paid for according to clinical pathways based on need.
- ◆ A London governance structure bringing councils together, moving from transformation to transition and delivery.

# Key success factors

