

Progress and priorities – working together for high quality sexual health

Review of the National Strategy for Sexual Health and HIV

EXECUTIVE SUMMARY

Produced for the Independent Advisory Group on Sexual Health and HIV
by Medical Foundation for AIDS & Sexual Health (MedFASH)
July 2008

Executive summary

In 2001, the Government published the *National Strategy for Sexual Health and HIV*. This was a major milestone: it placed sexual health and HIV firmly on the national agenda and set out an ambitious 10-year programme to tackle sexual ill-health and modernise sexual health services in England. This review assesses the impact of the Strategy to date and highlights significant developments which have taken place since publication. It outlines what has been achieved and addresses the key barriers which have impeded implementation. Most importantly, it recommends a wide-ranging set of actions required at national, regional and local level to respond to the new operating environment and drive further improvements. It also proposes a sexual health and HIV indicator set with which to measure progress.

The period since the Strategy's launch has been a time of unprecedented policy change, both in health and local government. The landscape is now very different, with devolved decision-making in the health service and an increasingly important role for local authorities as strategic leaders and partners in setting health and wellbeing priorities, and identifying targets based on local need. Reducing health inequalities and addressing inequities in service access and provision have continued to be a dominant feature of government policy, including in the recent NHS Next Stage Review. Structural changes affecting all NHS organisations have been accompanied by significant developments in commissioning, as well as the introduction of new financial mechanisms and the arrival of a more diverse range of providers.

Service modernisation has also reached sexual health, bringing with it more effective use of the multidisciplinary team, including the development of nurse consultants and nurse practitioners, and the extension of nurse-delivered services. As well as the broadening of existing roles to take on aspects of sexual healthcare, new roles have also developed in a range of hospital and community-based settings, with the potential to significantly increase capacity. There have been widened opportunities for delivering sexual healthcare through community pharmacies and greater involvement in sexual health promotion through non-healthcare providers such as social workers, youth workers and prison staff. In addition, advances in testing and treatment technologies, and changes in approach to patient management have created opportunities for innovation in prevention, diagnosis and treatment, including the possibilities of self-management; and continued improvements in communication technologies have influenced the way in which the public and service users access and receive information.

Within this changing context, considerable progress has been made, and many of the central commitments within the Strategy and accompanying implementation plan have been delivered. There have also been some real improvements in the sexual

health of the population and in service provision, including falling teenage pregnancy rates, improvements in access to NHS-funded abortions, transformed Genitourinary Medicine (GUM) services with significantly improved access to testing and treatment, and the introduction of chlamydia screening in every Primary Care Trust (PCT) across the country. These improvements have been underpinned by the development of standards and best practice guidance across the whole of sexual health. This is a reflection of the national commitment and target-driven priority placed upon improving sexual health during the initial period of the Strategy.

At local level, progress has been characterised by the development of more modern, integrated services, as well as the widening of primary care and community sexual health provision. In addition, managed networks and collaborative commissioning have helped to ensure clinical governance and quality standards are in place, and that services are commissioned around patient need and best value. Yet progress across the country has been patchy, and the impact of constant policy reform, the burden of financial deficits and the need to keep pace with clinical and technological change has placed very real challenges at the doorsteps of Strategic Health Authorities (SHAs) and PCTs, and all those engaged in providing services and improving sexual health promotion and HIV prevention.

Although the original vision of the Strategy (holistic sexual health and integrated care, based on patient need) is still current, the clinical model on which it is based has limited the degree to which its implementation has successfully addressed the wider determinants of sexual health, including social exclusion, poverty, stigma and substance abuse. Also the lack of prominence given to contraceptive and reproductive health as a core part of sexual health provision, alongside the need to more adequately address psychosexual support and include sexual assault, are important challenges that need to be addressed.

It is important not to underestimate the effort and commitment needed across Government and throughout the NHS and local government to tackle the inequalities in sexual health, and sustain and continue broader improvements in this area.

Key barriers to more effective implementation of the Strategy to date have included:

(i) national targets and indicators that include only some elements of sexual health; (ii) diversion of sexual health funds and top slicing to meet PCT deficits; (iii) lack of 'champions' and senior people with experience in sexual health commissioning and prevention; (iv) competition and conflict between primary care, community and hospital-based services; (v) variable progress in engaging GPs in providing sexual health services; (vi) continued disinvestment in community contraceptive clinics; (vii) limited understanding of needs assessment to drive commissioning and prevention; (viii) limited progress in developments with data, supporting IT systems and national tariffs; (ix) slow build-up and dissemination of the evidence base, and lack of focus on longer-term investments and cost savings; (x) lack of progress in tackling stigma surrounding sexual health; and (xi) absence of a strong voice for sexual health service users or advocacy for sexual health in local communities.

Despite some notable progress and improvement, the scale and nature of sexual ill-health and inequalities in England today are still of grave concern, with increasing diagnoses of HIV and sexually transmitted infections (STIs), and increasing demand for abortion. The following further action is now required in relation to the Strategy's aims: improving professional and public knowledge of the most effective methods of preventing pregnancy, and ensuring access to the full range of methods, including long-acting reversible contraception (LARC); further improving access to abortions and locating services in more community-based settings; maintaining and extending prompt access to testing and treatment for STIs; increasing HIV testing in a range of existing and new settings, and reducing late diagnosis; improving the wellbeing of people living with HIV through programmes which involve them in managing their sexual health and individual care; increasing local investment in prevention programmes targeting those most vulnerable and at risk, as well as those already infected; intensifying action to tackle stigma associated with sexual health and HIV; improving support to all young people and adults to acquire the knowledge and skills to stay healthy and to improve sexual health at all life stages, through access to good-quality sex and relationships education (SRE), lifelong learning programmes and regular information campaigns.

It is important not to underestimate the effort and commitment needed across Government and throughout the NHS and local government to tackle the inequalities in sexual health, and

sustain and continue broader improvements in this area. Key recommendations from the review are not specific to particular aspects of sexual health but are broad and cross-cutting. They address action required at local, regional and national levels to respond to the changes that have taken place since the Strategy was published, and to build on levers that are available to accelerate progress. Priority action is needed in **five key strategic areas**.

Prioritising sexual health as a key public health issue and sustaining high-level leadership at local, regional and national levels through:

- designated accountability for driving forward sexual health improvement at PCT and local authority (LA) level
- development of a single local inter-agency scorecard for active performance management by PCTs and SHAs/ Government Offices (GOs)
- comprehensive sexual health needs assessments and review of local sexual health strategies in response to changing needs and service re configuration
- sound leadership and performance management at regional level, and a dedicated regional function to 'support and challenge'
- continuing national support for local delivery via National Support Team
- incorporating sexual health and long-term care for people with HIV in regional visions developed as part of the NHS Next Stage Review

Building strategic partnerships through:

- actively engaging in joint planning mechanisms to ensure sexual health and HIV are prioritised via Local Strategic Partnerships (LSPs), Joint Strategic Needs Assessments (JSNAs), and Local Area Agreements (LAAs)
- using PCT/LA joint appointments of public health specialists to develop more systematic partnership working
- ensuring PCTs forge strong links with Children's Trusts and Mental Health Trusts
- acknowledging the third sector as an equal partner and engaging it in needs assessment and strategic planning
- ensuring sexual health is represented in other relevant local health-improvement plans (eg. staying healthy, alcohol, drugs, mental health)
- closer working between SHAs and GOs across the wide variety of government policies that impact on sexual health
- a more integrated cross-governmental approach to address the impact of inequalities and the wider determinants of sexual health

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Commissioning for improved sexual health through:

- adopting a holistic commissioning model which looks at sexual health in an integrated way and commissions along the care pathway
- commissioning at an appropriate level to ensure fair, effective and best-value provision
- linking service networks to the commissioning process and business agenda, and using them to inform and improve commissioning quality
- skilling up sexual health commissioners to meet world class commissioning requirements
- strengthening the public voice in commissioning
- disseminating evidence where investment in sexual health interventions provide good value for money and are cost-effective
- producing an easily accessible sexual health and wellbeing framework, and self-assessment tool to support commissioners
- accelerating the development of tariffs which allow for different service models and reflect the real cost of services

Investing more in prevention through:

- ensuring effective sexual health promotion and HIV prevention is commissioned according to local need and is adequately resourced
- ensuring prevention is an integral part of all sexual health service provision
- developing a national prevention framework to facilitate a more coordinated approach to prevention across government departments and improve synergy between national and local prevention initiatives
- intensifying efforts to tackle stigma
- improving dissemination of evidence about what works and what is cost-effective, particularly in relation to African communities, gay men and young people
- making Personal, Social Health and Economic (PSHE) education and all elements of SRE a statutory subject

Delivering modern sexual health services through:

- ensuring sexual health and HIV services are included in local reconfiguration work, particularly in relation to primary care centres/polyclinics
- specifying local quality standards in accordance with national standards and ensuring the performance of all those providing sexual health and HIV services is monitored in relation to these
- establishing and further developing sexual health and HIV networks to cover all areas of the country
- labelling services more clearly and maintaining open access at all levels
- increasing the level and quality of services provided by general practice, and including sexual health in the future development of the Quality and Outcomes Framework (QOF)
- improving workforce planning and training, and linking this to service developments and changing models of care

As the NHS shifts further from central control, it falls increasingly on PCTs and LAs to ensure they know the sexual health and HIV needs of their local populations, and are adequately addressing them in terms of both sexual health promotion and service provision. The significant expertise and commitment among those working in the sexual health field needs to be harnessed by local leaders to ensure that reducing sexual health inequalities, and improving sexual health and wellbeing has a place at the forefront of local public health policy. If local organisations and partnerships fail to prioritise sexual health now, they risk having to deal with the real human and financial consequences further down the line, characterised by more infections and unintended pregnancies, and higher treatment and social care costs. More effective local delivery needs to be supported by continued national action on a number of fronts, including stronger interdepartmental links to ensure more consistent cross-governmental policy in tackling the wider determinants of sexual health.

This report was produced by MedFASH on behalf of the Independent Advisory Group on Sexual Health and HIV, who received funding from the Department of Health. The views expressed in this publication are those of the authors and not necessarily those of the Department of Health. Full report: ISBN 978-0-9549973-2-8

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