

Sexual Health and Teenage Pregnancy

Executive Summary

Sexual Health is an important part of physical and mental health and includes sexually transmitted infections (STI's), contraception, abortion and reproductive health. Nationally, the highest burden of STI's is borne by women¹, commercial sex workers, gay men, men who have sex with men, young people and Black and ethnic groups.

Chlamydia is the most commonly diagnosed sexually transmitted infection in North Somerset. In 2011/12, 8.9% of 15-24 year olds tested as part of the national Chlamydia screening programme tested positive for Chlamydia. This is higher than the national average (5.9%). Many of those infected have no symptoms, but complications include pelvic inflammatory disease, ectopic pregnancy and infertility.

Teenage pregnancy can result in poor health, underachievement, and low earnings for both mother and baby. In 2011, 89 girls under the age of 18 became pregnant, 49.4% ended in a termination. There has been a 28% reduction in teenage conceptions since the baseline year in 1998. The rate of police recorded rape in North Somerset was 45.1 per 100,000 for 2011/12. This was lower than the South West (54.8 per 100,000) and England (52.1 per 100,000) rates. Between 2010/11, 40 North Somerset residents were seen at the Sexual Assault Referral Centre in Bristol (The Bridge).

Residents of North Somerset access a wide range of sexual health services. The most popular sexual health service is the WISH Centre (an integrated GUM and contraceptive service), followed by GP practices and the No Worries service. Although there is good accessibility during the week there is currently no access in North Somerset for sexual health services. With the exception of GUM clinics, men are less likely to access services. Two surveys were completed with under 25 year olds in 2012, both suggesting good awareness of local services. Information about all services is available on the web and from a variety of leaflets and posters. Further work needs to be completed with over 25 year olds and vulnerable groups to understand their knowledge about local services and to assess whether these services are meeting their sexual health needs.

¹ http://www.nice.org.uk/niceMedia/documents/prevention_stis_evidence_briefing.pdf

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Recommendations for consideration by commissioners

Action is required to address the underlying risk factors, such as alcohol and poverty; improve data quality; increase STI testing in Men who have Sex with Men (MSM), explore more opportunities to include the community voice both in the development and evaluation of services; establish a medical termination service in North Somerset, commission a weekend service to address issues raised in the peer review; establish clear service principles and care pathways which include outreach to vulnerable groups and ensure commissioners work together to avoid fragmentation of service provision.

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Why is this area important?

Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings. 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 and disease.

The Public Health Outcomes Framework includes the following relevant indicators:

- Chlamydia diagnosis rates per 100,000 young adults 15-24
- Proportion of persons presenting with HIV at a late stage of infection
- Teenage conception rate
- Health related quality of life for people with long term conditions (which includes HIV)
- Improving access to primary care services
- Improving functional ability of people with long term conditions.

Other relevant reports include the Sexual Health Balanced Score Card² and the South West Sexual Health Indicator Report³.

From April 2013 local authority public health teams will be responsible for commissioning comprehensive sexual health services. This includes testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and infection prevention. Abortion services will remain within the NHS and be commissioned by clinical commissioning groups. Responsibility for sexual assault services, including sexual assault referral centres will transfer to the NHS Commissioning Board.

What are the needs of the population

The information presented below has been taken from a review of sexual health in North Somerset undertaken in February 2011 and the HPA Sexual Health Outcome Indicator Reports. Links to all documents are contained in the further information section.

² APHO <http://www.apho.org.uk/sexualhealthbalancedscorecard>

³. http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1317132429382

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In understanding the burden of sexual ill health, all of the figures below should be treated with caution as they only show diagnosed cases. Work continues around prevention of sexual ill health, particularly with high risk groups.

Sexually Transmitted Infections

Chlamydia

Chlamydia is the most commonly diagnosed sexually transmitted infection in North Somerset. The National Chlamydia Screening Programme commenced in 2003 with the objective of controlling Chlamydia, through the early detection and treatment of asymptomatic infection in under 25 year olds.

During 2011/12, as part of the National Screening Programme, 483 cases (8.9%) of Chlamydia were diagnosed in people under the age of 25 in North Somerset. This was slightly lower than the positivity rate in the previous year but was higher than the South West average (6.2%) and the England average (5.2%). The peak of infection occurs in 20-24 year old men and 15-19 year old women. The total number of diagnosed infections in all age groups is unknown.

The coverage rate for the Chlamydia screening (15-24 year olds) programme in North Somerset for 2011/12 was (27.2%) this was an increase on the previous year (24.5%) and was higher than the South West figure (19.0%) and the England figure (20.7%).

The new outcome measure in the Public Health Outcomes Framework assesses both coverage and positivity of Chlamydia tests from all sites with the aim to reduce prevalence. In 2011/12 the rate of Chlamydia diagnoses in North Somerset was 3,849.6 per 100,000, this was the highest rate of diagnoses in the South West and it has been suggested by the regional sexual health office that this may indicate appropriate testing. The peak of infection in North Somerset occurs in 20-24 year old men, and 15-19 year old women mirroring the national picture.

Comprehensive geographical information on Chlamydia infection within North Somerset is not available, therefore issues related to rural access and deprivation are unclear. It would be helpful therefore to carry out targeted community research in these areas and with young people in these groups to ensure we are providing appropriate access to testing and treatment.

The rate of hospital admissions for pelvic inflammatory disease in North Somerset (528.3 per 100,000 population, equivalent to 191 admissions) was significantly higher than the England average (247.9 per 100,000 population) in 2010/2011. However it should be noted the numbers are small and not all pelvic inflammatory disease admissions are related to Chlamydia infections.

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Gonorrhoea and Syphilis

Between 2011/12, there were 47 gonorrhoea infections diagnosed in North Somerset residents attending GUM clinics. The majority of those infections were in those aged under 25 (46%), in the ethnic group White British (86%) and were in men (77%). 33% of men diagnosed were in men who have sex with men.

Between 2011/12, there were fewer than 5 new cases of syphilis were diagnosed in North Somerset residents attending GUM clinics. The number of diagnosed gonorrhoea and syphilis in other settings is unknown.

The combined rate of gonorrhoea and syphilis in North Somerset was 5.9 per 100,000 which was higher than the South West rate (4.8 per 100,000) for April to June 2012.

The rate of gonorrhoea and syphilis in men who have sex with men in North Somerset was 220.5 per 100,000 for January to March 2012. This was higher than the regional rate (174.0 per 100,000) and the third highest in the South West. The rate of gonorrhoea and syphilis in men who have sex with men demonstrates how the burden of infection is greatest within this group, and the need to ensure services are accessible to this group.

Warts and Herpes

Warts are the second most commonly diagnosed infection in North Somerset, with 221 cases in GUM clinics in 2011 a 8% decrease on the previous years figures.

Herpes is the third most commonly diagnosed infection in North Somerset, with 147 cases in GUM clinics in 2011, a 5% increase on the previous years figures.

Acute STIs

The rate of new acute STI diagnoses in North Somerset was 77.6 per 10,000 for April to June 2012. This was higher than the South West rate (52.4 per 10,000). 3.5% of 15-24 year olds were tested for an acute sexually transmitted infection via a GUM clinic in North Somerset. This was higher than the South West average (1.8%). Further analysis is needed to understand whether the higher rates are an indicator of a higher percentage of people in North Somerset accessing GUM clinics compared to other areas, who may access community services or GP practices for STI testing or an indicator of a higher prevalence of disease.

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Summary of 2011 Sexually Transmitted Infection Rates per 100,000 Population

	North Somerset Number	North Somerset Rate	South West Rate	England Rate
Gonorrhoea	45	21.21	13.9	39.1
Syphilis	<5	0.94	1.9	5.4
Herpes	147	69.28	46.6	58.1
Warts	221	104.15	129.9	141.8

HIV

Approximately a quarter of people with HIV in the UK are unaware of their infection. Nationally, rates of new HIV infection among men who have sex with men remain disproportionately high and half of all adult infections are diagnosed late.

The rate of persons living with HIV and accessing care in 2011 was 0.77 per 1,000 which equates to approx 103 people. This was lower than the South West rate (0.92 per 1,000).

The age group with the highest number of individuals infected with the HIV virus in North Somerset is the 45-54 age group (37%), followed closely by the 55+ age group. Approximately 64% of infected individuals reside in the Weston-super-Mare area.

Although the number of infected people in North Somerset is relatively low, of the people diagnosed between 2009 and 2011, 60% were diagnosed late with a CD4 cell count less than 350/ml. This was higher than the South West average (49.3%) and England average (49.5%).

The most common routes of infection in 2011 were sex between men and women (52%), and sex between men (39%). Only 3% of infections in North Somerset were attributed to injecting drug use.

Contraception

Contraception is used to help prevent unintended pregnancies; some methods also help to prevent sexually transmitted infections. There are a wide variety of methods of contraception available; the majority of which are free of charge through the NHS.

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Long Acting Reversible Contraception

Long Acting Reversible Contraceptives unlike methods such as the pill or condoms, are contraceptives that users do not have to think about taking every day or using every time they have sex.

There are four methods of long-acting reversible contraception: contraceptive implant; contraceptive injection; intrauterine device (IUD); intrauterine system (IUS). Collectively these methods are called 'long acting reversible contraceptives' (LARC) because they can be stopped should the user decide they wish to become pregnant.

LARC offers much higher protection against pregnancy; oral contraception provides 97-98% protection whilst LARC provides over 99%.

Between 2011/12 the rate of GP prescribed Long Acting Reversible Contraception (LARC) in North Somerset PCT was 62.0 per 1,000 registered female population aged 15-44 years. This was a 3.4% increase on the previous year however lower than the South West rate (68.8 per 1,000) but higher than the England rate (52.4 per 1,000).

Historically there has been big variations in LARC and emergency contraceptive prescribing in GP practices across North Somerset. This may in part be due to the integrated sexual health provision at the WISH Clinic. In 2011/12, approximately, 40% of all attendances at the clinic included some aspect of contraception provision and the majority of residents using the service come from the Weston-super-Mare area.

It is hoped that the prescribing rate in primary care will significantly increase over the next couple of years as 76.0% of practices are now able to offer LARC methods of contraception. This is higher than the South West average (70.5%)

Abortions

In 2011, there were 453 abortions in North Somerset. The North Somerset rate is lower than the England average. There has been little change in the rate over the last 5 years. Abortions in North Somerset peak in the 18-24 year olds

The age standardised rate of abortions (13.7 per 1,000 resident women) is lower the South West (14.2 per 1,000) and England rate (17.5 per 1,000).

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In 2011 the percentage of repeat abortions in under 25 years old in North Somerset was 17%, which was lower than the South West average (21.7%) and England average (26.4%).

For the same period the percentage of repeat abortion in over 35 year olds was 41.7%. This was lower than the regional average (43.2%) and England average (45.5%).

Nationally the percentage of repeat abortions in under 25 years old ranged from 13% to 48%; over 35 years old ranged from 24% to 63%.

Early Medical Terminations avoid risks of complications associated with surgical intervention and anesthetic. Of the abortions performed in 2011 in North Somerset, 80.6% were carried out within 9 weeks of conception. This was higher than the South West average (76.0%) and England average (78.1%).

No local geographical information on abortions was available to enable assessment of the effectiveness of contraceptive services within areas specific areas of North Somerset.

Teenage Conceptions

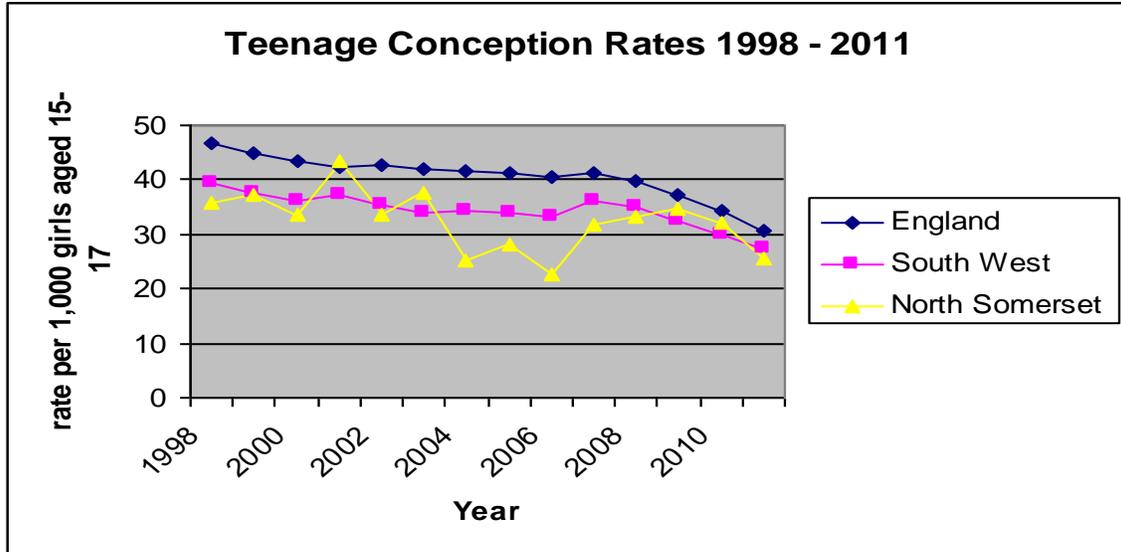
Teenage pregnancy is a pregnancy occurring in a girl under the age of 18. The majority of teenage pregnancies are unplanned and more than half result in an abortion. Whilst for some young women having a child can be a positive experience, many will find raising a child incredibly difficult and can result in poor outcomes for both the parent and the child in terms of the health of the baby and the mother's emotional health and wellbeing, with an increased likelihood of both the parent and the child living in long term poverty.

National estimates suggest that for every £1 spent on preventing teenage pregnancies there is a saving of £4 to the public purse when assessed over a period of five years.

In 2011, 89 under 18 year old girls became pregnant compared to 114 in the previous year. The National Target set in 2001 was discontinued under the current Government; however, teenage pregnancy remains an area of policy interest both nationally and locally.

North Somerset has seen a 28% reduction in teenage conceptions between 1998 and 2011. The current rate 25.6 per 1,000 girls aged 15-17 is lower than the South West (27.3) and England (30.9) rates.

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The electoral wards with the highest rates of teenage conceptions are all based within Weston-super-mare and between them these account for more than 50% of the total number of teenage conceptions in North Somerset (ONS Ward Level data 2008-2010 and local hospital episode statistics). Nailsea, parts of Clevedon, Banwell and Winscombe area also appear in the top locations.

The variation in teenage pregnancy rates at ward level is potentially explained by the association with deprivation. The most deprived areas are the electoral wards of Weston-super-Mare Central and South. Rates of teenage pregnancy are thought to be high among looked after children and care leavers however more robust information is needed to determine the extent of this issue.

Human Papillmavirus (HPV)

In the UK a national HPV immunisation programme was introduced for all girls aged 12-13 years (school year 8) in Autumn 2008 to protect girls against HPV which is a sexually transmitted infection that causes cervical cancer. The percentage uptake of HPV vaccine (3rd dose) for 2011/12 for North Somerset was 90.8%. This was higher than the South West average (80.2%) and England average (82.6%).

Sexual Assault and Rape

North Somerset residents can access the Bristol Sexual Assault Resource Centre (The Bridge). Between 2010/11, 40 people accessed this service. It is unclear if the low numbers are due to knowledge, choice, accessibility or service capacity.

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The rate of police recorded rape in North Somerset was 45.1 per 100,000 for 2011/12. This was lower than the South West (54.8 per 100,000) and England (52.1 per 100,000) rates.

Current Service Provision

Sexually Transmitted Infections

Residents of North Somerset access a wide range of sexual health services including those based in Bristol. The available information (Health Protection Agency) suggests that the most popular sexual health service is the WISH Centre in Weston-super-Mare (an integrated GUM and contraceptive service), followed by GP practices, and then the No Worries services (a teenage health service for those under the age of 21).

A new sexual health service for under 25 years old commenced in 2012 this encourages GP's and Pharmacies to offer free condoms, Chlamydia testing/treatment and emergency hormonal contraception to both registered and non registered patients. This is commissioned from the Local Authority as a Public Health Locally Enhanced Service.

Following a recommendation in a recent peer review visit we are exploring options to commission a Saturday clinic at to improve weekend access to sexual health services.

Information on access to services is incomplete or absent, and there are issues relating to data quality in some community services.

With the exception of GUM clinics, men are less likely to access sexual health services or have a test for the Chlamydia Screening Programme.

The high levels of STI infections in North Somerset may suggest appropriate testing or high levels of unmet need.

HIV testing

The percentage of persons resident in North Somerset offered an HIV test when attending the WISH Clinic (GUM clinic) was 86%, which was higher than the regional average (79%). However the percentage of people accepting an HIV test was significantly below the South West and England rates and this may be due to the high proportion of contraception services provided by the WISH Clinic (an integrated sexual health service).

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Some North Somerset residents, particularly men who have sex with men, are being tested for HIV by the Terrence Higgins Trust based in Bristol. The amount and appropriateness of testing in other settings is unknown. Based on the available information, it is unclear if the current levels of HIV testing are adequate.

The percentage of late HIV diagnoses suggests further work needs to be done to raise awareness of HIV in at risk groups.

Contraception

76% of GP practices are able to provide or refer in their locality to the full range of contraception provision including all methods of long acting reversible contraception (LARC).

GP's can refer women to the WISH Clinic (based at Weston Hospital) where they are unable to provide LARC or they have developed a waiting list. Approximately 40% of the attendances at the WISH Clinic are for contraception related care including LARC.

The No Worries! Teenage Health Service provides all contraception methods to under 21 year olds (with the exception of the IUCD). The service currently provides clinics in the community, schools, colleges, and GP practices. They also provide an outreach service for vulnerable groups including care leavers, looked after children and women who have had a service or continued with their pregnancy. The No Worries Service currently has a paper based record system and could not provide any analysed data for this needs assessment

Young people from the North of the area and those travelling to Bristol for work and college also access the Brook service in Bristol. It is unclear from the data currently available whether the No Worries Service and the Brook Service meet the needs of young people in North Somerset. The No Worries service, Brook and the WISH clinic have all achieved the You're Welcome (Young People friendly) accreditation

North Somerset has a comparatively low rate of abortion indicating contraceptive services are good.

Abortions

Most North Somerset women currently access abortion services at Weston Area Health Trust, the two acute hospitals in Bristol (UBHT and NBT), and through Marie Stopes International based in Bristol. There is no provision for medical abortions at Weston Area Health Trust, this is only available in Bristol.

Only 2.3% of abortions in North Somerset are private. In 2010/11, North Somerset women accessed abortions at the acute trusts in Bristol (UBHT 22%;

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NBT 13%); Marie Stopes International (52%) and Weston Area Health Trust (10%).

The percentage of medical abortions undertaken in North Somerset in North Somerset in 2011 was 33.3% which was below the regional average (36.9%) and below the national average (46.4%). This activity pattern is reflected in the Bristol and South Gloucestershire areas where service provision is very similar.

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Sexual Health Commissioning Responsibilities From April 2013

The tables below set out the roles for each commissioning organisation:

Table: 1 Local Authorities

Area	Role	Functions
HIV	Commissioning HIV social care functions	<ul style="list-style-type: none"> ▪ Commissioning of HIV service functions related to social care. ▪ Reduce isolation, improve engagement and improve employability amongst the HIV+ resident population.
Sexual Assault	Community Safety	<ul style="list-style-type: none"> ▪ Oversight of domestic violence and ensuring that local residents can access sexual assault services. ▪ Reduce sexual exploitation ▪ Reduce FGM
Commissioning of Primary Care	Commissioning relevant contraception and STI LES's to support public health priorities.	<ul style="list-style-type: none"> ▪ Does not include NESs and DESs ▪ Commission LARC, Chlamydia and other LES's as appropriate to deliver PH priorities. ▪ Commissioning of Pharmacy contracts to provide EHC, condoms and other sexual health services. ▪ Excluding contraception provided as an additional service under the GP contract
Sexual and Reproductive Health service commissioning	To commission open access sexual and reproductive health services	Commissioning of services that are: <ul style="list-style-type: none"> ▪ Accessible to anyone regardless of residency ▪ Provide STI testing and treatment up to level 3. ▪ Provide all forms of contraception including the fitting of Long Acting reversible contraception.
Psycho-sexual counselling	Commissioning of sexual health specific elements of psycho-sexual counselling	<ul style="list-style-type: none"> ▪ Commissioning of relevant psycho-sexual health services as part of commissioning.
Prevention and promotion	Prevention of sexual ill-health and a reduction in unplanned conceptions	<ul style="list-style-type: none"> ▪ Commissioning of relevant prevention services to reduce unplanned conceptions ▪ Commissioning of relevant prevention services to reduce the burden of sexual ill-health and reduce the spread of communicable disease.
Improving	Public Health Outcomes	<ul style="list-style-type: none"> ▪ Chlamydia Screening, Teenage

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Outcomes	Framework	Pregnancy and HIV late diagnosis targets.
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Table 2 - NHS England (Commissioning Board)

Area	Role	Functions
HIV	Commissioning of Treatment and Care Services Currently Provided by the Specialised Commissioning Group	<ul style="list-style-type: none"> ▪ Commissioning of specialist HIV inpatient treatment ▪ Commissioning of specialist HIV outpatient services ▪ Procurement and provision of ART
HIV	Post Exposure Prophylaxis	<ul style="list-style-type: none"> ▪ Commissioning of services that provide Post Exposure Prophylaxis on an open access basis.
Sexual Assault	Commissioning of the Sexual Assault Referral Centre (The Bridge)	<ul style="list-style-type: none"> ▪ Commissioning SARC to meet the needs of patients and forensic services.
Primary Care Contracting	Contract management of primary care providers to deliver services under clause 71 of the GMS contract	<p>Contract includes:</p> <ul style="list-style-type: none"> ▪ Provision of emergency hormonal contraception ▪ The treatment of such patients for contraceptive purposes and the prescribing of contraceptive substances and appliances (excluding the fitting of intrauterine devices and implants). ▪ The giving of advice for sexual health promotion and on sexually transmitted infections ▪ Referrals as necessary to specialised SH services including STI testing.
Primary Care Contracting	National Enhanced Services (NES) and Direct Enhanced Services (DES)	Commissioning and management of all National and Direct Enhanced Schemes.
Commissioning for 'Improvements in health for the whole population' ⁴	The NHS England will work with PHE to 'ensure the prevention of ill-health and promotion of good physical and mental health and wellbeing are addressed systematically	<ul style="list-style-type: none"> ▪ Supporting the delivery of PH England priorities to improve population health. ▪ Supporting the delivery of the Public Health Outcome Framework in conjunction with PHE and Local authorities including: <ul style="list-style-type: none"> ○ Prevalence based testing for

⁴ Health Minister's letter to Professor Malcolm Grant setting out the Governments Strategic Objectives for the NHS Commissioning Board Authority 23/4/2012

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	and across services and care pathways. ⁵	Chlamydia <ul style="list-style-type: none"> ○ Reducing late diagnosis for HIV ○ Reducing teenage conceptions.
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Table 3: Role of the CCG

Area	Role	Functions
HIV	Commissioning HIV Clinical care functions	<ul style="list-style-type: none"> ▪ Managing the care of HIV positive people for their co-morbidities. ▪ Community services such as Clinical Nurse Specialists that facilitate the pathway for high need and complex HIV positive people.
Psycho-sexual counselling	Commissioning of non-sexual health specific elements of psycho-sexual counselling	<ul style="list-style-type: none"> ▪ Commissioning of relevant psycho-sexual health services as part of commissioning.
Reproductive Health	Sterilisations and Vasectomies	<ul style="list-style-type: none"> ▪ Commissioning of Sterilisations and vasectomies for residents
Unplanned Conceptions	Provision of some elements of contraception as set out in section 71 of the GMS contract.	<ul style="list-style-type: none"> ▪ Contraception excluding implants and intrauterine devices. ▪ Referrals to appropriate LA provided services for more complex contraception services. ▪ Provision of EHC.
Unplanned Conceptions	Commissioning of Abortion Services	<ul style="list-style-type: none"> ▪ Commissioning of abortion services including late term and complex abortions and contraception provision post termination

Community Voice

During 2012 two surveys were completed to assess where and how young people across Weston-super-Mare access sexual health information and services.

The first survey was conducted during fresher week at Weston College, 162 questionnaires were completed, all respondents were under the age of 18 and the majority of respondents were female (75%). The main findings from this survey were that young people would like more information about where to go for sexual health services along with opening hours.

⁵ 'Public Health England's Operating Model' – Department of Health

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The second survey was developed to include a wider age range and to gain an insight into where young people were accessing sexual health services. This questionnaire was completed by 288 young people aged 16 – 25, the gender mix was fairly balanced with 46.7% of male respondents. Below are a summary of the findings from the survey, please note that totals summed to more than 100% because respondents could pick more than one option.

Where young people reported they would like to access services

	GP/Nurse	WISH Clinic	No Worries	Pharmacy	friend	School nurse
Relationship advice	37.7	20.4	20.6	4.1	23.5	13.2
Contraception	69.6	43.1	32.3	23.9	0	14.9
Condoms	57.2	57	45.1	21.7	0	20.4
EHC	65.9	46.6	29.0	33.7	0	7.2
Chlamydia test	38.7	27.4	18.7	8.8	0	5.8

Unfortunately we currently do not have any activity data for GP practices so we are unable to contrast these figures with current activity patterns in North Somerset. However the results suggest that the majority of young people in the Weston-super-Mare area would be happy to use their GP or another GP practice to access contraception and STI testing. It is hoped the new under 25 sexual health service will encourage more young people to access their GP or Pharmacist for basic sexual health services i.e. condoms, pregnancy tests, emergency hormonal contraception, Chlamydia testing and treatment, this would elevate pressure on the specialist services offered by the WISH clinic and the No Worries clinics.

When asked how young people would like to access information about sexual health the following suggestions were made:

Posters/leaflets	60.9
Facebook adverts	56.1
Local website	55.1
Free app	49.5
Freebie with information about local service	48.1
National website	40.6
Ratio advert	37.2
Bus advert	36.5
Twitter	32.7
Personalised letter	32.1

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Feedback cards

All commissioned services have a service user feedback process and services are consistently assessed as being of a high quality. The main area of criticism is in regards to the waiting times at both the 'No Worries!' Teenage Health and WISH clinics.

Further work needs to be completed to assess whether over 25 year olds and vulnerable groups are aware of existing sexual health services and to determine whether these services are meeting the needs of these groups.

Local Partnerships/Network/Groups

Partnership groups supporting this agenda include:

- North Somerset Sexual Health and HIV Partnership
- Bristol, South Gloucestershire, North Somerset Health Improvement Team – Sexual Health
- No Worries Network

What works

Teenage Pregnancy

<http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0066808/teenage-pregnancy-guidance>

Chlamydia Screening Programme

<http://www.chlamydia-screening.nhs.uk/>

British Association for Sexual Health and HIV

<http://www.bashh.org/>

A framework for Sexual Health Improvement in England – which sets out the Governments ambitions for improving sexual health

<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

Commissioning Sexual Health Services and Interventions – this guidance is designed to help local authorities commission high quality sexual health services in their area

<https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities>

Frequently Asked Questions

http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3880628/PUBLICATION-TEMPLATE

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NICE Guidance

NICE guidance on long acting reversible contraception, 2005

<http://www.nice.org.uk/CG30>

One to one interventions to reduce the transmission of sexually transmitted infections and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups (PH£0 (2007)

<http://guidance.nice.org.uk/PH3>

NICE guidance on HIV testing for men who have sex with men (2011)

<http://www.nice.org.uk/guidance/PH34>

NICE guidance on HIV testing among black Africans (2011)

<http://www.nice.org.uk/guidance/PH33>

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Recommendations for consideration

1. Addressing underlying risk factors

The sexual health strategy needs to ensure that it is informed, and informs, other public health strategies particularly those relating to alcohol and substance misuse.

2. Focus on young people and men

Priority needs to continue to be given to young people and men in North Somerset. There is a need to increase levels of testing and treatment for STIs in men through increased clinic attendance and/or partner notification. Arrangements and levels of partner notification outside of GUM clinics and Chlamydia Screening Programme need to be determined.

Services need to take into account the expected increase in the number young people living in North Somerset over the next 5-10 years.

3. Improve HIV testing

All services need to recognise the high level of late diagnosed HIV infection and test accordingly.

4. Improving weekend access

Implement the peer review recommendations to increase access to sexual health services across the week, which includes commissioning a Saturday service

5. Provision of medical abortions

There is a need to establish a service to provide medical termination in North Somerset.

6. Teenage Pregnancy

To inform future service development further work needs to be undertaken to continue the development of a robust data set on teenage pregnancy

7. Better understanding of community views

The availability and quality of information from high risk groups in the community and service users needs to improve and be systematically examined. This should include information around knowledge, accessibility and acceptability of sexual health service.

8. Better data

There is an urgent need for more and better data if evidence based service planning and provision is to be possible. Although there have been good progress both nationally and locally in the quality and availability of data, there are still major gaps in our understanding.

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Co-ordinated action across the Bristol, North Somerset and South Gloucestershire area to ensure local information is available from all services, including primary care, on

1. The number of individuals accessing sexual health services;
2. Levels of STI testing and abortions within different geographical areas;
3. Levels of STI testing in high and low risk populations;
4. Infections diagnosed outside of GUM clinics and re-infection rates;
5. Full postcode data on all those attending sexual health services.

Within North Somerset, specific action is required around:

1. The availability of electronic data from the No Worries service;
2. Understanding the needs of high risk groups including commercial sex workers, men who have sex with men and migrants;
3. Ensure mechanisms are in place for all local service providers, including primary care, to share information about high risk groups and identify gaps in service.
4. Detailed mapping of the availability of sexual health services in local areas, in conjunction with information on abortions, STIs and teenage pregnancy.

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Version Control

Date	Author	Version	Amended Sections	Summary of Change	Changes to recommendations
Sept 2011		V 1.0			
April 13		V2.0	All updated		

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