Blackburn with Darwen Integrated Sexual Health Strategy 2017-2020

Version 10

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A big thank you to all those who contributed to this strategy

Blackburn with Darwen (Blackburn with Darwen) Integrated Sexual Health Strategy

1. Vision

'To promote sexual health wellbeing and positive relationships for all residents of the Borough of Blackburn with Darwen through a comprehensive, inclusive and strategic approach'

1.1 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 treat the consequences of sexual ill health.
- To promote timely and expert support to services and communities.

1.2 Key Principles

Shared ambitions and narrative are critical to the success of this strategy. These shared ambitions are aligned with the National Framework for Sexual Health Improvement in England, NICE guidance, the Blackburn with Darwen Integrated Strategic Needs Assessment (ISNA)[1] and the Public Health England Sexual and Reproductive Health Profiles for Blackburn with Darwen.[2] This strategy will also reinforce the paradigm shift in health care and public health toward a greater focus on prevention. The following principles underpin this 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: E.G. Young people, lesbian, gay, bisexual and transgender, travellers, immigrants, teenage mothers, Asian heritage, asylum seekers, homeless, sex workers, young people in the care system and black, minority and ethnic groups.
- Provide good-quality intelligence about services and outcomes for monitoring purposes.
- The strategy is grounded in sound research/insights/evidence.

[1] https://www.blackburn.gov.uk/Lists/DownloadableDocuments/Sexual-Health-JSNA.pdf

[2] https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000002/ati/102/are/E06000008

2. Introduction

Sexual health is defined as:
'A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health 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'.[3]

Sexual wellbeing is defined as:
'The capacity and freedom to enjoy and express sexuality without fear of exploitation, oppression or emotional harm: it's not just about using contraception or avoiding infections'[4]

Promoting sexual health within the Borough of Blackburn with Darwen is intrinsic to achieving the aims of the Blackburn with Darwen Corporate Plan,[5] in particular:

- Improving sexual health and well-being.
- Improving outcomes for our young people – education and skills.
- Safeguarding the most vulnerable people.

This strategy is an ambitious and integrated approach to sexual health with high expectations of all of services from prevention and sexual health promotion through to treatment and care. It aims to provide a coherent, integrated strategic approach to the promotion of good sexual health and care. The main purpose is to inform multi-agency planning and commissioning decisions to ensure resources are effectively targeted at reducing sexual health inequalities within the Borough.

This is a fluid document and will continue to evolve, change and be modernised to meet the needs of Blackburn with Darwen residents. The overarching aspiration is to address poor sexual health which in turn is the motivation to make a positive impact on addressing inequalities. To achieve this Blackburn with Darwen will optimise the use of available resources and share the burden of engagement. The Strategy integrates short, medium and long term local and national priorities for 2017-2020.

Assessing the present situation for some areas such as sex education, how much is known about prevention and measuring the level of knowledge within a community is very complex and takes a long time to gather. Therefore, current performance and knowledge based on local intelligence and routinely collected data has been used to determine the direction of this strategy. This has been derived from a verity of processes including consultation, data analysis and current performance.

3. Sexuality

Sexuality is broader than sexual activity. It encompasses all the things that make us who we are. Shaped by culture, history, values, education and experience, our sexuality influences our views of individuality, family, parenthood, and community.

From a young age, children are exposed to sexual imagery and language in their environment, and their bodies are experiencing and developing sexual

[3]World Health Organisation http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/ (accessed May 2015)

[4]Family Planning Association, 2004
[5]https://www.blackburn.gov.uk/Lists/DownloadableDocuments/corporate-plan.pdf (accessed May 2015)

responsiveness. Their curiosity is inevitable, and sex education should clarify, not confuse, the issues for them.

Adolescence is a particularly stressful and confusing time as both physical and cognitive aspects of sexual expression begin to align, and the opportunities for personal decision making expand. Sexuality begins to be a significant part of relationship experiences. We want those relationships to be healthy and safe, as they are the training ground for life as an adult.[6]

Over the past few decades there has been a marginal positive shift in attitudes towards sex and sexual health issues, particularly in regard to young people's and women's sexuality and that of gay and bisexual men and black and minority ethnic communities. However, there is still evidence of negativity and ambivalence towards attitudes about sex. This is represented by the mass media collusion with the sexualisation of young people and lack of promotion of positive sexual health and competencies to be safe, happy and informed. This is against the backdrop of increasingly easy access to pornography and portrayal of unhealthy sexual relationships creating social stereotypes for both men and women that can result in unhealthy social and physical behaviours. What we know is if we adequately educate all members of the community about sex and relationships in a comprehensive, accurate, and timely manner we remove the need for people to pursue advice from less well informed and inaccurate sources.

4. Sex Education

Following a recent review of sex and relationship education (SRE) / Personal, social, health and economic (PSHE) (Brook, 2015)[7] within schools in Blackburn with Darwen, all schools identified SRE as very important and most schools are delivering some SRE but not in a coordinated or uniform way. Over the past 20 years, young people have increasingly identified school lessons as their main source of information about sex, although they continue to report needing more information on a broad range of topics. The findings support the nationally expressed need for improved sex and relationships education in schools alongside greater involvement of parents and health professionals.[8]

5. Harmful Sexual Behaviours, Sexual Exploitation, Rape and Sexual Abuse

Rape, sexual abuse, sexual exploitation and child sexual exploitation (CSE) are forms of abuse, as part of this strategy, they are highlighted in terms of safeguarding of those at risk of exploitation and ensuring all providers are confident in identifying and supporting, where necessary those exploited. Exploiters have power over children / victims by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

[6] http://www.natsal.ac.uk/home.aspx

7 Brook (2015) Developing a prevention model around improving work planning for Sex and Relationships and Drug Education in school settings

[8] Tanton,c etal. Patterns and trends in sources of information about sex among young people in Britain: evidence from three National Surveys of Sexual Attitudes and Lifestyles. *BMJ Open* 2015;**5**:e007834 doi:10.1136/bmjopen-2015-007834

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' as a result of performing sexual activities and / or other performing sexual activities on them. There is a growing trend in the use of technology and abuse can occur through the use of technology without the child's immediate recognition. Child sexual exploitation exists within all layers of society. Boys as well as girls are sexually exploited, and they come from all ethnic backgrounds, religions and socioeconomic groups. Similarly, the perpetrators can come from all walks of life.

Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised in the main by the child or young person's limited availability of choice[9].

As more is understood about sexual exploitation and its forms, professional training will be key in ensuring the entire workforce is confident in dealing with the issue. Sometimes the young person may be above the age of legal consent and professionals wrongly assume there is nothing they can do. This is often made more complicated by the fact that some young people do not think they are being exploited due to the coercive nature of the abuse.

There is also a need for professional support for those who have experienced rape and sexual abuse /exploitation for both adults and children.

6. Inequalities

The human and financial costs of sexual ill health are inestimable requiring continual focus on primary and secondary preventative measures throughout relevant care pathways.

There is robust evidence associating poor sexual health with deprivation, this is supported by local data showing areas of inequalities exist within Blackburn with Darwen. The burden of ill sexual health is not equally distributed across the Borough as illustrated in the 2013 ISHA.[1]

7. Adverse Childhood Experiences (ACEs)

A set of complex related experiences that a child is exposed to during their childhood.

- 5 Direct: Physical, Sexual, Emotional Abuse; Physical and Emotional Neglect
- 5 Indirect: Within a household with Incarceration; Parental Separation or Divorce; Substance Misuse; Mental Illness; Domestic Violence

There is a strong, positive, dose-response relationship between the number of ACEs and poor health and social outcomes. If ACEs were prevented, the prevalence of health harming behaviours would reduce significantly and the prevalence of a range of diseases would reduce.

Based on **local** evidence, the dose-response relationship between ACEs and poor health and social outcomes is similar to national evidence. ACEs are endemic; they are common across our population. Approximately 50% of our population has at least 1 ACE and 12% of our population has 4+ ACEs. There is strong evidence to bring Adverse Childhood Experiences across The WHOLE SYSTEM to bring about change and to improve the poor health and social care outcomes.

[9]DCSF 2009 Safeguarding Children and Young People from Sexual Exploitation (Supplementary guidance to Working Together)

In Blackburn with Darwen around about 12% of the population is thought to have 4 or more ACEs. Wider evidence suggests that a person is 30 times more likely to contract sexually transmitted infections if they have 4 or more ACES. Also, a person is 4.5 times more likely to get pregnant or get someone accidently pregnant under the age of 18 years.

8. Local Context

Overall Blackburn with Darwen compares well with other areas with diagnosing and treatment but less favourable with screening and early detection for HIV. A contract was awarded in 2016 for an Integrated Sexual Health Service to provide a comprehensive open access sexual health services including free STI testing and treatment, which includes HIV, notification of sexual partners of infected persons and free provision of contraception. (Detailed national and local performance). [2,10]

A comprehensive Integrated Strategic Needs Assessment – *Local Strategic Review of Sexual Health -Sexual Health Needs Assessments* (ISNA) have been undertaken within Blackburn with Darwen in July 2013,[1] the data presented has been used to inform the development of this strategy alongside the Public Health England Sexual and Reproductive Health Profiles for Blackburn with Darwen.[2]

Figure 1 illustrates identified key areas, which are performing well, average and worst compared with the national average.

Compared with benchmark: Better | Similar | Worse | Lower | Similar | Higher

Indicator	Period	England	North West region	Blackburn with Darwen
Syphilis diagnostic rate / 100,000	2015	9.3	6.2	1.4
Gonorrhoea diagnostic rate / 100,000	2015	70.7	42.6	11.6
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2015	1887	2328	2820
Chlamydia proportion aged 15-24 screened	2015	22.5	25.5	28.6
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2015	815	715	657
HIV testing coverage, total (%)	2015	67.3	51.9	71.9
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2012 - 14	42.2	45.8	46.2
New HIV diagnosis rate / 100,000 aged 15+	2014	12.3	9.9	2.6
HIV diagnosed prevalence rate / 1,000 aged 15-59 <1 1 to 2 ≥2	2014	2.22	1.71	1.02
Population vaccination coverage - HPV (%) (PHOF indicator 3.03xii) <previous year's England value ≥previous year's England value	2013/14	86.7	88.9	90.3
Under 25s repeat abortions (%)	2014	27.0	26.8	26.6
Abortions under 10 weeks (%)	2014	80.4	82.0	77.7
Total prescribed LARC excluding injections rate / 1,000	2014	50.2	49.1	44.5
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2014	22.8	26.8	20.4
Under 18s conceptions leading to abortion (%)	2014	51.1	52.5	44.3
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2014/15	1.40	1.37	1.57

Figure 1 Blackburn with Darwen performance against regional and national performance (2014 / 2016)[10]

Performing **well** compared with the rest of England:

- Chlamydia detection rate aged 15-24
- Chlamydia diagnostic rate
- Chlamydia diagnostic rate aged 25 +
- Chlamydia proportion aged 15-24 screened
- HIV testing coverage, total
- HIV testing coverage, women
- New HIV diagnosis rate aged 15+
- Syphilis diagnosis rate
- Gonorrhoea diagnosis rate
- Diagnosis genital herpes rate
- All new STI diagnosis (excluding Chlamydia <25)
- STI testing positivity (exc Chlamydia aged <25)
- SRH Services prescribed LARC excluding injections rate
- Under 16s conception rate

Performing **average** compared with the rest of England:

- HIV testing coverage, MSM
- HIV testing, women
- HIV diagnosis prevalence rate 15-59
- HIV late diagnosis
- Genital warts diagnosis rate
- New STI diagnosis rate
- Abortions under 10 weeks
- Under 25s repeat abortions
- Total abortion rate
- Ectopic pregnancy admissions rate
- Under 18s conception rate
- Under 18s conceptions leading to abortions
- Under 18s births rate

Performing **worst** compared with the rest of England:

- HIV testing coverage, men
- HIV testing uptake, total
- HIV testing uptake, MSM
- HIV testing uptake, men
- Proportion of TB cases offered a HIV test
- STI testing rate (excluding Chlamydia aged <25)
- Total prescribed LARC excluding injections rate
- GP prescribed LARC excluding injections rate
- GP prescribed LARC rate
- Pelvic Inflammatory disease rate admissions rate

10 http://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000002/ati/102/are/E06000008/iid/90742/age/1/sex/4 (accessed July 2016)

8.1 Sexually Transmitted Infections

Sexually Transmitted Infections (STIs) cause significant morbidity ranging from the acute and chronic disease manifestations of HIV, to complications such as pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility and cervical cancer.

Within Blackburn with Darwen, over the past five years rates the rate of gonorrhoea diagnosis increased, the rate of herpes diagnosis has slightly dropped, diagnosis of syphilis has remained fairly even and diagnosis of genital warts has decreased.

In 2015, 1163 new sexually transmitted infections were diagnosed in residents of Blackburn with Darwen, the majority in young people aged 15-24 (45%).

8.2 Teenage Pregnancy

Since 1998 Blackburn with Darwen has achieved a drop from 58.2 per 1,000 to 20.4 per 1,000 (2014).[11] The national target, set in 2000, aimed to reduce the national rate by 50%. Blackburn with Darwen has reduced the local rate by 65%. The local strategy has achieved a very creditable reduction.

8.3 Chlamydia Screening

The Public Health Outcomes Framework includes an indicator to assess progress in controlling Chlamydia in sexually active young adults. This recommends local areas achieve an annual Chlamydia detection rate of at least 2,300 per 100,000 15-24 year old resident population.

From 2014 to 2015 the detection rate for chlamydia increased from 1854 per 100,000 to 2820 per 100,000 with the detection rate in girls almost doubling (2226 to 4536).[12] This may be a result of targeted work with hard to reach groups and training of peer Educators and Sexual Health Ambassadors.

8.4 Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome

The Public Health Outcomes Framework includes an indicator to assess progress in achieving earlier Human immunodeficiency virus (HIV) diagnoses. It is evident in Blackburn with Darwen that treatment and care is well established, however, it is also evident that there are delays in early testing for HIV with 75.0% of HIV diagnoses made at a late stage of infection between 2013 and 2015.

9. Key Priorities for Success

For a successful Blackburn and Darwen Strategy services need to work together. The strategy needs to be driven in collaboration and requires commissioners and

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11 http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables

12 http://www.nepho.org.uk/pdfs/sexualhealth/E06000008.pdf

service providers to hear what the residents need and be open to critically appraising services, performance and outcomes.

The strategy is based on the ten priorities laid out in the National Framework for Sexual Health Improvement (plus one additional local priority concerning unhealthy sexual relationships and sex crimes). These priorities are mapped against a life course of Start Well (0-25), Live Well (26-50) and Age Well (50+) as defined in the Blackburn with Darwen Health and Wellbeing Board Strategy Plan (figure 2).

<table>
<tr><th colspan="6">Blackburn with Darwen Joint Health & Wellbeing Strategy Refresh 2015 – 2018:</th></tr>
<tr><td colspan="6">Our Approach:
➢ Tackle the wider determinants of health and wellbeing
➢ Focus on things we can do together to make the biggest difference
➢ Evidence based action across the life course</td></tr>
<tr><th>Challenges</th><th>Principles</th><th colspan="3">Cross cutting themes</th><th>Priorities</th></tr>
<tr>
<td>Continuing poverty, deprivation and disadvantage
Increasing inequalities in unemployment and worklessness
Increasing harmful impact of alcohol
Poor quality and diversity of housing
High levels of fuel poverty
Poor health outcomes in children
High premature mortality and disability from long term conditions
Increasing numbers of older people needing support to remain socially included and independent
Significant sections of the population socially isolated</td>
<td>• Work together
• Build on strengths (assets)
• Good governance
• Integration
• Addressing inequalities
• (fairness)
• Health in all policies including social value</td>
<td>Identification, prevention & early intervention</td>
<td>Promoting positive mental health & wellbeing</td>
<td>Reducing poverty & financial inclusion</td>
<td>Start Well (0-25yrs):
1. Ensure an effective multi-agency Early Help offer provides the right help at the right time
2. Support families through a consistent approach to parenting skills and support
3. Improve children and young people’s emotional health and wellbeing
4. Embed routine enquiries about childhood adversity into everyday practice
Live Well (people of working age):
1. Develop and support opportunities for employers to improve workplace health and wellbeing
2. Ensure people have opportunities to live in healthy homes and neighbourhoods
3. Encourage people to take control of their own health and wellbeing
Age Well (50+):
1. Develop BwD as a dementia friendly community
2. Increase support to reduce social isolation and loneliness
3. Tackle the wider determinants of health of older people including finance, employment, housing and fuel poverty
4. Develop the local integrated service offer to promote independence</td>
<td>OUTCOMES & PROXY MEASURES</td>
</tr>
<tr><td colspan="2">OPPORTUNITIES/DRIVERS /ENABLERS</td><td colspan="4">Locality Working, Transforming Lives, Welfare Reform, ISNA, Early Help, Social Value Act, Better Care Fund, Adverse Childhood Experiences (ACE), other</td></tr>
</table>

Figure 2 Blackburn with Darwen Health and Wellbeing Board Strategy Plan 2015-2018

Success of the strategy is based on each priority meeting the three principals of effectiveness:
Participation - community, service users, service providers and commissioners.
Prevention.
Performance management - robust interpretation and review of current services, demographics and epidemiological data (local and national).

10. Commissioning

The National Framework for Sexual Health Improvement – March 2013 – clearly outlines the Governments mandate for sexual health priorities (figure 3):

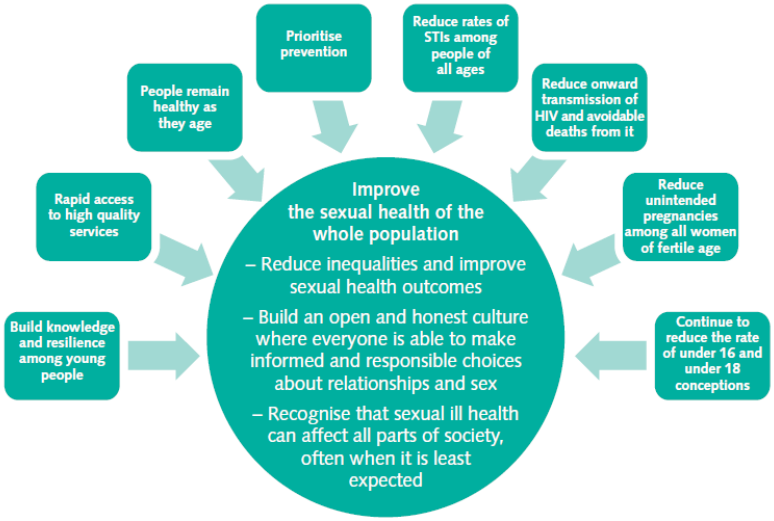

Figure 3 Key objectives from *A Framework for Sexual Health Improvement in England*[13]

Since 2013 sexual health services are the shared commissioning responsibilities across a number of organisations including: Local Authorities, Clinical Commissioning Groups and NHS England. GP practices and community pharmacies are key providers of sexual health care across the Borough.

The commissioning responsibilities of local government, CCGs and NHS England are set out in the Health and Social Care Act (2012).[14] Additionally, local government responsibilities for commissioning most sexual health services and interventions are further detailed in The Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013.[15] These mandate local authorities to commission confidential, open access services for STIs and contraception as well as reasonable access to all methods of contraception (Figure 4).

[13] DH (March 2013). A Framework for Sexual Health Improvement in England. Available from https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

[14] Health and Social Care Act 2012; www.legislation.gov.uk/ukpga/2012/7/contents/enacted Accessed on: 01/07/2014

[15] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013; www.legislation.gov.uk/uksi/2013/351/contents/made Accessed on: 01/07/2014

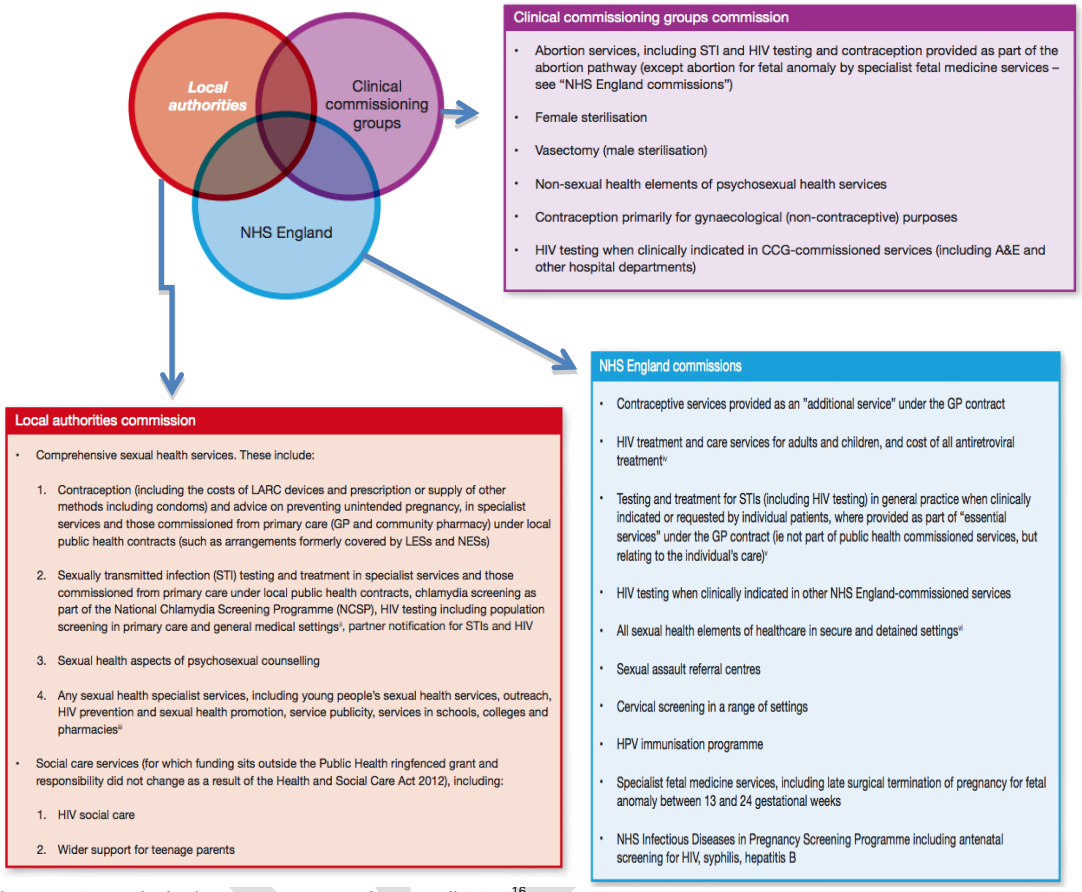

Figure 4, Commissioning arrangements from April 2013[16]

General principles, which underpin these arrangements, are as follows:

- Where a commissioning body is responsible for an area of care, they are responsible for all the costs related to the provision of that service. For example, local authorities commissioning provision of long-acting reversible contraception (LARC) from general practice are responsible for the costs of the LARC devices and prescriptions.

- Where a commissioning body is responsible for an area of care, they retain this responsibility regardless of the patient's healthcare status. For example, local government is responsible for STI testing of all those attending open access services, including people living with HIV (whereas NHS England is responsible for HIV specialised treatment and care). NHS England, through the GP contract, is responsible for primary care provided by general practice to people living with HIV, as for the rest of the population.

These are general principles and they can be flexed when it makes practical sense to do so. Any such flexibilities must be with the agreement of all parties involved.

[16] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf (accessed June 2015)

11. Priority Outcome Areas

These priorities were developed through consultation with local partners within Blackburn with Darwen. The process was to agree a vision and review national requirements against local need:

	Priority Outcome Area	Measure of success
1	To support the development of happy, healthy and resilient people, across all ages, enabling them to make a positive contribution to their communities.	Comparable local survey with residents in year 1 and year 2.
2	Ensure all education, prevention and service provision are based on evidence and good practice.	RAG rate derived from performance review of Integrated Sexual health Action Plan action plan.
3	Systematic review to understand why there is low uptake of chlamydia and HIV screening.	In depth analysis undertaken and reported to the Health and Wellbeing Board accompanied with recommendations.
4	To see a downward trend in the number of STIs, teenage conception, unwanted pregnancies and HIV infection achieving prevalence that is lower than the national average.	Annually compare and review current performance against national and local ambitions.
5	Ensure the voice of young people, the wider population, vulnerable groups and service users are included in service development and performance management.	There is systematic inclusion of service user feedback incorporated into performance management of all relevant services.
6	To ensure sexual health services are appropriately situated and easily accessible across the borough, ensuring they meet the needs of with the most vulnerable/hard to reach communities including LGBT, BAME, sex workers, young people in the criminal justice system, people with disabilities, looked after children and young people leaving care, asylum seekers.	Ensure performance management includes collecting data on 'protected groups' [17]and is reported to commissioners and the Sexual Health Expert Group quarterly.
7	To see a reduction in sexual assault, coercion and sexually harmful behaviours.	Annually compare data with previous years Data inclusion to be agreed by the Sexual Health Expert Group.

[17] http://www.legislation.gov.uk/ukpga/2010/15/section/4

	Priority Outcome Area	Measure of success
8	That services within the borough work together to provide seamless pathways and protocols.	Performance management to assess quality of service pathways and include patient feedback.
9	Ensure education/prevention is integrated into all associated strategies and service provision.	Systematic review of related strategies (as identified by Sexual Health Expert Group) and evidence with final report to the Health and Wellbeing Board with recommendations.
10	To ensure early intervention is achieved on all levels.	Every Contact Counts and workforce development plans to include sexual health. The outcome for assessing if early intervention is achieved will be agreed by the Sexual Health Expert Group.
11	Improve performance management, agree baseline targets and incorporate systematic review of evidence, including case studies, community participation and qualitative evidence of impact.	To be RAG rated by Sexual health Expert Group based on quarterly performance management of strategy action plans.

In addition, in Blackburn with Darwen, the commissioners will be seeking to evidence outcomes in the following areas:

- Evidence of co-production in action (to include how this has shaped the service delivery and provided opportunities to cascade networks within communities).
- Increased choices for those seeking help with their sexual health problems.
- The wider and more embedded involvement of volunteers and peer mentors.
- Increased access to universal provision across the life course.
- Case studies to demonstrate improved resilience and independence (young people).
- Impact of early help and interventions working with the Transforming Lives, Early Help and wider developing local and regional strategic initiatives.
- Improved family / personal relationships and circumstances.
- Improved family functioning where drugs/alcohol/deprivation/worklessness have hampered positive progress / created increased risks to sexual health.
- Demonstrable improvements to the health and wellbeing of people from across the life course, a range of communities and neighbourhoods for whom poor sexual health has been a limiting factor in their lives.
- Improved service user feedback.
- Demonstration contribution to the achievement of the 5 ways to wellbeing.

It is acknowledged that some of the above will be achieved by working together with interdependent services / groups and other key stakeholders and this is why co-production is a key principle which needs to underpin this strategy.

12. Performance Management

This strategy will be systematically reviewed and actions Red, Amber and Green (RAG) rated. The Strategy Plan will relate to a lower tier action plan detailing roles, responsibilities and progress on a quarterly basis. The Sexual Health Strategy Group will take the responsibility of overseeing progress and ensuring the Health and Wellbeing Board are annually informed of progress.

RED: The timeline/cost/objectives within the action plan are at risk and requires remedial action to achieve objectives – ACTION - Raise issue to the Sexual Health Expert Group and complete an Exception Report to explain or gain approval for budget, time or scope changes.

AMBER: The objective has a problem but action is being taken to resolve this OR a potential problem has been identified and no action may be taken at this time but it is being carefully monitored. The timeline/cost/objectives may be at risk – ACTION - Raise awareness to the Sexual Health Expert Group. The Sexual Health Expert Group will determine if an Exception Report is necessary.

GREEN: The Action is on target to succeed. The timeline/cost/objectives are within plan – ACTION – None.

13. Strategic Plan

Sexual Health Priorities, Vision, Actions and Responsibilities

1 Build knowledge and resilience among young people			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
Happy, healthy and resilient young people making positive contributions to their communities. Reduction in the number of teenage pregnancies, STI's, harmful sexual behaviour and have healthy sexual relationships. Raise awareness of ACEs and the impact on sexual health across the Borough	All children and young people receive good-quality sex and relationship education at home, at school and in the community. All children and young people know how to ask for help, and are able to access confidential advice and support about wellbeing, relationships and sexual health. All children and young people understand consent, sexual consent and issues around abusive relationships Young people have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex.	1.1 Health and Wellbeing Boards prioritise sexual health. 1.2 Target sex and relationships education to at risk groups including those who are Not in Education, Employment, or Training (NEET), those leaving care and those excluded from school. 1.3 Establish, maintain and support consistent PSHE/SRE in secondary schools and local colleges. 1.4 Ensure the sexual health needs of young people who are looked after, leaving care or in the criminal justice system are prioritised. 1.5 Ensure all key professionals are trained to an appropriate standard, providing sexual health awareness and training in behaviour change techniques to health care and non-health care frontline workers. 1.6 Ensure the voice of the service user is included in service	BwD Borough Council BwD Clinical Commission Group BwD Integrated Sexual Health Service

		design and performance management. 1.7 Marketing – advertising of services to all ages including web based applications and apps – including texting.	

2 Improve sexual health outcomes for young adults - Young people aged 16–24			
Blackburn with Darwen Vision	National requirement	Actions	Responsibility
Young people are aware about services available to them. Reduction in unwanted pregnancies. Reduction in STIs. Reduction in harm from unhealthy sexual relationships, sexual assault and rape. Young people have the confidence and knowledge to report and seek support about unhealthy sexual relationships.	All young people are able to make informed and responsible decisions, understand issues around consent and the benefits of stable relationships, and are aware of the risks of unprotected sex. Prevention is prioritised. All young people have rapid and easy access to appropriate sexual and reproductive health services. All young people's sexual-health needs – whatever their sexuality – are comprehensively met.	2.1 Ensure all vulnerable young people have access to appropriate support and information. 2.2 Ensure all professionals who work with young people are confident in delivering SRE/PSHE in formal and informal settings. 2.3 Condom distribution for all ages, targeting highest risk. 2.4 Ensure all professionals work meets national guidance. 2.5 Audit training needs and deliver training where there are gaps in provision. 2.6 Ensure all PSHE/SRE delivery is inclusive, meeting the needs of young lesbian, gay, bisexual and transgender young people.	BwD Borough Council BwD Clinical Commission Group BwD Integrated Sexual Health Service NHS England

		2.7 Ensure all PSHE/SRE delivery is inclusive, meeting the needs of young people from Black, Asian, and Minority Ethnic (BAME) communities.	

3 All adults have access to high quality services and information - People aged 25–49			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
There is an increase in awareness in their knowledge of contraception and how to access them. Increased use of technology. Sexual health is normalised, flexible, adaptable and easy to access. Multi agency delivery to meet the different needs of all with in Blackburn with Darwen. Increased knowledge and awareness of self-help and care.	Individuals understand the range of choices of contraception and where to access them. Individuals with children know where to access information and guidance on how to talk to their children about relationships and sex. Individuals with additional needs are identified and supported. Individuals and communities have information and support to access testing and earlier diagnosis and prevent the transmission of HIV and STIs.	3.1 Ensure there is easy and comprehensive access to emergency hormonal contraception. 3.2 Ensure easy open access to integrated sexual health clinics. 3.3 Effective marketing of services. 3.4 Effective communication about prevention and promotion. 3.5 Improve access to clinical services. 3.6 Target high risk groups. 3.7 Specialist services should be considered for: − Lesbian, gay, bisexual, and transgender − Sex workers	BwD Borough Council BwD Clinical Commission Group BwD Integrated Sexual Health Service NHS England

3 All adults have access to high quality services and information - People aged 25–49			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
		− People with learning disabilities. 3.8 Improve communication and awareness between agencies within the borough and Lancashire County.	

4 People remain healthy as they age - People aged over 50			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
Reduction in STIs in the over 50s. Aspirational targets developed to meet the needs of older people in Blackburn with Darwen. Staff involved with supporting older people with cancer/long term conditions are made aware of the impact cancer/long term conditions has on sexual health and are trained to support and refer when appropriate. Sexual health	People of all ages understand the risks they face and how to protect themselves. Older people with diagnosed HIV can access any additional health and social care services they need. People with other physical health problems that affect their sexual health can get the support they need for sexual health problems.	4.1 Implement Insights initiative to determine current need. 4.2 Commission community development approaches to identifying and shaping services to meet the needs of older people. 4.3 Ensure HIV support services meet the needs of older people living with HIV in Blackburn with Darwen. 4.4 Engage with health promotion campaigns aimed at older people. 4.5 People over 50 understand the risk they face and how to protect themselves.	BwD Borough Council BwD Clinical Commission Group BwD Integrated Sexual Health Service NHS England

services are made aware of the sexual health issues which effect older people.			

5 Prioritise prevention			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
Develop and maintain a culture that prioritises prevention. Funding for prevention is reassigned from treatment to effective prevention services. Prevention is a key focus for wider co-commissioning and shared strategies. Evaluating effectiveness of educational interventions. All members of Blackburn with Darwen community have a basic understanding of safer sex and were to seek	Build a sexual health culture that prioritises prevention and supports behaviour change. Ensure that people are motivated to practice safer sex, including using contraception and condoms. Increased availability and uptake of testing to reduce transmission. Increase awareness of sexual health among local healthcare professionals and relevant non-health practitioners, particularly those working with vulnerable groups. Adverse Childhood Experiences	5.1 Develop consistent high quality sexual health promotion and relationship education in local schools, colleges and Universities. 5.2 All staff across primary care and education for all ages are offered training on prevention based on behavioural change. 5.3 Ensure all relevant strategies, action plans and work streams incorporate basic awareness raising of prevention of poor sexual health Social marketing campaigns (integrated with other areas of work such as substance misuse, mental health and weight management). 5.4 Insights work to assess understanding prevention/promotion and access to sexual health services.	BwD Borough Council BwD Clinical Commission Group BwD Integrated Sexual Health Service Public Health England

help. Review access to sexual health screening services and amend to meet need as identified by vulnerable groups/individuals who live in Blackburn with Darwen, including: BAME, looked after children, Leaving care, sex workers, LGBT, people with learning and physical disabilities, transient workers, asylum seekers and people where English is not their first language.		5.6 Evaluation of effectiveness of interventions and creditability of services. 5.7 Continue to review evidence such as Schools Health Education Unit survey/ National Survey of Sexual Attitudes and Lifestyles research. 5.8 Develop campaign to raise awareness of how to prevent unhealthy sexual relationships.	

6 Reduce rates of sexually transmitted infections (STIs) among people of all ages			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
Prevalence is lower than the regional average. There is a downward trend of prevalence in STIs (minus Chlamydia).	Individuals understand the different STIs and associated potential consequences. Individuals understand how to reduce the risk of transmission. Individuals understand where to get access to prompt, confidential STI testing and	6.1 Commission open access sexual health treatment / clinical services including access to all types of contraception. 6.2 Evaluation of all data in context of location and service provided.	BwD Borough Council BwD Clinical Commission Group BwD Integrated Sexual Health Service

Increase chlamydia detection rate by appropriate coverage. Screening opportunities are available in a verity of settings within primary care, home sampling, pharmacies and appropriate community settings. Effective treatment and partner notification to prevent onward transmission. Safer sex messages are marketed as everyone's business and are consistent. Services are marketed as welcoming, friendly and confidential. Services offer a holistic sexual health intervention maximising use of time.	provision allows for prompt access to appropriate, high-quality services, including the notification of partners. Individuals attending for STI testing are also offered testing for HIV.	6.3 Target prevention in areas of high prevalence 6.4 Ensure services are flexible and can adapt to meeting identified need. 6.5 Comprehensive performance management of services including evaluation of prevention education and information. 6.6 User and communities lead service appraisals. 6.7 All services appraised against nationally recognised standards such as 'Your Welcome' and included in performance management. 6.8 All services are commissioned to provide a holistic intervention and where not adopt/develop appropriate clear workable protocols and pathways. 6.9 Good access to Chlamydia testing, including tests as part of routine primary care consultations. 6.10 GP service provision to include the full range of sexual health interventions.	

7 Reduce onward transmission of and avoidable deaths from HIV			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
Improve early intervention at all levels: prevention, screening, PEPSE, treatment and wellbeing. Improve figures on late diagnosis where possible. Improve and standardise HIV testing. Target and increase screening with at risk/hard to reach communities and individuals. Improve communication between faiths and service delivery. Incentivise testing (PBR).	Individuals understand what HIV is and how to reduce the risk of transmission. Individuals understand how HIV is prevented. Individuals understand where to get prompt access to confidential HIV testing. Individuals diagnosed with HIV receive prompt referral into care, and high-quality care services are maintained. Individuals diagnosed with HIV receive early diagnosis and treatment of STIs.	7.1 Ensure all services are trained to provide a holistic service including wellbeing. 7.2 Implementation of NICE guidance on HIV testing to high risk groups. 7.3 Provide innovative and effective solutions to HIV testing and screen: i.e. Postal HIV tests. 7.4 Implement early trigger metrics based on evidence. 7.5 For each late diagnosis there is a full enquiry (anonymous and standard) as to contributory factors and recommendations made. 7.6 Standard training to all staff about HIV. 7.7 Awareness raising through social media and campaigns.	BwD Borough Council BwD Clinical Commission Group BwD Integrated Sexual Health Service NHS England

Normalise HIV screening.		7.8 Older people with HIV can access any additional health and social care they need.	

8 Reduce unwanted pregnancies among all women of fertile age			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
Improve the rate of uptake and retention of LARC. Ensure all services can provide or efficiently refer women to appropriate services throughout the life span of their fertility. Continue to improve the reduction of unwanted teenage pregnancies. Reduce the number of terminations and repeat terminations. Focus on vulnerable groups providing improved prevention services and increased access to emergency contraception. Use the data to determine who and where are vulnerable and assess common	Increase knowledge and awareness of all methods of contraception among all groups in the local population Increase access to all methods of contraception, including long- acting reversible contraception (LARC) methods and emergency hormonal contraception, for women of all ages and their partners.	8.1 Increase access to LARC. 8.2 Ensure protocols and pathways are quick and effective. 8.3 Enable local women/service users to participate in performance management of services. 8.4 Increase communication between services. 8.5 Campaign promoting Prevention. 8.6 Ensure data collection is through and review as part of performance management and service appraisal. 8.7 Ensure where possible services are holistic and work to national guidance. 8.8 Highlight those at high risk of teenage conception and put in place early intervention to	BwD Borough Council BwD Clinical Commission Group BwD Integrated Sexual Health Service

8 Reduce unwanted pregnancies among all women of fertile age			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
traits to inform services. Where possible all services provide a wide range of contraception.		promote behaviour change.	

9 All women requesting an abortion should be offered the opportunity to discuss their options and choices with a trained counsellor.			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
Reduce the number of terminations. Pregnant women are able to make informed decisions. Establish the needs of women in Blackburn with Darwen. Improve communication and pathways to existing counselling services. Ensure referral to counselling services does not put a woman at risk of a more complicate procedure.	Post-abortion support and counselling.	9.1 See point 1, 2, 3, 5 and 8. 9.2 Assess need and include potential harm if delay in referral or procedure. 9.3 Scope current provision and referral times. 9.4 Scope potential providers. 9.5 All women who are considering an abortion have the opportunity to discuss options and choices.	BwD Borough Council BwD Clinical Commission Group BwD Integrated Sexual Health Service

10 Continue to reduce the rate of under 16 and under 18 conceptions			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
Continue to see a reduction in unwanted teenage conceptions, STI's and CSE. Continue to deliver a holistic programme of prevention and education. Continue to build positive attitudes towards relationships. Improve prevention services and campaigns based on the root cause. Commission services against local insights into the root causes of unwanted conceptions and risk taking behaviour. Campaigns developed by young people.	All young people receive appropriate information and education to enable them to make informed decisions. All young people have access to the full range of contraceptive methods and where to access them.	10.1 Target services at areas of high teen conception rates. 10.2 Ensure young women and men are aware of all forms of contraception and have easy access to services. 10.3 Ensure service monitoring enables commissioner to understand how the service is performing and is working to local and national standards. 10.4 Ensure condom distribution scheme is effective a targeting the most vulnerable.	BwD Borough Council BwD Clinical Commission Group BwD Integrated Sexual Health Service

11 Prevent harmful sexual relationships and sexual abuse			
Blackburn with Darwen Vision	National Requirement	Actions	Responsibility
Promote positive sexual relationships. All relevant services are understand and are confident to recognise the signs of potential harmful relationships and are able to work with or refer to the Engage team. All frontline staff understand child sexual exploitation. All staff are able to access clinical supervision when presented with potential harmful or exploitative situations. All frontline are aware of support services.	Increase awareness and understanding of harmful sexual relationships and how to prevent them. Promote accessibility and reduce barriers which prevent people from seeking support. Child sexual exploitation policy implemented across all services and is fit for purpose.	11.1 Commission local campaign raising awareness of how to prevent harmful sexual relationships. 11.2 There is a local protocol and referral pathway available to all frontline staff. 11.3 All frontline staff receive mandatory training on child sexual exploitation which includes building confidence for frontline staff to identify precursors. 11.4 All frontline staff are aware of where and how to access clinical supervision when dealing with issues of potentially harmful and exploitative situations.	BwD Borough Council BwD Clinical Commission Group BwD Integrated Sexual Health Service