

Wiltshire's Sexual Health and Blood Borne Virus Strategy

Purpose of Report

1. The purpose of this report is to seek support for the final Sexual Health and Blood Borne Virus Strategy (Appendix 1) ahead of going to Cabinet in April 2018.

Background

2. Tackling sexual and reproductive health inequality has been a priority both nationally and locally for many years. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STIs), blood borne viruses (BBVs) or an unplanned pregnancy.
3. There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. The 2013 Framework for Sexual Health Improvement placed health promotion and education as the cornerstones of infection and pregnancy prevention by improving awareness of risk and encouraging safer sexual behaviour. Prevention efforts need to include universal and targeted open access to sexual health and contraceptive services with a focus on groups at highest risk of sexual health inequality such as young people, black ethnic minorities and men who have sex with men.
4. In 2017, two health needs assessments (HNAs) (see appendix 2 and 3) were undertaken to enable us to understand the prevalence of STIs, BBVs and unintended pregnancy within Wiltshire. This intelligence has shown us that although Wiltshire has lower levels of infection compared to the South West and England averages, infection rates are continuing to increase. The data also shows that women are accessing effective contraceptive methods to reduce the risks of unintended pregnancy.
5. These HNAs were produced in order to gain an understanding of the sexual health needs of the population of Wiltshire and to develop a STI and BBV strategy. The HNA documents explore the national policy context and local application. They also identify groups that are most at risk of poor sexual health and examines some of the wider context to sexual health including sexual violence, child sexual exploitation and abuse. The HNAs have also been informed by service user and service provider feedback.
6. Overall the HNAs identified that there are a broad range of sexual health and contraceptive services across the county although we know that the

rurality of Wiltshire poses some challenges to accessing appropriate services. In the development of the HNA it is recognised that there is a gap in the sharing of information across service commissioners which suggests that partnership working in relation to commissioning decisions may not be as effective as it could be to drive sexual health forward in Wiltshire.

7. The consequences of sexual ill health, infection with a blood borne virus, or unintended pregnancy are well documented. Infection with a STI can lead to both physical and emotional difficulties and in some cases, fertility issues if not diagnosed and treated early enough. Certain BBVs remain incurable and can lead to a dramatic reduction in life expectancy. HIV although treatable remains a condition which cannot be completely cured, leading to long term medical implications for anyone infected with the virus, especially if they are diagnosed after the virus has begun to damage their immune system. It is estimated that the lifetime treatment costs for a single person diagnosed with HIV is c.£380,000 but this amount doubles for someone who is diagnosed 'late'.
8. Unintended pregnancy is an issue across the life course for women who are not accessing effective contraception services and can impact on their lives for a very long time. It is estimated that in 2016 there were 302 unintended conceptions in Wiltshire which led to a live birth, which will lead to a public-sector cost of £938,992 per annum. By reducing this number by just 5% Wiltshire could save £49,950 per annum.
9. Our vision is that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV. Individuals should be able to make informed choices when considering contraception and have easier access to them. We want to ensure that everyone can have safe sexual experiences, free of coercion, discrimination and violence by ensuring sexual rights are protected, respected and fulfilled.
10. As a result of the HNAs, a combined strategy has been developed to ensure we achieve our vision for Wiltshire. The strategy recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire.
11. The development of the SHBBVS has been informed by an assessment of local needs, together with outcomes from both public and provider consultations. The evidence base for the strategy is based upon key government documents, current NICE guidance and evidence of best practice.
12. This strategy has been developed by Wiltshire Council's Public Health team in partnership with the Sexual Health Partnership Board and a range of partners across Wiltshire.
13. The SHBBVS contributes to the following Wiltshire Council business plan outcomes: Strong Communities (personal wellbeing through a healthier population), protecting the vulnerable (early intervention through prevention

activities) and protection the vulnerable (joined up health and care through greater partnership working).

Main Considerations

14. The SHBBVS provides direction for Wiltshire Council and partner organisations to reduce sexual ill health and blood borne virus transmission, to improve diagnostic and treatment services and reduce unintended conceptions over the next three years. Our vision is that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV, are able to access the types of contraception they want and able to have safe sexual experiences, free of coercion, discrimination and violence through ensuring sexual rights are protected, respected and fulfilled.
15. This will be the first strategy in Wiltshire to consider the needs of residents in respect of BBVs and as such will start the process of bringing together a range of organisations to work together to achieve the aim of the strategy.
16. There were two stakeholder engagement opportunities, the first with service users and the second with service providers. Both provided useful feedback on how providers delivered their services and what those using services felt they wanted and their views of what was being provided. The SHBBVS is based upon this information in combination with a review of national policy and guidelines.
17. The multi-disciplinary Sexual Health Partnership Board reviewed the HNAs and a draft version of the strategy document and provided feedback which has been incorporated into the final version.
18. Development, implementation and evaluation of the SHBBVS will be driven by the multi-disciplinary Sexual Health Partnership Board who will monitor progress and feedback to the relevant committees and boards throughout the lifetime of the document.

The risk of not implementing the strategy

19. If the decision is taken not to support the Sexual Health and Blood Borne Virus Strategy there could be:
 - a) An increase in the level of unintended conceptions across all ages including young people.
 - b) An increase in the number of sexually transmitted infections
 - c) An increase in the number of blood borne virus infections which will lead to increasing overall health and social care costs
 - d) Damage to relationships with partner organisations with whom the strategy has been informed by.

- e) Increased costs to services due to duplication and 'silo' working on projects.
- f) Increased cost to the wider health and social care budget
- g) An increase in health inequalities across Wiltshire

Conclusions

20. The gap analysis contained within the sexual health and blood borne virus HNAs have led to the development of a combined strategy to improve the sexual health and wellbeing of Wiltshire residents. The strategy has identified a vision to ensure that residents are supported to reduce the risk of contracting an STI or BBV, have timely access to diagnosis and treatment services should they become infected to improve their health outcomes and prevent further transmission. The intelligence gained from the HNAs and the subsequent strategy also contributes to the Council's business plan, the Health and Wellbeing Strategy and is a key contributor to reducing inequality across Wiltshire.

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Appendices

Appendix 1: Draft Wiltshire Sexual Health and Blood Borne Virus Strategy

Appendix 2: Sexual Health – Health Needs Assessment

Appendix 3: Blood Borne Virus - Health Needs Assessment