

17 May 2018

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

Executive Summary

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 (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. The Framework for Sexual Health Improvement (2013) 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 ensuring open access to sexual health and contraceptive services should focus on groups at highest risk of sexual health inequality such as young people, black ethnic minorities and men who have sex with men.

In 2017, two health needs assessments (HNAs) 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 their risks of unintended pregnancy.

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 HNAs it was recognised that there is a gap in the sharing of information across services 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. The intelligence in these HNAs was used to produce a STI and BBV strategy for Wiltshire.

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 contraceptive choices and have easier access to them. We want to ensure that everyone is able to have safe sexual experiences, free of coercion, discrimination and violence by ensuring sexual rights are protected, respected and fulfilled.

The strategy has been developed to ensure we achieve our vision for Wiltshire. It 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.

Proposal(s)

That the board:

- Notes and acknowledges the Sexual Health and Blood Borne Virus strategy document (see appendix 1).

Reason for Proposal(s)

The finalised HNAs and the draft Sexual Health and Blood Borne Virus Strategy (SHBBVS) has gained approval from the Wiltshire Sexual Health Partnership Board and Wiltshire Council Cabinet to action its contents and develop a corresponding implementation plan. Given the importance of the strategy and the partners involved, we welcome oversight by the health and wellbeing board.

Tracy Daszkiewicz – Director of Public Health and Public Protection

Wiltshire Council

Cabinet

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Purpose of Report

1. The purpose of this report is to brief the Health and Wellbeing Board on the the Sexual Health and Blood Borne Virus Strategy (SHBBVS (Appendix 1)).

Relevance to the Council's Business Plan

2. 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).

Background

3. The Health and Social Care Act 2012 brought about a significant change in the commissioning landscape across England. The impact of this transition saw the responsibility for the commissioning of sexual health and contraceptive service move from a single NHS commissioning body to three separate organisations. Locally these organisations are Wiltshire County Council; NHS Wiltshire Clinical Commissioning Group (CCG) and NHS England.
4. 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.
5. 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.
6. In 2017, two health needs assessments (HNAs) were undertaken to enabled 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 their risks unintended pregnancy.

7. 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.
8. 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.
9. 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'.
10. 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.
11. 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.
12. A 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.

13. 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.
14. 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.
15. The strategy received Cabinet approval in April 2018.

Main Considerations

16. 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.
17. 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.
18. 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.
19. 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.

Overview and Scrutiny Engagement

20. 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.
21. The strategy and associated Health Needs Assessments were considered by the Health Select Committee on the 06 March 2018 who were overall happy with the papers. A recommendation was to make the actions of the

strategy more 'SMART' which will be reflected in the finalised implementation plan.

22. The strategy was approved by Wiltshire Council Cabinet in April 2018

Safeguarding Implications

23. Safeguarding is a key priority for Wiltshire Council in terms of the services that they deliver and commission and this applies equally to the SHBBVS and its implementation.

24. Wiltshire Council and the organisations that it commissions have in place safeguarding policies, procedures and workforce development plans to ensure that safeguarding is and continues to be a key priority. Safeguarding procedures are regularly monitored with partner agencies and commissioned services are required to be open and transparent if incidents occur.

25. Safeguarding is a concern when we are considering sexual health and every opportunity is taken to raise this matter with users of services to ensure that potential issues of concern are recognised and appropriate action taken to resolve the matter.

Public Health Implications

26. Public health is the lead in the development and implementation of the SHBBVS. The key outcome of this work is to reduce sexual health inequalities and improve the sexual health and wellbeing of the whole population of Wiltshire across the life course. The Wiltshire SHBBVS supports the aims of the Wiltshire Health and Wellbeing Board's strategy.

Procurement Implications

27. The implementation plan will involve the procurement of services during the lifetime of the strategy. The services identified will be procured in association with corporate procurement regulations and in liaison with the corporate procurement teams of Wiltshire Council.

Equalities Impact of the Proposal

28. A review has been undertaken to identify whether an Equality Impact Assessment was necessary as part of the governance process of the strategy using the Wiltshire Council guidelines. The strategy aims to ensure services are delivered with due regard to equalities legislation and that people engaging with the prevention, diagnostic or treatment services discussed in the document will have equitable access according to need.

29. The strategic priorities and objectives have greatest relevance to Wiltshire Council's equality duties to promote equality of opportunity and eliminate unlawful discrimination. A negative impact on any of the protected groups as defined by the Equality Act 2010 is unlikely as the strategy is intended to have a positive impact on the health and wellbeing of residents.

30. The completion of the Equality Impact Assessment Risk Rating Score indicated that a full assessment was not necessary in relation to this document.

Environmental and Climate Change Considerations

31. The outcomes associated with the SHBBVS include elements to increase the availability of specialist diagnostic and treatment services closer to where individuals live. Because of this energy costs will be reduced as individuals will need to travel shorter distances to access services. Consideration is also being given within the strategy to new and emerging service delivery methods which may include online services and home testing services which would remove the need to travel at all. There are no energy consumption savings to be made by Wiltshire Council through this strategy.
32. The strategy proposes the development of consistent messaging through the design of resources used by multiple partners. As such there will be a reduction in the amount of paper based materials produced by individual organisations who can instead use materials produced by another Wiltshire based partner. This reduces the amount of raw materials used and potentially wasted including paper, ink, power, etc.
33. Overall, the reduction in rates of infections and unintended conceptions will reduce the amount of consumables necessary to treat and care for residents. Although these will not be directly attributable to reductions for Wiltshire Council, these savings will be of benefit to our partner organisations.

Financial Implications

34. The HNAs and strategy recognises the current and future financial and social costs of sexual ill health, BBVs and unintended pregnancy and that improving sexual health and wellbeing can lead to system savings in the longer term.
35. The strategy will be delivered within organisational budgets as part of normal business and service planning arrangements.

Conclusions

36. 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.

Next Steps

37. With approval received by both the Sexual Health Programme Board and Wiltshire Council Cabinet, the strategy will be presented to the Health and Wellbeing Board for information.
38. A multi-agency Strategy Implementation Group will be established to make the aims and objectives into smart goals and action delivery. 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 an annual basis.

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Appendices

Appendix 1: Wiltshire Sexual Health and Blood Borne Virus Strategy

Background Papers

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

- Wiltshire Sexual Health and Blood Borne Virus Strategy
- Blood Borne Virus Health Needs Assessment
- Sexual Health Needs Assessment