REPORT TO THE HEALTH AND WELLBEING BOARD

June 2019

Sexual Health Needs Assessment and Service Review

Report Sponsor: H&WB member
Report Author: David Armitage
Received by SSDG:
Date of Report:

1. Purpose of Report

1.1 To provide an update of recommendations from the Sexual Health Needs Assessment (SHNA) & Service Review, highlight key challenges and future direction.

2. Delivering the Health & Wellbeing Strategy

2.1 Describe how the proposal contributes to delivering the Strategy…

Focus on efficiencies and outcomes
We must direct investments wisely by securing evidence based interventions which provide the best outcomes.

Inspire & Empower
We must ensure that our service offer can support people to make smart choices, from ensuring that they have easy access to take a sexual health test when required, to choosing the right method of contraception.

Connect, Collaborate & Co-produce
We recognise that Sexual Health and Contraception are influenced by a number of key stakeholders, including the CCG & NHSE. We must consider a whole system approach. Sexual Health and Contraceptive choices are very personal to each individual and we must ensure that the healthier choice is as easy as it can be and that those with poorer outcomes have a service offer appropriate to their needs.

Go further, faster
Many sexually transmitted infections are easily transmitted and in the majority of cases easy to treat. We know what constitutes additional risk factors and what contributes to poor sexual health outcomes. In order to go further and faster we must prioritise investment activities and ensure that we are provided to right offer to each individual.

3. Recommendations

3.1 Health and Wellbeing Board members are asked to:-

- Recognise that we invest in a mandated SH offer that requires a partnership approach and resource prioritisation based upon evidenced needs and intervention effectiveness.
- Support evidence based interventions and amplify Sexual Health 'truths' in relation to local investment, for example, this is not solely a young people issue, just under 60% of people attending our level 3 service are age 25 or over.
- Recognise and amplify that choices will need to be made in 2019 in order to inform the new contract in 2020. The majority of adults have sexual relationships and will make different choices; this means that population needs are high and the service offer will need to develop in order to better meet those needs.

4. Introduction/ Background

4.1 The presentation provided is informed by the service review & SH needs assesment. National data is also utilised in order to compare our outcomes alongside regional, national and statistical neghbourhoods.

In brief, whilst we are improving on some outcomes we need to do better to guide improvments in sexual health outcomes in Barnsley, and make this shift quicker. Under 18 conceptions provide one such example which requires focus. In the last fully reported year (2017) a rate of 29.1 is reported which equates to 109 conceptions amoungst under 18's across the borough, this is the highest in the region and significantly higher that the national average, however in 2011 our rate was 39.5 meaning that 80 more young people age 16 and 17 conceived that year than did in 2017.

Barnsley's nationally indicated SH outcomes, compared to our 15 statistical neighbours are set out below:

- U18 conception rate 2.04 - 13th position [RED]
- HIV late diagnosis 3.04 - 13th position [RED]
- Chlamydia Detection 3.02 - 10th position [AMBER]

Indicator	Period	England	Barnsley	1 - Rotherham	2 - Doncaster	3 - Wakefield	4 - St. Helens	5 - Wigan	6 - Calderdale	7 - Telford and Wrekin	8 - Tameside	9 - Dudley	10 - Kirklees	11 - Halton	12 - Walsall	13 - Rochdale	14 - Stockton-on-Tees	15 - Bury
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2017	1882	2025	2010	2416	2161	2571	2067	2210	2188	1794	1338	2142	1623	1710	1417	2091	1734
Chlamydia proportion aged 15-24 screened	2017	19.3	19.8	19.6	25.6	19.6	20.1	18.4	18.0	18.0	16.5	15.4	15.6	15.7	17.5	16.4	15.5	17.1
New STI diagnoses (exc chlamydia aged <25) / 100,000	2017	794	482	561	631	413	611	509	660	503	697	432	721	647	730	621	467	621
HIV testing coverage, total (%)	2017	65.7	46.9	79.5	53.1	34.8	54.8	26.1	74.0	55.7	50.2	54.9	61.8	61.7	62.3	30.5	62.1	34.8
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2015 - 17	41.1	52.2	48.4	42.1	40.7	33.3	56.7	65.0	45.8	50.0	29.0	50.0	58.3	37.8	56.3	50.0	35.0
New HIV diagnosis rate / 100,000 aged 15+	2017	8.7	5.0	2.8	5.1	2.9	6.1	7.9	4.7	0.0	6.0	3.4	3.1	3.9	6.7	5.2	3.8	5.9
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2017	2.32	1.60	1.15	1.29	1.35	1.04	1.22	1.21	1.09	1.87	1.42	1.37	0.95	2.18	1.98	1.04	1.73
Population vaccination coverage – HPV vaccination coverage for one dose (females 12-13 years old) (PHOF indicator 3.03xii) <80% 80% to 90% ≥90%	2016/17	87.2	94.1	91.1	88.4	91.1	87.5	88.4	91.2	91.4	95.4	91.8	92.0	88.5	86.1	85.4	88.7	76.1
Under 25s repeat abortions (%)	2017	26.7	22.2	21.2	26.0	27.9	28.3	27.5	24.5	28.4	28.7	34.3	27.7	22.7	30.8	30.2	24.9	28.4
Abortions under 10 weeks (%)	2017	76.8	66.6	71.5	82.6	80.8	73.9	77.8	82.3	70.5	83.1	74.5	79.9	74.6	68.3	83.6	81.8	82.9
Total prescribed LARC excluding injections rate / 1,000	2016	46.4	34.5	54.3	47.9	50.6	30.6	48.6	54.6	49.8	45.8	48.7	42.6	31.8	38.3	38.2	6.1	50.1
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2016	18.8	33.8	24.0	27.6	20.1	22.6	23.1	19.6	19.5	26.0	20.2	22.6	26.2	30.0	21.2	27.7	18.6
Under 18s conceptions leading to abortion (%)	2016	51.8	44.2	35.5	43.8	40.9	46.2	58.7	44.4	48.7	41.8	38.3	45.7	51.7	37.1	37.8	54.4	61.7

*Please note 2017 U18 conception data has now been reported and Barnsley is 29.1.

Data need considering not only alongside the wider sexual health outcomes data, some of which are listed above, but in order to be relevant we must also understand their determinants.

Tailored provision to those within the borough who have the poorest sexual health outcomes must have a priority focus. Whilst this may not necessarily be tailored geographically, in terms of the offer, it should be an equitable offer based upon evidence based needs.

5. Key partners

5.1 A Framework for Improving Sexual Health Outcomes in England provides the context of the collaborative commissioning ask, which describes the overarching aims of each commissioning organisation working together to improve outcomes.

CCGs commission: Most abortion services, sterilisation, vasectomy, non-sexual-health elements of psychosexual health services, gynaecology including any use of

contraception for non-contraceptive purposes. NHS England commission: Contraception provided as an additional service under the GP contract, HIV treatment and care (including drug costs for PEPSE) promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs, sexual health elements of prison health services, sexual assault referral centers, cervical screening, specialist fetal medicine services.

Local Authorities should provide:

- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
- specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

However it is recognised that many services impact upon sexual health outcomes, including education, housing and the private sector.

6. Conclusion/ Next Steps

6.1 We are not in a position to conclude that we should purchase more of the interventions that we know have some positive impact, but rather we must work with partners to create collective solutions to some of our challenges and in doing so make some clear choices and prioritise.

Like all public health issues sexual health is impacted upon greatly by personal circumstance; poverty, education, housing, employment, personal ambition, alcohol use, mental health and substance use provide some examples.

7. Financial Implications

7.1 Following our efficiency savings challenge, this year (2019) BMBC is currently investing just over £2.2 million in Sexual Health and Contraception over the financial year.

This is the last +1 optional year attached to the current provider contract, meaning that this year is requires the commissioning cycle to commence.

In order to ensure that we attract adequate bids it is a consideration that the term should increase from a 3 +1+1 term to a longer term in line with the regional trend and indicated market requirement.

8. Consultation with stakeholders

8.1 To commence and escalate during final +2019 in alignment with the commissioning cycle.

9. Appendices
Please find Summary Service Evaluation and SH Needs assessment attached, contact davidarmitage@barnsley.gov.uk for any further information.

9.1 Appendix 1 - Recommendations from the Sexual Health Needs Assessment and Service Review Presentation.

10. Background Data and Guidance

10.1

Integrated Service Specification: National Guidance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731140/integrated-sexual-health-services-specification.pdf

National U18 conception data:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/quarterlyconceptionstowomenagedunder18englandandwales

Sexual Health Fingertips: National data comparisons and PHOF indicator.
https://fingertips.phe.org.uk/search/sexual%20health#page/0/gid/1/pat/6/par/E12000003/ati/101/are/E08000016/nn/nn-1-E08000016

Officer: **Date:**