2018

Sexual and Reproductive Health Improvement Plan for Southampton 2018-2023-DRAFT

SOUTHAMPTON CITY COUNCIL NOV 2018

Vision

Southampton is a city which promotes reproductive and sexual health for everyone, and where discrimination, coercion, violence and exploitation is actively opposed.

Strategic aims

1. Promote a culture supporting good sexual and reproductive health for all which prioritises prevention and reduces stigma, prejudice and discrimination.
2. Ensure access to services that improve sexual health is good for everyone, with no individuals or groups left behind. Services should offer early detection, effective support/treatment and reduction in onward transmission of sexually transmitted infections, including HIV.
3. Women and men are supported in avoiding unplanned pregnancies, including unplanned teenage pregnancies through good access to family planning advice and a full range of contraceptive options.
4. Safeguard and promote the welfare of those most at risk of poor outcomes including vulnerable adults, children and young people, protecting them from exploitation and abuse through fostering effective partnership between all relevant services and agencies.
5. Offer sexual health services that are value for money, proportionate to level of need, provide the 'right care in the right place' and focus on prevention.

Introduction

Southampton has a relatively young demographic compared with the England average and high levels of deprivation compared to England and South East England. The City's residents have relatively poor sexual health outcomes, subject to relatively high levels of sexually transmitted infections (STIs), unplanned pregnancy, high levels of violence, particularly sexual violence and the City maintains an improving, but high teenage pregnancy rate. Consequently, improving reproductive and sexual health is an objective of Southampton's Health and Wellbeing Strategy[i] with prevention, self-management and supporting those individuals at greatest risk of poor outcomes as key approaches to achieve change. Supporting women and families in effective control of reproductive health is a key factor for reducing inequalities in economic wellbeing, reducing housing overcrowding, benefit dependency and improving access to employment.

Central government funding for public health improvement functions in local government has been reduced year on year since 2014-15 through the phased reduction of the Public Health Grant. This has led to caution in future planning of what can be delivered by either the integrated sexual health service or the additional services the local authority commissions from community providers and primary care to support good reproductive and sexual health in local people. We remain ambitious for our residents, and mindful of the need to remain prudent in relation to what services are affordable within a reducing financial envelope.

This Sexual and Reproductive Health Improvement Plan builds on the previous strategic improvement plan for sexual health and teenage pregnancy in Southampton (2014-17). It has been developed with local stakeholders and provides priorities for the next five years which will inform future commissioning and transformation plans, and informs the relationships that we will

encourage to improve public education and build awareness about the social and economic benefits to individuals and communities from good control of reproductive and sexual health.

The governance of the Sexual and Reproductive Health Improvement Plan will be achieved through two main mechanisms. Firstly the implementation of this plan will be overseen by a local implementation group and secondly this group led by Public Health and the Clinical Commissioning Group will report to the Health and Wellbeing Board. This Sexual and Reproductive Health Improvement Plan reflects a collaborative approach to achieving the city's vision of a population that is more effective in being able to take responsibility for good reproductive and sexual health, whilst ensuring timely, effective, support/interventions targeted to those who need more direct help and support to prevent poor sexual and reproductive health outcomes and/or protect the most vulnerable from exploitation, abuse, assault or other risks to sexual health.

Importance of reproductive and sexual health

Sexually transmitted infections (STIs), unplanned pregnancies and sexual violence and exploitation are important public health issues which can have a significant impact on the physical, mental and emotional health and wellbeing of individuals, families and communities. Poor control of reproductive health also has wider socio-economic consequences and implications such as making it harder to make work pay, adding to levels of benefit dependency, child poverty and deprivation, and levels of wholly avoidable demand for children's social care services, acute and community health services, crime and anti-social behaviour and contributing to overcrowded housing and demand for social housing. There are also clear links between deprivation and rates of teenage pregnancy and STIs. Southampton is one of the most deprived areas in the South East and also has correspondingly high levels of both new levels of STIs and teenage conceptions.

Furthermore, there are inequalities in the reproductive and sexual health profiles of specific communities; this leads to some groups experiencing disproportionately worse reproductive and sexual health in relation to specific outcomes. For example, Men who have Sex with Men (MSM), and some black and ethnic minority (BME) groups are at a higher risk of STIs, including Human Immunodeficiency Virus (HIV).

Due in part to its thriving Higher Education sector, Southampton has a disproportionately large young population (under 25s). While recognising that all people may be sexually active from teenage years throughout their lives, young people and young adults are at higher risk of acquiring STIs compared to adults in other age groups. Individuals in the 16 – 24 age group are more likely to have had two or more sexual partners in the last year, and more likely to have had at least two sexual partners with whom no condom was used in the past year compared to older groups. Young people are at significantly increased risk of both unplanned pregnancy and sexually transmitted infections.

Southampton also has high levels of reported intimate partner violence and sexual assault compared to both England and areas with similar levels of deprivation. Risk factors for both domestic abuse and sexual assault are complex, with deprivation, alcohol and other substance misuse, age, gender, gender identity and sexual orientation all contributing to the variation. Women are at a significantly increased risk of sexual assault, exploitation and sexual violence compared to men. Information on sexual violence experienced by transgender communities is hard to compare due to the small size of this community, but is understood to be high compared to other groups.

Local Data[ii] [iii]

- Southampton ranks 29 out of 326 local authorities for acute STI (excluding Chlamydia) rates (where 1 is highest) (2017). Chlamydia is excluded as is it is screened differently compared to other STIs.
- Chlamydia is the most commonly diagnosed STI, followed by anogenital warts and anogenital herpes. Gonorrhoea and syphilis are less commonly diagnosed STIs but are important because they disproportionately affect Men who have Sex with Men (MSM). (2017)
- In 2016-17, whilst the official published chlamydia diagnosis rate in Southampton did achieve 2,300 per 100,000 (2,308), the true local rate was felt to be closer to 1,400 due to reporting problems in the testing laboratory.
- HIV prevalence in Southampton is above the England average (2.32) and continues to increase, with the rate now standing at 2.43 per 1,000 residents aged 15 – 59 (2017). This remains just within the recognised "high" rate (between rates of 2.0 and 5.0 per 1,000), but significantly below the "very high" threshold level of 5.0 per 1,000. Enhanced screening of at risk populations for HIV remains challenging as much of the patient population served by the City's acute hospital live in areas of lower HIV prevalence (2016).
- Levels of STI testing are high as are screening levels for HIV (though late diagnosis levels are still comparatively high)
- Performance on late diagnosis levels for HIV in Southampton (49.2%) is poorer than nationally (41.1%) and we are ranked 5th worse out of our ONS comparators (2014-16)
- Under 18 conception rates have halved in Southampton since 1998 (31.7/1,000), but the city still has a significantly higher rate than England (18.8/1,000) and is ranked worse out of its ONS comparators (2016)
- Levels of reported sexual offences in Southampton (3.4/1000) are more than 50% higher than the national rate (1.9/1000). (2016/17)

National context

In 2013, responsibility for a number of Public Health improvement functions shifted to the local authority and commissioning responsibilities of different elements of sexual and reproductive health services were divided between local authorities, Clinical Commissioning Groups (CCGs) and NHS England. The resulting challenges in the system have since become clearer. The substantial national cuts to Public Health funding in local authorities, together with the structural fragmentation of commissioning responsibility between health agencies and local authorities has resulted in a reduction in spending on services at a time of increasing demand. National plans to reduce the burden on sexual health services include commissioning of PrEP (pre-exposure prophylaxis) to prevent HIV transmission, which is being funded by NHS England and the extension of the HPV vaccination programme to include protection against additional strains of HPV, together with the extension of the programme to adolescent boys will reduce cancer risk and will also reduce the incidence of genital warts in men and women. However nationally the rates of STIs (particularly syphilis and gonorrhoea) are increasing rapidly, and changes in how people use social media and technology are facilitating some groups e.g. younger MSM in engaging more in high risk behaviour such as ChemSex (mixing drug use with unprotected sex with multiple partners).

In addition to the reduction in capacity of specialist services, the pressures and reduced capacity in primary care have had implications on that workforce including a diminution of clinical expertise and capacity in GP practices for Long Acting Reversible Contraception (LARC) fitting which undermines women's ease of access to effective birth control and further increases pressure on specialist sexual health services.

Due to capacity issues, specialist services tend to move away from prevention to focus on treatment. These factors have wide ranging implications and risk an increase in health inequalities especially for more vulnerable groups including those with poor mental health, the homeless and drug and alcohol users.

The framework for Sexual Health Improvement in England (DH 2013) set out the need for a continued focus on sexual health across the life course and identified four areas for improvement, which continue to remain a priority:

1. Reducing sexually transmitted infections (STIs)
2. Reducing HIV transmission rates and avoidable deaths
3. Reducing unwanted pregnancy
4. Reducing teenage pregnancies

A number of expert bodies have called for a multi-sectoral strategy to provide clinical and managerial leadership, direct local actions and commissioning decisions, support patient flows across administrative boundaries and garner a consistent approach across all commissioning organisations. In view of the various challenges outlined, Public Health England endorses an asset based approach and taking on a stewarding role to build on these assets to best effect and engage with groups that are otherwise more difficult to connect with[iv].

Local intent

Our intention is to maintain an affordable open-access sexual health service that meets the universal, targeted and specialist needs of sexually active residents across the life-course, which encourages prevention and self-management and a service which follows a 'right care, right place, right time' approach.

For those individuals at highest risk of sexual ill-health, unplanned pregnancy and vulnerability to exploitation, the plan will help to ensure that these people receive the interventions they require based on their need, and that they are prioritised for face to face interventions and outreach.

The Local Authority will work with its CCG commissioning partners and established sexual health services within the City to evolve a model which maintains free open access to reproductive and sexual health services in ways that continue to meet community needs, whilst remaining financially viable across the digital, community, pharmacy, GP and specialist services. The specialist service will provide leadership of this network of health services, and maintain links with professionals in other services working with communities who benefit most from effective contraception, sexual health and genito-urinary medicine (GUM) services to ensure the most vulnerable are supported. The Sexual and Reproductive Health Plan for 2018-23 has adopted a stronger focus on prevention, building resilience and aspirations (especially among young people) as well as more focused identification of individuals at risk, as reflected in the framework in figure 1, in recognition of the need to prevent avoidable future demand to keep this service affordable.

This plan will support Southampton City Council in achieving its four wider key strategic outcomes as outlined below:

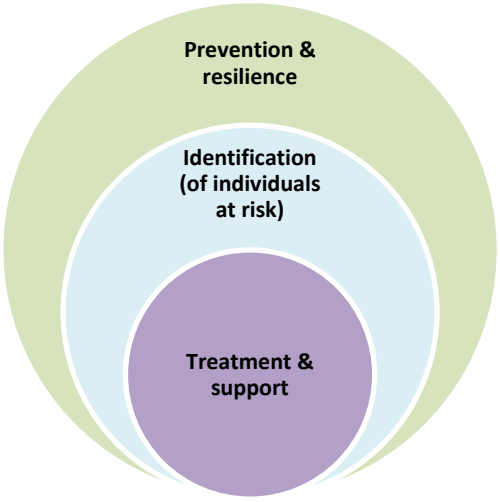
Southampton is a city with strong and sustainable economic growth. Through better control of their sexual and reproductive health, adults, particularly women, can increase their participation in the labour market, can have reduced absence rates and provide greater financial security for themselves and their families.

Children and young people in Southampton get a good start in life. Support for family planning and reduced unplanned pregnancies will help to reduce social and financial instability, child poverty and reduce demand on statutory health and children's services.

Pe**ople in Southampton live safe, healthy, independent lives.** Improving sexual and reproductive health through prevention and early intervention will enable those at greatest risk to live healthier and independent lives. Adverse childhood experiences in relation to sexual assault and abuse have been shown to increase the likelihood of a range of damaging high risk behaviours in adult life: smoking, substance misuse, alcohol dependency, self-harm, unplanned pregnancy and others.

Southampton is a modern, attractive city where people are proud to live and work – Sexual health services which provide the right support, in the right place at the right time and pro-actively supports vulnerable communities, can support the City's image of a confident, modern, bustling City with a dynamic social and night time economy, and in which its Citizens are empowered to live the lives they want. Good sexual health services and effective access to birth control will help ensure that Southampton is a city that people are proud to live in.

Figure 1. A Framework for the Delivery of the Sexual and Reproductive Health Improvement Plan



Success measures

A newly developed local data compendium of sexual health indicators will track change: http://www.publichealth.southampton.gov.uk/healthintelligence/jsna/takingres_sexualhealth.aspx?tab=tcm:62-353499 . Success measures are aligned to the strategic aims. The ambition being to reach the England average for all success measures by 2023. An action plan to deliver on these aims is shown below.

Success measures

Action Plan

Action	Lead organisation	Milestones	RAG rating
Promote a culture of supporting good sexual health for all which prioritises prevention, reducing stigma, prejudice and discrimination			
Deliver campaigns, with clear and consistent messages targeted to at risk groups (including campaigns on HIV testing, condom use, zero tolerance of sexual violence, discrimination, stigma etc).	Public Health (PH) ICU and Sexual Health Services (SHS)	Minimum of two campaigns planned and delivered annually	
Work with local MECC providers/trainers to ensure they are aware of local sexual health services and how to access them. Promote MECC training to the wider workforce (e.g. those working in schools, colleges, social housing, those supporting Looked After Children (LAC)).	CCG SHS	Train local MECC providers Increase in take- up of MECC training among wider workforce	
Promote awareness of sexual & reproductive health improvement among staff (including NHS staff e.g. midwives, FNP, Public Health School Nurses, Minor Injuries Unit, Emergency Department), social housing, community leaders and others by providing online information and training on prevention including condom use and LARC.	SHS PH	Training provided annually by SHS Training or online training made available and completed by health professionals	
Promote use of condoms amongst all groups who are sexually active, and who have above rates of turnover in sexual partners (e.g. young people in schools (including pupils referral unit), colleges and those not engaged with school/mainstream schools/education), MSM, Commercial Sex Workers, and people who are returning to active “dating” in between long term relationships	SHS Public Health School Nursing ? No Limits	Routine promotion of condom use to sexually active people who are changing partners through one-to-one input or community events	
Support the delivery of sex and relationship education to children and young people via schools and through supporting the Youth Health Champions (YHC) programme of peer mentors delivered by LifeLab, as well as to young people not engaged with school/mainstream schools/education. Ensure that Southampton schools are supporting in advance of Relationships and Sex Education becoming statutory in schools through the development of effective resources, support and signposting to services, information, advice and support.	SHS Public Health School Nurses & No Limits	Annual training delivered to teachers leading on PSHE and SRE in schools, based on national curriculum and local needs. Annual training delivered to new YHC cohorts Target training to individuals supporting children and young people no in school/mainstream education	
Develop a strong sexual health improvement network and implementation group with representatives from a range of organisations including health (primary and secondary care), LA, third sectors and community organisations to improve cohesion, data sharing (including information on outbreaks), make effective use of resources and support the delivery of the	PH CCG	Network set-up to oversee implementation of the Sexual and Reproductive Health Plan. Network meets 3 times a year	

Action	Lead organisation	Milestones	RAG rating
Sexual & Reproductive Health Improvement Plan. This will include and support Health Professional Champions (e.g. GPs, midwives, Public Health school Nurses, FNP, pharmacy or cluster champions) to raise awareness of sexual and reproductive health among their professional groups.		Annual RAG rating of progress of the Sexual & Reproductive Health Improvement Plan produced	
Ensure access to services that improve sexual health is good for everyone, with no individuals or groups left behind. Services should offer early detection, effective support/treatment and reduction in onward transmission of sexually transmitted infections, including HIV.			
Explore feasibility of opportunistic testing and/or treatment of STIs (and other BBV) in the community pharmacy setting, together with improved access to condoms for these groups to protect themselves and their partners from further infection.	PH	Funding resource secured Report parameters defined Feasibility report completed	
Increase the use and targeting of self-test kits (accessible through the online service) by at risk individuals through supporting service professionals in partner agencies working with these groups to help clients use self-test kits, improve perceptions of testing and increase identification.	SHS	Annual training provided to partners/community organisations on use of self-test kits Online training for self-test kits scoped Evaluation completed including provider and user feedback	
Promote and increase testing and identification in primary care through piloting promoting and training in selected Practices.	PH CCG	Practices Selected Training delivered on annual basis Impact/evaluation report produced Testing at these practices increased	
Carryout insight work with communities who are reluctant to engage with sexual health improvement services , which services and service users have identified as priority groups (e.g. younger gay and MSM men, BME (Sub- Saharan), 40+ starting new relationships"2nd time arounders"), street based commercial sex workers to help inform engagement and targeted messages, especially around risk, and effective condom use.	PH	Funding resource secured Insight work parameters defined Insight report completed and findings shared	
Increase engagement with higher risk groups through developing and supporting a group of peer champions from within those communities to engage with them in a meaningful and targeted way to help communities to recognise risk, improve early detection and improve support, communication and tackle stigma in relation to discussing sexual health in at risk communities where it exists.	SHS	Peer champions identified, provided support and training Peer champions supported to use their experience and insights to sensitively raise awareness among their community and peers	
Explore how existing technology can be optimised used to develop anonymous partner notification following positive STI test.	SHS PH	Options appraisal produced and presented to implementation group	

Action	Lead organisation	Milestones	RAG rating
Develop and disseminate clear patient pathways which support patients and services navigate the patient journey within and between different sexual and reproductive health services to ensure those at risk can access support in a timely way (including current technology advances).	PH CCG SHS	Condition specific pathways prioritised Two pathways produced annually	
Women and men are supported in avoiding unplanned pregnancies, including unplanned teenage pregnancies through good access to family planning advice and a full range of contraceptive options.			
Carry out a mini review of LARC in primary care Practices, looking at uptake among target groups and use findings to inform work to increase LARC uptake among these groups (e.g. through training and capacity development of key GP practices, health professionals or specialist services).	PH	Funding resource secured Review parameters defined Review completed and findings shared	
Provide training and support to selected priority primary care Practices to increase coverage of LARC to support a shift from specialist service.	SHS CCG	Practices Selected Training delivered on annual basis Provision of LARC at these practices increased	
Work with selected pharmacies to promote sexual health improvement and prevention through training, support through a champions network and applications for joint funding for targeted projects	LPC SHS	Pharmacy champions identified and supported through the Sexual and Reproductive Health Network Pharmacy based priorities identified Funding resource secured to pilot targeted projects to support the delivery of the plan.	
Support the delivery of the PAUSE programme for families at risk of repeated removal of children from their care.	PH CCG	Support the commissioning of PAUSE Oversee implementation Updates on progress provided as part of Sexual and Reproductive Network meetings	
Reduce repeat terminations through targeted promotion of LARC within the termination of pregnancy patient pathway	SHS/ CCG/ SCC	Work with Termination of Pregnancy service to improve pre-termination counselling around contraceptive options and access to these as part of service pathway.	
Work with men's health charities, the Sexual Health service, family planning charities and across primary care to deliver campaigns to promote and increase uptake of vasectomies	CCG	Review current and future service provision	

Action	Lead organisation	Milestones	RAG rating
Safeguard and promote the welfare of those most at risk of poor outcomes including vulnerable adults, children and young people, protecting them from exploitation and abuse through fostering effective partnership between all relevant services and agencies			
Develop capacity of the wider workforce to promote sexual health improvement, prevention and increased resilience especially in staff groups working with at-risk groups (including pharmacy staff to support those accessing EHC, those supporting looked after children and NEETS).	SHS LPC	Annual training provided to partners/community organisations working with target vulnerable groups	
Through the Sexual and Reproductive Health Improvement Network create stronger links between charities and specialist services supporting vulnerable groups to improve joint working, and make effective use of resources to improve resilience and support those at risk.	PH SHS CCG	Representatives from these organisations supported to participate in the Sexual and Reproductive Network meetings	
Continue to improve referral mechanisms with specialist services supporting vulnerable groups (including child exploitation, FGM, Mental Health, commercial sex workers trafficking, coercive relationships and domestic abuse). Use networks and local data to reach those at greatest risk from poor outcome to making better use of sexual health services.	PH SHS CCG	Referral pathways and mechanisms reviewed and updated	
Offer sexual health services that are proportionate to level of need, providing 'right care in the right place' and focusing on prevention			
Use insights work and participation in academic research programmes to inform how to reach at-risk groups through social media. Explore how sexual health messages can be tailored according to the risk group.	PH	Use insight work with target groups to trial campaign messages and information Monitor and improve messages to increase engagement Participation in academic research studies to identify and implement best practice.	
Continue to develop and align digital service pathways for low risk asymptomatic patients for prevention and self-management to minimise exposure to STIs and/or unplanned pregnancy.	PH SHS	Use insight work with target groups to trial campaign messages and information as part of service transformation.	
Continue to work with service users to ensure that digital services continue to improve access to appropriate reproductive and sexual health services (e.g. condom use and home STI tests for lower risk).	SHS Service Users	Use insight work with target groups to trial campaign messages and information as part of service transformation	

Action	Lead organisation	Milestones	RAG rating
Improve links between the Integrated Sexual Health service and other parts of the reproductive and sexual health service in primary care and community settings to optimise patient pathways.	SHS, GPs, Pharmacies, CVS partners	Participation levels in clinical and sexual health conferences run by lead service Local take-up of training Participation in wider networks	

RAG Rating key

Deliverable and plans in place	Deliverable within existing resources	Additional resources or funding required

Risks and contingencies

Due to the challenges outlined above there are key risks to the delivery of the Sexual and Reproductive Health Improvement Plan 2018-23 which are highlighted in the table below together with potential contingencies to mitigate against these risks.

Risks	Potential Contingencies
Reproductive health	
Women 25+ sold EHC by pharmacies where vulnerabilities e.g. domestic abuse and sexual exploitation is not picked up. Rising obesity decreases effectiveness of EHC. Inequalities in the LARC offer in primary care affect whether women receive advice on full range of effective contraceptive options.	Training/capacity development in key pharmacies to spot signs of abuse/exploitation Need to maintain awareness of this among women when selling EHC through the commissioned EHC service. Cost of EHC over the counter is reducing, so access less likely to be impacted. Improve pathways into "shared care" arrangements in primary care and GP engagement.
STIs	
Perceptions that HIV has gone away and that STIs are treatable by medical advances being so good. Lack of knowledge among and difficulties reaching some groups (e.g. young MSM, BME (Sub- Saharan), older people starting new relationships). Online testing assumes health literacy and nor language barriers. Improved single point of access and improved partner notification will increase demand. GPs do not routinely test patients for asymptomatic STIs, increasing the chance of late HIV diagnosis. Reductions in Chlamydia Screening coverage increases incidence of Pelvic Inflammatory Disease and affects fertility in women.	Address through supporting SRE in schools and targeted public health education programmes at national level to mythbust. Peer champion development (pilot). Effective support for Relationships and Sex Education (RSE) in schools and colleges. Peer champion development and partnership working with specialist charities. Single Point of Access (SPA) won't necessarily increase demand as effective triage should reduce avoidable demand and wasteful (e.g. premature) testing. Improving partner notification does increase demand, but desirably so as their chances of positivity are higher than the wider population (as are their chances of onward transmission if not notified). Pilot testing in selected target practices. Smart targeting of Chlamydia Screening in services working with at risk groups to encourage regular testing.
Structural Factors	
Public Health funding cuts Shift from prevention to treatment Increase in silo working	No mitigation except through national lobbying for suitable and sustainable future funding of Public Health improvement functions such as sexual health. Peer champion development to promote pro-active prevention and early intervention, and reactivation of patients and communities around safe sex. SRH implementation groups will bring a network of key partners together to reduce the risk of silo working.

References

[i] Health and Wellbeing Strategy 2017-2025. Southampton City Council. https://www.southampton.gov.uk/images/health-and-wellbeing-strategy_tcm63-391952.pdf

[ii] Public Health England Fingertips tool. Sexual and Reproductive Health Profiles. https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0

[iii] Southampton Local authority HIV, sexual and reproductive health epidemiology report (LASER): 2016. Public Health England.

[iv] https://publichealthmatters.blog.gov.uk/2018/03/27/supporting-sexual-health-commissioning/