

HEALTH AND WELLBEING BOARD - 28th January 2015

Title of paper:	Sexual Health in Nottingham City	
Director(s)/ Corporate Director(s):	Dr Chris Kenny Director of Public Health	Wards affected: All
Report author(s) and contact details:	Alison Challenger Consultant in Public Health, Nottingham City Council Loxley House, Station Street, Nottingham NG2 3NG	
Other colleagues who have provided input:	Carl Neal, Public Health Manager, Nottingham City Council Jonathan Gribbin, Consultant in Public Health Nottinghamshire County Council	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		<input type="checkbox"/>
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
Summary of issues:		
<p>Sexual health is an important public health issue for Nottingham City</p> <p>Progress has been made against a number of sexual health indicators though further development is needed in order to improve sexual health outcomes in Nottingham</p> <p>As a result of the Health and Social Care Act (2012), Local authorities now have a mandate to commission sexual health services appropriate to local need as part of their public health responsibilities</p> <p>Nottingham has a comprehensive range of free, open access services to support improvement of positive sexual health including education, prevention, testing, treatments and contraception</p> <p>Nottingham City Council is committed to making further improvements in the accessibility and range of sexual health services to meet the needs of the population</p>		

Recommendation(s):	
1	To acknowledge the importance of sexual health as a key individual and public health issue for Nottingham Citizens
2	To note the key areas for development and offer comment on how the Board may support progression and delivery of local interventions to improve sexual health outcomes for local people
3	To facilitate the collaboration between organisations to ensure services are comprehensive, of high quality, not fragmented and appropriate to local need
	<p>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</p> <p>Good sexual health is an important aspect of health and wellbeing; it is vital that people have the information, the confidence and the means to make choices that are right for them, and to develop positive relationships.</p> <p>Sexual health services support positive mental health and physiological wellbeing by addressing issues relating to low self-esteem, risk taking behaviours and positive reinforcement of sexual orientation. In addition, sexual health services are important to address issues relating to safeguarding, consent, abuse and exploitation.</p> <p>People with mental health problems may be at higher risk of sexual ill health and may face additional challenges in having their needs met. This group will be included in any assessment of equality of access to sexual health services and the Health and Wellbeing Board will facilitate a partnership approach towards ensuring gaps in need are addressed.</p>

1. REASONS FOR RECOMMENDATIONS

Health and Wellbeing Boards assess current and future local need through Joint Strategic Needs Assessments and ensure local plans reflect those needs across the health and social care community.

The Health and Wellbeing Board is therefore integral to the improvement of sexual health outcomes locally and needs to be appraised of the plans to support development across Nottingham City.

2. BACKGROUND

Good sexual health is an important part of physical, mental and social wellbeing, requiring a positive and respectful approach to sexuality and sexual relationships as well as the potential to have pleasurable and safe sexual experiences which are free of coercion, discrimination and violence.¹ It is therefore important to have the right support and services to promote good sexual health.

¹ http://www.who.int/topics/sexual_health/en/ accessed 10th January 2015

Sexually transmitted infections including HIV remain one of the most important causes of illness due to infectious disease among young people (aged between 16 and 24 years old). If sexual infections including HIV are not diagnosed and treated early, there is a greater risk of onward transmission to uninfected partners, and a greater risk that complications might occur. Many have long-term effects on health, for example chlamydia can lead to infertility and some infections are associated with cervical cancer.²

There is a clear relationship between sexual ill-health, poverty and social exclusion with the highest burden of sexually related ill-health borne by groups who often experience other inequalities in health. Many sexually transmitted infections can have adverse long-term effects on health and are linked to wider determinants and health and social well-being.

Sexual health needs vary according to factors such as sexuality, gender and ethnicity, with some groups particularly at risk of poor sexual health. Groups most at risk of poor sexual health may experience barriers to accessing services and often face multiple disadvantages.

The public health significance of the overall sexual health agenda is underlined by the inclusion of several indicators in the Public Health Outcomes Framework (PHOF)³:

- a. **Under 18 conceptions** (Domain 2, Health Improvement): children born to teenage mothers are much more likely to experience a range of negative outcomes in later life, such as developmental disabilities, behavioural issues and poor academic performance.
- b. **Chlamydia diagnoses in people aged 15-24 years** (Domain 3, Health Protection): if untreated, between 10-20% of chlamydia cases result in infertility due to pelvic inflammatory disease.
- c. **People presenting with HIV at a late stage of diagnosis** (Domain 3, Health Protection): Individuals with a late HIV diagnosis carry a tenfold increased risk of dying within a year of diagnosis, compared to those diagnosed early. In addition to the poor health outcomes for the individuals concerned, late diagnosis also results in increased risk of onward transmission as individuals are unaware of their HIV status, combined with increased, clinical and social care costs.

Sexual health services cover the provision of advice and services around contraception, relationships, sexually transmitted infections, (including HIV) and abortion. Provision of sexual health services is complex and there is a wide range of providers, including general practice, community services, acute hospitals, pharmacies and the voluntary, charitable and independent sector.⁴

From April 2013, the commissioning responsibilities for sexual health and reproductive health services have been split across Local Government, Clinical Commissioning Groups

² A Framework for Sexual Health Improvement in England (DH 2013)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

³ Public Health Outcomes Framework 2013-2016 <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency> accessed 10th January 2015

⁴ A Framework for Sexual Health Improvement in England (DH 2013)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

(CCGs) and NHS England. The majority of services are commissioned by the Local Authority. (Appendix 1)

Local Authorities are mandated to commission confidential, open access sexual health services and interventions from the Public Health grant. These include most contraceptive services and all prescribing costs, sexually transmitted infections testing and treatment, chlamydia screening and HIV testing; specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

Clinical Commissioning Groups commission termination of pregnancy, sterilisation, vasectomy, non-sexual-health elements of psychosexual health services and gynaecology, including any use of contraception for non-contraceptive purposes.

NHS England commissions HIV treatment and care, sexual health elements of prison health services, sexual assault referral centres and cervical screening.

These new commissioning arrangements require close working between the various organisations to ensure that the care and treatment people receive is of a high quality and is not fragmented. (Appendix 2)

Sexual Health in Nottingham City

In recognition of the extent to which good sexual health contributes to health and wellbeing, the Nottingham Plan to 2020⁵ includes the priority to reduce the rates of teenage pregnancy and sexually transmitted infections. A wide range of free open access services are in place to address local need. (Appendix 3)

The Public Health England Sexual Health Profiles for Nottingham City identify that for a number of key sexual health indicators the City is performing well and are better than the England average.⁶ :

1. The teenage pregnancy rate in Nottingham continues to fall, down this year to 38 per 1,000 amongst 15-17 years old girls, a reduction of 24% from the 2010 rate and over 50% since 1998. The Teenage Pregnancy Taskforce in Nottingham has been successful in bring a range of stakeholders together to collectively address activity across the health community. Continuing efforts need to be made as the rate is still above that of the England average of 27.7 per 1,000.
2. The latest available data for HIV prevalence in Nottingham City identified a fall in HIV prevalence from 2.78 to 2.41 per 1,000 population aged 15-59 years. This is still above the England average and efforts are being focused on increasing access and take-up of HIV testing, including Point of Care Testing (POCT) which can take place in non-clinical settings including outreach in a range of venues and community settings.
3. As in a number of other local authorities, late diagnosis of HIV remains a challenge. In Nottingham City 63.9% of adults newly diagnosed with HIV were diagnosed after the point at which initiation of treatment should have occurred compared with the

⁵ <http://www.onenottingham.org.uk/CHttpHandler.ashx?id=13455&p=0> accessed 10th January 2015

⁶ <http://fingertips.phe.org.uk/profile/sexualhealth/data#gid/8000057/pat/6/ati/102/page/0/par/E12000004/are/E06000018> accessed 12th January 2015

England rate of 45%. There are a number of reasons that may account for this including those who may have had the initial diagnosis in another country. It will be a key and ongoing priority for commissioners and providers to improve the uptake to testing and enable earlier diagnosis and access to treatment.

4. Nottingham City has continued to effectively target Chlamydia testing at key vulnerable groups. Latest data indicates that Nottingham City exceeded the national targets of 2,300 per 100,000 populations for Chlamydia diagnosis. For 2013, Nottingham City was 2,893 per 100,000 population, indicating the City is accurately testing and diagnosing those groups most likely to be affected and thus reducing the risk of onward transmission.

Examples of projects and work undertaken and initiated in 2014/15

- An insight into the sexual health and contraceptive needs, priorities and preferences of local residents within the Aspley ward
- Investigation into the Sex and Relationship Educational (SRE) needs and guidance across Nottingham
- Healthy Schools - Personal, Social, Health Education and SRE development
- Health Improvement Facilitators support to the SRE agenda in schools
- Investigation into rates of sexual infection
- Sexual health website for young people
- Evaluation of sexual health outreach and contraceptive clinics
- User and public engagement on services
- Improving access to HIV testing

Taking account of the sexual health needs for Nottingham City, as identified within the Joint Strategic Needs Assessment, the recommended focus for Nottingham City in 2015 includes:

- An increase in HIV testing to achieve a reduction of HIV prevalence and reduction in late HIV diagnosis.
- Development of quality sexual health services to include an increased emphasis on prevention of sexually transmitted infections including a strengthened focus on health promotion.
- Support the development of Sexual and Relationship Education (SRE) within schools. This includes work undertaken by local authority colleagues to develop an SRE audit within secondary schools

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

The risks of failing to improve sexual health provision would result in a continued increase in sexual transmitted infections, including HIV prevalence, as well as limiting access to a full range of effective contraception methods.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

The combined value of sexual health services in Nottingham is around £4m. It is intended that the current contractual arrangement for providing GUM and CASH services in Nottingham City will continue to 31 March 2016. Options for procurement and available funding beyond this period are being explored, including service reviews, evaluation; including engagement with service users, local communities and stakeholders. Benefits of

investment and value for money are fundamental and considered in the design of local services. (Appendix 4)

5. **RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)**

6. **EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

Chlamydia Testing Activity Dataset (CTAD) and Sexually Transmitted Infection (STI) dataset

<http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1201094610372>

Department of Health (2013) A Framework for Sexual Health Improvement in England.

<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

Health Protection Agency (2013). HIV in the United Kingdom: 2013 Report.

http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140300680

Nottingham City JSNA, (2014) accessed through Nottingham Insight

<http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Adults/Sexual-Health-and-HIV.aspx>

Public Health England: data

<http://www.nepho.org.uk/pdfs/sexualhealth/E06000018.pdf>

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/>

<http://www.hpa.org.uk/sexualhealthprofiles>

<http://fingertips.phe.org.uk/profile/sexualhealth/data>

<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000043/pat/6/ati/102/page/3/par/E12000004/are/E06000018>

Public Health England (2013) Health Protection Report, Volume 7 Number 23
<http://www.hpa.org.uk/hpr/archives/2013/hpr2313.pdf>

Public Health England (2014). HIV in the United Kingdom: 2014 Report
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377194/2014_PHE_HIV_annual_report_19_11_2014.pdf

Public Health Outcomes Framework
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

Appendix 1. Commissioning Responsibility for sexual health, reproductive health and HIV⁷

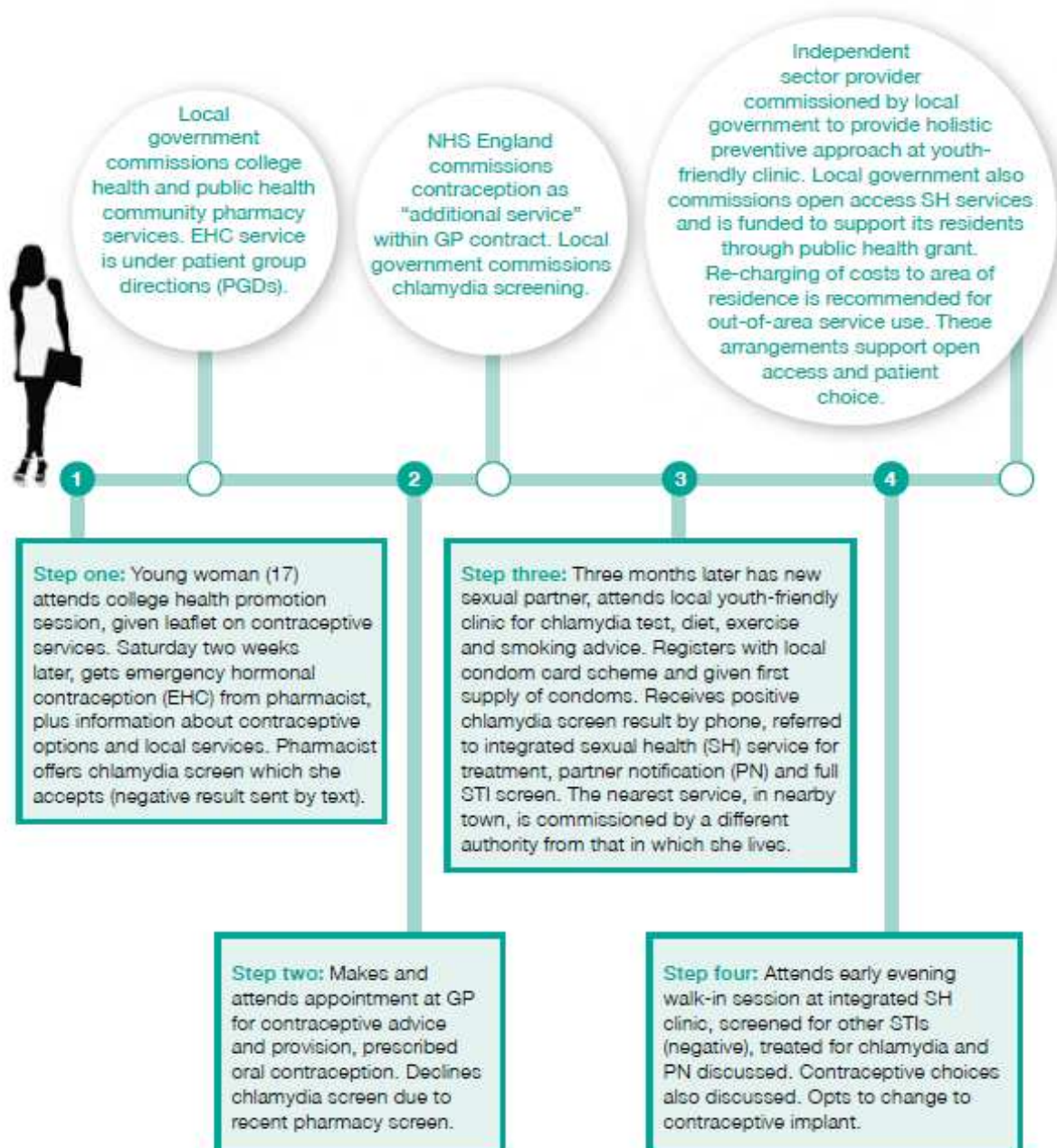
Local Authorities	CCGs	NHS England
<ul style="list-style-type: none"> • Contraception • STI testing and treatment • Chlamydia testing as part of the National Chlamydia Screening Programme • HIV testing • Sexual health aspects of psychosexual counselling • Sexual services including young people's sexual health, teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies 	<ul style="list-style-type: none"> • Abortion services • Vasectomy • Non sexual health elements of psychosexual health services • Gynaecology including use of contraception for non-contraception purposes 	<ul style="list-style-type: none"> • Contraception provided as an additional service under the GP contract • HIV treatment and care including post-exposure prophylaxis after sexual exposure • Promotion of opportunistic testing and treatment for STIs • Sexual health elements of prison health services • Sexual Assault Referral Centres • Cervical screening • Specialist foetal medicine

⁷ The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Appendix 2 Three people's sexual health journeys (DH 2014)

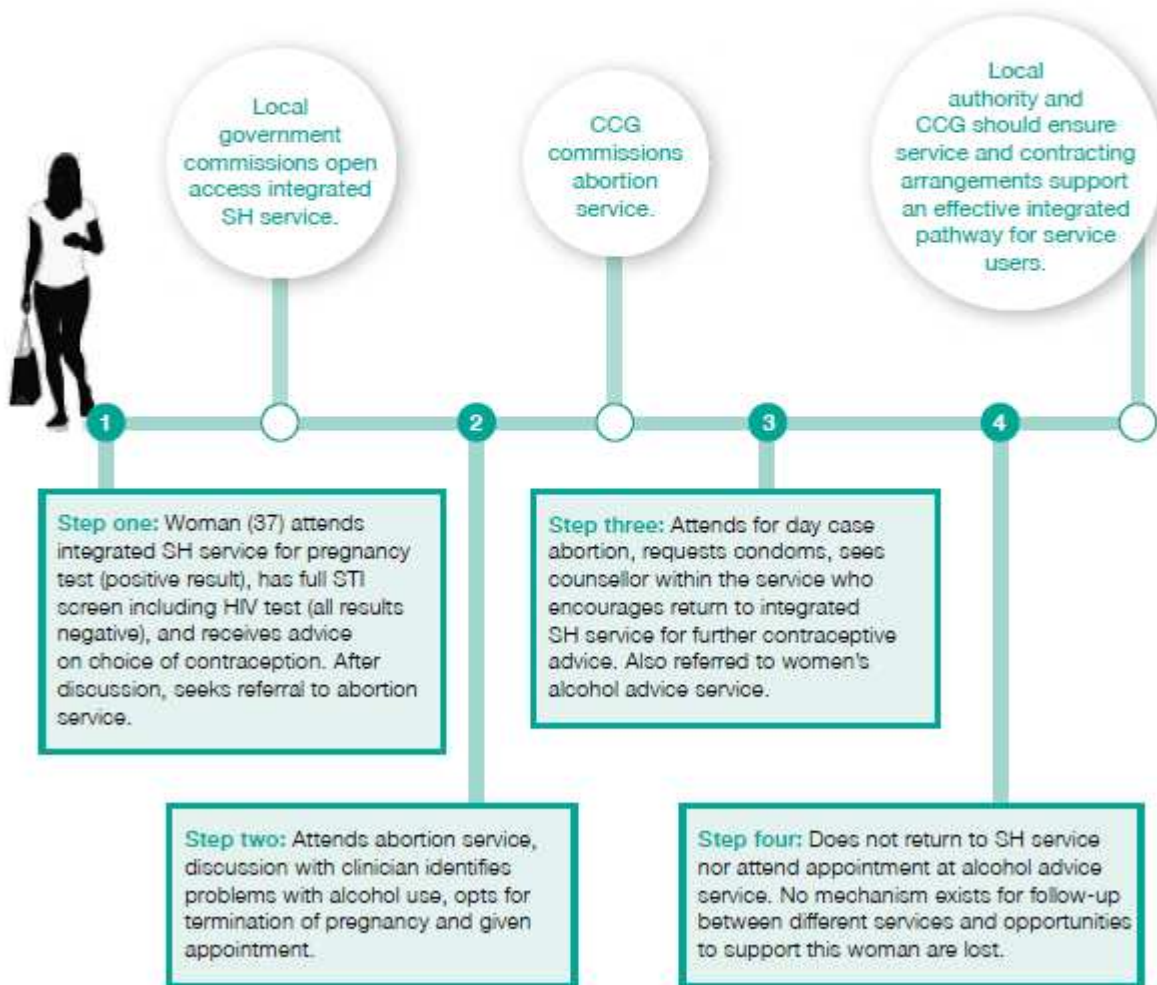
A young woman's journey

The first service user journey describes a young woman's use of open access sexual health services. It illustrates the need to provide information, advice and care that support her positive sexual health. To avoid unwanted pregnancy and treat an STI, she uses services commissioned by two local authorities and NHS England. Her story underlines the importance of open access and confidential, young person-friendly services.



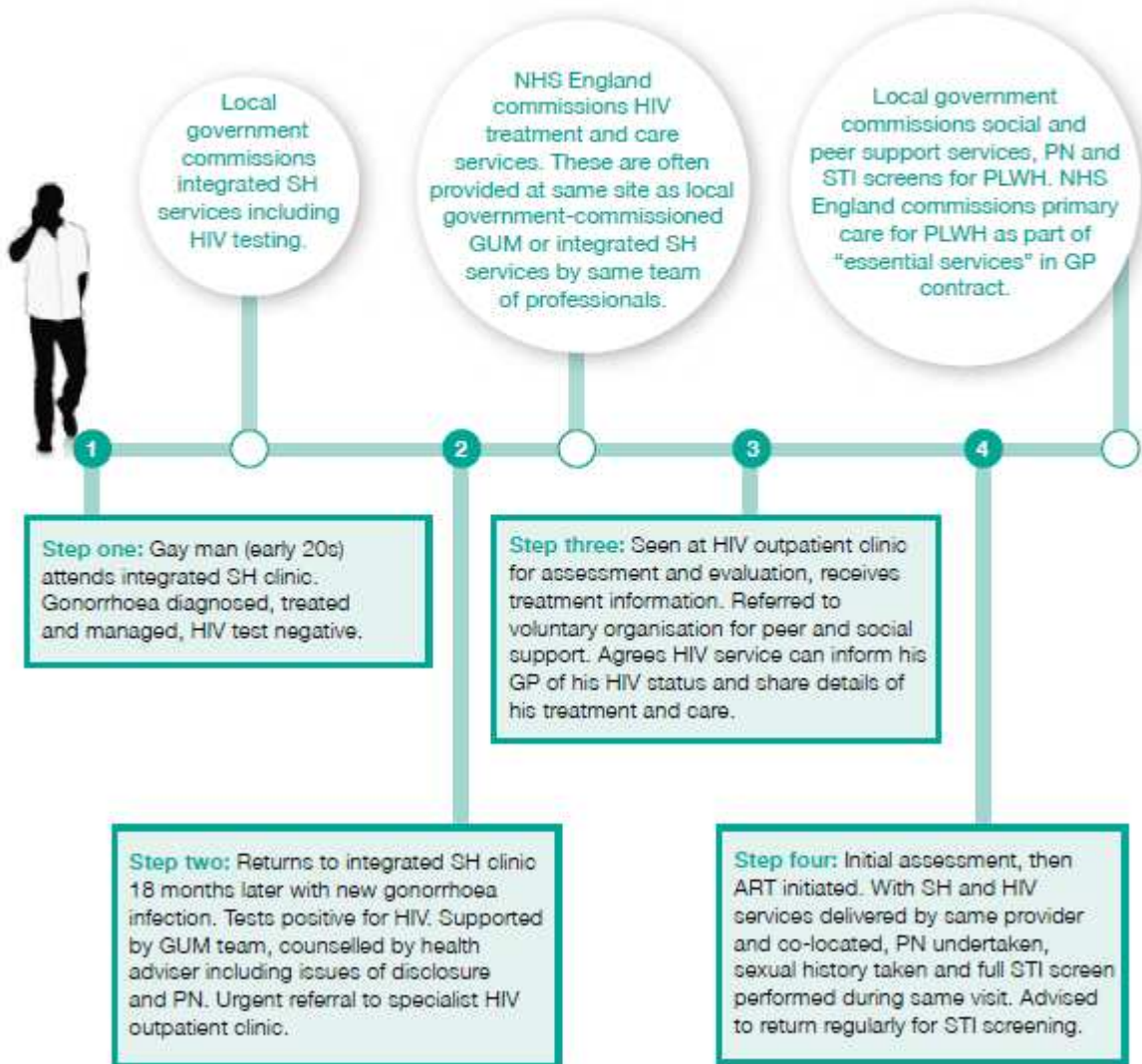
A woman's journey

The third service user journey is that of an adult woman who has an unplanned pregnancy. The services she accesses are commissioned by a CCG and a local authority. She has wider health needs but these are poorly catered for as she is not able to access a range of other, disparate services. The opportunity to meet her needs in an integrated way is therefore lost.



A gay man's journey

The second service user journey describes the sexual health needs of an HIV positive gay man. It underlines the importance of linkages and referral pathways between sexual health and HIV services. It also illustrates the wider needs of people living with HIV (PLWH) for treatment information and social support, which they may seek outside their local authority of residence to maintain confidentiality. Flexible funding mechanisms are required which match patterns of service usage.



Appendix 3 Summary of current contracts for Sexual Health Services

Local Authority Commissioned Services – Sexual Health	
Type of Service	Provider
CASH Service	
Nottingham City (& South County) CASH Clinics including community and outreach provision)	Nottingham University Hospitals
GU Medicine	
City Hospital and community provision	Nottingham University Hospitals
CASH in the city	
Health Shop Sexual Health Service - accessed by City (& South County) Service Users, positive engagement with people increased sexual health needs/risks	Nottinghamshire Healthcare Trust (NHT)
LARC - Long Acting Reversible Contraception	
Intra Uterine Contraceptive Devices (IUCD's)	LCPHS – GPs and in CASH
Contraceptive Implants (Sub-Dermal Implants)	
STI and Chlamydia Testing	
Sexual Transmitted Infections (Chlamydia, Gonorrhoea, Syphilis; HIV)	LCPHS – GPs and Community Pharmacies and in CASH
Chlamydia Screening and Treatment	LCPHS – GPs and Community Pharmacies and in CASH Prevent home testing for chlamydia testing
Emergency Contraception	
Emergency Hormonal Contraception	Community Pharmacies and in CASH
HIV Prevention and Testing	
Outreach advice and HIV Point of Care Testing (POCT)	Terence Higgins Trust
Health Promotion and advice Young People	
C Card Scheme	Available at various locations across the City
Out of Area GUM and Out of Area CASH	
Nottingham City residents can use any open access out of area services when out of area and the respective provider invoices the relevant LA	Any CASH or GUM provider within England
KEY:	
CASH – Contraceptive and Sexual Health Service GU Med – Genito-Urinary Medicine (sometimes referred GUM) GPs – General Practitioners	
LCPHS –Locally Commissioned Public Health Services C –Card Scheme access to condoms for young people and signposting to CASH and GUM	

Appendix 4 - Benefits of investment in effective SH services (DH 2014)

Key objectives in 'A Framework for Sexual Health Improvement in England'	Benefits at the individual level	Benefits at the public health/population level	Other benefits (economic, health and social outcomes) ✓=benefit for specified commissioner(s)
<p>Objective: Continue to reduce the rate of under 16 and under 18 conceptions</p> <p>Commissioning intention: Ensure choice and timely access to young people-friendly reproductive health services and all methods of contraception</p>	<p>Control over fertility through increased use of contraception</p> <p>Greater ability to pursue educational and employment opportunities</p> <p>Improved self-esteem</p> <p>Improved economic status/reduction in family and child poverty</p>	<p>Fewer unwanted pregnancies</p> <p>Improved health outcomes for mothers and babies</p> <p>Better educational attainment</p> <p>Better employment and economic prospects</p>	<p>Improved infant mortality rates ✓CCGs</p> <p>Reduced A&E admissions/childhood accidents ✓CCGs</p> <p>Decrease in abortions ✓CCGs</p> <p>Reduced use of mental health services ✓CCGs</p> <p>Reduced use of social services ✓LAs</p> <p>Fewer young people not in education, employment or training ✓LAs</p> <p>Reduction in family and child poverty ✓LAs</p>
<p>Objective: Reduce rates of STIs among people of all ages</p> <p>Commissioning intention: Encourage uptake of chlamydia screening and testing for under 25 year olds</p>	<p>Treatment of STIs</p> <p>Reduced risk of other health consequences (eg pelvic inflammatory disease, tubal-factor infertility, ectopic pregnancy)</p>	<p>Reduction in prevalence and transmission of infection</p> <p>Opportunities to test for other STIs/HIV in those diagnosed with chlamydia</p> <p>Reaching young people with broader sexual health messages</p> <p>Increased uptake of condom use</p>	<p>Reduced use of gynaecology services (to manage other health consequences) ✓CCGs</p> <p>Increased uptake of sexual health services by young people ✓LAs</p> <p>Increase in chlamydia diagnoses enabling more treatment and consequent reduction in prevalence ✓LAs</p>
<p>Objective: Reduce onward transmission of HIV and avoidable deaths from it</p> <p>Commissioning intention: Ensure access to high quality reproductive health services for all women of fertile age</p>	<p>Access to treatment</p> <p>Better treatment outcomes/prognosis</p> <p>Improved ability to protect partner from HIV</p>	<p>Fewer people acquiring HIV</p> <p>Greater contribution of people living with HIV to workforce and society</p> <p>Less illness and fewer avoidable deaths</p>	<p>Lower health and social care costs for HIV ✓NHS England, CCGs and LAs</p> <p>Lower healthcare costs for associated conditions and emergency admissions ✓CCGs</p> <p>Enhanced public health/prevention ✓LAs</p>

Key objectives in 'A Framework for Sexual Health Improvement in England'	Benefits at the individual level	Benefits at the public health/population level	Other benefits (economic, health and social outcomes) ✓=benefit for specified commissioner(s)
<p>Objective: Reduce unintended pregnancies among all women of fertile age</p> <p>Commissioning intention: Ensure access to high quality reproductive health services for all women of fertile age</p>	<p>Better control over fertility for women at all life stages, through access to choice of full range of contraceptive methods</p> <p>Optimisation of health for women prior to becoming pregnant</p> <p>Fewer abortions and repeat abortions for individual women</p> <p>Improved quality of family life</p>	<p>Fewer unwanted pregnancies</p> <p>Improved pregnancy outcomes</p> <p>Improved maternal health and reduced maternal mortality</p>	<p>Investment in contraception is cost effective in reducing pregnancies and abortions ✓CCGs</p> <p>Lower healthcare costs through reduced antenatal, maternity and neonatal costs due to better management of pregnancy and improved outcomes ✓CCGs</p> <p>Reduced social care costs for infant and child care ✓LAs</p>