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Sexual health Advice For Everyone (SAFE)
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Bath & North East Somerset Council

SEXUAL HEALTH STRATEGY 2015 – 2018

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

Contents

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 47% of all STI diagnoses
- Across England, the impact of STIs remains greatest in young heterosexuals under the age of 25 years and in 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
- Prioritise prevention
- Reduce rates of STI 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 these outcomes known as the Public Health Outcomes Framework (PHOF). There are three specific sexual health indicators in the PHOF: under18 conceptions, chlamydia diagnosis rate (15 – 24 year olds), and people presenting with HIV at a late stage of infection

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 NUMBER OF DIAGNOSES OF SEXUALLY TRANSMITTED INFECTIONS (STIS) HAS INCREASED FROM JUST UNDER 500,000 IN 2004 TO 650,000 IN 2013

B&NES

ENGLAND

IN 2013 THE MAIN METHODS OF CONTRACEPTION PRESCRIBED TO FEMALE RESIDENTS IN B&NES WERE 27.5% LARC AND 72.5% USER DEPENDENT METHOD (UDM), COMPARED TO 34.2% LARC AND 65.8% UDM, FOR RESIDENTS IN ENGLAND

The local picture

- B&NES is a low prevalence area for gonorrhoea with 27 infections per 100,000 population in B&NES in 2013, compared to 55 per 100,000 in England), genital herpes (38 per 100,000 in 2013, compared to 60 per 100,000 in England) and genital warts (123 per 100,000 compared to 137 per 100,000 in England); In 2013, B&NES had a very low incidence of syphilis (5 per 100,000 compared to 6 per 100,000 in England)
- Chlamydia detection rates in B&NES are below the recommended rate of 2,300 chlamydia diagnoses per 100,000 15 to 24 year olds
- 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 has a low level of under 18 conceptions, and low level of teenage 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)
- B&NES has a lower rate of abortions than both the regional and national comparators (12.7 per 1,000 women aged 15-44 in 2013, compared to 14 per 1,000 women aged 15-44 in the South of England, and 16.1 per 1,000 women aged 15-44 in England)
- In 2013 the main methods of contraception prescribed to female residents in B&NES were 27.5% LARC and 72.5% user dependent method (UDM), compared to 34.2% LARC and 65.8% UDM, for residents in England. The proportion of prescribed LARC by age banding peaked in the 20-24 year old age group (PHE 2014).

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 value easy accessibility, strong confidentiality, non-judgmental staff and the usage of technologies to access cut out unnecessary clinic visits and to access test results (Black 2008; Carroll 2012; IAG/MedFASH 2008)

Sexual health service users in B&NES report generally good levels of service user satisfaction with genitourinary medicine (GUM), CaSH, 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 intrauterine 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 have had sex.

58% OF RESPONDENTS EITHER HAD NEVER HEARD OF, OR KNOW NOTHING ABOUT INTRAUTERINE DEVICES IUDS

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

7% OF YEAR 10+ PUPILS WHO RESPONDED TO THE SURVEY SAID THAT THEY HAVE HAD SEX

Gaps

The sexual health needs assessment made a series of recommendations under the following five themes:

- **Strengthening intelligence and research:** including investigating in greater depth the sexual health needs of and service provision for vulnerable and at risk cohorts; and improving the content of sexual health data;
- **Strengthening sexual health service provision:** including examining ways to increase the numbers of young people attending GUM and CaSH services; increasing the level of chlamydia testing amongst under 25s; increasing the level of LARC provision amongst women; and improving understanding of the strengths and areas for development in school-based relationships 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 reviewing 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 of those involved in sexual health across B&NES

What works in improving sexual health?

The evidence base and good practice suggests that a number of interventions can be effective in improving sexual health including:

- Accurate, accessible and high-quality education and information that helps people to make informed decisions about relationships, contraception, sex and sexual health (Kirby 2007; Santelli 2007; DCSF/DH 2010)
- Prevention that is focused on behaviour change and builds self-esteem and personal skills (Dolan et al 2009; Downing et al 2006; NICE 2011; Sigma/ Department of Health 2003-2011; NICE 2011)
- Rapid access to open-access, confidential sexual health services in a range of community settings, which are open at convenient times for people (Mercer et al 2012; MedFASH 2005; FSRH 2012; NICE 2014)
- Early and accurate diagnosis and treatment of STIs, including HIV, combined with partner notification (BASHH 2010; NICE 2007)
- Rapid access to open-access, confidential sexual health services in a range of community settings, which are open at convenient times for people, with joined up provision to enable improved patient pathways (Mercer et al 2012; Church and Mayhew 2009; MedFASH 2005; FSRH 2012; NICE 2014)

B&NES

PER 1,000

ENGLAND

PER 1,000

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

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)

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.

Our vision directly links with the WHO definition, and is that the diverse communities of B&NES have:

- Equitable and sexually fulfilling relationships
- Access to high quality, accurate information and advice enabling individuals to make informed choices about their sexual health
- Access to high quality, appropriate and accessible services to prevent sexual ill health and to treat sexual ill health

Population-level outcomes

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

Indicator(s):

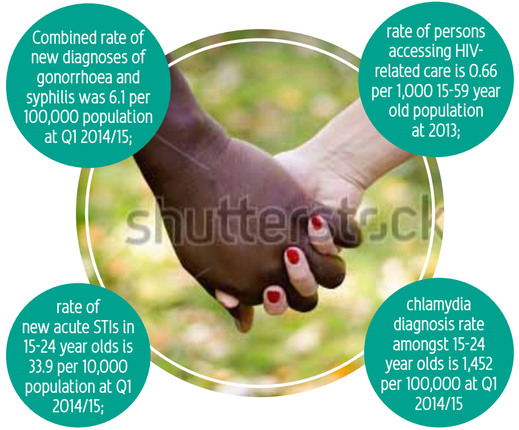
Combined rate of new diagnoses of gonorrhoea and syphilis

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

Baseline:



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. These figures indicate stable rates of STIs amongst adults and young people

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

Population-level outcomes

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 abortion;

repeat abortions in under 25s;

repeat abortions in all ages

Baseline:

Story behind the baseline:

B&NES has generally low levels of abortions and the level has stayed 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 2011 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 comparators – this rate has remained stable from 2011 to 2014. These figures indicate a lower level of unplanned pregnancies in comparison to regional and national levels

Data issues/gaps:

The low number of teenage conceptions means that a small increase or decrease in number can lead to a significant shift in the rate

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:

- 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

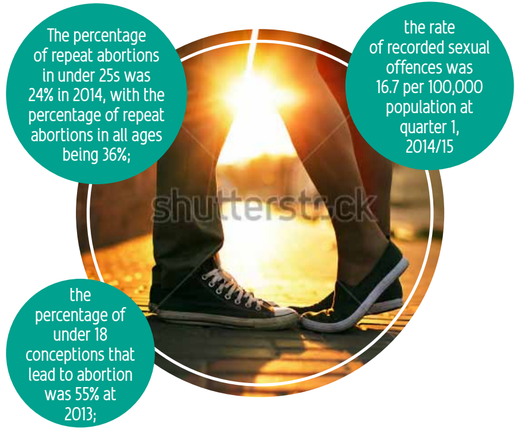
Population-level outcomes

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

Baseline:



Story behind the baseline:

There are no direct indicators for this outcome at present. 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 2011 to 2014; the percentage of under 18 conceptions that lead to abortion has dropped in B&NES from 2011 to 2013, but the actual number is low – overall B&NES is slightly higher than the regional and national rate. The rate of record sexual offences has slightly increased from 2010/11 to 2013/14 but the true extent of sexual offences may be much higher

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 a robust 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.

Governance 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.

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.

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