

Sexual Health Scrutiny Report

Executive Summary

Blackpool Council is committed to working together with all partners and agencies across Blackpool to improve the sexual health of the Blackpool population by ensuring that the right actions are carried out for the right people, in the right place, at the right time. Even in these challenging times, services have continued to deliver quality services.

Teenage conception, chlamydia diagnosis and HIV late diagnosis rates have been for many years the key national measures of success for improving sexual health.

We have made progress.

The teenage conception rate is falling and the gap with the England average is narrowing.

Chlamydia detection is a key priority, and we consistently achieve a good detection rate. The incidence of chlamydia is falling due to the active screening programme in place in Blackpool. Asymptomatic testing in primary care, screening at sexual health service contraceptive appointments has been crucial in identifying infections in Blackpool.

The high emphasis on testing for Human Immunodeficiency Virus (HIV) means that our rates of late diagnosis is much better than either the North West or the England average. With outcomes for people living with HIV better if identified early, HIV testing remains a priority.

We recognise that we also have work to do. Blackpool still has consistently higher rates of sexually transmitted infections (STI) than the national average. The rising trend in gonorrhoea and syphilis diagnoses over recent years remains a concern. In response we are running 'Long Time No Syphilis' campaign to raise awareness and highlight the importance of prevention and treatment.

Sexual health services continue to build on improvements made in patient care through utilisation of technology during the COVID-19 pandemic. Going forward there is a need to examine the impact of the move towards digital services, particularly on vulnerable groups and ensure ease of access to services for everyone.

Innovation in the form of new models of collaborative care are being explored to manage women's health on a Primary Care Network footprint, As part of this work, commissioners and providers will be seeking women's experiences of accessing different forms of contraception from specialist sexual health clinics, general practice and other NHS services and their pathways to care.

Finally, we aim to help tackle sexual violence and harassment by adopting the Bystander intervention programme to empower schools and the community to bring about culture change through the reinforcement of messages and safe interventions to challenge unacceptable sexual behaviour.

Sexual Health Scrutiny Report

1. System leadership and collaboration

Sexual and reproductive health is a vital aspect of overall health and wellbeing of a person and therefore an important area of public health. Most men and women will need information, care and support for their sexual and reproductive health at some stage in their lives.

As a result of the 2012 Health and Social Care Act, sexual health commissioning was divided between Local Authority, Clinical Commissioning Groups and NHS England (see appendix 1). For example, human immunodeficiency virus (HIV) testing is funded by the Local Authority, Clinical Commissioning Groups (CCG) and NHS England (NHSE) in different settings.

Sexual health services are open access. This means that any person requiring sexual health advice and support, including contraception and sexual health screening can access services anywhere in the country, without being a resident of that area.

A Framework for Sexual Health Improvement in England and Making it Work^{1 2}: A guide to whole system commissioning for sexual health, reproductive health and HIV, were produced by the Department of Health and Public Health England to guide and support all commissioners in sexual health.

Because of the fragmented system of commissioning, with a number of organisations being involved, collaboration is key to ensuring those in need of sexual health services are provided with the right services at the right time to enable them to make healthy choices.

Locally, Public Health has regularly undertaken sexual health needs assessments and produced collaborative strategies which have been approved by the Health and Wellbeing Board, aiming to ensure that we continue to work to integrate and commission innovatively, building services around the individual rather than the organisation.

In addition, work is ongoing on a Lancashire wide basis to ensure a seamless response to sexual health needs across the Fylde Coast economy, recognising that Fylde and Wyre residents access services in Blackpool.

¹ [Making it work: A guide to whole commissioning for sexual health, reproductive health and HIV \(2014\)](#)

² [A Framework for Sexual Health in England \(2013\)](#)

1.2 Strategy and development

An evidence-based approach in the development of a sexual health strategy is driven by the [Blackpool Sexual Health Joint Strategic Needs Assessment \(JSNA\)](#). Stakeholder engagement is a vital element of sexual health strategy and action planning and a broad range of partners are involved in this process to develop a stakeholder led action plan. In order to tackle the rate of sexually transmitted infections (STIs) and prevent unplanned pregnancies in those at higher risk it is important to work with partners and stakeholders to implement targeted prevention measures. The strategic priorities are based on the findings of the JSNA and in line with the National Framework for Sexual Health Improvement.

1.3 English HIV and Sexual Health Commissioners Group (EHSHCG)

The ESHCG provides a strategic forum for those with commissioning responsibility for HIV, sexual health and reproductive services, for improved population and patient level outcomes in sexual health and HIV in England. This purpose of the group is to support the development of improved care standards and the development of appropriate specifications and commissioning policies to support the effective commissioning and delivery of integrated sexual health services at a local level. Blackpool commissioners participate in the ESHCG and have represented the North West on the national Executive Committee.

1.4 Lancashire and Cumbria Commissioning Network (Strategic Group)

The mandate for sexual health requires open access to services across local authority boundaries. There is a well-established collaborative sexual health commissioner's network in operation across Lancashire and Cumbria to provide a forum to bring together those with commissioning responsibility for HIV and Sexual Health Services. The aim is to improve population and patient level outcomes in sexual health and HIV. In a multiple commissioner landscape, this has helped to support integrated commissioning approaches for the delivery of seamless services to local people and maintain service continuity across geographical boundaries.

Of the Blackpool residents who use sexual health services, approximately 97% choose to attend the genitourinary medicine (GUM) service within Blackpool. These patients make up 58-60% of patient flow through Blackpool GUM services with the majority of the remaining patients attending from the Fylde and Wyre area.

1.5 Cumbria and pan-Lancashire Provider/Commissioner Network

The network provides a strategic forum to bring together those with commissioning and provider responsibility for HIV, sexual health and reproductive services for improved population and patient level outcomes in sexual health and HIV across the network. In a

complex provider, commissioner landscape, the objective is to support integrated approaches for the delivery of seamless services to local people.

Through the network - the sexual health needs assessment informed a programme of Sector Led Improvement workshops. Sector Led Improvement allowed us to scrutinise data and activities and learn from best practice. There are a range of methodologies and tools that can be used to support areas to come together on improving commissioning and provision including, Sector led Improvement.

2. Trends in Sexual Health

2.1 Sexual health data

The [Sexual and Reproductive Health Profiles](#) developed by Public Health England (PHE) support local authorities, public health leads and other interested parties to monitor the sexual and reproductive health of their population and the contribution of local public health related systems.

Interactive maps, charts and tables provide a snapshot and trends across a range of topics including teenage pregnancy, abortions, contraception, HIV, sexually transmitted infections (STIs) and sexual offences. Wider influences on sexual health such as alcohol use, and other topics particularly relating to teenage conceptions such as education and deprivation level, are also included.

These profiles are a rich source of indicators across a range of health and wellbeing themes that have been designed to support JSNA and commissioning to improve health and wellbeing, and reduce inequalities.

2.2 COVID-19 impact in 2020

COVID-19 has impacted on sexual health and sexual health services in a number of ways. Data from the National Survey of Sexual Attitudes and Lifestyles (NATSAL) COVID study suggests that fewer people met new sexual partners in 2020, and the number of sexual partners met reportedly reduced. However, a substantial proportion of people still had ongoing risk for STIs/HIV, and two thirds of those who reported having a new sexual partner during this period, also reported not using a condom.

New data from PHE reveals that overall diagnoses of STIs decreased in 2020 by 32% compared to 2019. The decline reflects a combination of reduced STI testing as a result of disruption to sexual health services leading to fewer diagnoses, and changes in behaviour during the coronavirus pandemic which may have reduced STI transmission. Despite the fall in diagnoses, STI diagnoses overall remain high.³

³ PHE Press release, [sti-rates-remain-a-concern-despite-fall-in-2020](#), September 2021

COVID-19 resulted in the overall number of sexual health service consultations reducing by 10% nationally in 2020, and the number of full STI screens reduced by 25% over this period. Sexual health services both nationally and locally made significant adaptations to their services, with the introduction or expansion of online services (including testing) and remote consultations accompanying face-to-face consultation for those in urgent need.

2.3 Sexually Transmitted Infections (STIs)

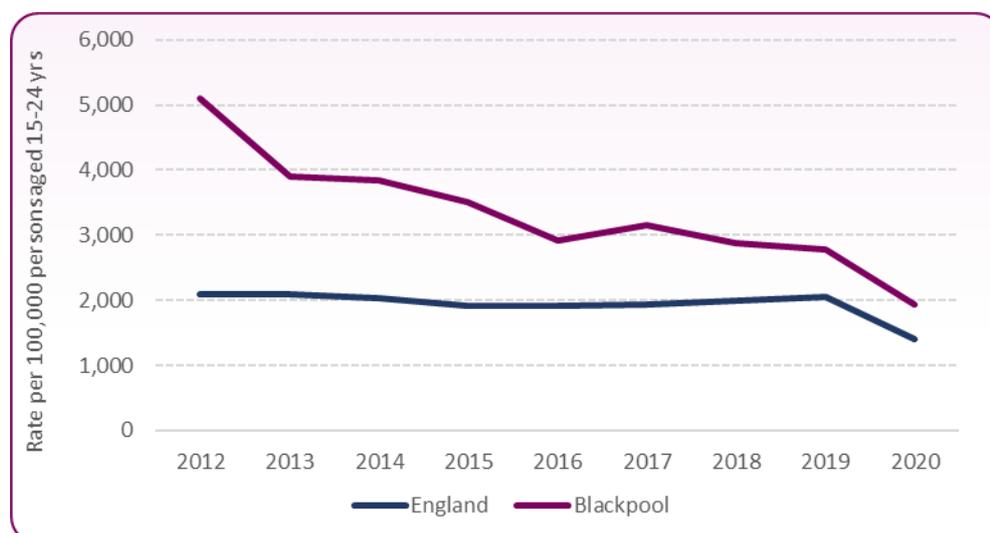
2.3.1 Chlamydia

Chlamydia infection is the most common sexually transmitted infection in the UK and has a national screening programme aimed at young people aged 15-24 years. Across Blackpool, 2,122 (14.1%) young people were screened for chlamydia infection in 2020 and while this was a fall from the 2019 figure of 22.2% it was still similar to the national average for that year. Prior to 2020, Blackpool's screening rates had been significantly higher than national averages.

The chlamydia detection rate among under 25 year olds is a measure of chlamydia control activity and an increased detection rate is indicative of increased control activity. Chlamydia detection in young people aged 15-24 years across Blackpool has been consistently higher than national average over a number of years; 2,776 per 100,000 in 2019 compared to 2,050 in England and while this continued to fall in 2020, it was still higher than the England average but the gap has significantly narrowed over the past 10 years.

Chlamydia detection is a key priority, with great progress made to achieve a good detection rate. Asymptomatic testing in primary care and screening at sexual health service contraceptive appointments has been crucial in picking up infections in Blackpool, treating individuals with chlamydia, proactively contact tracing, to reduce the pool of infection in the community.

Trend in chlamydia diagnostic rates, persons aged 15-24 years, 2012-2020



There has been a recent policy change to the [national chlamydia screening programme \(NCSP\)](#) with the focus now being on reducing harm and untreated chlamydia infection in women. This will refocus the programme on opportunistic screening for young women and discontinuing opportunistic screening to young men outside sexual health services. All young people will still be able to access chlamydia tests at the sexual health service.

2.3.2 Other Sexually Transmitted Infections

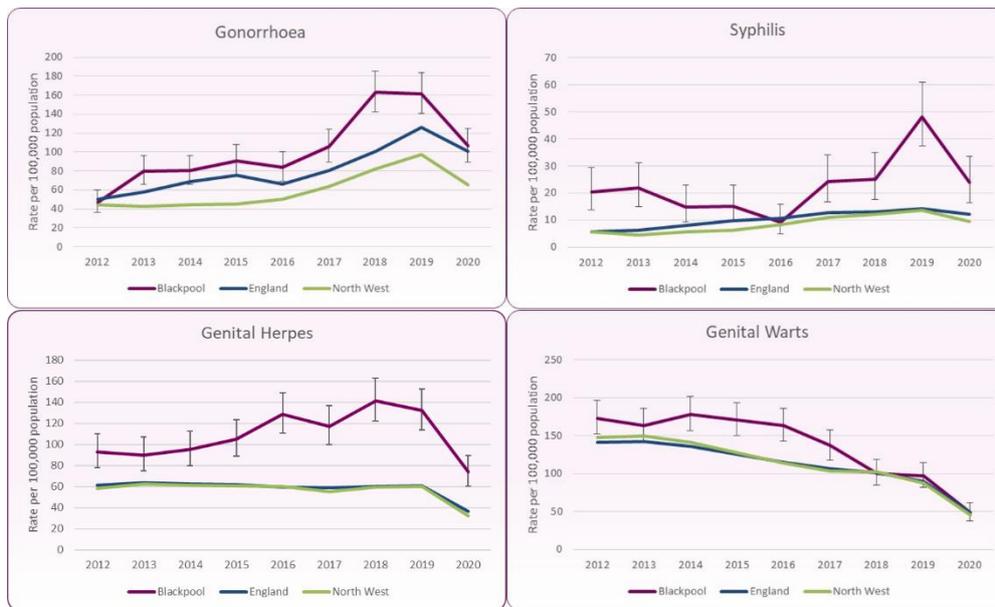
Overall, Blackpool has had consistently higher rates of STIs than the national average over a number of years with more than 1,500 new diagnoses per year, although this did fall to 944 in 2020 due to the impact of the pandemic.

While Blackpool has had significantly higher rates of diagnosed sexually transmitted infections than the national average, sexual health services across the town are testing more people with the trend in the testing rate being significantly higher than the national average. Higher than average positivity rates (8.6% in 2019 compared to 7.1% nationally) suggests that services are successfully targeting those most at risk.

Of those diagnosed with a new STI in 2019 in Blackpool, 51.7% were men and 48.3% were women. Young people aged between 15-24 years accounted for 47.6% of new STI diagnoses.

Nationally and locally, the burden of STIs continues to be greatest in young people (aged 15-24). However, men who have sex with men (MSM), specific Black and minority ethnic groups, vulnerable people (including looked after children, those with physical and learning disabilities and those who had adverse childhood experience), are also at greater risk of STIs.

Trends in sexually transmitted infections, 2009-2020



Source: PHE Sexual and Reproductive Health Profiles

At national and local level there is an increasing trend in gonorrhoea diagnoses is concerning due to the emergence of extensively drug resistant gonorrhoea in England. From national data, Gonorrhoea infection is concentrated in high risk groups but infection is also strongly associated with deprivation, mainly amongst young heterosexuals in urban areas and transmission is perpetuated by higher rates of partner change and complex sexual networks, which can lead to localised outbreaks.⁴

The rise of syphilis among men who have sex with men (MSM) also remains a concern. There is evidence that condomless sex associated with HIV sero-adaptive behaviours (which include selecting partners perceived to be of the same HIV sero-status), is leading to increased STI transmission.⁴ In response to this, a syphilis campaign to raise awareness of the increase, and importance of prevention and treatment is in the pipeline (see 5.4)

The introduction of universal human papillomavirus (HPV) vaccination has resulted in a decline of genital warts nationally as well as having significant impact on the incidence of cervical cancer.

Reinfection with a sexually transmitted infection is a marker of persistent risky behaviour. Young people are more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In Blackpool, an estimated 13% of 15-19 year old women and 11% of 15-19 year old men presenting with a new STI at sexual health services during a 5 year period from 2015-2019 became re-infected with a new STI within 12 months. Reinfection rates in young women are higher than the national average.

⁴ PHE, Spotlight on sexually transmitted infections in the NW, Sept 2019

Testing and partner notification are essential elements of STI management and control, protecting patients/partners from re-infection and long-term consequences from untreated infection, reducing the cost of complications and onward transmission.

2.3.3 Human Immunodeficiency Virus (HIV)

The number of new HIV diagnoses among people aged 15 years and above in Blackpool was 14 in 2019. The prevalence of diagnosed HIV per 1,000 people aged 15-59 years in 2019 was 4.9, worse than the rate of 2.4 in England and Blackpool ranks 21st highest out of 153 upper-tier local authorities for HIV prevalence.

Outcomes for HIV treatment are much better if identified early rather than at late stage therefore our strategies aim to promote testing in a range of settings including the Emergency Department. In Blackpool, in 2017-19, the percentage of HIV diagnoses made at a late stage of infection was only 26.5%, better than the average of 43.1% in the rest of England. Blackpool has the best late diagnosis rate in the North West and has been consistently better than the England average for a number of years. This is a great achievement as a high prevalence area, and one achieved through a comprehensive screening programme.

2.4 Contraception

The National Institute for Health Care Excellence (NICE) and the Faculty of Reproductive and Sexual Health (FRSH) recommend the use of Long Acting Reversible Contraception (LARC), rather than the contraceptive pill and other forms of contraception because of their lower failure rate. Our strategy in Blackpool over the previous decade has been to continue to encourage the uptake of LARC.

The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist and non-specialist sexual health services per 1,000 women aged 15-44 years living in Blackpool was 74.2 in 2019, significantly higher than the rate of 50.8 per 1,000 women in England.

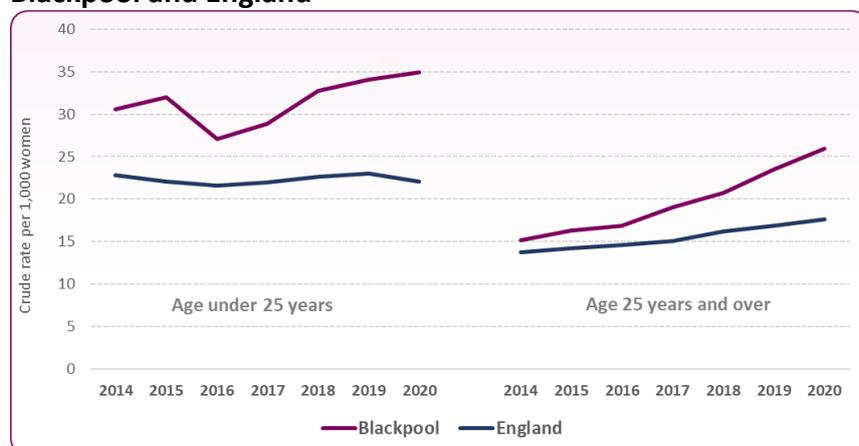
LARC uptake across Blackpool has been consistently higher than the national average over a number of years though the rate did fall in 2020 due to the pandemic. We are seeing figures beginning to rise again to pre-pandemic levels.

2.5 Abortions

The total abortion rate per 1,000 women aged 15-44 years in 2019 was 26.8 in Blackpool, significantly higher than the England rate of 18.7 per 1,000. Nationally, data shows rising abortion rates in those women aged over 25 years while for those aged under 25 year the

picture is generally static. This is different to what we see across Blackpool where rates are rising for both the under 25's and the over 25's.

Trend in abortion rates for women aged under 25 years and over 25 years: Blackpool and England



Source: PHE Sexual and Reproductive Health Profiles

Of those women aged under 25 years who had an abortion in 2019, the proportion who had had a previous abortion was 28.3%, similar to 27.7% in England. The repeat abortion rate has been increasing gradually both locally and nationally over the last few years. The response remains to encourage the uptake of contraception, particularly the most effective Long Acting Reversible Contraception (LARC) and improving uptake of LARC post abortion and in maternity services. Renewed efforts are being made in this area.

2.6 Teenage Conceptions

In 2019, the conception rate for under-18s in Blackpool was 31.1 per 1,000 girls aged 15-17 years, significantly worse than the rate of 15.7 in England. While Blackpool does have higher teenage pregnancy rate than the national average, overall the gap between Blackpool and England is continuing to narrow.

Trend in the under 18 conception rate: Blackpool and England



3 Commissioning and delivery models

3.1 Prevention

3.1.1 Personal, Social, Health and Economic (PSHE) education

Relationship and Sex Education (RSE) and Personal, Social, Health and Economic (PSHE) education was due to be statutory from September 2020. However, due to the pandemic, schools were given until April 2021 to fully implement it. Whilst sex education is statutory in secondary schools, primary schools may choose if they teach sex education in their setting.

A PSHE Support Officer works with schools to level up the PSHE provision across the authority and give PSHE leads a network of best practice, access to high quality training and a suite of quality assured schemes of work, lesson plans and resources.

A Teacher Resource Website was developed which contains quality assured lesson plans, schemes and resources. Some examples of the sexual health resources include NSPCC 'Talking pants'- aimed at primary school children discussing consent and 'ITS NOT OK' - for pupils 11+ talking about positive relationships. The website also contains a service directory to signpost professionals to agencies that can offer additional support to children and young

Across Blackpool, school PSHE leads are linked with Blackpool's CONNECT Young Person service and how to access this information is also included on the Teacher Resource Site.

- Schools invited to utilise a range of free public health training. Tailored sessions for staff, providing bespoke training to meet school specific objectives.
- PSHE Forums are held each term to give PSHE Leads chance to hear about new lesson plan content, support services and early help pathways
- All schools have free access to the PSHE Association website which contains briefings, podcasts, access to training and additional information about sexual health

The engagement in the programme has been extremely high due to the introduction of statutory relationships education and schools seeing the benefit of the support package on offer.

3.1.2 Bystander Intervention

Sexual violence is a serious problem that can have lasting, harmful effects on victims and their family, friends, and communities. Historically, sexual violence efforts have focused on victims and perpetrators after the sexual violence has taken place or on efforts to promote

awareness of sexual assault and resources available to victims. However, the goal of sexual violence prevention is to stop it from happening in the first place.

A review of the evidence base for primary prevention strategies for tackling sexual violence identified the bystander approach to prevention as most promising in the field, with the ['Green Dot'](#) bystander programme shown to be effective in reducing sexual violence perpetration rates in high schools.

Informed by research, Green Dot workshops and training programmes focus on preventing all forms of harassment and interpersonal violence with the end goal of reducing the number of people who are experiencing these forms of harm. Specifically, Green Dot programmes equip participants with the skills and motivation needed to: (1) respond when they notice behaviours that could lead to or constitute harassment or interpersonal violence, and (2) engage in behaviours that strengthen positive community, workplace and school norms.

This delivery model will form part of the 'It's Stops Here' strategy for Blackpool as a place-based approach.

3.1.3 Harm Reduction Service

The Harm Reduction Service provides non-clinical, co-ordinated support for individuals who are living with/affected by HIV or Hepatitis C. This includes the Lesbian, Gay, Bisexual and Transgender (LGBT) community and populations at high risk of poor sexual health, for example sex workers and men who have sex with men (MSM). The support includes:

- Outreach working, such as clubs and sauna's
- Development and co-ordination of STI screening (to include Hep C testing for sex workers) through self-test kits provided by the Specialist Sexual Health Services and Syphilis/HIV point of care testing
- Sexual health education including the promotion of LARC and condom distribution
- Peer support programmes, support groups (including supportive activities such as befriending) and harm minimisation.
- Counselling service for those living with, and affected by HIV, and victims of sexual violence
- Ensures non-clinical support in all areas, e.g. benefits, housing, is available to all accessing the service.
- Facilitates and supports client involvement in service delivery and development, by creating feedback mechanisms to commissioners through service users groups.

3.2 Treatment Interventions

Integrated Sexual Health Services

The local authority has a mandated responsibility to commission comprehensive, open access sexual and reproductive health services. Open access services are essential to control infection, prevent outbreaks and reduce unwanted pregnancies and means that non-residents are entitled to use the sexual health services provided in Blackpool.

The existing two Blackpool Integrated Sexual Health Service (SHS) contracts are for an all age comprehensive service delivered from Whitegate Drive Primary Care Centre and young people (under 25 years) only service, delivered from Connect on Talbot Road. These provided by Blackpool Teaching Hospitals NHS Foundation Trust (BTH).

The services are confidential and free and offer residents evening and weekend appointments across the two sites of Whitegate Drive and Connect. A drop in service is available to young people on a Saturday morning.

Where appropriate, young people accessing sexual health services are assessed for their competency by using Fraser Guidelines. This ensures that they are safe, that they are able to understand the information given and to ensure that their relationships are consensual and healthy. If there is any question or doubt about any of these areas, the services contact the safeguarding leads and utilise Multi-Agency Safeguarding Hub (MASH) referral system when necessary.

The Service provides a holistic approach to sexual health, enabling services users to address issues of contraception and testing for STIs delivered in one sexual health appointment delivered as one patient episode. This eliminates the need for separate contraceptive and genitourinary medicine (GUM) appointments.

The Integrated Sexual Health Service (all age), as a level 3 service, provides training and leadership in sexual health across the wider health economy of Blackpool.

The COVID-19 pandemic has had a significant impact on both the delivery of, and access to, sexual and reproductive health services at a local, regional and national level, with some staff redeployed to the frontline COVID-19 response. During the COVID-19 response, the sexual health service adapted to ensure continued provision of essential services (please refer to previous scrutiny report on COVID-19 response).

The services are now back to functioning at previous activity levels whilst providing more through the digital offer, which provides greater choice for patients.

GP services

Blackpool, in line with most other councils, commissions and funds selected GP practices to offer an enhanced LARC provision including contraceptive implants, intrauterine contraceptive device (copper coil) and intrauterine system (hormonal coil).

The majority of GP public health services ceased during measures, to allow capacity for the vaccination programme. Plans are in place to provide top up training to ensure that practices maintain competency in clinical interventions ready to restart provision. Some practices have continued provision where staff reallocated to the vaccination programme.

This coincides with new models of care that are currently being explored to manage women's health care on a Primary Care Network footprint as an innovative collaborative commissioning approach (see 5.2)

Tier 2 STI Screening and Treatment Services are provided by two practices, Stoneyhill and Adelaide St. This service covers assessment and screening for STIs and blood borne viruses; results management, treatment and partner notification; involvement in proactive STI control, such as the opportunistic screening of young people for chlamydia infection within the framework of the National Chlamydia Screening Programme (NCSP).

The Tier 2 Screening and Treatment Services have maintained the same level of activity during the pandemic as the previous few years, with the trajectory for this financial year looking similar. Of the screens undertaken, approximately 85% are asymptomatic presenters, with the majority of STIs identified being chlamydia.

Patients testing positive through the Tier 2 service for more complex infections such as syphilis, gonorrhoea and HIV are referred to the Tier 3 sexual health service at Whitegate Drive.

4. Current Innovation

Blackpool has a long history of innovation in sexual health. For example 'Positive Steps into Work for those living with HIV⁵, providing valuable support to clients who would not otherwise have accessed specialist employment advice.

4.1 HIV testing

The National Institute for Health and Clinical Excellence (NICE) has advocated for expanding testing outside clinical settings by engaging community organisations, developing local strategies to increase testing, and by providing rapid HIV tests. Testing in non-medical settings such as community HIV testing, self-sampling and self-testing for HIV broadens the options available to people wishing to take an HIV test.

As previously stated, outcomes for people living with HIV are better if identified early. Therefore, increasing HIV testing is a priority for Blackpool.

⁵ [Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV Part 2: Case studies](#)

Blackpool has prioritised HIV testing, embedding in a number of health settings. Contributing towards the Public Health Outcome Framework indicator to reduce the numbers of late diagnosis has included:

- Testing eligible people in sexual health services
- Testing women in maternity services
- Testing women attending for an abortion

In November 2020, despite being in the middle of the COVID-19 pandemic, Blackpool Teaching Hospital commenced the routine screening of HIV in the Emergency Department (ED), supported by the HIV team. During HIV testing week the HIV team worked alongside the ED nurses and doctors promoting routine testing of HIV to both staff and patients alike.

Prior to screening in the ED Department, and since 2013, HIV screening was offered in the Acute Medical Unit (AMU).

GP's are undertaking HIV testing of new registrants and engagement with the CCG on HIV screening is ongoing.

Blackpool Council, now offer HIV home testing, which enables people to order tests on line and the Harm Reduction service (Renaissance) provides community outreach in high risk venues such as clubs, saunas and public sex environments. HIV point of care testing is undertaken by the team, who work in partnership with the sexual health service for rapid access to support.

Without testing;

- There is a greater likelihood of onward transmission of HIV and an increase in the incidence in Blackpool
- There will be more people diagnosed late, which is associated with poor life expectancy
- When diagnosed early the life expectancy of someone living with HIV is near normal

The goal of eliminating HIV transmission by 2030 depends upon sustaining prevention efforts and further expanding them to reach all at risk.

4.2 HIV Prevention

PrEP (pre-exposure prophylaxis) is a medicine people at risk for HIV take to prevent getting HIV from sex or injecting drug use. When taken as prescribed, PrEP is highly effective for preventing HIV. This can be daily dosing, or event based dosing.

In October 2020, the Department for Health & Social Care released funding for PrEP to roll out as part of core work to improve population health outcomes. Blackpool was part of the

national research programme and in the forefront of its adoption. The offer of PrEP to eligible people attending the sexual health service provided in line with British Association of Sexual and HIV Health and British HIV Association national guidelines is fully available in Blackpool.

The Sexual Health Service website provides information on how to access PrEP and a range of social media platforms are promoting access. Partner organisations, such as the Harm Reduction Service also promote through targeted social media routes

4.3 Domiciliary Long Acting Reversible Contraception

To strengthen targeted prevention, development of a domiciliary care pathway has enabled joint visits with staff working with vulnerable young people, mental health, drug/ alcohol and learning disabilities. Domiciliary visits are working effectively as a multiagency approach, engaging with individuals who have previously not engaged with services and with a fast track to the LARC method of contraception.

Fast track access to LARC (including domiciliary where required), with pathways in place for women who have experienced, or are at risk of, repeated pregnancies that result in children being taken into care. This replicated with substance misuse and midwifery services.

4.4 Long Acting Reversible Contraception in Maternity Settings

A pilot is underway to embed LARC in the maternity pathway with a contraceptive conversation had with all women. The specialist sexual health team will join in with maternity service training sessions and consultants are looking at fitting coils in planned caesareans. Training for midwives to provide implants for vulnerable groups is also in the pipeline, following an audit on the uptake of contraception for the most vulnerable groups.

4.5 Long Acting Reversible Contraception in Abortion Services

Sexual health and Abortion services work collaboratively.

Contraception counselling is offered as part of the treatment through abortion providers. This enables women accessing abortion services to be offered HIV/chlamydia testing and contraception, including LARC, or a seamless referral to other services, such as a GP, or sexual health service.

Abortion services are also offering both fitting and removal of coils as part of their service.

5. Future Innovation

5.1 Digital

Migration towards online triage systems that collect specific data before directing patients to the most appropriate pathway of care is a logical evolution of sexual health and one fast tracked since COVID-19.

In Blackpool, the digital offer commenced with the launch of full screen home STI testing kits in 2018, a move to reconfigure the sexual health service to offer clinical activity online. Not only does the digital offer allow more choice, it also frees up clinic capacity for complex and/or vulnerable patients. Current postal kits for STI testing has shown high acceptability for users, with an average 65% return rate.

Sexual health services continue to build on improvements made in patient care through utilisation of technology during the COVID-19 pandemic. These developments to digital access includes consultancy, e-booking of appointments.

5.2 Women's Reproductive Health

Given the multiple commissioners and providers responsible for reproductive health provision, a collaborative reproductive health group across the Fylde Coast, including NHS commissioners and providers, local authority commissioners and sexual health providers was established. The initial scoping meeting to review service provision with the aim of integrating within local community health networks was held 1st July 2021. A task and finish group has been set up to look at a business plan for a Women's Reproductive Health hub model with South Shore PCN.

Reproductive health hubs are recommended as a positive way forward in both the Royal College of Obstetricians & Gynaecologist's (RCOG) 'Better for women' report⁶, Faculty of Sexual & Reproductive Health (FSRH) and Public Health England's pending Women's Reproductive Health Action Plan (WRHAP).

Going forward the collaborative reproductive health group will investigate the higher rate of abortion post birth, and ensure that maternity contraception provision is high quality and includes LARC.

5.3 Contraceptive Pilot in Community Pharmacy

COVID-19 emphasised a need for a contraceptive service in pharmacies across the country. By upskilling community pharmacists to deliver a contraceptive service that encompasses the initiation and management of ongoing regular contraception (in 2022), including the pill, vaginal rings, implants and depot injection (from 2023) from their local pharmacist.

The overall aim of the contraceptive pilot in community pharmacy is to expand patient access to contraception and sexual health services thereby giving patients choice and convenience, including support for high-risk communities and vulnerable patients. This will involve integrating pharmacies into the provision of sexual health prevention and treatment by testing referrals into pharmacy by General Practice and sexual health clinics. Ultimately, this will increase the availability of hormonal contraception and LARCS in the community

⁶ [Better for Women: Improving the health and wellbeing of girls and women \(2019\)](#)

testing appointment booking system before a national roll out. Blackpool is to test this pilot in the North West and a number of pharmacies have signed up to take part.

5.4 Syphilis Campaign

With syphilis on the increase and many of us not having heard about it, know little about it, or even think it has gone away years ago, there is a need to raise awareness that syphilis is back.

Blackpool, in collaboration with Lancashire and Blackburn with Darwen aim to raise awareness about syphilis, help health care providers protect their patients and empower people to take care of their sexual health.

The 'Long Time No Syphilis' campaign, will commence early next year and will be devoted to promoting the prevention, diagnosis and treatment of syphilis. Treating syphilis means that it will prevent it be passed on to sexual partners.

6. Service Model and Finance

6.1 Procurement

Blackpool sexual health services were recommissioned in 2016, with the provision of a fully integrated Specialist Sexual Health Service (all age) and Young People Service (<25), which includes the National Chlamydia Screening Programme.

Blackburn with Darwen Borough Council, Blackpool Council and Lancashire County Council (together referred to as Pan Lancashire) each conducted a separate procurement at this time for the provision of mandated open access sexual health services. The market was approached within a similar timeframe.

The Blackpool contracts in place are from 1st April 2016 until 31st March 2019 with the option to extend for a further 2 years plus 2 years subject to budget and satisfactory review.

Procurement is a lengthy and complex process and a decision to tender should only be used where there is an expectation of benefit to service users and the council. During the COVID 19 pandemic, councils across the country deferred the requirement to tender, to ensure stability of service provision, with their incumbent providers.

Dispensation was approved due to the pandemic to extend the Blackpool Integrated Sexual Health Service (All Ages) and Integrated Sexual Health Service (Young People) contracts with Blackpool Teaching Hospital Foundation Trust for an additional plus 2 years, bringing the contract end date to 31st March 2025.

6.2 National Integrated Sexual Health Tariff System

Blackpool was one of the first local authorities to commission sexual health services using the national integrated sexual health payment system. Savings identified by shadowing the

national integrated sexual health tariff system gave us the level of detail to ensure payment based on activity, or care given to patients, whilst also showing a reduction in expenditure in a financial impact assessment.

The service has become more efficient, delivering better value for money.

- Tariff has minimised perverse incentives and unnecessary follow up –treatment is one payment regardless of number of visits
- The pricing provides a true reflection of the services provided, and ensures a fair and level playing field.
- Offers a fair and transparent system for cross charging between authorities. It is possible to identify nearly all the care activity delivered by service providers.
- Service development plans, such as digital access, have been attached a locally agreed tariff

During the course of the contract, the tariff reconciliation has never exceeded the identified budget of £1.6m per annum.

7. Workforce and Training

The Integrated Sexual health Service provider coordinates and supports the delivery of sexual health care through expert clinical advice, clinical governance and clinical networks. This includes providing specialist expert advice to other service providers and organisations; training of nursing and medical sexual health experts; delivering multidisciplinary postgraduate training, including to primary and secondary care; delivering undergraduate training and postgraduate training including placements for medical and nursing students and training and education for specialty medical trainees. In line with the latest General Medical Council curriculum.

Pressures in primary care services may lead to reduced access to sexual and reproductive health care and more people trying to access specialist services. Any restriction to provision in primary care would be detrimental to contraceptive provision and lead to deskilling of staff crucial to the development of integrated networks.

There is also the emergence of new models of care including self-management and online services requiring a change in staffing structures and the development of new skills.

The development of a 'whole women's' health pathway could provide one opportunity for upskilling general practice staff through training hubs to deliver some sexual and reproductive health services for their communities. It would ensure the delivery of specialist services such as management of the menopause, to match holistic patient needs in primary care and communities.

8. Health Inequalities and inequalities in access to services

Sexual ill health is not equally distributed among the population. Those at highest risk of poor sexual health are often from specific population groups with varying needs. These groups include; young people, men who have sex with men (MSM), people from African communities, people living with the human immunodeficiency virus (HIV), sex workers, victims of trafficking, victims of sexual and domestic violence and abuse and other marginalised or vulnerable groups.

Need is higher amongst those who are vulnerable or with complex needs and ability to access digital services amongst sex workers, victims of sexual and domestic violence and under 18s, with the latter group also not eligible for online testing. The shift to remote services suits these groups less as they have greater discretion and confidentiality needs. For some lockdown may also have exacerbated behaviours that increase risk of HIV, including sex work. The Blackpool sexual health service is currently conducting a review of access to remote services by vulnerable groups (those with complex needs and those who cannot access remotely). Ensuring these groups have rapid access to services is a key priority.

To reduce and tackle the rate of STIs in those at higher risk it is important to work with strategic partners and stakeholders to implement targeted prevention measures, such as the Harm Reduction Service. The service supports the Lesbian, Gay, Bisexual, Transgender and Queer (or questioning) (LGBTQ+) community who experience health and social inequalities compared to their heterosexual cisgender counterparts. A Blackpool Allies group was established which has been successful in breaking down barriers of segregation within the community, bringing together a diverse array of individuals and working with them to co-design services to meet their need.

As outlined earlier, sexual health needs assessments identify key priorities for Blackpool. The commissioning and provision of services address these priorities to reduce inequalities and improve access to services for vulnerable groups.

9. Public Voice and Patient Experience

Public voice and patient experience is used to shape the sexual health strategies for Blackpool and patient representatives participate in the tendering process and tender panels. Targeted services such as the Harm Reduction service delivered by Renaissance co-produce their model of service delivery.

The Harm Reduction Service also facilitates and supports client involvement in service delivery by creating feedback mechanisms to commissioners through service user consultations. For example, a Lesbian, Gay, Bisexual, Transgender and Queer (questioning) (LGBTQ+) service user consultation on the impact of the COVID-19 pandemic on access to services gathered views and opinions on the needs and preferences of the community. This

survey identified issues of digital exclusion and inequality and the need to explore funding sources to support engagement with remote services.

The NHS commissioned services utilise the Friends and Family Test (FFT) as an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well and what needs to improve.

The sexual health service have set up a Patient Experience Champion in all their localities. The Patient Experience Champions' meet quarterly at the sexual health patient experience/staff wellbeing meeting. The purpose of the meeting is to share good practice, hear about how they are managing patient feedback and to give the updates from the Trust. The Patient Experience Champion shares the compliments with the team, and if they receive a negative comment, look at the root cause to address it. In addition, this is shared with commissioners through contract review quality and performance processes.

Going forward, we need to understand women's experiences of accessing different forms of contraception from specialist sexual health clinics, general practice and other NHS services and their pathways to care – including the choice women given when accessing contraception methods in general practice. This will support new models of care for women's reproductive health.

Appendix 1

Commissioning Responsibilities by Organisation

Local Authorities are responsible for commissioning comprehensive sexual health services, this includes;

- Specialist community contraception, including implants and intrauterine contraception (all prescribing costs)
- STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and community HIV testing
- Costs associated with the provision of PrEP excluding drug costs
- GP contraception – LARC only.

NHS England commission related services including;

- HIV treatment and care (including PrEP drug costs)
- Health services for prisoners
- Sexual assault referral centres
- Cervical screening
- General practitioners are commissioned by NHS England to provide standard contraception services under the GP contract, including some STI testing and HIV diagnostic testing.

Clinical Commissioning Groups commission related services including;

- Community gynaecology
- Vasectomy
- Sterilisation
- Abortion services including contraception.
- Hospital HIV testing through the hospital contract.