Wiltshire Health and Wellbeing Board

26 September 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.

An update was provided to the HWBB in January 2019 highlighting the 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.

This update provides an update on data to compare pre-strategy to implementation 3-years on and provide recommendation for the sexual and reproductive agenda post-strategy.

Proposal(s)

That the board:

- Notes and acknowledges the Sexual Health and Blood Borne Virus strategy implementation update and agree the way forward post-strategy based on the recommendations in this paper.

Reason for Proposal(s)

The Sexual Health and Blood Borne Virus Strategy (SHBBVS) gained HWBB approval in May 2018, however is due to expire in April 2020.

Tracy Daszkiewicz – Director of Public Health

Wiltshire Health and Wellbeing Board

126 September 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) and to discuss and agree a post-strategy plan.

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. The 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 the vision for Wiltshire is achieved. 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 (2017-20).

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.

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	• 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 primary care and sexual health services	• 44/48 LARC accredited practices providing services

Individuals most at risk of HBV infection will be actively offered and encouraged to be vaccinated	• 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	• 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	• 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	• No Update
Young people will receive effective RSE education through school settings	• 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	• 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	• 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.	• No update
Primary care settings will offer a wider range of sexual health and BBV testing services as part of routine diagnostic tests	• No update
Workforce training will take place to enhance the confidence of staff to undertake STI testing and provide additional contraception services	• 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	• Chlamydia screening transferred 2019, wider home testing also went live in Spring 2019.
Stigma associated with being diagnosed with a BBV will be reduced	• 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	• 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.	• 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	• 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	• 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	• 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	• 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	• 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. Most of the outstanding actions focus on the ongoing work related to the BBV agenda which is naturally complex and requires multi-agency response**.**

Sexual health strategy outcomes update

20. As part of the strategy, and to determine our success against the priorities, we have highlighted below the key sexual health performance indicators to demonstrate changes from pre-strategy to date.

	Pre-strategy (2016)	**Current Data (2018)**
New STI diagnoses	2334 (1131 male, 1203 female)	2309 (1121 male, 1178 female)
Under 18 Conception per 1,000 women	14.0 (2015)	9.5 (2017)
Under 16s Conceptions: Conceptions in those aged under 16	3.0 (2015)	1.2 (2017) – data quality issue
Chlamydia detection rate (15-24-year olds) per 100,000	1628 (2015)	1683 (2017)
HIV late diagnosis	43.9% (2013-15)	48.6% (2015-17)

Those diagnosed with Hep B	26 (2016)	32 (2017)
Those diagnosed with Hep C	44 (2016)	48 (2017)
Pharmacies commissioned to deliver sexual health services	22 (2016)	17 (2019)
People receiving care for HIV	239	259
Cases of FGM	4 (2017)	5 (2018)
Rate of sexual offences	1.4 per 1000 (2017-18)	2.0 per 1000 (2018-19)
Termination of pregnancy (actual)	1060	1115 (2018)

21. The data above demonstrates that we have seen some positive outcomes across the life of the strategy, for example, conception rates and overall STI rates. However, the changes in data demonstrate that there is still more work to do in regard to reducing requirement for termination of pregnancy (by prevention of unintended pregnancies), reducing rates of sexual offences, increasing service providers (particularly pharmacies). We also see that the numbers of those infected with a BBV has increased in both Hepatitis B and C. There is also further work to be done to reduce overall HIV late diagnosis rates.

Current Service Provision

22. The main sexual and contraceptive service commissioned by Wiltshire Council is to provide Genito-Urinary Medicine (GUM) services including the screening, diagnostic testing and treatment for STIs based at Salisbury Hospital. They are also commissioned to provide contraceptive and sexual health (CASH) services from a range of sites across the county – including Calne, Chippenham, Devizes, Melksham, Ludgershall, Salisbury, Tidworth, Trowbridge and Warminster. The provider is also responsible for delivering a home-testing programme for STIs.

23. Between June 2018 and May 2019 our current service provider (Salisbury Foundation Trust) provided 6214 sexual heath related services appointments, with an average of around 500 appointment per month and a 'did not attend (DNA) rate of 10.3%. The majority of services users were aged between 15 and 35 years old; 49% of service users were male and 87% of service users were classified as 'White British.' Service access within 48 hours across the time period ranged between 76-85%. Further outcome data is available.

24. Between June 2018 and May 2019, the service provider also provided an additional 4497 appointments for contraceptive services across the county, with a DNA rate of 8.9%. As expected, being a contraceptive service, 95% of clients were female; of which 89% were white British. Further outcome data is available.

25. Additional services are provided via public health contracts with primary care (including general practice and community pharmacies). The data for these services is currently being analysed. The data presented here also does not represent any route diagnostics or treatment (for STI or contraception) provided outside of public health contracts with

primary care. E.g. treatment or contraception provided under general practice contractual arrangements or purchased via community pharmacy.

Clinic attendances (%) by age 2016-2018

Age / Year	**2016**	**2018**
<15 years	0.2	0
15	0.3	0.08
16-19	13	14
20-24	31.7	33.2
25-34	34.4	30.3
35-44	9.5	11.6
45-64	8.8	9.9
65+	0.9	0.6

26. Over all clinic attendance in 2016 by gender, was 54% male and 46% female. In 2018 males decreased by 2% and females increased by 2%. The majority of service user users by age were aged between 20-34 years old in both 2016 and 2018. A minor increase in those aged 35+ is noted.

Disease diagnosis (%) 2016-2018

Disease / Year	**2016**	**2018**
Chlamydia	41.8%	41.9%
Gonorrhoea	5.8%	9.0%
Herpes	13.7%	14.9%
Syphilis	0.7%	1.5%
Genital Warts	37.8%	32.4%

27. Chlamydia infection was the most prevalent infection in both 2016 and 2018, gonorrhoea infection remains low in comparison but has increased since 2016, along with herpes and syphilis. Genital wart diagnosis has decreased since 2016.

Disease diagnosis (%) by gender 2016-2018

	Males		**Females**	
	2016	**2018**	**2016**	**2018**
Chlamydia	40%	38.4%	43%	45.7%
Gonorrhoea	8.6%	12.8%	2.4%	4.9%
Herpes	9.3%	8.8%	18.8%	21.3%
Syphilis	1.3%	2.8%	0%	0.1%
Genital Warts	40.3%	37%	34.9%	27.8%

28. Chlamydia infection was the most prevalent infection in both 2016 and 2018 for males and females, although infections have decreased in males and increased in females since 2016. Gonorrhoea infection remains low in comparison but has increased in both males and females since 2016. Herpes infection has seen a decrease in males but an increase in females. Syphilis has increased in both males and females. Genital wart diagnosis has decreased in both genders since 2016.

Going beyond the strategy

29. The current Wiltshire sexual health and blood borne virus strategy is due to complete in 2020. This provides an opportune moment to review what has been achieved, and to carefully consider what should be developed for 2020 onwards to address sexual and reproductive health across the county.

Key Priorities

30. Three broad categories should be considered going forward: continuing good practice; addressing gaps in current services; and considered selection of outcome measurements.

a. **Continuing good practice:** continue encourage a reduction in poor sexual and reproductive health by promoting and delivering current sexual health and contraceptive services; expand on current programme of sexual health promotion programmes to encourage awareness and promote increase in uptake of screening/testing/treatment services and continue to encourage share learning and experience between service providers and public health teams.

b. **Addressing gaps in current service:** target the promotion of existing universal services to those most vulnerable (e.g. MSM, young people etc) and a continued focus on young people as well as the wider life course to reduce sexual and reproductive health inequality.

c. **Selection of outcome measurements:** consideration of selecting targets with statistical, clinical or financial significance; explore other possible indicators not currently used to highlight changes in sexual and reproductive health.

Options – going forward

31. The way in which these factors could be delivered should be discussed through the Sexual Health Programme Board. Possible options include but not limited to the following

a. **Renewal of the current strategy:** the current strategy covers an extremely broad area, with outcomes achieved in some areas whilst gaps are present in others. A renewed strategy could emphasise the continuation of current good practice, whilst highlighting and focussing on the identified gaps.

b. **Revision of the strategy remit and focus:** a revised sexual and reproductive health strategy could be focussed much more on the identified gaps and areas not currently meeting intended outcomes (e.g. improving intelligence gathering around blood borne viruses). This would allow a stronger, clearer message to emerge to address key issues, in addition to the general sexual health improvement work which would still be ongoing outside of the strategy remit. Focussed specific areas of work could also allow for the selection of more meaningful and detailed outcomes and process indicators, rather than broader higher-level outcomes (e.g. closer scrutiny of targeted interventions addressing inequality gap, rather than just sexual health disease prevalence). However, there is a risk with not including broader general sexual and reproductive health improvement programmes, that those areas which are currently achieving positive change may begin to reduce impact due to lack of emphasis within a strategy.

c. **Legacy development:** this option considers not having a new strategy after 2020. However, the overall aims and ongoing needs to address sexual and reproductive health could be highlighted and strengthened as legacy statements. These should then subsequently be considered within all aspects of the system. Whilst this could provide a broader ongoing commitment to addressing sexual and reproductive health issues, the inflexibility of this system, the lack of specific actions, and possible reduced drive and direction may lead to less impact.

32. Overall, a revised focussed strategy with a narrower but stronger remit is recommended, including a refresh of the sexual health and blood borne virus health needs assessments and implementation plan based on what has and has not been achieved by the current strategy.

Conclusions

33. 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.

34. 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.

35. Options have been proposed to drive forward the sexual and reproductive health agenda post strategy, with the suggestion that a revised focussed strategy with a narrower but stronger remit would be recommended, based on what has and has not been achieved by the current strategy.

Next Steps

36. 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.

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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.