

ITEM: 8**REPORT OF THE DIRECTOR OF PUBLIC HEALTH****NOTTINGHAMSHIRE HEALTH AND WELLBEING PRIORITY SEXUAL
HEALTH****Purpose of the Report**

1. The purpose of this report is to advise the Board of progress in the delivery of the sexual health priority within the Healthy and Sustainable Places ambition of the Joint Health and Wellbeing Strategy and recommend actions that the Board might wish to pursue.

Information and Advice**Health and Wellbeing Strategy Context**

2. The Health and Wellbeing Board approved the second Nottinghamshire Health and Wellbeing Strategy in January. This Strategy contains 4 ambitions including creating **healthy and sustainable places**. This ambition has 13 priorities for action including **sexual health**.
3. This paper will provide:
 - a. An update on Nottinghamshire's commissioned sexual health services
 - b. A report on Nottinghamshire's performance in diagnosing chlamydia in people aged 15-24
 - c. A report on health promotion activities aimed at preventing sexual ill-health in the County
 - d. Some suggested actions that the Board could undertake to support this agenda

The public health significance of good sexual health

4. Good sexual health is an important part of physical, mental and social well-being, requiring a positive and respectful approach to sexuality and relationships, including the possibility of enjoyable, safe sexual experiences which are free of coercion, discrimination or violence.¹
5. The burden of poor sexual health falls disproportionately on disadvantaged groups, with a clear association between sexual ill-health, poverty and exclusion. Although the direct impacts of poor sexual health are experienced by individuals, indirect costs are borne by society through increased burdens on public services.
6. Nottinghamshire residents enjoy generally good outcomes relating to sexual health, with most STI diagnoses and under-18 conception rates being lower than the national averages.² However, there are also areas of poorer outcomes and district-level variation which reflect

inequalities and/or challenges to be overcome. One such area is the chlamydia detection rate, which will be discussed in paragraphs 16-21.

7. Spending on preventative sexual health services has been shown to deliver a good return on investment, with £11 of savings attributable to every £1 spent on contraceptive services.³ NICE guidance and Public Health England consensus statements also affirm the importance and cost-effectiveness of preventative sexual health interventions.^{4,5}
8. Nottinghamshire's Health and wellbeing Board published the Sexual Health Joint Strategic Needs Assessment in 2015 and the recommendations set out in the JSNA have been taken forward through the **Sexual Health Framework for Action 2016-19**, which includes a detailed delivery plan. Both documents are available on [Nottinghamshire Insight](#).⁶ The JSNA will be refreshed to take account of new challenges in sexual health and inform a new Framework for Action. This Framework is overseen by the Sexual Health Strategic Advisory Group which is composed of commissioners, clinicians and other stakeholders.

Commissioning responsibilities and service model

9. Since April 2013 responsibilities for commissioning comprehensive sexual health, reproductive health and HIV services have been divided across Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England (NHSE). **Appendix 1** provides a summary of the system wide commissioning responsibilities in this area.
10. The service model set out in the **Framework for Action** (including a hub-and-spoke clinic configuration) is illustrated by the diagrams shown in **Appendix 2**.

Current sexual health contracts and demand management

11. A table showing the different sexual health services commissioned by the County Council is shown in **Appendix 3**. The primary focus of this paper is on the **Integrated Sexual Health Services** commissioned from Nottingham University Hospitals*, Sherwood Forest Hospital and Doncaster and Bassetlaw Hospital. Providers are subject to detailed specifications outlining the required service models and quality standards. For example, clinics are expected to be strategically located, offer extended opening hours (including Saturdays) and generally be delivered in a manner designed to maximise access for those groups who are disproportionately affected by sexual ill-health.
12. Staff skill mix is expected to ensure the availability of an appropriate range of services with varying complexities (e.g. microscopy, phlebotomy and STI screening) to match the needs of service users. This may include nurse-led clinics with prescriber support as necessary.
13. The total annual cost of the Council's sexual health contracts falling within the scope of this paper is approximately £6.4 million. This includes all the services listed in **Appendix 3**.
14. The total number of appointments provided in 2017/18 is set out in the table below.

Sherwood Forest Hospital NHS Trust	23,381
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* - Jointly commissioned through a partnership agreement with Nottingham City Council.

Nottingham University Hospital NHS Trust [†]	16,217
Doncaster and Bassetlaw Hospitals NHS Trust	8,130
Total	47,728

15. Pressures on services are increasing, with the number of filled sexual health appointments across Nottinghamshire increasing by 3-5% annually. The Public Health team are working closely with providers to manage increasing demands upon their services within the existing budgetary constraints.

Chlamydia

16. Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK, affecting both men and women. It disproportionately affects young heterosexuals who are 15 to 24 years of age. If untreated, between 10-20% of chlamydia cases result in infertility.⁷
17. The **chlamydia detection rate** is a measure of chlamydia control activity, aimed at reducing the spread of infection. Achieving a higher detection rate reflects improved identification of those requiring treatment. Public Health England recommends that local authorities should be working towards achieving detection rates of at least 2,300 per 100,000 population aged 15-24, although the current England average is 1,882.
18. The detection rate in Nottinghamshire has generally been below the national average in recent years, reaching a low of 1,456 in Q3 of 2016. The Sexual Health Strategic Advisory Group has formulated an action plan to improve the effectiveness of chlamydia control in the County.
19. The most recent data shows a clear improvement in the Nottinghamshire detection rate since 2015 (over a period when the England average has been steadily worsening). **Appendix 4** breaks down the current annual and quarterly trends using Public Health England data. The most recent detection rate for Nottinghamshire is 1,789. Commissioners are continuing to work closely with providers to maintain and improve the targeting of high-risk groups.
20. Chlamydia screening is offered opportunistically but especially to sexually active young people under 25 years. Tests are primarily offered within sexual health clinics but also in primary care, young people's drop-in clinics, schools and other relevant settings.
21. In November 2017, public health commissioned an online chlamydia testing service. Awareness and uptake of this service is growing, and as of June 2018 over 880 16-25 year olds in Nottinghamshire have been tested.

Nottinghamshire's health promotion activities

22. The document '[A Framework for Sexual Health Improvement in England](#)', sets out four priorities for sexual health improvement. These are to reduce rates of:
- Onward HIV transmission, acquisition and avoidable deaths
 - Sexually transmitted infections (STIs)

[†] - This figure includes County residents only. In the same period, Nottingham University Hospitals sexual health services also saw 34,397 City residents under the jointly-commissioned contract.

- Unplanned pregnancies
 - Teenage conceptions (under 16 and under 18 years)⁸
23. Good sexual and reproductive health is important for everyone, but sexual ill-health affects some population groups more than others. Many sexual health promotion activities need to achieve universal coverage, while others need to reach key populations with the highest risks of adverse sexual health outcomes (including young people, men who have sex with men, ethnic minority populations and women of reproductive age).
24. Nottinghamshire Integrated Sexual Health Service have a specific block budget for health promotion activity. They are required to produce an annual health promotion delivery plan to account for this budget and report on their activities.
25. Over the last six months, commissioners have visited health promotion teams across the three providers and observed a wide range of good practice. Health promotion practitioners deliver sessions in schools, youth groups, colleges, local business and traveller sites. Sessions focus on STIs, safer sex, condom use and signposting to services, and are also designed to equip local staff with the skills to support young people more effectively on sexual health matters.
26. Social media and marketing strategies are used to inform the public of clinic locations and opening times as well as promoting national and local campaigns. Health promotion teams also attend public events (e.g. Pride) in order to promote safer sex and healthy relationships.
27. The responsibility for promoting good sexual health lies across many different organisations, including NHS services, primary care, education and other Local Authority commissioned services. The **Framework for Action** highlights the importance of sharing best practice on health promotion between these various providers.
28. For example, currently only young people attending local-authority run secondary schools are guaranteed to be offered Relationship and Sex Education (RSE). However, from 2019 RSE will be a mandatory part of the curriculum for all schools, including academies. Schools not currently delivering RSE may benefit from working closely with providers during this transition.
29. The School health hub supports individual schools to develop whole school approaches towards improving health and wellbeing, including developing RSE curriculums. The hub also oversees the [Health for Teens](#) website which offers young people advice around relationships and sex.⁹ Other sexual health promotion and healthy relationship projects are delivered by the domestic abuse charity Equation and the Healthy Families Partnership.

Emerging issues

30. The sexual health promotion teams have highlighted to commissioners a number of emerging challenges in their work. These include a lack of understanding of the issues and risks surrounding consent, sexting and revenge porn, the use of dating apps to facilitate casual encounters, teenage domestic abuse and online pornography. These are complicated topics that require skill and sensitivity to address.

31. Service providers address these issues using interactive activities to allow young people to recognise, understand and aspire towards healthy relationships. This involves reflecting on self-respect and respect for others, commitment, tolerance, boundaries and consent, how to manage conflict, and how to recognise unhealthy relationships

Actions the Health and Wellbeing Board could take to improve sexual health in Nottinghamshire

32. To review and approve the forthcoming Sexual Health JSNA chapter, currently being refreshed by the public health team (para. 8 above). This will be completed by December and could be presented to the January 2019 Board meeting.
33. To support the Sexual Health Strategic Advisory Group in their demand management work, by contributing to engagement between different parts of the system depicted in **Appendix 1**. The Board could request GP and/or CCG representation on this group to contribute to continually developing more innovative and effective working across commissioning and provider organisations (para 8).
34. To participate in and support campaigns to raise awareness of sexual health issues across Nottinghamshire, specifically [Sexual Health Awareness Week](#) (from September 24th - 31st) which will be focusing on the topic of consent, or [National HIV Testing Week](#) (from November 18th – 25th).^{10,11} Members could support these campaigns within their locality and through e.g. their links with schools. More information will be available in September and November respectively (paras 22-31).
35. Strengthening and developing relationships with publicly funded education (schools, academies, alternative providers) for example by encouraging local educational institutions to facilitate visits by the sexual health promotion teams in advance of RSE teaching becoming a mandatory requirement for all schools and academies in 2019 (para. 28)

Reason for Recommendations

36. Effective arrangements to ensure the provision of comprehensive open access sexual health services are critical to address this Health and Wellbeing priority agreed by the Board. The specific recommendations in this paper focus on:
- increasing the Board's knowledge and awareness through the JSNA,
 - promoting the role of the Sexual Health Strategic Advisory Group
 - contributing to early intervention and prevention by supporting sexual health awareness

Financial Considerations

- There are no financial implications arising from this report.

RECOMMENDATIONS

1. To review and approve the refreshed JSNA chapter early in 2019.
2. To support the Sexual Health Strategic Advisory Group demand management work including nominations for CCG representation on the Group.
3. To participate in and support awareness campaigns for sexual health issues, particularly sexual health awareness week and national HIV testing week.

4. For members to utilise existing relationships to encourage head and governors of local education institutions to facilitate visits by the sexual health promotion teams in advance of RSE teaching becoming a mandatory requirement in 2019.

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Constitutional Comments (LM 07/08/2018)

The Health and Wellbeing Board is the appropriate body to consider the contents of the report. Members may wish to consider whether there are any actions they require in relation to the issues contained within the report

Financial Comments (DG 08/08/2018)

There are no financial implications arising from 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.

[Sexual Health JSNA Chapter](#)

Electoral Divisions and Members Affected

- All

See Chairs Report items:

26. Good progress but more to do: Teenage Pregnancy and young parents
27. Social media, SRE and sensible drinking: understanding the dramatic decline in teenage pregnancy.
53. Sexually Transmitted Infections (STIs): Annual data tables

References:

1. World Health Organisation (2018) Health Topics: Sexual Health. [Online resource] Available at: http://www.who.int/topics/sexual_health/en/ Accessed on 10/07/2018.
2. Public Health England (2018) PHE Fingertips: Local Authority Health Profiles – Nottinghamshire. [Online resource] Available at <https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/ati/102/are/E10000024> Accessed on 12/07/2018.
3. McGuire A & Hughes D (1998) The economics of family planning services: a report prepared for the Contraceptive Alliance. [Online resource] Available at <http://www.crd.york.ac.uk/CRDWeb/PrintPDF.php?AccessionNumber=21996008292&Copyright=NHS+Economic+Evaluation+Database+%28NHS+EED%29%3Cbr+%2F%3EProduced+by+the+Centre+for+Reviews+and+Dissemination+%3Cbr+%2F%3ECopyright+%26copy%3B+2018+University+of+York%3Cbr+%2F%3E> Accessed on 10/07/2018.
4. National Institute for Health and Care Excellence (2014) Contraceptive services with a focus on young people up to the age of 25: Costing report. [Online resource] Available at <https://www.nice.org.uk/guidance/ph51/resources/costing-report-pdf-69198589> Accessed on 12/07/2018.
5. Nottingham City and Nottinghamshire County Councils (2017) Sexual Health Framework for Action 2016-2019. [Online resource] Available at <http://www.nottinghaminsight.org.uk/f/99772?fl=99772> Accessed on 10/07/2018.
6. Public Health England (2018) A consensus statement: Reproductive health is a public health issue. [Online resource] Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719633/A_consensus_statement_-_reproductive_health_is_a_public_health_issue.pdf Accessed on 10/07/2018.
7. Public Health England (2018) Sexually transmitted infections and screening for chlamydia in England, 2017. *Health Protection Report*. 12(20), pp.1-26.
8. Department of Health (2013) A Framework for Sexual Health Improvement in England. [Online resource] Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf Accessed on 10/07/2018.
9. NHS (2018) Health for Teens website. [Online resource] Available at <https://www.healthforteens.co.uk/nottinghamshire/?setlocation=true> Accessed on 10/07/2018.
10. Family Planning Association (2018) Sexual Health Week. [Online resource] Available at <https://www.fpa.org.uk/campaigns/sexual-health-week> Accessed on 10/07/2018.
11. Awareness Days UK (2018) National HIV Testing Week 2018. [Online resource] Available at <https://www.awarenessdays.com/awareness-days-calendar/national-hiv-testing-week-2018/> Accessed on 10/07/2018.

12. Public Health England (2014) Making it work - A guide to whole system commissioning for sexual health, reproductive health and HIV. [Online resource] Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf Accessed on 10/07/2018.

Appendix 1

Commissioning Responsibility for sexual health, reproductive health and HIV

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 fetal medicine
<u>Commissioning Sexual Health Services - Best practice guidance for LAs</u>		

Figure 1 illustrates the interface and co-dependency of commissioning sexual health, reproductive health and HIV services.¹²

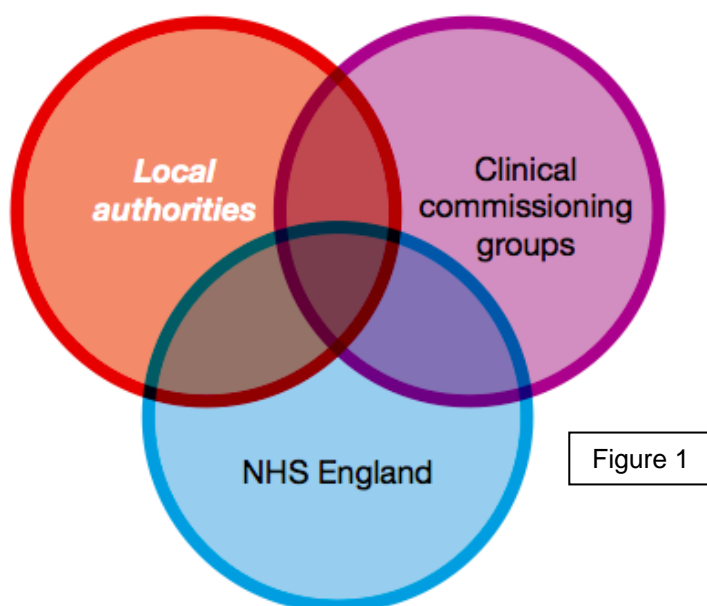


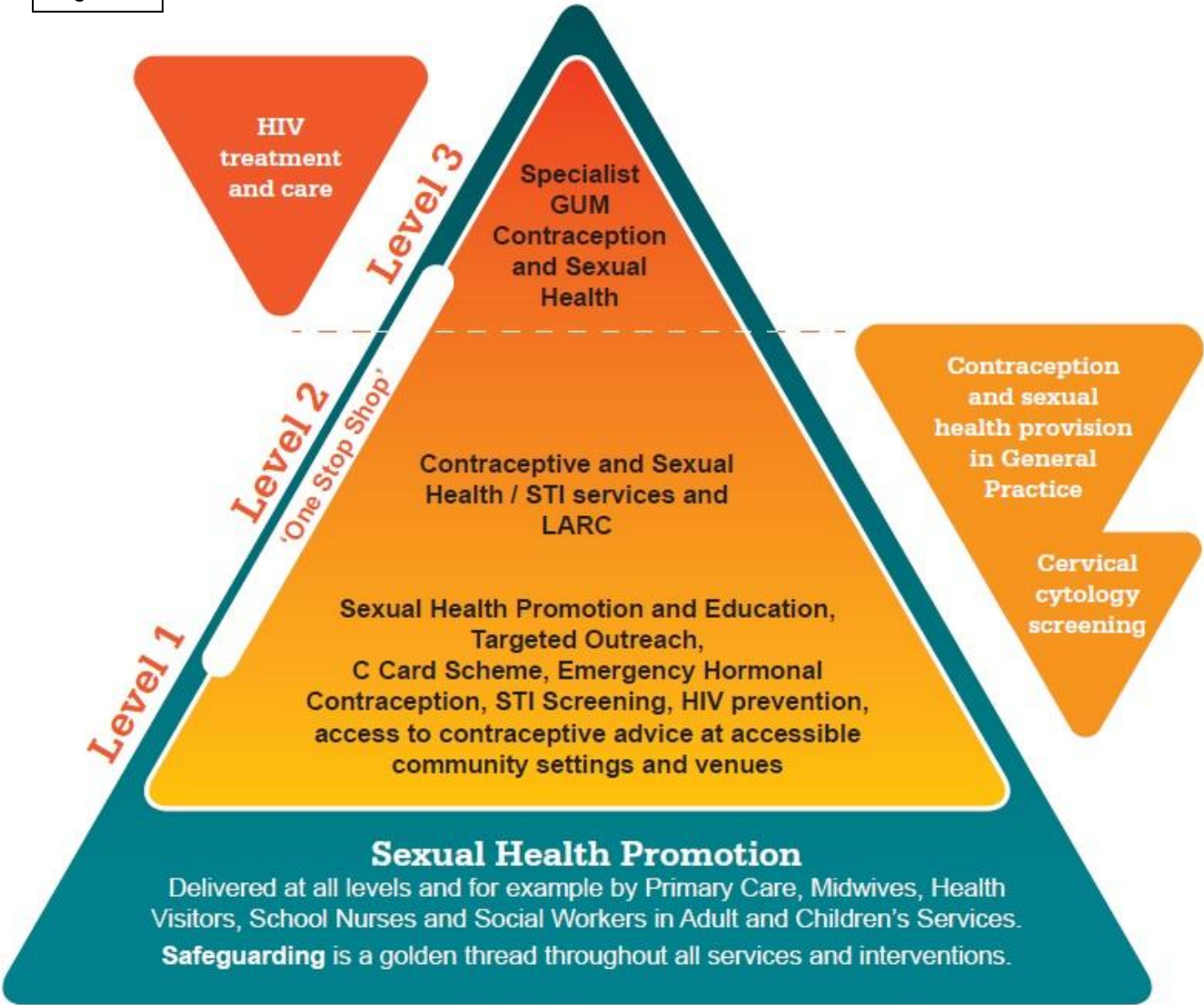
Figure 1

Appendix 2

Figures 2 and 3 (overleaf) illustrate the stratified, “hub-and-spoke” service model currently being implemented in Nottinghamshire.

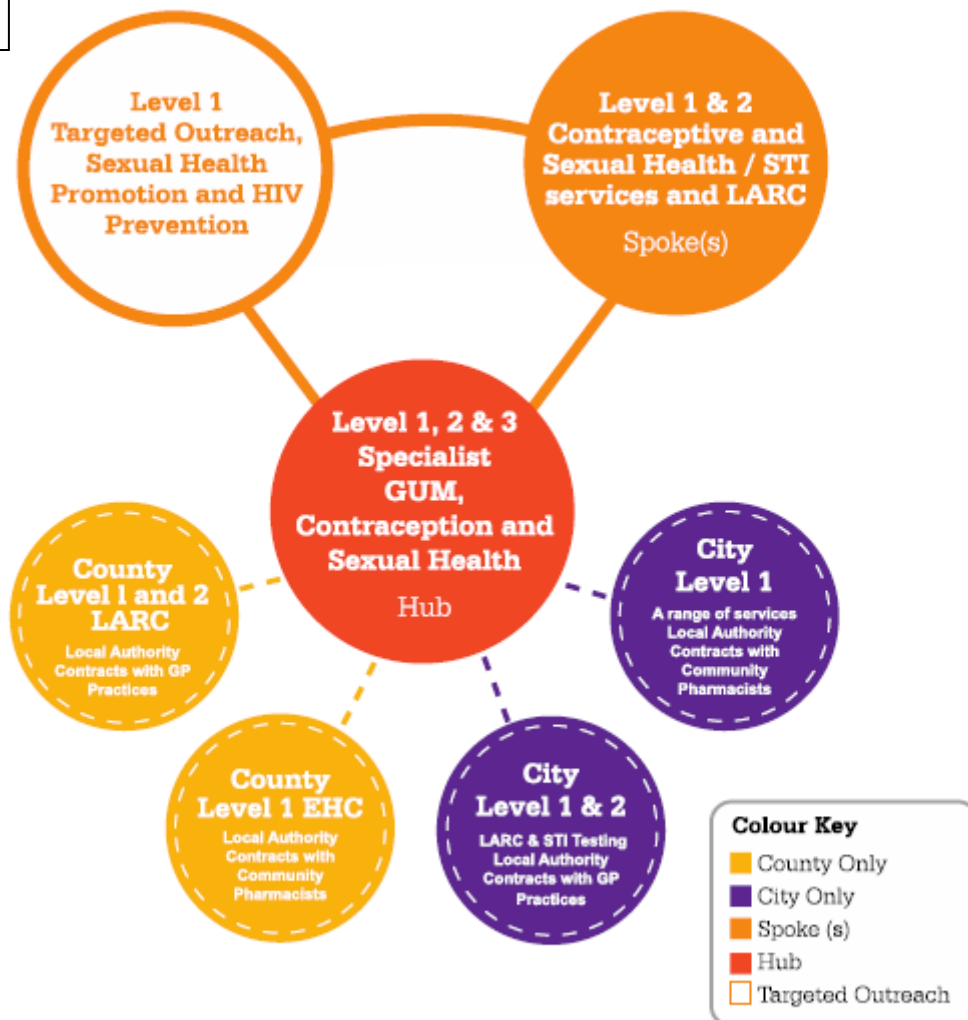
Three levels of service delivery within an Integrated Sexual Health Service

Figure 2



Integrated Sexual Health Service delivery within Nottingham City and Nottinghamshire County

Figure 3



Abbreviations:

GUM – Genito-Urinary Medicine

STI – Sexually Transmitted Infection

LARC – Long-Acting Reversible Contraception (such as implants, injections or the coil)

C Card – A commissioned service facilitating access to condoms, information and advice for young people and signposting to sexual health services

Appendix 3 Summary of current contracts for Sexual Health Services

Local Authority Commissioned Services – Sexual Health	
Type of Service	Provider
Integrated Sexual Health Service (ISHS) - contraception, STIs and HIV Prevention and Testing	
South County (joint contract with Nottingham City)	Nottingham University Hospitals https://www.nuh.nhs.uk/sexual-health-services
Mid- Nottinghamshire	Sherwood Forest Hospitals Foundation Trust https://www.sfh-tr.nhs.uk/index.php/my-sexual-health
Bassetlaw	Doncaster and Bassetlaw Hospital http://bassetlawtrihealth.dbh.nhs.uk/about-us/
LARC (Long Acting Reversible Contraception)	
Intra Uterine Contraceptive Devices	Locally Commissioned Public Health Services – GPs and ISHS
Contraceptive Implants	
Emergency Contraception	
Emergency Hormonal Contraception	Community Pharmacies and Integrated Sexual Health Services
Health Promotion and advice Young People	
South County (joint contract with Nottingham City)	Nottingham University Hospitals
Mid- Nottinghamshire	Sherwood Forest Hospitals Foundation Trust
Bassetlaw	Doncaster and Bassetlaw Hospital
Out of Area STI testing and treatment	
Nottinghamshire County residents can access services when out of area and the respective provider invoices the relevant LA	Any sexual health provider in England
Other Services	
Health Shop Sexual Health Service - accessed by county service users, positive engagement with people increased sexual health needs/risks	Nottinghamshire Healthcare Trust (NHT)
C Card scheme	Access to condoms for young people and signposting to sexual health services http://www.ccardnottinghamshire.co.uk/

Appendix 4

Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) – Nottinghamshire

Figure 4

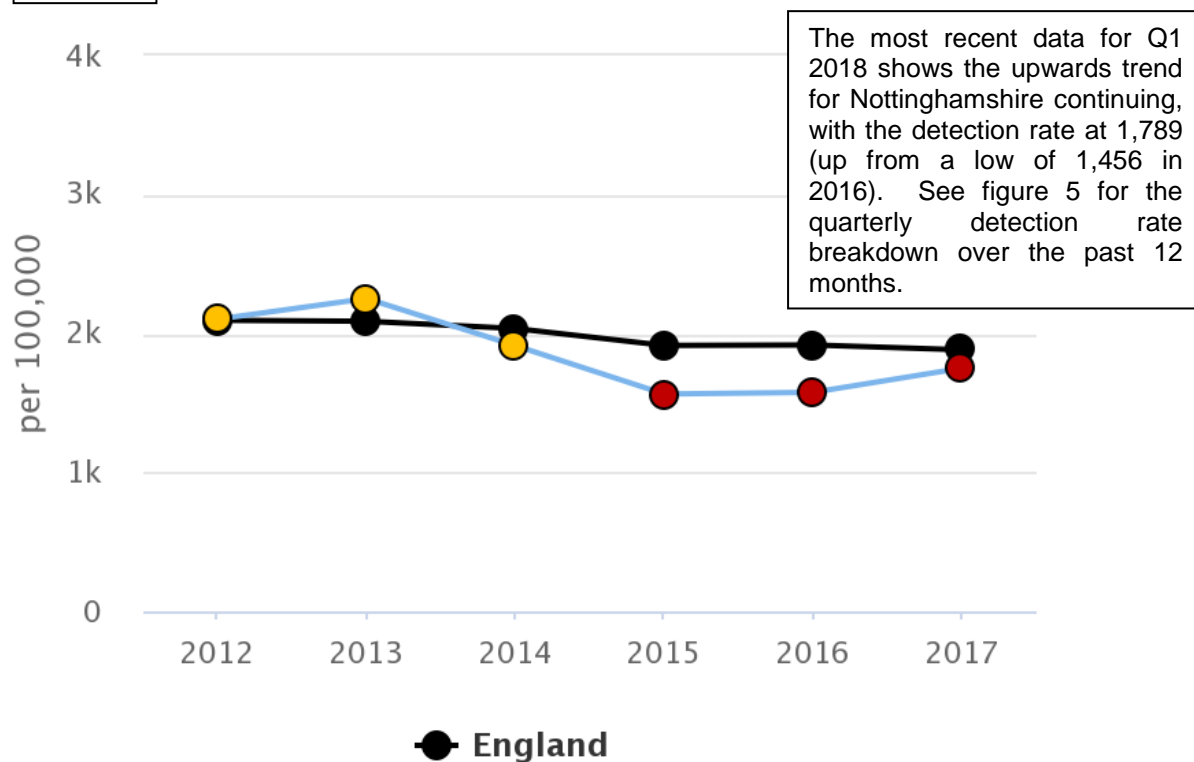


Chart taken from PHE's fingertips Public Health Profiles website:

<https://fingertips.phe.org.uk/search/chlamydia#page/4/qid/1/pat/6/par/E12000004/ati/102/are/E10000024/id/90776/age/156/sex/4>

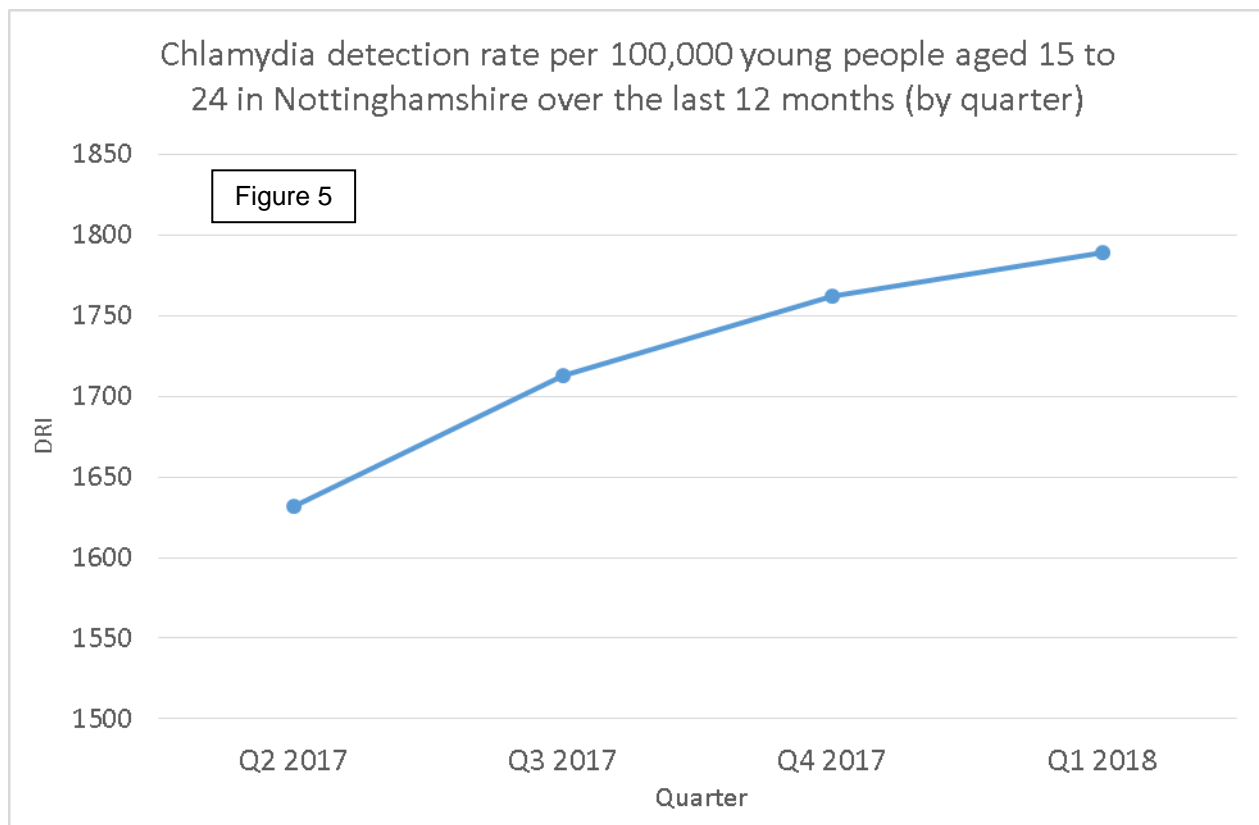


Chart generated from data available to the Nottinghamshire County Public Health team via the PHE CTAD web app.