

9 January 2019**Agenda Item: 9****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****APPROVAL OF REFRESHED JSNA CHAPTER – SEXUAL HEALTH AND HIV****Purpose of the Report**

1. To request the that the Health and Wellbeing Board approve the refreshed Nottinghamshire Sexual Health and HIV Joint Strategic Needs Assessment (JSNA) Chapter.
2. This report contains an executive summary of the refreshed chapter. The Board will be approving the full chapter which is available for review on [Nottinghamshire Insight](#).

Information

3. Sexual health is defined by the World Health Organisation as: 'a state of physical, 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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (Department of Health, 2013)).
4. The previous Nottinghamshire Sexual JSNA chapter was refreshed in 2015 and amended in July 2017. In 2016 the local authority commissioned a integrated sexual health service and this chapter has been refreshed to understand current and future demands, trends and pressures on the whole sexual health system.
5. This JSNA chapter was produced in collaboration with Nottingham City Public Health due to close working relationships and joint commissioning of services in the south of Nottinghamshire.
6. The chapter provides an insight into the local prevalence of sexually transmitted diseases (STIs) and human immunodeficiency virus (HIV). It explores contraception provision and uptake and the use of abortion/termination of pregnancy (ToP) services. The chapter gives an overview of current service provision and assets as well as the evidence of effective interventions. It identifies unmet needs and knowledge gaps and reflects on potential developments and changes on the sexual health horizon. A series of recommendations are made for stakeholders across the sexual health system to consider.

7. This chapter does not focus on domestic abuse, teenage pregnancy, sexual violence or gynaecology as they are covered in other published documents. Further information can be found on the Nottinghamshire Insight [website](#).
8. This JSNA chapter has been endorsed by the Nottinghamshire/Nottingham Sexual Health Strategic Advisory Group (SHSAG). The chapter will be used to refresh the Sexual Health Framework for Action which aims to provide a clear and ambitious plan for improving the sexual health and wellbeing of the people of Nottinghamshire.

Unmet needs and service gaps

9. An overview of the unmet needs and service gaps identified in this chapter include:
 - differences in sexually transmitted infection patterns in terms of gender, age and locality.
 - Men, especially young white men, are less likely to access sexual health services.
 - Variation in chlamydia detection rates across the district suggests that there is a need to improve access to testing in different localities.
 - Access to and effective use of contraception

Knowledge gaps

10. There are some gaps in current knowledge, arising from both the scope and complexity of sexual health services and the lack of availability of data in some areas. These include:
 - Whilst sexual health services have effective communication plans, there is little known about whether this is reaching at risk populations or having the desired effect.
 - HIV testing uptake and coverage in Nottinghamshire has dropped significantly. Initial enquiries into this suggests that there is an issue with quality recording but further investigation is required.
 - There is no clear picture of long-acting reversible contraceptives (LARC) demand and provision across Nottinghamshire. There could be areas of unmet need for LARC and opportunities to encourage primary care to deliver this service.
 - Data on STI reinfections is challenging to obtain and analyse. Further investigation is needed to understand what is driving higher rates of reinfection and how behaviour change can be encouraged via sexual health services and health promotion routes.
 - There are significant issues with managing demand and expectations between ISHS and primary care. Further work is required to establish clear pathways between primary and secondary care services to ensure commissioners and providers keep up with changes and pressures in the health care system in order for citizens to continue to receive the right care in the right place at the right time.
 - Little is known about the effectiveness and impact of online chlamydia testing service. A service evaluation is required to monitor this service.
 - There are a number of issues on the sexual health system horizon such as testing for M. Gen, the roll out of PrEP and increased service demand. Further investigation is required to understand the financial impact of these potential demands on sexual health budgets and services.

Recommendations for consideration by commissioners

11. The recommendations identify key changes needed to address the sexual health needs of people in Nottinghamshire County. In most cases they represent measures that should be taken alongside or in addition to current arrangements and levels of investment. Erosion of investment required to sustain current arrangements is likely to increase the level of unmet need amongst residents.

	Recommendation	Lead organisation			
		SHSAG	Local Authority	Providers	Others
Sexual Health Promotion					
1.	Consider more robust planning and evaluation around communications for sexual health campaigns.	/	/	/	/
2.	Consult with the community to understand the views of citizens and barriers for those who use (and do not use) sexual health services, especially those from identified at risk groups.	/	/		
3.	Consider further assessments/audits including engagement with specific sexual health needs of some at risk groups such as young offenders, sex workers, MSM and LGBT Q+ communities.	/	/		
4.	Support stakeholders to prepare Nottinghamshire schools for the implementation of statutory RSE in September 2020.		/		
Prevention of poor sexual health outcomes					
5.	Work with a range of partners and stakeholders from within the health care system with the aim of addressing the pressures in the sexual health system in order for citizens to continue to receive the right care in the right place at the right time.	/	/	/	/
6.	Develop a further understanding of factors contributing to reinfections and how behaviour change can be encouraged via sexual health services and health promotion routes.			/	
7.	Investigate the differences in sexual health outcomes within the districts of Nottinghamshire to understand the potential causes and implement interventions where appropriate.	/	/	/	/
8.	Continue efforts to improve Nottinghamshire’s chlamydia detection rate to regional and national averages, with the aspiration of achieving the PHOF target.	/	/	/	/
9.	Investigate what is driving the drop in HIV testing coverage and uptake within Nottinghamshire.	/	/	/	/
10.	Consider auditing Locally Commissioned Public Health Services (LARC/EHC) across Nottinghamshire to enhance understanding of demand, provision and potential unmet needs.		/		
Sexual health treatment					
11.	Consider reviewing and refining service user satisfaction data collection methods to understand how people use sexual health services and what services people want.		/	/	
12.	Consider a service evaluation of the online chlamydia testing service to understand who is using it, the cost effectiveness of the service and anticipated future demand.		/		
13.	Understand and plan for issues on the sexual health horizon such as testing for M. Gen, roll out of PrEP and increased service demand.	/	/	/	/

14.	Ensure that MSM are tested regularly and in line with the current guidance			/	
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Other Options Considered

12. The recommendations are based on a refresh of the evidence available and will be used to inform decision making processes

Reason/s for Recommendation/s

13. The chapter has been refreshed to reflect current local issues and to inform the Public Health re-commissioning exercise currently taking place.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

15. There are none arising from this report although the findings will inform local commissioning decisions.

RECOMMENDATION/S

- 1) That the Health and Wellbeing Board approves the refreshed Nottinghamshire Sexual Health and HIV Joint Strategic Needs Assessment (JSNA) Chapter.

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Constitutional Comments (SLB 19.12.2018)

16. Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (DG 17/12/2018)

17. The financial implications are contained with paragraph 15 of this report

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- [Full draft JSNA chapter: Sexual health and HIV](#)
- [Nottinghamshire Health and Wellbeing Priority Sexual Health Report](#)

Electoral Division(s) and Member(s) Affected

- 'All' or start list here