Sexual Health Strategy

2016-2023

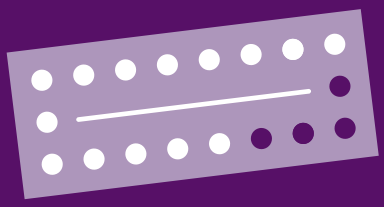
Sexually transmitted infections can impact on physical and emotional health and have wider social and economic implications

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

Open access contraception and sexual health services available across Cornwall

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

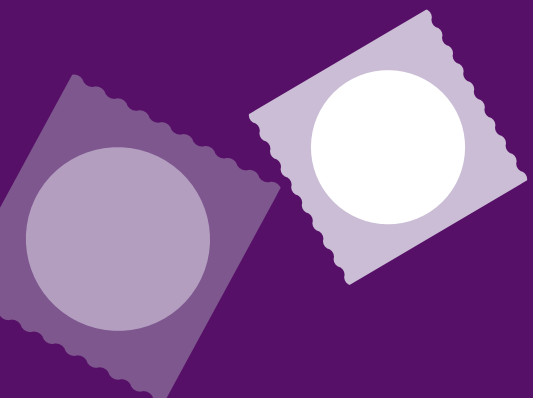
Continue to raise knowledge and understanding of the range of **contraceptive methods** available to people of all ages



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


Open
access
C-CARD

Contents

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

Executive Summary

Sexual health is a local and national public health priority.

The 2016-2021 Sexual Health Strategy sets out Cornwall Council's priorities and approach to meeting the sexual health needs of Cornwall. Sexual Health can impact an individual's emotional and physical health, their economic means and social relationships. The effects of poor sexual health are far reaching and for those affected, the impacts are compounded by social stigma and fear.

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.

The Strategy, and following Action Plan, is committed to working together with all partners and agencies across Cornwall to ensure that the right actions are carried out for the right people, in the right place, at the right time.

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.

Through a strong evidence-base, the Strategy will tailor its approach to address the needs of key population groups, key geographical areas and key life stages through six priorities:

- **Priority One:** Reduce rates of sexually transmitted infections (STIs) among people of all ages.
- **Priority Two:** Reduce unwanted pregnancies amongst all women of fertile age.
- **Priority Three:** Continue to reduce under 18 and under 16 conceptions.
- **Priority Four:** Reduce onward transmission of, and avoidable deaths from, HIV.
- **Priority Five:** To promote relationships, sexual health and sexuality as a fundamental aspect of everyone's health and wellbeing.
- **Priority Six:** Using innovation and collaboration to deliver financially sustainable models that deliver high quality outcomes.

Through the priorities, the Strategy stands to have the greatest impact on those experiencing health inequalities and vulnerabilities at all ages and aims to improve the sexual health of the entire population.

This Strategy is supported by and reflects our local Sexual Health Needs Assessment (SHNA), which, in response to the variable landscape and needs of our population is a live document and sits alongside the Cornwall Joint Strategic Needs Assessment (JSNA).

The Sexual Health Strategy works towards integrating all priorities in order to address the wider determinants of good sexual and reproductive health.

This strategy was developed by Cornwall Council's Public Health Team in collaboration with Cornwall Sexual Health Partnership Group and Sexual Health Commissioning Board. Interested members of the public and stakeholders have been invited to give their views on the strategy, and those views have been incorporated. A final version of the strategy has been published after approval of Adult Social Care Scrutiny.

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

Foreword Raglavar

Sally Hawken, Portfolio holder for Children and Wellbeing

Good sexual health is a vital aspect of our health and wellbeing and it's important that people have the right information, confidence and the means to make the right choices for themselves. We need to make sure we are enabling people of all ages to develop safe and positive relationships.

We've made great progress here in Cornwall. For example, the number of pregnant teenagers is the lowest it has been in decades, and we need to continue this momentum and looking at different ways to provide this help. We are also promoting the early detection of HIV by providing free home testing kits via the post.

But we recognise that we also have work to do. Access to contraception is one of our key aims. STIs such as gonorrhoea are getting more difficult to treat, because antibiotics are becoming less effective. Those who get diagnosed with HIV at late stages have a 10-fold fold increased chance of dying.

This strategy has helped make significant improvement in terms of sexual health access to services over the past few years. However, we need to keep moving forward in some instances where geographical and cultural barriers remain.

Now is the time to place emphasis on prevention and early detection and it is clear this strategy has made a difference, and with everyone's support will continue to do so.

Sally Hawken
Portfolio holder for Children and Wellbeing
Cornwall Councillor for Liskeard East

Yeghes reydhel da yw tremmyn bewek a'gan yeghes ha sewena hag yth yw posek y's teves tus an kedhlow ewn, kyfyans ha'n mayn dhe wul an dewisyow ewn ragdha i aga honan. Yma edhom dhyn a vos sur agan bos ow kalosegi tus a bub oos dhe dhisplegya kowethyansow salow ha posedhek.

Ni re wrug avonsyans meur omma yn Kernow. Rag ensampel, an niver a dhegowogyon dorrek yw an isella re beu dres degvledhynnyow, hag yma edhom dhyn a besya an momentom ma ha mires orth fordhow dyffrans dhe brovia an gweres ma. Ynwedh yth eson ni owth avonsya an helerghyans a-varr a HIV dre brovia daffar-previ tre heb kost der an post.

Mes ni a aswon bos ober ragon ni hwath dhe wul. Hedhas dhe haslettyans yw onan a'gan amkanow meur y vri. Yma STI kepar ha Hasliv ow tos ha bos moy kales dh'aga dyghtya, drefen gorthvewosegi dhe dhos ha bos le effeythus. An re na neb yw diagnosys gans HIV dhe'n agwedhow diwedhes a's teves kressyans degweyth y'n chons a verwel.

An strateji ma re weresas gul gwellheans a vri ow tochya hedhas yeghes reydhel dhe wonisyow dres an nebes bledhynnyow re bassyas. Byttegyns, yma edhom dhyn a besya avonsya yn nebes gweythow may hworta hwath lettow doroniethel ha gonisogethek.

Lemmyn yw an eur dhe worra poslev war lestans ha helerghyans a-varr hag yth yw kler re wrug dyffrans an strateji ma, ha gans skoodhyans pub huni y hwra pesya gul yndella.

Sally Hawken
Synsyas portfolio rag Fleghes ha Sewena
Konseler Kernow rag Lyskerrys Est

Context and Purpose of the Strategy

Following the Health and Social Care Act 2012, Cornwall Council and the Council of the Isles of Scilly are 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, colleges and pharmacies.

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

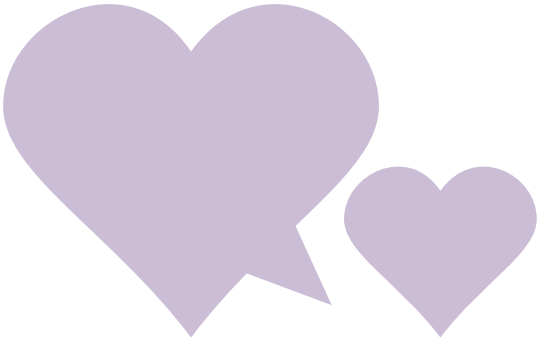
> Sexual health can impact physical and emotional wellbeing in addition to social and economic capacity.

Why is sexual health important?

- 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.

We the public, need access to services and support that enable us all to develop and enjoy healthy sexual activity, and make positive reproductive choices whilst avoiding unwanted pregnancy and risk of infection.



...estimate that every £1 spent on preventing teenage pregnancy saves £11 in health care costs...

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 it's important to break 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

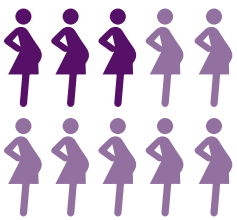
The case for investment in sexual health services is compelling in terms of both public and personal cost. For example unplanned pregnancy carries costs for the individual and society across health, housing, welfare and social care, not to mention potential personal trauma. The King's Fund estimate that every £1 spent on preventing teenage pregnancy saves £11 in health care costs alone (King's Fund, 2014) whilst condoms have been found to be effective in preventing HIV and STIs (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.

More than

half

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



3 in 10
pregnancies are estimated to be unplanned

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:

- Under 18 conceptions (Domain two: Health Improvement);
- Chlamydia diagnoses (15-24 year olds) (Domain Three: Health Protection);
- People presenting with HIV at late stage of infection (Domain Three: Health Protection);

Our progress against these indicators and other key sexual health indicators is publicly 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 to remain sexually 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 wellbeing. In Cornwall, the ambition is to join with a range of organisations and departments within the county to establish "Making Every Contact Count" as a priority.

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 an integral element of individual's health and wellbeing. Focus should be on promoting sexual health wellness through routine access to services.

Priority One

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

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).

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

<25

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

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

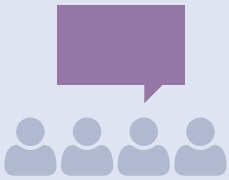
STIs are associated with inequality and deprivation.

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

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.

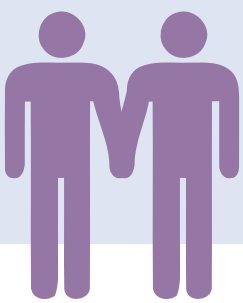


Workforce training increasing workforce **confidence to respond** to young people's sexual health needs.

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



Targeted community work to reach **MSM**.

Chlamydia screening for under 25s including online screening through **freetest.me** and primary care.

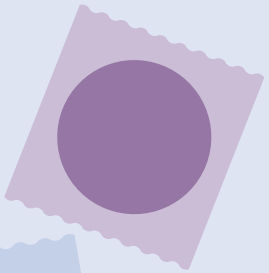
What can we learn from the evidence base?

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

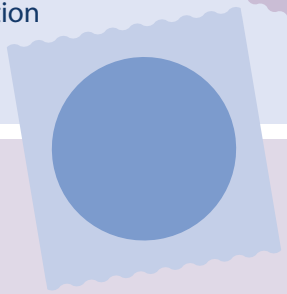
Condom distribution schemes are identified as best practice for **providing both condoms and safe spaces to young people** where they can discuss their health and relationships with a trained practitioner (PHE & Brook, 2014).

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

Effective partner notification is an important way of improving the detection rate and treating undiagnosed infection (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?

To improve knowledge and confidence of young people in preventing STIs by supporting Relationship and Sex Education in schools.

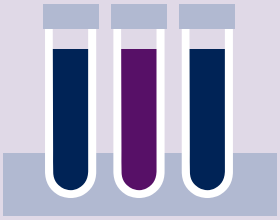
To provide **free condoms** to those most at risk of poor sexual health.

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

To ensure good access to the C-Card scheme for young people, aged 13-24 in Cornwall.

To provide young people friendly services through the SAVVY Kernow accredited scheme.

To improve access to testing ensuring STIs are identified and treated quickly



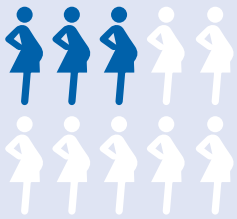
To develop and implement a **Chlamydia Detection Rate Action Plan.**

To monitor STI data to ensure a quick and robust response to emerging issues.

Priority Two

To reduce unwanted pregnancies amongst all women of fertile age

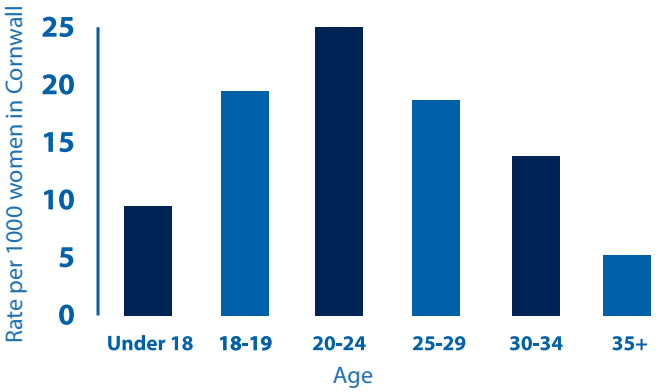
Why is it a priority?



3 in 10 pregnancies are estimated to be unplanned

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

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



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.

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

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

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

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

Workforce training for clinical and non-clinical staff promoting contraceptive services and the range of methods available.

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

Relationship and Sex Education (RSE) in secondary schools includes contraceptive methods, and the importance of its use and developing skills in negotiating condom use.

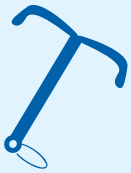
Relationship and sex education linked to clinics to increase familiarisation and access to clinical services.

What can we learn from the evidence base?

NICE (2014) recommend:

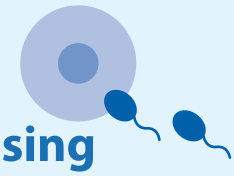
Highly visible, accessible comprehensive **contraceptive services** including services for young people.

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**.

Providing women with **pregnancy choices** including access to abortion services.



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

Providing emergency contraception free of charge to young women.

Early access to abortion services is important as it increases choice and **reduces** the risk of **complications**.

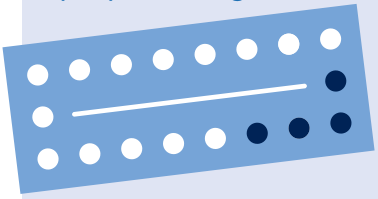
20s

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

What are our objectives going forward?

To continue to **increase access** and **uptake** of Long Acting Reversible Contraceptive (LARC) methods.

To continue to raise knowledge and understanding of the range of **contraceptive methods** available to people of all ages.



To continue to **raise knowledge and understanding** of the range of contraceptive methods available in the non-specialist workforce.

To ensure women, and especially young women, have access to a full range of **emergency contraception** in a range of settings. Working to achieve equal access to a full range of contraception.

To strengthen provision of contraception, including LARC, following pregnancy and use of EHC.

To support 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.

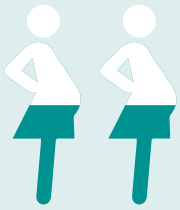
Priority Three

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.



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

Young parenthood is associated with

- higher rates of infant mortality,
- poverty,
- not finishing education and
- poor emotional wellbeing.

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.

Young people's sexual health contraception and sexual health clinics **linked to education**.

Dedicated services for **young parents.**

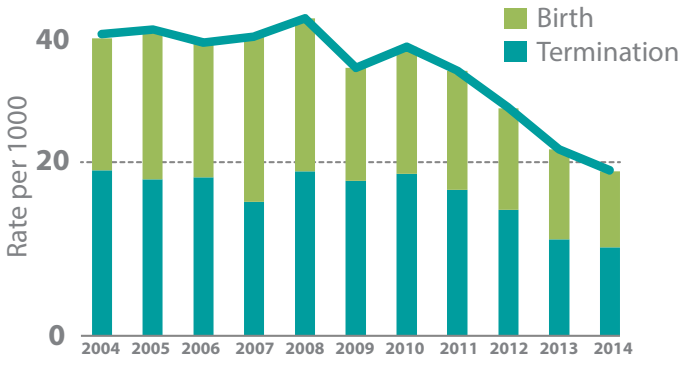
Workforce training increasing workforce confidence to respond to young people's sexual health needs.

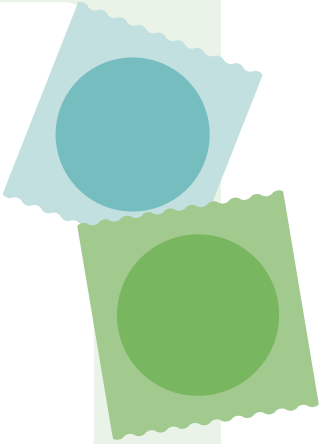
Dedicated young people's web resource **www.savvykernow.org.uk**

Support for parents and carers through **Speakeasy**.

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

Under 18's Conception by Outcome

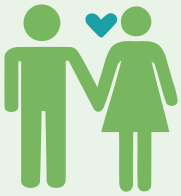




What can we learn from the evidence base?

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.

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.

5x

NICE recommend long acting reversible contraception (LARC) as 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.

What are our objectives going forward?

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

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

To help young people to **access contraceptive services** by ensuring young people friendly services through **SAVVY.**

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

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

To support parents and carers to be positive sources of relationship and sex education for the children and young people they care for. Continue to map services in line with need.

To promote the **current and future health** and wellbeing of young mums, dads and their children.

Priority Four

To increase early diagnosis, and 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).

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

Current Picture/What we do

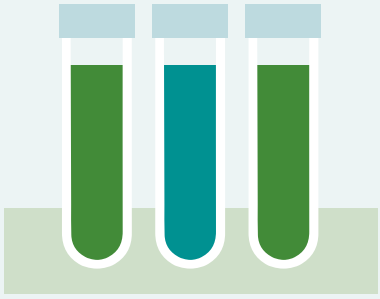
Cornwall has a range of services grounded in the evidence base including:

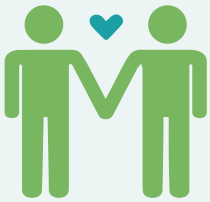
HIV testing strategy for Cornwall is in place to improve access and uptake of HIV testing.

HIV testing and treatment is currently provided as an **integrated service**.

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

Cornwall Council commissions **HIV specialist support and health promotion activities**.





Healthy Gay Cornwall provides **targeted interventions** for men who have sex with men and a specialist website.

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.

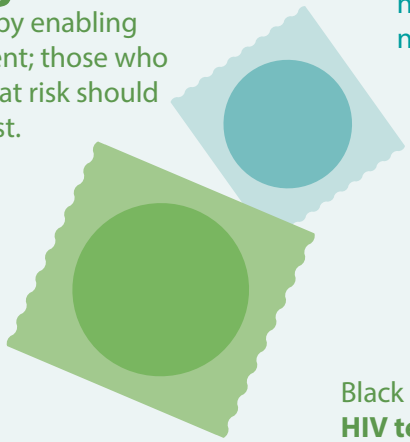
What can we learn from the evidence base?

The evidence base points to a number of factors that can both reduce HIV transmission and support effective treatment and management (PHE, 2015 and DH, 2013):

On effective treatment, **life expectancy** for people **with HIV is not reduced;** it can be greater than the general population.

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.

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



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

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).

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?

To 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.

To 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.

To investigate each case of HIV late diagnosis to identify missed opportunities for testing in primary and secondary health care settings and to share learning.

To deliver evidence based health promotion initiatives to groups at risk of HIV including MSM; improving sexual health wellbeing, effective condom use and the prevention of and early detection and treatment of HIV.

Priority Five

To promote relationships, sexual health and sexuality as an important aspect of health and wellbeing

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).

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

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

Current Picture/What we do

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

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

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

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

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

Dedicated young people's web resource **www.savvykernow.org.uk**

Support for parents and carers through **Speakeasy**.

Sexual dysfunction services are provided as part of **integrated sexual health services.**

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 though 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).

What are our objectives going forward?

To review and update Cornwall SHAC (Sexual Health and Contraception) to ensure it is the go to place for information on sexual health and services in Cornwall for people of all ages.

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

To provide **information for parents and carers** to ensure conversations around sexual health and wellbeing begin early and complements support provision delivered in schools.

Continue to provide **specialist sexual dysfunction/erection problems services/,** and promote self-management of **good sexual health and wellbeing**.

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

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

To use the **Talk RSH** (Reproductive and Sexual Health) programme as a platform to provide an integrated and multi-disciplinary approach to sexual health promotion messages.

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

Priority Six

Using innovation and collaboration to deliver financially sustainable models that deliver high quality outcomes.

Why is it a priority?

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

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

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 population's changing needs by exploring new platforms of delivery.

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,
- Healthy Cornwall (CC)
- Cornwall Council public health activity.

Sexual health and contraception services are provided across a range of platforms to promote access including:

- Community GU and contraception clinics
- Young people's clinics
- GP services
- Online screening, information and advice.

Clinical leadership for 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 sexual health and contraception model** to provide the public with a cohesive service.

What can we learn from the evidence base?

Making it work (PHE, 2015) identifies a range of **solutions for meeting future resource challenges** including online services and use of information technology, including social media.

NICE Guidance (2014) recommends 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. (ONS, 2015).

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

What are our objectives going forward?

To achieve further integration of **community GU and contraceptive services**

Using technology
to support service access.

To maintain and develop a **skilled sexual health workforce** to provide brief interventions and signposting.

To maintain and develop a **confident non clinical workforce**

To prioritise services for geographically isolated communities, socially stigmatised groups, young people and men who have sex with men.

Our Governance:

How this Strategy will be delivered

The Cornwall Council Sexual Health Commissioning Board (CCSHCB) will hold responsibility for this strategy and will oversee and coordinate delivery through a Sexual Health

Action Plan

CCSHCB provides 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. CCSHCB meets bi-monthly and reports into Cornwall's Health and Wellbeing Board.

CCSHCB is informed by the Sexual Health Partnership Group (SHPG); a multi-agency group which meets bi-monthly to provide expertise, evidence and insight into 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.

CCSHCB provides leadership and strategic oversight to sexual health improvement within Cornwall.

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Appendix A: Service Responsibilities

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

Notes


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More information

If you would like more information on the Sexual Health Strategy please email phdesk@cornwall.gov.uk

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