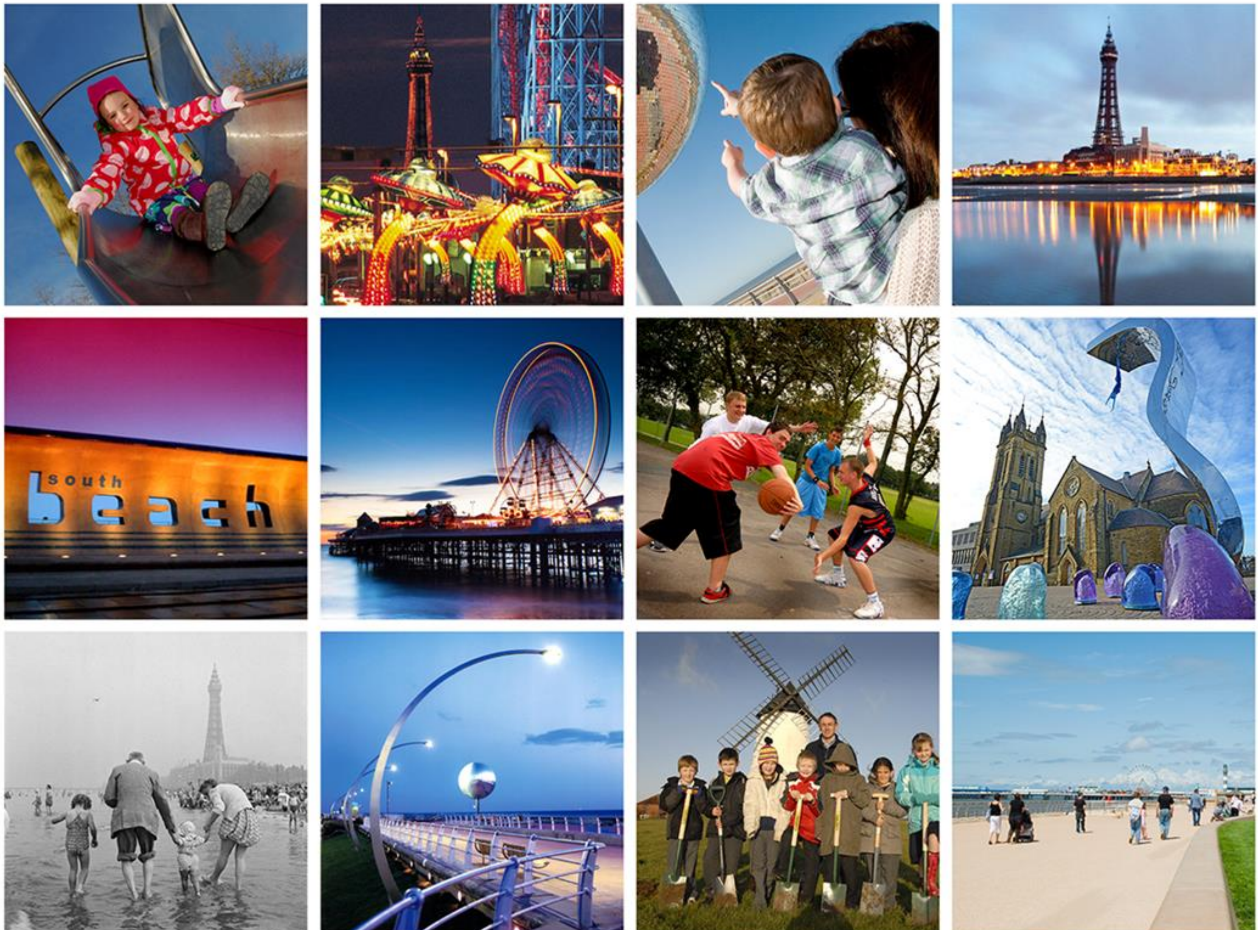
Appendix 3a

Blackpool Sexual Health Strategy

2023 – 2026

Blackpool Council



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INTRODUCTION

Sexual health is an important and integral part of overall health. This is captured in the working definition of sexual health developed by the World Health Organisation (WHO)[1]:

'Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be protected, respected and fulfilled'.[1]

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 allow non-residents to use the sexual health services provided in Blackpool.

This sexual health strategy has been designed to deliver on our vision to support everyone to achieve optimal sexual health and wellbeing, regardless of their circumstances, and to be able to access the sexual health services that they need, when they need them. The strategy builds on the progress made by the previous 2017 – 2020 sexual health strategy and on the findings of the 2022 sexual health needs assessment for Blackpool. The strategy provides a strategic framework to shape the planning and delivery of services and interventions to enable the vision to be realised.

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NATIONAL CONTEXT

Relevant national strategies and plans

National strategies and plans that are particularly relevant to sexual health include the Framework for Sexual Health Improvement in England (published 2013)[2], the Women's Health Strategy for England (published 2022)[3], 'Towards Zero: the HIV Action Plan for England - 2022 to 2025' (published 2021)[4] and the national guide to commissioning for sexual health, reproductive health and HIV (published 2014).[5]

Framework for Sexual Health Improvement in England (published 2013)[2]

The 'Framework for Sexual Health Improvement in England' was published in 2013. This framework sets out steps towards achieving a reduction in sexual health inequalities and aims to support the commissioning of sexual health services, setting priority areas for sexual health improvement. Prioritising prevention is one of the key principles outlined in the framework.

A new national strategy for sexual health is expected soon.

Women's Health Strategy for England (published 2022)[3]

In 2022, the Department for Health and Social Care published their Women's Health Strategy for England. The strategy advocates a life course approach, which focuses on understanding the changing health and care needs of women and girls across their lives. This approach aims to identify the critical stages, transitions and settings where there are opportunities to promote good health, prevent negative health outcomes and restore health and wellbeing.

Priority areas identified within the strategy include menstrual health and gynaecological conditions; fertility, pregnancy, pregnancy loss and postnatal support; menopause; mental health and wellbeing; cancers; health impacts of violence against women and girls, and healthy ageing and long-term conditions.

Some key principles promoted within the strategy include embedding personalised care and shared decision-making in all areas of women's health, and better representing women and women's health expertise in the commissioning of research, design of curriculua for healthcare professionals, policy-making, and commissioning and delivery of services. The strategy advises that fragmented commissioning and delivery of sexual and reproductive health services can negatively impact women's access to services, in particular contraception. The strategy therefore advocates service provision that is more joined up and holistic.

The strategy includes a focus on disparities in health outcomes between women, and emphasizes the importance of improving health outcomes for those in 'inclusion health' groups, i.e. groups who are socially excluded (e.g. women who are sleeping rough).

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Towards Zero: the HIV Action Plan for England - 2022 to 2025 (published 2021)[4]

In 2021, the Department for Health and Social Care published its national HIV action plan, in which was stated the ambition to achieve zero new HIV infections, AIDS and HIV-related deaths in England by 2030. The action plan advocates partnership working around four core themes: 'prevent', 'test', 'treat' and 'retain'. Based upon these themes, four key objectives are stated, and associated actions listed. These objectives are:

- Objective 1: Ensure equitable access and uptake of HIV prevention programmes
- Objective 2: Scale up HIV testing in line with national guidelines
- Objective 3: Optimise rapid access to treatment and retention in care
- Objective 4: Improving the quality of life for people living with HIV and addressing stigma

National guide to commissioning for sexual health, reproductive health and HIV (published 2014)[5]

In 2014 Public Health England published 'Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV'.[5] The guide advocates for key principles within the commissioning of sexual health, reproductive health and HIV services including collaborative working, whole system commissioning and consideration of how to address wider determinants of health.

Evidence-based standards and guidelines

The provision of integrated sexual health services is supported by accredited training programmes and evidence-based guidance from relevant professional bodies. Providers of sexual and reproductive health services must ensure that commissioned services are delivered in accordance with this evidence base:

- The British Association for Sexual Health and HIV (BASHH) has published Standards for the Management of Sexually Transmitted Infections (BASHH, 2019).[6]

- The Faculty of Sexual and Reproductive Healthcare (FSRH) has recently published a Service Standard for Sexual Reproductive Healthcare (2022).[7]

- The FSRH has recently published the Hatfield Vision (2022),[8] which outlines priority goals and actions endorsed by 28 organisations in areas such as access to contraception, reproductive rights, menopause, menstrual health, cervical screening and maternal health outcomes in women in ethnic minority groups. It aims to leverage commitment and accountability at national and regional levels to achieve comprehensive, joined-up women's reproductive healthcare.

- The British HIV Association (BHIVA) has issued Standards of Care for People living with HIV (2018).[9]

- The Royal College of Obstetrics and Gynaecologists provides a range of guidance on topics relating to clinical practice and service provision.

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- The National Institute for Health and Care Excellence has produced a Quality Standard covering sexual health, focusing on preventing sexually transmitted infections (STIs), and describing high-quality care in priority areas for improvement (2019).[10]

Economic evidence

Appropriate investment in sexual health services can deliver healthcare savings through preventing unplanned pregnancies and reducing the transmission of STIs including HIV, preventing significant health and social care costs in the future. A financial and economic report produced in 2013 as part of the 'We can't go backwards campaign' considered the potential financial consequences of increased restrictions on access to contraceptive and sexual health services in the UK.[11] The report suggested that worsened access to contraceptive and sexual health services (compared to the status quo in 2013) could result in additional costs to the NHS and to the wider public sector of between £8.3 billion and £10 billion. On the other hand, improved access was deemed to have the potential to result in cost savings to the NHS and wider public sector of between £3.7 billion and £5.1 billion.

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LOCAL CONTEXT: OUR PREVIOUS STRATEGY

The Blackpool 2017 – 2020 Sexual Health Strategy[12] was built upon the findings of a sexual health needs assessment for Blackpool. Six strategy priorities were agreed locally:

1. Reduce unplanned pregnancies among all women of fertile age
2. Reduce the rate of sexually transmitted infections and re-infections
3. Improve detection rate in chlamydia diagnosis in 15-24-year-olds
4. Reduce onward transmission and proportion of late diagnoses of HIV
5. Reduce inequalities and improve sexual health outcomes
6. Tackling sexual violence

The strategic priorities and action plan were developed by a range of stakeholders. A comprehensive action plan listed agreed objectives and actions for each priority area.

To measure success, high level indicators were identified that indicate good sexual health or at least avoidance of sexual ill health. Targets were set for 2019/20, and the strategy aimed to achieve an improvement on the position at the time and achievement of the targets. In addition, it was agreed that success would also be evaluated by revisiting the School Health Education Unit (SHEU) survey to explore changes in young people's attitudes and knowledge of sexual health and services available.

An evaluation of progress made by the previous sexual health strategy, in terms of indicators and actions, is presented next, according to each of the previous strategy's priority areas.

Data sources for the evaluation of the previous strategy are listed in Appendix 1.

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Evaluation of previous strategy priority area 1: Reduce unplanned pregnancies among all women of fertile age

Progress on indicators

DIRECTION OF CHANGE*	INDICATOR	TARGET ACHIEVED?
Improved	Under 18s conception rate	No
Worse*	Rate of abortions	No
Marginally improved	Under 25s repeat abortions (%)	Not set
Improved*	Rate of LARC (excluding injections) prescribed by SRS	Yes

*Statistically significant at 5% level

Progress on action plan

1.1	1.2	1.3	1.7	1.8
1.9	1.10	1.12	1.13	1.16
1.19	1.4	1.11	1.14	1.15
1.17	1.18	1.5	1.6	

PRIORITY AREA 1:
Reduce unplanned pregnancies among all women of fertile age

What has the previous strategy achieved?

- Significant ↑ **in LARC** prescription by **SRS**
- Promotion of **LARC to** those with **complex needs** through **ADDER** and **Changing Futures**
- **Targeted campaign** to **promote LARC** undertaken by BTH
- **Pilot** underway to embed **LARC in maternity** pathway
- **Collaborative working** between **SRS** and **TOP services** – TOP services now offering fitting/removal of LARC

Which areas of the previous strategy should be built upon?

- Build upon work to promote **LARC** to **women with complex needs**
- Continue to promote **uptake of LARC**
- Continue to explore ways to **work with local pharmacies** to promote **LARC uptake**
- Continue to develop the **pilot** programme to **embed LARC in the maternity** pathway

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Evaluation of previous strategy priority area 2: Reduce the rate of sexually transmitted infections and re-infections

Progress on indicators

DIRECTION OF CHANGE	INDICATOR	TARGET ACHIEVED?
Improved	STI testing rate (excl chlamydia < 25y)	Not set
Improved*	STI testing positivity rate (excl chlamydia <25y)	Not set
Worse	New STI diagnoses (excl chlamydia <25y)	Not set
Improved	STI re-infection, men	No
Improved	STI re-infection, women	Yes
Worse*	HPV vaccination coverage for 2 doses⁺	Not set

*Statistically significant at 5% level

⁺13 – 14 year old females

Progress on action plan

2.1	2.3
2.4	2.6
2.2	
2.5	2.7

PRIORITY AREA 2: Reduce the rate of sexually transmitted infections and re-infections

What has the previous strategy achieved?

- Blackpool has a **high testing rate**
- Blackpool has a **high testing positivity rate**
- Progress in **preventing STI re-infection**:
  - **Decreased rate**
  - Reinfection covered in **PHSE**
- Implementation of **digital services for STI testing**
  - Increased **access** digitally
  - **Patient choice** in mode of access

Which areas of the previous strategy should be built upon?

- Continue to work with **primary care** (tier 2 services) around **STI testing recall**
- Build further on **digital access to sexual health services**:
  - Develop an **online booking** facility
  - Explore **remote consultancy** options
  - Consider and address **barriers to digital access**

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Evaluation of previous strategy priority area 3: Improve detection rate in chlamydia diagnosis in 15-24-year-olds

Progress on indicators

DIRECTION OF CHANGE	INDICATOR	TARGET ACHIEVED?
Worse	Chlamydia detection rate (females aged 15-24 years)	Yes
Worse	Chlamydia detection rate (males aged 15-24 years)	No
Improved	Proportion screened for Chlamydia (aged 15-24 years)	No

Progress on action plan

3.2	3.3	3.4
3.5	3.8	3.9
3.10	3.11	3.6
3.7	3.1	

PRIORITY AREA 3: Improve detection rate in chlamydia diagnosis in 15-24-year-olds

What has the previous strategy achieved?

- **Chlamydia detection rate** is **high** in Blackpool
- **Sector-led improvement** on **Chlamydia screening → resolution of data flow issues**
- **Pathways** developed between **Termination of Pregnancy services** and **sexual health services** to improve **follow-up** and **contact tracing** for **Chlamydia** positive patients.

Which areas of the previous strategy should be built upon?

- Continue to **work with GP practices** which undertake **Chlamydia testing**
- **Chlamydia detection rate**, although high, is **declining** → action needs to be taken
- The **new National Chlamydia Screening Programme guidance**, which now advocates targeted screening of women, needs to be **implemented locally**

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Evaluation of previous strategy priority area 4: Reduce onward transmission and proportion of late diagnoses of HIV

Progress on indicators

DIRECTION OF CHANGE	INDICATOR	TARGET ACHIEVED?
Improved*	HIV testing coverage	No
Improved	Repeat HIV testing in gay, bisexual and other men who have sex with men	Not set
Improved	HIV late diagnosis	Yes

*Statistically significant at 5% level

Progress on action plan

4.1	4.2	4.3	4.4
4.5	4.6	4.7	4.8
4.9	4.10	4.11	4.12
4.13	4.14	4.15	4.16

PRIORITY AREA 4: Reduce onward transmission and proportion of late diagnoses of HIV

What has the previous strategy achieved?

Opt-out HIV testing was successfully implemented in the **Emergency Department**.

An **MSM outreach clinic** for sexual health and harm reduction was **piloted.**

Testing coverage has improved in Blackpool, and is **higher than in the North West and England.**

The **proportion** of patients **diagnosed late** has **decreased,** and is **lower than in England and the North West** → patients in **Blackpool** are being **diagnosed earlier.**

Which areas of the previous strategy should be built upon?

Locally adapt the **national HIV action plan**.

Further **improve opt-out HIV testing** → explore how to ↑ **uptake** and **embed the testing into routine ED clinical practice**.

Continue to ensure that **training on HIV testing** is offered to **healthcare professionals**.

Continue to **work with substance misuse and harm reduction services** to promote **HIV awareness** and **testing.**

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Evaluation of previous strategy priority area 5: Reduce inequalities and improve sexual health outcomes

Progress on indicators: Comparison 2015 to 2019 of SHEU survey responses relevant to sexual health

INDICATOR	Direction of change 2015 - 2019*
PRIMARY SCHOOL PUPILS: *Proportion reporting that…*	
They have been told how to stay safe online	↑
Someone they don't know in person has asked to meet with them	↓
SECONDARY SCHOOL PUPILS: *Proportion reporting that….*	
They know how to access contraceptive and sexual health advice **(Year 10 boys)**	↓
They know how to access contraceptive and sexual health advice **(Year 10 girls)**	↓
They were currently in a sexual relationship **(Year 10 pupils)**	↓
They had a sexual relationship in the past **(Year 10 pupils)**	↓
They were currently in a relationship and thinking about having sex **(Year 10 pupils)**	↑
They have received a chat message that scared them or made them upset	↑
They have seen images aimed at adults	↑
They had looked online for pornographic or violent images, games or films	↑
They had looked online for pornographic or violent images, games or films **(Year 10 boys)**	↔

*This column indicates a potential trend only – the lack of confidence and the smaller number of secondary school respondents in 2019 mean that any apparent trends should be interpreted with caution.

Progress on action plan

5.1	5.2	5.3
5.4	5.5	5.8
5.9	5.11	5.12
5.6	5.10	
5.7		

Build on the **delivery of relationships and sex education (RSE) in schools:**
- Capture **information on content covered**
- Ensure that local RSE is **tailored to local need** and covers **access to local sexual health services**.
- Consider how best to **support schools** in delivering RSE.

PRIORITY AREA 5: Reduce inequalities and improve sexual health outcomes

New legislation for **Relationships Education/Relationships and Sex Education** to be **compulsory** in schools has been **implemented** locally.

A **local PSHE primary school coordinator** has been appointed.

Local consensus reached regarding the need for **pathways** between **sexual health services** and **services supporting vulnerable individuals** (e.g. Mental Health, substance misuse, learning disabilities)

What has the previous strategy achieved?

Revisit the extent to which **NICE guidance on harmful sexual behavior** is being **implemented** in relevant plans.

Develop and implement robust **pathways** between **sexual health service** and **services that support vulnerable individuals**

Which areas of the previous strategy should be built upon?

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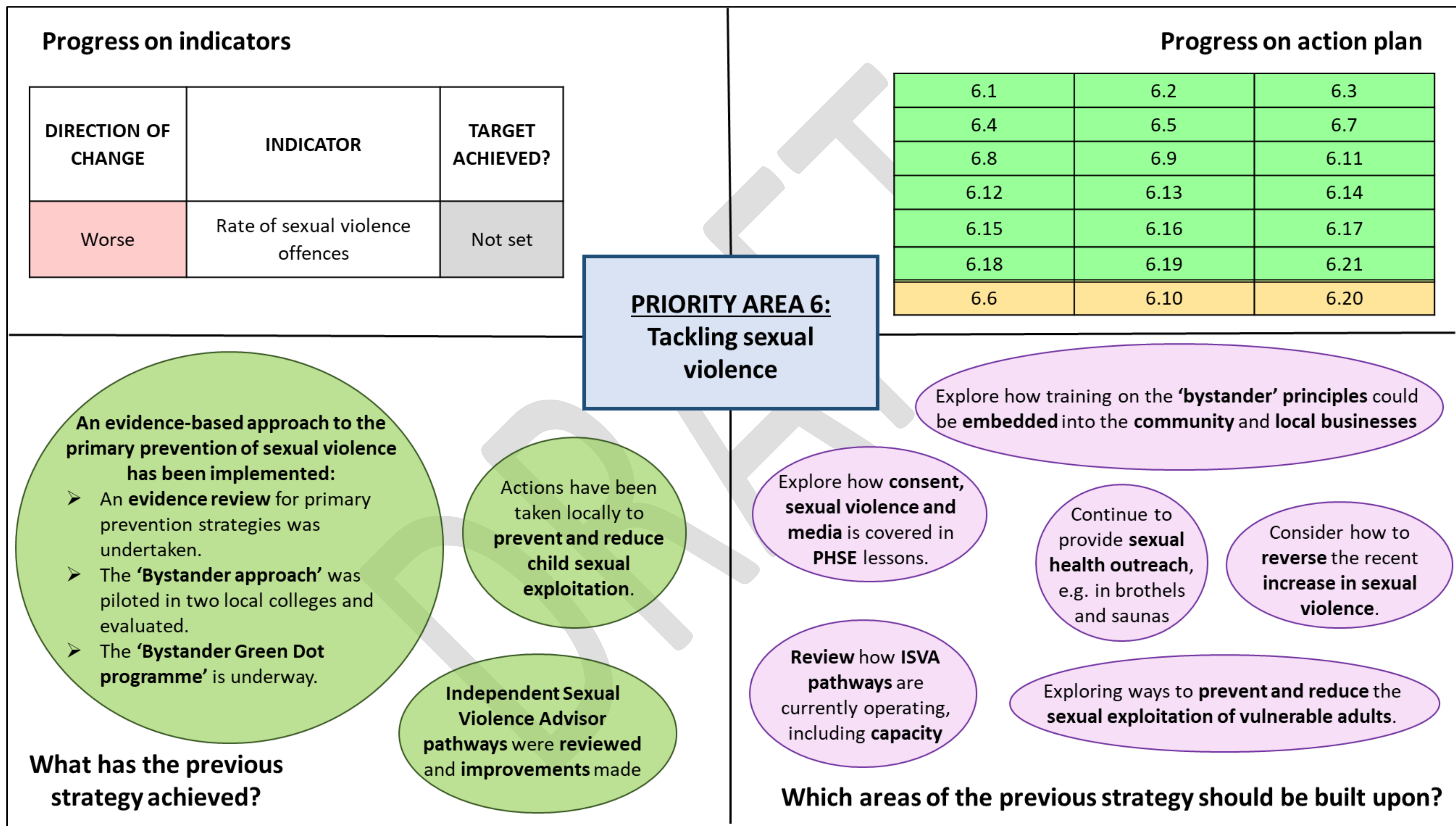
Evaluation of previous strategy priority area 6: Tackling sexual violence



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LOCAL NEED: WHAT DOES THE DATA TELL US?

In 2022, a Sexual Health Needs Assessment was undertaken by the Public Health team at Blackpool Council. For the full report and data, please see the relevant sections of the Blackpool Joint Strategic Needs Assessment website:

- Main sexual health needs assessment: https://www.blackpooljsna.org.uk/Living-and-Working-Well/Health-Protection/Sexual-Health.aspx
- Teenage conceptions: https://www.blackpooljsna.org.uk/Developing-Well/Children-and-young-peoples-health/Teenage-Conceptions.aspx
- Termination of pregnancy: https://www.blackpooljsna.org.uk/Living-and-Working-Well/Health-Protection/Termination-of-Pregnancy.aspx

An overview of the Health Needs Assessment findings is presented below.

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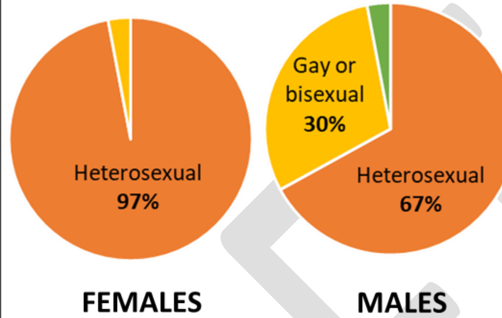
National ↓ in new diagnoses of STIs in 2020 – particularly STIs requiring **diagnosis by physical examination**

Rate of **new diagnoses** of STIs ↑ in Blackpool compared to England

STI testing **positivity rate** in Blackpool ↑ compared to NW and England

Of the 5 main STIs diagnosed in Blackpool:



GENITAL WART infections ↓

HPV vaccination programme for young women and MSM up to age 45 years

Recent ↑ and then slight ↓ in new **GENITAL HERPES diagnoses** in Blackpool – maybe due to ↑ test sensitivity

STIs

Rate of **GONORRHOEA diagnoses ↑** nationally, particularly **sharp ↑ in Blackpool**

Rate of **SYPHILIS diagnoses ↑** in Blackpool and nationally

National concern at **↑ in gonorrhea and syphilis** amongst **MSM**

46.5% of **new STI diagnoses** in Blackpool = **CHLAMYDIA**

Annual chlamydia **detection rate** ↑ compared to national rate AND > Public Health Outcomes Framework (PHOF) recommendation

Chlamydia testing **positivity rate** ↑ compared to national rate AND > National Chlamydia Screening Programme (NCSP) recommendation

	RECOMMENDATION	BLACKPOOL (2019)	NATIONAL (2019)
Annual detection rate (/ 100,000 15-24-year-olds)[1]	>=2300	2,776	2,058
Test positivity rate[2] (%)	5-12	12.5	10.0

[1]PHOF recommendation [2]NCSP recommendation

BUT… **recent ↓ in Blackpool** chlamydia detection rate

SEXUALLY TRANSMITTED INFECTIONS

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Prevalence of diagnosed HIV in Blackpool ↑ compared to nationally

Rate of **new diagnosis of HIV ↑ in Blackpool** compared to nationally

HIV testing coverage in Blackpool ↑ compared to the NW and nationally

HIV and AIDS

Of those living with HIV in Blackpool, likely acquisition is:

77% sex between men

18% sex between men and women

Proportion of late diagnoses in Blackpool ↓ compared to nationally

Routine screening for HIV in the Emergency Department in Blackpool Teaching Hospitals NHS Trust since November 2020

In Blackpool and nationally, **acquisition through sex between men** has ↓ over recent years

In 2021, **10,375 tests** recorded, including **7 new HIV diagnoses**

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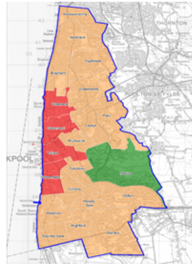
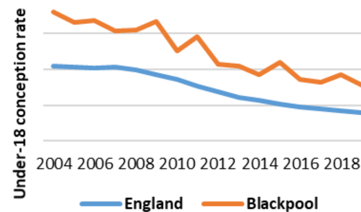
TEENAGE CONCEPTION

Under-18 and under-16 conception rates ↑ in Blackpool compared to England

Rate of teenage conception **varies widely within Blackpool**.



During 2004-2019, the **under-18 conception rate fell by 57% in Blackpool** – a **smaller reduction than for England** (62%).



TERMINATION OF PREGNANCY

IN BLACKPOOL

Abortion rate is ↑ compared to England, and is **rising more quickly**.

38.2% of under-18 conceptions resulted in **abortion**: ↓ than in **England**. (2019)

Under-18 abortion rate is ↑ compared to England, but ↓ **by >50%** during 2008-2019.

Abortion rate is **highest** for women aged **20-24 years**, then **25-29 years**.

Proxy measures of service quality in Blackpool

EARLY ABORTION (<10 weeks) ≈ national rate

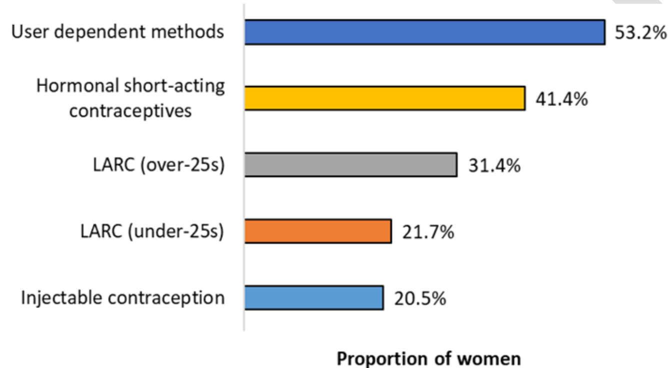
Early MEDICAL abortions ↑ compared to England

REPEAT ABORTIONS ↑ compared to England and rising

ABORTIONS in under-25s FOLLOWING PREVIOUS BIRTH ↑ compared to England

CONTRACEPTION

Most popular choices of contraception in Blackpool in 2020:



Compared to England overall...

↑ **Rate of emergency contraception provision** by SHS in Blackpool (2019/20)

Proportion of female residents in Blackpool **accessing SHS for contraception** ↑ compared to England (NB. ↓ during 2020/21 Covid-19 period)

Blackpool residents accessing **contraception services** tend to be **younger.**

↑ **LARC prescriptions** in Blackpool (**highest rate in the country**) (NB. Local and national ↓ in LARC fittings and removals during 2020 'lockdown' periods.)

↑ **Proportion** of women having **hormonal contraceptive implant removed** in Blackpool – also ↑ relative to removal of other LARC methods.

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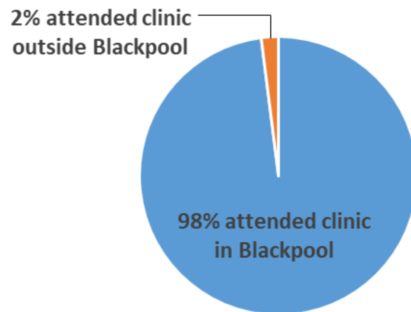
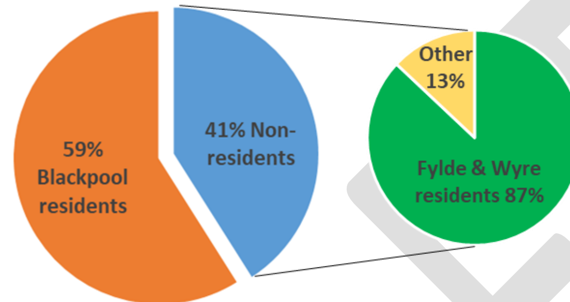
DEMAND FOR SEXUAL HEALTH SERVICES (SHS)

Blackpool residents using SHS in 2019:



Patients using Blackpool SHS in 2019:



Proportion of first attendees at SHS who had **sexual health screen ↓ in 2020** (especially for age <19y)

HARM REDUCTION

Blackpool's recorded **crime rate for sexual offences** is **one of the highest** in the country.

↑in sexual offences in 2021 – possibly reflecting fewer offences during 2020 lockdown periods being offset by an ↑ in 2021.

Rape has the **greatest impact** in terms of **harm** in Blackpool.

HIGH RISK GROUPS

SEX WORKERS

Sex workers in Blackpool operate **on the street** and in venues such as **saunas and massage parlours**.

Often **have multiple vulnerabilities** (e.g. previous LAC, drug/alcohol misuse).

High level of self-reported **STIs, TOP** and **sexual assault** within this group.

VULNERABLE ADULTS (including those with LEARNING DISABILITIES)

Coping **with puberty, sexual identity and sexual feelings** can be **more difficult**.

The **sexual needs** of people with learning disabilities have **historically been ignored**.

PRISONERS ON DAY RELEASE

The sexual health of **prisoners on day release who spend their time in Blackpool** can place a significant **burden on prison health care** in treating associated **infections**.

LGBTQI COMMUNITY

Blackpool has a **large LGBTQI community**.

LGBTQI individuals experience **health inequalities** which are often **unrecognized** in health and social care settings.

May be **reluctant to disclose sexual orientation** due to **fear of discrimination** or poor treatment.

Healthcare/other professionals often **mistakenly assume** that the **needs of all** LGBTQI people are **the same**.

Research indicates that a **high proportion** of lesbian and bisexual women and gay and bisexual men have **never been tested for STIs**.

LOOKED AFTER CHILDREN (LAC)

Blackpool has the **highest rate of LAC** within England.

LAC often have **poorer sexual health.**

LAC may be at **↑ risk of**:
Involvement in **risky sexual activity**
Exploitive and **abusive** relationships
Early parenthood

Many LAC in Blackpool **come from other areas → little/no knowledge of local services**.

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IMPACT OF COVID-19

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[13] suggests that in 2020, compared with in 2010, there was less sexual high risk behaviour, including lower reporting of multiple partners, new partners and condomless partners. There was an increased level of sexual dissatisfaction and distress. Compared with the previous decade, in 2020 there was a lower use of STI related services, lower levels of chlamydia testing and fewer conceptions and abortions.

Overall, diagnoses of STIs decreased in 2020 and 2021, with a decrease of 33.2% from 2019 to 2021.[14] This decline likely 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.

COVID-19 resulted in a reduction in the overall number of sexual health service consultations undertaken during 2020. However, this trend has now been reversed, with an overall increase in sexual health service consultations of 3.9% from 2019 to 2021.[14] During 2020, there was a substantial decline in the number of sexual health screens undertaken, and, although this number is now rising again, there was still an overall 13.2% reduction between 2019 and 2021.[14] Sexual health services both nationally and locally made significant adaptations to their services during the pandemic, with the introduction or expansion of online services (including testing) and remote consultations accompanying face-to-face consultation for those in urgent need.

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WHAT ARE STAKEHOLDERS TELLING US?

Individual consultations were held with a range of local stakeholders between August and November 2022, to explore the areas which they perceived to be of high priority for sexual health in Blackpool. Stakeholder views have informed the development of this strategy.

An overview of the topics that arose within stakeholder discussions is shown below.

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Sexually transmitted infections Syphilis STI testing HPV vaccine	**HIV** Testing Pre-Exposure Prophylaxis (PrEP) Complex needs and co-morbidities
Contraception Condoms, including barriers to use Training/upskilling in Long-Acting Reversible Contraception	**Personal, social, health and economic (PSHE) education** Empowerment to be able to negotiate safe sex Practical information about sexual health services Practical information about condom use
Tackling inequalities Better data on ethnicity Holistic support for sex workers Reducing inequalities faced by LGBTQI groups Support for drug and alcohol users	**Access to sexual health services** Digital/remote access options Face-to-face access options Drop-in clinics Sexual health outreach work
Ways of working Collaborative working Multi-agency, fast-track pathways Commissioning and tendering Service user consultation	**Data** Comparisons with statistical neighbours Learning from other areas Effects of integrating services on performance data

Topics arising during stakeholder discussions, August – November 2022

WHAT ARE YOUNG PEOPLE TELLING US?

A consultation was held with local young people, facilitated by Healthwatch Blackpool, to explore their views and experiences in relation to sexual health and services in Blackpool. The views of the young people have informed the development of this strategy.

An overview of the topics that arose within the discussion with young people is shown below.

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Accessing sexual health services (SHS) Discretion / privacy Opening times Transport	**Peer influence** Positive influences Negative influences, and peer pressure to be sexually active
Messaging Positive promotion of sexual health checks Use of social media Balance between emphasizing discretion of SHS and yet normalizing attendance at a sexual health clinic	**Relationships and sex education in schools/colleges** Sexually transmitted infections Practical information about SHS Practical information about condom use Greater focus on non-heterosexual sex Better coverage of unplanned pregnancy and abortion Links to topical news stories, e.g. monkey pox
LGBTQI groups Stigma and discrimination within school/college pupils Barriers to accessing support Importance of education in removing and challenging stigma	**Unplanned pregnancy** Importance of not normalizing underage sex Stigma attached to unplanned pregnancy and abortion Barriers to accessing pregnancy tests
Gynaeocological conditions in young people (e.g. PCOS, endometriosis) Support for those who experience these conditions	**Sexual violence** Desire for safer streets with better street lighting Accessibility of support for victims of sexual assault Barriers to talking about male rape

Topics arising during the consultation with young people, November 2022

OUR NEW STRATEGY

Based upon national context, local data, evaluation of the previous strategy and consultations with stakeholders and young people, a new strategy for sexual health in Blackpool has been produced.

Vision

For everyone to be supported to achieve their optimal sexual health and wellbeing, regardless of their circumstances, and to be able to access the sexual health services that they need, when they need them.

Guiding principles

- **Quality**: Provide services of high quality
- **Accessible**: Provide services that are accessible to all
- **Collaborative**: Work in partnership across clinical and non-clinical services
- **Place-based:** Adopt a place-based approach
- **Co-produced**: Work with service users to design and deliver services
- **Innovative**: Be creative in delivering services that are integrated, efficient and provide value for money

Priority areas

Priority area 1: Prevent and reduce the transmission of sexually transmitted infections

Priority area 2: Reduce unplanned pregnancy

Priority area 3: Improve prevention, testing, treatment and support for people living with HIV

Priority area 4: Provide young people with the skills, support and services that they need to achieve optimal sexual health

Priority area 5: Reduce inequalities in sexual health

Priority area 6: Tackle sexual violence

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Our vision For everyone to be supported to achieve their optimal sexual health and wellbeing, regardless of their circumstances, and to be able to access the sexual health services that they need, when they need them.

The areas we will focus on

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
Prevent and reduce the transmission of sexually transmitted infections	Reduce unplanned pregnancy	Improve prevention, testing, treatment and support for people living with HIV	Provide young people with the skills, support and services that they need to achieve optimal sexual health	Reduce inequalities in sexual health	Tackle sexual violence

Guiding principles	Quality	Accessible	Collaborative	Place-based	Co-produced	Innovative

Priority area 1: Prevent and reduce the transmission of STIs

Objectives

1. **Increase opportunistic sexually transmitted infection (STI) testing in non-sexual health settings.**

2. **Provide choice in patient access to STI testing, building upon recent digital innovation whilst also ensuring that those who need or prefer to access services in person are still able to do so.**

3. **Promote condom use.**

What does the evidence tell us?

The National Institute for Health and Care Excellence (NICE) have concluded that evidence supports the use of remote self-sampling kits to test for STIs. STI testing uptake is significantly higher in home self-sampling than in clinic-based testing, and is generally well received, provided that the sampling kit is practical, well-designed and accessible. The evidence also indicated that self-sampling can help minimise issues around stigma and embarrassment that are common in clinic testing.[15]

There is moderate evidence that Chlamydia screening is effective in reducing the development of sequelae (pelvic inflammatory disease), but evidence is currently lacking for the effect of screening on population prevalence of Chlamydia.[16, 17] As a result of the English National Chlamydia Screening Programme (NCSP) Evidence Review, the aim of the NCSP has now changed to a focus on reducing the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women, and so the opportunistic offer of asymptomatic chlamydia screening outside of sexual health services now focuses on women, combined with reducing time to test results and treatment, strengthening partner notification and retesting.[18]

Evidence of the impact of vaccination has shown reductions in HPV type 16/18 infection, genital warts, pre-cancerous lesions and cervical cancer among vaccinated cohorts.[19] Based upon the available evidence, the Joint Committee for Vaccinations and Immunisations currently recommends that the HPV vaccine is offered to all adolescents (boys and girls) in school Year 8 (usually aged 12 and 13), and to men who have sex with men up to and including 45 years of age who are attending specialist sexual health services and/or HIV clinics, regardless of risk, sexual behaviour or disease status.[20]

Action plan

A detailed, stakeholder-led action plan has been developed to address the objectives identified within this priority area.

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How will we measure success?

Success will be measured by improvement in the following indicators:

- New STIs diagnoses (excluding chlamydia aged under 25 years)
- STI testing rate
- STI testing positivity rate
- Chlamydia detection rate for females aged 15 – 24 years

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Priority area 2: Reduce unplanned pregnancy

Objectives

1. **Reduce the rate of teenage pregnancy amongst Our Children.**

2. **Develop a robust training programme for long-acting reversible contraception (LARC) fitting for non-specialist healthcare professionals.**

3. **Build upon work to promote LARC uptake to women with complex needs, including those with substance misuse issues and asylum seekers.**

4. **Build upon work to embed LARC provision within maternity services.**

5. **Improve LARC provision in medical termination of pregnancy services.**

6. **Work towards establishing Women's Health Hubs within primary care networks and tier 3 sexual and reproductive health services.**

What does the evidence tell us?

NICE provide evidence-based recommendations on how best to deliver contraceptive services to under-25s, including a review of the evidence for different types of interventions to prevent teenage pregnancy.[21]

Every £1 spent preventing teenage pregnancy saves £11 in health care costs.[22]

Implantable methods of long-acting reversible contraception are highly effective contraceptive methods.[23] From an NHS perspective, LARC methods of contraception are cost-effective, and are more cost-effective than the combined oral contraceptive pill.[24] A systematic review is currently underway to assess the effectiveness of interventions designed to increase access to LARC.[25]

Action plan

A detailed, stakeholder-led action plan has been developed to address the objectives identified within this priority area.

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How will we measure success?

Success will be measured by improvement in the following indicators:

- Under-18s conception rate
- Rate of total prescribed LARC excluding injections in females aged 15-44 years
- Under-25s repeat abortions (%)
- Under-25s abortion after a birth (%)

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Priority area 3:

Improve prevention, testing, treatment and support

for people living with HIV

Objectives

1. **Help individuals to maintain their negative HIV status through greater awareness and uptake of pre-exposure propyhlaxis.**

2. **Reduce the number of people living with undiagnosed HIV**
   a) **Increase the offer and uptake of HIV testing in primary care**
   b) **Further increase uptake of opt-out HIV testing in the Emergency Department**
   c) **Increase awareness of HIV testing within both sexual health services and wider, non-sexual health settings.**
   d) **Continue to minimize the number of late diagnoses of HIV.**
   e) **Improve the process of partner notification.**

3. **Reduce the number of individuals with a transmissible level of HIV by minimizing loss to follow-up and maximizing engagement with services.**

4. **Monitor and improve the quality of services to support people living with HIV, especially those facing multiple disadvantage.**

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What does the evidence tell us?

HIV transmission in the UK has continued to fall, particularly amongst gay, bisexual and other men who have sex with men.[26] The Joint United Nations Programme on HIV/AIDS (UNAIDS) previously set a global '90-90-90' target for 90% of people living with HIV to be diagnosed, 90% of people diagnosed to be receiving anti-retroviral therapy (ART) and 90% of people on treatment to be virally suppressed and unable to pass on the infection.[27a] These targets are estimated to have been exceeded in Blackpool: in 2021, 94.7% of people living with HIV were diagnosed with HIV, 99.8% of people diagnosed with HIV were on ART and 97.4% of people on ART were virally suppressed.* The original UNAIDS 90-90-90 targets have now been updated and expanded.[27b] In England in 2021, the Department for Health and Social Care stated its ambition to achieve zero new HIV infections, AIDS and HIV-related deaths in England by 2030.[4]

**Estimates provided by UK Health Security Agency (UKHSA) HIV analysts, based upon estimates from the HIV/AIDS Reporting System and a Bayesian multi-parameter evidence synthesis (MPES) model.*

Early access to HIV treatment significantly reduces the risk of HIV transmission to an uninfected person. People with HIV who have been on treatment and show undetectable levels of the virus for at least six months are unable to pass HIV on.[26]

Early testing and diagnosis of HIV reduces treatment costs – £12,600 per annum per patient, compared with £23,442 with a later diagnosis.[2] Offering and recommending HIV testing in primary care and hospital settings has been shown to be acceptable and feasible to patients and staff, operationally feasible, successful in identifying and transferring to care HIV-positive patients, and also cost-effective.[28,29] However, additional staff training and infrastructural resources are required.[29]

Pre-exposure prophylaxis (PrEP) is a course of HIV drugs taken before sex to reduce the risk of getting HIV. The UK's PROUD study reported an 86% reduction in the risk of HIV infections in men who have sex with men who were taking PrEP. The trial provided evidence for the effectiveness of PrEP in a real-world setting.[30] From 2020, PrEP has been available in England free of charge on the NHS from sexual health clinics, for those at higher risk of HIV.[31]

Action plan

A detailed, stakeholder-led action plan has been developed to address the objectives identified within this priority area.

How will we measure success?

Success will be measured by improvements in the following indicators:

- HIV testing coverage (%)
- HIV late diagnosis (%)

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Priority area 4:

Provide young people with the skills, support and services that they need to achieve optimal sexual health

Objectives

1. **Ensure that the content of Personal, Social, Health and Economic (PSHE) education is tailored to local need, is co-produced with young people and includes information about how to access local sexual health services.**

2. **Through consultation and co-production, ensure that the design and delivery of sexual health services meet the needs of local young people.**

3. **Work with young people to ensure consistent, localised and appropriate messaging regarding sexual health.**

4. **Provide fast-track pathways into appropriate services for young people at risk of poor sexual health outcomes.**

5. **Review and improve the extent to which NICE guidance on harmful sexual behaviour is being implemented within educational settings.**

What does the evidence tell us?

Locally, through an online survey and subsequent focus group, Healthwatch Blackpool have published a report about young people's views and experiences of accessing local sexual health services.[32] Contraception and combined contraception and sexual health screening were the most common reasons for young people visiting services, and those who accessed sexual health services rated their experience highly. The report highlighted a lack of awareness amongst young people of information related to sexual health and sexual health services. Recommendations were made for improvements to make sexual health services more accessible to young people.

Research shows that comprehensive sex and STD/HIV education programmes positively affect young people's sexual behaviour, including both delaying initiation of sex and increasing condom and contraceptive use.[33] Hence, a broad, comprehensive programme of sex and relationships education, that includes learning about contraception, is essential.

Action plan

A detailed, stakeholder-led action plan has been developed to address the objectives identified within this priority area.

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How will we measure success?

Success will be measured by the following:

- Reduction in re-infection rates in 15-19 year olds (male and female)
- Improvements in knowledge and behaviour in SHEU survey responses that are relevant to sexual health and sexual behavior.
- Review of young people's feedback within the SHEU survey on the delivery of PSHE education related to sexual health
- Review of attendance rate at the PSHE Forum by local PSHE leads for schools.
- Repeat of a young people's sexual health survey to help inform sexual health service improvements

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Priority area 5: Reduce inequalities in sexual health

Objectives

1. **Improve access to sexual health services for those with complex needs.**
2. **Ensure that sexual health services meet the needs of LGBTQI individuals.**
3. **Ensure that local services meet the sexual health needs of Our Children and Care Leavers.**
4. **Improve the delivery of sexual health services to refugees and asylum seekers.**

What does the evidence tell us?

The State of the Nation report[34], produced by the Terrence Higgins Trust and the British Association for Sexual Health and HIV (BASHH) identified that:

- Men who have sex with men, young people and some ethnic minority communities are among those disproportionately impacted by STIs.
- Individuals living in poverty experience higher rates of STIs.
- Current available research does not provide an adequate understanding of the inequalities in sexual health, with little focus on the impact of structural inequalities on STIs.

A recent systematic review provides evidence for different types of interventions to improve the health of sex workers. The review found that those new to working in an area faced greater challenges in accessing services, and that data on interventions were scarce for male, transgender, and indoor-based sex workers. Co-designed and co-delivered interventions that are either multicomponent or focus on education and empowerment are most likely to be effective.[35]

Action plan

A detailed, stakeholder-led action plan has been developed to address the objectives identified within this priority area.

How will we measure success?

Success will be measured by the following:

- Increase in LARC uptake in women facing multiple disadvantage (measured via the method developed in actions for priority area 5, objective 1).

- Feedback from individuals facing multiple disadvantage about the quality of and access to sexual health services (collated through the action listed in priority area 5, objective 1).

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Priority area 6: Tackle sexual violence

Objectives

1. **Adopt a Public Health approach to tackling sexual violence, including primary prevention programmes.**

2. **Improve education to young people about consent, sexual violence and media.**

3. **Provide high quality services for victims of rape and sexual violence.**

4. **Reduce barriers to proceeding with prosecution for victims of sexual violence crimes.**

5. **Prevent and reduce the sexual exploitation of children, young adults and adults in Blackpool.**

6. **Create safer streets, especially after dark.**

What does the evidence tell us?

A recently published qualitative evidence synthesis provides insight into how survivors, family members and professionals experience different types of psychosocial interventions in the aftermath of sexual abuse and violence.[36] The review explores how different features of the contexts and the interventions influence the extent to which an individual can benefit from the intervention. Interventions were found to not only benefit survivors' mental health, but also have wider positive impacts, including on their physical health, mood, understanding of trauma, interpersonal relationships and on re-engagement with other areas of their lives. The review identified that further research is needed to explore the experiences of male survivors of sexual abuse and violence and of those from minority groups.

Evidence-based NICE guidelines provide best practice recommendations for managing children and young people who display harmful sexual behaviour, including those on remand or serving community or custodial sentences.[37] The guidance aims to ensure these problems don't escalate and possibly lead to the child or young person being charged with a sexual offence.

There is a growing body of evidence that a variety of 'bystander' interventions can be effective in preventing the perpetration of intimate partner and sexual violence.[38,39] Research has identified nine principles that are strongly associated with positive effects across multiple public health programmes and that should be considered when implementing primary prevention strategies, including bystander programmes.[38]

Action plan

A detailed, stakeholder-led action plan has been developed to address the objectives identified within this priority area.

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How will we measure success?

Success will be measured by the following:

- Reduction in the rate of sexual violence offences
- Feedback captured from local PSHE leads about the delivery of education related to consent, sexual violence and media

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Governance: How will this strategy be delivered?

Oversight

Performance will be monitored by the Blackpool Council Public Health Senior Management Team, who will support progress of key elements of the strategic approach to improving sexual health in Blackpool. This will include ensuring alignment with cross cutting strategies and actions plans. A range of boards and groups across Blackpool will also play a role in providing oversight of the strategy and implementing the action plan, as shown in the figure below.

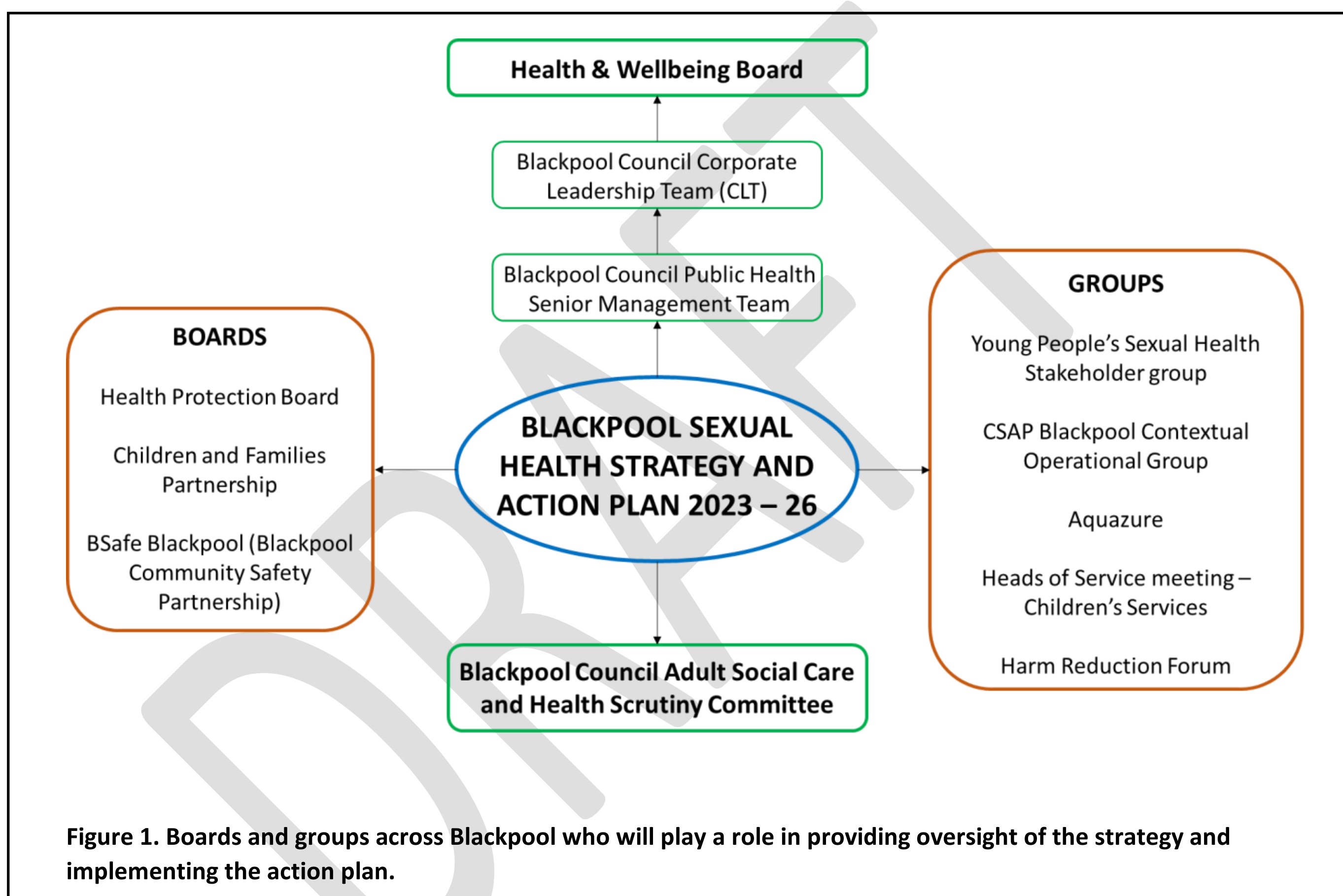

Figure 1. Boards and groups across Blackpool who will play a role in providing oversight of the strategy and implementing the action plan.

The strategy will be implemented by an action plan, managed via a multi-agency Sexual Health Strategy Group. This will be set up and led by the lead commissioner for Sexual Health within the Public Health Team, and will consist of stakeholders from a range of internal teams and external organisations based within Blackpool. The Sexual Health Strategy Group will meet regularly and will review progress made in relation to the strategy. Progress will be reviewed through the following:

- Assessment of progress made in relation to indicators identified within each priority area of the strategy
- Review of the status of each action within the action plan
- Overall assessment of the direction of progress in relation to each priority area

GLOSSARY OF TERMS

Term	Definition
AIDS	Acquired Immunodeficiency Syndrome
BASHH	British Association for Sexual Health and HIV
BHIVA	British HIV Association
BTH	Blackpool Teaching Hospitals NHS Foundation Trust
CLT	Corporate Leadership Team
Complex needs	Needs that are complex due to underlying vulnerabilities, including (but not limited to) substance misuse, homelessness, contact with the criminal justice system, domestic violence, Mental Health issues, physical co-morbidities, learning disabilities and autistic spectrum disorders, refugee/asyslum seeker status.
CSAP	Children's Safeguarding Assurance Partnership
ED	Emergency Department
FSRH	Faculty of Sexual and Reproductive Healthcare
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ISVA	Independent Sexual Violence Advisor
JSNA	Joint Strategic Needs Assessment
LARC	Long Acting Reversible Contraception
LET	Lived Experience Team
LGBTQI	LGBTQI is an umbrella term for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual and others
MSM	Men who have Sex with Men
Multiple disadvantage	People experiencing a combination of some or all of the following: substance misuse, homelessness, contact with the criminal justice system, domestic violence and Mental Health issues.
NATSAL	National Survey of Sexual Attitudes and Lifestyles
NCSP	National Chlamydia Screening Programme
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
OHID	Office for Health Improvement and Disparities
Our Children	A child who has been in the care of their local authority for more than 24 hours is known as a 'looked after child'. Looked after children are also often referred to as 'children in care'. In Blackpool, children who are in our care are referred to as 'Our Children'.
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
PSHE	Personal, Social, Health and Economic Education
SHEU	Schools and Student Health Education Unit
SMT	Senior Management Team
STI	Sexually Transmitted Infection
TOP	Termination of Pregnancy or abortion
WHO	World Health Organization

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APPENDIX 1. List of data sources used for evaluation of previous sexual health strategy

Local data on sexual violence offences provided by Lancashire Police

Office for Health Improvement and Disparities, Fingertips Public Health data

Public Health England, Blackpool local authority HIV, sexual and reproductive health epidemiology report (LASER): 2015, December 2016

School Health Education Unit (SHEU) surveys of young people in Blackpool, 2015 and 2019

UKHSA SPLASH Supplement Report for Blackpool, June 2022

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