1. **PROPOSED DECISION**

Board Members are asked to:

1.1 Note and approve the contents of the proposed Sexual Health Strategy.

2. **JUSTIFICATION FOR THE DECISION**

2.1 Sexual health is both a private matter and a key public health concern. It is central to some of the most significant and lasting relationships in our lives.

2.2 However, improving the sexual health of the population can be complex as good sexual health means not only being free from sexually transmitted infections (STIs) and unintended pregnancies, but being able to form healthy relationships and make informed choices about if, when and with whom to have sexual activity, or start a family. It means ensuring that people are free from stigma and safe from sexual abuse or exploitation.

2.3 Considerable progress has been made both nationally and locally in relation to improving sexual health, for example teenage pregnancy rates are at their lowest since 1998 and high quality care means that people diagnosed early with HIV, can expect a near-normal life expectancy.

2.4 Furthermore, investment in sexual health services in St Helens has enabled us to undertake a recent competitive tender for a new, modernized, fully integrated sexual health prevention and treatment service.

2.5 However, considerable work remains to be undertaken as demonstrated through the findings of a local sexual health needs assessment and comprehensive service review.

3. **FACTS SUPPORTING THE DECISION**

3.1 In 2013, St. Helens ranked 138 (out of 326 local authorities in England; first in the rank has highest rates) for rates of new sexually transmitted infections (STIs) and although the rate of STIs diagnosed in St Helens has decreased by 3% from 2012 to 2013, the number of cases of gonorrhea and genital warts has increased.

3.2 Statistics show that up to 50% of pregnancies are unplanned and although we now have the lowest rate of teenage pregnancies since records began in 1998 (ONS, 2014), St Helens are still higher than the North West and England average. Reducing teenage pregnancy rates remains a high priority.

3.3 Research shows that sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage

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1 Office for National Statistics, 2013
3 DH (2013) A Framework for Sexual Health Improvement in England
4 Department of Health (2013) Commissioning Sexual Health Services and Interventions
conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. A local needs assessment indicated that there is an opportunity to take bold steps in exploring innovative outreach models which aim to reach areas of deprivation or target individual cohorts who may be in need of more intense support, for example helping women who have experienced repeated abortions, or finding innovative ways of reaching a fourteen year old boy who is not in employment, education or training, feels isolated and is confused about his sexual orientation.

3.4 Although crime in England and Wales is at its lowest level since 1981, with a 20% fall in violent crime, separate police recorded crime figures show a reported 20% rise in sexual offences, including a 27% increase in rape.

3.5 The findings of the independent enquiry into Child Sexual Exploitation in Rotherham alerts all local authorities to the importance of listening to the voice of young people and providing a holistic, joined up approach to child protection.

3.6 An Equality Impact Assessment has been undertaken in relation to the strategy and the strategy makes a positive contribution towards reducing inequalities in the Borough.

4. **VISION**

4.1 Our aim is to improve sexual health in St Helens and reduce health inequalities.

4.2 Our vision is to ensure that everyone in St Helens, regardless of age, gender, background, education, disability, pregnancy, race, religion or sexual orientation stays healthy, knows how to protect their sexual health and has ease of access to age-appropriate, high quality services when they need them.

4.3 In two years’ time, we will have a fully integrated, cultural sensitive, sexual health system with the capacity to reach out into communities where it is needed most and work in collaboration with key stakeholders and partner agencies. This will require not only the leadership of expert clinicians but leadership across social care, education, voluntary groups and support services, all of whom have a role to play in modernising the service offer, making it even more meaningful, accessible and inclusive for children, adults and families in the Borough.

5. **STRATEGY**

5.1 Our strategy is to align and co-ordinate activity across all statutory and non-statutory organisations in St Helens. We will build on the successful legacy and ambitions of earlier national strategies but ensure that local needs are addressed through prioritising in the following four key areas:

- Prioritise prevention

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5 Department of Health (2001:9) The National Sexual Health Strategy
6 The Crime Survey for England and Wales, 2014
7 Police recorded crime, Home Office, July 2014 – rise may be impacted upon by increased reporting post Operation Yew tree.
8 Jay, A. (2014) Independent Inquiry into Child Sexual Exploitation in Rotherham
• Target service provision to where it is needed with increased support for individuals and families who need it most
• Commission a high quality, integrated and modernised treatment system
• Work in partnership to address the wider determinants of sexual health, including social exclusion, poverty, stigma and substance misuse

5.2 This comprehensive and challenging strategy and associated action plans have been developed following extensive public and professional stakeholder engagement which began in spring 2014 before the core treatment service was commissioned.

6. RISKS ASSOCIATED WITH THE PROPOSED DECISION
6.1. There is a strong business case for continued investment in sexual & reproductive health & HIV services as this will reduce future costs to the NHS and to Local Authority and NHS budgets. For example, for every £1 spent on contraception, an estimated £11 is saved in other healthcare costs. However, there is a risk that the opportunity for reducing harm and realizing these potential savings will be lost if partners do not collaborate (as recommended by the Strategy) to identify people who are most likely to benefit from sexual health support and interventions and then shape services to meet their needs.

7. CONCLUSION
7.1 Getting it right for sexual & reproductive health & HIV will provide benefits for public health across the whole population. Including people who are disadvantaged.

7.2 The multi-faceted, complex nature of sexual health commissioning requires clear strategic direction with streamlined, focused service provision. Whilst we have taken bold steps in commissioning an integrated, modernised core treatment service, further action is needed across the health, education and social care system.

7.3 The strategy will harness the collective power of the Health & Wellbeing Board to ensure that an integrated, holistic approach to improving sexual health in St Helens transcends the previous medical model to bring about transformational change. The priorities and actions will remain under continuous review across the next three years as we innovate, learn and refine based on the needs of what works for the people of St Helens.

7.4 Chief Officers are now asked to note the contents of the proposed strategy and provide feedback in relation to the planned actions and priorities.

## OTHER IMPLICATIONS

<table>
<thead>
<tr>
<th>Issue</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>Due consideration will be given to the Care Act 2014 ensuring that all commissioned services consider the physical, mental and emotional wellbeing of the individual needing care and their carers. This requires all services to work together to give the best care based on a person’s personal circumstances and, where applicable, to provide prevention interventions, aimed at maintaining people’s health.</td>
</tr>
<tr>
<td>Financial</td>
<td>Funding from within existing resource</td>
</tr>
<tr>
<td>Anti-Poverty</td>
<td>Positive contribution</td>
</tr>
<tr>
<td>Effects on existing Policy</td>
<td>Enhances Public Health and Social Care Outcomes</td>
</tr>
<tr>
<td>Effects on other Activities</td>
<td>Contributes to HWB priority re improving Mental Wellbeing and support for young people</td>
</tr>
<tr>
<td>Human Rights</td>
<td>Positive contribution</td>
</tr>
<tr>
<td>Equalities</td>
<td>Positive contribution</td>
</tr>
<tr>
<td>Asset Management</td>
<td>Creative use of current assets without incurring additional costs</td>
</tr>
<tr>
<td>Health</td>
<td>All Public Health services and interventions are commissioned with the explicit purpose of Improving health outcomes for local people.</td>
</tr>
</tbody>
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## APPENDICES

5.1.1 Appendix A: Sexual Health Strategy 2014-17

5.1.2 Appendix B: Equality Impact Assessment

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**LEAD OFFICER FOR THIS REPORT**

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Data Analysis provided by Steven Knuckey, Craig Timpson and Rachel Frackelton

**BACKGROUND PAPERS** -The following list of documents was used to complete this report and they are available from the Contact Officer named above;  
[See references in main report]