Sexual Health

Framework for Action

Nottingham City and Nottinghamshire County

2016-2019

Our vision

For Nottingham City and Nottinghamshire County to be an area where all people have the opportunity to live a healthy sexual and reproductive life, free from coercion, discrimination and violence.

Our strategic aims

1. **Create a culture to support good sexual health for all and reduce stigma, discrimination, prejudice and health inequalities**
2. **Prioritise prevention to reduce the rates and onward transmission of HIV and sexually transmitted infections (STIs), including proactive promotion of good sexual health through outreach to the most vulnerable**
3. **Increase access to, and uptake of, HIV and STI testing to tackle late diagnosis of HIV, ensure early treatment of STIs, enable contact tracing and reduce transmission**
4. **Ensure women are able to exercise choice about when to become pregnant, and reduce unplanned pregnancies**
5. **Ensure we safeguard and promote the welfare of all clients engaging with our services, including children, young people and vulnerable adults**
6. **Provide services that are integrated, high quality, accessible and reflect value for money**

The aim of this framework for action

The aim of this framework for action is to provide a clear and ambitious plan for how Nottingham City Council, Nottinghamshire County Council, NHS England, Clinical Commissioning Groups and primary care, will work jointly to improve the sexual health and wellbeing of the people of Nottingham City and Nottinghamshire County in 2016-2019.

The framework reflects national policy and evidence, local strategy, knowledge of the sexual health of our population, and our collaborative commissioning arrangements. In all our joint work, we will:

- Build resilience and empower people to make informed choices and take control
- Draw on the latest evidence of what works and what offers effective value for money
- Meet the needs of our population, including those who are most vulnerable
- Provide high quality, integrated and holistic support across the life-course
- Continually seek opportunities to improve and innovate, and consider what's on the horizon

What is sexual health?

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It 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.[1]

Good sexual health is important to individuals and to society. It is important to have the right support and services to enable people to stay healthy, know how to protect their sexual health and make informed and responsible decisions.[2]

There are a range of factors that can influence sexual health outcomes. These include:[3]

- **Personal beliefs & understanding**, e.g. the degree of perceived risk of pregnancy or acquiring an STI.
- **Attitudes** e.g. the belief that condom use or male sterilisation can decrease sexual pleasure.
- **Social norms and peer pressure**, ensuring those who are involved in sexual relationships are always aware of the need for consent.
- **Self-esteem and confidence** People with low confidence may be more likely to engage in risky behaviour, such as unprotected sex.
- **Past behaviour** e.g. in using condoms or contraception.
- **Relationships within the family**, e.g. young people who can have open and supportive conversations with their family about sexual health matters are more likely to make better and informed choices.
- **Stigma and discrimination** can prevent individuals from getting early diagnosis and treatment.
- **Behavioural willingness**, e.g. if a person believes that using condoms affects their attractiveness.
- **'Informants'**. Places where people get information e.g. media, internet, school, friends & families.
- **Religion** can be a powerful influence on attitudes and behaviour, particularly around sexuality. Personal interpretations of faith and religious teaching can vary greatly.

Sexual health inequalities

As with all areas of health, some people in our community are at higher risk of negative outcomes such as sexually transmitted infections and unwanted pregnancies. They include:

- **Young people**
- **People from deprived areas**
- **Lesbian, Gay, Bisexual and Transgender (LGBT) people & men who have sex with men (MSM)**
- **Black and minority ethnic (BME)** groups
- **Asylum seekers, refugees & recent migrants**
- **Homeless people**
- **Sex workers**
- **People who misuse drugs**
- **People who have already experienced domestic and sexual violence and abuse (DSVA)**
- **People with learning disabilities**
- **People with mental health problems**

Sexual health across the life course

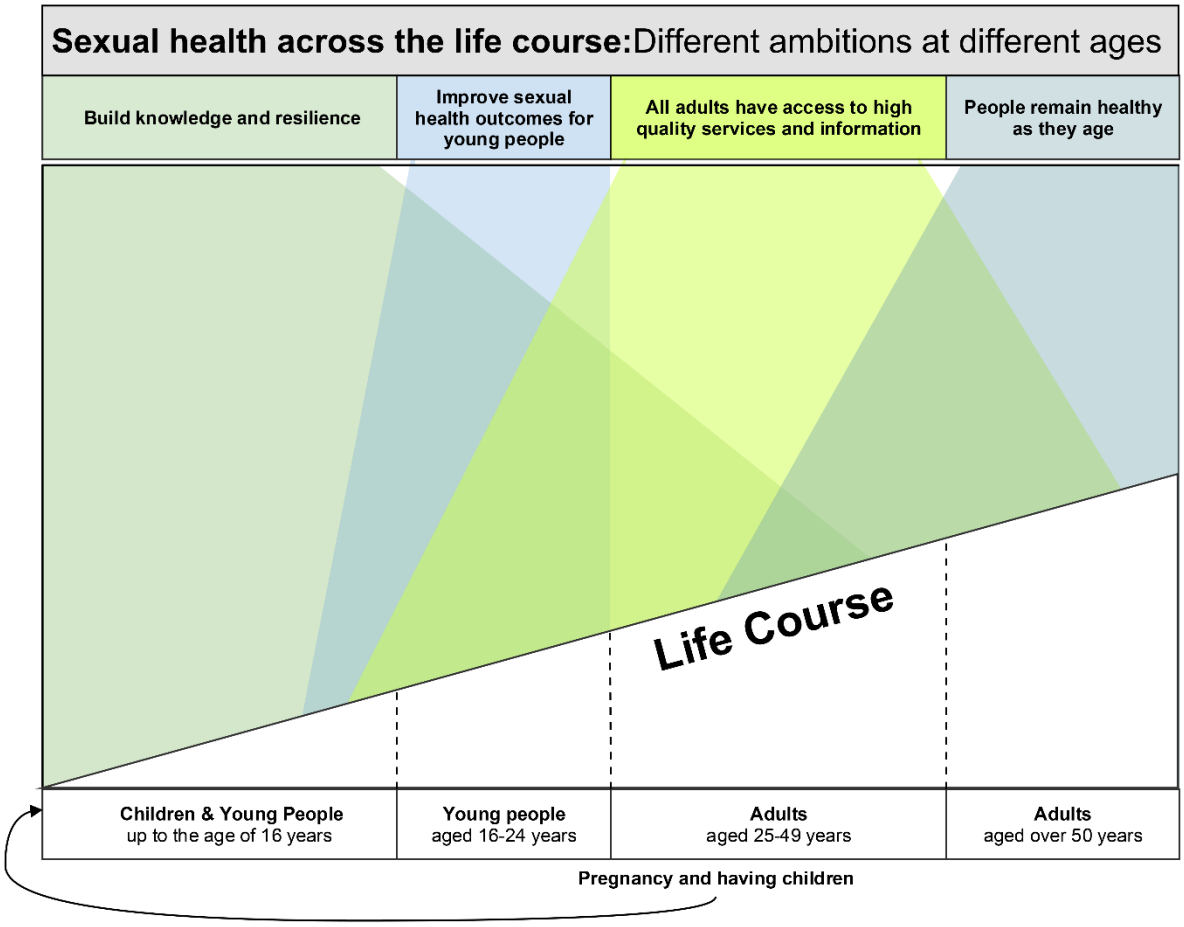
People need different information, services and interventions as they move through their lives.[4]

Our ambition for children and young people up to the age of 16 years is to build knowledge about wellbeing, relationships and sexual health and develop emotional resilience. As local authorities, we also have overarching responsibility to safeguard and promote the welfare of all children and young people, and this is our highest priority.[5]

Our ambition for young people aged 16-24 years is to improve sexual health outcomes by ensuring they are able to make informed and responsible decisions, taking into account risks, and have rapid access to appropriate sexual and reproductive health services.

Our ambition for adults is to ensure all have access to high quality services and information. This includes advice and services for contraception, relationships, sexually transmitted infections (STIs) (including HIV) and abortion.

Figure 1



Adapted from the content from Department of Health (2013). *A Framework for Sexual Health Improvement in England* and the life course model Marmot, M. (2010). *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010*[6]

Why is sexual health a priority?

Good sexual health is important to individuals and to society. Poor sexual health can result in a range of negative outcomes, both for individuals and communities, and more detail can be found in Nottingham City and Nottinghamshire County Joint Strategic Needs Assessments (JSNAs).[7] [8]

There are significant costs associated with poor sexual health. To be sustainable, our long-term strategy needs to focus on prevention, supporting behaviour change and empowering people to protect their own sexual health and wellbeing and build resilience.[9]

Our commissioning arrangements

In Nottingham City and Nottinghamshire County, we have developed a collaborative approach to the commissioning of sexual and reproductive health services (SRHS). This is essential to support a seamless service user journey. The commissioning responsibility for SRHS is assigned to three commissioning organisations, NHS England, CCGs and Local Authorities (LAs). LAs have a statutory and mandated responsibility (set out as a legal requirement) to commission an open access comprehensive sexual health service. This responsibility reflects LAs duty to improve sexual health and the health of their population.

Health and wellbeing boards (HWB) have a duty to promote integrated working between commissioners of health and social care and a role in ensuring that the sexual health services and care we provide to our communities is seamless. The Joint Strategic Needs Assessment (JSNA) and health and wellbeing strategy identify and set out the health and social care needs and priorities for local action. Our sexual health priorities are informed by consultation and engagement with the public, service users and stakeholders.

In Nottingham City and Nottinghamshire County, commissioners from the Public Health Teams in LAs, NHS England and CCGs work collaboratively to commission evidenced based, high quality SRHS that reflect the vision, strategic aims and objectives set out in this framework.

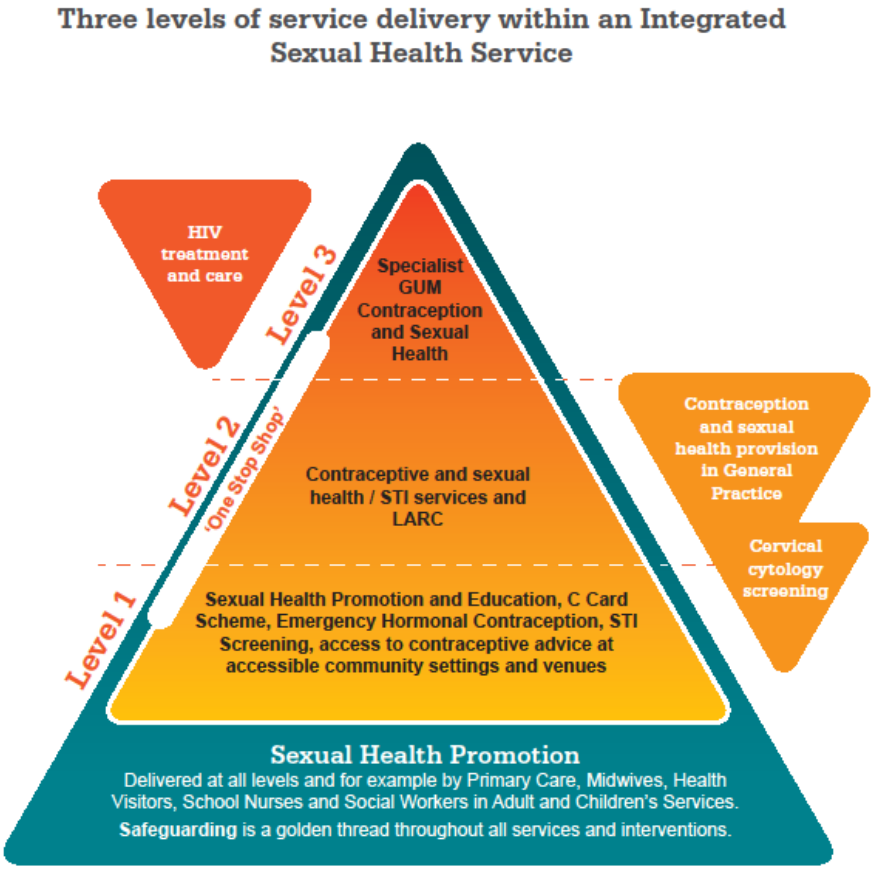
Table 1 sets out the commissioning responsibilities of local authorities, CCGs and NHS England.

Table 1

Local authorities	CCGs	NHS England
Comprehensive sexual health services: Contraception and advice on preventing unintended pregnancy Sexually transmitted infection (STI) testing and treatment in specialist services and primary care as public health commissioned contracts Sexual health aspects of psychosexual counselling **Social care services, including:** Any sexual health specialist services (e.g. young people, schools, outreach) Wider support for teenage parents HIV social care	Abortion services, including STI and HIV testing and contraception provided as part of the abortion pathway Female sterilisation Vasectomy (male sterilisation) Non-sexual health elements of psychosexual health services Contraception primarily for gynaecological (non-contraceptive) purposes HIV testing when clinically indicated in CCG-commissioned services (including A&E and other hospital departments)	Contraceptive services provided as an 'additional service' GP contract HIV treatment and care services Testing and treatment for STIs in general practice when clinically indicated or requested, under 'essential services' GP contract HIV testing when clinically indicated in other NHS England-commissioned services All sexual health elements of healthcare in secure and detained settings Sexual assault referral centres Cervical screening HPV immunisation programme Specialist fetal medicine services, including late surgical termination of pregnancy for fetal anomaly NHS Infectious Diseases in Pregnancy Screening Programme including antenatal screening for HIV, syphilis, hepatitis B

Figure 2 sets out the three levels of service delivery in Nottingham City and Nottinghamshire County.

Figure 2



We have commissioned high quality, evidence based Integrated Sexual Health Services (ISHS) across Nottingham City and Nottinghamshire County, to deliver comprehensive sexual health services that are responsive, accessible and acceptable. A range of valued providers including NHS Trusts, General Practice, Community Pharmacies and national and local community voluntary sector organisations deliver the ISHS.

Contraceptive and sexual health services, including STI testing and treatment are available at a range of clinics across the city and county. The core elements of the ISHS are delivered by Nottingham University Hospital NHS Trust; Sherwood Forest NHS Foundation Trust; Doncaster and Bassetlaw Hospitals NHS Foundation Trust and General Practice. In addition, a number of Community Pharmacies provide Emergency Hormonal Contraception (which is free of charge) and sexual health advice and signposting. Figure 3 sets out the ISHS model.

Termination of Pregnancy accessed through a GP referral. Services are provided dependant on the CCG and individual GP registration. For example if you are registered with a Nottingham City GP, Nottingham University Hospital NHS Trust provides the service. For individuals registered with Nottingham West, Nottingham North and East, Rushcliffe, Mansfield and Ashfield and Newark and Sherwood CCGs the BPAS (British Pregnancy Advisory Service) is the provider. For individuals registered with Bassetlaw GP the service is provided by BPAS.

Female Sterilisation and Male Vasectomy services are commissioned by CCGs, with referral through the GP.

Cervical Cytology Screening is provided by General Practice, with arrangements with ISHS providers to offer the screening to women who are ordinarily *'seldom seen'* and would not otherwise uptake the offer of screening from General Practice.

HIV Treatment and care is provided by Specialist HIV services and provide specialist assessment and on-going management of HIV and associated conditions to support patients to stay well (reduced mortality and morbidity) and to reduce the risk of onward transmission of HIV.

SARC-Sexual Assault Referral Centre in Nottinghamshire (The Topaz Centre) is centrally located to provide a Nottinghamshire wide specialist medical and forensic examination resource for victims of alleged rape and sexual assault/abuse, accessible twenty four hours a day either in person or by phone. The services are available to all, regardless of whether the victim chooses to engage with the Criminal Justice Process. The Topaz Centre also provides a dedicated holistic paediatric forensic medical service to child victims aged over 13 years and provides a thorough assessment of the child's health and well-being and contributes to ensuring the child's welfare.

Figure 3



Framework for action

Our vision **For Nottingham City and Nottinghamshire County to be an area where all people have the opportunity to live a healthy sexual and reproductive life, free from coercion, discrimination and violence.**

Our aims

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4. Ensure women are able to exercise choice about when to become pregnant, and reduce unplanned pregnancies
5. Ensure we safeguard and promote the welfare of all clients engaging with our services, including children, young people and vulnerable adults
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No	What we want to achieve	How we will do this	Action	Owner & Interdependencies	Timescale
1	**Create a culture to support good sexual health for all and reduce stigma, discrimination, prejudice and health inequalities**				
1.1	Influence partners across the wider health system to support good sexual health	• Seek to influence and maximise the potential of the whole health system and wider partners, to support sexual and reproductive health. E.g. influence the commissioning of the Healthy Child Programme, GP opportunistic testing or mental health services	Identify, advocate and take up opportunities to influence the whole system to support good sexual and reproductive health Conduct a mapping of key opportunities for engagement - stakeholders, policies and commissioning cycles.	All Mapping exercise led by City and County Council public health	Ongoing July – Oct 2016
1.2	Build knowledge and resilience in children & young people	• Review and improve the provision of sex and relationships education (SRE) in schools • Ensure sexual health needs are addressed in the 0-19 healthy child programme (HCP) & public health nursing provision • Ensure integration of Public Health Nurses (CYP) & community sexual health services through the public health nursing model • Review provision of clinic in a box through Public Health Nurses • Review and improve the promotion of information about the full range of contraception and sexual health services by mainstream youth services and the Youth Offending Team/Service (YOT/YOS) • Improve the promotion and up-take of condoms, incl. development of C-Card scheme	Provide an overview of current services and any unmet need	City Council children's lead County Council children's lead Link to: • Teenage pregnancy taskforces • Young People's Health Strategy • Children's Services • Youth Services	Year 1
1.3	Reduce sexual health inequalities in access and outcomes	• Design health equity audit • Undertake a health equity audit and work with providers to complete a health equity audit of all sexual health services. This includes a broad audit, and deep dive audit targeting specific vulnerable groups, such as vulnerable young women/girls, looked after children and emerging population • Develop recommendations based on audit of population need and service provision, to improve health equity outcomes • Year two – develop actions from recommendations	Step 1: Design health equity audit & collect data from providers for April-September 2015 Step 2: Collect data from providers for April-September 2016 Step 3: Conduct HEA based on baseline data, new service data and population need	Joint approach, led by County Council sexual health lead Link to: • City Council JSNA Sexual Health • County Council JSNA Sexual Health • Public Health Outcomes Framework	Step 1: April/ July 2016 Step 2 & 3: Oct 2016 / Jan 2017
1.4	Be proactive in relation to national developments	• Proactively ensure coherence with wider government legislation and priorities, e.g. anti-microbial resistance, FGM, child sexual exploitation	Review national legislative developments periodically	All	Ongoing
2	**Prioritise prevention to reduce the rates and onward transmission of HIV and sexually transmitted infections (STIs), including proactive promotion of good sexual health through outreach to the most vulnerable**				
2.1	Promote good sexual health through health promotion and outreach	• Review outreach and health promotion approach based on health equity audit recommendations and provider health promotion plans • Year two – develop actions from recommendations	Review post-health equity audit	City & County PH teams	April - Sept 2017
2.2	Reduce the rate of sexually transmitted infections (STIs) and HIV	Develop provider forum to: • Share best practice • Review rates of STIs and HIV • Promote professional guidelines • Keep up to date with wider agendas, e.g. FGM	Develop provider forum for sharing and improving practice	City & County Council sexual health leads to support the organisation of a provider forum PHE to potentially hold annual event	First meeting September 2016

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		• Consider new evidence / innovative practice • Explore the benefits of increased promotion of online resources		PHOF 3.02 chlamydia detection rate PHE Sexual Health Profile indicators	
2.3	Promote good sexual health through a range of effective communication channels	Develop media/ communications strategy, to: • Improve promotion of preventative messages to high risk groups and young people, for example concerning reinfection of STIs, promotion of annual screening • Review the efficacy of the Nottingham and Nottinghamshire sexual health website • Ensure stakeholder engagement	Develop media and communications strategy	City & County public health leads	September - Dec 2016
3	**Increase access to, and uptake of, HIV and STI testing to tackle late diagnosis of HIV, ensure early treatment of STIs, enable contact tracing and reduce transmission**				
3.1	Increase the detection of STIs	• Review local intelligence and evidence of best practice, to identify how we reach under-served groups (post health equity audit) • Ensure continuous improvement and the development of innovative practice • Review potential impact of increased STI/HIV testing on sexual health system capacity	Regular updates: intelligence and evidence of best practice and link into provider forum Review: Implications of increased STI/HIV testing on system capacity	City & County sexual health leads Link to: PHOF 3.02 chlamydia detection rate PHE Sexual Health Profile indicators	Ongoing
3.2	Increase the early detection of HIV	• Share local intelligence, evidence & best practice re. HIV testing and early detection • Review data from HIV home sampling programme and its impact among high-risk groups. Make recommendations for local practice	Review data from HIV home sampling programme, make recommendations	City & County sexual health leads Link to: PHOF 3.04 HIV late diagnosis	April – May 2017
3.3	Continue to increase chlamydia testing and detection rates in young people (aged 15-24yrs)	• Share local intelligence and evidence to ensure provision of chlamydia testing is effective, particularly in areas of high prevalence and/or low rates of testing, and in relation to hard-to-reach groups e.g. looked after children, homeless	Regular updates Review post- Health Equity Audit Influence wider partners and commissioning	City & County Council sexual health leads to facilitate Link to: PHOF 3.02 chlamydia detection rate PHE Sexual Health Profile indicators regarding chlamydia detection, screening and diagnosis.	April 2016 – March 2017
3.4	Reduce the rate of pelvic inflammatory disease	• Establish the causes of the high recorded rates of admission for pelvic inflammatory disease (PID)	Report: Review of PID admissions rates and further steps	County Council sexual health team to lead Link to: PHE Sexual Health Profile indicator PID hospital admissions rate	May 2016
3.5	Ensure effective and coordinated treatment and care for people with HIV	• Work collaboratively with NHS England (NHSE) and Clinical Commissioning Groups (CCGs) to ensure best practice and integrated pathways	Review HIV treatment and pathways	City & County Council sexual health leads	Sept – December 2017
4	**Ensure women are able to exercise choice about when to become pregnant, and reduce unplanned pregnancies**				
4.1	Reduce the number of unplanned pregnancies in all ages	• Share local intelligence and evidence, to support continuous improvement and the development of innovative practice • Review best practice in relation to unplanned pregnancy	Regular updates: intelligence and sharing best practice in relation to unplanned pregnancies Share intelligence and learning with, and draw intelligence and learning from, the provider forum	All City & County sexual health leads	Ongoing
4.2	Reduce termination of pregnancy rate post-12wks and the number of repeat terminations	• Establish if terminations post-12 weeks and repeat terminations represent unmet need. For example, a lack of access to appropriate mental health support, contraception services, or termination of pregnancy advice	Report: Review of the causes of late / repeat terminations & best practice and recommendations	City & County sexual health leads Link to: PHE Sexual Health Profile indicators: Abortion rate, Abortion under 10 weeks (%), Under 25s repeat abortion (%).	Jan 2017- April 2017
4.3	Reduce the number of pregnancies under the age of 18 and 16 years	• Review targeted outreach activity in light of health equity audit findings	Review post Health Equity Audit	City & County public health leads Link to: PHOF 2.04 Under 18 conceptions PHE Sexual Health Profile indicators	April – Sept 2017
5	**Ensure we safeguard and promote the welfare of all clients engaging with our services, including children, young people and vulnerable adults**				
5.1	Safeguard and support those who are vulnerable	• Continue to review and improve our referral mechanisms to, and integration with: Domestic abuse and sexual violence Female Genital Mutilation (FGM) Mental health Asylum seekers and refugees Child sexual exploitation (CSE) Trafficking Learning disability	Ensure sexual health system linked in to: • FGM strategic board • CSECAG • Adults safeguarding leads • Further links	City & County Council sexual health leads	Ongoing
6	**Provide services that are integrated, high quality, accessible and reflect value for money**				

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6.1	Provide integration across sexual health and wider services	• Take a stewardship role regarding the integration of sexual health services and wider services including gynaecology, antenatal, HIV treatment, services for children & young people, and services in primary, secondary & community settings	Regular updates	All	Ongoing
6.2	Review quality of data and data sharing	• Review legislation and provide advice and recommendations in relation to data quality and data sharing across the sexual health system, for example assess implications of the Health and Social Care Act 2015	Regular updates	City & County PH (intelligence leads)	Ongoing

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Who is involved?

Sexual health services in Nottingham City & Nottinghamshire County are commissioned by Nottingham City Council, Nottinghamshire County Council, NHS England and Clinical Commissioning Groups. Public Health England has an advisory role.

Links with other strategies

This framework for action is part of the County and City's wider approach to improving health and wellbeing across the life course outlined in our **Health and Wellbeing Strategies** and links to our **Joint Strategic Needs Assessments** and **Teenage Pregnancy Plans**. Our approach reflects national priorities set by the Department of Health in '***A Framework for Sexual Health Improvement in England*' **(2013)**, as well as guidance from the Department of Health, Public Health England and the National Institute for Health and Care Excellence (NICE) about the most effective approaches to interventions, services and commissioning.

We also recognise the importance of ensuring coherence with wider priorities, such as:

- Antimicrobial resistance
- Child sexual exploitation & safeguarding
- Domestic and sexual violence and abuse
- Female genital mutilation

National policy and guidance

Public Health England (2014) *Making it work: A guide to whole system commissioning for sexual and reproductive health and HIV*
https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services

National Health Service (2014) *NHS Five Year Forward View* https://www.england.nhs.uk/ourwork/futurenhs

Department of Health (2013) *A Framework for Sexual Health Improvement in England*
https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

Public Health England (2015) *PHE Action Plan 2015-16 Promoting the health and wellbeing of gay, bisexual and other men who have sex with men*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401005/PHEMSMActionPlan.pdf

PHE (2015) *English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) 2010 to 2014: Report 2015* https://www.gov.uk/government/publications/english-surveillance-programme-antimicrobial-utilisation-and-resistance-espaur-report

Department for Communities and Local Government (2015) *Reflections on child sexual exploitation*
A report by Louise Casey CB
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418394/Louise_Casey_report_into_CSE_template_format__4_.pdf

Department of Health (2015) *Commissioning services to support women and girls with female genital mutilation Serious Crime Act 2015* – including reference to CSE (Section 47, 48) FGM (Section 74)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418549/2903842_DH_FGM_Commissioning_Accessible.pdf

PHE (2015) *Substance misuse services for men who have sex with men involved in chemsex* (2015)
http://www.nta.nhs.uk/uploads/phe-substance-misuse-services-for-msm-involved-in-chemsex.pdf

BASHH (2014) *Standards for the management of sexually transmitted infections (STIs)*

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PHE (2014) *National Chlamydia Screening Programme Standards, 7th Edition*
http://www.chlamydiascreening.nhs.uk/ps/resources/core-requirements/NCSP%20Standards%207th%20edition%20FINAL.pdf

BASHH/Brook (2014) *Spotting the Signs: A national proforma for identifying risk of child sexual exploitation in sexual health services* http://www.fsrh.org/pdfs/SpottingTheSignsNationalProforma.pdf

FSRH (2013) *Service Standards for Sexual and Reproductive Healthcare*
http://www.fsrh.org/pdfs/ServiceStandardsSexualReproductiveHealthcare.pdf

RCM (2013) *Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting*
http://www.rcn.org.uk/__data/assets/pdf_file/0004/547996/Tackling_FGM_in_the_UK_Intercollegiate_recommendations_for_identifying,_recording_and_reporting.pdf

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401662/2014_PHE_HIV_annual_report_draft_Final_07-01-2015.pdf

NHS (2012) *Integrating the National Chlamydia Screening Programme within local sexual health economies: Guidance for commissioners and public health professiona*l
http://www.chlamydiascreening.nhs.uk/ps/resources/integrating-the-ncsp-guidance-for-commissioners-and-public-health-professionals-feb2012.pdf

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http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

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https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

[3] **Department of Health** 2013, 'A Framework for Sexual Health Improvement in England'

[4] **Department of Health** 2013, 'A Framework for Sexual Health Improvement in England'

[5] **HM Government** 2015, 'Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children'
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

[6] **Marmot, M.** (2010). *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010*

[7] **Nottinghamshire County Council** 2015, 'Nottinghamshire Joint Strategic Needs Assessment: Sexual Health'
http://www.nottinghamshireinsight.org.uk/insight/themes/theme.aspx?themeId=8

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http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Behavioural-factors/Sexual-Health-and-HIV.aspx

[9] **National Health Service** 2014, 'NHS Five Year Forward View', https://www.england.nhs.uk/ourwork/futurenhs/