

# **Sexual Health Strategy for Rotherham**

**(Refresh 2019 – 2021)**

DRAFT

**The Rotherham Sexual Health Strategy Group (a multi-agency group aiming to promote good sexual health for all Rotherham residents.)**

## **The Sexual Health Strategy Group**

The Rotherham Sexual Health Strategy Group is made up of representatives from all agencies involved in the delivery of sexual health work plus supporting officers from Public Health and chaired by the Cabinet Member for Adult Social Care and Health.

The Terms of Reference for the group state that representatives should include (but are not limited to):

- Consultant in Public Health
- The Integrated Sexual Health Services (TRFT)
- RCCG
- RMBC Early Help
- RMBC School Effectiveness Service
- Mesmac
- Rotherham LPC
- Rotherham LMC
- The Gate Surgery
- Rotherham Children, Young People & Families Consortium
- TRFT Named Nurse (looked after children & care leavers)
- Barnardos
- Healthwatch

## **Contents:**

Purpose and Key Aims	Page 4
Introduction	Page 4
Sexual Health Needs Analysis:	Page 7
• Sexually Transmitted Infections (STIs)	Page 7
• STI Reinfection Rates	Page 7
• Chlamydia	Page 8
• Distribution of New STIs and Deprivation	Page 8
• HIV	Page 8
• Abortion	Page 9
• Teenage Pregnancy	Page 10
A Life Course Approach	Page 10
Safeguarding	Page 11
Health Improvement	Page 12
Health Protection	Page 12
Improving Outcomes Through Effective Commissioning	Page 13
Priorities 2019-2021	Page 13
Implementation and Monitoring	Page 15

# **Sexual Health Strategy for Rotherham 2019 – 2021**

## **Purpose and key aims**

This strategy gives an overview of the Sexual Health Strategy Group's priorities for supporting improved sexual health outcomes for the local population's health and wellbeing over the next three years.

A challenging public funding landscape means it is vital to identify clear priorities that focus on reducing sexual health inequalities and provide an accessible service to all who need it.

The ambition of the strategy is to:

- Improve sexual health
- Improve reproductive health
- Focus on vulnerable groups
- Build on successful service planning and commissioning

To achieve this, this document provides a framework to guide the planning and delivery of commissioned services and public health interventions aimed at improving sexual health outcomes across the life course.

## **Introduction**

### **Sexual health as part of wellbeing**

The World Health Organisation (2004) defines Sexual Health as: 'a state of physical, mental and social wellbeing in relation to sexuality: it is not merely the absence of disease, dysfunction or infirmity'. The National Strategy for Sexual Health and HIV (2001) [live link](#) regards sexual health as a key part of our identity as human beings. Good sexual health is an important part of physical and mental health and wellbeing; the consequences of poor sexual health can impact considerably on individuals and communities.

### **Inequalities in sexual health**

Poor sexual health is disproportionately experienced by some of the most vulnerable members of our local communities, including young people, men who have sex with men (MSM), people from countries of high HIV prevalence, especially Black Africans, those who misuse drugs and/or alcohol and people from our most deprived neighbourhoods. It is important, therefore, to ensure that measures are put into place to reduce sexual health inequalities and improve the sexual health of all the people of Rotherham.

## **Relationships and education**

Good sexual health includes developing skills and expectations to enjoy loving and age appropriate relationships. Child sexual exploitation (CSE) and abuse damages this development, and leads to increased risk of sexually transmitted infections (STIs), unwanted pregnancy, and of domestic violence and abuse in the future. The negative impacts upon educational attainment, health risk behaviours and mental health problems are also well evidenced.

## **CSE is everyone's responsibility**

The Health Working Group Report on Child Sexual Exploitation, January 2014, states that all those concerned with improving the health and welfare of their local population have a responsibility to tackle child sexual abuse.

## **A duty to protect public health**

The Health and Social Care Act (2012) places the overall responsibility for Infection Prevention and Control with the Director Public Health. The legislation enables and requires the Local Authority to intervene and take action to protect the health of the population. Protecting the public from infection relies on maintaining rates of testing and early treatment to prevent spread.

The responsibility of the Local Authority includes prevention, surveillance, planning and response to local incidents and outbreaks.

The Director of Public Health is responsible for ensuring that there are effective arrangements in place for preparing, planning and responding to health protection concerns, including those in relation to the sexual health of the local population.

## **Effective, relevant and responsive services**

It is important that emerging needs and changes in populations and lifestyles are assessed and responded to in a timely and relevant way, to protect population health. It is also important that service models deliver the best outcomes for individuals and the wider population. This involves challenging ourselves to ensure that delivery is the most effective, relevant and responsive to challenging contexts.

The principles align with the government's criteria for improved sexual health in 'A Framework for Sexual Health Improvement in England' (2013):[live link](#)

- Prevention is prioritised: evidence-based interventions that motivate people to alter their behaviour are commissioned.
- Leadership and joined up working: commissioners and key local partners work closely together to ensure that sexual health services are of a high quality and are not fragmented.
- Focus on outcomes: challenging outcome measures are produced, used to develop plans and monitored over time.

- Wider determinants of sexual health are addressed: links are made with other key determinants of health (eg alcohol and drug misuse, mental health) in order to tackle them in a joined up way.
- Commissioning of high-quality services: services are commissioned from high quality providers with appropriately trained staff and are offered in a range of settings, with robust care pathways to ensure a seamless service. Patient feedback is used to ensure that service meets needs.
- The needs of more vulnerable groups are met: services are able to meet the needs of groups who may be vulnerable and at risk from poor sexual health.

### **Measuring sexual and reproductive health**

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

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

The outcome indicators have been included 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.

### **A system approach**

The lead responsibility for the commissioning of sexual health services and interventions rests with the Local Authority (since 2013). In addition, Rotherham Clinical Commissioning Group (CCG) and NHS England commission certain sexual health services. It is vital that all commissioning organisations work closely together to ensure that services and interventions are comprehensive, high quality, seamless and offer value for money. [Link to NHS long term plan](#)

Under these commissioning arrangements Rotherham Metropolitan Borough Council (RMBC) has been mandated to ensure that their local populations receive effective provision of contraception and open access to sexual health services. Furthermore, they are also mandated to ensure that there are plans in place to protect the health of the population, for example, in relation to STI outbreaks.

## **Sexual health needs analysis**

### **Sexually transmitted infections**

In the 2017 Local Authority Sexual Health epidemiology report produced by Public Health England (PHE), Rotherham was ranked 179<sup>th</sup> out of 326 local authorities in England (first in the rank has highest rates) for rates of new STIs. A total of 1524 new STIs were diagnosed in residents of Rotherham, a rate of 581.4 per 100,000 residents (compared to 743 per 100,000 in England). 58% of diagnoses of new STIs in Rotherham were in young people aged 15-24 years (compared to 50% on average nationally).

Rotherham has significantly improved in relation to STI diagnosis since 2013 when we were the 60<sup>th</sup> highest local authority in England with a rate of 951.4 per 100,000 residents.

Rotherham has also shown significant improvement in the rates of gonorrhea, which is a marker of high levels of risky sexual activity, with rates falling from 51.9 per 100,000 in 2013 to 33.6 per 100,000 in 2017.

The rate of chlamydia detection per 100,000 young people aged 15-24 years in Rotherham was 2,010 (compared to 1,882 per 100,000 in England).

The high rates for chlamydia detection indicates *good* performance, as it means the services are strong on finding and treating chlamydial infection; and this will, in time, lead to lower levels of infection circulating in the population. There are relatively low rates of syphilis and gonorrhea in Rotherham. These two are seen as markers of more ‘severe’ infection and give us a good indication of the overall health protection risk in the population. The rate of HIV is relatively low in Rotherham; which is not a “high incidence area” for HIV. The pattern seen in Rotherham is more of a young, sexually active population and a relatively controlled level of more serious infection, but there is a need to ensure that this control is maintained.

### **STI reinfection rates**

Reinfection with an STI is a marker of persistent risky behaviour. In Rotherham, an estimated 5.3% of women and 5.3% of men presenting with a new STI at a Genitourinary medicine (GUM) clinic during the five year period from 2013 to 2017 became reinfected with a new STI within twelve months. This is significantly lower than national reinfection rates. Nationally, during the same period, an estimated 7.0% of women and 9.4% of men presenting with a new STI at a GUM clinic became reinfected with a new STI within twelve months.

Reinfection specifically with gonorrhoea is also comparatively low. Locally and nationally, men are twice as likely to be reinfected compared to women. In Rotherham, an estimated 1.7% of women and 4.6% of men diagnosed with gonorrhoea at a GUM clinic between 2013 and 2017 became reinfected with

gonorrhoea within twelve months. Nationally, an estimated 3.7% of women and 11.1% of men became reinfected with gonorrhoea within twelve months.

### **Chlamydia**

Chlamydia is an important cause of infertility, pelvic infection in women and testicular inflammation in men, and increases the risk of acquiring other sexually transmitted infections.

Chlamydia is the most common STI among Rotherham residents in 2017. The measure that is currently used to assess chlamydia is the rate of detection of disease. It may seem counterintuitive, but there is a need to keep the detection rate of chlamydia in Rotherham high. This is because there is a high background rate in the community, and having a high detection rate suggests it is being identified effectively and treated. Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. The detection rate in Rotherham indicates that there is an effective detection programme in place, but that there is a considerable level of unprotected sexual activity and, thus, high levels of the infection circulating, within the targeted population of young people aged between 15 and 24 years of age.

The initial target, for effective detection, is 2,400 positive tests per 100,000 eligible population. The 2017 detection rate for chlamydia in Rotherham is 2,010 cases per 100,000, which is below the Public Health Outcomes Framework recommendation but higher than the rate in England (1,882 per 100,000). The relatively high percentage of positive tests shows that testing in Rotherham is being effectively targeted towards the populations most at risk. However, as testing is currently predominantly from the core Integrated Sexual Health Services and Primary Care, There is a need to continue to ensure that access to testing is adequate for *all* young people, especially the more vulnerable, who may be less likely to access such services.

### **Distribution of new STIs and deprivation**

Socio-economic deprivation is a known determinant of poor health outcomes; data from Genito Urinary Medicine (GUM) services show a strong positive correlation between rates of new STIs and the Index of Multiple Deprivation across England. The relationship between STIs and socio-economic deprivation is probably influenced by a range of factors such as the provision of and access to sexual health services, education, health awareness and sexual behaviour.

### **HIV**

HIV is now considered to be a chronic disease which can be effectively managed. Crucially the earlier the diagnosis is made the more effective the treatment regime, and the more likely transmission to an uninfected person is prevented. Overall

numbers of those living with HIV is low in Rotherham (the diagnosed HIV prevalence being 1.2 per 1,000 population aged 15-59 years compared to 2.3 per 1,000 in England). There has also been an improvement in the number who present late with the infection. Between 2015 and 2017, 48.4% of HIV diagnoses in Rotherham were made at a late stage of infection (defined as CD4 count <350 cells/mm<sup>3</sup> within 3 months of diagnosis) which is classified as 'amber' by PHE. Late diagnosis has implications for success and cost of treatment and onward transmission of the disease and is a critical component of the Public Health Outcomes Framework.

## **Abortion**

The total abortion rate, access to NHS funded abortions at less than 10 weeks gestation, and under and over 25 years repeat abortion rates are indicators of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method and, potentially, poor access to termination services. Unplanned pregnancies can end in abortion or a maternity. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children.

In 2017, in Rotherham the total abortion rate per 1,000 female population aged 15-44 years was 13.4, while in England the rate was 17.2. This metric gives an indication of accessibility to services.

Among NHS funded abortions in Rotherham, the proportion of those under 10 weeks gestation was 71.5%, while in England the proportion was 76.6%. 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.

Rotherham does perform relatively well in terms of repeat termination rates. In 2017, among women under 25 years who had an abortion in Rotherham, the proportion of those who had had a previous abortion was 21.2%, while in England the proportion was 26.7%. It is recognized, however, that there are a group of women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care.

The Rotherham Pause project, working through an intense, relationship-based programme, aims to give women the chance to pause and take control of their lives. It seeks to work with women in a way which addresses everybody in their lives including service providers to work towards a more positive future.

## **Teenage pregnancy**

Continuing to reduce under 18 pregnancies is a priority as highlighted by the inclusion of this as an indicator in the Public Outcomes Framework.

Teenage pregnancy in Rotherham has fallen over the past few years due, in part, to increasing take up of Long Acting Reversible Contraception (LARC) and a range of community interventions. Rotherham's under 18 conception rate in 2017 fell to 22.1 per 1,000 females aged 15 -17 years. Between 1998 and 2017 Rotherham has achieved a 60.0% reduction in the under 18 conception rate. However, while there has been an impressive reduction in rates Rotherham still has rates higher than Yorkshire and Humber (20.6 per 1,000) and England (17.8 per 1,000). There is a good uptake of LARC in Rotherham and although there is a higher percentage of under 25 year olds choosing LARC (29.9%) than England (20.6%) there is room for improvement.

In Rotherham (as with the rest of the country) there is a clear relationship between conception rate and deprivation and interventions have been targeted to work with deprived young people to address risk taking behaviour and to raise self-esteem and aspiration.

## **A life course approach**

In order for people to stay healthy, know how to protect their sexual health and how to access appropriate services and interventions when they need them, everyone needs age appropriate education, information and support.

For all young people it is important that they receive high quality education about sex and relationships. Focusing especially on our young people is crucial, as early established behaviour patterns can affect health throughout life. There is a need to prioritise prevention for our young people aged 16 to 19 years, who tend to have significantly higher rates of poor sexual health than older people, it is important that all young people:

- know how to ask for help and are able to access confidential advice and support about wellbeing, relationships and sexual health;
- have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex;
- understand consent and issues around abusive relationships;
- make informed and responsible decisions, understand issues around consent and the benefits of stable relationships and are aware of the risks of unprotected sex;

- have rapid and easy access to appropriate services
- whatever their sexuality, have their sexual health needs met.

For all adults there is a need to have access to high quality services and information. Older residents need to remain healthy as they age. It is important that:

- all Rotherham residents understand the range of choices of contraception and where to obtain them;
- people with additional needs are identified and appropriately supported;
- all Rotherham residents have information and support to access testing and early diagnosis to prevent the transmission of HIV and STIs;
- people of all ages understand the risks of unprotected sex and how they can protect themselves;
- older people with diagnosed HIV are able to access any health and social care services they need;
- people with other physical problems that may affect their sexual health are able to access the support they need.

For all residents, regardless of age, there is a need for the services provided to meet their needs and take their views into account.

## Safeguarding

It is important that all service providers are aware of child protection and safeguarding issues and the possibility of abuse and/or exploitation and work collaboratively to protect all children under 18 years of age. Sexual health services have a particular role to play in identifying risk and managing the impact of sexual abuse and or exploitation and, by working together with others and sharing intelligence, contributing to the protection of vulnerable young people and the pursuit and prosecution of perpetrators.

The Sexual Offences Act 2003 provides that the age of consent is 16 and that sexual activity involving children under 16 is unlawful. The age of consent also reflects the fact that children aged under 16 are particularly vulnerable to exploitation and abuse.

It is known that young people under 16 in Rotherham are sexually active (Rotherham Voice of the Child Lifestyle Survey 2018) and, worryingly, the numbers reporting that they had had sex after drinking alcohol and/or taking drugs has increased significantly from 2017.

It is important, therefore, that any young person under 16 who is sexually active should have confidence to attend sexual health services and have early access to professional advice, support and treatment.

## **Health improvement**

Sexual health promotion and prevention aims to help people to make informed and responsible choices in their lives. Effective sexual health promotion programmes can help to address the prejudice, stigma and discrimination that can be linked to sexual ill health. Such programmes can help to tackle the factors that can influence sexual health outcomes.

Prevention is key to good sexual health and there are some issues where additional focus is needed to improve outcomes.

In the prevention of unwanted teenage pregnancies (under 18 years) there is strong evidence to suggest that high quality education about relationships and sex and access to, and correct use of, effective contraception is key. In Rotherham there is a clear relationship between teenage conception rate and deprivation and interventions have been targeted to work with young people from the most deprived areas to address risk and raise self-esteem and aspiration.

Increased use of the highly effective LARC methods to prevent unwanted pregnancy could potentially lead to a perception that a condom is unnecessary. The best way for sexually active people of any age to avoid an STI is to use a condom when they have sex. Promotion of, and access to, all methods of contraception is important.

The most vulnerable young people often lead chaotic lifestyles, are often found in the care system and/or have special educational needs. Interventions need to be targeted effectively.

## **Health protection**

The Health and Social Care Act (2012) places the overall responsibility for Infection Prevention and Control with the Director Public Health. The legislation enables and requires the Local Authority to intervene and take action to protect the health of the population. Protecting the public from infection relies on maintaining rates of testing and early treatment to prevent spread.

The responsibility of the Local Authority includes prevention, surveillance, planning and response to local incidents and outbreaks.

RMBC and all partners support preventive actions to protect the health of the population and all sexual health incidents and outbreaks are dealt with effectively at the most appropriate level.

There are local plans and capacity to monitor and manage acute incidents to help prevent the transmission of sexually transmitted infections and to foster improvements in sexual health.

## **Improving outcomes through effective commissioning**

Evidence demonstrates that spending on sexual health interventions and services is cost effective and has a marked effect on other healthcare costs. Preventing unwanted pregnancies and reducing levels of sexual ill health in the population also impacts on social care budgets, benefits, housing and the overall economy of Rotherham. Good sexual health has a clear role to play in improving health and reducing health inequalities.

The commissioning arrangements for sexual health services have been in force since 1<sup>st</sup> April 2013. RMBC is mandated to commission for comprehensive sexual health services which includes contraception, STI testing and treatment, Chlamydia screening as part of the screening programme and HIV testing. Rotherham CCG commissions abortion services, sterilisation, psychosexual counselling and Gynaecology (including any use of contraception for non-contraceptive purposes). The third commissioner of Rotherham's sexual health services is NHS England which is responsible for commissioning HIV treatment and care and the Sexual Assault Referral Centre (SARC). It is vital for commissioners to work closely together to ensure that the care and treatment the people of Rotherham receive is of high quality and is not fragmented.

A key principle of sexual health services is that they are open access, confidential and free of charge for the user. There are strong public health reasons why this should continue.

## **Priorities 2019 – 2021**

This document provides a framework to guide our planning and delivery of commissioned services and public health interventions aimed at improving sexual health outcomes across the life course.

The strategy aims to address the sexual health needs reflected by the PHE sexual and reproductive health epidemiology report, 2017 which highlights areas of concern. Actions should therefore be identified to address the following concerns during 2019-2021:

### **Abortions under 10 weeks (%)**

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.

Among NHS funded abortions in Rotherham, the proportion of those under 10 weeks gestation was 71.5%, while in England the proportion was 76.6%. Whilst this shows an improvement from 2016 when the rate was 69.7% there is still room for improvement.

### **Under 18 conception rate**

In March 2017, an amendment via the Children and Social Work Act (2017) is leading to the introduction of compulsory relationships education in primary schools and compulsory relationships and sex education in secondary schools from September 2020. All agencies should now work together to provide support for this initiative which must be high quality, evidence based and best practice.

Although teenage pregnancies have fallen dramatically in Rotherham there is still a relatively high rate of 22.1 per 1,000 females aged 15-17, compared to the rate of 17.8 in England and 20.6 in Yorkshire and Humber. There is a good uptake of LARC across Rotherham but this could be improved in those women under 25.

The percentage of under 18 conceptions leading to abortion is also far lower in Rotherham (35.5%) than in England (51.8%) and in Yorkshire and Humber (44.3%).

According to the Rotherham Voice of the Child Lifestyle Survey 2018, the numbers of those sexually active young people (aged 14/15 years) who said that they did not use any contraception has increased from 27.5% in 2017 to 29.1% in 2018.

### **Pelvic inflammatory disease (PID) admission rate/100,000**

Rotherham has a much higher rate of admission for PID at 542.8 per 100,000 than in England (242.4 per 100,000) and in Yorkshire and Humber (264.7 per 100,000).

PID can be a complication of some STIs, especially chlamydia which is the most common STI among Rotherham residents in 2016. The 2016 detection rate for chlamydia in Rotherham is 2,033 cases per 100,000, which is below the Public Health Outcomes Framework recommendation but our relatively high percentage of positive tests shows that testing in Rotherham is being effectively targeted towards the populations most at risk. However, testing is currently predominantly from the core Integrated Sexual Health Services and may not be accessible by the more vulnerable residents.

## **STI diagnoses in young people**

58% of diagnoses of new STIs in Rotherham in 2017 were in young people aged 15-24 years compared to 50% in England. It is crucial that services, health promotion and prevention initiatives prioritise young people.

Correct and consistent condom use remains an extremely effective way to prevent STI transmission and schemes to promote distribution and use should be encouraged. According to the Rotherham Voice of the Child Lifestyle Survey 2018, the numbers of young people (aged 14/15 years) reporting that they had had sex after drinking alcohol and/or taking drugs showed a significant increase since the 2017 survey. The implied risk taking behaviour needs to be taken into account when developing schemes to increased use of condoms.

Young people are also more likely to become re-infected with STIs. In Rotherham, more young men (aged 15 -19 years) became re-infected with an STI within 12 months than young women over a five year period but overall, in 2017, more young women than men were diagnosed with a new STI. Teenagers may be at increased risk of re-infection because they lack the skills and confidence to negotiate safer sex.

## **Sexual health within vulnerable groups**

Whilst prevention, diagnosis, treatment and care needs to be delivered to the general population there should also be a focus on groups and individuals with greater sexual health needs such as young people, black ethnic minorities and MSM.

Prevention programmes are also required for populations known to be at risk of exclusion from routine contraception, pregnancy testing and abortion provision. These include teenagers, the homeless, asylum seekers and refugees, those with learning difficulties, those involved in the criminal justice system, victims of sexual violence and those suffering from domestic abuse or from alcohol and drug problems.

## **Implementation and monitoring**

The strategy highlights the vision, ambitions and priorities for sexual and reproductive health for the people of Rotherham.

It will be implemented by an action plan managed via the Rotherham Sexual Health Strategy Group. An annual action plan will be agreed by the group, but will be kept constantly under review. The Group meets on a quarterly basis to review actions and emerging priorities.