Sexually transmitted infections can impact on physical and emotional health and have wider social and economic implications.

Open access contraception and sexual health services available across Cornwall.

Effective partner notification is an important way of improving the detection rate and treating undiagnosed infection (PHE, 2014).

Continue to raise knowledge and understanding of the range of contraceptive methods available to people of all ages.

Healthy schools and support for teachers to provide relationships and sex education.

We need to ensure we are providing effective and cost effective services.

Supporting parents and carers to be positive sources of relationship and sex education for the children they care for.

Providing emergency contraception free of charge to young women.
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Executive Summary

The 2016-20 Sexual Health Strategy sets out our priorities and approach to meeting the sexual health needs of Cornwall.

We face challenging times with public funding decreasing it is vital we identify clear priorities that focus on reducing sexual health inequalities and provide an accessible service to all who need it.

This document aims to provide a strategic framework to guide our planning and delivery of Local Authority commissioned services and public health interventions aimed at improving sexual health outcomes across the life course.

This Strategy is supported by and reflects our local sexual health needs assessment which, in response to the variable landscape and needs of our population, is a live document and sits alongside the Cornwall JSNA.

Condoms used correctly and consistently can prevent the majority of HIV infections.

More than half of Cornish residents diagnosed with HIV in 2012-2014 were diagnosed at a late stage of infection (PHE, 2015).

it is vital we identify clear priorities that focus on reducing sexual health inequalities
Foreword

To be provided
Context and Purpose of the Strategy

Following the Health and Social Care Act 2012, Cornwall Council and the Council of the Isles of Scilly is responsible for improving the health of the population through the commissioning and provision of public health interventions, including sexual health services. Cornwall Council holds responsibility for:

- Commissioning comprehensive sexual health services including most contraceptive services, sexually transmitted infections (STI) testing and treatment, chlamydia screening, HIV testing and sexual health elements of psychosexual dysfunction services.
- Specialist services, including young people’s sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies.

Other sexual health services such as HIV treatment and abortion services sit with our commissioning partners in Kernow Clinical Commissioning Group (NHS Kernow) and NHS England (NHSE). For a comprehensive list of responsibility by service see Annex A.

Why is Sexual health important to public health?

- Sexual health is an important and wide-ranging area of public health and a vital element of health and wellbeing across the life course:
- From a very young age children are developing their identities and making sense of their world and the relationships that create it.
- During adolescence young people are starting the journey to independence, developing the skills and knowledge they need to make positive choices about their body and relationships now and in the future.
- Most of the adult population of England are sexually active and sex is an innate part of life. Essential elements of good sexual health are equitable relationships, sexual fulfilment and reproductive choice.

Sexual health can impact physical and emotional wellbeing in addition to social and economic capacity.

Sexual health can impact physical and emotional wellbeing in addition to social and economic capacity.

We need access to services and support that enable us all to develop, enjoy healthy sexual activity and make positive reproductive choices whilst avoiding unwanted pregnancy and risk of infection. But, despite sex being a key part of our
identity as human beings, we as a society are still not comfortable talking about sex and sexual health. This means that part of our work needs to be breaking down barriers to make sure everybody can access the support and services they need at each stage of their lives.

The burden of poor sexual health is not equally distributed and, like many health outcomes, sexual health is affected by inequalities. Rates of teenage pregnancy and sexually transmitted infection are higher in areas of deprivation and, because of Cornwall’s rurality, people living on low incomes can face real difficulty in accessing services.

Some groups at higher risk of poor sexual health face stigma and discrimination which can impact on their ability to access services. Stigma that surrounds sexually transmitted infections, including HIV, can create a barrier in taking preventative measures as well as accessing services and can increase isolation for those affected by poor sexual health. Groups at highest risk of poor sexual health include young people, some black and ethnic minority groups, and men who have sex with men.

The Case for Investment

The case for investment in sexual health services is compelling in terms of both public and personal cost. For example unplanned pregnancy carries costs for the individual and society across health, housing, welfare and social care, not to mention potential personal trauma. The Kings Fund estimate that every £1 spent on preventing teenage pregnancy saves £11 in health care costs alone (Kingsfund, 2014) whilst condoms have been found to be effective in preventing HIV and STI’s (Weller and Davis-Beaty, 2002; FRSH, 2012), preventing significant health and social costs down the line.

Unprotected Nation estimates the potential costs of disinvestment in sexual health services to be extensive and conclude that every £1 cut from sexual health spending could result in £86 additional future public spending (Lucas, 2013). This illustrates how reductions in preventative and treatment services cannot be seen as a saving in the short, medium or long term. Any monies diverted from contraception, education and sexual health screening is likely to increase incidents of poor sexual health which will in turn increase STI transmission, demand on sexual health treatment services and lead to increased rates of unplanned pregnancy.
Our Vision and Principles

Our approach to delivering sexual health services and support is guided by a set of core values we share across the sexual health partnership. We believe:

- Services should be accessible to all and we should do all we can to ensure equitable access. This means recognising that some groups carry the burden of poor sexual health as well as face additional barriers to accessing the services they need.
- Individuals have a right to choice. We have a role to empower individuals through both knowledge and access to services to make choices according to their individual wishes and needs.
- People have a right to access services that are respectful, non-judgemental, confidential and person centred.
- Diversity should be celebrated and individuals have the right to live free of stigma and discrimination.
- Individuals have a right to live free from coercion.
- Sexual health and sexual development should be considered as part of an individual's wider health and wellbeing.

The National Context

In 2013 the Government published *A Framework for Sexual Health Improvement* setting out their ambitions for improving the sexual health of the nation. They also published *Commissioning Sexual Health services and interventions best practice guidelines for local authorities* to support local authorities in meeting their new statutory duties. The priorities identified in the documents provide the foundation of this strategy.

The Public Health Outcome Framework includes a number of sexual health indicators under the following domains:

**Domain two: Health improvement**

- Under 18 conceptions;

**Domain Three: Health Protection**

- Chlamydia diagnoses (15-24 year olds);
- People presenting with HIV at late stage of infection;

Our progress against these indicators and other key sexual health indicators is publically available via Public Health England’s Sexual and Reproductive Health Profiles.

Effective partner notification is an important way of improving the detection rate and treating undiagnosed infection (PHE, 2014).
Our Approach

This strategy encompasses a whole systems life course approach to delivering positive outcomes for Cornwall:

Support people in Cornwall to achieve healthy sexual wellbeing free from illness, stigma and abuse

- Reduce rates of sexually transmitted infections (STIs) among people of all ages
- Reduce onward transmission of and avoidable deaths from HIV
- Reduce unwanted pregnancies among all women of fertile age
- Continue to reduce the rate of under 16 and under 18 conceptions

Sexual health across the life course

- **<16** Build knowledge and resilience among young people
- **16-24** Improve sexual health outcomes for young adults
- **25-49** All adults have access to high quality services and information
- **50+** People remain healthy as they age

Make Every Contact Count

Making Every Contact Count (MECC) is a staff training programme to enable staff to understand and feel confident in using every opportunity to deliver brief advice to improve health and well being. In Cornwall, the ambition is to join with a range of organisations and departments within Cornwall Council as early adopters to establish this approach as a priority scheme, as a core value of the organisation and fully embedded in strategies and individual performance.

Our ambition for sexual health is that the wider children and adults workforce have the skills and confidence to support individuals to access specialist services to proactively and reactively meet their sexual health needs. Sexual health should be considered as an integral element of individual's health and wellbeing and focus should be to promoting sexual health wellness through routine access to services.
**Priority One**

Reduce rates of sexually transmitted infections (STIs) among people of all ages

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**Why is it a priority?**

Sexually transmitted infections can impact on physical and emotional health and have wider social and economic implications (DH, 2013).

Chlamydia is a common STI and can lead to long-term complications including infertility (PHE, 2014).

Some STIs, like Chlamydia, do not always have symptoms so may be unnoticed by individuals and passed on (PHE, 2014).

Men who have sex with men are also disproportionately affected (PHE, 2015).

Nationally and locally Gonorrhoea diagnoses are increasing (PHE, 2015) and there are now strains of the infection that are resistant to treatment.

Young people under 25 are the age group most affected by STIs (PHE, 2015).

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**Current Picture/What we do**

Cornwall has a range of services grounded in the evidence base including:

- **Open access** contraception and sexual health services available across Cornwall
- **A core offer of relationships and sex education** to all secondary schools in Cornwall and a further education sexual health resource
- **Young people** sexual health contraception and sexual health clinics linked to education.
- **Workforce training** increasing workforce confidence to respond to young people’s sexual health needs
- **C-Card** confidential condom scheme operating in over 250 locations.
- **MSM outreach work**
- **Chlamydia screening for under 25s** including online screening through freetest.me and primary care.
What can we learn from the evidence base?

Public Health England recommends that individuals can reduce their risk of STIs through condom use, regular screening and reducing the number of sexual partners, particularly overlapping sexual relationships. NICE (2014) recommends information and guidance is provided along with free condoms and femidoms to ensure they are used effectively.

Condom distribution schemes are identified as best practice for providing both condoms and safe spaces to young people where they can discuss their health and relationships with a trained practitioner (PHE & Brook, 2014).

Effective partner notification is an important way of improving the detection rate and treating undiagnosed infection (PHE, 2014).

Chlamydia testing is recommended to all sexually active young people under 25 at least annually and with every change of sexual partner (PHE, 2014).

Open access sexual health services should be available to the whole population to provide testing (DH, 2013).

What are our objectives going forward?

Improve knowledge and confidence of young people in preventing STIs by supporting RSE in schools.

Provide free condoms to those most at risk of poor sexual health.

Improve access to testing ensuring STIs are identified and treated quickly.

Ensure good access to the C-Card scheme for young people in Cornwall.

Support the workforce to challenge myths and stigma surrounding STIs, and promote good sexual health.

Provide young people friendly services through the SAVVY Kernow accredited scheme.

Develop and implement a Chlamydia Detection Rate Action Plan.

Monitor STI data to ensure a quick and robust response to emerging issues.
Priority Two
Reduce unwanted pregnancies amongst all women of fertile age

Why is it a priority?

Unplanned pregnancy can cause financial, housing and relationship pressures as well as impact on existing children.

Why is it a priority?

3 in 10 pregnancies are estimated to be unplanned

Rates of abortion by age in Cornwall Source: (DH: 2016)

Women in their early twenties are most likely to have an unplanned pregnancy and most likely to access an abortion.

Current Picture/What we do
Cornwall has a range of services grounded in the evidence base including:

All age and young people contraception clinics across Cornwall providing the full range of contraception.

LARC available in 94% of GP practices in Cornwall resulting in Cornwall having the highest LARC primary care prescribing rate in the South West.

C-Card confidential condom scheme operating in over 250 locations.

Over 100 Community pharmacies providing free access to emergency hormonal contraception to women under 25.

Access to confidential, non-judgmental pregnancy counselling and termination of pregnancy referrals.

www.cornwallSHAC.org.uk and www.savvykernow.org.uk providing a one stop shop of information, advice and service details.

Relationship and sex education linked to clinics to increase familiarisation and access to clinical services.

Relationship and sex education in secondary schools includes contraceptive methods, and the importance of its use and developing skills in negotiating condom use.

Workforce training for clinical and non-clinical staff promoting contraceptive services and the range of methods available.
### What can we learn from the evidence base?

**NICE (2014) recommend:**

- **Highly visible, accessible comprehensive contraceptive services** including services for young people
- **Long Acting Reversible Contraception** as the most effective and cost effective form of contraception. The main LARC methods are contraceptive injection, implants and IUD/IUCD (coils)
- **Making sure contraception is available after pregnancy.**
- **Provide women with pregnancy choices** including access to abortion services.
- **Early access to abortion services** is important as it increases choice and reduces the risk of complications.

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**Raising awareness of fertility** and all forms of available contraception through education and workforce training.

**Providing emergency contraception** free of charge to young women.

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### What are our objectives going forward?

- **Continue to increase access and uptake** of Long Acting Reversible Contraceptive (LARC) methods
- **Continue to raise knowledge and understanding** of the range of contraceptive methods available in the non-specialist workforce.
- **Ensure women, and especially young women, have access to a full range of emergency contraception** in a range of settings.
- **Strengthening provision of contraception**, including LARC, following pregnancy and use of EHC.
- **Supporting pregnancy choice and early access to timely abortion services** by ensuring women understand how and feel confident in accessing support they need within the timeframe they need it.
Priority Three
Continue to reduce under 18 and under 16 conceptions

Why is it a priority?

Teenage pregnancy is both a cause and consequence of education and health inequality.

Young woman living in the most deprived areas of Cornwall are 5 times more likely to become a young parent than those living in the least deprived areas.

The majority of teenage pregnancies are unplanned and around one half result in abortion.

Teenage pregnancy is both a cause and consequence of education and health inequality.

Young woman living in the most deprived areas of Cornwall are 5 times more likely to become a young parent than those living in the least deprived areas.

Current Picture/What we do
Cornwall has a range of services grounded in the evidence base including:

A core offer of relationships and sex education to all secondary schools and Further education providers in Cornwall

Workforce training increasing workforce confidence to respond to young people’s sexual health needs

Support for parents and carers through Speakeasy.

C-Card confidential condom scheme operating in over 250 locations.

Young people sexual health contraception and sexual health clinics linked to education.

Dedicated services for young parents

Under 18’s Conception by Outcome

<table>
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<th>Termination</th>
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</table>
What can we learn from the evidence base?
The international evidence base has highlighted two key factors that support a sustained reduction in teenage conception. These are:

- Comprehensive relationship and sexual health education, advice information and guidance that enables young people to build the skills and knowledge they need to enjoy good relationships and sexual health.

- Improving young people’s access to effective contraception when they need it through young people friendly clinical and non-clinical services.

Nice recommend long acting reversible contraception (LARC) a particularly effective contraceptive method for young people. This is because LARC methods do not require the user to, for example, take a pill every day.

- The Teenage Pregnancy Knowledge Exchange hosted by Bedford University has developed a model identifying ten key factors for an effective strategy. In addition to the above this includes targeted work for those most at risk, support for parents, workforce training, consistent messages, support for young parents, strong leadership.

- Promoting the current and future health and wellbeing of young mums, dads and their children.

What are our objectives going forward?

Ensuring young people experience comprehensive relationships and sex education from a range of sources at the appropriate times in their lives.

Increasing workforce knowledge and confidence in meeting the relationships and sexual health needs of children and young people in Cornwall.

Identifying young people at risk of poor sexual health early and providing targeted support for those in greatest need.

Ensuring young people can access young people friendly contraceptive services and have the knowledge and confidence to do so.

Supporting parents and carers to be positive sources of relationship and sex education for the children they care for.
Priority Four
Reduce onward transmission of, and avoidable deaths from, HIV.

Why is it a priority?
HIV is a sexually transmitted infection that once contracted, lasts a lifetime. A significant number of people are diagnosed at a late stage of infection which means that they may have had HIV for some time and may be very unwell as a result of damage to their immune system (PHE, 2015).

As a result of effective treatment, life expectancy has significantly increased for people with HIV.

More than half of Cornish residents diagnosed with HIV in 2012-2014 were diagnosed at a late stage of infection (PHE, 2015).

17% of people living with HIV are unaware of their infection meaning they do not have access to vital treatment and risk unknowingly passing the infection to others (PHE, 2016).

Current Picture/What we do
Cornwall has a range of services grounded in the evidence base including:

- **HIV testing strategy**: for Cornwall is in place to improve access and uptake of HIV testing.
- **HIV testing and treatment**: is currently provided as an integrated service.
- **Cornwall Council**: commissions HIV specialist support and health promotion activities.
- **Relationship and sex education**: work in schools includes a session on STIs and HIV.
- **Talk Relationships and Sexual Health**: leads local implementation of national campaigns such as National HIV testing week.
- **Cornwall** takes part in the national HIV home-sampling scheme with self-sampling test kits available to order online for people at risk of HIV and living in Cornwall through www.test.hiv.
- **Workforce training**: includes a session on HIV and sexually transmitted infections.

HIV testing is routinely offered at contraceptive and sexual health services across the county with a testing coverage of 75% in these services.

Healthy Gay Cornwall provides targeted interventions for men who have sex with men and a specialist website.
What can we learn from the evidence base?
The evidence base points to a number of factors that can both reduce HIV transmission and support effectively treatment and management (PHE, 2015 and DH, 2013):

**Early diagnosis**
improves health by enabling access to treatment; those who feel they may be at risk should receive a HIV test.

Condoms used correctly and consistently can **prevent** the majority of HIV infections.

**Men** who have sex with men are advised to have an HIV and STI screen at least annually, and every three months if having unprotected sex with new or casual partners.

Black African men and women are advised to have an **HIV test and a regular HIV and STI screen** if having unprotected sex with new or casual partners.

What are our objectives going forward?

**Counter stigma and discrimination**
by raising awareness of HIV, its transmission, testing and treatment through Talk Relationships and Sexual Health, and national campaigns such as World Aids Day.

**Increase awareness and uptake of HIV testing** by high risk groups by implementing and monitoring the HIV testing strategy and action plan, ensuring HIV testing is accessible through primary care, specialist sexual health services, and online self-sampling.

**Deliver evidence based health promotion initiatives** to groups at risk of HIV including MSM to improve sexual health wellbeing, effective condom use and the prevention of and early detection and treatment of HIV.

**Investigate each case of HIV**
late diagnosis to identify missed opportunities for testing in primary and secondary health care settings and to share learning.
Why is it a priority?

Healthy sexual behaviour is affected by multiple factors including confidence and self-esteem, knowledge and education, relationships and social influences, peer pressure, drugs and alcohol, culture, values and beliefs, individual perceptions of risk and susceptibility, stigma and discrimination, access to and availability of services (DH 2013, Ingham et. al, 2006).

Stigma associated with sexually transmitted infections can create a barrier to good sexual health and access to services. (DH 2013)

Good relationships and sex education is linked to improved sexual health outcomes (Macdowall et. al. 2015).

Stigma associated with sexually transmitted infections can create a barrier to good sexual health and access to services. (DH 2013)

Young people want more information on sexual health (Tanton et. al. 2015).

Sexual health is linked to inequality. Teenage pregnancy and STI rates are higher in deprived areas and some minority groups are disproportionately affected.

Current Picture/What we do

Cornwall has a range of services grounded in the evidence base including:

A core offer of relationships and sex education to all secondary schools and further education providers in Cornwall.

Healthy schools and support for teachers to provide relationships and sex education.

Talk Relationships and Sexual Health multi-agency communications team and plan in place.

Cornwall’s own online information website on sexual health and contraception www.cornwallshac.org.uk

Support for parents and carers through Speakeasy.

Dedicated young people’s web resource www.savvykernow.org.uk
What are our objectives going forward?

**Review and update**
Cornwall SHAC to ensure it is the go to place for information on sexual health and services in Cornwall for people of all ages.

**Promote sexual health**
and wellbeing through the life course ensuring support and access to services regardless of age, gender and sexual orientation.

Provide information for parents and carers to ensure conversations around sexual health and wellbeing begin early and compliments support provision delivered in schools.

Through Talk Relationships and Sexual Health make use of social marketing to ensure sexual health becomes normalised as part of holistic health improvement.

Proactively engage with the media to ensure stigma and fear surrounding sexual health is challenged and good sexual health is promoted.

Use Talk RSH as a platform to provide an integrated and multi-disciplinary approach to sexual health promotion messages that are consistent, timely and effective.

Deliver targeted and evidence based sexual health promotion interventions to groups most at risk of poor sexual health.

What can we learn from the evidence base?

Health promotion aims to address factors associated with poor sexual health by:

**Promoting a culture of good sexual health** that is accepted as part of human behaviour

**Challenging stigma and discrimination** by addressing misperceptions, normalising good sexual health, providing advocacy and empowering communities.

Addressing peer pressure and social norms through consistent messages, information and education.

**Improving knowledge and information** by supporting education in schools,

Supporting choice by providing information on accessible services for all.

Information on its own cannot improve sexual health outcomes. Evidence based health promotion should also be delivered to address individual and group beliefs and perceptions, and increase motivation to make positive behaviour changes (DH, 2013).
Why is it a priority?

We need to ensure we are providing effective and cost effective services.

The world is evolving and people are accessing information and services in new ways. We need to make sure we continue to best meet the populations changing needs by exploring new platforms of delivery.

In light of reducing public health budgets we need to ensure delivery is based on financially sustainable models.

Current Picture/What we do

Cornwall has a range of services grounded in the evidence base including:

- Prevention, promotion and treatment delivered through a mix of:
  - Commissioned external providers,
  - Cornwall Health Promotion Service (CC)
  - Cornwall Council public health activity.

- Clinical leadership for the network is provided by level 3 GU and contraception services consultant leads and the Cornwall Council’s primary care clinical lead.

- We work to an integrated model sexual health and contraception model to provide the public with as cohesive a service as possible.

- Sexual health and contraception services are provided across a range of platforms to promote access including:
  - Community GU and contraception clinics
  - Young people clinics
  - GP services
  - Online screening, information and advice.
What can we learn from the evidence base?

Making it work identifies a range of solutions for meeting future resource challenges including online services and use of information technology, including social media.

NICE (2014) recommend the commissioning of co-ordinated and comprehensive services across a range of platforms based on identification of local need.

As a nation we are spending increasing time and accessing more services online than ever before.

Evidence shows access to opportunistic screening has been shown to reduce rates of STIs.

What are our objectives going forward?

Achieve further integration of community GU and contraceptive services

Maintaining and developing a skilled sexual health workforce

Maintaining and developing a confident non-clinical workforce

Using technology to support service access.

Prioritising services for those who have the greatest need including those:
- geographically isolated
- socially stigmatised
- young people
- men who have sex with men.
Our Governance: How this Strategy will be delivered

The Sexual Health Commissioning Board (CCSHB) will hold responsibility for this strategy and will oversee and coordinate delivery through a Sexual Health Action Plan.

CCSHB provide leadership and strategic oversight to sexual health improvement within Cornwall. The board is responsible for commissioning sexual health services, including prevention and health improvement services on behalf of Cornwall Council. CCSHB meets bi-monthly and reports into Cornwall’s Health and Wellbeing Board.

CCSHB is informed by the Sexual Health Partnership Group (SHPG); a multi-agency group which meets bi-monthly to provide expertise, evidence and insight in to the needs of groups at risk of poor sexual health, challenges and successes in meeting these needs and best practice in improving outcomes. The partnership includes commissioners and providers of sexual health services as well as representatives from related health, education and social care services.

As a result of effective treatment, life expectancy has significantly increased for people with HIV.


Appendix A

Local Authorities

Comprehensive sexual health services, including:

- Contraception, including LESs (implants) and NESs (intrauterine contraception) including all prescribing costs – but excluding contraception provided as an additional service under the GP contract
- STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing
- Sexual health aspects of psychosexual counselling
- Any sexual health specialist services, including young people’s sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies

Clinical Commissioning

- Most abortion services (but there will be a further consultation about the best commissioning arrangements in the longer term)
- Sterilisation
- Vasectomy
- Non-sexual health elements of psychosexual health services
- Gynaecology, including any use of contraception for non-contraceptive purposes

NHS Commissioning

- Contraception provided as an additional service under the GP contract
- HIV treatment and care, including post-exposure prophylaxis after sexual exposure
- Promotion of opportunistic testing and treatment for STIs, and patient requested testing by GPs
- Sexual health elements of prison health services
- Sexual Assault Referral Centres
- Cervical screening specialist fetal medicine
More information

If you would like more information on the Sexual Health Strategy please contact xxxxxxxxxxxx