If you are concerned about your sexual health contact:

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Building 1, Royal United Hospital
Combe Park
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BA1 3NG
01225 824558
ruth.fssexualhealthclinic@nhs.net
www.ruh.nhs.uk/sexualhealth

**Contraception and Sexual Health Service**
Riverside Health Centre
James Street West
Bath
BA1 2BT
01225 831593
www.sirona-cic.org.uk/services/contraception-and-sexual-health-services

**Sexual health Advice For Everyone (SAFE)**
www.safebath.co.uk

For further information

**Public Health Team**
Bath and North East Somerset Council
2nd floor, Kempe-Horne House
St. Martin’s Hospital
Millford Road
Bath
BA2 5JW
01225 394067
www.bathnes.gov.uk/services/public-health
Executive summary
This Sexual Health Strategy has been produced to inform our approach to improving the sexual health of the diverse communities of Bath and North East Somerset (B&NES), and to reduce sexual health inequalities. Our overall aim is to provide a strategic framework to shape the planning and delivery of services and interventions to support improved sexual health outcomes.

This strategy builds upon the recommendations of the 2015 sexual health needs assessment. The needs assessment identified key needs, gaps, and priorities for sexual health improvement in B&NES.

National context
- The number of diagnoses of sexually transmitted infections (STIs) has increased from just under 500,000 in 2004 to 650,000 in 2013. Although some of this increase is as a result of increased overall population and increased testing levels, ongoing unsafe sexual behaviour has also played a role.
- Chlamydia was the most commonly diagnosed STI across England in 2013, making up 46% of all STI diagnoses.
- Across England, the impact of STIs remains greatest in young heterosexuals under the age of 25 years and men who have sex with men.
- 108,000 people were living with HIV in the UK in 2013. A quarter of people estimated to be living with HIV were unaware of their infection and remain at risk of passing on their infection if having penetrative sex without condoms.
- Across England there has been a 41% reduction in the under 18 conception rate from 1998 to 2013. Despite this progress, national levels of teenage conception are still higher than levels experienced by young people in comparable countries.
- The use of Long Acting Reversible Contraception (LARC) as a primary method of contraception amongst women has been slowly increasing, accounting for 31% of all women making contact with Contraception and Sexual Health services (CaSH) for the first time in 2013/14, compared to 18% in 2003/04.
- There were 185,000 abortions to residents of England and Wales in 2013, a rate of rate of 15.9 per 1,000 resident women aged 15 – 44, the lowest rate since 1997 (Public Health England 2014).

The Framework for Sexual Health Improvement in England (DH 2013) aims to support the commissioning of sexual health services, setting out priority areas for sexual health improvement. The framework sets out following eight ambitions:
- Build knowledge and resilience amongst young people
- Rapid access to high quality services
- People remain healthy as they age
- Frailty prevention
- Reduce rates of STIs amongst people of all ages
- Tackle onwards transmission of HIV and avoidable deaths from it
- Reduce unintended pregnancy
- Continue to reduce the rates of under 16 and under 18 conceptions

Improving Outcomes and Supporting Transparency (DH 2012) creates a new framework based on two high-level outcomes: increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities. Indicators have been created to focus understanding of progress and help improve 2011. Despite this progress, the Public Health Outcomes Framework (PHOF) is still under development.

Making It Work (PHE/DH 2014) recognises that responsibilities for the commissioning of services are split across local authorities, clinical commissioning groups and NHS England, and links directly to the eight ambitions set out in the framework document.
The local picture

- In B&NES, there is a low prevalence area for gonorrhea with 27 infections per 100,000 population in B&NES in 2013, compared to 2.1 per 1,000 in England.
- B&NES is a low prevalence area for HIV, with 0.66 infections per 1,000 population aged 15-59 years in 2013, compared to 2.1 per 1,000 in England.
- B&NES is a low prevalence area for genital herpes with 38 per 100,000 in 2013, compared to 60 per 100,000 in England.
- In 2013, B&NES had a very low level of under 18 conceptions, and low level of teenage pregnancies, with 21.7 per 1,000 females aged 15-17 in B&NES in 2013, 28 per 1,000 females in England, and 21.7 per 1,000 females in statistical neighbours.
- B&NES has a low level of under 18 conceptions when compared to statistical neighbours (18 per 1,000 females aged 15-17 in B&NES in 2013, 21.7 per 1,000 females in statistical neighbours and 28 per 1,000 females in England).

Community Voice

- There is limited literature on the views of sexual health service users. The stigma and sometimes transient usage associated with sexual health services means that service user feedback often comes from periodic, localised service satisfaction surveys. Common themes emerge that service users value ease of accessibility, strong confidentiality, non-judgmental staff and the usage of technology and digital access cut unnecessary clinic visits and to access test results (Black 2008; Carroll 2012; (AGold/ASH 2008).

Sexual health service users in B&NES report generally good levels of service user satisfaction with genitourinary medicine (GUM), CAAH, HIV, treatment and care and HIV community support services.

In terms of wider knowledge the 2013 Health-Related Behaviour Survey asked sexual health related questions to young people in B&NES secondary schools. 58% of respondents either had never heard of, or know nothing about contraception devices IUDs, and 45% either had never heard of, or know nothing about contraceptive injections. 50% of pupils responded that they know where they can get condoms free of charge. However, only 17% of Year 10+ pupils who responded to the survey said that they had had sex.

Gaps

- The sexual health needs assessment made a series of recommendations under the following five themes:
  - Strengthening intelligence and research: Including examining ways to increase the numbers of young people attending GUM and CAHH services; increasing the level of contraceptive testing amongst young people; increasing the level of LARC provision amongst young women; and improving understanding of the strengths and areas for development in school-based sexual health training and sex education provision.
  - Strengthening prevention and promotion: Including developing the SAFE branding scheme; improving website access to information about sexual health services; and ensuring all sexual health media and communications campaigns are clearly targeted and evaluated.
  - Working with recent technologies: Including monitoring and developing the use of new technologies amongst sexual health service providers.
  - Strengthening training and development: Including developing the Sexual Health Training Programme and holding regular networking events for all those involved in sexual health across B&NES.
  - Strengthening service user voice: Working with sexual health service users to ensure that service input is valued.

What works in improving sexual health?

- Accurate, accessible and high-quality education and information that helps people to make informed decisions about relationships, contraception, sex and sexual health. (Black 2008; Carroll 2012; (AGold/ASH 2008).
- Prevention that is focused on behaviour change and builds self-esteem and personal skills (Dolan et al 2009; Owning et al 2006; NICE 2008; Sexual Health Training Programme 2010; NICE 2010).
- Early and accurate diagnosis and treatment of STIs, including HIV, combined with partner notification (Black 2008; Carroll 2012; (AGold/ASH 2008).
- Rapid access to open-access, confidential sexual health services in a range of community settings, which are open at convenient times for people (Black 2008; Carroll 2012; (AGold/ASH 2008).
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- Prevention of community settings, which are open at convenient times for people, with access provision to enable improved patient pathways (Mercer et al 2012; MedFASH 2005; FSRH 2012; NICE 2014).
Our vision

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. Sexual health goes well beyond the medical model of the treatment of disease. The World Health Organisation definition of sexual health captures this point:

“Sexual Health is a state of physical, emotional, mental and social wellbeing, related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (World Health Organisation 2006).

Population-level outcomes

Outcome 1: Sexually active adults and young people are free from STIs

Indicator(s):
- Combined rate of new diagnoses of gonorrhoea and syphilis
- Rate of new acute STIs in 15-24 year olds
- Rate of persons accessing HIV-related care
- Chlamydia diagnosis rate amongst 15-24 year olds

Story behind the baseline:

B&NES has generally low levels of STIs in comparison to regional and national rates. The rates of STIs have stayed relatively consistent since 2012, although the chlamydia diagnosis rate has dropped. Work is being undertaken to understand if low rates of chlamydia amongst 15-24 year olds in particular is due to low prevalence or limited testing of the cohort. The rate of people accessing HIV-related care has remained consistent from 2011 to 2013.

Data issues/gaps:

There are some gaps in historical data relating to chlamydia diagnosis rates of 15-24 year olds.

Current good practice in B&NES:

- Chlamydia testing for 15-24 year olds embedded across a range of services including GUM, CaSH, GP practices and pharmacies.
- High uptake of HIV testing offer in GUM services.

Associated actions:

- Maintain high uptake of HIV testing offer in GUM services.
- Review levels of chlamydia testing from a range of providers, including general practice, targeting the most vulnerable young people.
- Consider the provision of STI testing and treatment from additional locations outside Bath city.
Outcome 2: Sexually active adults and young people are free from unplanned pregnancies

**Indicator(s):**
- Abortion rate;
- under 18 abortion rate;
- percentage of under 18 conceptions that lead to abortions;
- repeat abortions in under 25s;
- repeat abortions in all ages

**Story behind the baseline:**
B&NES has generally low levels of abortion and the abortion rate has remained consistent from 2012 to 2014. B&NES has a lower level of teenage conceptions in comparison to regional and national rates, and the rate of teenage conceptions has remained consistent from 2012 to 2013. The limited indicators above show the percentage of repeat abortions for both 25s and for all ages is lower than regional and national rates.

**Associated actions:**
- Review promotion and acceptance of LARC provision in general practices, focusing specifically on areas with higher under 18 conception rates and areas with higher levels of deprivation.
- Understand and address if appropriate, the reasons behind the decline in C-card uptake.

**Data issues/gaps:**
The limited indicators above show the percentage of repeat abortions for both 25s and for all ages is lower than regional and national comparators – this rate has remained stable from 2012 to 2014; the percentage of under 18 conceptions that lead to abortion was 55% at 2013.

**Current good practice in B&NES:**
- high proportion of general practices offer LARC;
- C-card scheme offers free condoms to young people from a wide range of venues.

**Associated actions:**
- Examine ways to increase the numbers of young people aged 15 – 24 attending GUM services, and the numbers of young people under 20 attending CaSH services.
- Improve website access to information about sexual health services.
- Undertake review of PSHE approach in B&NES including evidence base, extent of participation, model, targeting, and role of School Nursing services.

**Outcome 3: Young people are supported to have choice and control over intimate and sexual relationships**

**Indicator(s):**
Unfortunately there are no direct indicators for this outcome at present. We are working to identify and collect meaningful data to enable us to benchmark and review progress against this outcome. Some limited indicators are detailed below

**Story behind the baseline:**
Unfortunately there are no direct indicators for this outcome at present. We are working to identify and collect meaningful data to enable us to benchmark and review progress against this outcome. Sexual offences are significantly under-reported, and sometimes under-recorded, and can cover a variety of offences beyond rape and sexual assault meaning they may not be an accurate indicator.

**Data issues/gaps:**
Unfortunately there are no direct indicators for this outcome at present. We are working to identify and collect meaningful data to enable us to benchmark and review progress against this outcome. Sexual offences are significantly under-reported, and sometimes under-recorded, and can cover a variety of offences beyond rape and sexual assault meaning they may not be an accurate indicator.

**Current good practice in B&NES:**
- 11 of 13 secondary schools in B&NES have at least one accredited PSHE teacher;
- provision of implants and IUDs available in a wide range of GP practices;
- over 60 SAFE and C-card accredited venues across B&NES;
- Clinic in a Box service in place.

**Associated actions:**
- Examine ways to increase the numbers of young people aged 15 – 24 attending GUM services, and the numbers of young people under 20 attending CaSH services.
- Improve website access to information about sexual health services.
- Undertake review of PSHE approach in B&NES including evidence base, extent of participation, model, targeting, and role of School Nursing services.
How will the strategy be delivered?
The Sexual Health Board will oversee and coordinate the delivery of this strategy through a Sexual Health Action Plan. Each item on the plan will have an identified lead who will take responsibility for taking forward the relevant actions to support our desired outcomes. The Sexual Health Board meets quarterly and involves key stakeholders representatives from the local authority, NHS, and voluntary and community sectors.

The Sexual Health Stakeholder Group will also help support the implementation of practical aspects of the action plan through its membership of key professionals directly involved in service delivery.

Goverance and Reporting
The Sexual Health Board will report progress on the sexual health strategy to the Health and Wellbeing Board annually.

Individual members of the Sexual Health Board will also report on key aspects of the strategy to relevant bodies where relevant such as the Health Protection Board, Safeguarding Board etc.

References
SexualHealthWaterfall.pdf
Public Health England (2014) Contraceptive Services with a Focus on Young People up to the age of 24 NICE, London

Review
This strategy will run from June 2015 to May 2018, and reviewed in January 2018 to ensure it continues to reflect both local and national priorities.