Public Health England

What Good Sexual Health, Reproductive Health and HIV Provision Looks Like

The What Good Looks Like (WGLL) programme aims to facilitate the collective efforts of local organisations and wider society (the system) towards improvements in their population health outcomes. This publication represents the practical translation of the core guiding features of what a good quality sexual health, reproductive health and HIV (SH, RH and HIV) provision looks like in any defined place. It was developed collaboratively through the synthesis of existing evidence, examples of best practice, practitioners' experiences and consensus expert opinions. It is intended to serve as a guide and will be iterative with regular reviews and updates when new evidence and insights emerge.

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Introduction

The World Health Organisation (WHO) defines sexual health as a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the aspiration of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. The WHO defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people can have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Throughout this publication the term SH, RH and HIV refers to these definitions in their entirety.

Human Immunodeficiency Virus (HIV) can be transmitted through sexual contact, with those participating in unprotected sex or suffering with an existing sexually transmitted infection (STI) being at greater risk. HIV is included within this publication, to strengthen the importance of HIV prevention and management within the context of sexual health and reproductive health provision.

Most adults are sexually active and good sexual and reproductive health matters to individuals and communities. SH, RH and HIV needs vary according to factors such as age, gender, sexuality, ethnicity, mental wellbeing, sensory difficulties, education and literacy, and cultural factors. However, there are certain core needs common to everyone including high quality information and

education to enable people to make informed decisions, a reduction in stigma and discrimination, and access to high quality services, treatment and interventions.

The WHO formally acknowledges the role of behavioural interventions in improving sexual and reproductive health, and highlights the importance of making every contact count regarding sexual health. Local action should address the capability, opportunity and motivation to support people in the actions they need to take, and it is recommended that behavioural science frameworks help to drive coordinated system improvement.

The consequences of poor SH and RH are preventable and include unplanned pregnancies, infections including HIV, cervical and other genital cancers, pelvic inflammatory disease and infertility, psychological consequences, stigma, and poorer educational, social and economic opportunities. There are notable inequalities in access and outcomes in relation to SH, RH and HIV, which must be addressed if meaningful improvements in population outcomes are to be achieved.

Context

The National Survey of Sexual Attitudes and Lifestyles (NATSAL) data for Great Britain show an increase in the numbers of sexual partners an individual has, with the latest survey reporting an average of 12 partners for men, and 8 partners for women. In 2018, there were around 448,000 diagnoses of STI's made in England, an increase of 5% from 2017. The numbers of new diagnoses of HIV continue to fall, including a decline in late diagnoses and a decline in diagnoses among gay, bisexual and other men who have sex with men. Teenage conceptions have reduced dramatically and in 2016 were at the lowest rate in England since comparative statistics were first produced in 1969. According to the NATSAL study only about half of all pregnancies were reported to be actively planned.

A responsive and supportive SH, RH and HIV system will respond to the following issues:

Start Well

- Young people experience higher rates of poor sexual and reproductive health. STI's are more common and teenage pregnancies are more likely to result in poorer outcomes for mother and child
- Sexual violence and exploitation can happen at any age, but being forced to have sex against your will is more common at younger age
- Children and young people need to be equipped with the information and skills to develop healthy and enjoyable relationships as they grow up. Parents, carers and schools are key to this. Young people often describe their relationship and sex education as inadequate
- Social norms are of importance; young people may believe if they are not sexually active they will be rejected by their peers, who they believe to be more sexually active

Live Well

- People are living longer and are expecting to remain sexually active for longer
- Most women will spend up to 30 years of their life trying to avoid an unplanned pregnancy, but will want to maximise the health of any pregnancy they choose to have, making preconception advice and access to effective contraceptive services critical for all regardless of age, socioeconomic status and ethnicity
- Over the last 10 years abortion rates have been decreasing for women under 25 years but increasing for women aged 30 years and over
- Diagnosed cases of gonorrhoea and syphilis continue to rise; this is of concern given the recent emergence of extensively drug resistant Neisseria gonorrhoea and cases of congenital syphilis
- It is increasingly common for people to find sexual partners online and the impact of this on SH, RH and HIV is yet to be clearly understood.

Age Well

- Specific issues (natural decline in fertility, change in long term partners) place a continued need for tailored prevention advice and access to effective contraception for older people
- Although the frequency and range of sexual practices might decrease with age, many people continue to have sex into older age
- For both sexually active men and women low sexual function is associated with increasing age, with about a quarter of 55-74-year olds reporting sexual issues

Groups most impacted

- The impact of STIs remains greatest in young people aged 15 to 24 years and in certain minority ethnic groups, and gay, bisexual and other men who have sex with men (MSM). HIV continues to be concentrated among MSM and black African men and women
- People experiencing poverty or social exclusion are disproportionately affected by SH, RH and HIV problems
- Poor reproductive health outcomes are more likely in women who may already be experiencing disadvantage; for example, women from black and minority ethnic (BAME) groups, younger women from higher levels of deprivation, lesbian, gay, bisexual and transgender (LGBT) women and women with a body mass index (BMI) above 30

Vision

Our vision is to improve outcomes, and reduce inequalities, in SH, RH and HIV for local people and communities. This will be achieved by strengthening a coordinated system-wide approach to reducing the adverse consequences of poor sexual and reproductive health, including sexually transmitted infections and unplanned pregnancies, and to reduce stigma and discrimination. Local systems will support individuals and communities, irrespective of background and circumstance, to make informed choices and to develop safe, healthy, enjoyable and consensual sexual relationships.

Key features of what good looks like for sexual health, reproductive health and HIV provision

Successful System Leadership

The local ‘system’ should be well defined, to take a full view of the responsibilities for population level improvements in SH, RH & HIV which sit with Local Authorities (public health, social care, education, leisure) the NHS and voluntary sector organisations
An effective local system will:

- have identifiable leadership and governance that supports local decision making, informed by evidence and population need, whilst considering inequalities and cost-effectiveness
- have a clear, shared strategic vision and goals that are agreed by all partners
- take a whole system approach which has “buy-in” at all levels and is driven by a local SH, RH and HIV network, strategy group or board. This should draw on local expertise with all members understanding their role
- demonstrate how they are putting patient and public voices at the centre of the development of services and interventions
- have clear governance that is transparent, accountable, co-owned, and understood by all partners
- work together across organisational boundaries to develop and support consistent and coherent services and pathways in response to population need
- demonstrate how partners work together to understand local trends and emerging issues eg. Chemsex (using drugs to enhance sexual experience and reduce inhibitions) and how this informs action
- understand unmet demand within the population and seeks to address this

- recognise the distinct responsibilities of separate organisation and works across organisational boundaries to achieve a “whole system approach” to developing integrated and cost-effective SH, RH and HIV services and pathways in response to identified population need
- agree shared local outcomes and indicators and is responsible for monitoring progress
- support the development of new local models of care across primary, secondary, voluntary and other sectors through collaboration
- ensure a “whole system approach” when rises in any STI are observed/suspected; using early alerts, sharing resources and having a commitment to partnership working with the aim to protect those with or at risk from the consequences of the infections

Building Individual and Community Resilience

The local system will work together to:

- support the delivery high quality relationships and sex education in schools, or other education or young peoples’ settings, in line with current legislation to support young people to make informed choices
- evidence that key populations are prioritised in local SH, RH and HIV strategies
- support and evaluate initiatives across the local system which focus on enhancing individual and community resilience and promoting self-care
- ensure that all local work, including campaigns and materials, is evidence based and targeted to local need
- provide information and messages that are accurate, up to date, and accessible to all; delivered through channels tailored to the target audience
- support parents, carers and young people to; understand the role of consent and the risks of non-consensual sex, recognise the characteristics of a healthy relationship, understand the risks associated with exploitation online, and know where to seek help
- work across the wider system to address barriers to accessing services. This will include identifying the issues that prevent people from seeking help
- address stigma and work together to make everyone, including professionals, more comfortable in discussing SH, RH and HIV
- address harmful cultural norms regarding sex and relationships at a local level, to contribute to wider societal shift in perception
- support people of all ages and backgrounds to have a positive approach to sexuality and sexual relationships

Safe and Effective Practice (including services)

Practice (including services) must be **safe:**

- ensure delivery in accordance with current standards and regulations
- demonstrate commitment to the local development and maintenance of an appropriately skilled workforce (generalists and specialists)
- put safeguarding young people and vulnerable adults at the heart of delivery. This includes working with the wider safeguarding system, and considering Child Sexual Exploitation, domestic abuse, coercive relationships, and other safeguarding concerns. Staff should be trained to be able to respond to these issues safely and effectively
- maintain client confidentiality, handling all personal information with care and in accordance with recommended standards for confidentiality

Practice (including services) must be **evidence-based:**

- developed on evidence-based guidance (see Supporting Evidence) that recognises the three key areas of safety, effectiveness and patient experience
- maintain a focus on primary prevention including the use of condoms and effective contraception and the delivery of vaccinations (including HPV and Hepatitis B as indicated)
- ensure new areas of innovation are identified, implemented where appropriate and evaluated

- offer appropriate digital technologies to support access to services and information
- implement evidence-based interventions and new models of service delivery which are flexed to meet the needs of key groups

Practice (including services) must **put patient experience at their centre:**

- open access (without referral and irrespective of geographical location) to testing, diagnosis and treatment services which are free at point of delivery
- open access to a full range of contraceptive choice and timely preconception advice regardless of service type or location
- specialist services working to support the wider system including primary care services, education, health promotion services, and the voluntary sector (prevention and health improvement approaches)
- utilise patient feedback to develop and improve practice and service provision on a continual basis

Promoting Equity

- the local system uses population health data and service data to identify inequalities in access and uptake of services across the local system and to maximise effectiveness of resources
- delivery and evaluation of targeted work to address inequalities in SH, RH and HIV, with a focus on key populations and appropriately targeted services to meet their needs
- key populations are engaged in the development and delivery of strategies to improve SH, RH and HIV, and in the evaluation and development of local services

Links for further information

A wealth of evidence-based guidance, for further information, is available at the following sites:

- National Institute of Health and Care Excellence www.nice.org.uk
- Faculty of Sexual and Reproductive Healthcare www.fsrh.org
- British HIV Association www.bhiva.org
- British Association for Sexual Health and HIV www.bashh.org
- Public Health England www.gov.uk/government/organisations/public-health-england
- The National Survey of Sexual Attitudes and Lifestyles (NATSAL) www.natsal.ac.uk

Measuring our achievements

Achievement can be monitored and evidenced using a range of data sources and tools, listed below:

Type of data	Examples of data sources
National sources	Information on the range of local and national data available is available from PHE • PHE Sexual and Reproductive Health Profile includes rates for key STI diagnoses, HIV testing, abortions, LARCs, and under 18 conceptions • PHE Child and Maternal Health Profiles • Local Authority Sexual Health, Reproductive Health and HIV Epidemiology Reports (LASERs) • Public Health Outcomes Framework includes under 18 conception, chlamydia detection rate, HIV later diagnosis, infectious disease screening in pregnancy, and HPV vaccination coverage
Locally developed data sources	NICE have published a number of quality standards relating to SH, RH and HIV. The statements within the standard can be used to design local evaluations. These include: • Sexual Health • HIV Testing: encouraging uptake • Contraception
Service KPIs	Service Key Performance Indicators include information on service uptake, and key sexual health outcomes. Examples of indicators are included in the national Integrated Sexual Health Services Service Specification
Service Evaluation	Public Health England resources for practitioners to undertake evaluations of interventions or projects in sexual health, reproductive health and HIV services
Local Population	The local Joint Strategic Needs Assessment will include an overview of the demographics of the local population. It should also include key sexual health needs and risk groups. Local areas can also undertake local sexual health needs assessments.
Patient Voice	Patient feedback including patient reported outcomes measures (PROMS), patient reported experience measures (PREMS), surveys, patient groups, or case studies. Resident surveys or surveys with targeted groups could include questions on SRH to get information from people who do not access services.
Qualitative measures	Working with other local areas can provide useful challenge and benchmarking to local systems. This could include engaging in sector led improvement or peer to peer audits and review and comparing your outcome measures against statistical neighbours
Value for money	Range of tools available – Options include: • PHE tool: Estimating the return on investment in Contraceptive Services • PHE Spend and Outcome Tool (SPOT)