

EXECUTIVE BOARD DECISION



REPORT OF: Executive Member for Health and Adult Social Care

LEAD OFFICERS: Director of Public Health

DATE: 13th April 2017

PORTFOLIO/S AFFECTED: All

WARD/S AFFECTED: All

KEY DECISION: YES NO

SUBJECT: Blackburn with Darwen Integrated Sexual Health Strategy (2017 – 2020)

1. EXECUTIVE SUMMARY

The Blackburn with Darwen (BwD) Integrated Sexual Health Strategy is an ambitious and inclusive approach to sexual health with high expectations of all of key partners to consider prevention and positive sexual health promotion. The priorities of the strategy will also ensure high quality education, treatment and care for those who need it. It aims to provide a coherent, integrated strategic approach to the promotion of good sexual health and positive sexual relationships across communities.

The strategy will inform multi-agency planning and commissioning decisions to ensure resources are effectively targeted to reduce sexual health inequalities within the borough. The economic costs associated with poor sexual health and risk taking behaviours are significant and with the increasing pressure on the health and social care system, prevention must be a priority.

Public Health has provided strategic leadership and co-ordination and has a key role in leading the development of the BwD 'Integrated Sexual Health' strategy to ensure senior level multiagency ownership and co-ordinated local action. The three year strategy (2017-20) adopts a life course approach, aligned to the three Health and Wellbeing life stages of Start Well, Live Well and Age Well. Local priorities have been informed by a wide range of stakeholders and the public through a range of consultations, including face-to-face consultation, national guidance and evidence of what works.

The Blackburn with Darwen Integrated Sexual Health Strategy provides a framework for action across the life-course to:

- Build knowledge and resilience among young people
- Improve sexual health outcomes for young adults aged between 16 – 24 years
- Ensure all adults have access to high quality services and information including those between the ages of 25 and 49 years
- Ensure people over 50 years remain healthy as they age
- Prioritise prevention
- Reduce rates of sexually transmitted infections among people of all ages
- Reduce onward transmission of and avoidable death from Human Immunodeficiency Virus (HIV)
- Reduce unwanted pregnancies among all women of fertile age
- Ensure all women requesting an abortion are offered the opportunities to discuss their options

and choices with trained counsellors

- Continue to reduce the rate of under 16 years and 18 years conceptions
- Prevent harmful sexual relationships and sexual abuse.

It provides an approach to health improvement that recognises the contributions that can be made across all sectors of our society. It draws on local experience and research evidence, aiming to promote improved healthy life expectancy as well as improved physical and health and wellbeing.

The local authority is mandated to provide a range of quality sexual health interventions but is also expected take a wider lead on this agenda by influencing and engaging with the many partners and stakeholders who are integral to the success of the strategy. Through this leadership the local authority will advocate a coordinated approach with all partners to have a wide reaching, positive effect on the health of the local population.

The Integrated Sexual Health Strategy expert reference group which is multi-agency, will lead and monitor progress on the implementation of the action plan, and report to the Health and Wellbeing Board sub groups (Start Well, Age Well, Live Well as appropriate), with accountability to the Health and Wellbeing Board.

This Strategy will remain a focus for Blackburn with Darwen for the next three years or until such time as an overarching Sexual Health Strategy can be considered on a wider, partnership basis across Pan Lancashire. The draft strategy and action plan can be viewed on the following website:
<http://www.blackburn.gov.uk/Pages/Public-health.aspx>

2. RECOMMENDATIONS

That the Executive Board:

- Notes that sexual health is a significant public health issue requiring cross portfolio and senior level leadership and commitment to improving levels of sexual health across the borough.
- Notes that the Council has a responsibility to improve access to a range of education and prevention offers, quality interventions, and to encourage self-care via council, partners and stakeholders.
- Approves the three year Integrated Sexual Health strategy and action plan.

3. BACKGROUND

The vision for the Blackburn with Darwen Integrated Sexual Health Strategy is to 'Promote sexual health wellbeing and positive relationships for all residents of Blackburn with Darwen through a comprehensive, inclusive and strategic approach'.

The multi-agency strategy has been developed through shared ambitions aligned with the National Framework for Sexual Health Improvement in England and reinforces the paradigm shift in health care and public health toward a greater focus on prevention.

The following principles underpin the strategy:

- Prioritising the prevention of poor sexual health
- Strong leadership and joined-up working
- Focusing on outcomes
- Addressing the wider determinants of sexual health
- Commissioning high quality services, with clarity about accountability
- Meeting the needs of more vulnerable groups as per the strategy
- Providing good-quality intelligence about services and outcomes for monitoring purposes
- The strategy is grounded in sound research/insights/evidence.

What we know:

The following examples continue to create a significant risk if not addressed via the implementation of a coherent and comprehensive sexual health strategy:-

- There is correlation between rates of new **sexually transmitted infections** and socio-economic deprivation. The relationship between sexually transmitted infections is probably influenced by a range of factors such as the provision of, and access to, health services, education, health awareness, health-care seeking behaviour and sexual behaviour.
- **Reinfection with sexually transmitted infections** is a marker of persistent risky behaviour. Locally, an estimated 6.9% of women and 7.0% of men presenting with a new sexually transmitted infections during the 5 year period from 2011 to 2015 became re-infected with new sexually transmitted infections within 12 months.
- **Late diagnosis** is the most important predictor of HIV related morbidity. Locally, 75% of HIV diagnoses were made at a late stage of infection (2013 - 2015).
- **Abortion rates** are indicators of lack of access to chosen quality contraception services and advice, as well as problems with individual use of contraceptive method. In Blackburn with Darwen the total number of abortions in 2015 was 539. Among women under 25 years who had an abortion in that year, the percentage of those who had ever had a previous abortion was 22%.
- **Children born to teenage mothers** have a 45% higher risk of infant mortality and a 63% higher risk of living in poverty. Blackburn with Darwen achieved a 65% reduction in the under 18 conception rate, compared to a 51% reduction in England (1998 – 2014).
- In Blackburn with Darwen approximately 12% of the population is thought to have 4 or more **adverse childhood experiences** (ACEs). Local evidence suggests that a person is 30 times more likely to have contracted or ever had a sexually transmitted infections if they have 4 or more ACEs

Local Mission:

- To provide education, support and services which encourage good sexual health
- To create a culture that is inclusive and accurate, providing sex education, information, and advice, supporting informed choices about sexual health free from coercion, discrimination, or stigma
- To develop appropriate, relevant, respectful, and user-friendly prevention and treatment services, preventing sexual ill health and effectively treating the consequences of sexual ill health
- To promote timely and expert support to services and communities.

There are numerous national and local drivers which support a comprehensive strategic policy approach to addressing these cross cutting agendas, these include:

- *NHS 5 Year Forward View* (2014);
- Blackburn with Darwen Health and Wellbeing Strategy (2015-18)
- Pennine Lancashire Transformation Together: A Healthier Future Programme
- A Framework for Sexual Health Improvement in England 2013
- Public Health Outcomes Framework 2014-15 (Department of Health, 2014)

4. KEY ISSUES & RISKS

The purpose of the Sexual Health Strategy is to meet the needs of Blackburn with Darwen residents, to address poor sexual health and make a positive impact on addressing health inequalities.

A number of examples relating to ongoing risks of poor sexual health have already been explained in

the background section of this paper. There is a significant need to improve sexual health outcomes across the community in line with a number of key performance indicators (KPIs) which are built into this strategy and local commissioned activity.

Examples of the KPIs are listed below and the risks associated with poor performance will be mitigated via the implementation of this local coherent and comprehensive integrated sexual health strategy:-

The strategy aims to address the improved performance which will include: -

- Improvement of new to follow up Sexually Transmitted Infection (STI) treatment ratios
- Improvement of HIV screening
- Reduced late diagnosis of HIV
- Improve rates of positive STI screens
- Improve rates of usage for long acting reversible contraception
- Improve chlamydia diagnosis rate

5. POLICY IMPLICATIONS

The Sexual Health Strategy is in line with current guidance from relevant professional bodies including; Faculty of Sexual and Reproductive Healthcare (FSRH), British Association for Sexual Health and HIV (BASHH), British HIV Association (BHIVA), Medical Foundation for HIV & Sexual Health (MEDFASH), Royal College of Obstetricians and Gynaecologists (RCOG) and National Institute for Health and Care Excellence (NICE) and relevant national policy and guidance issued by the Department of Health and Public Health England. It has been aligned to both local and national recommendations and guidelines for improving sexual health across the life course in line with and BwD's Health and Wellbeing strategy.

The action plan has been developed in line with national policies and guidelines and local priorities as derived from the extensive consultation work undertaken.

In addition to the key drivers, the strategy and action plan will take into account the following legislation, policies and strategies listed below:

- Health & Social Care Act 2012
- Public Health Outcomes Framework 2014-15 (Department of Health, 2014)
- Fair Society, Healthy Lives. A strategic review of health inequalities in England post 2010 (The Marmot Review, 2010)
- Blackburn with Darwen Health and Wellbeing Strategy 2015-18
- Blackburn with Darwen Integrated Sexual Health Strategic Needs Assessment 2013

6. FINANCIAL IMPLICATIONS

Public Health outcomes and programmes as identified through the strategy action plan will be largely funded through the Department of Health Public Health Grant, with NHS England and Clinical Commissioning Group (CCG) funding clinical and specialist NHS healthcare services. Additional external funding opportunities will continue to be sought for new projects. The Council's Social Determinants of Health agreements which may have a positive impact on the delivery of this strategy are monitored by the public health team via the Management Accountability Framework (MAF).

The Department of Health Public Health Grant is currently ring fenced for prevention services and programmes whereby Local Authorities are audited via the Director of Public Health and the Council's Director of Finance to ensure it used in line with the grant criteria.

Public Health currently funds a range of sexual health programmes which are supportive of the aims of this strategy, the majority of which are delivered by externally commissioned services. Sexual health represents a significant proportion of the overall Public Health Grant in Blackburn with Darwen.

In March 2016, a prime provider service contract was awarded externally for the provision of Integrated Sexual Health Services across the life course. The financial value of the initial three year contract is £2,797,200. Additional funding is also allocated annually for activity based interventions provided via GPs and Pharmacies with regards to Local Improvement Services. In 2017-18 the amount of expenditure forecast is in the region of £89,400 with an additional potential cost for out of area sexual health primary Genito-Urinary Medicine (GUM) intervention payments (although this is currently being reviewed). The cost of out of area payments in 2016-17 was allocated at £45,000 with the service predicting a year end out turn of £35,000.

The above financial plan is aligned to the budget strategy for 2017-18 and all delivery costs associated are supported by the Department of Health Public Health ring fenced grant.

7. LEGAL IMPLICATIONS

The local authority's responsibilities for commissioning sexual health services are detailed in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Regulation 6 requires local authorities to arrange for the provision of: -

open access sexual health services for everyone present in their area 1) covering free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and 2) free contraception, and reasonable access to all methods of Contraception and advice on avoiding unintended pregnancy.

The Local Authority, in performing its health service functions, must have regard to the NHS Constitution in accordance with section 2 of the Health Act. 2009.

8. RESOURCE IMPLICATIONS

Public health will chair the Integrated Sexual Health Strategy Expert Reference Group and coordinate the reporting against the action plan on behalf of all stakeholders on an annual basis. A large proportion of the contribution to public health outcomes as identified within the strategy and action plan will be delivered through the public health commissioned sexual health prime provider service. This contracted service is monitored closely by the Public Health Team and through specified key performance indicators.

In addition to the delivery of direct primary prevention services, there will be a cost relating to staff time from across a range of council departments and Executive Member portfolios, to draw upon the council's powers and responsibilities for developing and implementing local policy changes to support the aims of the strategy.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. (*insert EIA link here*)

Option 3 In determining this matter the Executive Board Members need to consider the HIA associated with this item in advance of making the decision



March 17 Sexual
Health Strategy and /

10. CONSULTATIONS

Extensive consultation has taken place with key partners and stakeholders as part of the development of the Integrated Sexual Health Strategy over the last two years.

Consultation via the Sexual Health Expert Reference Group with the CCG, NHS England, Public Health England and a range of service providers from both the statutory and Voluntary, Community and Faith Sector (VCFS) has been ongoing throughout the development of this strategy. In addition the Commissioners have requested that local providers liaise and consult with their service users to provide feedback from members of the public who are likely to be impacted by the implementation of this strategy. This work continues to be a priority focus within the current commissioning arrangements to ensure continuous service development in line with service user feedback.

A series of audits with our local providers has been agreed to ensure quality and equity of service provision and will develop the implementation of the strategy on a flexible basis to take on board regular feedback from members of the community.

The draft strategy and action plan have been produced as a result of ongoing consultation during 2016. The consultation have also included the following:

- Stakeholder Engagement and face to face/email engagement with individual stakeholders
- Senior Policy Team briefings across relevant portfolios
- Quarterly Integrated Sexual Health Expert Reference Group meetings
- Clinical Commissioning Group Protected Learning Time events (delivered via the contracted service provider / clinical leads)
- Clinical Commissioning Group Operations Group
- The Families Health & Wellbeing Consortium and Older People's Forum and Age UK
- Blackburn with Darwen Health and Wellbeing Board, Live Well Board and Children's Partnership Board

Intelligence gathered through the BwD Integrated Strategic Needs Assessment (ISNA) and subject specific ISNAs has also informed the action plan.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION:	2.0
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CONTACT OFFICER:	Karen Cassidy
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DATE:	3rd March 2017
BACKGROUND PAPER:	Integrated Sexual Health Strategy and Action, Plan on a Page and Equality Impact Assessment Checklist.