1. Background

1.1 The Rotherham Sexual Health Strategy Group is a multi-agency group that promotes good sexual health for all Rotherham residents. The group is made up of representatives from all agencies involved in the delivery of sexual health. It is chaired by the Cabinet Member for Adult Social Care and Health, with coordination and support from the Council’s Public Health team.

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, at The Rotherham NHS Foundation Trust (TRFT)
- Rotherham Clinical Commissioning Group (RCCG)
- The Council’s Early Help service
- The Council’s School Effectiveness Service
- Yorkshire MESMAC
- Rotherham Local Pharmaceutical Committee (LPC)
- Rotherham Local Medical Committee (LMC)
- The Gate Surgery
- Rotherham Children, Young People & Families Consortium
- TRFT Named Nurse (looked after children & care leavers)
- Barnardos
- Healthwatch

1.2 The Sexual Health Strategy for Rotherham was first developed in 2015 with an action plan running through until 2018 when the strategy was due to be refreshed. The strategy was agreed by all parties and endorsed, on behalf of all agencies, by the Health and Wellbeing Board. The group recently refreshed the strategy and agreed an action plan for the first calendar year. An Equality Analysis has been carried out.

1.3 The strategy sets out the priorities for the next three years for improving sexual health outcomes for the local population. This document provides a framework for planning and delivering commissioned services and interventions (within existing resources) aimed at improving sexual health outcomes across the life course.

1.4 The strategy has been scrutinised by Rotherham Health Select Commission (June 2019) and comments relating to suggested actions will be taken to the strategy group.

1.5 The group is always open to comments and suggestions that help progress its actions in the most effective way.
### 2. Key Issues

#### 2.1 The National Strategy for Sexual Health and HIV (2001) defines 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; poor sexual health can impact unfavourably on both individuals and communities.

#### 2.2 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 (Public Health England). For this reason measures should be put in place to reduce sexual health inequalities whilst improving the sexual health of all the people of Rotherham.

#### 2.3 Good sexual health includes having the skills and expectations to enjoy loving and age appropriate relationships. Child sexual exploitation (CSE) and abuse impedes the development of such skills and distorts such expectations, and leads to increased risk of sexually transmitted infections (STIs), unwanted pregnancy, and domestic abuse. The negative impacts upon educational attainment, health behaviours and mental health are also well evidenced (Public Health England).

#### 2.4 The strategy aims to address the sexual health needs reflected by the Public Health England (PHE) sexual and reproductive health epidemiology report, 2017 which highlights areas of concern. The following are identified as concerns to identify actions for 2019 – 2021:
- Sexually Transmitted Infection (STI) diagnosis in young people
- Sexual health within vulnerable groups
- Under 18 conception rate
- Pelvic inflammatory disease (PID) admission rate
- Abortions under 10 weeks

#### 2.5 The refreshed strategy also reflects concerns expressed in the Rotherham Voice of the Child Lifestyle Survey 2018. According to the survey 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. Furthermore 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.

### 3. Key Actions and Timelines


#### 3.2 The Strategy Group has developed an action plan for 2019 which will be updated on a regular basis. The Group will develop further action plans for 2020 and 2021.

### 4. Recommendations

#### 4.1 That the Health and Wellbeing Board note and endorse the refreshed Sexual Health Strategy and the associated action plan.