

CONSENSUS/VISION STATEMENT

ASSOCIATION OF DIRECTORS OF PUBLIC HEALTH & BRITISH ASSOCIATION FOR SEXUAL HEALTH AND HIV

Introduction

This statement expresses our shared understanding and commitment to 'what good looks like' for sexual health and the services¹ which support better sexual health.

It is intended to provide a framework for local discussions on how this vision becomes a reality. Local working relationships between providers and with commissioners are vital for the delivery of good system wide outcomes.

Outcomes

- Good sexual health is an important part of our general health and wellbeing.
- Good sexual health is not just the absence of disease - feeling good about yourself, being in an equitable relationship, being in control and being safe are all vital.
- The commissioning and delivery of services should focus on delivering better sexual health outcomes across a breadth of settings, scope of service provision and interventional approaches.
- Outcomes for sexual health services should cover the following domains:
 - Effectiveness
 - Safety
 - Individual experience of care
- Monitoring these outcomes is dependent on having effective clinical and quality governance arrangements in place.

Person centred

- Individuals will have different needs and it is important that the commissioning and delivery of services caters for these needs.
- Sexual health needs will vary by age, gender, disability, faith or religious belief (including humanists, atheists etc) and sexual orientation and ethnic community.
- Access to services should be equitable so that individual needs can be met in an appropriate and timely way; this includes consideration of cultural issues and physical, learning or mental health disabilities.
- Residents and service users should be at the centre of co-designing services and be part of continuous feedback to and from service providers.

¹ Sexual health covers the provision of advice and services around sexual relationships, sexually transmitted infections (STIs) (including HIV), contraception and abortion.

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Health creation

- Sexual health programmes and services should not just be about treating illness but about building resilience and preventing future harm by public education and health promotion.
- Services need to be stable, sustainable and visible so that they are available when needed and are able to build trusting relationships with service users to deliver behavioural change.

Training

- Training of healthcare professionals to develop specialist expertise is vital to ensure the provision of complex care and to enable wider sexual health training for other disciplines including primary care.

Workforce

- A motivated, trained and flexible workforce is fundamental to delivering better sexual health.
- Continuous service improvement needs to be supported through active service improvement, research, training, teaching, learning and education, workforce development and the dissemination of good practice.

— 12 July 2016 —