

24 January 2019

Subject: Sexual Health and Blood Borne Virus Strategy 2017-2020 Update

Executive Summary

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 (STI), a blood borne virus (BBV) or an unplanned pregnancy.

There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. Although Wiltshire has lower levels of infection compared to the South West and England averages, infection rates are continuing to increase. Positively, data also shows that women are accessing effective contraceptive methods to reduce their risks unintended pregnancy.

In May 2018, the Health and Wellbeing Board approved the Wiltshire strategy for sexual health and BBV. 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. Underpinning the strategy is an implementation plan split into three strategic priorities: prevention, diagnosis and treatment.

Good progress has been made in regard to the implementation of the strategy since adoption, however further work is required to drive the strategy forward in the remaining year of the strategy.

Proposal(s)

That the board:

- Notes and acknowledges the Sexual Health and Blood Borne Virus strategy implementation update.

Reason for Proposal(s)

The Sexual Health and Blood Borne Virus Strategy (SHBBVS) gained HWBB approval in May 2018, and an update was requested to be brought back to the Board 6 months after implementation.

Tracy Daszkiewicz – Director of Public Health and Public Protection

23 January 2019

Subject: Sexual Health and Blood Borne Virus Strategy 2017-2020 Update

Purpose of Report

1. The purpose of this report is to provide an update the Health and Wellbeing Board on the implementation of the Sexual Health and Blood Borne Virus Strategy (SHBBVS).

Background

2. 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. 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 earlier 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'.
5. Unintended pregnancy is an issue across the life course for women who are not accessing effective contraception services and can impact of 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.
6. The SHBBVS contributes to the following Wiltshire Council business plan outcomes: strong communities and protecting the vulnerable.

Wiltshire's sexual health and blood Borne virus strategy (2017-20)

7. In May 2018, the Health and Wellbeing Board approved the new Wiltshire vision for sexual health and blood Borne viruses. 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 consider contraceptive choices 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.

8. The strategy was 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.
9. 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 three years.
10. The strategy had three priorities: (a) Prevention - To protect individuals from BBV or STI infections and enabled to access all forms of contraception through the provision of information and services. This will also increase the awareness of individuals' sexual rights and reduce sexual violence in all its forms; (b) Diagnosis - To ensure individuals will be able to access testing services when needed in a range of venues, using a range of different testing systems, including the review and implementation of new and emerging testing systems and (c) Treatment - To ensure individuals will be able to access appropriate treatment services as early as possible in locations which are most appropriate to them

Strategic Oversight

11. 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. The strategy was reviewed by the Health Select Committee in March 2018, received Cabinet approval in April 2018 and HWBB approval in May 2018. Implementation of the strategy sits the Sexual Health Partnership Board and a newly created implementation group.

Update on Strategy Implementation

12. The implementation plan consists of 29 actions that we have committed to undertake to improve sexual health and wellbeing in Wiltshire. These actions are divided between the three priority areas of the strategy: (a) Prevention - 12 actions, (b) Diagnosis - 9 actions and (c) treatment - 8 actions. A summary of progress to date is detailed below.

(a) Prevention Priority Update

What we said we would do	Progress to date
Information resources will be widely available in a range of venues to increase knowledge of blood borne viruses and sexual health including STI's, contraception and sexual violence	<ul style="list-style-type: none"> • First of 2 sexual health campaigns completed (summer campaign) • HIV testing and AIDs Day campaigns undertaken • New sexual health resources distributed to over 140 venues across the county
The full range of contraception options will be available in all	<ul style="list-style-type: none"> • 44/48 LARC accredited practices providing services

primary care and sexual health services	
Individuals most at risk of HBV infection will be actively offered and encouraged to be vaccinated	<ul style="list-style-type: none"> All patients have a risk assessment completed to identify behaviours which put them at increased risk of infection and if appropriate vaccination is offered.
Healthcare professionals will discuss the risks of blood borne viruses and sexual ill health with all appropriate patients and actively support them with risk reduction strategies	<ul style="list-style-type: none"> Any patient who discloses risk taking behaviour in a primary care setting is provided with appropriate information and support to minimise the risks and are also signposted to specialist services for ongoing support.
Prevention interventions will target people across the life course	<ul style="list-style-type: none"> Services for younger people are already well provided. Work underway to identify means of access to older people provide information to individuals accessing specific issues such as erectile dysfunction or vaginal dryness.
Accurate data will be available from all providers of BBV services to facilitate partnership working and future service planning	<ul style="list-style-type: none"> No Update
Young people will receive effective RSE education through school settings	<ul style="list-style-type: none"> There is a delay in statutory RSE provision being added onto the curriculum which may delay the time which schools are willing to put to this topic until clarity is providing by the DfES

(b) Diagnosis Priority Update

What we said we would do	Progress to date
A range of 'open access' services will be available across the county to enable easier access	<ul style="list-style-type: none"> Community based clinics are available across Wiltshire in Salisbury, Tidworth, Warminster, Trowbridge, Calne, Melksham, Devizes and Chippenham Hospital based services are available on both an appointment and walk in basis Monday to Friday each week. Chlamydia treatment and emergency hormonal contraception is provided through a range of pharmacies across Wiltshire 21 Primary care venues & 18 pharmacies are signed up to the No Worries service which offers sexual health access to young people within 24 hours
Drug and alcohol service providers will offer BBV testing to all clients	<ul style="list-style-type: none"> Staff have been trained to offer and undertake BBV testing with all appropriate clients. Results are given by clinical staff with discussions taking place for case workers to provide negative results in the future.

Prison services will increase the offer and uptake of BBV screening upon arrival.	<ul style="list-style-type: none"> No update
Primary care settings will offer a wider range of sexual health and BBV testing services as part of routine diagnostic tests	<ul style="list-style-type: none"> No update
Workforce training will take place to enhance the confidence of staff to undertake STI testing and provide additional contraception services	<ul style="list-style-type: none"> A training programme is in place with other hospital based departments to raise awareness of symptoms and clinical indicator conditions to increase testing and diagnosis rates. Training for primary care staff is being organised in partnership with the CCG 5 training sessions delivered this year, with additional training planned for midwives on the benefits and practicalities of HIV point of care testing.
Home testing/sampling systems will be available to facilitate additional diagnostic opportunities	<ul style="list-style-type: none"> Chlamydia screening transfer to SFT as of 01 Feb 2019, wider home testing to go live from April 2019.
Stigma associated with being diagnosed with a BBV will be reduced	<ul style="list-style-type: none"> Work underway in regard to BBV campaigns delivery to reduce myths and 'normalise' living with a BBV to reduce the stigma
Services will meet the needs of all sections of our communities	<ul style="list-style-type: none"> Work is taking place to identify communities most at risk of poor sexual health and how current services are meeting those needs. Identified gaps will generate a priority list of work needed to ensure all sections of the community have suitable access to services.

(c) Treatment Priority Update

What we said we would do	Progress to date
All patients diagnosed with a BBV or STI will be treated in a timely manner in a suitable setting.	<ul style="list-style-type: none"> Patients diagnosed with an STI or HIV are offered an appointment for treatment as soon as possible and usually within 10 days of diagnosis. Patients diagnosed with Hepatitis are referred to the hepatology department and are offered follow up appointments within 4 weeks.
Advice and guidance will be readily available to all clinicians by sexual health specialists to ensure the latest treatment regime is being offered	<ul style="list-style-type: none"> Telephone requests for advice and guidance are usually responded to on the same day, or the following work day. Email requests are currently responded to within 24 hours.

Effective referral pathways will be in place to facilitate specialist treatment or care if needed	<ul style="list-style-type: none"> Existing pathways are being reviewed and revised in conjunction with Virology lead at PHE.
Treatment options will be discussed with all patients upon diagnosis of their BBV	<ul style="list-style-type: none"> Treatment options in respect of STI or HIV diagnosis are discussed with patients at the point at which diagnosis is given. Depending on where Hepatitis diagnosis is made will determine how treatment options are discussed. If diagnosed at sexual health service then initial discussion on treatment options is provided at the time diagnosis is given to patient. If diagnosed at other locations, treatment options are discussed at first appointment with hepatology service.
Holistic methods of self-care will be discussed with everyone living with a BBV	<ul style="list-style-type: none"> Self-care is discussed with all patients as part of their treatment plans.
Risk reduction strategies will be discussed with all patients receiving treatments to reduce possible onward transmission	<ul style="list-style-type: none"> All patients diagnosed with an STI or BBV infection participate in a discussion around partner notification, abstaining from future sexual activity until the infection has been treated/cured, future condom use, vaccinations, etc. All clients living with a BBV have a discussion with support staff about risk reduction strategies and how to minimise the risk of transmission. This includes safer injecting practices, partner notification discussions, vaccination and treatment programmes, etc.

19. In this first update report, delivery against actions included: 2 red actions (incomplete), 12 amber actions (work underway) and 15 green (completed actions). Across 2019-20, we will monitor progress to give priority to actions highlighted as incomplete or underway.

20. Most of the amber actions focus on the ongoing work related to the BBV agenda which is naturally complex and requires multi-agency response. The two (red) non-complete actions are in reference to a second sexual health campaign (scheduled to take place before March 2019) and the launch of home testing services which will go live in Spring 2019.

Conclusions

22. 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.

21. This report demonstrates the work undertaken by the sexual health programme board over the past 6 months to support implementation of the strategy which is now in its second year. Although good progress has been made with regard to the implementation

of the strategy, further work is required to drive the strategy forward in the remaining year of the strategy.

Next Steps

23. As we plan to enter the final year of the strategy, the implementation group will focus on those areas for action that are yet to be addressed. Governance for the strategy will remain with the Sexual Health Programme Board and updates will be provided to Cabinet and the Health and Wellbeing Board on a bi-annual basis.

Tracy Daszkiewicz (Director - Public Health and Public Protection)

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24 January 2019

Appendices

None

Background Papers

The following documents have been relied on in the preparation of this report:

- Wiltshire Sexual Health and Blood Borne Virus Strategy
- Wiltshire Sexual Health and Blood Borne Virus Strategy Implementation plan