

Health and Wellbeing Board

1.	Date:	20th April 2016
2.	Title:	Rotherham Sexual Health Strategy, 2015-2017, update
3.	Directorate Public Health	Report author: Gill Harrison Public Health Specialist Gill.harrison@rotherham.gov.uk

4. Summary

Following the recommendations of the Rotherham Health and Wellbeing Board in May 2013 the multi-agency Sexual Health Strategy Group was reconvened to produce an updated, comprehensive strategy for Rotherham.

The strategy was produced and ratified by the various agencies who are responsible for its delivery in 2015. One year into the delivery phase of the strategy, this report shows progress against an agreed action plan and makes recommendations for future action.

5. Recommendations

That the Health and Wellbeing Board:

- accept and endorse the report on progress made against the suggested actions within the Sexual Health Strategy
- endorse the recommendations for future activity.

6. Background

6.1 The 2010 white paper Healthy Lives, Healthy People outlined the Governments aim to work towards an integrated model of service delivery for sexual health services and in March 2013 The Department of Health published 'A Framework for Sexual Health Improvement in England' which set out for commissioners and providers the Government's ambitions for good sexual health and provided information about what would be needed to deliver good sexual health services.

6.2 Following the changes in commissioning responsibility, partnership working is vital and is stressed in the framework as is the importance for locally directed initiatives to ensure relevant and 'seamless' service delivery. A local Strategy for Sexual Health, developed by a range of partners, would provide the best framework for this work in Rotherham

6.3 In May 2013 the Health and Wellbeing Board recommended the reconvening of a multi agency Sexual Health Strategy Group to produce an updated, comprehensive strategy for Rotherham. The strategy group, chaired by Councillor Stone, first met in October 2013 and a draft Strategy, agreed by all members, was circulated for consultation in June 2014. Following the period of

consultation the group, chaired by Councillor Doyle, agreed on the finalised strategy in December 2014.

6.3 The Sexual Health Strategy, Delivery Framework, 2015-2017 was then agreed and the Strategy Group, chaired by Councillor Roche, adopted a reporting and monitoring function.

6.4 The Strategy Group membership includes a range of partners who are working together to promote good sexual health for all residents of Rotherham. The strategy aims to:

- ensure we have an effective multi agency response to child sexual exploitation and abuse
- reduce inequalities and improve sexual health outcomes
- build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex
- recognise that sexual ill health can affect all parts of society
- recognise that sexual health is a health protection issue

6.5 The importance of improving sexual health is acknowledged by the inclusion of three key indicators in the Public Health Outcomes Framework (2012):

- under 18 conceptions;
- chlamydia detection (15-24 year olds);
- presentation with HIV at a late stage of infection.

The outcome indicators have been included as markers to give an overall picture of the level of sexually transmitted infection (STI), unprotected sexual activity and general sexual health within a population. The Framework for Sexual Health Improvement in England (2013) acknowledges that effective collaborative commissioning of interventions and services is key to improving outcomes.

6.6 The strategy takes a life course approach to prevent the spread of STIs and promote early diagnosis. It acknowledges the importance of robust safeguarding practices and the need for effective commissioning of services.

7. Progress report

7.1 One year into the delivery phase of the strategy the following have been achieved:

- **The mapping of the provision of Sex and Relationship Education across Rotherham**

An audit of the provision of Sex and Relationship Education was undertaken by RMBC School Effectiveness Team and a report was shared and discussed by all partners. The provision varied but the majority of schools felt that the picture was improving regarding time on curriculum for Personal, Sexual and Health Education (PSHE) which is where Relationships and Sexual Health Education would be taught.

- **CSE Theatre in Education (TiE)**

The Child Sexual Exploitation TIE, 'Chelsea's Choice' has been funded by Rotherham Clinical Commissioning Group and RMBC Public Health. This was aimed at Year 8 or Year 9 young people.

All secondary's, special schools and Pupil Referral Units engaged, and there were a further two evening sessions – one for vulnerable young people, (60 capacity) and one for parents/carers and siblings of vulnerable young people (126 booked, 117 attended). All performances received excellent evaluations.

- **Review of Sexual Health for Looked After Children (LAC) and children leaving care**

The multi agency LAC Physical and Emotional Health group agreed to have a meeting dedicated to sexual health and have since agreed several action points. The group now has a regular focus on sexual health. New training for carers is now being looked and there is a review of pathways into services being undertaken.

- **Review of youth clinic provision**

A comprehensive review of all youth clinic provision has been undertaken by the two providers who work together on the delivery of these services, The Rotherham Foundation Trust (TRFT) and RMBC Early Help and Family Engagement. . There has been a realignment of services to provide consistent delivery of services to young people on sites that are accessible by all within the community/locality and extends beyond the restrictions of term time only. Staffing provision has improved in each clinic. The partners are marketing the services and have developed stronger links and pathways between other areas such as family Nurse Partnership and school Nursing. Where footfall was poor and the more vulnerable were not engaging with the services plans have been put in place for outreach work. Embedded into the core of these clinics are robust assessments for CSE and safeguarding and partner notification for sexually transmitted infections such as Chlamydia.

- **Review of delivery of Emergency Hormonal Contraception (EHC) in the Community**

RMBC Public Health commission Pharmacists to provide Emergency Hormonal Contraception (EHC) to women in Rotherham, free of charge. Following a review the CSE referral pathway has been updated and all Pharmacists are undergoing extra training. An audit of activity has been undertaken and provision across Rotherham has been mapped. Data shows that the majority of women accessing this service are over 20 years of age. This information will now help in the future commissioning processes.

- **Development of the Integrated Sexual Health Services**

In line with National recommendations RMBC have commissioned an Integrated Sexual Health Service from TRFT to provide a full range of STI testing, HIV testing (not treatment) and comprehensive contraceptive services. At present NHSE also commission HIV treatment from TRFT. The Trust have been working to an integration plan and developing their services. CSE referral pathways have been strengthened. The service will be going out to tender during 2016 which will further strengthen the process of integration to offer Rotherham residents a comprehensive sexual health offer.

- **Review of Primary Care sexual health services**

Existing provision has been mapped and RMBC Public Health and GP providers have been working towards ensuring that competencies are maintained and that there is a good service in place for all users. Audit of the services show that, like EHC provision by Pharmacists, these services are mainly used by women over 20 years of age

- **New service for HIV Prevention and Support**

+Me has been commissioned to provide HIV education, awareness raising and prevention in the community. They also provide support with a regular drop in service for people living with HIV. The third sector agency is actively promoting HIV testing and is working closely with TRFT to help people access services. Although Rotherham does not score well on the Public Health Outcome Framework measure for late diagnosis of HIV it does score highly on uptake of testing within the Sexual Health Services. This newly commissioned service should help improve early diagnosis by promoting the services and HIV testing.

7.2 Recommendations for future activity:

- Although the audit of schools was positive it was felt that the promotion of good practice should be continued. Many schools are providing excellent Relationship and Sex Education and this should be the 'gold standard' for all Rotherham schools
- the audit of primary care contraception provision showed that very few young people were accessing these services. More work needs to be done to ensure that our young people have the best possible access to contraception. This is especially important as, there was an increase in teenage conception rate in 2014 taking Rotherham once again above the rate for England. However, Rotherham still has the lowest rate among its closest statistical neighbours and the last two quarters of 2014 had rates well below those in England.
- among NHS funded abortions in Rotherham, the proportion of those under 10 weeks gestation is considerably lower than in England . The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality and increases choices around procedure. There is considerable room for improvement in earlier access to terminations in Rotherham. The commissioners (CCG), abortion providers and all referrers into the services need to work to ensure earlier access.
- because of the complexity of the commissioning of sexual health services more work needs to be done to ensure that services provided are effective and provide services that are relevant to the needs of the population.

8. Finance implications

8.1 there should be no additional financial concerns

9. Risks and Uncertainties

9.1 Developing a comprehensive strategic approach to the commissioning and delivering of sexual health services can help minimise risk in relation to control of infection and in tackling unintended teenage pregnancy

10. Policy and Performance Agenda Implications

10.1 There are implications for performance in relation to the Public Health Outcomes Framework (Teenage pregnancy, Chlamydia screening and HIV early detection). The further development of the safeguarding measures should also be seen as a contribution to measures designed to identify and prevent sexual exploitation

11. Background Papers and Consultation

Public Health Outcome Framework for England, 2013 -2016

Rotherham Sexual Health Strategy 2015-2017

12. Contacts

Gill Harrison, Public Health Specialist, RMBC
gill.harrison@rotherham.gov.uk, tel 01709 255868

Director: Teresa Roche, Director of Public Health Email:
Teresa.roche@rotherham.gov.uk