Report to: **HEALTH AND WELLBEING BOARD**

Date: 27 June 2019

Reporting Officer: Pamela Watt

Subject: **SEXUAL AND REPRODUCTIVE HEALTH**

Report Summary: Sexuality and sexual relationships form a significant part of our lives and good sexual and reproductive health is about being confident and comfortable with ourselves and having access to the information and services that enable us to make informed choices that help keep us safe and well. Sexual and reproductive health is about wellbeing, not just services: it is a social issue, not just a medical one. Sexual and reproductive health is not just a medical issue, but extends to the social, with poor sexual and reproductive health impacting not only on an individual's wellbeing but that of their family and friends. It is also relevant across the life course.

There is a complex commissioning landscape for sexual and reproductive health services, however strong strategic leadership is provided through the Greater Manchester Health & Social Care Partnership, and there are many examples of collaborative commissioning across GM local authorities.

The paper proposes a process for developing a whole system partnership framework for action that aims to deliver a sexual and reproductive vision for Tameside.

Recommendations: Health and Wellbeing Board members are asked to:

- Note the content of the paper and presentation.
- Comment on the proposed vision and process for delivery, i.e. a Framework for Action.
- Discuss how best the whole system can contribute and work towards good sexual and reproductive health and wellbeing.

Corporate Plan: Sexual and Reproductive Health links to several of the outcomes within the Corporate Plan:

- Starting well/living well
  - Number of 16-19 year olds in employment or education
  - Promote whole system approach and improve wellbeing and resilience
  - Increase median resident earnings
  - Increase the working age population in employment
  - Increase the number of people earning more than the living wage
  - Working age population with at least level 3 skills
- Living well/ageing well
  - Reduce victims of domestic abuse
  - Increase access, choice and control in emotional and

mental self-care and wellbeing

- Improve the wellbeing for our population

Policy Implications:	The provision of sexual health services is a mandatory function of the Council, with poor sexual and reproductive health effecting both health and social outcomes for individuals and their families, as well as specific population groups. However, delivering an effective sexual and reproductive health system based on proactive and informed choice and aspiration needs the support of the whole system, and new ways of commissioning and providing need to be explored.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	There are no direct financial implications arising from the report, however Health and Wellbeing Board members should note the value of current investment by the Tameside and Glossop Strategic Commission. The 2019/20 budget value is £ 2.207 million. Members are reminded to consider this level of current investment in the context of the vision as outlined in the presentation. Clearly an improvement in related preventative measures will increase the value of this current investment and reduce demand on health service provision.
Legal Implications: (Authorised by the Borough Solicitor)	Where the Council is required to deliver a function, failure to do so in a rational reasonable way will attract the potential for successful challenge in the courts/tribunals or with regulatory watchdog bodies such as the Equalities Commission and the Local Government Social Care Ombudsman. Delivery must include evidence of value for money, fulfilment of the Council's fiduciary duty to the taxpayer, together with compliance with it's Equality Act duties.
Risk Management:	Effective implementation of a whole systems approach to delivering the sexual and reproductive health vision will reduce the risk of poor sexual and reproductive health outcomes, such as unintended pregnancy and poor wellbeing for our population and associated cost implications
Background Information:	The background papers relating to this report can be inspected by contacting Pamela Watt. Telephone: 07970887830 e-mail: pamela.watt@tameside.gov.uk

1. INTRODUCTION

1.1 The formal definition of sexual health is as follows:

"…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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."[1]

1.2 However, the focus can often settle on detection and treatment of disease, such as Sexually Transmitted Infections (STIs). This can be seen within the outcomes data often used to define sexual health – see section 2 and Appendix 1.

1.3 Sexuality and sexual relationships form a significant part of our lives and good sexual health is about being confident and comfortable with ourselves and having access to the information and services that enable us to make informed choices that help keep us safe and well. Sexual and reproductive health is about wellbeing, not just services: it is a social issue, not just a medical one.

1.4 Sexual and reproductive health is relevant not just for young people, but for people of all ages across the life-course.

1.5 Note that within this report the term sexual and reproductive health is used rather than just sexual health. The two issues are closely connected and Tameside's specialist service is an integrated service that addresses both issues.

2. DATA AND OUTCOMES

2.1 Below is a selection of the main indicators for sexual and reproductive health (for more detail – see Appendix 1):

	Tameside	England	Statistical comparison to England	Recent Trend
New STI diagnoses (excluding chlamydia in under 25s)/100,000 (2018)	742	851	Better	No significant change
HIV late diagnosis (%) (2015-17)	50	41.4	Not measured	-
Under 25s repeat abortions (%) (2017)	28.7	26.7	Similar	No significant change
Total prescribed LARC (excluding injections) rate/1,000 (2017)	42.4	47.4	Lower	-
Under 18s conceptions rate/1,000 (2017)	22.7	17.8	Worse	Getting better
Under 18s conceptions leading to abortions (%) (2017)	56.6	52	Similar	Increasing

[1] WHO, 2006a. Defining sexual health: Report of a technical consultation on sexual health, 28-31 January 2002. Geneva, World Health Organisation.

3. WHOLE SYSTEM THINKING

3.1 There are the direct financial and medical implications of poor sexual and reproductive health related to treatment of disease and potentially severe health complications when left untreated. But in addition, the social and personal impact of poor sexual and reproductive health can be immense; for example:

- Impact of unintended pregnancy, for all ages
- Abortions, including repeat abortions
- Long term impact resulting from e.g. child sexual abuse, rape
- Reduced confidence when not in control of sexual and reproductive health decisions; e.g.:
  - when to start sexual relationships
  - unequal power dynamics within relationships.

3.2 So investing in sexual health ensures the long term wellbeing of our local population and a strategic, planned approach that encompasses the whole system is needed. This will help transform sexual and reproductive health away from identification and treatment of disease into a proactive, empowering system that encourages informed choices that keep people safe and well.

3.3 Indeed, it has been calculated that for every £1 spent on contraceptive services there is a return on investment of £9 across the public sector[2].

3.4 This work is already in progress with an update presented to the Strategic Commissioning Board in December 2018. This paper suggests a Framework to shape our approach over the next three years.

4. COMMISSIONING LANDSCAPE

4.1 There is a complex commissioning landscape for sexual and reproductive health as set out below:

[2] ADPH, LGA, English HIV and SH Commissioners' Group (2019) APPG Enquiry on Contraception.

Local Authorities	CCG	NHS England
Community contraception, including: • Long acting reversible (LARC) contraception in general practice • Emergency hormonal contraception (EHC) in pharmacy	Abortion services	HIV treatment and care including pre and post prophylaxis
Community STI diagnosis and treatment, including the National Chlamydia Screening Programme (NCSP)	Vasectomy and sterilisation services	Contraception provided under the GP contract
Targeted sexual and reproductive health promotion, including free condom schemes	Gynaecology services	Cervical screening
HIV prevention	Psychosexual services (non sexual health element)	Opportunistic promotion and testing of STIs
Sexual health aspects of psychosexual counselling		Sexual health in prisons
Specialist sexual health services: including young people's sexual health services, outreach, and sexual and reproductive health promotion services in schools, colleges and pharmacies.		Sexual assault in referral centres (SARC)

4.2 Local Authority responsibilities are led by Population Health and forms one of the largest budget portfolios for Population Health. The responsibilities outlined above are managed via several contracts.

4.3 However, it should be noted that Tameside is closely linked to other Great Manchester (GM) Local Authorities via the GM Sexual Health Network that sits within the GM Health & Social Care Partnership and involves many partnership groups looking at all aspects of sexual and reproductive health. A GM strategy is been discussed and progressed within the relevant GM governance structures and drives the strategic ambition across GM.

4.4 Tameside also collaboratively commissions many sexual and reproductive health contracts with other GM Local Authorities. This includes our largest sexual and reproductive health contract for specialist sexual health services, which is jointly commissioned across Tameside, Stockport and Trafford and is provided by Manchester University NHS Foundation Trust.

4.5 The Department for Health and Social Care recently conducted a national review of sexual and reproductive health commissioning. The review findings[3] (published 9 June 2019) stated that local authorities take an active and efficient approach to commissioning services. It was confirmed that they would continue to lead on this important work, with the recommendation that the NHS work much more closely with local authorities on public health, so that commissioning is more joined-up and prevention is embedded into a wider range of health services.

[3] https://www.gov.uk/government/news/government-review-confirms-local-authorities-will-continue-to-commission-public-health-services

5. WHERE DO WE WANT TO BE?

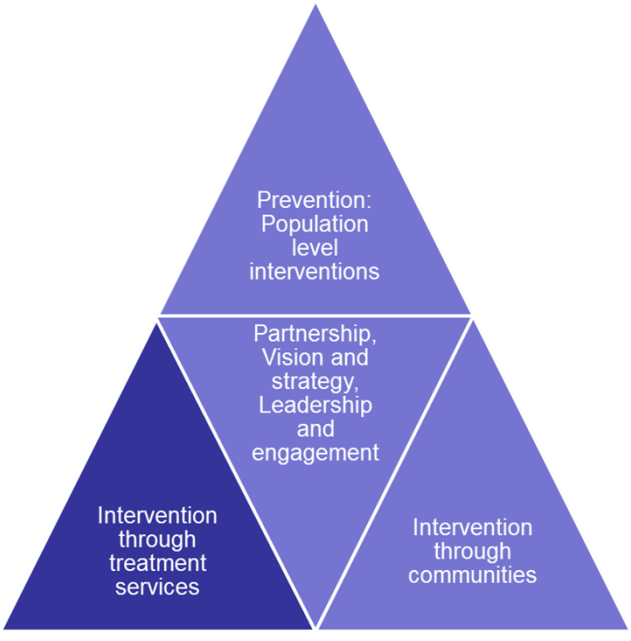
5.1 The Public Sector reform principles inform our approach - provision should be designed around people's needs and expectations; and be relatable to personal experiences.

- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- An asset based approach that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.
- Behaviour change in our communities that builds independence and supports residents to be in control
- A place based approach that redefines services and places individuals, families, communities at the heart
- A stronger prioritisation of wellbeing, prevention and early intervention
- An evidence led understanding of risk and impact to ensure the right intervention at the right time
- An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations.

5.2 Evidence[4] tells us what this should mean in practice:

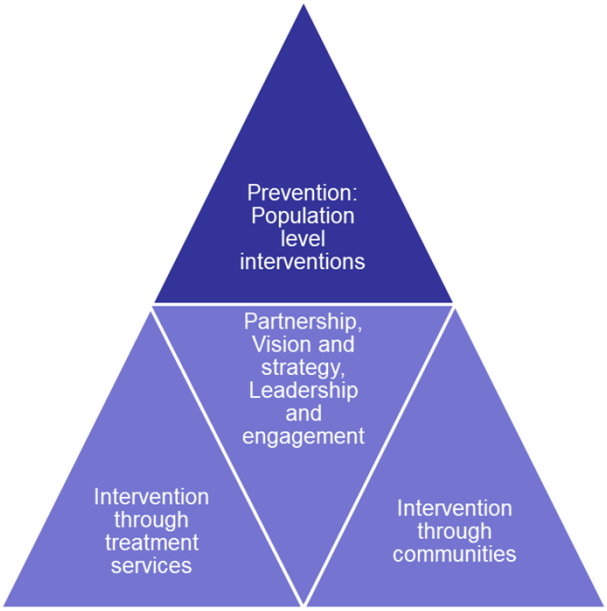
- Information that helps people to make informed decisions about relationships, sex and sexual health
- Preventative interventions that build personal resilience and self-esteem
- Rapid access to confidential, open-access, integrated sexual health services in a range of settings, accessible at convenient times
- Early, accurate and effective diagnosis and treatment of STIs, including HIV, combined with the notification of partners who may be at risk
- Joined-up provision that enables seamless patient journeys across a range of sexual health and other services – this will include community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings.

5.4 The current focus of our attention and resources is reactive:



[4] Department of Health (2013) A Framework for Sexual Health Improvement in England, Department of Health.

5.5 However, where the focus should be is as follows:



5.6 So a proposed vision could be:

> *Tameside residents of all ages are able to express themselves, be confident, have choice and take control of decisions about their sexual and reproductive lives. This includes having effective access to good and reliable information and access to services in a way that effectively meets their needs.*

5.7 Examples of current intervention programmes that do take an integrated, collaborative, preventative and evidence approach are the recently developed Relationship and Sex Education resource for schools and Youthink, which is a youth sexual and reproductive health outreach programme.

6. HOW ARE WE GOING TO GET THERE?

6.1 Amongst this complex commissioning landscape, and based on recommendations from the Department of Health & Social Care review, there is a need for partners to come together in a more joined up way to develop a Framework for Action.

6.2 Therefore, a partnership workshop is being planned in July to begin this process. The proposed key issues for discussion are:

- Vision
- Principles
- Priorities and outcomes
- Enablers
- Actions
- Next steps

6.3 The following paragraphs give examples of potential priorities and outcomes to initiate discussion during the workshop.

6.4 Short term priorities – what we can achieve in year 1:

- Organised marketing of services and campaigns, online appointments, online kits
- Public/patient engagement via existing services and media routes

- Increase ordering of online test kits
- Consultation of National Chlamydia Screening Programme (NCSP) – summer 2019
- Develop new vision for specialist sexual and reproductive health provision (ready for procurement process beginning summer 2020)
- Develop neighbourhood model for primary care LARC provision

6.5 Medium term priorities – what can we do in year 2:

- Further roll out of SRE programme - Statutory RSE will be mandatory in all secondary schools in the UK from September 2020.
- Support roll out of Greater Manchester offer – the online/digital offer; HIV treatment & care; Primary care model
- Procurement of specialist sexual and reproductive health provision (contract ends 31st March 2021; procurement to start summer 2020)

6.6 Long term priorities – what can we do in year 3:

- Implement a primary care neighbourhood model for sexual and reproductive health
- Develop more community provision by specialist services
- Deliver a planned, whole system approach to improve knowledge and uptake of appropriate digital offers that help improve self-care.

6.7 An initial focus could be to move less complex activity from the specialist clinic based integrated sexual and reproductive health services to more primary care and prevention services offered by GPs & Pharmacies. Subsequently, the focus could move to improving self-help, early identification and people taking responsibility for their own health.

6.8 Proposed outcomes - how will we know we have made a difference?

- Improved whole system sexual and reproductive health promotion and disease prevention interventions
- Improved patient journey and satisfaction
- A workforce that can deliver modern, integrated sexual health services.
- Reduced number of under-18 conceptions.
- Reduced number of unintended conceptions/ToP (all ages).
- Reduced transmission and prevalence of (undiagnosed) HIV and sexually transmitted infections.
- Improved diagnosis, treatment and social care for people living with HIV, including reducing stigma.

6.9 The outcome of the workshop and consultations will be shared at a subsequent Health & Wellbeing Board.

7. CONCLUSION

7.1 Sexual and reproductive health is a complex subject that encompasses many issues and services with a range of commissioners and providers involved, locally, regionally and nationally.

7.2 We need to develop a clear local vision and plans for implementation, whilst also influencing the strong Greater Manchester strategy and commissioning directions. Local development could progress through a Framework for Action developed with partners that covers the whole system and life course.

8. RECOMMENDATIONS

8.1 As set out on the front of the report.

APPENDIX 1

Public Health England Fingertips data – Sexual and Reproductive Health Profiles (2019)

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Recent trends: – Could not be calculated; No significant change; Increasing / Getting worse; Increasing / Getting better; Decreasing / Getting worse; Decreasing / Getting better; Increasing

		Tameside			Region	England			
Indicator	Period	Recent trend	Count	Value	Value	Value	Worst/ lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2018	↑	19	8.5	12.0	13.1	157.4		2.5
Gonorrhoea diagnostic rate / 100,000	2018	↑	211	94.1	81.2	98.5	870.9		17.7
Chlamydia detection rate / 100,000 aged 15-24 <1900 1900 to <2300 ≥2300	2018	↓	407	1,641	2148	1975	1,054		5,757
Chlamydia proportion aged 15-24 screened	2018	↓	4,260	17.2%	19.6%	19.6%	9.4%		48.7%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2018	→	1,057	742	775	851	3,823		380
HIV testing coverage, total (%)	2018	↑	3,328	51.1%	53.0%	64.5%	29.0%		84.8%
HIV late diagnosis (%) <25% 25% to 50% ≥50%	2015 - 17	–	18	50.0%	44.2%	41.1%	68.6%		16.7%
New HIV diagnosis rate / 100,000 aged 15+	2017	→	11	6.0	7.7	8.7	44.6		0.0
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2017	↑	244	1.87	1.85	2.32	14.65		0.39
Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) <80% 80% to 90% ≥90%	2017/18	–	1,280	93.8%	87.2%	86.9%	67.8%		95.3%
Under 25s repeat abortions (%)	2017	→	114	28.7%	27.5%	26.7%	39.0%		13.9%
Abortions under 10 weeks (%)	2017	→	810	83.1%	80.5%	76.6%	66.6%		86.7%
Total prescribed LARC excluding injections rate / 1,000	2017	–	1,766	42.4	44.8	47.4	7.0		85.8
Under 18s conception rate / 1,000	2017	↓	83	22.7	21.9	17.8	43.8		6.1
Under 18s conceptions leading to abortion (%)	2017	↑	47	56.6%	51.9%	52.0%	27.8%		81.0%
Violent crime (including sexual violence) - rate of sexual offences per 1,000 population	2017/18	↑	591	2.6	2.7	2.4	0.8		5.3