

<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer</b>	Dr Arif Rajpura, Director of Public Health
<b>Relevant Cabinet Member</b>	Councillor Amy Cross, Cabinet Member for Adult Services and Health
<b>Date of Meeting</b>	19 April 2017

## **BLACKPOOL SEXUAL HEALTH STRATEGY AND ACTION PLAN 2017-20**

### **1.0 Purpose of the report:**

- 1.1 The Sexual Health Strategy and Action Plan responds to the local sexual health needs assessment conducted in 2016 and acts in response to the changing landscape and needs of the Blackpool population.

### **2.0 Recommendation(s):**

- 2.1 To consider and approve the draft Blackpool Sexual Health Strategy and Action Plan.

### **3.0 Reasons for recommendation(s):**

- 3.1 Sexual health clinical services and sexual health promotion activities are commissioned and provided by a range of organisations, from school delivered Personal, Social and Health Education to Clinical Commissioning Group and NHS England commissioned HIV treatment services. The aim of this strategy is to provide a framework to guide both our planning of services commissioned by the Health and Wellbeing Board partner organisations, and the operational delivery of public health interventions.

The sexual health needs assessment informed a programme of sector led improvement workshops with Lancashire County Council, Blackburn with Darwen Council, Cumbria County Council and Public Health England. Sector led improvement aims to scrutinise data and activities and learn from best practice.

In addition the health needs assessment was presented at a stakeholder event, where a deep dive process was used to identify key actions to address the current issues faced in Blackpool and to horizon scan for the future.

A literature review was also completed to identify the evidence base for tackling the

issues highlighted in the needs assessment.

This work was then assimilated into a single plan for Blackpool.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

None.

#### **4.0 Council Priority:**

4.1 The relevant Council Priority is :

“Communities: Creating stronger communities and increasing resilience”

#### **5.0 Background Information**

5.1 Since the first Sexual Health Strategy and Action Plan, produced in 2005, the last decade has seen significant progress in the improvement in sexual health across Blackpool. These improvements include:

- A significant reduction in teenage pregnancy
- A significant reduction in the incidence of sexually transmitted infections (STI) including chlamydia and genital warts
- A move to regular sexually transmitted infections testing by young people rather than accessing services when there is a problem
- A significant reduction in the incidence of HIV over a ten year period
- Through the national NATSAL all age survey, improvement in sexual health measured by contraception and condom use
- Through the SHEU survey of children, improvement in awareness, knowledge and understanding in sexual health and where to access contraceptive services and advice
- Large scale availability and uptake of Long Acting Reversible Contraception across all age groups, the most evidence based and cost effective way of reducing unplanned pregnancy.

Despite the progress that has been made, Blackpool continues to face a range of challenges and still has higher levels of need for sexual health services than other areas. Clear priorities have been identified from the needs assessment, and in consultation with stakeholders this has directed a strong focus on sexual health inequalities. This also resulted in a plan to ensure that there are robust care pathways between sexual health services and all other relevant services, particularly alcohol and drug misuse services, and services for the victims of sexual exploitation, violence and assault.

Blackpool continues to have amongst the highest prevalence of HIV in the North West and although the proportion of people diagnosed at a late stage is considerably lower than average; this is not showing a year on year reduction in line with the national picture. Similarly, teenage conceptions are down, but the downward trend needs to be maintained as the overall figure is still higher than the national average.

Abortion rates in the 18-19 year olds are almost twice the national average and a significantly higher proportion of 15-19 year olds are diagnosed with a new sexually transmitted infection (STI). Indeed, overall the burden of ill health is predominantly in under 25's, so this again is a focus for interventions.

## 5.2 **Strategic Priorities**

The strategy has identified six locally agreed strategic priorities to deliver on these outcomes, providing clear direction and focus for sexual health improvement in Blackpool going forward. These are:-

- i. Reduce unplanned pregnancies among all women of fertile age
- ii. Reduce the rate of sexually transmitted infections and re-infections
- iii. Improve detection rate in chlamydia diagnosis in 15-24
- iv. Reduce onward transmission and proportion of late diagnoses of HIV.
- v. Reduce inequalities and improve sexual health outcomes
- i. Tackling sexual violence

## 5.3 **Action Plan**

The action plan identifies 13 actions to reduce unplanned pregnancies, 7 actions to reduce sexually transmitted infections, 11 actions to improve chlamydia diagnosis, 16 actions to address transmission of HIV and in particular late diagnosis, 13 actions to tackle inequalities in health and 14 actions towards tackling sexual violence. All actions are agreed with the lead organisation's representative and have a responsible person assigned to the timescale outlined.

#### 5.4 Outcome measures

There are a number of high level indicators that indicate good sexual health or at least avoidance of sexual ill health. Success will be measured by improvement on current position and a target set for 2016/19.

	15/16 Position (data available)	19/20 Target
Teenage pregnancy	37.3 per 1,000 women 15-17 yrs	27 per 1,000 women 15-17yrs
Chlamydia detection rate	3,416 per 100,000 15 - 24 yrs	3,300 per 100,000 women 15 - 24 yrs
Chlamydia detection rate in young men	2,219 per 100,000 aged 15-24 yrs	2,500 per 100,000 aged 15-24 yrs
TOP rate	21.2 per 1,000 women 15 - 44 yrs	20 per 1,000 women 15 - 44 yrs
SHS Prescribed LARC (excluding injections)	38.5 per 1,000 women	40 per 1,000 women
Chlamydia screening	26.9% proportion screened aged 15-24 yrs	30% proportion screened aged 15-24 yrs
HIV late diagnosis	35%	30%
Sexual Violence	Taking to BSafe for agreement on target	

5.5 Does the information submitted include any exempt information? No

#### 5.6 List of Appendices:

Draft Sexual Health Strategy and Action Plan 2017-20

#### 6.0 Legal considerations:

6.1 None.

#### 7.0 Human Resources considerations:

7.1 None

#### 8.0 Equalities considerations:

8.1 Equality Analysis completed (embedded in the strategy).

**9.0 Financial considerations:**

9.1 In developing the action plan all parties were cognisant of financial constraints and reduction in staffing levels across all stakeholders. By improving sexual health, savings will be made in children's social care, Council commissioned sexually transmitted disease treatment services, Clinical Commissioning Group commissioned termination of pregnancy services and maternity services and NHS England commissioned HIV care.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Ethical considerations:**

11.1 None.

**12.0 Internal/ External Consultation undertaken:**

12.1 To reduce and tackle the rate of sexually transmitted diseases (STIs) in those at higher risk it is important to work with strategic partners and stakeholders to implement targeted prevention measures.

12.2 The needs assessment used information from services, demographic data, information from the Joint Strategic Needs Assessment service reviews and stakeholder consultations before identifying key needs, gaps and priorities for sexual health improvement in Blackpool. The plan developed and included as part of this strategy has been informed by a range of stakeholders and will ensure that actions are taken to address these specific needs.

12.3 A stakeholder event was held in September 2016.

**13.0 Background papers:**

13.1 The Government has set out its ambitions for improving sexual health in its publication, 'A Framework for Sexual Health Improvement in England'. (**Department of Health (2013). A Framework for Sexual Health Improvement in England.** <http://www.dh.gov.uk/health/2013/03/sex-health-framework/>)

13.2 **Making it Work. A guide to whole system commissioning for sexual health, reproductive health and HIV (Public Health England, 2014).** This framework was published at the same time as changes in commissioning arrangements and provided a supporting framework for joined up service development. The guide recognises that responsibilities for the commissioning of services are divided across local

authorities, NHS England and clinical commissioning groups and is concomitant with the ambitions set out in the 'Framework for Sexual Health Improvement'.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/313866/Guide\\_to\\_whole\\_system\\_sexual\\_and\\_reproductive\\_health\\_and\\_HIV\\_commissioning\\_FINAL\\_DRAFT\\_2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/313866/Guide_to_whole_system_sexual_and_reproductive_health_and_HIV_commissioning_FINAL_DRAFT_2.pdf)