Contents

Acknowledgements 3
Foreword 4
Executive Summary 5

1. Setting the Scene 8
   1.1. Introduction
   1.2. Vision and strategic aims
   1.3. Commissioning principles
   1.4. Equality statement
   1.5. Scope of the strategy
   1.6. Priority groups
   1.7. Structures

2. National and Local Policy and Guidelines 15
   2.1 National policy
   2.2 Local policy
   2.3 Health reforms
   2.4 National and local guidelines

3. The Local Context 19
   3.1 Sexual Health Needs
   3.2 Overview of current service provision
   3.3 Developing the service model

4. Investing to Save 26

5. Stakeholder and Service User Involvement 28

6. Conclusion 29

7. Recommendations 30

8. Next Steps 32

Glossary 33
References 34
Acknowledgements

We would like to thank the members of the Barnsley Sexual Health and HIV Strategy Group who contributed to the development of this document. The Group includes representatives from NHS Barnsley, Barnsley Hospital NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust, Barnsley Metropolitan Borough Council, The Health Protection Agency, voluntary and community groups.

We would also like to thank the Public Health Intelligence Team for their contribution to the Health Needs Assessment, and The Campaign Company for their work on the mapping and insight report on sexual health services in Barnsley, and all the staff and service users who participated in the social marketing research.

Report Authors

Richard Hart Public Health Specialist Nurse
Emma White Public Health Programme Manager

Public Health Directorate
Barnsley Metropolitan Borough Council
Foreword

We continue to place sexual health and wellbeing as a major public health priority in Barnsley.

The Sexual Health and Wellbeing Strategy has been produced to inform our approach to improving the sexual health of the local population, and to reduce sexual health inequalities between the general population and defined vulnerable groups.

It is important that, despite the national reforms to the commissioning landscape for sexual health services and increasing constraints on public sector funding, we continue to work together to address our priorities, improve productivity and performance, drive up quality and meet performance targets. Barnsley has a long history of partnership working on improving sexual health services. These partnerships will be crucial to ensure that we effectively use our resources to target our priorities and to meet our needs within the Borough.

I would like to thank the authors of the report and everyone involved in pulling together the Strategy.

I look forward to the implementation of the Strategy over the next 3 years, acknowledging the challenges faced by both commissioners and providers of services.

Sharon Stoltz
Acting Director of Public Health

Barnsley Metropolitan Borough Council
Executive summary

Background

Sexual health is a major public health issue. Sexually transmitted infections (STIs) continue to rise with more than 1.5 million episodes of STIs seen in UK clinics every year and whilst there has been a steady national decline since 1998, teenage pregnancy rates remain high compared to other European countries (ONS, 2009, HPA, 2009).

Although sexual health affects a wide range of ages in the population, the burden of poor sexual health is not evenly distributed across society, but concentrated in key at risk groups. Young people, black and minority ethnic communities, men who have sex with men and people who are recently divorced or separated and establishing new sexual relationships, can be disproportionately affected by STIs. The age and gender structure of the population has important implications for sexual health and maternity services.

This Sexual Health and Wellbeing Strategy has been produced not only to address disease and infection but also to promote good sexual health and wellbeing in a wider context. It will inform our approach to improving the sexual health of the local population over the next three years (2013 – 2016), and implementation will be regularly reviewed by commissioning partners and may require revision in response to changing national or local policy/guidance.

The following recommendations are made to support the aims and objectives of the Barnsley sexual health and wellbeing strategy:

Recommendations

- **Improving quality**
The Barnsley Sexual Health Expert Partnership Group should work in partnership with commissioners and providers of sexual health services to develop locally agreed quality criteria to be included in all contracts for sexual health and contraception services

- **A competent sexual health workforce**
Commissioners and providers should work together to ensure that appropriate training is available to all local sexual health service providers, and that standards for a minimum level of competency are agreed for each level of service delivery in line with government recommendations, e.g. British Association for Sexual Health and HIV (BASHH)

- **Improve the experience and involvement of service users**
The Barnsley Sexual Health Expert Partnership Group should ensure that there is effective engagement of service users in the planning and delivery of sexual health services. This should include links to Healthwatch and working with the community and voluntary sector who may have access to specific groups in the community.
• **Communication**
   The Barnsley Sexual Health Expert Partnership Group should develop a communications plan with the aim of providing accessible, up to date and evidence based information, to health and social care professionals and the public. This should include social marketing methods to target specific sections of the population at risk of poor sexual health and links to alcohol consumption.

• **Performance**
   The Barnsley Sexual Health Expert Partnership Group should maintain an overview of performance against sexual health outcomes and contribute to the development and monitoring of service improvement plans.

• **Teenage Pregnancy**
   The Barnsley Sexual Health Expert Partnership Group should work in partnership with the Children’s Trust and support the efforts to reduce the incidence of teenage conceptions, by ensuring integration with the priorities identified in the Children and Young People’s Prospectus around teenage pregnancy.

• **Unintended Pregnancy (all ages)**
   Commissioning plans should include efforts to improve access to contraceptive advice, information and clinical services to reduce the incidence of unintended pregnancies.

• **Prevention, identification, management and control of sexually transmitted infections and HIV**
   Commissioners and providers of sexual health services should work together to ensure that there are evidence based initiatives in place, to promote good sexual health and develop integrated care pathways to support the identification, management and control of STIs.

• **Improve the diagnosis, treatment and care for people living with HIV**
   Strong links need to be established through the use of integrated care pathways between HIV specialist services, community and primary care services. This will help to ensure prompt referral of patients newly diagnosed in primary and community services, minimise the number of patients lost to follow-up and support continuity of care.

• **Improve access to HIV testing and reducing associated stigma**
   Continued efforts to increase the uptake of HIV testing among people attending STI clinics and maintaining a high uptake of HIV testing among women attending for antenatal care. Consideration should also be given to increasing access to HIV testing in community based settings to improve detection and earlier diagnosis.

• **Sexual violence and exploitation**
   The Barnsley Sexual Health Expert Partnership Group should establish effective links with the Barnsley Adult and Children Safeguarding Boards, to ensure that their policies take account of the issues of sexual harassment and violence and those at risk of sexual exploitation.
• Equality
The Barnsley Sexual Health Expert Partnership Group will develop/maintain effective links with groups who represent or work with socially isolated or stigmatised “at risk” people, including women who have sex with women, outreach work in the community and the priority groups highlighted earlier in this strategy.
1. Setting the Scene

1.1 Introduction

Sexual health is a major public health issue. Sexually transmitted infection (STI) rates have been rising steadily over the past few years with more than 1.5 million episodes of STIs seen in UK clinics every year.

Barnsley has a higher incidence of acute or new diagnoses of STIs than the national and regional averages. We continue to have high rates of unintended pregnancy and abortion. Barnsley’s teenage conception rate is higher than many other areas of the country and the number of repeat abortions is also high.

This Sexual Health and Well Being Strategy for Barnsley 2013 to 2016 sets out a ‘call to action’, and a framework for the commissioning and delivery of contraception and sexual health services to improve sexual health and reduce inequalities.

The strategy has been developed based on an extensive sexual health needs assessment (NHS Barnsley 2011), a mapping and insight report on contraception and sexual health services commissioned from The Campaign Company (NHS Barnsley 2011), and an evaluation report on the Go Get Info pilot involving young people (NHS Barnsley 2012). There has also been stakeholder engagement via the former Barnsley Sexual Health and HIV Strategy Group, the recently established Barnsley Sexual Health Expert Partnership Group, community groups and separate discussion with GP leaders.

1.2 What is Sexual Health and Wellbeing?

Sexual health is about all the aspects of health and wellbeing that are associated with sexual thoughts, feelings, behaviours and physical relationships and the impacts they have on people. Often sexual health is seen only in relation to negative physical outcomes such as unintended or unwanted pregnancies or STIs.

The World Health Organisation (2005) states that “sexual health is a state of physical, emotional, mental and social wellbeing related 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 one of the few aspects of health that affects most ages of the population. Sexual relationships are a basic human need and they can have a profound positive or negative effect on a person’s self-esteem and their relationships. The consequences of poor sexual health can be long term and have a detrimental impact on quality of life and wellbeing. The diagram below illustrates Painter and Adams holistic model of sexual health which acknowledges the relationships between a wide variety of factors that impact on sexual health.
1.3 Vision and strategic aims

Sexual health is not only concerned with disease or infection but with promoting good sexual health and wellbeing in a wider context in line with the WHO definition described earlier.

The vision for sexual health services in Barnsley is, therefore, built upon the belief that all people irrespective of age, ethnicity, ability, sexual orientation and lifestyle have the right to good sexual health.

The overall strategic aims of the sexual health and wellbeing strategy are:

- To improve the sexual health of the population of Barnsley
• To reduce sexual health inequalities between the general population and vulnerable and socially disadvantaged groups who are most at risk of poor sexual health
• Reducing the number of under-18 conceptions

We will achieve these overall aims by:

• Improving sexual health promotion and disease prevention interventions
• Reducing the number of unintended conceptions (all ages)
• Providing accessible and equitable abortion services
• Reducing the stigma (real or perceived) associated with STIs and HIV
• Reducing the transmission of HIV and sexually transmitted infections
• Reducing the prevalence of undiagnosed HIV and sexually transmitted infections
• Improving the diagnosis, treatment and social care for people living with HIV
• Ensuring that the workforce can deliver modern, integrated sexual health services
• Improving links to other relevant strategies such as the teenage pregnancy strategy and alcohol strategy

1.4 Commissioning principles

Sexual health services in Barnsley are expected to work within the following commissioning framework:

• Meet the current and projected needs of the local population
• Be positioned where they are needed the most to reduce health inequalities
• Involve service users in service development and evaluation
• Be free and confidential
• Be delivered in a variety of clinical and community settings so that people can use the service of their choice
• Be easy to access
• Reduce waiting times with no unnecessary waiting
• Be developed in line with patient need including locations and timings of services
• Encourage and empower service users to take responsibility for their own sexual health and support them to make healthy choices, particularly around risk taking behaviour
• Treat all service users with dignity and respect
• Offer prevention and treatment that is evidence based and consistent across services
• Be cost effective
• Consistent approach to promote integrated services
• Access to high quality services regardless of location

1.5 Equality Statement

We are committed to ensuring that services are commissioned and provided to all and this strategy will not discriminate anyone on the grounds of:

• Race
• Ethnic origin
• Nationality
• Gender
• Culture
• Religion or belief
• Sexual orientation
• Age
• Disability

Contraception and sexual health services and information should be accessible, appropriate and available to all regardless of the above. Actions to ensure this will be included in the implementation plan for this strategy.

There is a clear relationship between sexual ill-health, poverty and social exclusion. Some of the more marginalised groups may require assistance in accessing services. These may include:

• Young people under 25 years
• Young women at increased risk of teenage pregnancy
• Young people not in education, training or employment
• Asylum seekers and refugees
• Black and minority ethnic groups
• Single homeless people
• Men who have sex with men
• Lesbian women
• Sex workers
•Injecting drug users
• People with learning difficulties (see Physical/Sensory Impairment and HIV Strategy, 2012-2015, BMBC)
1.6 Scope

This strategy covers the sexual health and wellbeing needs of Barnsley’s whole population. It is intended to cover the next three years (2013 – 2016) and will be regularly reviewed by the commissioning partners to ensure that it remains appropriate and is being implemented. The scope and focus of the strategy may require revision in response to changing national or local policy/guidance.

This strategy covers the following areas:

- Sexual health promotion including prevention of STIs
- Community contraception and sexual health services
- Genitourinary Medicine clinics
- Primary Care (including General Practice and Pharmacies)
- Abortion services
- Chlamydia screening
- HIV testing, treatment and care
- Teenage pregnancy prevention
- Social care
- Carers in the community

Commissioning sexual assault services will be the responsibility of the NHS Commissioning Board.

It will be important to ensure an integrated approach to commissioning through the Barnsley Health and Wellbeing Board and by making links with relevant strategies. For instance, linking with the Barnsley Community Safety Partnership, so that Barnsley residents who have experienced sexual assault receive appropriate support and counselling.

1.7 Priority Groups

Based on the Barnsley Sexual Health Needs Assessment and the mapping and insight report commissioned to inform the sexual health and wellbeing strategy, the following groups have been identified as requiring prioritised work to reduce sexual health inequalities.

- Young people aged 16 to 24, as sexually transmitted infections remain one of the most important causes of illness due to infectious disease.
- People from the Lesbian, Gay, Bisexual and Transgender community
- People from Black and Minority Ethnic Groups in particular Sub-Saharan African communities
• Vulnerable groups who may be more at risk either because of lifestyle choices such as sex workers and injecting drug users or because of concerns / difficulties in accessing services e.g. people over 50 and homeless people. In addition there may be people at additional risk of exploitation because of life circumstances e.g. people with learning difficulties, victims of sexual assault or domestic abuse

• Notwithstanding the changing demographics due to an aging population, people with long term conditions such as HIV are living longer due to improved treatments which will undoubtedly result in increasing treatment and care needs.

Nationally, teenage binge drinking is a growing concern, with adolescents in the United Kingdom (UK) ranked in the top five of thirty countries for measures of alcohol misuse. There is increasing evidence of a link between excessive intake of alcohol and poor sexual health (RCP 2011).

While UK data is sparse, a relationship has been detected between teenage conceptions and teenage hospital admission rates for alcohol harm (Bellis et al., 2009).

1.8 Structures

The Director of Public Health will be responsible for influencing the local Joint Health and Wellbeing Board who will ensure that there are mechanisms in place to deliver comprehensive services. These will need to meet local needs, target all ages, be informed by relevant guidance and developed in collaboration with relevant clinical services. Health and Wellbeing Boards in conjunction with Directors of Public Health will be required to develop strategies for delivering sexual health and teenage pregnancy prevention and treatment services, which are informed by local needs and are assessed on an annual basis as part of the Joint Strategic Needs Assessment.

Under the new commissioning landscape, Barnsley Metropolitan Borough Council, NHS Barnsley Clinical Commissioning Group and the NHS Commissioning Board South Yorkshire and Bassetlaw Area Team, all have roles in commissioning aspects of contraception, sexual health, abortion services and HIV treatment and care to meet the needs of the local population.

Whilst the lead for commissioning sexual health and contraception services for Barnsley sits with the Public Health Team in the Public Health Directorate, close co-ordination is required with the Children, Young People and Families Directorate to ensure there is an integrated approach with the teenage pregnancy prevention and support strategy and with the Joint Commissioning Unit to ensure linkages to support services for people living with HIV. It will also build on the links with Health Watch to enable service users and carers to shape services for the future and strengthen existing relationships with the council’s Adult Boards.

Barnsley has a well-established Sexual Health Expert Partnership Group (SHEP) made up of both commissioners and providers of sexual health services. The
inclusive nature of this group gives members the opportunity to share information and identify areas where further service development is required. Barnsley also benefits from being part of the Yorkshire and Humber Sexual Health Network which supports commissioners and providers to work together to improve sexual health.

A range of public, private and community and voluntary organisations are involved in the provision of services.

These structures will need to be kept under review in the light of the reforms to the NHS being introduced by the coalition government and the changing commissioning landscape.
2. National and Local Policy and Guidelines

2.1 National policy

There has been a demonstrable improvement to contraception, sexual health and abortion services over the last decade driven by a number of national policy documents. The key documents are outlined below:

- National Strategy for HIV and Sexual Health (DH 2001)
- National Teenage Pregnancy Strategy (DH 1999)
- Effective Commissioning of Sexual Health and HIV Services (DH 2003)
- Choosing Health (DH 2004)
- Healthy Lives, Healthy People: our strategy for public health in England (DH 2010)
- “You’re Welcome” quality criteria: making health services young people friendly (DH 2011)

Improving sexual health is a key national public health priority (Healthy Lives, Healthy People, Department of Health, 2010), and its inclusion in the Public Health Outcomes Framework provides an ideal opportunity to review and refresh our local strategy.

2.2 Local policy

This strategy will seek to develop links to other local strategies which impact on sexual health and wellbeing and inequalities. For example:

- Joint Strategic Needs Assessment - Health and Wellbeing Boards in conjunction with Directors of Public Health are required to develop a sexual health strategy with commissioners which is informed by local needs. The joint strategic needs assessment will need to be reviewed on an annual basis to ensure that sexual health is included and up-to-date.

- Children and Young People’s Prospectus – Raising aspiration and developing enterprising behaviour are the foundations for tackling health, deprivation and social concerns through the Children and Young People’s Plan. The focus remains on shifting from dealing with the consequences of difficulties in children’s lives to early intervention, effective prevention and safeguarding children.

- Child and Family Poverty Strategy – Sexual health does not affect young people and families equally and higher rates of STIs can be found in areas that experience generally poor health with associated inequalities. Poor use of contraception can also increase health inequalities and poor long-term outcomes for young parents and their children, for instance, teenage pregnancies and repeat abortions.

- Teenage Pregnancy Strategy - Addressing teenage pregnancy alongside work to reduce sexually transmitted infections is a government and public
health priority. Access to contraceptive and sexual health services, advice and clear messages about using both a condom and the most appropriate effective contraception is necessary to achieve both outcomes. Alongside this, good Sex and Relationships Education (SRE) taught by trained professionals gives children and young people the knowledge and life skills to resist peer, partner and media pressures and to understand issues such as sexual consent and responsibility.

- Alcohol Strategy – there are significant issues with alcohol use where “binge” drinking can put people at higher risk of sexual activity that they might later regret, unprotected sex and possibly sexual exploitation.

2.3 Health reforms

Public health in local government (DH, December 2011) states that local authorities will become responsible for commissioning comprehensive, open-access, accessible and confidential contraception services and services for the testing and treatment of STIs.

The transfer of commissioning arrangements offers opportunities to integrate sexual health provision with links to wider services, such as those for alcohol and drugs and targeted to groups at risk of poor sexual health.

However, it is also important to understand that sexual health services will need to be commissioned within the context of a broader sexual health system that includes NHS Barnsley Clinical Commissioning Group, the NHS Commissioning Board South Yorkshire and Bassetlaw Area Team, Public Health England, clinical leaders and a range of providers of sexual health services. The core functions of the sexual health system include the following commissioning roles:

**Local Authority**

HIV Social Care
Community Safety in relation to Sexual Violence and exploitation
Relevant contraception and STI schemes from primary care (an additional element to the GP contract)
Open access sexual and reproductive health services
HIV Post Exposure Prophylaxis
HIV testing to enable early diagnosis and treatment
Specific elements of psycho sexual counselling
Sexual health promotion services
NHS Commissioning Board

HIV specialist inpatient and outpatient treatment
Procurement and provision of Anti Retroviral Treatment (ART)
Sexual Assault Referral Centres (SARCS)
Primary Care contracting for the GP contract
Sexual health care for people in custody or the military

NHS Barnsley Clinical Commissioning Group
Care of people with HIV and co-morbidities
Non-sexual health elements of psycho-sexual counselling
Sterilisations and vasectomies
Elements of contraception in the GP contract
Termination services

2.4 National and local guidelines

There are a range of national standards and clinical guidelines which organisations and clinical staff working within them are expected to adhere to. Once guidance is published, health professionals are expected to take it into account when exercising their clinical judgment. The following lists some of the key guidance issued by national professional bodies which is related to sexual health:

- British Association for Sexual Health and HIV (BASHH), Standards for the Management of Sexually Transmitted Infections 2010
- Faculty of Sexual and Reproductive Healthcare, Service Standards for Reproductive Sexual Healthcare, 2011
- Time to test for HIV: Expanding HIV testing in healthcare and community services in England, Health Protection Agency, 2011
- HIV in Primary Care, Medical Foundation for AIDS and Sexual Health, 2011

Current NICE guidance relating to sexual health and wellbeing includes:

- Prevention of Sexually Transmitted Infections and under 18 conceptions - One to one interventions to reduce the transmission of Sexually Transmitted Infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups (2007)
• Behaviour Change – The most appropriate means of generic and specific interventions to support attitude and behaviour change at population and community levels (2007)

• Pregnancy and complex social factors – A model for service provision for pregnant women with complex social factors (2010)

• Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among men who have sex with men (2011)

• Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among black African communities living in England (2011)

• Alcohol-use disorders - preventing harmful drinking (2010)
3. The Local Context

3.1 Sexual Health Needs

Although sexual health affects all ages in the population, the burden is not evenly distributed across society, as young people, black and minority ethnic communities, men who have sex with men and people who are recently divorced or separated, can be disproportionately affected by STIs. The age and gender structure of the population has important implications for sexual health and maternity services.

Young people in the UK are more sexually active than in most other countries in the developed world (Unicef, 2007). Sexually transmitted infections (STIs) continue to rise and whilst there has been a steady national decline since 1998, teenage pregnancy rates remain high compared to other European countries (ONS, 2009, HPA, 2009) and Barnsley is ranked the 47th most deprived local authority area by the Index of Multiple Deprivation (2010) Rank of Average Score.

A detailed Sexual Health Needs Assessment and a Service Mapping and Insight report were carried out in 2011. Full copies of the reports are available from the Public Health Directorate (contact details on back page).

Key Findings from the Mapping and Insight Report include:

- The location and co-location of services offering holistic integrated services may be of benefit to both providers and services users.
- Findings show that once a person has used a service they are more likely to view this as a trusted source of information.
- Increasing the availability of services outside normal working hours and over the weekend in areas outside the town centre would also improve access to these services.
- Educational settings are key to providing sexual health advice and information about local services. This has already had a positive impact on levels of knowledge amongst young people and needs to be sustained.
- Many service users initially seek information via the internet or through social networking. Maintaining an up-to-date presence through these mediums with information about the range of services available, opening times and sexual health advice would be beneficial to both service users and stakeholders.

Key findings from the Sexual Health Needs Assessment include:

- Chlamydia remains one of the most prevalent STIs in the community and due to the successful implementation of the National Chlamydia Screening Programme (NCSP) there has been a substantial increase in the number of diagnoses. In time, this will lead to a subsequent decrease in the prevalence of chlamydia among 16-24 year olds in Barnsley.
• Other STIs in Barnsley, such as genital warts remain higher than the Yorkshire and Humber average.

• The rates of gonorrhoea continue to fluctuate, with the 16-19 and 20-24 age groups accounting for over 50% of the diagnoses. The fluctuation is due to the small numbers involved hence changes in rates of diagnosis need to be treated with caution. However, although actual numbers are not high, the decreasing susceptibility to frontline antimicrobials/antibiotics is a great cause for concern.

• Syphilis, although one of the less common STIs in the UK, has recently re-emerged, particularly amongst Men Who Have Sex With Men (MWHSWM)

• It is estimated that nationally a third of all HIV in the community is undiagnosed and there is a worrying national trend in the increase in newly diagnosed cases in gay men. Whilst Barnsley remains an area of low known prevalence, there is a steady increase in new cases. Ensuring early diagnosis and access to treatment services remains paramount as this usually means less complications for the patient and reduces the risk of ongoing transmission.

• Even though the under 18 conception rates have reduced in Barnsley since 1998, they remain higher than regional and national averages with some Barnsley electoral wards having rates twice the national average.

• Barnsley has a significantly lower percentage of under-18 year olds terminations performed under 10 weeks gestation when compared to the England average. This is an important quality standard and a lower number of procedures carried out under 10 weeks gestation could potentially indicate problems with access to services or undue delays in the pathway of care. Therefore there is likely to be some scope for improving early access to terminations for young people.

• Barnsley has a higher than average rate of repeat terminations in the under 25s compared to Yorkshire and Humber.

Table 1 below shows the rate of diagnosis of STIs for Primary Care Trusts in the Yorkshire and Humber region., excluding Chlamydia. The greatest incidence of STI in Barnsley is genital warts.
In general, it is likely that the continuing high levels of unsafe sexual behaviour have contributed to these overall rises in STIs although other factors such as increased screening/testing and using sensitive tests have also made a significant contribution.

Local surveillance of sexual health data and needs assessments inform the Joint Strategic Needs Assessment (JSNA) which analyses the health needs of populations to advise and guide the commissioning of health, well-being and social care services within Barnsley. The JSNA is refreshed on a regular basis and underpins the health and well-being strategy for Barnsley, including the latest data around sexual health. Further detail and information on the JSNA can be obtained through the Public Health Directorate (see back page for contact details).

### 3.2 Overview of current service provision

A range of providers are commissioned by NHS Barnsley to deliver contraception, sexual health, abortion, HIV treatment and sexual health and HIV prevention work.

These are broadly delivered by

- Genito-Urinary Medicine (GUM) and gynaecology services at Barnsley Hospital National Foundation Trust
- Contraceptive and Sexual Health (CASH) services provided by South West Yorkshire Partnership NHS Foundation Trust in community settings
- GP practices
• British Pregnancy Advisory Service
• Voluntary and Independent sector
• Health and Wellbeing Centres in Advanced Learning Centres

More detail on local sexual health services can be found in NHS Barnsley’s Sexual Health Services – Mapping and Insight Report, 2011. This is available from the Directorate of Public Health on request.

The surveys carried out to obtain the views of service users showed a high level of satisfaction with the services being provided. In particular once a person has used a service they view that service as a trusted source of information and state that they are likely to use the service again and recommend it to their peers. The importance of privacy and confidentiality were stressed by all service users and some suggestions were made for how to introduce some small changes that would improve service users’ experience.

The mapping of services has shown that there can be reduced access to services outside of the town centre and during the evening and at weekends. The service user survey’s showed mixed views about the location of services. Some service users preferring to travel further from home which they felt provided greater privacy and confidentiality. The availability of drop-in clinics and same day appointments were seen as significant and positive improvements by some service users whilst others, particularly those in full-time work, suggested the introduction of more evening appointments or Saturday morning opening times. A suggestion was made around offering men-only clinics which is viewed as a positive way of removing potential barriers to access, particularly for young male service users.

There is potential for exploring new opportunities for the delivery of services to improve access and choice, e.g. through pharmacies, etc

3.3 Developing the service model

There is a need to maintain and establish well commissioned, funded and co-ordinated sexual health programmes, which are focused on helping people to maximise their sexual health and reduce inequalities. Sexual health services in Barnsley will:

• Be targeted at those communities which need them most
• Be co-ordinated through the use of integrated care pathways across NHS providers including GP practices and community pharmacies, local authority, community and voluntary sector
• Ensure good access to sexual health and contraception information and services through a variety of methods including printed and web based information, face to face services and making the best use of new information technologies and approaches such as social marketing
• Provide easy access to STI testing and other clinical services
• Support the promotion of testing for HIV infection and recognition of HIV as a long term manageable condition
• Be staffed by appropriately trained and competency assessed health and social care professionals to ensure equity of service provision across all providers
• Be linked with other health and well-being initiatives such as alcohol and drug education programmes

In future sexual health and contraception services will be increasingly delivered from community based settings that improve access, appropriate skill mix and efficiency. These community based services will be underpinned by outreach services delivering sexual health education and services targeted to particular groups who may not access services in traditional settings. This shift to community delivered services will require some service redesign and modernisation in partnership with hospital based GUM services, which will need to change their role to focus on providing care to those patients with more complex needs. This shift will need to be underpinned by the development of integrated care pathways.

Sexual health and contraception services in Barnsley will be commissioned based on the national model set out in Effective Commissioning of Sexual Health and HIV Services (DH, 2003). This is characterised by integrated sexual health provision based on a three-tiered model which allows for both the development of nurse-led services with appropriate medical support and for the maximisation of specialist skills. This skill mix is especially important at levels 1 and 2.

Figure 2 below shows an example of an integrated pathway based on the 3 tiered model.
Level One
- Sexual history taking, risk assessment and sign posting
- Substance misuse history where appropriate
- Asymptomatic STI testing and treatment (men and women)
- Provision of full range of contraception (excluding LARC)
- Simple’ partner notification
- HIV testing (including pre-test discussions and giving results)
- Pregnancy testing and counselling
- Referral for termination of pregnancy
- Provision of hormonal emergency contraception
- Condom provision
- Screening and vaccination for Hepatitis B
- Contraceptive and STI prevention information and advice
- Health promotion on lifestyle and related issues, e.g. alcohol use
- IUD/ IUS routine follow up
- Pre-conceptual advice
- Chlamydia screening
- Sexual abuse assessment and referral/child protection

Level Two
- Intrauterine device/ system (IUD and IUS) insertion and /removal
- Emergency IUDs
- Symptomatic STI testing and treatment (men and women/non-complex)
- Counselling and referral for vasectomy
- Contraceptive implant insertion and removal
- Management of psychosexual problems and management of organic sexual dysfunction
- Provide specialist advice and support to other professionals
- Contact tracing and partner notification

Level Three
- Supporting provider quality, teaching and training and ensuring clinical governance for the management of contraception and STI, level 1 and 2
- Provision of termination of pregnancy services
- Specialist contraception/STI management/complex medical conditions
- Colposcopy and outpatient treatment
- outreach to vulnerable groups (via voluntary sector, family learning centres)
- Termination of pregnancy services
- Difficult IUD/IUS insertion and removal
- Difficult implant removal
- Specialist services for ‘at risk groups’ e.g. young people, gay men, sex workers, BME, LAC etc
- Genital dermatoses
- Psychosexual/erectile dysfunction services
- Provision and follow-up of post-exposure prophylaxis for HIV
N.B. The three-tiered services above will need to link seamlessly with specialist HIV treatment services commissioned through the NHS Commissioning Board

The commissioning intention is to increase the proportion of Level 1 and Level 2 services provided in community settings. Community clinics have been extending their role in STI screening and the management of uncomplicated STIs. Going forward it is expected that specialist teams located at GUM clinics will focus on patients with complex, chronic or intensive needs, particularly in relation to treating clients with HIV and complex STIs. Community contraception and sexual health clinics will continue to have a role in providing some Level 3 services, particularly for specialised contraception and for the co-ordination, teaching and training of Level 2 providers. This approach will maximise the potential of available resources and ensure that the right provision is provided to the right people in the right place at the right time.
4. Investing to Save

Given the present economic climate and current and potential future pressures on public services finances it is imperative that contraception, abortion and sexual health services, including sexual health promotion and disease prevention programmes, are cost effective and deliver measureable outcomes.

It is recognised that investing in sexual health services can deliver cost savings through preventing unintended conceptions (and the costs associated with maternity and abortion services) and reducing the prevalence of STIs.

It is estimated that for every £1 invested in contraception services to prevent an unplanned conception, can save the NHS £11 (DH, 2003). The average cost of contraceptive failure has been calculated to be at least £1800 when the costs of maternity (live births and miscarriages) and abortions are taken into account. Contraceptive services save at least £2.5 billion per year (DH, 2003).

Using simple economic modelling for Barnsley, if we were to avert 10% of the abortions in the under 25’s for 2011, this would equate to approximately 31 fewer abortions. On the basis of 50% are medical and 50% are surgical this could be a saving in the region of £12,000 and £10,000 respectively, a total of £22,000 each year (see box below for 2007-2008 reference costs).

If we were to reduce unplanned teenage conceptions by 10% this would equate to approximately 15 pregnancies and 9 abortions prevented, there could be a saving in the region of £47,000.

<table>
<thead>
<tr>
<th>NHS Reference costs 2007-08 (NICE, 2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical abortion (elective) = £827</td>
</tr>
<tr>
<td>Medical abortion (elective) = £618</td>
</tr>
<tr>
<td>Cost of maternity care = £2,692</td>
</tr>
<tr>
<td>Cost of PID = £2,846</td>
</tr>
<tr>
<td>Miscarriage = £359</td>
</tr>
<tr>
<td>Ectopic pregnancy = £1577</td>
</tr>
<tr>
<td>Still birth = £1,923</td>
</tr>
</tbody>
</table>

* 2011/12 NHS reference costs would be even greater

HIV and other STIs put a significant burden on resources. The HPA (2012) estimates that the lifetime costs for a person living with HIV is about £280,000 - £360,000. Early diagnosis can prevent onward transmission of HIV making this a saving for every individual prevented from infection. The direct cost of treating other STIs is estimated to be at least £170 million a year in the UK and this does not include the costs of managing complications.

This does not take into account any other social costs or other savings as a result of preventing an STI or unplanned pregnancy.

The evidence suggests that commissioners of sexual health services can ensure value for money by focusing on the following high impact changes:
• Achieving a reduction in unintended conceptions and repeat abortions through better access to the most effective methods of contraception

• Raising awareness of the advantages of Long Acting Reversible Contraception (LARC) and providing training to health professionals to increase uptake

• Improved prevention and early diagnosis of STIs through increasing screening and easier access to services and diagnostic testing. Efforts need to be targeted to high risk groups.

• Ensuring that there is an appropriately trained and competency assessed sexual health workforce with an emphasis on making every contact with health professionals count, including taking the opportunity to talk about sexual health matters and risk taking behaviour e.g. excessive alcohol consumption during consultations on other issues

These changes will also ensure quality of provision for service users.
5. Stakeholder and Service User Involvement

The strategy has been developed based on an extensive sexual health needs assessment (NHS Barnsley 2011), a mapping and insight report on contraception and sexual health services commissioned from The Campaign Company (NHS Barnsley 2011), and an evaluation report on the Go Get Info pilot involving young people. There has also been stakeholder engagement via the Barnsley Sexual Health and HIV Strategy Group and separate discussion with GP Commissioners.

In addition an early draft of the strategy was shared with members of the Barnsley Child Health Programme Board for their insights and links to child poverty and work to tackle teenage pregnancy.
6. Conclusion

Sexual health and wellbeing is not just about STIs and unintended or unwanted pregnancies. Instead it can be seen as a complex and sensitive issue influenced by culture, religion, poverty, deprivation and the wider structures of society.

The Sexual Health and Wellbeing Strategy for Barnsley sets out a ‘call for action’ and provides a framework for work to improve sexual health outcomes across the Borough. It aims to build on existing partnerships and best practice through the Sexual Health Expert Partnership Group.

The challenges faced are considerable and it is recognised that many of the changes required to improve sexual health outcomes are complex and may take years to achieve.

It is important that, despite the national reforms to the commissioning landscape for sexual health services and increasing constraints on public sector funding, we continue to work together to address our priorities, improve productivity and performance, drive up quality and meet performance targets. Barnsley has a long history of partnership working on improving sexual health services. These partnerships will be crucial to ensure that we effectively use our resources to target our priorities and to meet our needs within the Borough.
7. Recommendations

The following recommendations are made to support the aims and objectives of the Barnsley sexual health and wellbeing strategy:

- **Improving quality**

  The Barnsley Sexual Health Expert Partnership Group should work in partnership with commissioners and providers of sexual health services to develop locally agreed quality criteria, to be included in all contracts for sexual health and contraception services.

- **A competent sexual health workforce**

  Commissioners and providers should work together to ensure that appropriate training is available to all local sexual health service providers, and that standards for a minimum level of competency are agreed for each level of service delivery in line with government recommendations, e.g. British Association for Sexual Health and HIV (BASHH).

- **Improve the experience and involvement of service users**

  The Barnsley Sexual Health Expert Partnership Group should ensure that there is effective engagement of service users in the planning and delivery of sexual health services. This should include links to Health Watch and working with the community and voluntary sector who may have access to specific groups in the community.

- **Communication**

  The Barnsley Sexual Health Expert Partnership Group should develop a communications plan with the aim of providing accessible, up to date and evidence based information to health and social care professionals and the public. This should include social marketing methods to target specific sections of the population at risk of poor sexual health and links to alcohol consumption.

- **Performance**

  The Barnsley Sexual Health Expert Partnership Group should maintain an overview of performance against sexual health outcomes and contribute to the development and monitoring of service improvement plans.

- **Teenage Pregnancy**

  The Barnsley Sexual Health Expert Partnership Group should work in partnership with the Children’s Trust, and support the efforts to reduce the incidence of teenage conceptions by ensuring integration with the priorities identified in the Children and Young People’s Trust Prospectus around teenage pregnancy.
• **Unintended Pregnancy (all ages)**
Commissioning plans should include efforts to improve access to contraceptive advice, information and clinical services to reduce the incidence of unintended pregnancies.

• **Prevention, identification, management and control of sexually transmitted infections and HIV**
Commissioners and providers of sexual health services should work together to ensure that there are evidence based initiatives in place to promote good sexual health and develop integrated care pathways to support the identification, management and control of STIs.

• **Improve the diagnosis, treatment and care for people living with HIV**
Strong links need to be established through the use of integrated care pathways between HIV specialist services, community and primary care services. This will help to ensure prompt referral of patients newly diagnosed in primary and community services, minimise the number of patients lost to follow-up and support continuity of care.

• **Improve access to HIV testing and reducing associated stigma**
Continued efforts to increase the uptake of HIV testing among people attending STI clinics and maintaining a high uptake of HIV testing among women attending for antenatal care. Consideration should also be given to increasing access to HIV testing in community based settings to improve detection and earlier diagnosis.

• **Sexual violence and exploitation**
The Barnsley Sexual Health Expert Partnership Group should establish effective links with the Barnsley Adult and Children Safeguarding Board to ensure that their policies take account of the issues of sexual harassment and violence, and those at risk of sexual exploitation

• **Equality**
The Barnsley Sexual Health Expert Partnership Group will develop/maintain effective links with groups who represent or work with socially isolated or stigmatised “at risk” people, including women who have sex with women, outreach work in the community and the priority groups highlighted earlier in this strategy.
8. Next Steps

The Sexual Health Expert Partnership Group will continue to draw its membership from both commissioners and providers of sexual health services and will act as the focus point for sexual health and wellbeing and related issues across Barnsley. It will provide expert advice to Barnsley Metropolitan Borough Council, the NHS Barnsley Clinical Commissioning Group, the NHS Commissioning Board Area Team and the Barnsley Joint Health and Wellbeing Board as appropriate. Implementation will be overseen by the public health sexual health commissioning leads reporting to the Director of Public Health.

In particular, the Sexual Health Expert Partnership Group will:

- Develop an action plan based on the priority areas and recommendations within the strategy, which will incorporate the transition of some commissioning functions to the Local Authority
- Contribute to identifying and developing measureable indicators and outcomes under the Public Health Outcomes Framework and Joint Health and Well Being Strategy.
- Ensure that there are clear lines of accountability to the Joint Health and Wellbeing Board via the Director of Public Health.
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASHH</td>
<td>British Association for Sexual Health and HIV</td>
</tr>
<tr>
<td>BME communities</td>
<td>All subgroups of the population not indigenous to the UK who hold cultural traditions and value derived, at least in part, from their countries of origin</td>
</tr>
<tr>
<td>C Card scheme</td>
<td>A scheme run by Barnsley CASH which provides free condoms</td>
</tr>
<tr>
<td>CASH</td>
<td>Contraception and Sexual Health</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Refers to self identification with a group of people who share characteristics such as skin colour, language, religion, place of birth, food and behaviour. However, it is fluid and individuals many perceive their ethnicity differently over time</td>
</tr>
<tr>
<td>GUM clinic</td>
<td>Genitourinary medicine clinics.</td>
</tr>
<tr>
<td>IUD/IUS</td>
<td>Intrauterine Device / Intrauterine System</td>
</tr>
<tr>
<td>Holistic</td>
<td>All encompassing. Consideration of the complete person or system and not just some aspects or parts</td>
</tr>
<tr>
<td>LAC</td>
<td>Looked After Children (Children in Care of Local Authority)</td>
</tr>
<tr>
<td>LARC</td>
<td>Long Acting Reversible Contraception</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual, Transgender</td>
</tr>
<tr>
<td>Safer sex</td>
<td>The term is used to specify sexual practices and sexual behaviours that reduce the risk of contracting and transmitting sexually transmitted infections, especially HIV</td>
</tr>
<tr>
<td>SRE</td>
<td>Sex and Relationships Education in schools</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually transmitted infections</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
References

Barnsley Joint Strategic Needs Assessment
Department of Health (2003) Effective Commissioning of Sexual Health and HIV Services
Department of Health (2003) Effective Commissioning of Sexual Health and HIV Services
Department of Health (2011) Public Health in Local Government: commissioning responsibilities
Health Protection Agency (2011) HIV in the United Kingdom Report
Health Protection Agency (2011) Time to test for HIV: expanding HIV testing in healthcare and community services in England
NHS Barnsley (2011) Sexual Health Needs Assessment
NHS Barnsley (2011) Sexual Health Services – Mapping and Insight Report
NHS Barnsley Year 10 Survey
NHS Yorkshire and the Humber Delivering Healthy Ambitions Better for Less: commissioning for Sexual Health www.healthyambitions.co.uk/betterforless
A Strategy For Sexual Health & Wellbeing In Barnsley 2013-2016

Produced by:

Public Health Directorate
Barnsley Metropolitan Borough Council
PO Box 634
Barnsley
S70 9GG

Web: http://www.barnsley.gov.uk