The Association of Directors of Public Health

Policy Position: Sexual Health

Key messages

- The ADPH supports a whole system approach bringing together reproductive health, sexual health and HIV which encompasses services and commissioning, strategic approach and health promotion.
- Sexual health is about wellbeing, not just services: education, personal capacity and resilience, good relationships and preventative actions are as important as the provision of high quality sexual and reproductive health services.
- Commissioning, planning and providing sexual health services is undertaken in a challenging complex environment making relationships between services and systems critical.
- Sexual health commissioning and services should embrace the introduction of evidence-based innovative technologies and digital services and this will require training, funding and evaluation.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This policy position outlines our position on sexual health. It has been developed in partnership with the membership and led by the ADPH Sexual Health Policy Advisory Group.

Background

There have been some recent improvements in sexual health, including a decrease in the rate of teenage pregnancy. The under 18s conception rate in England and Wales in 2017 was 17.9 conceptions per 1,000 women aged 15-17 years old. This is the lowest rate since the statistics were first recorded in 1969.[1] In Scotland, teenage pregnancies continue to decline; rates in the under 20s have dropped from 57.7 per 1,000 women in 2007 to 31.2 in 2017, a decrease of 45.9%.[2] In Northern Ireland, births to teenage mothers reached a new record low of 659 in 2018, which is 53.8% lower than in 2008 when there were 1,426 births to teenage mothers.[3]

Despite these improvements there are still major advances to be made. While overall sexually transmitted infection (STI) rates are continuing to fall, rates of syphilis are at their highest since 1949, with 7,541 diagnoses of syphilis in 2018, a 5% increase on 2017.[4] There were 56,259 diagnoses of gonorrhoea reported in 2018, a 26% increase relative to the year prior; this is of concern given the three cases of extensively drug resistant Neisseria gonorrhoeae identified in England in 2018.[5] New diagnoses of HIV decreased by 2% in 2017 – from 4,453 new diagnoses reported compared to 4,761 in 2017, which brings new cases down to their lowest level since 2000.[6] Despite this improvement, new diagnosis rates in the UK remain higher than most other countries in Western Europe.[7]

There has also been an increase in demand for services; in 2018, there were 3,561,548 new attendances at sexual health clinics in England compared with 2,940,779 in 2013, an increase of 21%.[8] Similarly, the

total number of sexual health screens (tests for chlamydia, gonorrhoea, syphilis and HIV) increased over recent years (22%; from 1,603,744 in 2014 to 1,955,108 in 2018).[9]

Focus on inequalities

There is significant correlation between poor sexual health and inequality with gay and bisexual men especially at risk of poor sexual health.[10] Those from deprived areas are most at risk of negative sexual health outcomes, such as an increased risk of STIs and unwanted pregnancies.[11] Teenage conception rates are also highest amongst young women in the most deprived areas.[12] Some BAME communities also have high rates of sexual ill health and are disproportionately affected by HIV infection.[13]

Policy Context

A Framework for Sexual Health Improvement in England was published in 2013. This committed the English government to tackling stigma, reducing unwanted pregnancies, tackling HIV, reducing the rate of STIs, and promoting integration and value for money.

ADPH and the British Association for Sexual Health and HIV (BASHH) published a consensus statement in July 2016 which expresses our understanding and commitment to 'what good looks like' for sexual health services. In August 2017, ADPH and Public Health England published Sexual Health, Reproductive Health and HIV: A Review of Commissioning. This identified commissioning challenges faced by commissioners and providers and recommended actions such as, the development of a model of 'lead integrated commissioning' in each locality, revising commissioning guidance and facilitating the development of cross-country sexual health networks. It also recommended the development of a sector-led improvement framework for sexual health services.

In May 2019, the Health and Social Care Committee inquiry published a report on sexual health, which called for a national sexual health strategy to support the local delivery of high quality and consistent sexual health services. Following this in July 2020, the Government published Advancing our health: prevention in the 2020s, which pledged to consider calls for a new Sexual and Reproductive Health Strategy for England. Most recently, ADPH and PHE published What Good Looks like for Sexual and Reproductive Health and HIV Provision which represents the practical translation of the core guiding features of what a good quality sexual health, reproductive health and HIV provision looks like in any defined place.

In 2011, the Scottish Government published The Sexual Health and Blood Borne Virus Framework (2011-2015), a framework which provided a joined-up approach to tackling poor sexual health and blood borne viruses (BBVs). An updated framework for 2015 to 2020 outlines the progress made since 2015 and highlights areas that require additional focus to help meet the five original outcomes. Outcomes relating to teenage pregnancy in Scotland have been integrated into the Pregnancy and Parenthood in Young People Strategy (2016), with an emphasis on the wider determinants of early pregnancy and the inequalities that are associated with it. Both strategies demonstrate the importance of increasing access to long acting reversible contraception (LARC).[14]

In Wales, sexual health services have been retained in the NHS. In February 2018, Public Health Wales published A Review of Sexual Health in Wales, which set out a number of key recommendations. This included a call for a national service specification to be implemented in all Health Boards that would

support the delivery of high quality sexual health care, tailored to the needs of local populations. It also set out the need for greater service capacity, suggesting that this could be achieved through increased provision of drop-in clinics and delivery of bespoke care for at-risk groups, such as for the prison population and those with drug and alcohol dependency.

In Northern Ireland, an addendum to their Sexual Health Promotion Strategy and Action Plan (2008-2013) was published in 2015. The updated objectives included enabling the population to access and maintain the knowledge, skills and values necessary for improving sexual health and well-being, as well as ensure that all people have access to sexual health services and reduce the incidence of STIs, including HIV.[15]

It was announced in March 2017 that sex and relationships education (SRE) is to become compulsory in schools in England. The response to the government's consultation on the draft guidance and regulations was published in February 2019, with the changes due to come into effect in September 2020. In the current guidance, primary schools are not required to provide sex education as part of the basic curriculum, but all maintained secondary schools are required to include sex education as part of the basic curriculum of the school.[16] Compulsory relationships and sexuality education will be introduced in Wales in 2022. In February 2019, the Welsh Government launched a consultation on the draft update of the guidance. Scotland considers SRE to be an integral part of the health and wellbeing of young people and therefore an essential part of the curriculum.[17] In Northern Ireland, despite embedding personal, social and health education and relationships and sexuality education as a statutory element of the school curriculum, there is no uniform pattern to the provision in schools.

ADPH position

A whole system approach

A whole systems approach needs to be taken at both the local and national levels, covering prevention, improvement, promotion and protection, and spanning the three areas of sexual health, HIV and reproductive health. Attempts to tackle these issues in isolation will lead to silo working and will not be representative of people's experiences of sexual health, which are not divided into the three categories. Local authorities are ideally positioned to think more broadly about sexual health services and to provide joined up services which meet the needs of the local population.

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems in England provide an opportunity to take a systems approach to sexual health and work closely together to create a more coordinated service for patients, providing links into pathways for services such as early pregnancy assessment, abortion services and health visiting. In addition, services in the areas of Genitourinary medicine (GUM), HIV and provision of contraception can be integrated to provide effective prevention of STI contraction. It is important that surveillance systems continue to be supported and that the role of the voluntary sector partners in outreach services is promoted. Greater use of the local authority role and assets such as early years, youth services, substance misuse and community assets can be made to encourage the adoption of a positive approach to sexual health.

Public health funding

Public health funding in England has been substantially cut, with expected spending in 2019/20 £850 million lower in real terms than in 2015/16. With population growth factored in, £1bn a year will be needed to restore funding to 2015/16 levels, according to analysis by the King's Fund and the Health Foundation.[18] Although DsPH have been acting to manage these cuts, through modernising services and introducing innovative online services, they have reached the limit of available efficiencies. Cuts to public

health funding will result in cuts to sexual health services. In our Public Health System Survey 2019, we asked DsPH about recent and planned changes to services. 63% of respondents had redesigned their sexual health services within the last three years and 18% had changed the provision. Sexual health services were one of the most commonly redesigned public health services. 53% of respondents thought that redesigning or changing provision had had a positive impact on the service. [19]

Building resilience

Sexual health programmes should not just be about treating illness, but also about building resilience and preventing future harm through education and health promotion. Improving the quality of individuals' sexual experiences is important and can be achieved through ensuring that there is high quality education, good access to sexual health services, and effective preventative programmes.[20] Outreach in schools is available through school nursing teams and public health can add fundamental messages on good relationships and encouraging people to make healthy choices. However, it is important to note that school nurse numbers have been reducing in recent years; the number school nurses in England has fallen by approximately 30% since 2010, from 2,959 in July 2010 to 2,061 in July 2019. (.[21]

SRE in schools

ADPH welcomed the announcement of compulsory SRE in all schools in England. This will allow vital links to be made between public health and education, will support young people to understand relationships and sexual health, understand consent and issues around abusive relationships, and will allow them to develop the confidence to negotiate safe sexual relationships.[22] Broader work should also take place alongside this, such as educating young people about the safe use of social media, mental health and emotional resilience.[23] It is important that sex and reproductive education is coupled with timely access to confidential advice and dedicated young people's contraceptive services.

Investing in prevention

Sexual health services accounts for over 25% of the entire public health expenditure of English local councils.[24] However a small proportion of this expenditure is on prevention. It is necessary to establish well-funded and coordinated public health programmes and strengthen existing programmes which are focused on helping people improve their sexual health. Health outcomes for individuals can be improved through integrated care pathways and preventative interventions targeting those most at risk.[25] Preventative interventions should build personal resilience and self-esteem, and should promote healthy choices.[26]

Commissioning for outcomes

The commissioning, planning and delivery of services should focus on delivering better sexual health outcomes across a breadth of settings and interventional approaches. It is imperative that outcomes for sexual health services cover effectiveness, safety and individual experience of care. Individuals will have diverse needs which will vary by factors such as age, gender and disability. It is important that the commissioning, planning and delivery of services caters for the needs of people of all genders and sexual orientation and at all life stages. Residents and service users should be at the centre of co-designing services and be part of continuous feedback to and from service providers.[27] Effective commissioning must address health inequalities and tackle the stigma associated with STIs and diseases such as HIV. The person centred, and rights-based approach needs to be balanced with the responsibilities of commissioners and planners to meet needs, promote prevention and balance budgets.

PrEP

ADPH welcomed the large scale clinical trial of PrEP, an HIV prevention tool which has the potential to

transform the course of the epidemic and ensure that individuals vulnerable to HIV acquisition remain HIV negative. PrEP should be used in the context of a holistic package of measures, including the provision of condoms and support for those at risk, in order to be a successful intervention. It is essential that the issue of financial burden is considered as part of the national roll out of the programme. The responsibility for the cost of providing PrEP should lie with NHS England. Transferring this responsibility to local authorities would create a new and unfunded burden at a time when public health budgets are already being cut.

ADPH Recommendations

National

- Investment in public health must be increased. The Spending Review next year must deliver a sustainable package for public health in local government. The Public Health Grant needs at least £1bn more a year to reverse years of cuts to public health funding.
- The Government should tackle the social determinants of health. Building wellbeing into policy decision making and funding allocation should be a cross-government priority, supported by a new 'health index' and better utilisation of existing ONS wellbeing statistics.
- The recommendations of the Sexual Health, Reproductive Health and HIV: A Review of Commissioning report need to be fully implemented. At the national level this will involve revising current commissioning guidance, facilitating sexual health networks, developing a framework for sector-led improvement (SLI) for sexual health and enhancing commissioning support tools.
- The Government should consult on a new, long-term Sexual and Reproductive Health Strategy, which sets out a collective vision to promote and support good sexual health for all by providing high quality and accessible information, services and treatment - and commits the necessary funding for its implementation.
- In England, a clearer national approach should be introduced to fund out of area activity for both GUM and contraception with payment systems that support accountability and reduced administrative processes.
- National bodies should prioritise support for the introduction of innovative technologies and digital services, building on successes such as self-sampling HIV testing. This will require adequate training and adequate funding.
- NHS England should work with Directors of Public Health and sexual health teams locally to look at how the commissioning of PrEP can be carried out in a joined-up and fair manner.

Local

- All providers and commissioners/service planners should work together locally to promote a whole systems approach to:
    - Develop models for integrated commissioning, and service provision
    - Seamless, affordable service pathways
    - Strong area based networks and partnerships
    - Address barriers to primary care
    - Promote system led improvement
- All sexual health commissioners and service planners should address health inequalities and cultural and behavioural influences on health choices such as the stigma associated with sexually transmitted infections and diseases, such as HIV.
- At the local level, implementation of the Sexual Health, Reproductive Health and HIV: A Review of

Commissioning report will involve developing a model of 'lead integrated commissioning' in each locality and testing models of local delivery based on local practice

- Actions should be taken to put into place effective preventative strategies such as integrating GUM, HIV and contraceptive services to reduce the incidence of STI contraction and promote contraceptive choice and regular screening.

Association of Directors of Public Health

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Next Review: November 2020

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