



PHE Advisory Board Paper

Title of meeting	PHE Advisory Board
Date	Wednesday 27 September 2017
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Title of paper	Sexual Health, Reproductive Health and HIV in PHE

1. Purpose of the paper

- 1.1 This paper outlines Public Health England's (PHE) current work programme to improve outcomes in, and the delivery of, services for sexual health, reproductive health and HIV (SHRH&HIV) and sets out key activities and actions for 2017/18 and beyond.
- 1.2 The paper is distributed to the Board, invited panel of experts, and the public, as background to the discussion and reflection at the PHE Advisory Board meeting on the theme of: "What are the sexual health priorities from your perspective - and what more do you think Public Health England can do to lead this agenda?"

2. Recommendation

- 2.1 The Advisory Board is asked to **NOTE** and **COMMENT** on the contents of this paper and the recommendations of the invited panel of experts.

3. Background and Context

- 3.1 Good sexual health is important for everyone. However, sexual health, incorporating sexual and reproductive health and HIV (SHRH&HIV), is an important cause of mortality and morbidity in England. Patterns of adverse SHRH&HIV outcomes show variation across the different sectors in the population and marked inequalities. It also represents significant cost to the public sector.
 - a) In 2010, adverse sexual health outcomes were identified as a major cause of Years Life Lost for 20–54 year olds in UK with cervical cancer ranked 23rd and HIV/AIDS ranked 34th [1]
 - b) In 2015, there were an estimated 101,200 individuals living with HIV, of whom approximately 13% (13,500) are unaware of their infection. Men who have sex with men (MSM) and Black-African communities remain the two most at-risk populations in the UK [2].
 - c) There are high levels of diagnoses of sexually transmitted infections (STIs) with approximately 435,000 new diagnoses in 2016. The majority of STIs are diagnosed in young people (less than 24 years of age) as well as MSM and Black and Minority Ethnic (BME) communities [3].
 - d) Nearly half of women reported their last pregnancy was either unplanned

(16%) or ambivalent (29%) [4]. the number of teenage pregnancies has declined to the lowest levels reported since the 1960s, significant inequalities by socio-economic status and geography and the level is still much higher than comparable European countries [5].

- e) Major financial costs are associated with adverse sexual health outcomes including £611M spent on sexual health services (~ ¼ local authority public health budget), £630M spent by NHS England on HIV treatment and estimated £8.3billion cumulative costs of worsening access [6]

3.2 Sexual Health, Reproductive Health and HIV (SHRH&HIV) are high profile issues and are prominent on the Government's policy agenda. A number of key strategy and policy documents build on the Government "A Framework for Sexual Health Improvement" published in March 2013 [7] which states the ambition to improve the public's sexual health by focusing on reducing rates of HIV and late HIV diagnoses, sexually transmitted infections (STIs), unplanned pregnancy and teenage pregnancies.

3.4 SRHH is linked to other national and international policy priorities: Effective treatment of sexually transmitted infections (STIs) including HIV can prevent onward transmission and is thus a key public health measure, and thus reduce antibiotic use [8]. Internationally, the increasing antibiotic resistance reported for isolates of gonorrhoea has resulted in it being identified by the World Health Organization as a high priority area for the development of new antibiotics [9]. Effective contraception provision, especially long acting reversible contraception (LARC), can prevent unplanned pregnancy, and contribute to the ongoing reduction in rates of unintended teenage conceptions and their resultant costs [5].

3.5 PHE's current commitment to SRHH is set out in our remit letter from the Department of Health, and business plan. In addition to PHE's overarching remit to protect and improve health, and reduce health inequalities, in this area, we have a specific priority to:

' implement actions to enhance commissioning of sexual and reproductive health services, focusing on helping delivery organisations reduce the variation in health outcomes in England, as well as supporting NHS England and local government in implementing the PrEP pilot'

3.6 To date this PHE's commitment to SHRH&HIV is delivered through:

- a) Key national centres providing world leading evidence and research, supporting policy development, delivering health protection and improvement activities which are located within the National Infection Service (HIV/STIs Department) and Health Improvement Directorate (Healthy Peoples Division and Risk Factors Intelligence Team). The Health Improvement Directorate manages a £2.5M annual budget for national HIV Prevention and Sexual Health Promotion
- b) Investment from all four of PHE's Regional Centres to support local authorities in sexual health promotion activities and developing new models of service provision. For example, PHE London along with strategic partners has made SRHH a priority public health issue for London and provided commissioning, evaluation and behavioural insights support to the London Sexual Health Transformation and HIV Prevention programmes;
- c) A network of eight Local PHE Centres, each with a Sexual Health Facilitator

to provide a valuable link to local commissioners as well as local Health Protection teams which manage outbreaks in STIs;

- d) In addition other sections of PHE delivering on a SHRH&HIV agenda include screening and immunisation services, prison healthcare, healthcare public health, Drugs, Alcohol and Tobacco teams, as well as PHE's broader work in areas such as mental health, young people and older people.

4. Progress to date

Guiding framework

- 4.1 A PHE action plan for Sexual Health, Reproductive Health and HIV (SHRHH) for 2017-18 was developed at the end of 2016 and further refined with the SHRHH External Advisory Group from February 2017. This was produced to ensure a whole system approach to improve sexual health, enhance coordination between commissioners and achieve better alignment of local and national actions to support common ambitions. The plan identified five priority objectives under which key PHE activities have been grouped in sections 4.2 to 4.6:

- Facilitate collaborative local commissioning
- Improve key sexual health outcomes
- Promote positive behaviour change
- Accelerate evidence into action
- Reinvigorate collective leadership

Priority objectives and work undertaken within them

- 4.2 Facilitate collaborative local commissioning to support and improve collaborative local commissioning of sexual health, reproductive health and HIV services to drive greater value, quality and outcomes through:

- a) Continuing strong local engagement of PHE centres with SHRH&HIV agenda;
- b) Publication of "Making It Work" guide for sexual health commissioners in September 2014 providing guidance for the local commissioning of SHRH&HIV services [6];
- c) Publication in August 2017 of the sexual health commissioners' survey report and action plan which aims to address significant challenges around the financial and commissioning responsibilities for different components of the sexual and reproductive health and HIV pathways of prevention, treatment and support [10];
- d) Development of Return on Investment tool for SHRH&HIV to help local commissioners prioritise local service provision;
- e) Supported the procurement of the London Sexual Health Transformation project and developing the evaluation approach;
- f) Support NHS England to develop a strategic direction for Sexual Assault Referral Centres (SARC) and meeting the needs of survivors of sexual assault and abuse;
- g) Pilot models of local lead commissioning in conjunction with commissioning organisations to support delivery of sexual health interventions;

- 4.3 Improve key sexual health outcomes by increasing efforts to improve key outcomes and narrow inequalities by focusing on what works and scaling up of effective interventions through:

- a) Early identification and rapid response to STI outbreaks with particular

- attention to the emergence of antibiotic resistant gonorrhoea;
- b) Implementation of a large scale trial of HIV pre-exposure prophylaxis for 10,000 individuals most at risk of acquiring HIV infection;
- c) Promote HIV testing through increased use self-sampling service and expanded testing in general medical services;
- d) Continued support to increase detection rates of opportunistic chlamydia screening of young people;
- e) Develop with key stakeholders of a consensus statement of the reproductive health across the life course state which will also address areas wider issues such as menopause. The consensus has been informed by a report a rigorous Delphi process supported by primary research to capture the views of women, trans people and men to inform the consensus and state of the nation report;
- f) Lead the development of a national action plan to provide key stakeholders a framework to improve reproductive health;
- g) Accelerate declines in teenage pregnancy and narrow inequalities both within and between geographic areas;
- h) Address the wider determinants poor SHRH&HIV in key populations most at risk of adverse outcomes.

4.4 Promote positive behaviour change and reduce harm through using social marketing and behavioural insights to enable people to have the best sex with the least harm to themselves and others:

- a) Commissioning of HIV prevention for most at-risk populations which has delivered innovative and successful social media campaigns;
- b) Commissioning of sexual and reproductive health information programme to improve the public and professional understanding of contraception, pregnancy choices, planning a pregnancy, STIs and sexual wellbeing;
- c) Develop new social media campaign to improve the sexual health of young people;
- d) Supporting the implementation of the Framework to prevent unplanned pregnancy and develop healthy relationships in young people;
- e) Ensure that inequalities and the wider determinants of poor SH, RH & HIV outcomes are addressed in all activities;
- f) Promote healthy sexual relationships by supporting high quality evidence-based Sex and Relationships Education in schools and early identification of vulnerable young people including those affected by child sexual exploitation.

4.5 Accelerate evidence into action by assuring high quality data available to inform commissioning, delivery, targeting and evaluation of services so that we focus on the right interventions for the right populations in the right settings by

- a) Enhancing and integrating current information systems for HIV and STI monitoring in order to maintain our world-class reputation for high quality provision of leading;
- b) Supporting and facilitating the piloting and implementation of new innovations such as pre-exposure prophylaxis and online delivery of HIV self-samplings kits;
- c) Improve monitoring unplanned pregnancies to inform sexual health framework;
- d) Development of evaluation protocols for local and national

- interventions;
- e) Research prioritisation (e.g. through NIHR Health Protection Research Units) to support innovation such as the use of digital technologies;
- f) Continued HIV Prevention Innovation Fund to support new activities to improve local HIV prevention.

4.6 Reinvalidate collective leadership: Harness local and national energy, coordination and leadership to focus on improving sexual health outcomes by:

- a) Continuing to demonstrate local and national system leadership by fostering partnerships, identifying opportunities and overcoming barriers;
- b) Mapping, reviewing and promoting local networks to ensure optimal operation and coverage;
- c) Reviewing SHRH&HIV commissioning to develop robust models that are able to continue to respond to the local sexual health needs in light of future public health funding;
- d) Supporting Health Education England to ensure that the sexual health workforce meets all local and national needs.

5. The Future

5.1 PHE will continue to demonstrate its commitment to SHRH&HIV by continuing to:

- a) Strengthen collaboration with key internal teams (e.g. Mental Health, Drugs, Alcohol and Tobacco) and external stakeholders and communities;
- b) Facilitate and support collaborative local commissioning to ensure that optimal SHRH&HIV services are delivered that meet the needs of the population and enabling them to make the best choices for their own health;
- c) Provide world-leading data and evidence to inform local commissioning of SHRH&HIV activities and develop guidance that meet the evolving needs of both professionals and the public;
- d) Respond to outbreaks of STIs in a timely manner ensuring that the response to prevent and control onward transmission is based on best available evidence;
- e) Support and facilitate priority research in the field of SHRH&HIV working with academic partners through joint programmes of work (e.g. NIHR HPRUs) and enhancing academic and public health capacity to support research, translation and innovation;
- f) Publish the consensus on reproductive health and to actively consider similar separate outputs for sexual health and HIV prevention, treatment and care which will then be combined into a single vision for SHRH&HIV;
- g) Ensure that the £2.5M allocation for the HIV Prevention and Sexual Health Promotion programme continues to fund innovative and successful work, is based on best available evidence of effectiveness and need, and supports the work of local and national stakeholders;
- h) Address health inequalities by improving access to services and key interventions for underserved populations, identifying where disproportionate burden of disease exist, ascertaining the wider determinates of health that can be remedied to improve SHRH&HIV outcomes

- 5.2 Key challenges on delivery on this commitment include:
- a) Supporting diverse commissioners to deliver seamless services and coordinated responses especially in the light of ongoing PH grant reductions and changes to ring-fence
 - b) Ensuring that data collection systems remain resilient and fit for purpose
 - c) Employment of new technologies (e.g. Whole Genome Sequencing) for the earlier detection of outbreaks and to select the most effective interventions
 - d) Ensuring equity of access and treatment to underserved populations, especially for novel interventions such as PrEP;
 - e) The delivery of effective interventions that will ensure durable and long-lasting behaviour change to enable people to protect themselves from unwanted adverse SHRH&HIV outcomes;
 - f) Ensure the success observed in declines in teenage pregnancy and in HIV diagnoses are maintained and extended to address inequalities, especially those linked to geography;

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