Derbyshire Sexual Health Strategy 2017-2020

June 2017

Vision

All people in Derbyshire, irrespective of factors such as where they live, their age, gender, ethnicity and sexual orientation have good sexual health, and access to good quality, welcoming services without fear of stigma or prejudice

Aim

The aim of the Derbyshire Sexual Health Strategy is to enable the Derbyshire sexual health system to work together to support people to look after their own sexual wellbeing and to provide accessible and welcoming services which are focussed on prevention, early diagnosis and treatment, supporting vulnerable groups and tackling stigma.

Strategic Objectives

- To develop a coordinated, effective and resilient Derbyshire sexual health system responsive to the needs of local people.
- To ensure a continued focus on prevention, early diagnosis and treatment and supporting vulnerable groups.
- To empower Derbyshire residents to manage their own sexual wellbeing and have confidence in the full range of services as and when they need them.
- To reduce the fear of stigma around sexual health and accessing sexual health services.

1. Introduction

In 2002 the World Health Organisation defined sexual health as:

… a state of physical, emotional, mental and social well-being in relation to sexuality: it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual health is an important part of both physical and mental health and is essential to general well-being. Good sexual health is aided by access to information and services that help avoid the risks of unintended pregnancy, sexually transmitted infections (STIs) and of harmful relationships. The consequences of poor sexual health can be serious and costly for the individual, for health and social services and for society as a whole.

In this context, the vision for sexual health in Derbyshire is

> *All people in Derbyshire, irrespective of factors such as where they live, their age, gender, ethnicity and sexual orientation have good sexual health, and access to good quality, welcoming services without fear of stigma or prejudice*

The purpose of this document is to set out a strategy for Derbyshire in order to realise our vision.

2. Sexual Health in Derbyshire, 2017 – local need, opportunities and challenges

a. Health Needs Assessment

At County level, Derbyshire has good sexual health. Compared to England (2015) there is low prevalence of STIs and HIV; low rates of teenage conceptions; and high prescribing of Long-acting reversible contraception (LARC). There are particular challenges regarding uptake of STI screening and testing; HIV testing and abortions before 10 weeks gestation. Demographic groups such as men who have sex with men; young people, particularly vulnerable young people; and people living in deprived communities are at increased risk of poor sexual health (see Appendix I: Health Needs Assessment data, April 2017).

b. Stakeholder and Public Consultation findings

Consultation activity has been carried out with professional stakeholders and the general public including work with vulnerable groups to inform future procurement of services and the themes underpinning this Derbyshire strategy. The key findings are as follows:

- Improve visibility of services
- Improve availability of appointments/ waiting times for appointments
- Improve the accessibility of services, particularly in rural locations where travel is a barrier
- Address barriers to vulnerable groups, particularly focussing on reducing the fear of prejudice and stigma
- Support the whole Derbyshire population towards improved resilience and self-care of their own sexual wellbeing
- Develop outreach clinical services for those most at risk

- Explore alternative options for service access e.g. SMS, online services, postal kits
- Improve communication with partners
- Ensure the workforce is suitably trained – match competencies to demands on the service
- Ensure absolute confidentiality and anonymity
- Improve communication between partners at strategic and service level
- Explore extended community provision through general practice and pharmacy alongside appropriate funding

3. Derbyshire Sexual Health System

In Derbyshire there is a comprehensive sexual health delivery system commissioned by three organisations:

- Derbyshire County Council
- Clinical Commissioning Groups
- NHS England

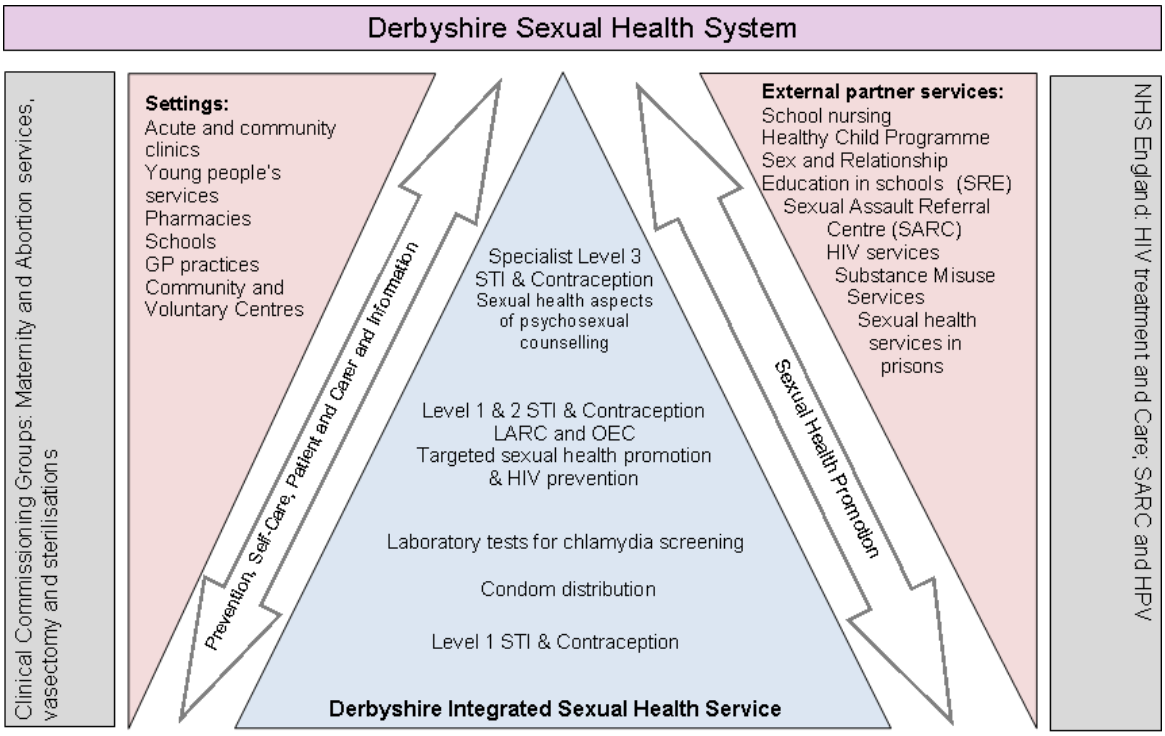
Table 1 outlines the responsibilities of each commissioner, in accordance with mandated duties under the Health and Social Care Act 2012.

Table 1: Commissioning Responsibilities

Derbyshire County Council	Clinical Commissioning Groups in Derbyshire	NHS England
Community contraception and including: • Long Acting Reversible contraception (LARC) in general practice • Emergency contraception in pharmacy Community STI diagnosis and treatment Targeted Sexual Health Promotion and HIV prevention Free Condom scheme (C-Card) Psychosexual services (sexual health element)	Abortion services Vasectomy and sterilisation services Gynaecology services Psychosexual services (non-sexual health element)	HIV treatment and care including pre and post prophylaxis Contraception provided under the GP Contract Cervical screening Opportunistic promotion and testing of STIs Sexual health in prisons Sexual Assault Referral Centres (SARC)

Figure 1 shows the inter-relationships between Derbyshire Integrated Sexual Health Service, Commissioning Partners and additional provision which impacts on a person's sexual wellbeing.

Figure 1: Derbyshire Sexual Health System: Integrated Sexual Health Service and Partner roles



This Strategy seeks to bring together all elements of the system working within the agreed vision and strategic objectives. The development of the Sustainable Transformation Plan and a renewed focus on 'place' in the NHS and Local Authority can support joint working in communities to best meet the needs of local people.

It is also important to consider the perspective of current and potential users of services as we design the system. As an example, a pregnant 16 year old would come into contact with many different sources of information, advice and services as she makes decisions about her future (see Figure 2).

Figure 2 A service user perspective

Derbyshire Sexual Health Strategy 2017-2020

1. Vision

All people in Derbyshire, irrespective of factors such as where they live, their age, gender, ethnicity and sexual orientation have good sexual health, and access to good quality, welcoming sexual health services without fear of stigma or prejudice.

2. Aim

The aim of the Derbyshire Sexual Health Strategy is to enable the Derbyshire sexual health system to work together to support people to look after their own sexual wellbeing and to provide accessible and welcoming services which are focussed on prevention, early diagnosis and treatment, supporting vulnerable groups and tackling stigma.

3. Strategic Objectives

(i) To develop an effective and resilient Derbyshire sexual health system

We will deliver this objective by:

- Establishing governance of the strategy and system leadership of sexual health through the development of a multi-agency Strategic Partnership Group for Sexual Health who will develop and agree a work plan for 2017-20
- Strengthening the roles of the specialist service provider in leading development of the whole sexual health system, not just the elements of the service it provides
- Building on the success of the Sexual Health Network – engage the network as a key partner of strategy delivery; develop and agree a new network work plan for 2017-20
- Taking a multi-agency pathway approach to improving the range and quality of sexual health support
- Establishing a programme of workforce development to improve the effectiveness of interventions, advice, referrals and information provision
- Ensuring a shared understanding of sexual health need and services based on sharing data and intelligence

(ii) To ensure a continued focus on prevention, early diagnosis and treatment, in particular supporting vulnerable groups

We will deliver this objective by:

- Improving resilience amongst the population to empower people to maintain their own sexual wellbeing
- Improving uptake of screening for Sexually Transmitted Infections (STIs) especially chlamydia in the under 25 age group
- Improving uptake of STI testing and HIV testing by providing more flexible and responsive services
- Improving uptake of contraception with a focus on Long Acting Reversible Contraception (LARC) by reviewing the current LARC offer in all settings, the training needs of staff and responding to these training needs

- Maintaining and ensuring focus on at-risk groups in each of our strategic actions
- Improve prevention at an individual level to ensure a person has skills and knowledge to access services, supported by self-confidence and the principle of self-care
- Improve early access to abortions at 10 weeks
- Monitor service uptake in line with need and responsive to emerging trends based on shared data and intelligence

(iii) To ensure that Derbyshire residents have confidence in the full range of services to support their sexual health and are able to access appropriate support and advice, at a place and setting convenient to them

We will deliver this objective by:

- Recognising that empowerment is an important component of sexual health and wellbeing
- Building self-care and resilience across the whole population and including those most vulnerable
- Ensuring Derbyshire residents can readily access good quality information online about sexual health and sexual health services
- Reviewing the accessibility and location of sexual health services to ensure services are provided at times, places and settings convenient to individuals
- Identifying opportunities to further develop and improve the provision of sexual health services within primary care and pharmacy settings
- Developing systems to ensure people can book an appointment with ease where appropriate
- Developing innovative approaches through the use of technology including online, SMS and postal services

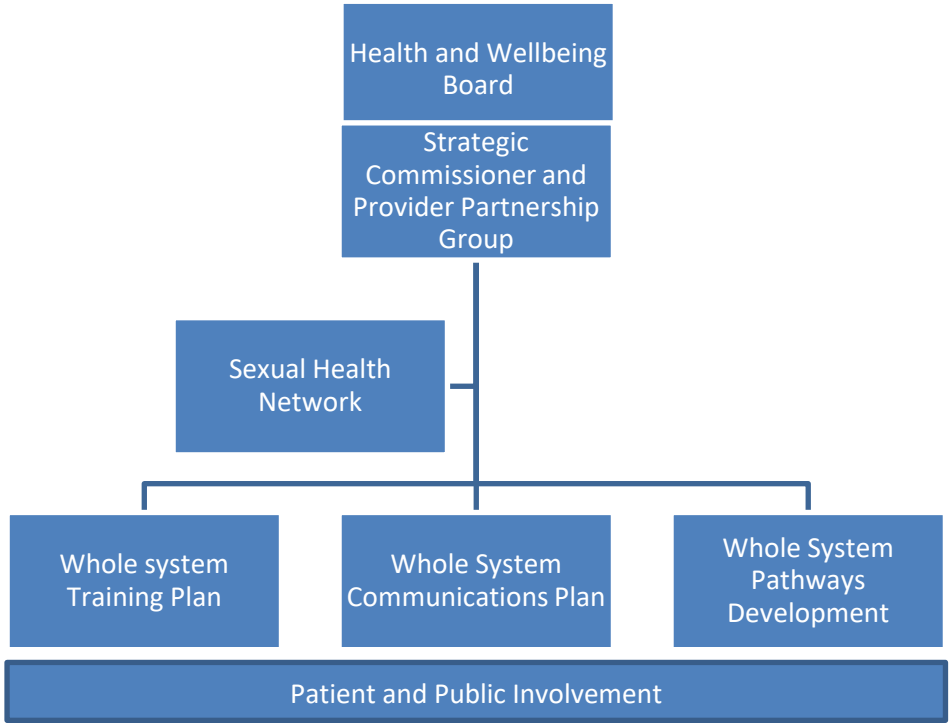
(iv) To reduce the fear of stigma around sexual health and accessing sexual health services

We will deliver this objective by:

- Developing a programme of wider workforce development – building on MECC and 'teachable moments'
- Providing outreach information and health promotion to meet the needs of people who fear stigma and to build their confidence in their rights and responsibilities
- Ensuring communications and social marketing implemented across the sexual health system and wider partners is consistent and joined-up
- Building on recent consultation and engagement, continue to involve users and non-users in the further improvement and development of sexual health services
- Developing and implementing an agreed Governance and monitoring procedure across the whole system

4. How the strategy will be delivered

In order to fulfil the aims of the strategy the following infrastructure will be developed with overall governance located with the Health and Wellbeing Board. The Strategic Partnership Group will oversee design and delivery of a multi-agency action plan (Appendix 3) relating to workforce, communications and service pathway design which in turn will be led by key partners in the system. Key themes present in each of the work plans will be patient and public involvement, and the reduction of fear of stigma. This structure will be in place by September 2017.



5. How we will measure success

We will measure overall success using the measures in the Public Health Outcomes Framework, supported by local service and pathway measures. In particular we will focus on:

Improving outcomes relating to:

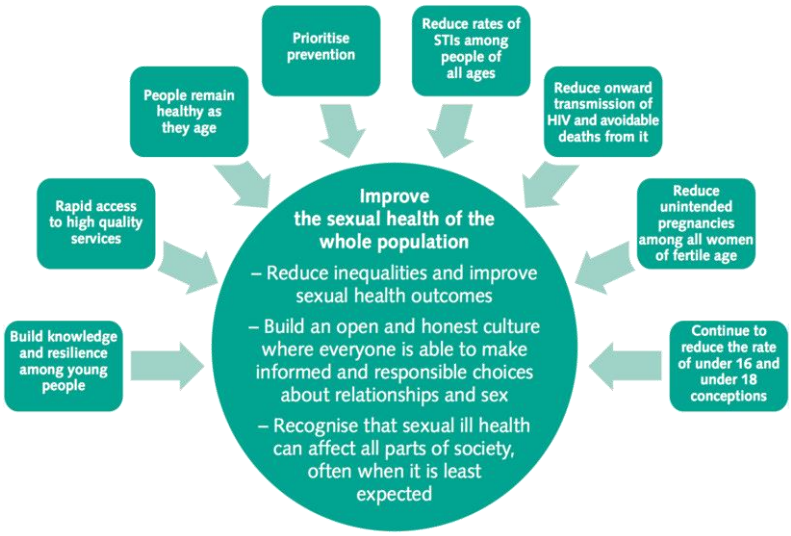
- Uptake of STI screening and testing
- HIV testing
- Abortions before 10 weeks gestation
- Vulnerable groups

Maintaining outcomes relating to:

- Prevalence of STIs and HIV
- Low rates of teenage conceptions
- High prescribing of Long-acting reversible contraception (LARC)

APPENDIX I – National Policy Context

The key policy document at national level is *A framework for sexual health improvement in England (2013).* The objectives from the document are summarised in the diagram below taken from the document (p10).



APPENDIX II – Local Health Needs Assessment data

Indicator (Source: Sexual and Reproductive Health Profile, Public Health England)		Period	England	Derbyshire (Admin)	CIPFA Neighbours Min	CIPFA Neighbours Ave	CIPFA Neighbours Max	Trend	Change from previous	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derby
Teenage conceptions & births																	
Under 16s conception rate / 1,000 (PHOF indicator 2.04)	15	2014	4.4	3.9	2.5	4.0	5.7	⬇	⇔	-	-	-	-	-	-	-	-
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	9	2014	22.8	16.2	16.7	20.8	27.2	⬇	▽	15.1	19.7	18.7	10.5	16.2	16.6	16.7	15.5
Under 18s conceptions leading to abortion (%)	8	2014	51.1	40.6	35.1	48.0	56.9	⬆	▽	29.4	29.6	32.4	61.5	56.3	50.0	32.1	46.4
Under 18 births (%)	13	2014/15	0.9	0.9	0.8	1.0	1.5	⬇	▽	-	-	-	-	-	-	-	-
Under 18s births rate / 1,000	10	2014	6.7	5.8	4.8	6.3	8.9	⬇	▽	7.1	8.7	6.6	1.6	6.1	3.5	3.0	8.3
Abortions																	
Total abortion rate / 1000	17	2015	16.7	9.6	11.5	13.8	16.6	-	▽	-	-	-	-	-	-	-	-
Abortions under 10 weeks (%)	58	2015	80.3	71.1	71.5	77.2	82.2	-	▼	-	-	-	-	-	-	-	-
Abortions over 10 weeks that are medical (%)	59	2015	19.2	36.1	6.0	24.1	75.0	-	▽	-	-	-	-	-	-	-	-
Abortions under 10 weeks that are medical (%)	57	2015	62.7	49.0	48.6	66.7	92.5	-	△	-	-	-	-	-	-	-	-
Under 18s abortions rate / 1,000	12	2015	9.9	Supp.	6.3	8.8	12.2	-	-	-	-	-	-	-	-	-	-
Over 25s abortion rate / 1000	29	2015	14.2	7.9	9.3	11.2	13.3	-	△	-	-	-	-	-	-	-	-
Under 25s abortion after a birth (%)	7	2015	28.2	29.1	22.4	29.8	35.5	-	▽	-	-	-	-	-	-	-	-
Under 25s repeat abortions (%)	5	2015	26.5	23.0	18.9	23.3	27.7	-	△	-	-	-	-	-	-	-	-
Contraception																	
Total prescribed LARC excluding injections rate / 1,000	16	2015	48.2	66.1	27.5	55.2	75.4	-	▼	70.9	69.0	77.5	84.7	63.1	57.1	57.4	55.4
GP prescribed LARC excluding injections rate / 1,000	43	2015	29.8	45.1	12.2	40.0	60.6	⬆	▼	57.0	47.0	37.3	69.7	41.8	39.2	33.2	43.3
SRH Services prescribed LARC excluding injections rate /	21	2015	18.3	21.1	5.9	15.2	25.1	-	▽	13.9	22.0	40.2	15.1	21.3	17.9	24.2	12.1
Under 25s choose LARC excluding injections at SRH Services	6	2015	20.2	33.3	15.0	25.0	38.4	-	▽	39.9	34.1	35.2	38.0	34.6	20.7	34.4	35.1
Over 25s choose LARC excluding injections at SRH Services	30	2015	35.5	45.9	29.1	41.1	52.4	-	▽	51.3	36.9	40.7	53.6	54.8	43.0	47.9	55.1
Women choose hormonal short-acting contraceptives at SRH	4	2015	47.4	42.0	33.8	46.6	61.2	-	△	37.9	43.8	44.0	32.8	41.8	44.0	40.7	41.0
Women choose injections at SRH Services (%)	3	2015	9.5	9.1	6.0	9.6	17.2	-	△	5.6	12.6	11.1	8.1	5.2	11.6	10.0	2.6
Women choose user-dependent methods at SRH Services (%)	2	2015	63.0	51.7	45.7	58.0	69.4	-	△	49.4	52.0	50.9	44.8	52.1	58.8	48.6	53.7
Sexually transmitted infections																	
New STI diagnosis rate / 100,000	31	2015	767.6	482.2	419.1	535.3	702.0	-	▼	441.3	563.8	631.9	336.7	515.6	373.2	448.9	512.3
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	56	2015	814.9	477.8	400.2	547.0	697.4	-	△	423.2	526.8	619.1	322.4	517.4	329.6	437.4	593.9
STI testing rate (exc Chlamydia aged <25) / 100,000	19	2015	15715.4	9847.6	8760.1	10642.5	13341.4	-	▲	8780.8	10163.3	13370.7	7575.1	10272.3	8161.7	8909.2	10729.5
STI testing positivity (exc Chlamydia aged <25) %	20	2015	5.2	4.9	3.9	5.1	6.0	-	▽	4.8	5.2	4.6	4.3	5.0	4.0	4.9	5.5
Chlamydia detection rate / 100,000 aged 15-24 (PHOF	53	2015	1887.0	1540.9	1054.2	1616.5	2246.5	-	▼	1526.0	1903.0	1983.0	1371.0	1553.0	1313.0	1576.0	1067.0
Chlamydia detection rate / 100,000 aged 15-24 (PHOF	53	2015	1276.0	1056.4	656.9	1083.1	1440.3	-	▼	1526.0	1903.0	1983.0	1371.0	1553.0	1313.0	1576.0	1067.0
Chlamydia detection rate / 100,000 aged 15-24 (PHOF	53	2015	2492.1	2038.9	1490.7	2180.1	3061.3	-	▼	1526.0	1903.0	1983.0	1371.0	1553.0	1313.0	1576.0	1067.0
Chlamydia diagnostic rate / 100,000	52	2015	361.0	249.9	172.8	262.9	393.1	-	▼	221.9	317.5	344.2	186.6	273.6	211.2	233.5	203.3
Chlamydia diagnostic rate / 100,000 aged 25+	51	2015	178.7	101.5	71.8	102.2	142.7	-	▽	70.6	128.5	152.3	61.5	127.1	74.6	81.4	112.2
Chlamydia proportion aged 15-24 screened	50	2015	22.5	19.6	13.3	19.4	24.8	-	▼	18.1	19.4	26.8	16.1	20.7	18.5	19.7	15.8
Genital herpes diagnosis rate / 100,000	46	2015	57.6	44.0	25.1	45.6	66.5	➡	△	37.9	38.9	57.5	16.8	48.2	35.0	45.3	63.0
Genital warts diagnostic rate / 100,000	45	2015	118.9	90.0	74.4	100.1	120.7	⬇	△	83.9	97.2	128.5	63.1	90.3	60.2	89.6	98.6
Gonorrhoea diagnostic rate / 100,000	44	2015	70.7	21.4	14.0	27.8	45.9	⬆	△	19.4	28.5	24.0	11.2	32.4	12.0	16.1	24.4
Syphilis diagnostic rate / 100,000	18	2015	9.3	5.1	1.1	3.1	4.7	➡	△	7.3	6.5	1.0	4.2	6.1	4.4	4.0	7.1
Pelvic inflammatory disease (PID) admissions rate / 100,000	28	2014/15	236.4	219.4	185.8	236.3	351.0	⬇	▽	178.6	321.5	263.8	157.5	202.1	347.2	166.2	135.9
Ectopic pregnancy admissions rate / 100,000	49	2014/15	89.6	66.6	62.4	79.3	98.1	➡	▽	73.3	92.9	52.8	68.9	79.9	37.9	49.2	76.1

Indicator (Source: Sexual and Reproductive Health Profile, Public Health England)		Period	England	Derbyshire (Admin)	CIPFA Neighbours Min	CIPFA Neighbours Ave	CIPFA Neighbours Max	Trend	Change from previous	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire	
HIV/AIDS																		
HIV diagnosed prevalence rate / 1,000 aged 15-59	42	2015	2.3	0.68	0.5	0.9	2.1	↑	△	0.6	0.8	1.0	0.5	0.5	0.9	0.5	0.7	**
HIV late diagnosis (%) (PHOF indicator 3.04)	41	2013 - 15	40.3	50.8	36.1	48.3	66.7	-	△	55.6	50.0	25.0	85.7	57.1	45.5	42.9	50.0	***
HIV testing coverage, total (%)	38	2015	67.3	62.2	58.2	69.0	76.3	↓	▼	73.4	66.0	52.8	67.5	60.3	55.3	56.7	73.7	
HIV testing coverage, MSM (%)	39	2015	88.0	80.2	80.9	86.5	90.2	↑	▽	74.6	79.2	82.7	75.0	74.8	81.7	91.4	83.1	
HIV testing coverage, women (%)	37	2015	59.2	55.3	47.1	63.8	74.2	↓	▼	70.1	60.5	47.1	61.8	53.0	45.2	48.5	68.5	
HIV testing coverage, men (%)	40	2015	78.3	71.4	68.7	76.4	84.1	↑	▼	77.0	71.9	61.6	73.2	71.0	73.6	67.0	80.3	
HIV testing uptake, total (%)	34	2015	76.2	76.6	65.9	76.7	89.0	↓	▼	84.4	77.2	70.1	80.2	86.3	61.4	71.2	83.2	
HIV testing uptake, MSM (%)	35	2015	93.4	93.5	91.9	94.2	96.4	→	▽	96.1	96.1	92.9	94.0	95.9	86.9	92.3	94.3	
HIV testing uptake, women (%)	33	2015	69.2	72.3	57.5	72.4	88.5	↓	▼	81.5	76.1	66.6	77.0	85.6	50.8	66.2	80.2	
HIV testing uptake, men (%)	36	2015	84.8	81.8	75.4	82.4	89.5	↓	▼	87.4	78.1	74.8	83.2	87.0	80.2	76.5	86.8	
New HIV diagnosis rate / 100,000 aged 15+	32	2015	12.1	3.2	0.7	4.1	8.9	→	▽	5.7	4.6	1.1	4.9	2.1	1.3	2.4	3.7	
Factors relevant to sexual health promotion activity																		
Under 16s in poverty (%) (PHOF indicator 1.01ii)	14	2014	20.1	16.8	11.9	15.7	19.1	↓	▲	16.6	22.2	21.9	10.3	18.6	13.9	16.1	13.1	
Pupil absence (%) (PHOF indicator 1.03)	23	2014/15	4.6	4.4	4.3	4.5	4.8	↓	△	4.4	4.6	4.6	4.1	4.5	4.5	4.2	4.2	
First time entrants to the youth justice system rate / 100,000	48	2015	368.6	181.1	188.7	353.6	510.0	↓	▼	-	-	-	-	-	-	-	-	
16-18 year olds not in education employment or training (%)	60	2015	4.2	3.6	2.5	3.9	5.2	↓	▼	-	-	-	-	-	-	-	-	
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	22	2015/16	1.7	1.2	1.0	1.6	2.2	↑	△	1.3	1.3	1.5	1.1	1.1	1.2	0.9	1.2	
GCSEs achieved (5 A*-C inc. English and maths) (%)	47	2014/15	57.3	55.7	52.7	57.9	61.5	-	△	55.1	47.2	58.5	62.0	56.3	55.9	59.0	51.7	
Percentage people living in 20% most deprived areas in	27	2014	20.2	11.9	1.8	11.1	21.9	-	▼	10.3	19.7	29.5	2.3	16.5	4.6	6.0	3.4	
Cervical cancer registrations rate / 100,000	54	2011 - 13	9.6	10.3	8.3	10.4	12.0	-	▽	14.6	8.2	5.3	5.7	16.3	10.2	9.6	8.5	
Under 18s alcohol-specific hospital admissions rate / 100,000	11	2012/13 -	36.6	45.4	17.6	37.3	58.2	-	△	41.3	53.2	58.7	20.2	37.6	65.0	46.9	37.5	
HPV vaccination coverage for one dose (females 12-13 years	25	2014/15	89.4	92.3	88.6	91.8	97.4	-	-	-	-	-	-	-	-	-	-	****
Proportion of TB cases offered an HIV test (TB Strategy	24	2015	96.2	Supp.	80.6	93.6	100.0	-	△	-	-	-	-	-	-	-	-	*****

Current		Trend (5 years)		Change from previous		
	Significantly better	↑	Increasing - getting better	▲	Increasing - improving significantly	△ Increasing - improving
	No significant difference	↓	Decreasing - getting better	▼	Decreasing - improving significantly	▽ Decreasing - improving
	Significantly worse	↑	Increasing - getting worse	▲	Increasing - worsening significantly	△ Increasing - worsening
	Not assessed	↓	Decreasing - getting worse	▼	Decreasing - worsening significantly	▽ Decreasing - worsening
		↑	Increasing			
Comparison against England except:-		↓	Decreasing	-	Could not be calculated	
*	<1,900	→	No significant change	Supp.	Suppressed - numbers too small	
**	<2					
***	<25					
****	<80					
*****	<50th					

*	<1,900	1,900 to 2,300	: ≥2,300
**	<2	2 to 5	≥5
***	<25	25 to 50	≥50
****	<80	80 to 90	≥90
*****	<50th	≥50th to <90th	≥90th

percentile of UTLAs