
JSNA Summary 2013

Sexual Health

Delivering meaningful, healthier, longer lives for the people of
Northamptonshire

Introduction

- Sexual health is the capacity and freedom to enjoy and express sexuality without exploitation, oppression or physical or emotional harm.
- Sexual health problems include sexually transmitted infections, human immunodeficiency virus (HIV) infection, unintended pregnancy, abortion, fertility problems and sexual dysfunction.
- Rates of common sexually transmitted infections are rising nationally. In 2010/11, the incidence of gonorrhoea rose by 25% and that of syphilis by 10%.
- In England, the highest rates of acute sexually transmitted infections occur in 15- to 24-year olds.
- Poor sexual health is linked to low socio-economic status.
- Risky sexual behaviours and some adverse sexual health outcomes are closely linked to other unsafe behaviours such as alcohol misuse.
- The improvement of sexual health is highly cost-effective and depends largely on prevention of transmitted diseases and relationship education, such as
- education and health promotion to increase awareness, encourage respectful relationships, fewer sexual partners and promote consistent condom use
- screening for sexually transmitted infections
- easy access to sexual health services, with a focus on groups at highest risk, in order to reduce transmission of sexually transmitted infections.
- [The recent changes to the commissioning of health care have increased the complexity of the commissioning and provision of sexual health services.](#)
- Open-access sexual health services are now commissioned by local authorities, and abortion services are commissioned by clinical commissioning groups.
- NHS England commissions HIV treatment services. Improvements in sexual health will depend on effective coordination by these agencies.
- This report covers sexually transmitted infections including HIV, contraception and unwanted pregnancy. It includes adolescence and adulthood.

Key points

- Sexual health services are known to be highly cost effective.
- Poor sexual health is experienced unequally according to age, gender, ethnicity and sexual orientation, and access to service also varies by these characteristics. However, much local data on inequalities were suppressed for reasons of confidentiality.
- Northamptonshire has similar rates of Chlamydia screening to the England average, and higher HPV vaccination coverage, yet 65% of HIV diagnoses are late, above England rates, so preventive opportunities are reduced and health care costs increased

- Under 18 conception rates are below England rates, but the reducing trend in rates over the past decade has reversed in Corby, Kettering and South Northamptonshire.
- Services are not meeting demand; rates of most sexually transmitted infection have risen in Northamptonshire since 2009, but remain lower compared to England, while rates of HIV infection are above the England rate.
- Local contraceptive services are mainly accessed by young women and not men or older women. While there is good primary care access to long-acting reversible contraceptives, there is lower access to early abortions compared to England.

Recommendations

Prevention

1. *Northamptonshire should produce a sexual health strategy.*

The strategy should

- Have strong leadership.
- Be based on the [National Framework for Sexual Health Improvement in England](#) published in March 2013.
- Prioritise the prevention of poor sexual health
- Join up working with a focus on outcomes, which address the wider determinants of sexual health
- Promote the commissioning high-quality services, with clarity about accountability, meeting the needs of more vulnerable groups
- Include good-quality intelligence about services and outcomes for monitoring purposes
- Enjoin a holistic approach that recognises other physical and mental health problems may result from sexually transmitted diseases and sexual relationship problems.

2. *Northamptonshire should review sex and relationship education in schools.*

The following elements are of particular importance:

- Use a range of evidence-based teaching methods to suit different learning styles, including skills-based programmes, interactive techniques and combined school- or college-based and family-based learning opportunities.
- Set clear health goals – for example, to prevent sexually transmitted infections or prevent homophobic bullying. Be clear about the specific behaviour needed to achieve these goals – for example, using condoms and reducing the number of sexual partners to prevent STIs.

- Build on existing knowledge and provide information that helps children and young people to develop their knowledge, understanding, attitudes and skills and to appreciate the benefits of responsible, healthy and safe choices.
- Include information about sexual health that
 - Clarifies misconceptions about contraception and the prevention of STIs
 - Increases children and young people's understanding of the short-term and long-term effects of alcohol and drugs on sexual behaviour.
- Adopt active learning techniques that build on pupils' and students' existing knowledge, encourage them to explore their attitudes and allow them to practise their personal and social skills.
- Include activities that they can do with their parents and family. This might include preparing questions for a visitor to the class, such as a teenage parent.
- Ensure teachers, lecturers and tutors, health professionals, young people's practitioners such as youth workers and those who work with parents and carers have access to continuing professional development.

These measures will help address risky sexual behaviour and reduce sexually transmitted infections, HIV and teenage pregnancy, and improve knowledge of services available.

3. Northamptonshire should promote the prevention and early treatment of sexually transmitted infections and HIV.

- Ensure that information about local services is available in a range of formats, and is widely available from a range of outlets.
- Such outlets should include health centres, pharmacies, opticians, community services, libraries, schools, workplaces, community organisations.
- Use local indicators to monitor and evaluate the success of prevention initiatives.
- A recent study of GPs in Haringey evaluated the impact of an educational intervention (with no financial incentive) for GP practices. It found that:
 - the intervention was associated with a substantial increase in the number of HIV tests done over a 19-month period
 - the number of HIV-positive diagnoses identified in Haringey general practices rose from an average of 9.5 per annum before training to a projected 22 per annum after training (on the basis of the last six months' data)
 - the highest increases in HIV testing were seen in the locality with the highest prevalence of HIV.
- Promote the provision of a range of more specialist sexual health services in primary and community care
- Encourage non-traditional locations such as schools, colleges, youth clubs to provide education and information about services

- Use new technology such as websites and smart phone apps to communicate with young people and newly diagnosed patients with HIV so they can manage their condition more effectively eg 'myHIV'.

4. *Northamptonshire should ensure condoms are freely available in venues where there is risky sexual behaviour such as bars and nightclubs.*

- Evidence from the *Got it Covered* campaign in 2009 showed that young people did not want to carry condoms for fear of being thought promiscuous.
- Therefore having them freely available in appropriate venues will help prevent unwanted pregnancy, HIV and other sexually transmitted infections.
- Safe sex messages in these venues should be promoted also.

Testing and Treatment

5. *Integrate primary and community contraceptive and sexual health services in order to improve access to men, older women, men who have sex with men (MSM) and Black minority ethnic groups.*

- This will increase coverage and comprehensiveness of services to prevent and treat sexually transmitted infections, HIV and unwanted pregnancy.
- Ensure that there are clear care pathways between sexual health services and all other relevant services, particularly alcohol and drug misuse services, and services for the victims of sexual exploitation, violence and assault.

6. *Northamptonshire should map current services for STIs, HIV, teenage pregnancy, contraception and identify service gaps or access difficulties*

- Guidance from NICE has found that, while all methods of contraception are effective, LARC methods such as contraceptive injections, implants, the intra-uterine system or the intrauterine device (IUD) are much more effective at preventing pregnancy than other hormonal methods, and are much more effective than condoms.
- However, a condom should also always be used to protect against STIs.
- Research with young women having abortions and repeat abortions found that
 - some young people continue to have unprotected sex when they are fully aware of the possible consequences and when they do not want to become pregnant
 - there is a poor understanding of fertility among young women, and this contributes to inconsistent contraceptive use;
 - some young people struggled to use their preferred methods of contraception effectively (principally condoms and the pill, which are user dependent)

- abortion was viewed as immoral by many young women and this makes decision making difficult when faced with unplanned pregnancy.
- Patient and public involvement (PPI) is important to assess the quality of current services including the accessibility in terms of geography, opening hours, cultural sensitivity and whether they meet patients' needs.
- The London Sexual Health Programme has a website which provides a practical [toolkit to assist in PPI](#).
- Speaking to clinicians and staff in the sexual services together with PPI will allow an assessment of geographical distribution of services in relation to local need so gaps can be filled.

7. *Review of multifaceted approach to teenage pregnancy services for Corby, Kettering and South Northamptonshire and address gaps appropriately.*

[A multifaceted approach is needed to reduce teenage conceptions](#) with the following four strands are:

- A media campaign to give young people accurate information about sex.
- Local joined-up action, eg education and health working together, targeting high-risk groups such as children leaving care.
- Development of Sexual Relationship Education (SRE) in and out of school, and improved access to sexual health and contraception services.
- A positive, coordinated support for young pregnant women and their partners. This includes improving educational attainment for teenage boys and girls.
- Evidence-based multifaceted inputs are required to address teenage pregnancy in high incidence areas, including targeting services to particular groups such as looked after children.

8. *Expand HIV testing.*

- More effort should be made to diagnose HIV in people registering with their GP or during hospital attendance, especially among minority ethnic groups.
- GP point-of-care testing could be considered.

9. *Review abortion services to improve population access to early abortion.*

- Women who request an abortion should have early access to services, as the earlier in pregnancy an abortion is performed the lower the risk of complications.
- Unwanted pregnancy is experienced by women from all social backgrounds. The numbers of abortions nationally has increased slowly until 2008 and have remained relatively stable since then. However, repeat abortions have risen over the last decade and there was a further 2% increase in 2011, when 36%

of all abortions were repeats. Abortion rates have fallen in younger age groups but are increasing in older women.

- The review should address inequitable access to abortions for Nene CCG residents and will aim to recommend how improved access to early abortion will be achieved.

The key early priorities are

- Improve sex education, information about services and the communication of risk
- Develop preventive services targeted to at risk-populations and improved early HIV diagnosis
- Improve equity of access to abortion services.

This needs assessment should be read in conjunction with the report on alcohol.