

# Blackburn with Darwen

## Sexual Health Strategy 2023 - 2028



EDUCATE &  
INFORM



ACCESS



PREVENT &  
PROMOTE



TEST &  
TREAT



INCLUDE



COLLABORATE

WHERE are your COMMUNITIES NOW & IN THE FUTURE?

# EXPLORING SEXUAL HEALTH IN BLACKBURN WITH DARWEN

Let's talk about **STD DATA**

## SEXUAL HEALTH STRATEGY WORKSHOP

HOLISTIC

WHO'D HAVE THOUGHT THAT GENITAL WARTS WOULD BE A GOOD NEWS STORY?



SEXUAL HEALTH IS A STATE OF PHYSICAL, MENTAL & SOCIAL WELLBEING IN RELATION TO SEXUALITY

MAKE SEXUAL HEALTH SEXY!

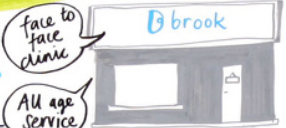
Who do we need to REACH out to DIFFERENTLY

IMPLANT & COIL

we'd like to ENSURE that every WOMAN in PRIMARY CARE has a choice where they are fitted

we CARE about OUR RESIDENTS

HIV



face to face clinic  
All age service

DOING IT IN A SAFER WAY



Renaissance UK



we put POSTERS on TOILET DOORS

Not every PRACTICE has a FITTER



ACCESSIBILITY

I WAS SHOCKED by the STIGMA & DISCRIMINATION TOWARDS OUR HIV RESIDENTS



we NEED to CREATE meaningful & lasting change

we interlink with other teams v well PARTNERSHIP

L.A.R.C. Normalise conversations around SEX & SEXUAL HEALTH  
Multi-agency approach  
CO-DESIGN  
SH:24  
be aware of CHILD SEXUAL EXPLOITATION  
be aware of COERCIVE behaviour & DOMESTIC ABUSE



WOMENS HUB



MENS HUB

STI's

changing OUR NARRATIVE & PERCEPTION

Making sure YOUNG PEOPLE get the INFORMATION they need to navigate their way



EDUCATION and KNOWLEDGE

SEX can MEAN SO MUCH to DIFFERENT PEOPLE

EARLY INTERVENTION



INCLUSIVITY & DIVERSITY

Drawn By Becky & Holly from [WWW.MORETHANMINUTES.CO.UK](http://WWW.MORETHANMINUTES.CO.UK)

Visual minutes designed as part of stakeholder engagement







# Sexual health is..



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.



# Our vision for sexual health

We recognise and celebrate the diversity in our communities, envisioning a borough that champions inclusivity, actively reduces stigma and discrimination, and prioritises the sexual well-being of all.

Our commitment to achieving this involves a comprehensive, collaborative inclusive, and strategic approach that promotes sexual health, well-being, and positive relationships for every individual in our community.

Our vision is that all our residents have equal access to sexual health services throughout their life and they can enjoy a life of good sexual health, free from prejudice or bias.

## OUR VISION

## Objectives



### EDUCATE & INFORM

Provide education, support, and age-appropriate and accessible information on sexual and reproductive health.



### ACCESS

Expand access to sexual health services, ensuring residents have convenient, safe, and confidential options to address their sexual health needs.



### PREVENT & PROMOTE

Promote healthy, safe relationships and prevent unintended pregnancies and STIs.



### TEST & TREAT

Expand testing and treatment options to further reach vulnerable and marginalised communities.



### INCLUDE

Champion inclusivity, confront stigma, and deepen understanding through listening to the voices of our communities.



### COLLABORATE

Collaborate and work in partnership to respond to the unique sexual health needs and challenges of our communities.

# National Guidance &

# Principles



EDUCATE &  
INFORM



ACCESS



PREVENT &  
PROMOTE



TEST &  
TREAT



INCLUDE



COLLABORATE





# Relationships, Sex and Health Education



In Blackburn with Darwen, we recognise that safeguarding children and young people from harm is of paramount importance. We know that good quality Relationships, Sex and Health Education (RSHE) provides a foundation for safeguarding and it provides children young people with the knowledge, skills and understanding to respect themselves, and others, navigate personal relationships and make informed decisions about relationships and sexual health.

RSHE also provides an opportunity to educate about the risk and dangers associated with the digital world where young people today encounter pornography at an increasingly early age, often before receiving formal education about relationships or sex. This unfiltered exposure can result in distorted perceptions of intimacy, consent, body image, and sexual expectations. We recognise the widespread access to pornography and its potential impact on children and young people.

In the delivery of RSHE it is important to acknowledge parental concerns regarding the teaching of this topic, yet essential to emphasise that RSHE is not about encouraging promiscuity, or promoting ideologies, but safeguarding children and young people from harm.

Evidence has show the protective nature of RSHE and how it can safeguard children from misinformation, potential harm, and exploitation. Independent and published research from a wide range of credible sources in the UK demonstrate that RSHE contributes to improved physical and mental health for children and young people. When young people have received RSHE, they are:

- More likely to seek help or speak out.
- More likely to practice safe sex and have improved health outcomes.
- More likely to have consented to first sex, and for first sex to happen at an older age.
- More likely to have an understanding of digital safety in regard to relationships and sex.
- More knowledgeable and aware of discrimination, gender equity and sexual rights.
- Less likely to be a victim or perpetrator of sexual violence.

# Commissioning responsibilities



## Local Authorities:

Local authorities in the UK have various responsibilities for commissioning of sexual health services, depending on the type and level of the service.

In Blackburn with Darwen we commission:

- open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception.
- specialist services, such as young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, colleges and pharmacies.
- psychosexual counselling and HIV social care.

We collaborate with integrated care systems (ICSs) and NHS England to ensure seamless pathways of care for sexual and reproductive health services, such as abortion, sterilisation, vasectomy, HIV treatment and care, cervical screening and sexual assault referral centers.

Some specialised services are directly commissioned regionally by Integrated Care Systems (ICSs), Integrated Care Boards (ICBs) and at the national level by NHS England.

## NHS England commissions:

- Contraception provided as an additional service under the GP contract.
- Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs.
- Sexual health elements of prison health services.
- Sexual assault referral centers.
- Cervical screening/HPV vaccination.
- Specialist fetal medicine services.

## ICB / ICS

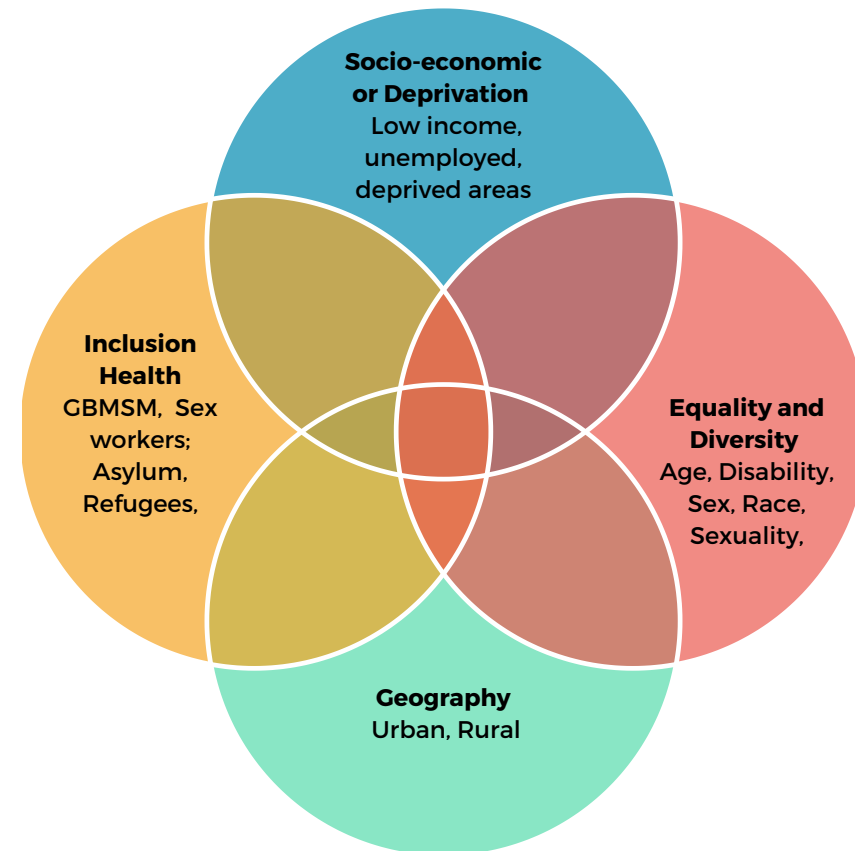
- Contraception provided as an additional service under the GP contract (primary care commissioning).
- Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs (primary care commissioning).
- HIV treatment and care.
- Women's health.
- Most abortion services, sterilisation, vasectomy, non-sexual-health elements of psychosexual health services, gynecologic including any use of contraception for non-contraceptive purposes.

# Tackling health inequalities

Sexual health is a vital component of overall well-being, encompassing physical, emotional, and social aspects of an individual's life. To improve sexual health in Blackburn with Darwen we must focus our efforts on addressing the health inequalities that exist within our communities:

- Increase knowledge and access to PrEP and PEP
- Ensure that young people receive good quality RSHE and access to contraception and sexual health services.
- Deliver targeted outreach in public sex environments to reach out to GBMSM
- Control and prevent the transmission of STIs through increasing the uptake of vaccinations e.g. HPV vaccines, Hep A/B, gonorrhoea and promoting regular testing- including self testing
- Develop satellite sexual health services delivered in different locations and community settings.
- Support the development of the Women's Health Hubs.
- Expand the community pharmacy scheme so that emergency areas.
- Involve communities of lived experience in research, design, delivery, and evaluation of sexual health programs.
- Provide innovative digital solutions for sexual health alongside traditional sexual health services.
- Understand the needs and behaviours of communities to ensure services are sensitive inclusive to diverse community needs.

To address health inequalities it is important to understand the complexities of people's lives and how various forms of inequality intersect to affect sexual health outcomes.



# Trauma informed sexual health

Half of adults (48%) in the UK have experienced at least one Adverse Childhood Experience (ACE) in their childhood or adolescence\*

Adverse Childhood Experiences (ACEs) are defined as highly stressful events or situations that occur during childhood and/or adolescence, which can be a single event or incident, or prolonged threats to someone's safety, security or bodily integrity.

It's important to recognise that each individual's experience is unique, and trauma's impact on sexual health and relationships can vary widely.

By identifying trauma-informed sex positivity\* as a central guiding public health value, and incorporating trauma-informed approaches within our sexual health offer it not only benefits trauma survivors but also contributes to creating an inclusive, empathetic integrated sexual health service for individuals.

In Blackburn with Darwen our offer will:

- Promote a culture of respect, empathy, and understanding towards individuals seeking sexual health services, regardless of their experiences.

- Ensure all sexual health resources are trauma-informed, taking into account the potential triggers and vulnerabilities associated with trauma.
- Ensure all services that contribute towards sexual health in Blackburn with Darwen are trauma-informed, signposting towards training and resources to further build capacity



# Sexual health across the life course



Sex and sexuality are fundamental aspects of human life which are influenced by a range of individual, social, cultural, and environmental factors experienced uniquely at different stages of life. Our life course approach recognises that sexual health is not static, and it evolves throughout the life course, and that interventions and strategies to promote sexual health must also be adapted and responsive to the changing needs of individuals over time. By delivering integrated sexual health services across the "Start Well, Live Well, Age Well" agenda we aim to empower individuals to lead fulfilling and healthy sexual lives.

## **Start Well:**

Starting well in life involves having a safe and solid foundation for physical and emotional health, including healthy habits and relationships influenced by parents and guardians. The knowledge, skills and attitudes required for happy, healthy relationships are influenced by a range of factors. In partnership we aim to ensure that young people receive age-appropriate Relationships Sex and Health Education (RSHE) and access to youth friendly preventative and support services to equip them with the knowledge, skills and attitudes necessary to achieve healthy, safe relationships and positive sexual health.

## **Live Well:**

Living well involves the promotion of healthy relationships, and an understanding of and access to contraception, empowering individuals to make informed choices about their reproductive and sexual health whilst preventing unintended pregnancies. It encourages regular screening to detect and address potential issues early on and promotes regular testing as a positive intervention to protect and prevent the further spread of infection and to stop the spread of disease.

## **Age Well:**

Older people's sexuality is often ignored or marginalised and the age well agenda recognises that sexual health remains important as individuals age. This includes providing age appropriate information addressing age-specific concerns, providing information on intimacy and sexual well-being, and continued access to testing and treatment for sexually transmitted infections.

# Our Residents & Our Response



EDUCATE &  
INFORM



ACCESS



PREVENT &  
PROMOTE



TEST &  
TREAT



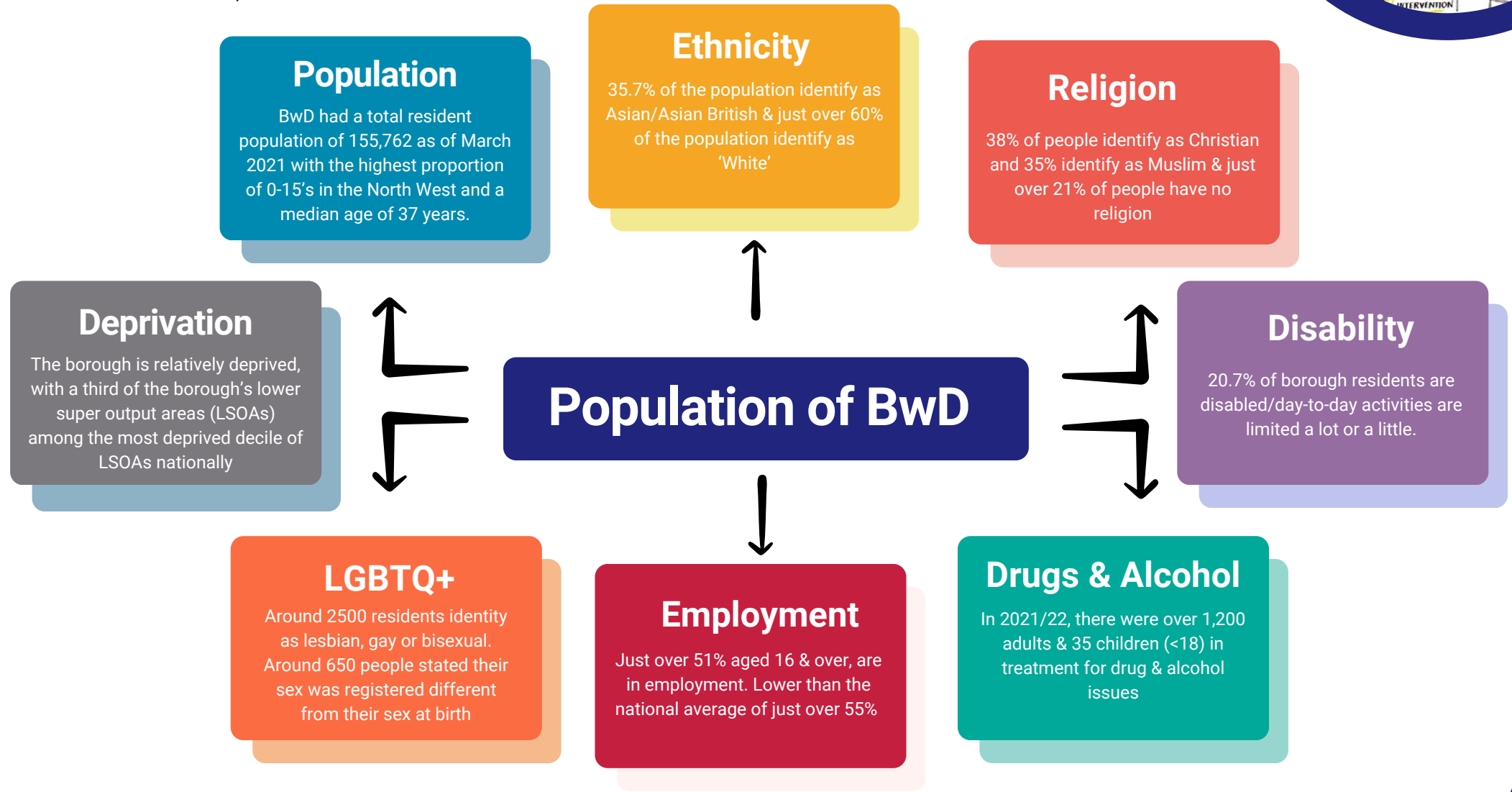
INCLUDE



COLLABORATE

# Our residents

Source: Census 2021, Office for National Statistics





# Key population factors in sexual health

- **Age** – STIs are a leading cause of infectious disease among young people, with re-infections potentially affecting fertility and reflecting unhealthy relationships or poor sexual health knowledge. However, STI rates are also increasing among older adults.
- **Gender** - About 45% of pregnancies are unplanned, leading to potential health risks like postnatal depression and low birth weight. Additionally, one in four women face sexual assault as adults. Men who have sex with men (MSM) are more prone to mental health issues and substance abuse.
- **Socio-economic groups** - People in less deprived areas tend to first have sex at a later age and are more likely to have children later in life than people in more deprived areas. People in more deprived areas are less likely to access abortion services than people in less deprived areas. New STI diagnosis rates are higher amongst those living in more deprived areas.
- **Disability** – People with learning disabilities often face challenges due to concerns about vulnerability, consent, and potential exploitation. A study shows that by age 19/20, they are as likely as their peers to have had sexual intercourse, but more likely to practice unsafe sex. Young women in this group have a higher likelihood of pregnancy or motherhood.
- **Sexual orientation** – MSM are more likely to be diagnosed with bacterial STIs than other men, some MSM do not identify as gay or bisexual, especially in societies where being gay is considered taboo. Lesbian, bisexual, and other women who have sex with women (LBWSW) face sexual health inequalities, including higher STI rates and lower participation in screening and STI testing. Access to sexual health services can be hindered by heteronormative assumptions in sexual health, maternity, and infertility treatment services.
- **Gender identity** - Trans and non-binary people report that the provision of good sexual and reproductive health information is poor, with these groups reporting that information is skewed towards those identifying as the same gender as birth and heteronormative assumptions.



# South Asian communities

In Blackburn with Darwen, 35.7% of the population identify as Asian/Asian British. In developing this strategy, our stakeholders and communities have highlighted the need to recognise and acknowledge the distinct challenges faced by South Asian communities.

Research highlights that South Asian communities face several barriers to healthcare access, including: low socioeconomic status, racial and cultural discrimination, geography, language barriers, and traditional hierarchies within families.

These barriers can obstruct access to sexual health information and services, leading to a lack of knowledge and awareness about sexual health issues and available services. Conservative attitudes towards sex and sexuality can be prevalent in some South Asian communities, leading to stigma and shame around discussing sexual health issues openly. This can further hinder access to sexual health information and services. Arranged marriages, which are common in some South Asian cultures, can limit discussions and considerations regarding sexual health and compatibility.

Strict and traditional gender roles can impact the ability of individuals, particularly women, to access sexual health resources and make autonomous decisions regarding their sexual health.

Lack of culturally appropriate sexual health education can also contribute to a lack of knowledge and awareness about sexual health issues and available services. Economic, legal, and cultural barriers can limit access to sexual health services, while strong religious beliefs can influence perceptions, attitudes, and behaviours related to sexuality and sexual health, potentially limiting discussions and access to services.

To improve sexual health in Blackburn with Darwen it's crucial to create a diverse and culturally aware approach. This approach should include focused interventions, outreach that understands cultural nuances, and provision of resources aimed at diverse and marginalised communities.



# Gender and sexuality

Within this strategy and across our sexual health services, we recognise and promote an approach that embraces and celebrates diversity within gender and sexuality.

Through this strategy and action plan we aim to champion inclusivity and destigmatise conversations around gender and sexuality, and provide accessible and affirming sexual health for all individuals in our borough.

Through the implementation of this strategy and action plan we will:

## **Inclusive Research:**

- Recognise the unique intersections of gender, sexuality, race and ensure that our approach recognises the unique challenges experienced by individuals.

## **Sexual Orientation:**

- Recognise and affirm a range of sexual orientations, including but not limited to heterosexual, homosexual, bisexual, pansexual, and asexual identities.

## **Inclusive Sexual Health**

- Provide culturally competent and affirming sexual health services for individuals across the gender and sexuality spectrum.

## **Relationships and Sex Health Education**

- Promote inclusive sexual health education in schools, covering diversity in gender, sexuality and relationship dynamics.
- Ensure educational programs increase understanding of diverse sexual orientations and reduce stereotypes and prejudices.

## **Gender Inclusivity:**

- Acknowledge that gender exists on a spectrum beyond the binary of male and female, including non-binary, genderqueer, and genderfluid identities.
- Use inclusive language that respects individuals' chosen pronouns and gender identities to create a safe and supportive environment.



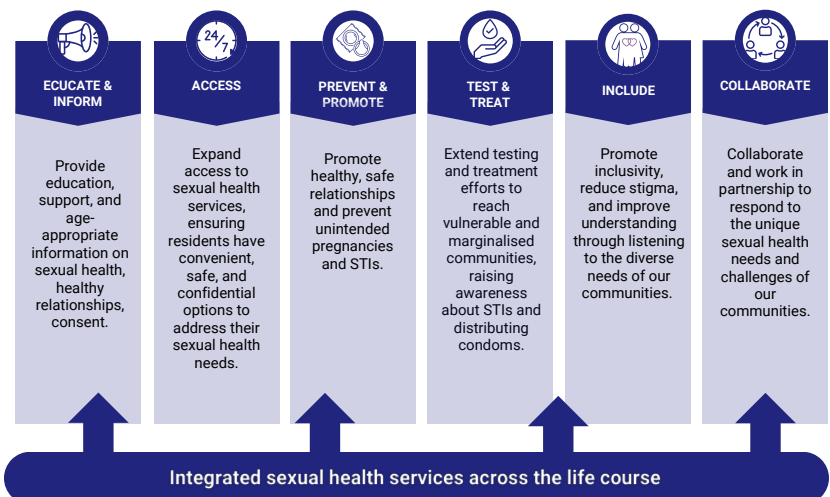
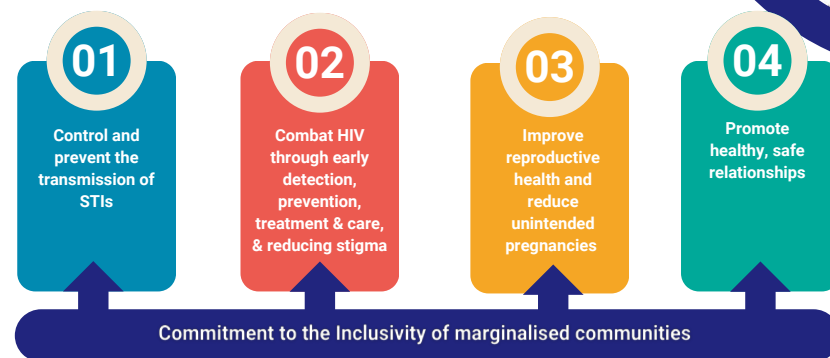
# A commitment to inclusivity



Throughout our stakeholder engagement events, a reoccurring theme has emerged regarding the inclusivity of diverse and underrepresented communities in sexual health. Stakeholders and community members have continuously identified the unique needs and multi layered challenges faced by our communities in Blackburn with Darwen. We recognise that our journey towards sexual health equality is ongoing, and we are committed to continuous improvement, particularly in our efforts in reaching out to communities and individuals who have historically been hindered from accessing sexual health services.

We understand the importance of creating diverse, culturally aware approaches. These should include targeted interventions and outreach that account for cultural nuances, alongside the provision of tailored resources and information. Our goal is to reduce stigma, raise awareness, and increase access to sexual health services for people who South Asian, LGBTQ+ as well as neurodiverse and disabled communities, contributing to overall community health and resilience in Blackburn with Darwen.

Our commitment to the inclusivity of marginalised communities serves as the golden thread woven throughout the priorities identified in this strategy. We strive to ensure all residents have equal access to sexual health services throughout their life and that they can enjoy a life of sexual health, free from prejudice or bias.



Our vision is that all our residents have equal access to sexual health services throughout their life and they can enjoy a life of sexual health, free from prejudice or bias.

**Our Vision**

# Our Sexual Health

## Priorities



EDUCATE & INFORM



ACCESS



PREVENT & PROMOTE



TEST & TREAT



INCLUDE



COLLABORATE

# Integrated sexual health

## Integrated sexual health

Our sexual health services provide a prevention-focused, integrated clinical and digital approach across the life course.

Clinical services are available to anyone living in Blackburn with Darwen and include:

- STI testing and treatment
- Contraception (including long-acting methods and emergency contraception)
- Pregnancy testing and help with pregnancy choices
- HIV support
- Information and advice around all aspects of sexual health and wellbeing
- Cervical screening
- Psychosexual counselling

## Specialist advice and support on HIV

- Counselling services
- Befriending services
- Complementary therapies
- Group and peer support

Alongside our clinical provision, education and outreach play a crucial role in our offer and by providing information about safe practices, prevention of sexually transmitted infections (STIs), and healthy relationships we aim to empower individuals to make informed choices about their sexual health.

## Digital sexual health

Residents also have the convenience of accessing comprehensive digital sexual health services without the necessity of a clinic visit or a direct consultation with a healthcare practitioner through the Those over 16 can access:

- Postal STI tests for chlamydia, gonorrhoea, HIV, and syphilis are available, ensuring wider accessibility and privacy
- Provisions for testing and treatment are available for genital warts and herpes, facilitating comprehensive care
- Access to repeat and emergency contraception is facilitated, offering additional support and peace of mind



# Current Response



## Awareness, Education & Campaigns

3114 people supported via Education and Outreach.

1782 young people received RSHE from 92 sessions of RHSE delivered.

1785 people received information, training or support on HIV

## Prevention & Contraception

5616 sexual health kits distributed

2861 people accessed contraception

Emergency Hormonal Contraception (EHC) issued 2069 times through the community pharmacy scheme

410 safer sex packs distributed & 266 brief interventions & significant contacts via outreach in public sex environments

## Testing and Treatment

6546 attendances at Brook.

54 patients supported through psychosexual counselling.

11082 STIs screens carried out.

5101 screens via clinical / 5981 screens via digital services

48 people accessed PrEP from sexual health services.

111 photo consultations

1621 HIV tests carried out / 876 HIV tests Brook / 745 HIV tests carried out through digital services.

# Sexual health data



The proportion of 15-24 year old's tested for chlamydia is significantly worse than the national rate and has been for many years.



HIV testing coverage is declining, with less than 1/3 of eligible individuals getting tested, significantly lower than the national average of nearly 46%



The rate of LARC prescribed per 1,000 was 23.8 in 2020, lower than the rate of 34.6 per 1,000 in England.



In 2021, there were 630 abortions of those aged 15-44, meaning the rate of abortion was above the national average.



The STI testing rate of those under 25 in the borough has been significantly worse than the national average.



The percentage of late-stage HIV diagnoses among individuals first diagnosed in the UK was 44.4%, similar to the 43.4% rate in England.



In 2021 there were 630 abortions in the borough. The total abortion rate per 1,000 aged 15 to 44 was higher than the rate in England.



There were 521 sexual offences recorded 2022-2023: 3.36 sexual offences per 1000



Gonorrhoea diagnoses in 2021 were 115th highest out of 150. The rate per 100,000 was 36.7, better than the rate of 90.3 in England



Number of adults living with diagnosed HIV in Blackburn with Darwen in 2021 : 112



The borough had the 2nd highest rate of under 18s births in the North West in 2021.



2.1% of people in the borough (c.2,500) aged 16+ identified as LGB (lower than the national figure).



# Sexual health priorities



The four sexual health priorities in this strategy have been identified from the Office for Health Improvement and Disparities (OHID) Sexual and Reproductive Health Profiles. Alongside these priorities we have identified additional cross cutting themes to reach out to engage with diverse and under-represented communities in our borough.

By changing how and where we promote and deliver our services, as well as hearing the voices of these who have traditionally been marginalised, we aim to create sexual health strategy for Blackburn with Darwen that truly reflects the needs of our communities.

01

Control and prevention the transmission of STIs

02

Combat HIV through early detection, prevention, treatment & care, & reducing stigma

03

Improve reproductive health and reduce unintended pregnancies

04

Promote healthy, safe relationships

Commitment to the inclusivity of marginalised communities

# Control and prevent the transmission of STIs

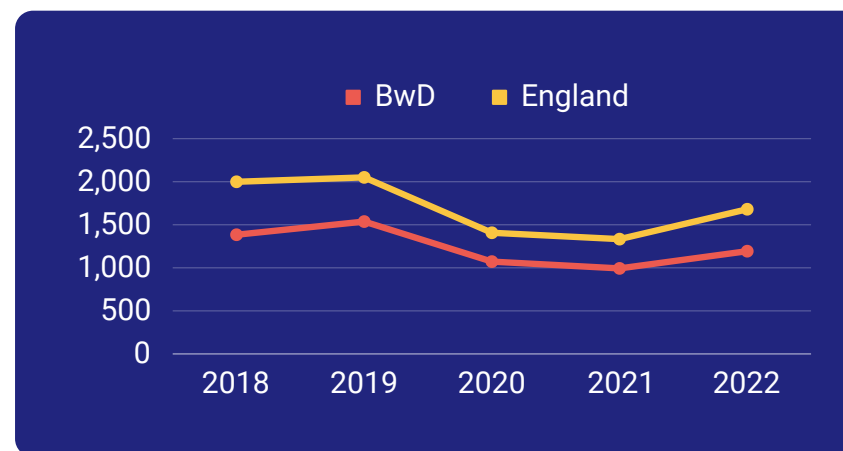
Sexually transmitted infections are spread through sexual contact, including vaginal, anal, and oral sex. They can be caused by bacteria, viruses, parasites, and fungi. If left untreated STIs can have serious consequences including infertility, chronic pain, and even death.

Preventing the spread of STIs through universal access to free condoms, promoting and improving STI testing and increasing the uptake of vaccinations e.g. HPV, with young people or HEP A/B, MPOX with MSM is important for both individual and public health. By taking steps to prevent the spread of these infections, we can protect ourselves and our communities from the potential consequences of these infections.

## What is the current data telling us?

- Despite an uptake in 2022, diagnostic rates for new STIs have fallen since 2016. With the borough having the fifth lowest rate amongst authorities in the North West in 2022.
- In 2022, from 3,794 tests for STI's (excluding chlamydia under 25) amongst borough residents, 284 tests came back positive (7.5%). Similar to the national rate (7.6%).
- Since 2020, the proportion of 15-24 year old's screened in the borough has increased but remains much lower than national and regional figures.

- Since 2018, there have been between 200-300 diagnoses of chlamydia among 15 to 24 year olds per year within sexual health services (SHS), with the current rate of detection amongst the lowest amongst authorities in the North West.



Chlamydia detection rate per 100,000 aged 15-24

- The rank for Gonorrhoea diagnoses (which can be used as an indicator of local burden of STIs in general) in Blackburn with Darwen was 115th highest (out of 150 UTLAs/UAs) in 2021. The rate per 100,000 was 36.7, better than the rate of 90.3 in England

# Combat HIV through early detection, prevention, treatment & care, & reducing stigma

02

HIV (Human Immunodeficiency Virus) is transmitted through contact with certain body fluids, blood, semen, vaginal fluids, rectal fluids, and breast milk.

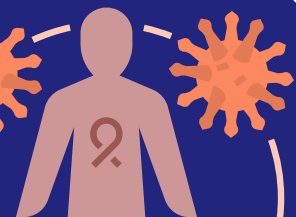
HIV is a virus that attacks the immune system, specifically the CD4 cells, (T cells) which aid the immune system in fighting off infections. If not treated, HIV can lead to AIDS (Acquired Immunodeficiency Syndrome). Unlike some other viruses, the human body cannot get rid of HIV, so once someone has HIV, they have it for life. Over time, HIV can destroy so many T cells that the body can't fight off infections and disease.

Preventive measures such as regular HIV testing, condom use, access to PrEP and PEP alongside prompt initiation of anti-retroviral treatment and retention in care is critical for prevention and to ensure that individuals with HIV are able to live long, healthy lives.

Due to medical advancements in HIV, undetectable HIV means it is now untransmittable (U=U), and if a person with HIV has an undetectable viral load due to effective treatment, they cannot pass on the virus to their sexual partners.

## What is the current data telling us?

- In 2022, 3 people in Blackburn with Darwen were diagnosed with HIV.
- In 2022, 114 people in the borough were diagnosed and living with HIV with 95 aged from 15 to 59.
- In 2022, 735 people (29.4% of those eligible) took a HIV test in sexual health services.
- Testing coverage amongst men (55.8%) is worse than the national figure (65.1%). Rates are also significantly lower amongst women with only 18% eligible testing compared to 38.5% nationally.
- Testing coverage (83%) and repeat testing (43.6%) amongst MSM are around the national average.
- In 2022, the proportion of all HIV negative individuals accessing SHS with PrEP need was 3.4%, compared to 9.7% nationally.
- Across 2020-22, the proportion of people newly diagnosed with HIV who start ART within 91 days of their diagnosis was 100% compared to 85.4% nationally.



# Improve reproductive health & reduce unintended pregnancies

Good quality sex education and access to contraception and sexual health services can empower individuals to plan their futures and improve their wellbeing.

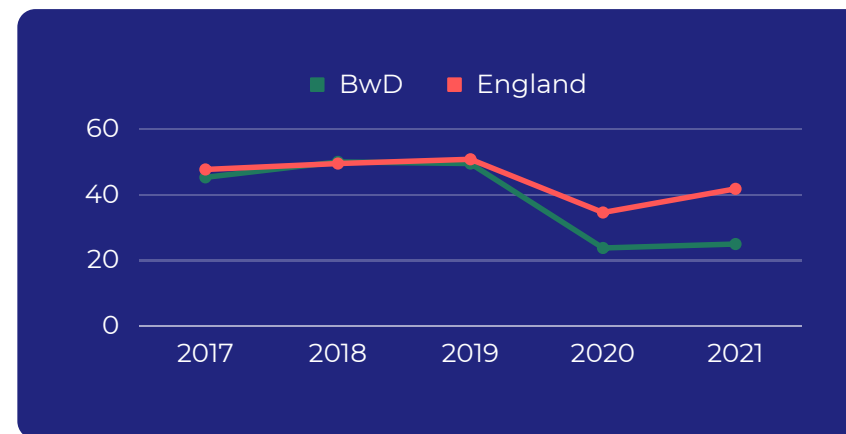
Preventing unintended pregnancies plays a crucial role in reducing maternal and infant mortality rates, as well as improving the overall health outcomes for mother, parent and child.

By focusing on the social, economic, and health consequences of unintended pregnancies and prioritising reproductive health, we can improve outcomes and promote the well-being of individuals, families, and our communities in Blackburn with Darwen.

## What is the current data telling us?

- There were 42 pregnancies amongst under 18's, (with 4 amongst under 16's specifically) a rate of 12.6 per 1,000 in 2021, not dissimilar from the national figure (13.1 per 1,000).
- The mean age of mothers has slightly increased from 29.3 in 2019 to 29.6 in 2021. Lower than the national average of 30.9.

- NICE advises that LARC methods are highly effective as they do not rely on daily compliance and are more cost-effective than condoms/ the pill. Rates of prescribed LARC (25 per 1,000) and GP-prescribed (17.7 per 1,000) and SHS (7.2 per 1,000) LARC specifically have fallen since the COVID pandemic.



Total prescribed LARC (excluding injections) rate per 1,000, 15-44, 2017 to 2021

- In 2021, there were 630 abortions of those aged 15-44 living in the borough, meaning the rate of abortion was above the national average. However, the current abortion rate for under 18s is the second lowest in the North West.
- Amongst under-25s, in 2021, 34.2% of abortions involved individuals who had an abortion previously.

# Promote healthy, safe relationships

Promoting healthy relationships across the life course is a priority in this sexual health strategy as it lays the foundation for a safe, fulfilling, and respectful relationships for individuals. Healthy relationships encompass not only physical aspects but also emotional, psychological, and social aspects of intimacy.

Addressing the significance of consent, gender equality, and shared responsibility in intimate partnerships helps prevent the continuation of harmful behaviours and the spread of sexually transmitted infections.

Healthy relationships contribute to overall mental well-being, boosting self-esteem and reducing the risk of mental health issues related to sexuality. By prioritising healthy relationships within this sexual health strategy, we aim to promote and respect diversity and difference across our communities so each individual feels and safe and welcomed in our borough.

## What is the current data telling us?

- Hospital admissions for violence (including sexual violence) are in the lowest percentile in England with 83.8 per 100,000.
- In terms of the rate of sexual offences - the borough's rate (3.4 per 1,000) is slightly higher than England (3.2 per 1,000) in the 2021/22 period.
- There were 42 pregnancies amongst under-18's, (with 4 amongst under-16's specifically) This equates to a rate of 12.6 per 1,000 in 2021, not dissimilar from the national figure (13.1 per 1,000).
- The mean age of mothers has slightly increased from 29.3 in 2019 to 29.6 in 2021. Lower than the national average of 30.9.
- The 2021 BWD School Health Needs Assessment (SHNA) surveyed 463 young people in year 9, 24% of young people did not know where to go for advice and information about relationships and sexual health.



# Recommendations & Governance



EDUCATE & INFORM



ACCESS



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INCLUDE



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# Governance



The governance of this strategy is a critical element to ensure that these sexual health priorities are achieved and are impactful to the individuals and communities of Blackburn with Darwen.

## Sexual Health Services

The Blackburn with Darwen Public Health team holds responsibility for commissioning of integrated sexual health services. Representatives from the Public Health team alongside the Strategic Commissioning Team meet with commissioned services on a quarterly basis to review contract performance and agree any changes in services required. Any issues highlighted through these meetings are flagged and escalated to the Public Health Senior Leadership Team for further action where necessary. Through these contract meetings, and through any future commissioning exercises, we will work closely to ensure that commissioned services are fully aligned to support the successful delivery of this strategy.

## Health and Wellbeing Board

Development and delivery of the Sexual Health Strategy forms part of the Live Well priorities identified within the Blackburn with Darwen Joint Local Health and Wellbeing Strategy. The Blackburn with Darwen Health and Wellbeing Board is ultimately responsible for delivery of the Health and Wellbeing Strategy and will therefore receive an annual (or upon request) high level update on performance against delivery of this strategy.











# Glossary



- BBV - Blood Borne Virus
- BME - Black Minority Ethnic communities
- BWD - Blackburn with Darwen
- CSE - Child Sexual Exploitation
- EHC - Emergency Hormonal Contraception
- FSRH - Faculty of Sexual and Reproductive Healthcare
- HIV - Human Immunodeficiency Virus
- HMO - House in Multiple Occupation
- ISHS- Integrated Sexual Health Service
- IUD - Intrauterine Device
- IUS - Intrauterine System
- GBMSM - Gay and Bisexual Men and Men who have with Men
- JSNA - Joint Strategic Needs Assessment
- LARC - Long Acting Reversible contraception
- LGBTQ+ - Lesbian, Gay, Bisexual, Transgender, /Queer/Questioning,
- MECC – Making Every Contact Count
- MSM – Men who have Sex with Men
- NCSP – National Chlamydia Screening Programme
- NHSE – NHS England
- NICE - National Institute for Health and Care Excellence
- PEP - Post exposure Prophylaxis following sexual exposure
- PReP - Pre-Exposure Prophylaxis
- PHE - Public Health England
- POP - Progestogen-Only Pill
- POCT - Point of Care Test
- PrEP - Pre-Exposure Prophylaxis
- RSE - Relationships and Sex Education
- SARC - Sexual Assault Referral Centre
- SHS - Sexual Health Services
- SHNA - Sexual Health Needs Assessment
- SRH - Sexual and Reproductive Health
- STI - Sexually Transmitted Infection
- ToP - Termination of Pregnancy
- WSW- Women who have Sex with Women



**EDUCATE &  
INFORM**



**ACCESS**



**PREVENT &  
PROMOTE**



**TEST &  
TREAT**



**INCLUDE**



**COLLABORATE**