Gateshead Council

REPORT TO CABINET
7 February 2017

TITLE OF REPORT: **Sexual Health Strategy**

REPORT OF: **Alice Wiseman, Director of Public Health**

Purpose of the Report

1. Cabinet is asked to approve the attached Sexual Health Strategy for Gateshead.

Background

2. Sexual health is an important element of our overall health. It contributes to our quality of life, our self-esteem and our relationships. It has direct and indirect consequences for our physical and mental health, and it can impact on our life chances through our ability to pursue education and employment. Sexual health services encompass both sexual and reproductive health – i.e. the prevention and treatment of sexually transmitted infections, contraceptive services, and education and awareness with regard to both these broad areas

3. Sexual health services are one of the mandated public health services that Local Authorities commission, but certain services are commissioned by Clinical Commissioning Groups and NHS England. A clear set of priorities for sexual health will help us in determining how best to allocate resources to services across the partners and to focus and co-ordinate our efforts to improve sexual health in Gateshead.

4. The strategy has been developed through the Gateshead Sexual Health Partnership which brings together commissioners and providers of sexual health services in Gateshead. It was endorsed by the Health and Wellbeing Board at its meeting on 2 December 2016.

Proposal

5. The strategy sets out our aims for sexual health, which are to:
   a. Deliver a range of sexual health service provision, to achieve better health outcomes, and ensure patient care is seamless by working across providers and commissioners;
   b. Improve sexual health & wellbeing for Gateshead's residents across the life-course;
   c. Continue to tackle stigma, discrimination and prejudice associated with sexual health matters;

d. Reduce inequalities and improve sexual health outcomes;
e. Build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex;
f. Recognise that sexual ill health can affect all parts of society; and
g. Reduce poor sexual health outcomes from infection and unwanted conceptions.

6. The strategy provides an overview of the commissioning and provision of sexual health services, the local need for services (covering both reproductive health and sexually transmitted infections), and the challenges we face.

7. The strategy will be underpinned by broad work on
   - Better prevention;
   - Better services;
   - Better commissioning.

   We will also focus on sexual health across the life-course approach, for:
   - Children and young people;
   - Adults up to age 50;
   - Vulnerable/priority groups (men who have sex with men, people from black and minority ethnic communities, people living with HIV, the homeless, and people with learning disabilities); and
   - Older adults.

8. The full strategy is attached at Appendix 2.

Recommendations

9. It is recommended that Cabinet:

   i. Approves the proposed strategy and
   ii. Asks the Health and Wellbeing Board to monitor progress on its implementation

   For the following reasons

   i. To determine a clear set of priorities for sexual health in Gateshead across the partners and
   ii. To focus and co-ordinate our efforts to improve sexual health.

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APPENDIX 1

Policy Context

1. The strategy supports the shared ambition of Vision 2030 “Local people realising their full potential, enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead” and the Council Plan policy direction of promoting early help and prevention, as sexual health is an important element of a healthy population and healthy lifestyles for individuals.

Background

2. The background to the report is set out in full in the strategy itself. This summarises local needs in respect of sexual health, including data on conceptions and sexually transmitted infections. It describes the existing pattern of services and the split of responsibility for commissioning sexual health services across the Council, CCG and NHS England. It also summarises national policy.

Consultation

3. The strategy was prepared with the support of the Gateshead Sexual Health Partnership that includes local providers and the Newcastle Gateshead CCG. Cabinet Members for Adult Social Care, Children & Young People and Health & Wellbeing have been consulted, and the strategy has been endorsed by the Health and Wellbeing Board.

Alternative Options

4. The Council could decide not to establish a sexual health strategy, but this would represent an opportunity missed, given the importance of sexual health and the need to ensure that partners work together to improve sexual health.

Implications of Recommended Options

5. **Resources**

   a) **Financial Implications** – The Strategic Director, Corporate Resources confirms that there are no financial implications arising directly from this report. The strategy will inform future decisions on spending on sexual health services by the Council, which will be reported to Cabinet as necessary at the time.

   b) **Human Resources Implications –** There are no implications, as the Council does not directly provide sexual health services.

   c) **Property Implications -** There are no implications arising from this report.

6. **Risk Management Implications** – nil.

7. **Equality and Diversity Implications** – an equality impact assessment has been prepared. The strategy should have positive or neutral implications for all groups with protected characteristics.

8. **Crime and Disorder Implications** – the strategy recognises that women in the criminal justice system, those at risk of sexual violence and those suffering domestic abuse are known to be at risk of exclusion from sexual health services. The strategy aims to address this.

9. **Health Implications** – the strategy sets out proposals to improve sexual health in Gateshead, through better prevention, better services and better commissioning. It sets out actions across the life course – for young people, adults aged up to 50, vulnerable and priority groups and older adults.

10. **Sustainability Implications** – reducing unwanted conceptions and reducing the incidence of sexually transmitted infections should prevent the negative social and economic implications of these events on those affected.

11. **Human Rights Implications –** Nil

12. **Area and Ward Implications –** All Wards

Background Information

13. The Gateshead Sexual Health Strategy (see Appendix 2)

14. Equalities Impact Assessment

APPENDIX 2

Gateshead Sexual Health Strategy

1. Introduction

Sexual health is an important element of our overall health. It contributes to our quality of life, our self-esteem and our relationships, it has direct and indirect consequences for our physical and mental health, and it can impact on our life chances through our ability to pursue education and employment.

Sexual Health Services are one of the mandated public health services that Local Authorities must commission. The Local Authority has a duty to ensure the provision of "open access sexual health services in its area … [including] advice on, and reasonable access to, a broad range of contraceptive substances and appliances … advice on preventing unintended pregnancy; … preventing the spread of sexually transmitted infections; … treating, testing and caring for people with such infections; and … notifying sexual contacts of people with such infections"[1]. Elements of sexual health services are also commissioned by CCGs and NHS England (see below).

In Gateshead, the Local Authority allocates approximately £2m from its Public Health Grant to sexual health services, but this Grant is being withdrawn by 2018, and Local Authority funding overall is being reduced, so the overall budget for sexual health services is very likely to fall. A clear set of priorities for sexual health will help us in determining how best to allocate those resources to services.

2. National drivers on sexual health

Sexual health is an important and wide-ranging area of public health. Having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk.

The Government set out its ambitions for improving sexual health over an individual's life course in its publication - A Framework for Sexual Health Improvement in England (2013) ('the Framework'). The Framework identifies the differing needs of men and women and of different groups in society. It highlights that nationally there are many challenges still to be addressed:

- Up to 50% of pregnancies are unplanned
- Rates of infectious syphilis are at their highest since the 1950s
- Gonorrhoea is becoming more difficult to treat
- Almost half of adults newly diagnosed with HIV were diagnosed after the point at which they should have started treatment
- In 2010, England was in the bottom third of 43 countries in the World Health Organisation's European Region and North America for condom use among sexually active young people

[1] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 – see paragraph 6

The Public Health Outcomes Framework (2012) contains three specific indicators for sexual health:

- Under 18 conceptions
- Chlamydia diagnoses in the 15-24 age group
- Late diagnosis of HIV

In December 2015 Public Health England (PHE) published a strategic action plan for health promotion for sexual and reproductive health and HIV. This plan identified the following as health promotion activities:

- Reduce onward HIV transmission, acquisition and avoidable deaths
- Reduce rates of sexually transmitted infections
- Reduce unplanned pregnancies
- Reduce rate of under 16 and under 18 conceptions

The priorities in the Framework for Sexual Health Improvement underpin PHE's strategic action plan for sexual and reproductive health and HIV.

3. Definition

The World Health Organisation (WHO) defines sexual health as "a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."

This definition will be adopted in Gateshead.

4. Aim:

The Gateshead Sexual Health Strategy has been prepared to help the Gateshead Sexual Health Partnership articulate its aims for sexual health in Gateshead, and to set out how these aims can be achieved. Our ambition is to improve the sexual health and wellbeing of everyone in Gateshead.

We will aim to:

- Deliver a range of sexual health service provision, to achieve better health outcomes, and ensuring patient care is seamless by working across providers and commissioners;
- Improve sexual health & wellbeing for Gateshead's residents across the life-course;
- Continue to tackle stigma, discrimination and prejudice associated with sexual health matters;
- Reduce inequalities and improve sexual health outcomes;
- Build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex;
- Recognise that sexual ill health can affect all parts of society; and
- Reduce poor sexual health outcomes from infection and unwanted conceptions.

5. Current services and commissioning arrangements

Provision

- GPs provide contraception services (potentially including insertion and removal of long-acting and reversible contraception – LARCs), some treatment of STIs, testing/screening for infections and cervical cancer, referrals to secondary care, general advice.
- Pharmacies provide emergency hormonal contraception ('morning after' pill) and should offer access to free condoms (via C-card) and dual screening kits, co-ordinated by the Integrated Sexual Health Service (ISHS).
- Integrated Sexual Health Service: provided by South Tyneside NHS Foundation Trust (STFT), this delivers a one stop approach – addressing sexual and reproductive health needs, so includes both genito-urinary medicine (GUM) and contraceptive services. The staffing model is multi-disciplinary including a Consultant and an Associate Specialist, registered nurses/health advisors, healthcare assistants, outreach workers and administrative staff. The ISHS has a main base (its hub) at Trinity Health Centre in central Gateshead, providing levels 1,2 & 3 services (see Appendix A) plus "spoke" services (providing level 1 & 2 services) at clinics in Blaydon, Dunston, Wrekenton and Low Fell. Dedicated services for young people are available at some sites. The service also provides outreach services to priority groups who may be vulnerable and reluctant to visit clinics. The contract runs to the end of March 18, with the option to extend for a further year.

  Figure 1: Integrated Sexual Health Model

- Additionally, residents may choose to access services outside of the area. Local authorities are mandated to ensure comprehensive, open access, confidential sexual health services are available to all people who are present regardless of area of

residence. The greatest flow of Gateshead residents out of area is to the New Croft Centre in Newcastle. There are also specialist services in Newcastle for people with HIV (NHS England does not commission HIV specialist services within Gateshead).

Commissioning responsibilities

- Gateshead Council commissions the ISHS, as well as contraceptive and sexual health services from GPs and emergency hormonal contraception from pharmacies.
- Newcastle Gateshead CCG commissions terminations of pregnancy and contraception for gynaecological reasons (Mirena Coil for Menorrhagia).
- NHS England commissions routine primary care services that may include the testing and treatment of STIs, and referral to relevant specialist services, as well as specialist services including HIV treatment.

(See Appendix B for further detail)

6. Sexual Health Needs in Gateshead

Overview

Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity, and some groups are particularly at risk of poor sexual health. It is crucial that individuals are able to live their lives free from prejudice and discrimination. However, while individuals' needs may vary, there are certain core needs that are common to everyone. There is ample evidence that sexual health outcomes can be improved by:

- accurate, high-quality and timely information that helps people to make informed decisions about relationships, sex and sexual health;
- preventative interventions that build personal resilience and self-esteem, and promote healthy choices;
- rapid access to confidential, open-access, integrated sexual health services in a range of settings, accessible at convenient times;
- early, accurate and effective diagnosis and treatment of sexually transmitted infection (STIs), including HIV, combined with the notification of contacts who may be at risk; and
- joined-up provision that enables seamless patient journeys across a range of sexual health and other services – this will include community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings;
- providing services to vulnerable groups who are particularly at risk of poor sexual health including children in care and Care Leavers.

Reducing the burden of HIV and STIs requires a sustained public health response based around early detection, successful treatment and partner notification, alongside promotion of safer sexual and health-care seeking behaviour.

Every effort should be made to eliminate local barriers to pregnancy diagnosis and where requested abortion referral, STI testing and contraception provision (which should be made available free and confidentially at easily accessible services). Alongside the effective clinical response, promoting safer sexual behaviour among individuals –

including use of the most effective contraceptives, condom use and regular testing – remains crucial.

Sexually transmitted infections in Gateshead

In 2014 (the most recent year for which full data is available) 1534 new STIs were diagnosed in residents of Gateshead, a rate of 767.0 per 100,000 residents (compared to 797.2 per 100,000 in England). More than half (56%) of these new STIs were in young people aged 15-24 years (compared to 46% in England).

The following data relate to 2015 and to Gateshead unless otherwise stated.

The most commonly diagnosed STI is chlamydia, with 227 cases per 100,000 people. Chlamydia is most prevalent amongst young people, with two thirds of cases across the north east occurring amongst those aged 16-24. Although there has been a fall in the number of cases in the most recent figures, the rate of diagnosis had previously changed little since 2007. There is broadly an even gender balance in chlamydia cases, but men who have sex with men (MSM) account for almost 10% of the male cases. The diagnosis rate amongst 16-24 year olds in Gateshead is 1761 per 100,000, compared to a national target rate of 2,300 (a key Public Health Outcomes Framework – PHOF – indicator), and a national rate of 1861 (both per 100,000). This rate is a measure of control activity rather than the level of the disease in the community.

The diagnosis rate of gonorrhoea is worse than the regional but better than the England average, with 69.7 diagnoses per 100,000, compared to 57.8 across the North East and 72.5 nationally. Almost two thirds of gonorrhoea cases were amongst men, although the proportion of cases amongst women has risen, indicating a rise in heterosexual transmission. Infections with gonorrhoea are more likely than chlamydia to result in symptoms and it is used as a marker for rates of unsafe sexual activity: the number of cases may be a measure of access to STI treatment, and has increased significantly – by more than 125% – since 2010 in Gateshead.

There were 10.5 cases of syphilis per 100,000 people in Gateshead, most of which are amongst men. This compares with a North East rate of 5.9 and a national rate of 9.5 per 100,000. The local rate has not changed significantly since 2010.

The diagnosis rate of genital warts in Gateshead is also worse than the North East average, with 137 first cases per 100,000, but the rate has not changed significantly since 2012. Genital warts are the second most commonly diagnosed STI in the UK and are caused by infection with specific subtypes of human papillomavirus (HPV); recurrent infections are common, with patients returning for treatment. Between 2014 and 2015 across the North East there was a drop in infection rates amongst women aged under 20, which is likely to be linked to the introduction of the HPV immunisation programme in 2008. Note that the HPV vaccination uptake coverage in Gateshead is 93.5%, compared to the England average of 86.7% and regional average of 91.3%.

There were 65 cases of herpes per 100,000 people in Gateshead. This has risen since 2012, but not significantly. More than 50% of cases recur, and the herpes simplex virus

cannot be cured: treatment can however reduce the frequency and severity of symptoms.

There were fewer than 10 new HIV diagnoses in Gateshead in 2015, and each year across the North East there are approximately 5 new cases per 100,000 people (this is approximately half the national rate). In Gateshead it is estimated there are approximately 190 people living with HIV. Diagnosis late in the course of disease has a substantial impact on long-term outcomes, and in Gateshead between 2012 and 2014, an estimated 27% of HIV diagnoses were made at a late stage, compared to 42% in England. The demographics of people newly diagnosed with HIV have changed considerably in the North East in recent years: the proportion of cases diagnosed in MSM has increased, following a long period where heterosexual transmission was more common; in addition, an increasing proportion – now over 50% – of patients newly diagnosed with HIV identify as 'white British'.

Overall, in 2014 a lower percentage of all tests carried out (excluding chlamydia in under 25yr olds) were actually diagnosed as positive: this is a lower positivity rate than the England average.

In 2014, 7% of North East residents diagnosed with a new STI in a GUM clinic were MSM, but they accounted for 67% of syphilis infections, and 23% of gonorrhoea. For Gateshead men, where sexual orientation was known 19.4% of new STIs (GUM clinics only) were among MSM. In Gateshead in 2015, 91% of male syphilis cases and 49% of male cases of gonorrhea were MSM.

Across the north east, black ethnic groups are disproportionately affected by STIs: in 2014, those who identified as 'black Caribbean' have an incidence of STIs that is 230% higher than those who identify as 'white'.

In the five year period from 2010 to 2014, an estimated 8.7% of women and 8.3% of men presenting with a new STI at a Gateshead GUM clinic were re-infected with a new STI within twelve months.

Where data are available (for chlamydia, gonorrhoea and syphilis), they show that across the North East as a whole STI incidence rates are highest in the most deprived areas.

Reproductive health in Gateshead

In 2014 there were 2753 conceptions to women in Gateshead, a rate of 72.0 per 1,000 women aged 15-44. This is higher than the North East rate (70.5) but lower than the England rate (78.0).

Amongst under-18's, the conception rate was 34.7 per 1,000 women aged 15-17, compared to 30.2 per 1,000 across the North East and 22.8 per 1,000 in England as a whole. Approximately 41.2% of all teenage conceptions led to abortion, compared to 40.1% across the North East and more than half (51.1%) in England overall. The local under-18 birth rate was 11.4 per 1,000, compared to 10.4 per 1,000 across the North

East and 6.7 in England. Teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

In 2015, the total abortion rate in Gateshead was 15.1 per 1,000 women aged 15-44, which is higher than the regional rate of 14.1 but lower than the national rate of 16.7. Amongst women aged under 25, the abortion rate is lower, at 12.4 per 1,000, but 24.3% of women in this age group having an abortion have had one before – this is similar to the proportion across the North East as a whole (24.0%) but lower than England overall (26.5%). High levels of previous abortions are an indicator of lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method.

In 2014 the total rate of long acting reversible contraception (LARC) prescribed, excluding injections, per 1,000 women aged 15-44 was 51.5 for Gateshead, 49.1 for North East and 50.2 in England. In primary care the rate was 27.4 for Gateshead, 26.7 for North East and 32.3 in England. The rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women years was 24.1 for Gateshead, 22.4 for North East and 17.8 for England. Amongst women using the specialist sexual health services, 59.2% chose user-dependent methods, such as condoms or the pill, that rely on daily compliance. LARC methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill. However, it should be noted that although injections are easily given and do not require the resources and training that other LARC methods require, they have a higher failure rate than the other LARC methods.

7. Challenges

Based on the needs, activity, and feedback from stakeholders the main challenges we need to address are:

- *Low awareness of sexual health matters:*
  There is a perception amongst professionals working in the field that service users have a low level of awareness of sexual health matters, although we have limited local data on this[2]. This includes understanding what and how sexual health issues affect individuals; how to maintain good sexual health; what services are available and, importantly, when and how to access them. There is no population-based activity to promote and educate on sexual wellbeing. PHSE is no longer a part of the

[2] In the Gateshead Health Related Behaviour Survey (2012), 43% of Yr 12-15 pupils said they either had ‘never heard of’ chlamydia or ‘knew nothing about it’ and 17% of pupils said that they knew that there was a special contraception and advice centre available locally for young people.

schools' curriculum, although some work is being done across the NE region to review provision of sex and relationships education.

- *Poor sexual health and risk-taking*
  "Poor sexual health is not evenly distributed across society. It is linked closely to deprivation and is associated with particular disadvantaged groups within the population"[3]. A national survey has found that people tend to have more sexual partners than 25 years ago, and that pregnancy is a conscious choice in only approximately 55% of pregnancies[4]. Unplanned pregnancy is associated with poorer outcomes for both mother and child. Although the needs section above shows on many measures Gateshead is performing close to the national or regional averages, there are nevertheless high rates of U18 conceptions, approximately 1 in 5 conceptions ends in abortion and STIs are common (particularly amongst young people aged under 25, MSM and in more deprived areas).
- *Lack of early identification and intervention in STIs, and high rates of transmission*
  Locally around 8.5% of people diagnosed with a new STI at a GUM clinic during the five year period from 2010 to 2014 were re-infected with a further new STI within twelve months. In Gateshead, between 2012 and 2014, 26.7% (95% CI 12.3-45.9) of HIV diagnoses were made at a late stage of infection.
- *Limited collaboration between commissioners and amongst providers*
  The multiplicity of commissioners and providers of sexual health services make collaboration more complex, but essential – for example to ensure seamlessness between services. There are however legal frameworks governing interactions, for example to protect patient confidentiality.
- *Need to develop workforce*
  There is a need to ensure all staff have an appropriate level of knowledge and skill in respect of sexual health for their role. This applies to clinical and non-clinical staff working in general practices and pharmacies, the integrated sexual health service and in other services where staff may touch on sexual health matters (for example in A&E, midwifery and local authority children's and adults social care teams) – every contact counts. Training needs to be tailored for different roles.
- *Access to services*
  This includes issues of location, appointments systems, choice, the website and travel into neighbouring areas. Some concerns have been expressed about access and waiting times, given the balance between appointments and drop-in sessions, timing of some sessions, etc. The website provides a good base to promote access.

8. Objectives

- To develop individuals' awareness, across the life course, of what sexual and reproductive health issues affect them and of how to maintain good sexual health;

[3] Lancet Editorial: Sex, health, and society: ensuring an integrated response. Lancet 2013; 382: 1787
[4] Wellings K et al. The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). Lancet 2013; 382: 1807–16

- To ensure Gateshead has a full range of sexual and reproductive health services, accessible to all, in line with national policy and guidance that meets the need of the local population;
- To reduce levels of unplanned conceptions and ensure services support and facilitate women's reproductive choices;
- To ensure that people with sexually transmitted infections are identified early and receive appropriate treatment and support, leading to reduced transmission, and reduced risk to individuals and communities;
- To develop a skilled workforce across primary care and specialist services; and
- To ensure there is a joined-up approach to commissioning and provision of sexual health services for the residents of Gateshead.

7. The Strategy

Our strategy will be underpinned by broad work on
- Better prevention
- Better services
- Better commissioning.

We will also focus on sexual health across the life-course approach, for
- Children and young people
- Adults up to age 50
- Vulnerable/priority groups (MSM, BME, HIV, homeless, people with learning disabilities) and
- Older adults.

A. Better prevention

Why is this important?
- People of all ages need to be able to make informed decisions about their sexual relationships, understand the sexual health risks they face and know how to protect themselves from unwanted conceptions and STIs, including awareness of how to access services;
- The level of conceptions, abortions, previous abortions and incidence of STIs has been outlined above;
- Early identification and treatment of STIs is likely to reduce the risk of onward transmission, leading to reduced incidence.

What are we already doing?
- The ISHS has lead responsibility locally for communications and campaigns;
- Working with other organisations regionally to maximise local impact of national campaigns;
- A regional group co-ordinates local campaigns and communication activities;
- The ISHS maintains a website that provides information on services and wider sexual health matters;

- Dual-screening young people (aged 15-24) for chlamydia and gonorrhoea, both in clinics and via self-testing kits;
- Providing free condoms via the C-card scheme. A regional group helps co-ordinate schemes across the North East;
- Uptake of HPV immunisation locally is high.

Areas for action

- Increase proportion of women using LARC rather than user-dependent methods of contraception, particularly via GP practices;
- Raise uptake of dual-screening tests for young people;
- Review C-card programme to increase availability and uptake, including considering use of further outlets;
- Develop programme of campaigns and increase on-line and social media presence to raise awareness of sexual health, including risks and the signs and symptoms of infection, in the local population;
- Raise awareness of sexual health, including risks and the signs and symptoms of infection, amongst staff across agencies to promote early intervention for treatment.

B. Better Services

Why is this important?

- A comprehensive sexual health service is essential to meet the needs of the local population. This should include "Level 1" services such as risk assessment, contraceptive information, pregnancy testing, screening and immunisation; "Level 2" services including testing for and treating sexually transmitted infections and provision of LARC; and "Level 3" services including outreach and specialised treatment. Not all services can be provided locally within Gateshead;
- A comprehensive service has to be accessible: this includes location and timing of services, publicity and how people are treated when they attend;
- For many women the GP is their first port of call for sexual health matters, and 80% of school age children have visited their GP in the previous 12 months. Provision of sexual health services enables GPs to retain useful skills, eg in counselling;
- Services can only do so much. If we want people to maintain their own good sexual health then we need to provide them with the tools to achieve this.

What are we already doing?

- The ISHS in Gateshead (see above) provides GUM and reproductive services on an open access basis, through the hub and spoke model;
- The ISHS's website http://www.gatesheadsexualhealth.co.uk/ includes information on all services available, including C-card, dual screening, clinic times, etc;
- There is expertise in the ISHS which can support service delivery and training of others;
- Working with colleagues in the region to establish a regional framework for LARC training;
- GPs provide contraceptive advice and other services as part of their routine primary care, and a number of them are additionally commissioned to provide LARC;

- A number of pharmacies provide emergency hormonal contraception;
- The ISHS delivers training open to all staff with an interest in sexual health, including GPs and practice nurses, youth workers, and safeguarding teams;
- A regional research group shares good practice and innovation in sexual health services.

Areas to consider for action

- The configuration of local services needs to be kept under constant review to reflect identified need, patterns of access, levels of use, emerging challenges, the resources available, etc. This includes the geographic delivery through the hub and spoke model, clinic availability and appointments systems. This will require collating and monitoring service data and improving the quality of data;
- Development of the relationship between the ISHS, GP practices and pharmacies as a network of services supported by the ISHS;
- Establish contraceptive pathways with abortion providers to ensure timely access to contraception pre- or post-abortion;
- The ISHS website needs to be reviewed and developed further – for example to allow on-line booking of appointments and on-line services etc.;
- Need to develop a formal training programme on an on-going basis, to ensure staff within the ISHS, others directly delivering sexual health services such as GPs, practice nurses and Pharmacists, as well as others with a key role in improving sexual health, including youth workers, teachers, social care staff, midwives and health visitors, have access to relevant training;
- Using innovative practice and outreach to engage with vulnerable and hard to reach groups.

C. Better commissioning

Why is this important?

- The Local Authority has a duty to "*provide, or … secure the provision of, open access sexual health services in its area*". This should be based on an understanding of the sexual health needs of the local population;
- This means that everyone in a local authority area must be able to access services, irrespective of age, gender or sexual orientation, and without referral through a professional such as a GP;
- There are multiple providers and multiple commissioners of sexual health services, so we need to ensure there are no gaps between providers, and to minimise any duplication whilst preserving choice;
- Patients move between different providers at different times for different interventions, or along a single pathway.

What are we already doing?

- A sexual health needs assessment was carried out in 2014 and is summarised and updated above;
- Gateshead Council commissions the ISHS (see section 3) as well as commissioning some sexual health services via GPs and Pharmacies (see above);

- Gateshead has initiated commissioning of HIV home sampling service as part of a national campaign to improve access and increase testing;
- Gateshead residents can also access services in other areas, for example where they work. There is a high level of use of services in Newcastle;
- The performance of the local service is monitored to help us to judge whether we are achieving our goals, target activity on emerging problems, etc.;
- Gateshead Council is reviewing how we pay for the integrated service: at present the contraceptive service is under a block contract, whilst the GUM elements are paid via a tariff;
- There is a regional project underway to explore the potential for greater collaboration between commissioners across the North East;
- Gateshead Council convenes a sexual health partnership which aims to promote good sexual health and wellbeing.

Areas for action

- The Council will change the way it procures services from GPs and Pharmacies to make this less bureaucratic and increase coverage;
- The Council will work with STFT to ensure the service provided represents the best value for money, taking account of the outcome from the development work on the integrated tariff and the resources available to the Council;
- The Council will ensure the KPI's used in the contract with the provider reflect the most important issues for sexual health services and the delivery of this strategy;
- The Council will consider whether to extend the contract with STFT into the 4th year. It will review current provision and explore future commissioning options and delivery models; and
- Review remit and membership of SHP.

D. Young people

Why is this important

- It is at this stage in life that most people start to form relationships and become sexually active, yet many young people do not receive sex and relationships education until after they or some of their peers have begun sexual activity;
- Young people remain one of the populations most at risk of poor sexual health. Young people therefore need to understand how and where to access services, and what services can do;
- Young people aged under 25 experience the highest STI rates, including chlamydia and gonorrhoea;
- Although the rate of teenage conceptions in Gateshead has fallen by almost 40% since 1998, it is the 11th highest in England, at 34.7 per 1,000. This is a key PHOF indicator: teenage pregnancy is associated with poorer outcomes for both young parents and their children;
- Young people, including children in need, can be at risk of exploitation;
- It is important to support young people who are looked after as part of the Council's Corporate Parenting responsibilities.

What are we already doing?

- SRE provision is a statutory requirement for pupils in secondary education in maintained schools, but not for independent schools, free schools or academies. However, content, status and quality of SRE is only subject to policy guidance. In Gateshead there are ten high schools (including Emmanuel College) but only two are maintained;
- A regional review of SRE is underway, led by Public Health England;
- The ISHS provides 3 sessions exclusively for young people, on Tuesday at Dunston, Thursday at Wrekenton, and Friday at Low Fell, although young people can also access any of the general clinic sessions;
- The ISHS is the responsible lead for the C card scheme that enable young people to obtain free condoms via a number of outlets across Gateshead;
- Supporting the development of the regional C Card App to increase awareness of C Card outlets;
- Dual screening young people for Chlamydia and Gonorrhoea is available via any of the ISHS clinics;
- The ISHS website has a specific section for young people;
- The Council now has responsibility for the commissioning the healthy child programme for children and young people aged 0-19.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of sexual health and local sexual health services including:
  - all methods of contraception and where to access them;
  - the different STIs, associated potential consequences and what to do if you have symptoms;
  - how to reduce the risk of transmission;
  - building emotional resilience to increase the ability to make informed decisions about sexual relationships.

  Develop programme of campaigns targeted at young people, increase on-line and social media presence to raise awareness of sexual health;
- Establish links with schools and colleges as a means to increase knowledge and awareness amongst young people, as well as exploring potential for on-site delivery;
- Establish links with services supporting children in need to ensure sexual health services are accessible to them;
- Increase uptake of LARC through awareness campaigns and specialist training programmes;
- SHP to consider recommendations from regional SRE work, with Children's Services and local schools;
- Need to consider how to ensure the best fit between the healthy child programme and the ISHS, including early intervention and prevention through the 0-19 pathway;
- Consider how can we support parents to help them access information and guidance on how to talk to their children about relationships and sex;
- The ISHS is the responsible lead for the C card scheme that should enable young people to obtain condoms via a number of outlets across Gateshead;
- Raise uptake of dual-screening tests for Chlamydia and Gonorrhoea for young people, by increasing outlets and availability, including provision of home sampling kits;

- Consider use of “You’re welcome” branding.

E. Adults up to age 50

Why is this important

- Sexual activity is an important part of intimate relationships for most people;
- People need access to a choice of contraceptive methods to help them manage their fertility, and support and advice to help them in making those choices;
- A substantial proportion of STIs occur amongst this age group.

What are we already doing?

- The ISHS provides ready access to advice, contraception and testing and treatment for STIs;
- Many people in this age group use their GPs for access to contraception.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of sexual health and local sexual health services including:
  - all methods of contraception and where to access them
  - the different STIs, associated potential consequences and what to do if you have symptoms
  - how to reduce the risk of transmission
  - building emotional resilience to increase the ability to make informed decisions about sexual relationships
- Increase uptake of LARC through awareness campaigns and specialist training programmes.

F. Priority and vulnerable groups

Why is this important

- There are groups within the population who are known to be at risk of exclusion from routine sexual health services. These include teenagers, Looked After Young People and Care Leavers, young people on the edge of care, the homeless and rootless, asylum seekers and refugees, those with mental health problems, women involved in the criminal justice system and victims of sexual violence, and those suffering from domestic abuse or from alcohol and drug problems;
- Universal approaches to sexual health improvement may not be relevant to these groups and others who are at high risk of STIs, for example MSM and those from black African and Caribbean backgrounds);
- Services have a statutory duty to make reasonable adjustments to accommodate the needs of groups with protected characteristics, such as people with learning disabilities;

- Local evidence[5] suggests most sex workers engage in so called 'survival' sex work; they present with multiple, complex problems including addiction, homelessness, mental ill health and offending. They are generally known to a wide range of services, though 'bounce around' statutory provision without engaging, representing a high cost with limited positive outcomes.

What are we already doing?

- The ISHS provides ready access to advice, contraception and testing and treatment for STIs, and seeks to target MSM through its website, etc;
- The ISHS is expected to prepare an annual equality impact assessment of its provision;
- All ISHS and practice staff are trained in and should work in accordance with safeguarding processes;
- Providing HIV home sampling tests (remotely requested via web) which are intended for vulnerable / high risk groups e.g MSM and those of African origins;
- STFT is undertaking an Equality Impact Assessment of the integrated service.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of
  - all methods of contraception and where to access them
  - the different STIs and associated potential consequences
  - how to reduce the risk of transmission
  - building emotional resilience to increase the ability to make informed decisions about sexual relationships;
- There is a lack of information on the health needs of these groups and a lack of tailored sexual health promotion programmes or outreach services to engage with them. Measures could include developing links with other statutory services, such as Looked After Services, community and voluntary organisations (such as Evolve), and working with these to identify opportunities for outreach delivery or providing domiciliary appointments for certain groups;
- To consider and respond to the findings from the equality impact assessment of the service;
- Increase uptake of LARC for those at risk of exclusion, through awareness campaigns and specialist training programmes;
- To develop an understanding of the specific needs and barriers to service engagement for individuals vulnerable to sexual exploitation, with particular focus on those moving through the 'age of transition' and are most at risk of disengaging from services;
- To develop a plan to identify and support individuals with additional needs and high risk taking behaviour:
  - this should be informed by an equality impact assessment carried out by the ISHS
  - to understand the risks of STIs and how to protect themselves
  - to understand how alcohol and drug use impacts on decisions about sex, including negotiating safer sex

[5] PEER: Exploring the lives of sex workers in Tyne and Wear http://www.nr-foundation.org.uk/downloads/PEER_finalreport_full_v1_2.pdf

    - to make "reasonable adjustments" in order to meet the individual needs of people with protected characteristics, e.g. those with learning disabilities;
- To ensure sexual health services are knowledgeable and appropriately trained in child sexual exploitation, trafficked and modern slavery of young people and young adults in the community;
- We will need to consider the local implications of any national decision on funding for HIV pre-exposure prophylaxis.

G. Older adults

Why is this important

- Although the need for sexual health services may reduce as people get older, their needs should not be overlooked;
- Older adults may be newly single following bereavement or relationship break-up, the need for sexual health services may be new to them, and they may have lower levels of awareness of those services and of risks;
- National data shows an increase in STI's amongst the over 50's population, although in the North East the absolute numbers of older people who receive diagnoses of STIs are small.

What are we already doing?

- The ISHS provides ready access to advice, contraception and testing and treatment for STIs;
- Many people in this age group use their GPs for access to contraception.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of
    - all methods of contraception and where to access them;
    - the different STIs and associated potential consequences;
    - how to reduce the risk of transmission;
    - where to get access to prompt, confidential STI testing, treatment, information and support;
- Potential delivery of HIV treatment and care co-commissioned with NHSE.

8. Next Steps

Once this strategy is agreed, an action plan will be developed, setting out key milestones and lead responsibilities. The implementation will be monitored by the Sexual Health Partnership, supported by a revised performance framework focussed on the key public health outcomes, which will be part of the Council's overall performance reporting.

August 2016

Resources

- Better prevention, better services, better commissioning: the national strategy for sexual health and HIV. (Department of Health, July 2001)
- A Framework for Sexual Health Improvement in England (Department of Health, 15 March 2013)
- Commissioning Sexual Health Services and Interventions: Best Practice For Local Authorities (Department of Health, 21 March 2013)
- Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV (Public Health England, revised March 2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf
- NICE guideline PH3: Sexually transmitted infections and under-18 conceptions: prevention (National Institute for Clinical Excellence, February 2007)
- NICE guideline CG30: Long-acting reversible contraception (National Institute for Health and Care Excellence, October 2005 updated September 2014)
- NICE guideline PH51: Contraceptive services for under 25s (National Institute for Health and Care Excellence, March 2014)
- NICE Local Government Briefing LGB17: Contraceptive services (National Institute for Health and Care Excellence, March 2014)
- Improving outcomes and supporting transparency. Part 1A: A public health outcomes framework for England, 2013-2016 (Public Health England, November 2013)
- Gateshead Local Authority HIV, sexual and reproductive health epidemiology report (LASER): 2014 (Public Health England)
- Public Health England Fingertips Profile http://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000058/pat/6/par/E12000001/ati/101/are/E08000037
- North East Annual Sexually Transmitted Infections Report. Surveillance report. Data for 2015 (Public Health England Centre North East, Field Epidemiology Services. August 2016)
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 . (HM Government. Queen's Printer of Acts of Parliament, 2013).
- Standards for the management of sexually transmitted infections (STIs). (British Association for Sexual Health and HIV, 2010) http://www.bashh.org/documents/2513.pdf .
- An overview of Local Authority commissioned services for the prevention of sexually transmitted infection in the North East (draft report) (Simon Howard, Public Health England, 2016)
- Local sexual health strategies from: University Hospitals Birmingham (Umbrella), Hertfordshire County Council, London Borough of Ealing, London Borough of Wandsworth, Leicestershire County Council, Knowsley Council, St Helens Council, Durham County Council
- The Sex Education Forum: http://www.sexeducationforum.org.uk/home.aspx
- PEER: Exploring the lives of sex workers in Tyne and Wear http://www.nr-foundation.org.uk/downloads/PEER_finalreport_full_v1_2.pdf

Appendix A

Levels of sexual health services

Level 1:

- Sexual history and risk assessment
- STI testing for women
- HIV testing and counselling
- Pregnancy testing and referral
- Contraceptive information and advice
- Assessment and referral of men with STI symptoms
- Cervical cytology screening and referral
- Hepatitis B immunisation

Level 2:

- Intrauterine device insertion (IUD)
- Testing and treating sexually transmitted infections
- vasectomy
- Contraceptive implant insertion
- Partner notification
- invasive sexually transmitted infection testing for men

Level 3:

Level 3 clinical teams will take responsibility for sexual health services needs assessment, for supporting provider quality, for clinical governance requirements at all levels, and for providing specialist services which could include:

- outreach for sexually transmitted infection prevention
- outreach contraception services
- specialised infections management, including co-ordination of partner notification
- highly specialised contraception
- specialised HIV treatment and care

Source: Better prevention, better services, better commissioning: the national strategy for sexual health and HIV. (Department of Health, July 2001)

Appendix B

Commissioning responsibilities

Sexual Health Commissioning Responsibilities from April 2013

Local Authorities will	Clinical Commissioning	NHS Commissioning
comprehensive sexual health services, including: • Contraception,including LESs (implants) and NESs (intrauterine contraception) including all prescribing costs – but excluding contraception provided as an additional service under the GP contract • STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing • sexual health aspects of psychosexual counselling • Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies	most abortion services (but there will be a further consultation about the best commissioning arrangements in the longer term) sterilisation vasectomy non-sexual health elements of psychosexual health services gynaecology, including any use of contraception for non-contraceptive purposes.	contraception provided as an additional service under the GP contract HIV treatment and care, including post-exposure prophylaxis after sexual exposure promotion of opportunistic testing and treatment for STIs, and patient requested testing by GPs sexual health elements of prison health services Sexual Assault Referral Centres cervical screening specialist fetal medicine