

Southend-on-Sea Borough Council

Agenda
Item No.

Report of Director of Public Health

to
Cabinet
On
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Report prepared by:
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Southend-on-Sea Borough Council Sexual Health Strategy 2014-2017

People Scrutiny Committee
Executive Councillor: Councillor Ian Gilbert
Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1 To outline the contents of the Southend-on-Sea Borough Council's Sexual Health Strategy 2014-2017.

2. Recommendation

- 2.1 **That the Southend-on-Sea Borough Council's Sexual Health Strategy 2014-2017 and associated action plan are endorsed.**

3. Background

- 3.1 The Health and Social Care Act 2012 led to changes in responsibility for the commissioning of sexual health services. From 1st April 2013, Southend-on-Sea Borough Council became responsible for commissioning comprehensive, open access and confidential contraception and sexually transmitted infections (STI) testing and treatment services.
- 3.2 The Southend-on-Sea Sexual Health Strategy 2014 -2017 explains how the Council intends to commission an integrated sexual health service to improve the sexual health and well-being of the local population.
- 3.3 The development of the Southend-on-Sea Sexual Health Strategy 2014-2017 is in line with the Department of Health's 'Framework for the Sexual Health Improvement in England'. The strategy has also been informed by a local sexual health and HIV needs assessment.
- 3.3 The overall aims of the strategy are:
- To improve the sexual health of the population of Southend-on-Sea

- To reduce sexual health inequalities between the general population and the most vulnerable and socially disadvantaged groups at greatest risk of poor sexual health in Southend-on-Sea

3.4 These aims will be achieved by:

- Promoting independence and empowering individuals to make informed choices to improve their own sexual health
- Improving disease prevention
- Reducing the number of unintended conceptions and repeat terminations
- Reducing stigma, fear and embarrassment regarding Human Immunodeficiency Virus (HIV), STIs and teenage pregnancy
- Reducing the transmission of STIs
- Reducing the prevalence of undiagnosed STIs
- Providing holistic, confidential and open-access sexual health services, delivered by a skilled workforce
- Improving links to other relevant strategies e.g. teenage pregnancy strategy, alcohol strategy and complex needs

3.5 A comprehensive action plan has been developed to ensure delivery of the Strategy's aims. This highlights the key actions, who is responsible for delivery and how success will be measured.

4. Other Options

4.1 The Southend-on-Sea Sexual Health Strategy 2014-2017 highlights how the commissioning of a local integrated sexual health service will make the system more streamlined for service users and lead to more efficient use of resources. The other option would be to keep elements of the local sexual health service as individual services.

5. Reason for recommendation

5.1 Implementation of the Southend-on-Sea Sexual Health Strategy 2014-2017 and the associated action plan will help to improve the sexual health and wellbeing of the local population and deliver efficiencies over the longer term.

6. Corporate Implications

6.1 Contribution to Council's Vision & Corporate Priorities
Implementation of the Sexual Health Strategy and action plan will help to tackle health inequalities and improve the sexual health of the local population.

6.2 Financial Implications

The Council currently spends approximately £1.8 million a year on sexual health services.

The Southend-on-Sea Sexual Health Strategy 2014-2017 will deliver its action plan within the current public health ring-fenced budget allocation.

6.3 Legal Implications

The legal context is set out in the report.

- 6.4 **People Implications**
The Southend-on-Sea Sexual Health Strategy 2014-2017 aims to ensure that all individuals resident in the borough have access to comprehensive, open access and confidential contraception and sexually transmitted infections testing and treatment services.
- 6.5 **Property Implications**
Not applicable
- 6.6 **Consultation**
A consultation on the sexual health needs assessment took place in December 2013. This included a workshop which was attended by a wide range of providers and key stakeholders from across the borough. In addition an online questionnaire was used to obtain feedback from stakeholders who were unable to attend the workshop; over 20 responses were received from a variety of organisations.
- The outcomes of the consultation have been incorporated into the Southend-on-Sea Sexual Health Strategy 2014-2017.
- 6.7 **Equalities and Diversity Implications**
The Southend-on-Sea Sexual Health Strategy 2014-2017 is an inclusive strategy for the population of Southend-on-Sea.
- 6.8 **Risk Assessment**
Failure to implement the Sexual Health Strategy 2014-2107 could have a negative impact on sexual health outcomes in the local population.
- 6.9 **Value for Money**
The redesign and commissioning of an integrated sexual health service will identify opportunities for cost savings to be realised through a single model of delivery.
- 6.10 **Environmental Impact**
Not applicable.
- 7. Documents used to inform this report**
- 7.1 Southend-on-Sea Sexual Health Strategy Needs Assessment and HIV Needs Assessment.
- 8. Appendix**
- 8.1 Southend-on-Sea Sexual Health Strategy 2014-2017

**Southend-on-Sea Borough
Council
Sexual Health Strategy
2014 – 2017**

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Foreword

Maintaining good sexual health within a population requires there to be access to high quality information, advice and appropriate services to meet identified needs. This sexual health strategy sets out the local priorities and the approach that Southend-on-Sea Borough Council and its partners will take to tackle health inequalities and improve the sexual health of the local population.

In recent years the Council has made significant progress in tackling some of the key issues impacting on the sexual health and well-being of local people. There is however, still more to be done. There has been a national and local increase in the number of people being diagnosed with sexually transmitted infections which we need to take account of. Local people, key stakeholders and partners have been consulted and provided evidence for change.

There are also some quite specific local challenges, including ensuring local citizens diagnosed with HIV have access to high quality care and support. Sexual health is not just about illness or disease. The Council commissions a range of services that are focussed on the reproductive health and wellbeing of the local population, a key element to securing the long term future of the borough. In these times of austerity, there is a need to ensure that public money invested in delivering sexual health services for local people is being used efficiently and offers good public value.

This sexual health strategy will inform our future approach to service commissioning. It sets out the local priorities, objectives and the outcomes we will use to measure success.

I would like to thank all the Council's key stakeholders and service user representatives. Without their assistance and local insight, it would not have been possible to develop this strategy.

Cllr. Ian Gilbert
Executive Councillor for Public Health

1. Introduction

The importance of access to information, advice and access to services that enable the population to maintain good levels of reproductive and sexual health cannot be understated. Adverse outcomes from lack of provision include unintended pregnancy, particularly (but not exclusively) in teenagers, sexually transmitted infections (STIs) and poor reproductive health in females that not only affects the mother but may also impact on children in future years.

Sexual health is a public health priority at a national and local level. In Southend-on-Sea the rates of sexually transmitted infections (STIs) have shown an increase similar to recent upward trends identified at national level. There are also specific local challenges such as addressing the increase in the number of people known to be infected with human immunodeficiency virus (HIV). There are good examples of local success. In recent times the borough has seen a greater sustained rate of reduction in the number of teenage pregnancies than the rest of England; but the local rate of teenage pregnancies in Southend-on-Sea is still higher than the England average.

Dealing with the effects of poor sexual health has a significant economic cost. It is estimated the NHS spends in the region of £1 billion each year on the treatment and management of STIs and their consequences. Prevention of disease and illness related to sexual practice is clearly more beneficial to society. Evidence suggests that for every £1 spent on contraceptive services, there is a return of £11 to the local health and social care economy¹.

Local authorities are monitored and benchmarked on the success they are having in improving the public's health through a national tool, the Public Health Outcomes Framework (PHOF). The PHOF enables local authorities to compare and measure their performance on delivering against specified public health priorities against peers and also England as a whole. There are 3 specific sexual health related performance indicators in the PHOF:

- Under-18 conceptions
- Chlamydia diagnoses (15–24 year-olds)
- People presenting with HIV at a late stage of infection

It is important to note this sexual health strategy does not solely focus on measures to tackle these 3 indicators. It is the Council's intention to adopt a wider more holistic approach that enables it to tackle the wider determinants (factors) that give rise to poor sexual and reproductive health in the borough of Southend.

2. Purpose

The purpose of this strategy is to set out the priorities and actions the Council will take to deliver change and improve the sexual health and well-being of population of Southend-on-Sea over the next 3 years. This document will inform future planning and commissioning decisions so that resources are effectively targeted at those with greater sexual health needs. The Council will achieve its priorities by rationalising the local sexual health services into an efficient, high quality and fully integrated service with clear access and exit points that meet the needs of local citizens.

The World Health Organisation (WHO) defines sexual health 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.”²

It is widely recognised that healthy sexual relationships that are free from physical and psychological harm are an important part of life and the development of a lifelong positive attitude towards sex, sexual health and relationships.

Over the past few decades there have been significant changes in personal relationships, and how people live their lives. These changes require different approaches to support and enable people to manage issues that might affect their sexual health and well-being. This strategy will ensure that local citizens of Southend-on-Sea have access to high quality services and interventions that enable them to maintain their sexual and reproductive health.

3. Vision

Sexual health services in Southend-on-Sea will be built upon the belief that all people have the right to good sexual health. Sexual health is not solely focussed on disease or infection but with the broader issues of mental and emotional health and the context in which citizens live their life.

Our vision is to:

Create a better Southend through supporting and maintaining good sexual health.

This will be achieved through:

- Citizens having access to comprehensive and accurate sex education, information and advice that enables them to make informed choices about their own sexual health; free from coercion, discrimination or stigma.
- Citizens being able to access appropriate, respectful, high quality prevention and treatment services that enable them to take action to prevent sexual ill health and be treated for any negative consequences of sexual ill health.

4. Scope

This strategy covers the 3 year period 2014 to 2017. The scope and focus of the strategy may require revision in response to changing national or local policy/guidance, taking account of new strategies, policy direction or initiatives that have a bearing on sexual health (e.g. alcohol, mental health and complex needs, homeless etc). It will be reviewed annually to ensure that it remains fit for purpose and is delivering the intended outcomes.

This strategy covers the following areas:

- Sexual health promotion including prevention of STIs and HIV
- Community contraception and sexual health services
- Genitourinary Medicine (GUM)
- Primary Care (including General Practice and Community Pharmacies)
- Chlamydia Screening Programme

The strategy does not cover:

- Teenage pregnancy prevention*
- Sexual violence or Sexual Assault Referral Centres (SARCs)
- HIV specialist inpatient and outpatient treatment
- Care of people with HIV and co-morbidities
- Procurement and provision of Anti-Retroviral Treatment (ART)
- Primary Care contracting for the GP contract
- Sexual health care for people in custody/ the military
- Non-sexual health elements of psycho-sexual counselling
- Sterilisations and vasectomies
- Elements of contraception within the GP contract
- Termination services
- Antenatal, obstetrics and gynaecological provision

*Teenage pregnancy prevention will be included in the forthcoming Southend-on-Sea Teenage Pregnancy Strategy.

5. Aims

The overall aims of this strategy are:

- To improve the sexual health of the population of Southend-on-Sea
- To reduce sexual health inequalities between the general population and the most vulnerable and socially disadvantaged groups at greatest risk of poor sexual health in Southend-on-Sea

We will achieve our overall aims by:

- Promoting independence and empowering individuals to make informed choices about issues that impact on their sexual health
- Improving disease prevention and reducing the transmission of STIs
- Reducing the number of unintended conceptions and repeat terminations
- Reducing stigma, fear and embarrassment regarding Human Immunodeficiency Virus (HIV), STIs and teenage pregnancy
- Reducing the prevalence of undiagnosed STIs by supporting people to attend services for testing
- Providing holistic, confidential and open-access sexual health services delivered by a skilled and competent workforce
- Ensuring there is collaboration and effective engagement between this strategy and other relevant policies e.g. teenage pregnancy strategy, substance misuse and alcohol strategies, domestic abuse and sexual violence prevention strategies

6. Why Sexual Health is Important – Local Need

There is a strong link between social disadvantage and poor sexual health. This is borne out by the fact that areas with high levels of disadvantage have higher rates of unintended teenage conceptions and sexually transmitted infections. This pattern becomes cyclical since poor sexual health increases the risk of reduced social, economic and health prospects.

There are a number of vulnerable groups at risk of poor sexual health. This may be because the circumstances in which they live, e.g. homeless, prisoners and asylum seekers, or because of risks related to behaviours, e.g. sex workers, alcohol misuse and injecting drug users. Young people aged 16-24 years and particularly those from deprived areas are at risk of contracting and transmitting STIs. There remains a high prevalence of HIV and other sexually transmitted infections between men who have sex with men. Evidence also suggests that rates of STIs amongst persons aged 50+ and black and minority ethnic groups (BAME) are of increasing concern.

Southend-on-Sea has a mixed economy with areas of affluence interspersed with significant pockets of disadvantage, and has a significant proportion of young people and people of working age. Since 2001, Southend-on-Sea has seen a significant increase in ethnic diversity.

All local authorities in England, including Southend-on-Sea, face significant challenges to improve the sexual health of their population. Tackling the unintended consequences of poor sexual health offers significant local benefits including a reduction in the demand for clinical and social care support as well as improving the mental health and general well-being of the population.

A detailed Southend-on-Sea Sexual Health Needs Assessment (SHNA) has been undertaken. This looked at the issues affecting the borough, taking into account the views of the Council's stakeholders, wider partners and local citizens. The data and evidence collected through the SHNA has informed the development of this strategy. (a separate HIV Needs Assessment has also been undertaken; the Executive Summary of this report is set out in Appendix 1).

Southend-on-Sea Sexual Health Needs Assessment Methodology

The SHNA was informed by the following 3 processes:

- Epidemiological needs assessment; looking at the disease profile in the local population.
- Comparative needs assessment; comparing Southend-on-Sea data with other relevant comparator local authorities.
- Corporate needs assessment; undertaking focus groups and online consultation with key stakeholders to review the patient pathway and obtain a professional view on the most important aspects that needed to be addressed to ensure citizens were able to access local high quality sexual health services.

Key findings:

Nationally and locally, there was an increase in the number of new cases of STIs diagnosed in the population between 2009 and 2012. A number of factors appear to have contributed to the increase in reporting. Better data quality and new technology has led to more testing and detection of existing diseases such as gonorrhoea, in high risk groups. This means that people who may have been infected but were undiagnosed are now included in the data returns. There were 1145 newly diagnosed cases of STIs in Southend-on-Sea in 2012. Table 1 shows the percentage of all new cases of the 5 most common STIs diagnosed in England and Southend-on-Sea in 2012.

Table 1- New STI's Diagnosed in 2012 in England and Southend-on-Sea

	Chlamydia	Genital Warts	Genital Herpes	Syphilis	Gonorrhoea
England	46%	17%	7%	1%	6%
Southend-on-Sea	45%	23%	10%	1%	4%

The number of new cases of sexually transmitted infections (STIs) diagnosed in Southend-on-Sea is similar to England. However the rate of acute STI diagnosis (proportion of new cases benchmarked against the number of local residents) for gonorrhoea and chlamydia (all ages) is lower in Southend than England.

Chlamydia is one of the most common STI's in the UK. Chlamydia can cause significant harm to the sexual health of both men and women. Treating chlamydia infection is particularly important for women as if it is left untreated it can lead to infertility. Chlamydia is easy to treat and a National Chlamydia Screening Programme (NCSP) has been established to opportunistically screen sexually active 15-24 year olds. In order to reduce the prevalence of chlamydia within the population and the likelihood of people becoming infected with the disease, the NCSP recommend a diagnosis rate of 2,300 per 100,000 population is required. In 2012, the Southend-on-Sea chlamydia diagnosis rate was 1,791 per 100,000 population; and there is more work to be done to reduce prevalence.

Human Immunodeficiency Virus (HIV) is a virus that attacks the body's immune system, weakening its ability to fight infection and disease. The UK has one of the highest rates of infection in Europe with a disproportionate number of diagnoses of HIV amongst men who have sex with men (MSM) and black African men and women compared to the general UK population⁵.

In 2011, there were an estimated 96,000 people living with HIV in the UK. This means that 1.5 persons per 1,000 population aged 15-59 were infected with HIV. In Southend-on-Sea there were 281 people diagnosed as living with HIV infection. High prevalence areas (localities where there are more cases than the average for England) are areas where the diagnosed prevalence of HIV is 2 or more cases per 1,000 population aged 15-59.

Southend-on-Sea is considered to be a high prevalence area for HIV with 2.76 cases per 1,000 population aged 15-59⁵. The National Institute for Health and Care Excellence (NICE) is the body that is responsible for setting out the guidance on care and treatment services within the UK. NICE recommends that HIV testing should be offered to all general medical admissions and to all people aged 15-59 registering in general practice in areas where the diagnosed HIV prevalence is greater than 2 per 1,000 population^{8,9}.

There were more people diagnosed late with HIV in Southend-on-Sea in 2011 than nationally (58% and 47%, respectively). A late HIV diagnosis can have adverse consequences on the individual, including making it more likely the person will have frequent admissions to hospital due to illness and reducing their life expectancy. Late diagnosis of HIV increases the risk of transmission of the disease within the population, impacting significantly on individuals infected as well as the public purse. The average cost to the NHS of treating people infected with HIV over their lifetime, ranges between £280,000 and £360,000¹⁰.

There are a number of factors that increase the risk of an unintended teenage pregnancy and STI's in young people. One particular factor is the consumption of alcohol. Research has found an association between increased rates of teenage pregnancy in females and STIs in males and females aged 15-19, following only one alcohol-attributable hospital admission⁶.

During the period 1998 to 2012, the rate of teenage conceptions in the UK declined nationally and locally. Within Southend-on-Sea, the rate of reduction was slightly greater than that experienced at national level, declining by 46.1% in the period. There were however, still slightly more under18 conceptions per 1,000 women aged 15-17 in Southend-on-Sea in 2012, than the average for England; with 30.4 unintended conceptions per 1,000 women aged 15-17 in Southend-on-Sea, compared to 27.7 per 1,000 women aged 15-17 in England. There are 5 wards that have a rate higher of under 18 conceptions than the Southend-on-Sea average. These include Shoeburyness, St. Luke's, Victoria, Kursaal and Milton, and are all associated with higher levels of disadvantage.

In summary, the SHNA found there was a wide range of sexual health services available to meet the needs of the population of Southend-on-Sea. Service providers offer information and advice for users that is accessible and in a range of formats. There is an outreach provision as well as walk-in clinic, for hard to reach groups. There is online access to health care professionals as well as face to face appointments, and services are provided outside of normal working hours. High levels of user satisfaction obtained from patient experience surveys suggest that people are generally content with the quality of services provided.

The key findings and recommendations from the SHNA are:

- A strong relationship between deprivation and poor sexual health and unplanned teenage conceptions within Southend-on-Sea was identified. Interventions need to be targeted appropriately on key groups disproportionately affected by sexual ill health.

- Greater efficiency could be obtained through redesigning and integrating sexual health services within Southend-on-Sea. This process would be in line with national guidance
- Alcohol brief interventions (action to address risky behaviour linked to alcohol consumption) should be implemented for all those who attend community based sexual health services in Southend-on-Sea
- Expansion of STI testing provision in new patient registrations in general practice
- There should be greater access to contraception services in general practices and community pharmacies
- Sexual health promotion and community HIV prevention services should support prevention activities such as greater uptake of STI screening, prevention of disease transmission and encourage hard to reach groups to come forward for testing and treatment
- There needs to be an increased focus on multi-agency working to improve the uptake of HIV testing in high-risk groups
- Any new integrated sexual health service needs to ensure it facilitates access to effective contraception for young people, particularly those most at risk of unintended teenage pregnancy
- Action is required to increase contraception use, particularly long acting reversible contraception (LARC) in women of child bearing age
- There needs to be increased capacity and capability amongst the non-specialist health and social care staff so they are able to confidently promote sexual health and well-being, challenge risk-taking behaviours and signpost or refer citizens to relevant services
- All specialist services should be staffed by skilled, qualified and competent workforce in line with national standards.
- There needs to be greater use of social marketing tools and technology techniques to reach out to at risk/target groups to empower them to improve their sexual health
- To develop a multi-agency Sexual Health Service Programme Board

7. National Strategies Impacting on Local Outcomes

In March 2013, the Department of Health published *A Framework for Sexual Health Improvement in England*⁷. The aim of this framework is to improve the sexual health and well-being of the whole population with a view to:

- Reduce inequalities and improve sexual health outcomes;
- Build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex; and
- Recognise that sexual ill health can affect all parts of society – often when it is least expected.

The Framework sets out a number of specific objectives that it believes will achieve the overall aims:

- Build knowledge and resilience among young people
- Rapid access to high quality services
- People remain healthy as they age
- Prioritise prevention
- Reduce rates of STIs among people of all ages
- Reduce onward transmission of HIV and avoidable deaths from it
- Reduce unintended pregnancies among all women of fertile age
- Continue to reduce the rate of under 16 and under 18 conceptions.

In order to achieve the national and local objectives, Southend-on-Sea Borough Council needs to work in partnership with a number of other commissioners each of which have specific responsibilities for sexual health services. Table 2 provides an overview of partners and their respective commissioning responsibilities.

Table 2 Sexual Health Commissioning Responsibilities:

Local Authorities	Clinical Commissioning Groups	NHS England
<p>Comprehensive sexual health services These include:</p> <ul style="list-style-type: none"> • Contraception including implants and intra-uterine contraception but excluding contraception provided as an additional service under the GP contract • Sexually transmitted infection testing and treatment, chlamydia screening as part of the national chlamydia screening programme and HIV testing • Sexual health aspects of psychosexual counselling 	<ul style="list-style-type: none"> • Most abortion services • Sterilisation • Vasectomy • Non-sexual health elements of psycho-sexual health services • Gynaecology, including any use of contraception for non-contraceptive purposes 	<ul style="list-style-type: none"> • Contraception Services provided as an additional service under the GP contract • HIV treatment and care (including drug costs for post-exposure prophylaxis after sexual exposure) • Promotion of opportunistic testing and treatment for STIs and patient requested testing by GPs • Sexual health elements of prison health services • Sexual Assault Referral Centres • Cervical screening

<ul style="list-style-type: none"> Any sexual health specialist services including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion services in schools colleges and pharmacies 		<ul style="list-style-type: none"> Specialist foetal medicine services
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There are a range of specific standards and requirements related to the commissioning of sexual health services that the Council must ensure providers comply with. These include:

- British Association for Sexual Health and HIV (BASHH), Standards for the Management of Sexually Transmitted Infections, 2014
- Faculty of Sexual and Reproductive Healthcare (FSRH), A Quality Standard for Contraceptive Services, 2014
- Time to test for HIV: Expanding HIV testing in healthcare and community services in England, Health Protection Agency, 2011
- "You're Welcome" quality criteria: making health services young people friendly (DH 2011)
- Public Health England (PHE), Addressing Late HIV Diagnosis through Screening and Testing (2014)
- Public Health England (PHE), Opportunistic Chlamydia Screening of Young Adults in England (2014)

NICE have also published extensive guidance on sexual health and well-being including:

- Long Acting Reversible Contraception: the effective and appropriate use of Long Acting reversible Contraception (2005)
- Prevention of Sexually Transmitted Infections and under 18 conceptions - One to one interventions to reduce the transmission of Sexually Transmitted Infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups (2007)
- Pregnancy and complex social factors – A model for service provision for pregnant women with complex social factors (2010)
- Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among men who have sex with men (2011)
- Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among black African communities living in England (2011)
- Contraceptive services with a focus on young people up to the age of 25 (2014)

The Council needs to take account of these specific quality standards and ensure its providers deliver services that conform to best practice.

8. Local Service Provision

Local authority commissioned sexual health services in Southend-on-Sea are delivered within a range of hospital, community, primary care, pharmacy and outreach settings and charitable organisations (Terrence Higgins Trust). The services provided have already been described, however, they include STI testing and treatment, contraception provision, and sexual health information and advice. Figure 1 provides an overview of the current model of service delivery.

Figure 1 Detailed map of Sexual Health Service Provision in Southend-on-Sea



*Further detailed information on commissioned sexual health services can be found in the SHNA.

The Department of Health has expressed an ambition that local authorities should commission high-quality integrated sexual health services. The intention is to ensure local people are able to access services through 'one stop shops' that provide open access and enable the majority of their sexual health and contraceptive needs to be met at one site.

The benefits of an integrated sexual health service include making the system more streamlined for service users, creating a more efficient use of resources and improved information management.

Southend-on-Sea Borough Council's ambition is to work towards an integrated model of service delivery, ensuring greater collaboration between the different aspects of sexual health care (GUM, Contraception, and other related services) and the different elements of each care pathway (e.g. prevention, sexual health promotion, testing, treatment, long-term condition management and social care for HIV).

It is the intention that a joined up, integrated sexual health model will offer better efficiency than the current good but complex network of providers the Council

inherited from legacy NHS organisations. Any future integrated service will:

- Meet the current and future demands of a changing population and be technologically advanced
- Provide good quality and value for money
- Provide the types of services that are required to make a difference for the Southend-on-Sea population, especially the most vulnerable

To achieve these objectives the service specification for the new service will focus integrating the following interventions into a single model of service delivery:

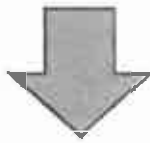
- Specialist contraceptive-and sexual health clinic services providing sexually transmitted infections testing and treatment services and access to contraception
- Community pharmacies- providing chlamydia screening and treatment, and access to contraception
- GP Practices- providing chlamydia screening and treatment, and Long Acting Reversible Contraception
- Targeted HIV prevention and sexual health promotion services-offering advice support and interventions to prevent disease transmission and uptake of testing

The future integrated model will have a direct interface with other Council and partner commissioned services, including those focused on young people, people with alcohol and drug misuse problems, and other groups at higher risk.

The proposed future model of integrated service delivery is shown at Figure 2.

Figure 2 The Future Model of Integrated Sexual Health Services in Southend

Service users



Integrated Sexual Health Service

- Full range of Contraception methods (including Long-Acting Reversible Contraception methods)
- Sexually transmitted Infection (STI) testing and treatment and partner notification
- Chlamydia screening as part of the National Chlamydia Screening Programme including an online testing service
 - Services currently delivered by GP practices/ community pharmacies
 - HIV testing
- Sexual health aspects of psychosexual counselling
- young people's sexual health and teenage pregnancy services
 - outreach
- services in schools, colleges and targeted settings and groups with identified needs
- Chlamydia Screening Office Data Administration Service
- Sexual Health Promotion and barrier contraception distribution
 - Laboratory Services
 - Education Based Health Services

9. Delivering the Strategy

The following action plan sets out how the Council, working with key partners and the community, intends to achieve the strategic objectives outlined in Section 5 of this strategy. It has been informed by significant consultation and engagement with key stakeholders and local citizens, evidence from national best practice and local evidence including:

- The Southend-on-Sea Sexual Health Needs Assessment
- A review of the health needs associated with Human Immuno-deficiency Virus (HIV) in Southend-on-Sea
- The 2013 Annual Report of the Director of Public Health for Southend-on-Sea, and
- The Southend-on-Sea Public Health Service Plan 2014-15.

Delivery of this strategy will be overseen by the Sexual Health Programme Board which will report into the Public Health Directorate Departmental Management Team. Any corporate issues identified will be progressed through the relevant channels. Work streams will be established to lead on the 3 areas outlined in the action plan. The action plan will be reviewed and updated annually to ensure the aims and objectives of this strategy are achieved and remain relevant to the needs of the authority and its population.

2014-17 Sexual Health Strategy Action Plan

Work stream 1: Sexual Health Service Provision

What we will do	How we will do it	Resources	How we will measure success	Timescale
Redesign and commission comprehensive open-access confidential contraception and sexually transmitted infections testing and treatment services	Options Appraisal written and approved. Consultation and market engagement event for all stake holders. Produce final service specification. Undertake tender process and award contract.	Existing staff resource Public health budget	Procurement process completed and tender awarded.	Completed by March 2015
Develop integrated care pathway across all sexual health service providers and related specialist services.	Review current pathway and work with providers to embed a consistent approach across Southend-on-Sea.	Existing staff resource Provider staff resource	Integrated care pathway agreed, published and shared with all relevant professionals.	March 2016 with an annual review
Develop a skilled, qualified and competent workforce across all sexual health services in line with national standards.	Providers to review current workforce. Public Health to review accreditation status of contracted Primary Care providers. Review latest national accreditation standards. Implement training programme	Existing staff resource Provider staff resource Public health budget	Assurance received from all contracted Providers that relevant staff are appropriately accredited.	On-going

What we will do	How we will do it	Resources	How we will measure success	Timescale
Implement a comprehensive patient sexual health history process in line with national standards.	Commissioned Providers to review current patient sexual history taking process against national standards Implement comprehensive and consistent process across all sexual health services	Existing staff resource Provider staff resource	Assurance given that sexual history taking protocols are in place and implemented.	Completed by March 2015
Increase access to contraception information.	Work with sexual health service providers to promote access to the <i>Contraception Adviser</i> website	Existing staff resource Provider staff resource	Wide reaching campaign across a variety of media in place.	Completed by March 2015
Review Primary Care General Practice contraception provision.	Undertake an audit of all contraception methods uptake in General Practice	Existing staff resource Public health budget	Audit undertaken and recommendations reviewed.	Completed by March 2015
Commission Primary Care General Practice providers to deliver sexual health services	Commissioned Providers to undertake a review of General Practice new patient registration process and implement change process in line with national standards	Existing staff resource Provider staff resource	Assurance received from commissioned Provider that review undertaken and recommendations in place.	Review completed by March 2015

What we will do	How we will do it	Resources	How we will measure success	Timescale
Commission Primary Care Community Pharmacy providers to deliver sexual health services	Undertake patient group direction (PGD) training to ensure sexual health services are delivered in line with national standards	Existing staff resource Provider staff resource Public health budget Essex LPC	PGD training completed.	Training completed by March 2015
Provide a framework to support sexual health service contract management	Manage and audit sexual health service contracts and performance in line with local authority requirements and national standards	Existing staff resource	Quarterly contracts and performance meetings in place.	Framework developed and implemented as part of contract management process by March 2015

Work stream 2: Public Health Outcomes Framework

What we will do	How we will do it	Resources	How we will measure success	Timescale
Reduce Under 18 Conceptions	Work in partnership with the Integrated Youth Support Service to develop and implement a Southend-on-Sea Teenage Pregnancy Strategy including Sex & Relationships Education provision	Existing staff resource Integrated Youth Support Service	Southend-on-Sea Teenage Pregnancy Strategy implemented.	Teenage Pregnancy Strategy developed by March 2015
Achieve a chlamydia diagnosis rate of at least 2,300 per 100,000 population in line with national standards	Commission sexual health service providers to deliver clinical services and health improvement activities targeting young people aged 15-24 years.	Existing staff resource Provider staff resource Public health budget	Diagnosis rate achieved.	Services commissioned by March 2015
Review the performance of the commissioned Sexual Health Promotion and Community HIV Prevention Service	Contract and performance meetings with commissioned provider to review HIV prevention and sexual health promotion activities in line with contract outcomes.	Existing staff resource Public health budget	Quarterly contracts and performance meetings in place.	Review of commissioned service against quality and performance standards completed by March 2015

Work stream 3: Partnership Working

What we will do	How we will do it	Resources	How we will measure success	Timescale
Pilot a multi-agency consent and sexual safety programme in targeted secondary schools	Establish a multi-agency working group to develop and implement a Consent and Sexual Safety Project	Existing staff resource	Pilot completed.	Programme developed and delivered in 2 schools by March 2015
Develop a multi-agency Sexual Health Service Programme Board	Sexual Health Programme Board meetings implemented. Develop terms of reference. Develop work plan.	Existing staff resource	Sexual Health Service Programme Board meeting quarterly.	Programme Board in place by September 2014
Develop and implement a patient and public engagement plan	Commission sexual health service providers to develop a patient and public engagement plan to improve patient outcomes and service delivery	Existing staff resource	Assurance received that a patient and public engagement plan is in place.	Patient and public engagement plan developed by March 2015
Promote sexual health services and key sexual health messages to the public using appropriate media and marketing techniques according to target groups	Commission sexual health service providers to ensure that up-to-date sexual health information is available to the general population and target groups including social media, websites and campaigns in line with national and local authority requirements	Existing staff resource Provider staff resource Public health budget	Assurance received that services are promoted.	Media and marketing techniques implemented by March 2015

What we will do	How we will do it	Resources	How we will measure success	Timescale
Develop pathways between sexual health service providers and drug and alcohol support services	Commission sexual health service providers to work with sexual health service providers to ensure alcohol screening and brief interventions with sign-posting to appropriate services is routinely undertaken	Existing staff resource Provider staff resource	Assurance received that pathways are in place.	Routine alcohol screening and brief interventions implemented by March 2016
Implement the Department of Health's "You're Welcome" quality standards to improve patient experience.	Commission sexual health service providers to achieve and maintain the "You're Welcome" quality standards	Existing staff resource Provider staff resource	You're Welcome quality standards achieved by commissioned providers.	'You're welcome' quality standards achieved by all providers by March 2016

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Appendix 1: Executive Summary of HIV Needs Assessment

A review of the health needs associated with Human Immuno-deficiency Virus (HIV) in Southend-on-Sea (July 2013)

Introduction

A Human Immuno-deficiency Virus (HIV) health needs assessment was undertaken to review national published evidence and review local service delivery to support the commissioning of HIV prevention and testing services.

The aims were to:

- Understand the national and local epidemiology of HIV to support the planning and commissioning of HIV prevention and testing services.
- Benchmark local practice against national standards and/or best practice.
- Identify priorities for service development.

Changes to the commissioning arrangements for HIV from April 2013 include:

- Public health within the Local Authority is responsible for commissioning sexual health services to prevent HIV and reduce late diagnosis.
- Clinical Commissioning Groups have responsibility for clinically indicated HIV testing of individuals in acute settings and for other HIV screening programmes in clinical settings.
- NHS England commission HIV treatment and care services.

Epidemiological Health Needs Assessment

This section looks at the patterns, causes, and effects of HIV both nationally and locally and summarises trends over time using surveillance data from the Health Protection Agency (HPA; known as Public Health England (PHE) from 1st April 2013).

- In 2011, the UK estimated prevalence of HIV was 1.5 per 1,000 population aged 15-59 years. In Southend-on-Sea the rate is 2.76 per 1,000 population aged 15-59 years and is considered a high prevalence area (high prevalence is defined as >2 diagnosed infections per 1,000 population aged 15-59 years).
- Continuing transmission of HIV and improved survival has led to an increase of people with a diagnosed HIV infection.
- Highest prevalence areas are situated in central areas of Southend, which are also areas of higher deprivation.
- In the UK, men that have sex with men (MSM) and black African men and women have a considerably higher prevalence compared to the general population.
- People co-infected with HIV and sexually transmitted infections (STIs) are more likely to transmit HIV during sex. 21% of MSM diagnosed with HIV infection were simultaneously diagnosed with an acute STI compared to 4% heterosexual men and 3% women.
- Each new case of HIV infection is estimated to represent between £280,000 and £360,000 in lifetime treatment costs.

Primary prevention and secondary prevention

Primary prevention seeks to prevent people from developing HIV whereas secondary prevention aims to increase early detection to prevent further spread of HIV e.g. through routine HIV testing.

Prevention interventions are more likely to be effective if they are targeted and evidence based, promote unambiguous messages and use peers and community opinion leaders (Health Development Agency, 2004). The HPA recommended that safe sex programmes promoting condom use and HIV testing remain a priority for MSM and black African and Caribbean communities to reduce on-going transmission and undiagnosed infection (HPA, 2012c).

HIV testing and treatment can help reduce transmission of the virus and provides an opportunity for sexual health education. Increasing the frequency of testing may result in earlier detection of HIV, thereby providing greater opportunity to reduce transmission. UK data indicates that there is scope for further improvement in HIV testing, as there is considerable variation in uptake from clinic to clinic.

Stage of HIV diagnosis

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. People diagnosed late have a tenfold increased risk of dying within a year of diagnosis. In 2011, 47% of HIV diagnoses in the UK were made at a late stage of infection; 58% in Southend-on-Sea. The proportion diagnosed late was lowest among MSM (35%), and was highest among black African men (68%) and black African women (61%) in the UK.

Expanding HIV testing

In areas of high prevalence of diagnosed HIV infection (>2 diagnosed infections per 1,000 population aged 15-59 years) UK national guidelines recommend expanding HIV testing among people admitted to hospital and new registrants to general practice. A review against national recommendations highlighted that Southend-on-Sea has a small and centrally located area high HIV prevalence. Universal testing of all medical admissions is unlikely to be cost effective and a more targeted approach among high risk populations may be preferable.

Tertiary prevention

Tertiary prevention focuses on helping people manage their condition and HIV treatment. Nationally, the highest group receiving HIV care is among white populations and is made up of largely MSM. The second largest group is black Africans where the main route of exposure is heterosexual sexual contact. This is consistent with information on prevalence and incidence (see section 5). Nationally there is an even mixture of MSM and heterosexuals using HIV services (44% and 50% respectively), whereas in Southend hospital over 80% of the total caseload is heterosexual.

Conclusions and priorities for action

The most deprived areas in Southend-on-Sea and England have the highest prevalence of HIV. Living with HIV can also affect an individual's ability to work leading to financial difficulties and social challenges, and has the potential to exacerbate existing inequalities (Department of Health, 2013a).

The following points were noted for secondary prevention (HIV testing):

- Regular HIV testing to prevent onward transmission is essential and systems that encourage repeat testing and robust partner notification should be reviewed.
- There is a need for on-going review of people with a late diagnosis
- Training and continuing professional development needs for those involved in HIV testing initiatives should be considered as part of any sexual health approach.
- Working within resource limits, a population based approach to STI testing (including HIV testing within this) should be taken alongside a targeted approach to HIV testing of high risk and harder to reach populations

