

Working to Improve the Nation's Sexual Health

Independent Advisory Group
on Sexual Health and HIV
Review

published Spring 2010

Independent Advisory Group
on Sexual Health and HIV



Definition of Sexual Health

Sexual health is an important part of physical and mental health.

It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life, and living free from discrimination.

Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.¹

¹ *Better prevention, better services, better sexual health. The national strategy for sexual health and HIV*, Department of Health (2001)

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Introduction by the Chair of the Independent Advisory Group on Sexual Health and HIV Baroness Gould of Potternewton

Sexual health is of fundamental importance for the wellbeing of individuals, relationships and communities.

Good sexual health is discreet, usually unnoticed and un-remarked upon.

However, there are far reaching consequences of adverse sexual health for people of all ages, not only the young.

Poor sexual health, shown by indicators such as increasing HIV and STI prevalence, or increasing rates of unplanned pregnancies among teenagers and other women, is expensive on many levels.

For the individuals affected, their partners, and families, poor sexual health gives heartache and distress as well as having a negative impact on their health and wellbeing. In wider terms, poor sexual health is expensive for the economy in general, and the tax payer specifically.

Good sexual health makes economic sense, and is cost saving for everyone.

This review

In 2008/09, the Independent Advisory Group on Sexual Health and HIV (IAG) replaced the annual review with the production a major mid-term review of the National Strategy for Sexual Health and HIV commissioned from the Medical Foundation for AIDS and Sexual Health (MedFASH), and funded by the Department of Health. This was published in July 2008.

This document captures the extensive activity undertaken by the IAG from 2008 until early 2010, and also includes actions taken previously to illustrate how IAG activity has informed current improvements in sexual health.

Success of the National Strategy

When the National Strategy for Sexual Health and HIV² was produced in 2001, improving sexual health services was identified as the first line of defence against a tide of rising STIs, unwanted pregnancies and ignorance among the general public about good sexual health. Without service improvement, there could be no improvement in the nation's sexual health.

The Independent Advisory Group on Sexual Health and HIV (IAG) was established in 2003 to monitor progress of the National Strategy.

Nine years later, the delivery of the GUM 48 hour access target in over 99.7 percent² of GUM clinics has been achieved, as well as improved access to abortion services, the creation of a national Chlamydia screening programme, and extensive work to make all forms of contraception available to all women, especially Long Acting Reversible Contraception (LARC). These are as a direct result of the National Strategy, as are the developments around sexual health standards and actions to improve workforce training.

As a result of the work done to deliver and review the National Strategy, we have come to see that good leadership is imperative to the improvement of sexual health services and positive outcomes at national and, even more importantly, regional and local levels. This is a key finding for the future of sexual health services.

This prioritisation has helped lay a foundation for good sexual health services. Lord Darzi's inclusion of sexual health in *High quality care for all*³ reminds commissioners and service providers of the importance of good quality sexual health services in terms of prevention, cost saving and in helping protect and improve people's health and wellbeing.

² Ibid

³ February 2010

⁴ *High quality care for all*, Darzi (2008), published by Department of Health www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

Current IAG Activity

The Independent Advisory Group has carried out extensive work to support the final stages of delivery of the National Strategy for Sexual Health and HIV.⁵ The publication in July 2008 of the National Strategy mid-term review, *Progress and priorities – working together for high quality sexual health*,⁶ commanded a great deal of attention among sexual health practitioners in Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs), as well as policy makers. This report should help form the backbone for future sexual health policy development.

The IAG has also set up two expert working groups: one on HIV and the other on contraception and abortion. These two groups produced reports on the concerns that still need to be addressed, and are discussed later in this document.

Although the ten year time frame of the National Strategy draws to a close 2011, the IAG will continue to identify the key issues that remain. Using the outcomes from a consultative document⁷ sent to conference participants at the Department of Health's major sexual health conference this February, *Sexual Health Worth Thinking About: Celebrate – Innovate – Influence*, and the results of the conference itself, the IAG will be producing more work to identify these priorities.

The IAG is keenly aware that the key to future success lies in prevention, and work around prevention must be an important priority for the future.

The IAG and the Future

The improvements in sexual health services achieved over the last nine years are fragile and will not survive if services are now ignored or cut. Modern, high quality, accessible and patient-centred sexual health services must remain a vital part of healthcare provision, to prevent the spread of infection and reduce unwanted pregnancy.


The integration of sexual health services is key for the future. This is not just a national priority, each region and locality should have integrated sexual health services.

The recent and last minute loss of statutory PSHE from the Children, School and Families bill – and with it sex and relationships education – adversely affects one of the most cost-effective methods of guaranteeing that young people receive good quality education about sexual health.

The incoming Government must review this decision as a priority.

We know that we face difficult financial times. The work on health inequalities, prevention and cross Government working is vital in this and addressed in *Progress and priorities – working together for high quality sexual health*⁸. Leadership, planning and prioritisation are essential if we are to focus on prevention and protect these services that we have worked so hard to improve.

The IAG looks forward to making a significant contribution to this work in the year to come.



Baroness Gould of Potternewton

⁵ *Better prevention, better services, better sexual health. The national strategy for sexual health and HIV*, Department of Health (2001)

⁶ *Progress and priorities – working together for high-quality sexual health*, published by MedFASH on behalf of the IAG, (2008) www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103090?PageOperation=email

⁷ *Sexual health – worth thinking about, a paper to inform national strategic planning for sexual health and HIV in 2011 and beyond*, written by Ruth Lowbury, Chief Executive, MedFASH, commissioned by the Department of Health and Independent Advisory Group on Sexual Health and HIV available from <https://register.livegroup.co.uk/Default.aspx>

⁸ *Progress and priorities – working together for high-quality sexual health*, published by MedFASH on behalf of the IAG, (2008) www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103090?PageOperation=email

Section One – Role of the Independent Advisory Group on Sexual Health and HIV

1.0

The role of the IAG on Sexual Health and HIV

The IAG on Sexual Health and HIV is the only sexual health body which covers every field of sexual health, and spans all of England. It was established in 2003 as an Advisory Non-Departmental Public Body. Over the years, the IAG has counselled on improving sexual health services by providing leadership, planning and an overall strategic approach to bettering services.

Its terms of reference are to provide advice to the Government and monitor progress including any further action necessary to achieve the Sexual Health and HIV strategy's aims of:

- Reducing the transmission of HIV and STIs;
- Reducing the prevalence of undiagnosed HIV and STIs;
- Reducing unintended pregnancy rates;
- Improving the health and social care for people living with HIV; and
- Reducing the stigma associated with HIV and STIs.

In *Sexual Health Worth Thinking About*,⁹ a paper to inform national strategic planning for sexual health and HIV in 2011 and beyond, the author, an IAG member, observes:

“In the traditionally fragmented field of sexual health and HIV, the Independent Advisory Group on Sexual Health and HIV has fostered debate between leaders in the field, provided a focal point for knowledge and understanding of the key challenges, and facilitated consensus independent from Government on priorities for action to improve sexual health. The role of the IAG is particularly valuable because of the absence of significant patient and public advocacy on sexual health, the range of different specialties and providers involved and the stigmatised nature of sexual health and HIV.”

The IAG's role in promoting good sexual health is manifested by its work with the Government to ensure that health policy and services combat adverse sexual health, and by encouraging collaborative and integrated working at all levels.

From its inception seven years ago, the IAG has been active in publishing a number of significant reports which have prompted change and review, such as the mid-term review of the National Strategy,¹⁰ two reports on HIV,¹¹ a report on contraception and abortion services,¹² a report on Sex, Drugs, Alcohol and Young People,¹³ and an early report, in conjunction with the TP IAG, on PSHE.¹⁴ The IAG also hosts regular seminars which draw experts and opinion leaders from all over the country, and generates regular documentation and responses to Government. The IAG produces regular Annual Reviews and newsletters, all of which are available on its website.¹⁵

9 *Sexual health – worth thinking about*, a paper to inform national strategic planning for sexual health and HIV in 2011 and beyond, written by Ruth Lowbury, Chief Executive, MedFASH, commissioned by the Department of Health and Independent Advisory Group on Sexual Health and HIV, available from <https://register.livegroup.co.uk/Default.aspx>

10 *Progress and priorities* published by MedFASH on behalf of the IAG (2008) www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/documents/digitalasset/dh_o86741.pdf

11 *Public health policy and HIV/AIDS*, IAG (2007) www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_o76324.pdf and *Building on progress: enhancing the response to HIV in England*, IAG (2009) www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108981.pdf

12 *The time is now, achieving world class contraceptive and abortion services*, IAG (2009) www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_101498.pdf

13 *Sex, drugs, alcohol and young people*, IAG (2007) www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_o75591.pdf

14 *Personal, Social and Health Education in Schools: A time for action*, IAG on Sexual Health and HIV and Teenage Pregnancy IAG (2006) http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4127821.pdf

15 Annual Reviews and newsletters available from IAG website www.dh.gov.uk/en/PublicHealth/Healthimprovement/SexualHealth/SexualHealthGeneralInformation/DH_4079794

1.1

The IAG and independence

As part of its remit in advising Government on the progress of the National Strategy for Sexual Health and HIV, the IAG commissioned the Department of Health funded MedFASH to produce a mid-term review called *Progress and Priorities – working together for high quality sexual health (July 2008)*.¹⁶ The purpose of the review was to take stock of the implementation of the National Strategy, and also consider some of the new developments that had occurred in the NHS, and the field of sexual health specifically.

Progress and priorities included considerable field work and interviews, stakeholder engagement, desk research and a comprehensive set of cross-cutting recommendations to carry forward the National Strategy at a national, regional and local level. It was widely applauded by stakeholders, sexual health providers and the media. The Department of Health has now published its response to the review.¹⁷

The IAG on Sexual Health and HIV is proud of its independent status.

It has been a ‘critical friend’ to Government, and become a channel for the concerns and views of sexual healthcare practitioners throughout the country.

The IAG publishes a regular stakeholder newsletter that has a wide circulation among PCTs, SHAs and sexual health practitioners.

Often, stakeholders or healthcare practitioners will contact the IAG Chair, Baroness Gould, directly with concerns, or speak to other members of the IAG asking for issues to be considered by the group. The IAG has become a voice back to Government about key issues in the field.

This relationship was established early on in the IAG’s history when the group received intelligence that the £300 million earmarked for sexual health services was not being received by those services. In July 2006, after conducting research in conjunction with the All Party Parliamentary Group on Sexual Health, the IAG published the results of a report that revealed that the £300 million funding was, in two thirds of cases, not reaching sexual health services.¹⁸

The Department of Health has since been exploring ways of delivering money so that it reaches its target. The IAG would recommend that ways of tracking and accounting monies by results achieved are considered.

The on-going dialogue between the IAG and sexual health practitioners in Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) has been a powerful tool in helping keep Government informed. It also represents the establishment of an informal but powerful IAG network.

¹⁶ *Progress and priorities – working together for high quality sexual health* published by MedFASH on behalf of the IAG (2008) 2008http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/documents/digitalasset/dh_086741.pdf

¹⁷ *Moving forward: progress and priorities – working together for high-quality sexual health, Government Response*, published by Department of Health (2009) www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103090?PageOperation=email

¹⁸ *Choosing sexual health – where did the money go?* IAG, (July 2006)

1.1.2

The IAG and the media

Part of the IAG's work is to actively engage with the media, and the IAG fosters a relationship with the trade press and national media to promote its publications and findings to stakeholders and interested parties, and also as a way of informing the national debate around sexual health issues. The Chair gives briefings and interviews, supported by subject specialists on the IAG. The Chair also comment on issues that directly affect the IAG and the aims for National Strategy for Sexual Health and HIV.

The IAG particularly welcomes the extensive work done by the Department of Health in using mainstream media to promote sexual health messages. The current campaign, 'Sex. Worth Talking About', has a highly desirable focus on the different methods of contraception, and also on promoting Chlamydia testing. The previous campaign 'Condom Essential Wear' promoted condom use in helping curb the spread of STIs.



Section Two – Achievements

2.0

The IAG as a catalyst for change

The IAG has been instrumental in a number of successful initiatives to improve sexual health in this country.

The IAG has been a catalyst for change, much of which involves working with Government ministers and civil servants to consider the direction of policy and possible improvements.

Many of the IAG's major achievements lie in its ability to provide a trusted conduit to broker communication.

Section two looks at some of the IAG's achievements which are wide ranging and include:

- successfully opposing the reduction of the upper limit for abortion.
- supporting the reduction of VAT on condoms, which was achieved in 2006.
- supporting the continued protection of the AIDS Support Grant (ASG) until 2011.

Another key issue that the IAG engaged on was the new Public Health powers created by the Health and Social Care Act (2008). Concerns were raised at consultation stage by the National AIDS Trust (NAT) and other organisations that the new powers could be applied in cases of transmission of STIs, potentially undermining the confidentiality of sexual health services and increasing HIV-related stigma.

As a result of interventions by the IAG – working in partnership with the NAT, the British HIV Association (BHIVA) and the British Association for Sexual Health & HIV (BASHH) – the Department of Health undertook to provide specific reference to HIV and STIs in the operational guidance created to support implementation of the new regulations and also provided a commitment to monitor and report the use of public health orders.

Consequently, the new guidance will make it clear that public health orders should only be used in relation to STIs in exceptional circumstances; that they should not alter current practice around confidentiality and contact tracing and that the treating clinician should be consulted in the rare cases when an order is being considered.

2.1

The IAG and condoms

The IAG has had particular success in encouraging the normalisation of condoms, and condom use. The IAG worked with Government to recommend that VAT was reduced on condoms, and this was announced in the 2006 Budget.

The IAG was credited as the main source behind the decision of the Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP) to lift the watershed on advertising condoms which was announced on March 16, 2010.

The importance of normalising condom use cannot be underestimated. On average, a condom costs 5 pence, while a lifetime of treatment for HIV costs between £280,000 – £360,000 per person.¹⁹

¹⁹ *HIV in the United Kingdom: 2009 Report* p. 6, Health Protection Agency, published November 2009
<http://www.hpa.org.uk/Publications/InfectiousDiseases/HIVAndSTIs/0911HIVUK2009Report/>

2.2

The IAG contribution to the 2012 Olympics, Paralympics, and 2010 World Cup

Olympics and Paralympics

The IAG plays an important role in ensuring that sexual health services have current information and are aware of the impact that major events, such as the Olympics and Paralympics, can have. The Sexual Health Planning Group was established at the instigation of the IAG Chair, Baroness Gould, and is led by the IAG Strategic Advisor, Professor Michael Adler CBE, supported by IAG member and London Sexual Health Programme Director, Hong Tan.

The Sexual Health Planning Group recently received £120,000 from the Department of Health for an extensive programme around sexual health and the Olympics. This will provide funding for a one-year post to develop a toolkit that addresses communications and social marketing for all PCTs in the extended locality. The money will also fund work to develop and implement a strategy for outreach clinics to ensure GUM clinics are not overwhelmed. The aim is to divert demand for sexual health services away from GUM services, and where appropriate, into the community. Additional resources such as visitor packs and information will also be produced. The Sexual Health Planning Group will also look at ensuring additional supplies of condoms for the Games are available.

This will be the first time that any Olympic or Paralympic Games has had sexual health considered as one of the health outcomes, and the IAG anticipates the review will be very useful for other major events in this country, such as the Commonwealth Games, and for other Olympic and Paralympic hosts in the future.

World Cup

The IAG has had meetings with representatives from HIV Sport, the Foreign & Commonwealth Office and the Chair of the Football Association about the World Cup in South Africa to ensure that information about the risks of HIV transmission are promoted among football fans travelling to the World Cup from the UK.

2.3

Workforce development

The IAG has long championed workforce development, with a specific focus on the role of nurses. The Chair has met with Ministers and is very active with all the relevant organisations, Faculties, and Royal Colleges to ensure this agenda is explored. The IAG initiated new developments for the future training of the workforce which are currently underway.



2.4

Education in sexual health and training

Nurses

Nurses are key to the success of the sexual health programme. The IAG has drawn attention to the state of nurse education over the years, and is working with key stakeholders to drive work forward on this issue.

Since the demise of the National Boards, the responsibility for post registration education rests with Higher Institutes of Education (HEIs) and this has resulted in varying types of courses being delivered. Many are excellent while others do not equip nurses to deliver sexual health in a way needed in the modern world. It is important that there is standardisation in training and accreditation.

There is a lack of a national standard for training similar to that available for doctors and, equally, nurses lack any career structure. This leads to nurses frequently doing many short courses in order to gain the education they need. Also, job descriptions vary across the country for more senior posts. For this reason a number of meetings have been held with those responsible for training and accreditation, and with the DH about ways to progress this issue.

The IAG has been supportive of sexual health courses and skills development among sexual health practitioners, nurses, GPs and others.

An example of this is the University of Greenwich's RCN Approved Sexual Health Skills course, now in its sixth year, with over 1700 participants over that time. The course originated as a broad foundation in sexual health to help nurses, midwives and other health and social care professionals to address relevant, holistic, sexual health matters with their clients, whoever they are, and whatever their needs.

Doctors

The IAG was also instrumental in encouraging funding for the RCGP Introductory Certificate in Sexual Health (ICSH). The primary aim of the ICSH is to get GPs, practice nurses and other practitioners in primary care to talk about sex. The key audience is generalist GPs, practice nurses and other practitioners and it is pre-STIF or Faculty Diploma. The programme comprises an e-module (currently moving from doctors.net to RCGP website) with a one day face to face course. Participants must complete both to get certificate, although they can take the modules as stand alone education.

Over 2000 practitioners, mainly GPs, have done the e-module and it is rated over 96% satisfaction.

Funding remains a pressing issue for rolling out sexual health training

2.5

Working with the Department of Health's Sexual Health National Support Team

The IAG works closely with the Sexual Health National Support Team (NST) on issues that affect sexual health services, and is pleased to see increased NST involvement in monitoring contraceptive services at the IAG's request. The IAG receives regular updates from the NST, and looks forward to working with and seeing the development of the NST over the next year. The IAG has, over the years, endorsed the development of the role of the NST to extend beyond its original remit of the GUM 48 hour access target services to include sexual health service provision in general, and, in specific, contraceptive services.

2.6

Working in the sexual health arena

A crucial part of the IAG's work is its liaison with the third sector and other stakeholder organisations working within the sexual health field. This group includes the Care Quality Commission, the Health Protection Agency (HPA), members of the Darzi Review, Family Planning Association (FPA), Brook, the Terrence Higgins Trust (THT), Mesmac, the British Association for Sexual Health & HIV (BASHH), the British HIV Association (BHIVA), the Faculty of Sexual & Reproductive Healthcare (FSRH), Straight Talking, Marie Stopes, the British Pregnancy Advisory Service (bpas), the Medical Foundation for AIDS & Sexual Health (MedFASH), Positively Women, PozFem, the National Children's Bureau (NCB), the Royal College of Nurses (RCN), the Royal College of GPs (RCGP), and the Teenage Pregnancy IAG (TPIAG) among others. The IAG would like to thank all those who work with it for their invaluable assistance over the years.

The IAG acts as both questioner and advisor to the Department of Health, and participates frequently in consultation with the Department. The IAG would like to thank the Department for all its co-operation and support in this.

Section Three – The future

3.0

Sexual health for the future

The IAG's focus now is on looking at the future.

The IAG helped provide the strategic thinking which underpinned a sexual health conference organised by the Department of Health in February 2010, *Sexual Health Worth Thinking About – Celebrate – Innovate – Influence*.

At that conference, a consultation paper to inform national strategic planning for sexual health and HIV in 2011 and beyond, produced by MedFASH for the IAG and Department of Health, was introduced by Ruth Lowbury, Chief Executive of MedFASH.²⁰ This important paper was circulated to the 400 conference delegates.

The consultation paper lays out the key strategic issues to inform planning against the current backdrop of financial constraint and the context of NHS changes.

The paper presents consultative questions on:

- What the most useful approach to a strategic vision for sexual health in 2011 might be.
- Whether there are any issues of sexual health and HIV that would merit the development of a separate or additional framework.
- The strategic priorities for prevention and wellbeing.
- The strategic priorities for commissioning and service redesign.
- The strategic priorities relating to workforce in sexual health and HIV.
- Leadership and the levers for implementation of sexual health strategy.

The results of the delegates' feedback on the consultative questions will be analysed by MedFASH and discussed by the IAG as part of the sexual health plan for the future.

3.1

Progress and priorities

There has been a significant amount of activity around sexual health issues in the last ten years. The Government response²¹ to the IAG's mid-term review of the National Strategy, *Progress and priorities*,²² produced by MedFASH for the IAG, captures the breadth of those activities in order to implement these activities.

*Progress and priorities*²³ identified five key strategic areas which continue to need attention in order to deliver good quality sexual health services.

These priorities could also translate into **basic principles** for improving sexual health services.

They are:

1. Prioritising sexual health as a public health issue and sustaining high level leadership at local, regional, and national levels.
2. Building strategic partnerships.
3. Commissioning for improved sexual health.
4. Investing in prevention.
5. Delivering modern sexual health services.

Future policy development and work programmes undertaken by the Department of Health, the IAG and associated organisations that work within the sexual health field should consider these priorities as part of their planning.

Within this, there is a subset of priorities that the IAG would suggest:

1. Continuing to build networks, whether they are commissioning, service or practice networks, based on local need, and determined locally as a method of sharing good practice and cost saving.

²⁰ *Sexual health – worth thinking about*, a paper to inform national strategic planning for sexual health and HIV in 2011 and beyond, written by Ruth Lowbury, Chief Executive, MedFASH, commissioned by the Department of Health and Independent Advisory Group on Sexual Health and HIV (2010)

²¹ *Moving forward: progress and priorities – working together for high-quality sexual health* Department of Health (2009), http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4127821.pdf

²² *Progress and priorities – working together for high-quality sexual health*, published by MedFASH on behalf of the IAG, (2008) // www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103090?PageOperation=email

²³ Ibid

3.2

Sharing a cross-governmental agenda

“Service networks can provide integrated care pathways so that users have a seamless experience of care, are seen by services at a level appropriate to their needs and by staff with appropriate competence, while the wastage arising from duplication and the complications resulting from partial or suboptimal care are avoided. They provide a framework for the development of shared protocols, audit and training, with clinical leadership from the specialist service(s) in the network empowered to lead transformational change across organisational boundaries. It will be important for commissioners to ensure that competition between providers, designed to stimulate the market, does not impede the collaboration required for the successful development and functioning of networks and the benefits they bring.”

Extract from *Sexual health. Worth thinking about.*²⁴

2. Ensuring a costed research and development strategy for HIV and other sexual health activity (as recommended in *Building on progress: enhancing the response to HIV in England*²⁵).
3. Ensuring that all prevention and health promotion work is monitored for quantifiable results both at a national level, and through local delivery.
4. Continuing to support an integrated cross-government approach nationally and locally to ensure that sexual health is not ghettoised, but understood within a broad social context by PCTs and local government.
5. Continuing to build work force development, and ensuring a standardised training among nurses and sexual health advisors.
6. Continuing to support Lord Darzi's²⁶ recommendations for moving services into the community.

The IAG has long spoken about the need to break out of the silos that surround sexual health in order to integrate activity both within the field of sexual health and with work being carried out in other Government areas.

Within the area of sexual health, there seems to be an increased awareness of the value of working across Government departments in terms of sharing intelligence, working together on policy and ensuring a more joined up approach, which is encouraging. The IAG has played a key role in engaging different departments and encouraging cross-departmental collaboration.

We are starting to see some early fruits of this cross-governmental collaboration which is having a very positive impact in areas of concern for the IAG.

For example, the Government Equalities Office (GEO) worked with the Department for Work and Pensions (DWP), the Department of Health (DH) and the Treasury Solicitors to incorporate amendments to the Equality Bill²⁷ which prohibit the use of pre-employment questionnaires related to disability. This will have a direct and positive impact on the employment status of many people living with HIV.

24 *Sexual health – worth thinking about*, a paper to inform national strategic planning for sexual health and HIV in 2011 and beyond, written by Ruth Lowbury, Chief Executive, MedFASH, commissioned by the Department of Health and Independent Advisory Group on Sexual Health and HIV, available from <https://register.livegroup.co.uk/Default.aspx>

25 *Building on progress: enhancing the response to HIV in England*, IAG (2009) http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108982.pdf

26 *High Quality Care For All*, Darzi (2008), published by Department of Health http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

27 Equality Bill, Government Equalities Office (2010) http://www.equalities.gov.uk/equality_bill.aspx

3.3

Personal Social Health and Economic Education (PSHE)

Public awareness campaigns are starting to be produced in consultation with other departments. The recent *Know your limits* campaign on alcohol misuse was produced jointly by the Home Office and Department of Health. Alcohol misuse has a direct impact on sexual health, as identified in the IAG report *Sex, drugs, alcohol and young people*.²⁸ The recent cross-government strategy on *Violence against women and girls* was produced by joint co-operation between a number of different Government departments including the Home Office, the Department of Health and the Government Equalities Office. Again, sexual violence is an area of concern for the IAG.

At the recent *Sexual health worth thinking about* conference, breakout groups were run on alcohol and sexual health, sexual violence and sexual health, equalities and sexual health and young people. Any activity around any of these subject areas will involve other Government departments.

Increased integration between Government departments in terms of planning for sexual health in the future, including addressing the social determinants of sexual ill health, tackling stigma and developing strategies for prevention, will be essential in terms of delivering joined up services and ensuring money is spent cost effectively – as well as protecting the health of the community, and the rights of the individual.

Efforts to make PSHE Education a statutory part of the national curriculum, including sex and relationships education, were lost at the eleventh hour as Parliament drew to a close for the 2010 national election. Making PSHE Education statutory has been part of a concerted effort to improve education and prevention of unplanned pregnancy and the spread of sexually transmitted infection. The IAG on Sexual Health and HIV and the Teenage Pregnancy IAG as well as voluntary organisations, healthcare providers, education providers and experts, and public health experts have actively lobbied on this for many years. From a joint conference on PSHE with the Teenage Pregnancy IAG and an ensuing report in December 2005,²⁹ to a programme of continuous lobbying and communications activity, the IAG has long championed good quality Sex and Relationships Education as part of a statutory PSHE Education syllabus.

It is with regret that we return to the issue of PSHE for the new parliament. However, the IAG will continue to champion this. PSHE Education that includes sex and relationships education is one of the most effective ways of ensuring that young people receive good quality messages about sexual health. Educators want it, healthcare professionals want it, and most importantly, young people want good quality sex and relationships education.

²⁸ *Sex, drugs, alcohol and young people*, IAG (2007) http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_075591.

²⁹ *Personal, Social and Health Education (PSHE) in Schools: a time for action, IAG on Teenage Pregnancy and IAG on Sexual Health and HIV*, (2006) http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4127821.pdf

3.4

The IAG working groups

In 2009, two IAG working groups were created – one on contraception and abortion and the other on HIV. These groups ensured a focus on these respective issues. Both groups have published reviews and recommendations, and the scrutiny of those issues has provided a set of strategic considerations for the future. Work has started to follow through the recommendations, and some of that work is discussed here.

3.4.1

Contraceptive and abortion working group

*The time is now – achieving world class contraceptive and abortion services*³⁰ was produced one year into a three year round of spending for contraceptive services.³¹ The report makes four recommendations.

The first centres on ensuring that public information is provided about all contraceptive methods, through a combination of national sources and activity, supported by local signposting with full information about what local services, including general practices, do and do not offer.

The second focuses on PCTs developing world class commissioning for contraceptive and abortion services based on rigorous comparative data. In many PCTs, additional resources need to be allocated to sexual health commissioning, and within this to develop a much stronger focus on contraception and abortion services as well as sexually transmitted infections, ensuring that services meet the range of needs of all sexually active people within their community. Commissioning of contraceptive and abortion services needs to be integrated. Both commissioners and providers should seek out innovation and the evidence for service improvement, and be prepared to resource and implement change.

The third addresses a workforce development strategy – including a multi-professional workforce plan and training framework – to ensure that there are a sufficient number of trained staff to provide both contraceptive and abortion services. This should link to development plans to establish a managed clinical network in each locality. Many PCTs need to invest development resources in training and manpower planning as a matter of urgency. The report suggests that PCTs must ensure that, in the current restructuring of PCT provider services, specialist contraceptive services should survive and thrive.

³⁰ *The Time is now, achieving world class contraceptive and abortion services*, IAG (2009)
http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_101498.pdf June 2009

³¹ £26.8 million to improve access to contraception, DH press notice 6 February 2008

3.4.2

HIV working group

The report also has a conditional recommendation if – despite improvements in information, commissioning and workforce development – unplanned pregnancies continue at their present rate. The group calls for a more strategic approach to the delivery of contraceptive services. This includes appointing a national lead to consider how contraception is delivered in other countries, and also consider how World Health Organization standards could be adapted to widen access to contraception in this country.

Contraceptive services often have poor technology which means data capture is very difficult. There are also concerns around the tariff for providing services and concerns that experienced workforce is retiring with little coming to replace them. Even though contraceptive services are a priority within both the prevention agenda and the teenage pregnancy agenda, these issues still need to be addressed.

Contraceptive and abortion services are very important. In economic terms alone, research commissioned by FPA showed that the NHS could save £1 billion over 15 years by investing in contraceptive services and speeding up women's access to abortion services by just 10 days.³²

The IAG welcomes the inclusion of contraception in the national campaign, *Worth thinking about*, but would like more information about how this translates on the ground in terms of signposting local services.

The IAG also looks forward to seeing the *World class commissioning for sexual health, contraception and abortion services* when it is published in the spring.

*Building on progress: enhancing the response to HIV in England*³³ reviews the changing landscape of HIV and HIV services and considers what needs to be addressed when planning services for the future. The report captures many of the issues that have been under consideration by the IAG.

The aim of the report is to build on current activity, and also highlight any gaps that should be addressed. The report has seven main areas in which recommendations are made:

- A national cross-governmental overview of HIV
- The needs of people living with HIV
- Prevention, testing and health improvement
- Evidence and dissemination
- Stigma and discrimination
- Services
- A gendered approach

Further discussions with the Department of Health and stakeholders indicate that increasing understanding and knowledge about HIV across Government and the NHS will bring benefits in terms of encouraging early identification and treatment of the condition. It should also help towards tackling the stigma around HIV in the general public and the media.

One of the key issues relating to increasing the understanding of HIV – or 'HIV literacy' – is the need for national cross departmental communication about HIV. Much more activity is needed and the lines of communication must be clear.

³² 'Economics of sexual health' research by Newcastle University commissioned by FPA (2005)

³³ *Building on progress: enhancing the response to HIV in England*, IAG (2009)

http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108981.pdf

The IAG is currently proposing that the Department of Health consider a regular cross-government forum on HIV with an annual agenda or work programme.

The remit of the cross-governmental group could be along the following lines:

- To share information about what Government departments are doing that directly or indirectly has an impact on the response to HIV in England and, where appropriate, the UK.
- To receive an overview of the priorities and goals of the Department of Health as the lead for this issue in England and the 'custodian' of the Government's response.
- To examine the issues of stigma and discrimination and receive a presentation on the Department of Health work and strategy around this issue, and why it is important in the public health response to HIV management e.g. getting people to come forward for services.
- To have a clear strategy and action plan from the Department for Work and Pensions (DWP) on addressing stigma and discrimination in the workplace; from the Department for Education on addressing stigma and discrimination in schools; and from the UK Border Agency (UKBA) on addressing stigma and discrimination within the asylum and immigration system.
- To use the meeting as a forum for discussing how collaboration and coordination could be improved along with areas of congruence as well as conflict in policy.

The 2007 implementation plan for tackling HIV stigma and discrimination³⁴ should be updated and this group could make significant contribution to this process.

In fact, the IAG believe this cross department work could be broadened from HIV to include the entire sexual health agenda, which would make an even more constructive forum.

Following on from this, and with a particular focus on meeting the needs of people with HIV, there would be considerable benefits from having better mechanisms for ensuring the voices and views of people living with HIV influence national and local policy and service development. The network that does exist – Pozfem, a national network of women living with HIV – has a struggle to gain recognition for its role in giving women with HIV a voice. How to achieve a powerful 'voice' that represents a disparate cross-section of society, including gay and bisexual men, heterosexual men and women, people from various ethnic groups, and children, remains an important challenge.

Prevention, testing and health improvement are key issues. During the course of the working group, the role of treatment built on wider access testing was a key point of discussion. The DH is exploring this through its pilots on early diagnosis which will be reporting in autumn 2010 and will help to resolve some of the debate currently taking place. *Building on progress*³⁵ is supportive of all efforts to ensure early diagnosis of HIV both for the wellbeing of the individual, and to prevent spread of the infection.

In terms of evidence and dissemination, the IAG suggests that efforts should be made to monitor outcomes from all activities to help improve general understanding of what interventions are most effective and why. It is also an opportunity to include the costs and cost effectiveness of interventions, which is of paramount importance in the coming time.

34 *Implementation plan – tackling stigma and discrimination* Department of Health (2007)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_076423

35 OpCit

3.5

Chlamydia screening programme

It is clear from the working groups that there is a need to continue to raise understanding of HIV throughout health and social care. The IAG recognises the BHIVA UK Guidelines for the management of sexual and reproductive health of people living with HIV infection (2008)³⁶ which have been developed for use by healthcare staff in various disciplines including gynecologists, and staff in primary care, fertility experts and all those involved in the care of HIV positive individuals. They provide an example of how HIV needs to be addressed across departments. The guidelines are designed to complement BASHH clinical guidelines on STI treatment for those with HIV.³⁷

The point of access to services and care for people living with HIV does not rest with one specific healthcare area. For example, people with HIV are living for longer, and the effect of long term use of treatment means that healthcare practitioners are seeing cases of damage to the liver and coronary disease which need onward referral to services not experienced in the care of people with HIV. HIV increasingly affects the NHS as a whole, and, as such, we need to ensure that all those who provide services are aware of and able to support people living with HIV appropriately.

The IAG ran a seminar on the Chlamydia screening programme, and the results of the seminar have been superseded by the publication of the recent National Audit Office report on the programme,³⁸ and a Review of the Programme by Dr Ruth Hussey.³⁹ The IAG participated in the consultation for both these reports. Following the publication of the reports, the IAG is considering how best to update its original findings and will be working with the Department of Health on plans for the future of the screening programme.

³⁶ UK Guidelines for the management of sexual and reproductive health of people living with HIV infection, BHIVA (2008) <http://www.bhiva.org/UKGuidelines2008.aspx>

³⁷ United Kingdom national guideline on the sexual health of people with HIV: sexually transmitted infections (2006) BASHH Clinical Guidelines <http://www.bashh.org/documents/60/60.pdf>

³⁸ Department of Health - Young people's sexual health: the National Chlamydia Screening Programme National Audit Office (2009) http://www.nao.org.uk/publications/0809/young_peoples_sexual_health.aspx

³⁹ Review of the National Chlamydia Screening Programme, Dr R. Hussey (2009) published by Department of Health http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108285

3.6

The HPV vaccine

The IAG has expressed concern that the HPV vaccine selected does not include protection from genital warts. The IAG has had discussions with Ministers and Professor David Salisbury, Director of Immunisation at the Department of Health, and will continue these as appropriate.

Conclusion

The National Strategy for Sexual Health and HIV has been the vision for sexual health over the last ten years. It has had a profound impact on sexual health services, and how sexual health is viewed by policy makers, commissioners and administrators.

The recent Equality Impact Assessment for National Sexual Health Policy concludes⁴⁰ that: “significant inequalities ... exist in sexual health in England. However, since the inception of the sexual health and HIV strategy, many of these inequalities have been recognised and addressed.”

The basic principles of the National Strategy – that everyone one should be able to access services and that the needs of some target groups should be prioritised – are fundamental and should continue into the future, even though it this will be challenging during these times of financial constraint.

⁴⁰ *Equality impact assessment for national sexual health policy*, Department of Health, (2010), http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111227

IAG Activities

IAG Quarterly Meetings and Seminars

2007

5 December

25 October Special meeting with Minister for Public Health, Dawn Primarolo

2008

12 March

4 June

24 July Chlamydia Seminar

10 September

25 November Special Meeting on Commissioning of Sexual Health Services

3 December

2009

27 January Special Meeting on Networks

18 March

17 June

9 September

2 December (attended by Minister of State for Public Health, Gillian Merron)

2010

17 March

The IAG also facilitates debate and dialogue on the development of a vast range of subjects relating to sexual health, including the development of networks, the development of nurse training and accreditation, prisons, follow through on seminars from Chlamydia, HIV/AIDS, and Sex, Drugs, Alcohol and Young People.

Working group on contraception and abortion

Meetings held between July 2008 – October 2008

Working group on HIV (including local consultation meetings carried out on behalf of the Department of Health)

Meetings held between March 2008 – May 2009

Publications

Public health policy and HIV/AIDS, 6 December 2007

Progress and priorities – working together for high quality sexual health, 28 July 2008

The time is now, achieving world class contraceptive and abortion services, 26 June 2009

Building on progress: enhancing the response to HIV in England, 24 November 2009

Newsletter 6 (March 08), Newsletter 7 contraception and abortion (November 08), Newsletter 8 (November 09)

Annual Review (Spring 2010)

Response to consultations

Committee for Advertising Practice, BCAP code review

BHIVA/BASHH guidelines on HIV testing

Sexual Health Commissioning Framework

Commissioning of Contraception and Abortion Services

GMC Personal Beliefs and Medical Practice Guidelines

ISTC Draft Questionnaire

Teenage Pregnancy Strategy and Beyond 2010

Consultation with Ministers and Key Decision Makers

There has been regular correspondence with Ministers and others to promote activity and inform on a range of subjects, and deputations to Ministers including on the Darzi Review, Abortion, HIV and the Disability Living Allowance, HIV and Health Protection Regulations.

Launches

On behalf of the IAG, the Chair has launched documentation produced by other sexual health organisations including NHS Commissioning Guidelines for Abortion Services in London, Marie Stopes on Contraception, HIV Sport, Faculty for Sexual and Reproductive Health E Learning Training Programme, British Association for Sexual Health and HIV (BASHH) and MedFASH Standards for Sexual Health, and IAG documentation on the Review of the National Strategy, *Progress and priorities – working together for high quality sexual health*.

The Chair has also launched three IAG seminar reports: *Public health policy and HIV/AIDs, The time is now – achieving world class contraceptive and abortion services* and *Building on progress – enhancing the response to HIV in England*.

Openings

The Chair and members of the IAG have visited and attended openings of sexual health clinics, for example, in Camberwell, Brighton and Hove, Rugby and Newcastle.

Conferences

During the period of this report, IAG members have participated in a number of conferences and the Chair, representing the IAG has been the keynote speaker at conferences held by Institute of Psychosexual Medicine, RCN, bpas, Greater Manchester Network, London School of Family Planning Practitioners, MedFASH, Yorkshire Mesmac, Westminster Briefing, National Chlamydia Conference, Greater Manchester Sexual Health Awards Ceremony, Southampton Groundswell, Birmingham Network, Yorkshire and Humberside SHA and chaired conferences for the House Magazine on Reducing Teenage Pregnancy, On HIV and Stigma Discrimination, and for Straight Talking on Teens and Pregnancy.

Overseas Activity

The IAG and the National Strategy for Sexual Health and HIV has attracted a good deal of attention from overseas – in particular the USA – and the Chair has spoken at the International Sexual Health Conference in New York in April 2008, followed in 2009 by speaking to an International Conference on Contraception in Baltimore, and lecturing students at John Hopkins Medical School on the importance of a strategy and the work of the IAG. She was also invited to address the International Society for Sexually Transmitted Diseases Research (ISSTD) / BASHH conference later that year, and brief a team of American Sexual Health Consultants on progress in this country following the introduction of the Strategy.

Members of the IAG have also contributed to a number of international conferences over the timeframe of this review.

Current List of Members

Chair

Baroness Joyce Gould

Joint Vice Chairs

Derek Bodell, consultant, former Chief Executive of National Aids Trust

Anne Weyman OBE, former Chief Executive, FPA

Strategy and Implementation Special Advisor

Professor Michael Adler, CBE

Senior Health Promotion Expert

Steve Slack, Director of the Centre from HIV and Sexual Health

General Practitioner

Dr William Ford-Young, GP, Macclesfield

Consultant in Family Planning/

Community Gynaecology

Dr Connie Smith, MBE Co-director, Westside Contraceptive Services, Westminster PCT

Consultant in Genitourinary Medicine

Dr Patrick French Consultant in Genitourinary Medicine, Camden PCT and Honorary Senior Lecturer at the Royal Free University College Medical School

Professor George Kinghorn Consultant in Genitourinary Medicine, Clinical Director for Communicable Diseases, Sheffield PCT, Honorary Professor of Genitourinary Medicine, University of Sheffield

Commissioning

Christine Owen Assistant Director, Performance and Commissioning, NHS North West

Hong Tan Sexual Health Programme Director, London

Public Health Expert

Helen Ward Senior Clinical Lecturer in Public Health and Honorary Consultant in Genitourinary Medicine at Imperial College London.

Nurses

Kathy French Advisor on nursing and sexual health

Sexual Health Advisor

Heather Wilson Senior Health Advisor, Barnet

Abortion Providers

Dr Kate Guthrie Consultant Gynaecologist/Consultant in Sexual and Reproductive Health and Clinical Director of the Sexual and Reproductive Health Care Partnership for Hull and East Yorkshire

Anne Furedi Chief Executive, bpas (British Pregnancy Advisory Service)

User and Self Help Group Representative

Christopher Woolls, Director, The Cara Trust

Voluntary Sector

Julie Bentley Chief Executive, FPA

Simon Blake Chief Executive, Brook

Elisabeth Crafer Chief Executive, Positively Women

Deborah Jack Chief Executive, National Aids Trust

Ruth Lowbury Chief Executive, Medical Foundation for AIDS & Sexual Health (MedFASH)

Sir Nicholas Partridge, OBE, Chief Executive, Terrence Higgins Trust (THT)

Advisor on Black and Minority Ethnic Communities

(ex officio)

Titise Kode Former Chief Executive Officer, African HIV Policy Network

Public Health Expert (ex officio)

Professor Noel Gill Head of the Microbiology and Epidemiology of STIs and HIV (MESH) department at the Health Protection Agency's (HPA) Centre for Infections

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