

# Sexual & Reproductive Health & HIV

## Crucial Issues for Health Joint Strategic Needs Assessments & Local Health & Wellbeing Strategies

### Executive Summary

In the coming months every Local Authority will need to:

- complete a Health Joint Strategic Needs Assessment (JSNA)
- establish a Health & Wellbeing Strategy & investment plan
- prepare to commission public health services.

Sexual & reproductive health & HIV should be a priority area within the JSNA, & in the Health & Wellbeing Strategy, for the following reasons.

- Local Authorities will have a mandated responsibility to commission comprehensive, open access sexual health services<sup>1</sup>.
- The Public Health Outcomes Framework, which sets the national & local strategic direction for public health, includes three indicators for sexual & reproductive health & HIV<sup>2</sup>.
- Improving sexual health services has been identified by the public as one of the three most important public health issues.
- There has been major progress in modernising sexual & reproductive health services, with evidence that investment brings health improvement, but this progress is vulnerable, especially with the transition of commissioning arrangements.
- England still has some of the highest rates of poor sexual & reproductive health in Europe.
- There are significant further opportunities for innovation in sexual & reproductive health & HIV service delivery to improve integration, deliver better outcomes for communities & offer cost savings for local government, for example by reducing demand for social care.
- Getting it right for sexual & reproductive health & HIV will provide benefits for public health across the whole population.

<sup>1</sup> From 2013, local authorities will become responsible, on a mandated basis, for commissioning comprehensive open-access accessible & confidential contraception & sexually transmitted infections (STIs) testing & treatment services, for the benefit of all persons of all ages present in the area. The mandate also includes sexual health promotion & disease prevention. (*Department of Health (2011) Public Health in Local Government. Factsheets.*)

<sup>2</sup> Department of Health (2012). *Improving Outcomes & Supporting Transparency. Part 1: A Public Health Outcomes Framework for England, 2013–2016.*

# 1. The Benefits of Improving Sexual & Reproductive Health & Preventing HIV

## Health benefits

Early diagnosis & treatment of Sexually Transmitted Infections (STIs) reduces the risk of costly complications & onward transmission. There are also health benefits from people with HIV being diagnosed & starting treatment earlier, minimising the use of NHS & social care services.

Prevention of unintended pregnancies & control over reproductive choices preserves good mental & psychosexual health.

## Health economic benefits

There is strong evidence that investment in sexual & reproductive health & HIV services will reduce future costs to the NHS & to local authority public health budgets.

- Prompt access to high quality sexual health clinical & health promotion services will reduce the onward transmission of sexually transmitted infections (STIs), preventing avoidable expenditure.
- Over £100m in health costs could be saved annually across the country by increasing the use of long acting reversible contraception (LARC).
- The health cost of providing lifetime treatment for people with HIV is increasing nationally by £1 billion each year. Each time a person is prevented from getting HIV the NHS saves over £350,000.
- People whose HIV is undiagnosed are at particular risk of passing on HIV, & those diagnosed late in the course of their infection are more costly to treat. Reducing the proportion of HIV infections diagnosed late therefore offers significant health economic benefits.
- For every £1 spent on contraceptive services, the net gain to the NHS has been estimated to be £11.

## Reducing local health inequality

Poor sexual & reproductive health is much more common among people who already experience inequality associated with their age, gender, ethnicity, sexuality, or economic status. It also affects a significant number of people who have other public health problems, in particular alcohol & drug misuse & violence. The stigma still attached to HIV, poor sexual health &/or teenage parenthood compounds such inequalities.

## Impact on local societal & economic wellbeing

The local societal cost of poor sexual & reproductive health is significant:

- Teenage parenthood reduces the life chances of young people & perpetuates social exclusion.
- Women older than teenagers may have career paths that can be interrupted by unintended pregnancy.
- Some STIs, if left undiagnosed, cause long term & life threatening complications, including cancers.
- Failure to diagnose HIV infection early leads to avoidable serious illness, avoidable use of social services & NHS services, & early death.
- HIV is now a long term condition thanks to effective treatments, but the increasing numbers of older people with HIV have higher levels of dependence on welfare benefits & social services, & higher levels of ill health & co-morbidities than the general population.
- Levels of need can vary between local wards, with some areas experiencing very high levels of teenage pregnancy & sexually transmitted infections, & other wards experiencing lower levels.

## Prevention through behaviour change & clinical services

Unintended pregnancy, STIs & HIV are avoidable by changing behaviour. Unlike many other conditions affecting public health, STIs & HIV are transmissible, so the benefits of prevention extend beyond the individual. Good quality prevention work, prompt treatment, & partner notification to reduce onward transmission bring rapid benefits to the public purse, the individual, & the wider community.

## 2. Public Health Outcomes for Sexual & Reproductive Health & HIV

The following public health outcomes were established for local government in 2012 & are included in the Public Health Outcomes Framework for 2013–16:

- a continuing fall in the rate of births to women under the age of 18
- a reduction in the proportion of people with HIV whose infection is diagnosed late
- an increase in chlamydia diagnoses among young people aged 15–24, to be achieved through screening.

Aiming for & achieving the following additional outcomes would bring significant further benefits to public health:

- giving women of all ages control of their fertility through access to a full range of contraceptive choices & abortion services
- a reduction in new diagnoses of other STIs including gonorrhoea & genital warts.

The significant expertise available in the field of sexual & reproductive health & HIV can be used to support the achievement of local public health outcomes. To optimise these outcomes, local government will need to commission services that ensure open access in a timely manner. There is strong evidence to suggest that people should be able to receive sexual & reproductive healthcare within 48 hours of seeking to do so & faster if care is urgent.

## 3. What Needs to be Done Locally

Support people to take responsibility for their sexual behaviour, through:

- local public health programmes that influence positive behaviour change
- improved sex & relationships education in schools & in the home, ensuring young people have the information to make positive lifestyle choices
- access to sexual health vaccination & screening programmes
- access to good quality, evidence-based sexual & reproductive health information services
- encouragement to contribute actively both to the management of their own sexual & reproductive health & wellbeing & to the reshaping of local community & social norms.

Continue the transformation of sexual & reproductive health & HIV services by:

- ensuring that they are delivered in the most cost effective way that guarantees quality & efficiency across the health economy, better linking them into the heart of community health & primary care services
- ensuring that all services are delivered as part of a local managed network, ensuring proper clinical governance, & coordinated by clinical specialists
- better integrating the delivery of STI care & contraception so that people can access both at the same time if they wish, while ensuring separate specialist expertise where necessary
- actively encouraging self management
- offering people a greater choice of services
- ensuring that services continue to be open access, which is accessible by GP or self-referral & not restricted by age, GP registration, or postcode of residence
- ensuring care pathways are in place so people get the level & quality of care they need in a timely fashion.

Ensure effective commissioning & delivery of services by:

- developing & maintaining an appropriately skilled & trained workforce & utilising the training opportunities within sexual health services for NHS staff
- good quality local government commissioning, fully coordinated with good quality local NHS commissioning, & working within a consistent framework of service standards & outcomes
- high calibre leadership from those individuals & organisations responsible for commissioning
- good use of public health surveillance information.

### Checklist for Elected Members & Health & Wellbeing Boards

- ✓ Are you preparing to commission sexual & reproductive health & HIV services when local government takes up its new public health responsibilities in April 2013?
- ✓ Do you understand your local community's needs in relation to sexual & reproductive health & HIV?
- ✓ Do you have a local sexual & reproductive health & HIV needs assessment?
- ✓ Has the Health & Wellbeing Board been briefed on sexual & reproductive health & HIV, & on the role of sexual & reproductive health & HIV services?
- ✓ Is the new statutory Joint Strategic Needs Assessment (JSNA) being used to assess sexual & reproductive health & HIV & link them to other local government aims?
- ✓ Are proposals for maintaining the delivery of sexual & reproductive health & HIV services included in the Health & Wellbeing Strategy?
- ✓ Does the Health & Wellbeing Strategy prioritise the following indicators from the Public Health Outcomes Framework?
  - Under 18 conceptions
  - Chlamydia diagnoses in 15–24 year olds
  - People presenting with HIV at a late stage of infection
- ✓ Are you using the scrutiny process to ensure that there is access to sexual & reproductive health & HIV services for the most vulnerable groups?

### Further Information

- [www.apho.org.uk/sexualhealthbalancedscorecard](http://www.apho.org.uk/sexualhealthbalancedscorecard) – information & benchmarking for each local area on key indicators of sexual & reproductive health & HIV.
- [www.hpa.org.uk/sexualhealthprofiles](http://www.hpa.org.uk/sexualhealthprofiles) – local trend, performance & comparative data on sexually transmitted infections & HIV.