East Sussex Sexual Health Needs Assessment 2019

Executive Summary

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East Sussex County Council

Introduction

This report summarises the key findings from the 2019 East Sussex Sexual Health Needs Assessment, written to inform and guide future commissioning and service provision across the county. The executive summary provides a summary of sexual health in the UK and how East Sussex compares, local service provision and use, the "voice" of local professionals and providers, and the key evidenced-based recommendations from the needs assessment.

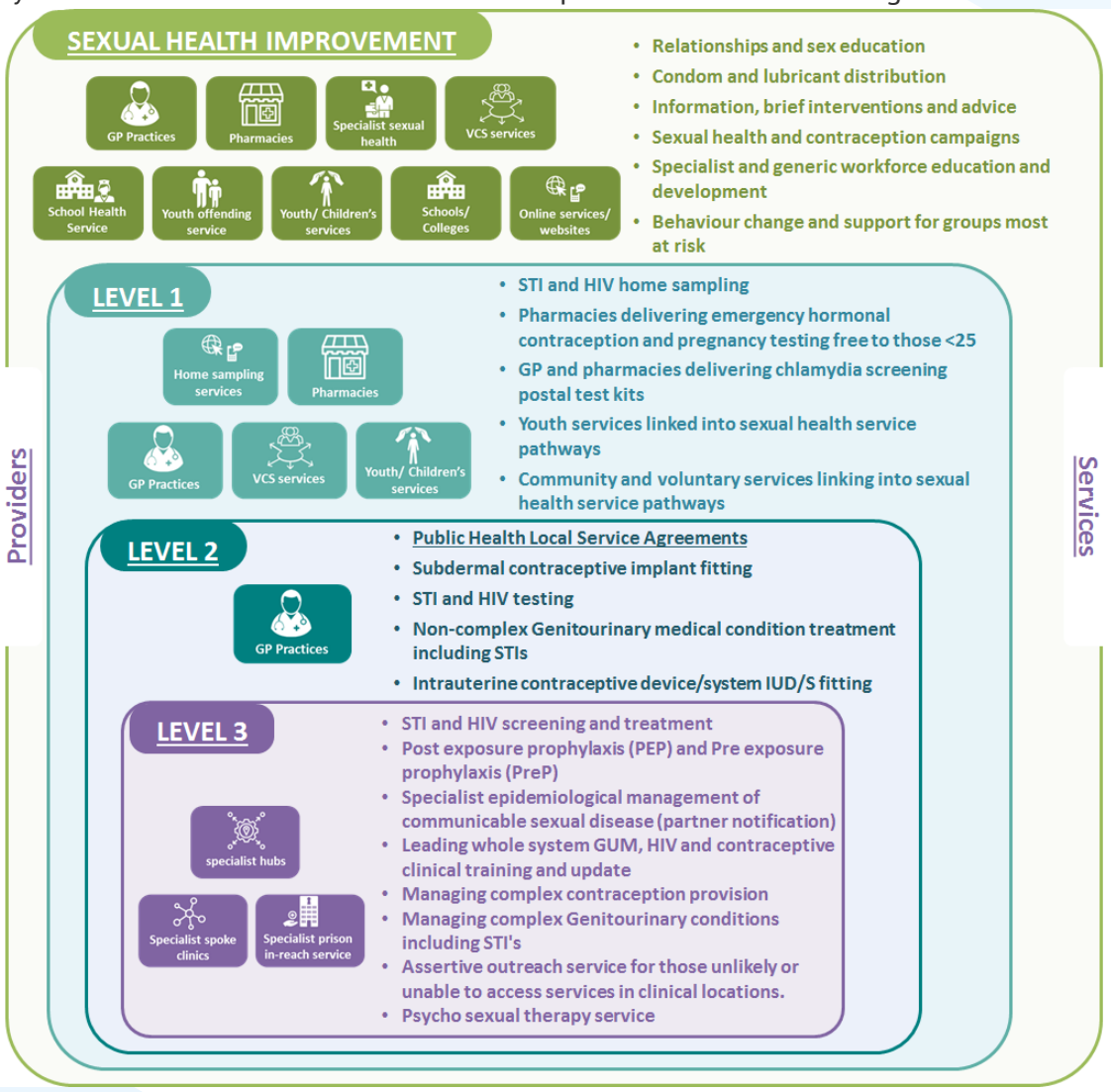
The full needs assessment can be found on the East Sussex JSNA website: http://www.eastsussexjsna.org.uk/comprehensive. This should be read in conjunction with externally commissioned sexual health research undertaken with key local populations around: teenage pregnancy; men who have sex with men; and people aged over 45.

Sexual health commissioning

Since 1 April 2013, public health has commissioned sexual health services, including provision of information, advice and support, and the commissioning of comprehensive open access sexual health services. Some specialised services are directly commissioned by clinical commissioning groups (CCGs) and at a national level by NHS England.

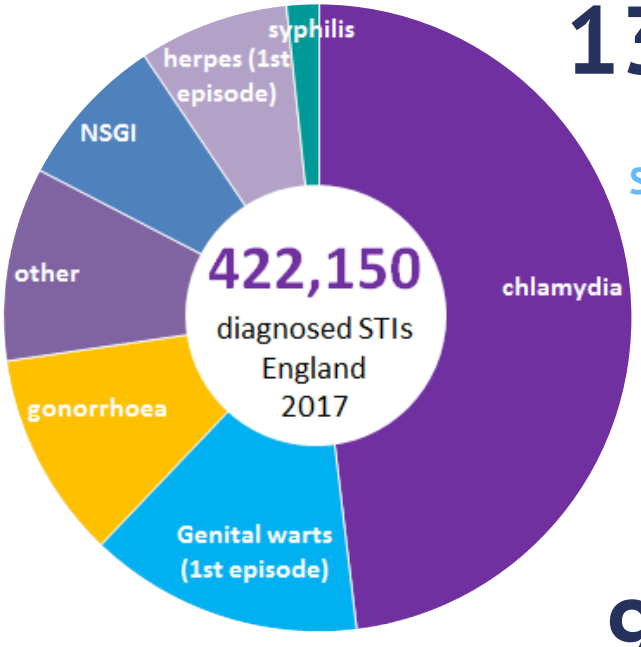
Local Authorities commission:	CCGs commission:	NHS England commissions:
• **Long-acting reversible contraception (LARC) and ease of access to user dependent contraception**, (excludes GP user dependent contraception) • **Genito-urinary medicine (GUM) sexually transmitted infections (STI) testing and treatment, chlamydia screening programme** • **specialist services,** including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies	• **most abortion services** • **sterilisation** • **vasectomy** • **non-sexual-health elements of psychosexual health services** • **gynaecology** including any use of contraception for non-contraceptive purposes	• **User dependent contraception provided as an additional service under the GP contract** • **HIV treatment and care** (including drug costs for PEPSE and PREP) • **promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs** • sexual health elements of **prison health services** • **sexual assault referral centres** • **cervical screening**

The whole system of sexual health in East Sussex is provided in the following model:



A national picture: 2017

Sexual health in England



(Similar to 2016)

13% ↑ **in attendances at Specialist Sexual Health Services** since 2013

Since 2016:

- ↑ 22% Gonorrhoea
- ↑ 20% Syphilis
- ↓ 10% NSGI
- ↓ 7% Genital Warts
- ↓ 0.9% Herpes
- ↓ 0.5% Chlamydia

3x higher male gonorrhoea rate than female

93% syphilis diagnoses are in males

90% ↓ **in genital warts** since 2009, probably due to HPV vaccination in girls

HIV

- **92%** estimated popⁿ with HIV are **DIAGNOSED**
- **98%** diagnosed receiving **TREATMENT**
- **97%** being treated are **VIRALLY SUPPRESSED**

Between 2016 and 2017:

- **17%** ↓ diagnoses (particularly among)
- **9%** ↑ testing

Reproductive health in England

18% rise

in the use of LARC among women contacting SSHS for contraception between 2007 and 2017

61% fall

in induced abortions in under 18 year olds between 2007 and 2017

57% fall

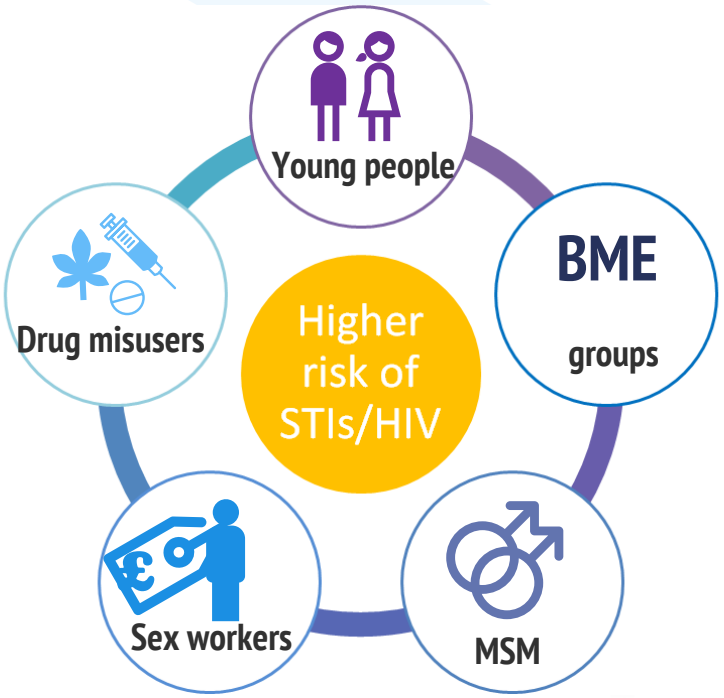
in under-18 conceptions between 2007 and 2017

25% rise

in induced abortions in 30-34 year olds between 2007 and 2017

Sexual health: a national picture

Key groups at higher risk:



Wider risks:

Prison populations	higher rates of STIs and BBVs
Victims of child sexual exploitation	approximately 85% receive services from sexual health services
People with learning disabilities	higher risk of sexual abuse
Teenagers in most deprived areas	up to 10x higher teen pregnancy rates than least deprived areas

Cost of the issue:

£11 saved

for every £1 spent on contraception: £9 public spending on healthcare and non-healthcare costs of averted pregnancies over 10 years; £2 on other healthcare costs

Early HIV diagnosis

prevents onward transmission and reduces treatment costs from around £23,422 per annum to £12,600

LARC

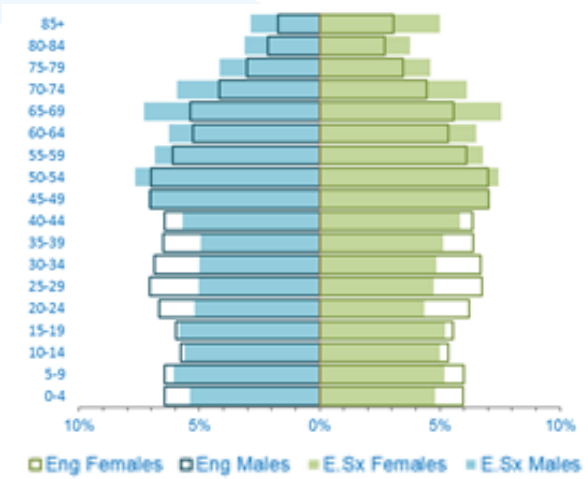
is more cost effective than condom use and the pill

Chlamydia screening

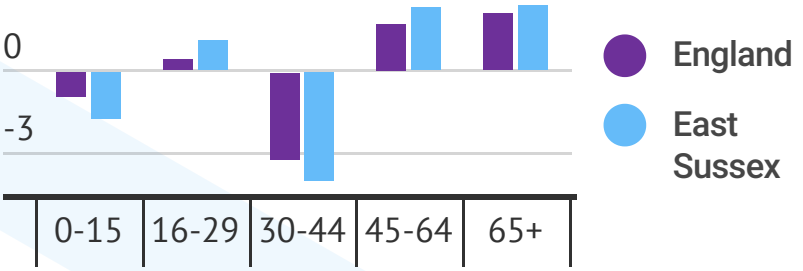
can be cost effective for those aged under 25, particularly where there is improved partner notification

Sexual health in East Sussex: 2017

Our population:



- A **larger over 45 population** than nationally
- A **faster growing 65+ population** than nationally
- A **0-15 population shrinking twice as fast** as nationally



30%

LSOAs in Hastings in the most deprived 10% nationally

8%

identify as BAME compared to 20% nationally

estimated 8%

identify as LGBT+ (lesbian, gay, bisexual, transgender and other sexual and gender identities)

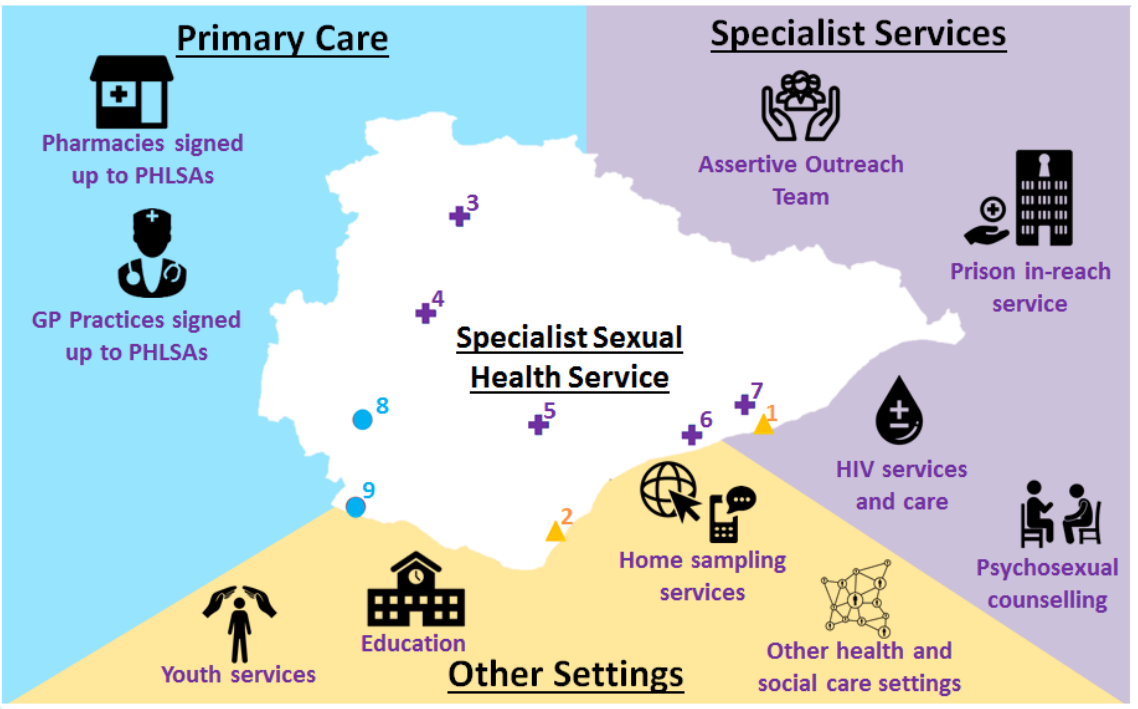
Sexual health provision: an integrated approach

In East Sussex Public Health have commissioned a fully integrated system of clinical sexual health delivery across specialist services, primary care and wider settings:

HUBS
1 Station Plaza
2 Avenue House

SPOKES
3 Crowborough Hospital
4 Uckfield Community Hospital
5 Hailsham Medical Centre
6 Bexhill Health Centre
7 Arthur Blackman Clinic

CIRCLE ROOMS
8 School Hill Surgery
9 Meridian Surgery



Sexual health in East Sussex: 2017

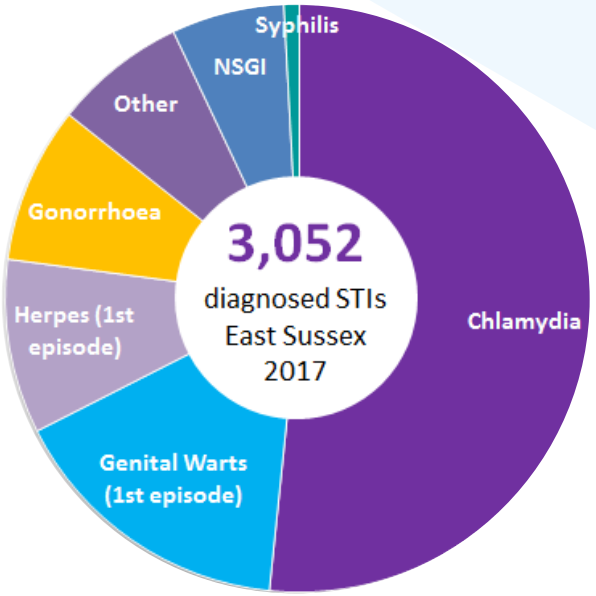
Sexual health in East Sussex:

95% of the 14,850 attending specialist services were **local residents**

Significantly lower rates of diagnosed STIs than nationally

Generally **higher STIs diagnosed in Lewes, Eastbourne and Hastings** where there is greater access to testing

Higher STI rates in Hastings than the rest of the county



Since 2016:

48%	12%	11%	4%	21%	12%
Gonorrhoea	Syphilis	Chlamydia	Herpes	Genital warts	NSGI

Compared to England:

gonorrhoea 2x faster, but overall lower rate

Increasing chlamydia and herpes, compared to national decreases

more herpes diagnoses than gonorrhoea unlike nationally

higher female STI reinfection rate

higher symptomatic herpes diagnoses in **25-34 year olds**

Significantly worse rates of **genital warts** but **significantly better** diagnostic rate

CHLAMYDIA

Significantly higher
females tested than nationally

Increased detection rates
in Hastings and Eastbourne, areas with easier access to testing services

Significantly lower
detection than the national benchmark in Lewes and Rother

HIV

Diagnosis rates above the 2/1,000 threshold
in Eastbourne, lewes and Hastings, triggering NICE guidelines to address this

Significantly worse
HIV testing coverage than nationally since 2009 in all areas except Lewes

Significantly worse
HIV testing uptake than nationally, but rates are rising due to coding changes and integrated working

Reproductive health in East Sussex: 2017

Lower rate

of under-18 conceptions than nationally with a sustained downward trajectory in under 18 conceptions since 2006. 5 of the 101 wards, have significantly higher rates

Significantly higher

prescribing of LARC in primary care compared to England

33%

East Sussex residents contacting any SHSS for contraception used LARC vs 412% nationally, but use among East Sussex residents is increasing

Only area in SE

with proportion of early terminations getting significantly worse (7% decrease since 2016/17)

Service use in East Sussex

Specialist sexual health services

SEXUAL HEALTH

10% ↑

in new attendances at Specialist Sexual Health Services since 2013

Significantly lower

STI related activity in SHSS (3%) than nationally (8%)

Significantly lower

rate of newly diagnosed STIs in Specialist Sexual Health Services than nationally

CONTRACEPTION

52%

of all attendances are for contraception vs **48% nationally**

As people get older

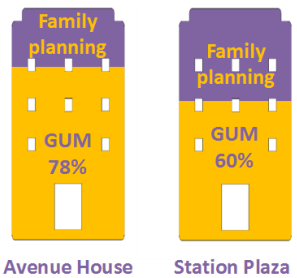
LARC use rises

contraceptive pill use falls

2/3

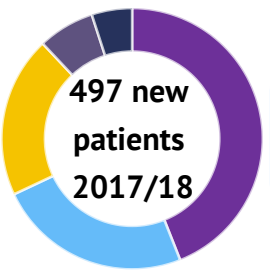
of those accessing emergency contraception are 24 years or younger

HUBS



52% ↓

in new patients at spoke clinics since 2013/14



SPOKES

Service use in East Sussex

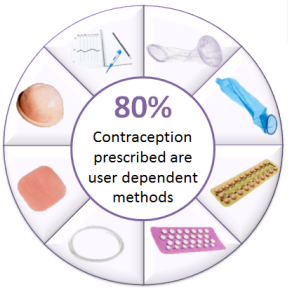
Primary care provision

Higher proportion of chlamydia/gonorrhoea testing in GP settings than across all settings

Of the practices signed up to PHLSAs in 2017/18

GP Practices

- **46** C-Card PHLSA
- **63** chlamydia testing PHLSA
- **46** IUCD PHLSA
- **46** SDCI PHLSA
- **37** STI testing PHLSA



73% practices delivered of recorded no activity against the C-card PHLSA

94% practices reported activity for the chlamydia testing PHLSA, but 22% had <5 kits returned

Of the pharmacies signed up to PHLSAs in 2017/18

Pharmacies

- **73** C-Card PHLSA
- **60** chlamydia testing PHLSA

more pharmacies signed up to deliver condoms

falling distribution and number of condoms supplied

60% pharmacies had fewer than 5 chlamydia kits returned in 2017/18

Other Sexual Health Settings

Home sampling

use is increasing, with women requesting twice as many as men, and highest use in under 25s

88% women

accessing Assertive Outreach accepted LARC, exceeding the 50% target.

81%

School Hill Circle Room patients are unregistered, exceeding the 75% target

38%

c-card registrations are through youth services

Sexual health: Stakeholder voice

Local interviews and surveys were undertaken with 32 key partners, including: Public Health; Health visiting; Children's services; Care Leavers service; Child Safeguarding; Brighton Oasis; GP consultant; School nursing; Assertive Outreach; Local Pharmaceutical Committee; Maternity Services; Looked After Children Services; Substance Misuse Services; SWIFT; TYS; Health Inequalities Lead; GUM Services; Housing/Homeless Services; ESHT; BPAS; Home Based testing Service; Community Learning Disability Services; and the University of Brighton. In addition, surveys were completed by: 81 GPs; 23 Pharmacies and 9 PHSE leads in schools in East Sussex:

Strategic approach

Working well

- Overall strategic approach/ local offer
- Strength of integrated model/ working
- Relationship between providers and commissioning

Need to

- Strengthen primary care provision
- Increase offer from pharmacies
- Make joint protocols and pathways more coherent
- Retain current sexual health offer
- Focus on cost effective delivery

Operational approach

Working well

- Primary care LARC provision where offered
- Sexual health training for professionals

Need to

- Raise awareness of the breadth of support available
- Increase primary care training, particularly LARC
- Increase awareness training in education staff
- Make joint protocols and pathways more coherent

Service provision

Working well

- Breadth of screening provision improving uptake and accessibility
- In-house GP clinics
- School Hill Circle Room
- ESCC website
- Home-based/online testing services

Need to

- Increase both targeted and general provision
- Increase GUM staffing
- Increase trained primary care and school staff
- Make HIV testing more equitable across the county

Service access

Working well

- Accessibility of specialist service hubs
- broad range of services available
- Service provision in local areas
- Drop-in services
- C-Card where it is offered
- self-referral to sexual health services
- flexibility of evening and weekend opening

Need to

- Address service access issues in rural areas
- Improve consistency of C-Card provision
- Increase awareness of pharmacy offer

Vulnerable groups

Young people

early help is crucial
schools have lost provision
need to engage teenagers

Over 25s

provision focuses on under 25s

Over 50s

lack of knowledge of sexual health needs of people aged over 50

Learning disabled

perceived lack of accessible information
support to access services

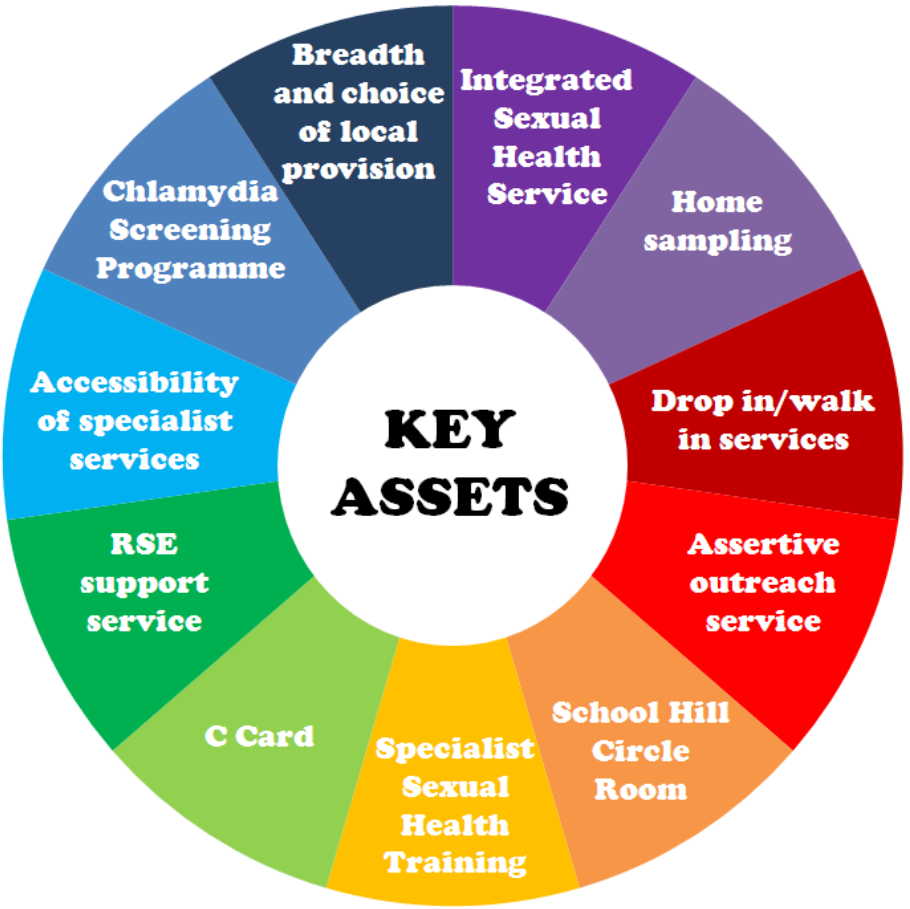
MSM

few young MSM in clinics
lack of local LGBT specific services

Transgender people

hidden but growing popⁿ
specific sexual health needs

Needs Assessment Conclusions: Assets



Needs Assessment Conclusions: Gaps

...in service delivery

Early intervention and prevention in schools
is perceived to have been decreasing

Rural areas have fewer face to face services, shorter opening hours and transport issues,
specifically young people and more deprived areas

Pharmacies could be used more effectively
to deliver sexual health messages, LARC, and oral contraception prescriptions

LGBT+ specific sexual health provision is lacking,
particularly for transgender people and MSM

Sexual health awareness and de-stigmatisation,
particularly among teenagers, MSM and people aged 26 or over

C-card engagement in schools is poor and GP/Pharmacy provision inconsistent

Sexual health training for professionals
is valued and could be delivered more widely

Staffing capacity to meet demand for much valued evening and weekend services
is perceived to be insufficient

Needs Assessment Conclusions: Gaps

...in knowledge

Understanding why SHSS emergency contraception is twice the national rate	There is **no standard data collated on positivity rates of those tested for gonorrhoea** in order to understand the increasing rates	There is a **lack of local evidence of the sexual health needs of those aged over 50.** Work is currently being undertaken to address this
There is a **gap in knowledge of the sexual health needs of those aged over 25**	There is a **lack of consistent recording of ethnicity data** which impacts on our knowledge of some groups known to be at high risk	There is a **lack of understanding of the sexual health needs of people with learning disabilities**
	There is a **lack of knowledge regarding the incidence, and sexual health needs of those undertaking sex for money**	

Needs Assessment Recommendations

The following recommendations are based on the evidence presented in the 2019 East Sussex Sexual Health Needs Assessment. They have been organised into:

- strategic recommendations;
- service recommendations;
- technical recommendations; and
- recommendations for further research.

Strategic Recommendations

The integrated sexual health offer is developed to maintain current provision in a more effective, holistic and cost effective way by:

1. Increasing sexual health awareness training to wider partners in the integrated model to develop a more confident and skilled workforce and reduce pressure on specialist services.
2. Increasing and encouraging more intrauterine device and implant fitting training for practice nurses to increase (LARC) provision in primary care to at least national trends.
3. More effective awareness raising of sexual health services available in pharmacies and consideration of expanding provision to better deliver health promotion messages and to include oral contraceptive prescribing.
4. Continued focus on increasing use of online approaches to sexual health provision where appropriate.
5. Continue integrated working to encourage increased HIV testing coverage and uptake, and chlamydia detection through the screening programme aimed at higher risk people.

The integrated model is developed to deliver more equitable access across the county by:

1. Reassessing the appropriateness of service offer and uptake in specialist services spoke clinics, particularly in areas where current activity is low and the potential need is high.
2. Address the lack of non-GP provision in some rural areas of the county, particularly in relation to accessibility of services.
3. Further developing clear pathways and protocols to support groups known to serve more vulnerable and isolated populations.
4. Supporting schools to maximize the opportunities to improve sexual health locally with the introduction of statutory Relationships, Sex and Health Education from September 2020. Including a focus on LGBTQ awareness and lifestyle factors such as social media influence and risks, peer pressure, safe behaviour and taboo.

Health promotion continues to raise general sexual health awareness, as well as being more closely targeted to specific targeted populations, including:

1. MSM, through approaches which normalise STI screening, promote the effectiveness of PrEP and ART, and put messages in key locations and online sites often frequented.
2. Over 25s, by approaches which challenge perceptions of provision being for young people and signpost to the breadth of ways to access advice and provision.
3. Young people, by increased positive sexual health messages in schools, wider promotion of c-card, chlamydia screening and home test kits, positive messages on key social media platforms and more promotion of the breadth of ways to access provision.

Commissioners and public health to work with GPs, Pharmacies and other settings to address low activity against the public health local service agreements for sexual health, including:

1. Explore reasons for GP claims for asymptomatic test decreasing and for symptomatic tests increasing.
2. Explore reasons for low GP and pharmacy activity against the PHLSA for EHC and chlamydia postal test kits.
3. Addressing gaps in practices signed up to PHLSA for IUCDs and SDCIs in more rural areas.

Service Recommendations

Provision is reassessed where current services could more effectively deliver sexual health services, specifically:

1. Public Health to assist prison commissioners when they reassess prison sexual health service provision.
2. Reassessment of the pharmacy sexual health offer.
3. Reassessment of the primary care STI testing PHLSA.
4. Reassessment of the Meridian Circle Room model in light of decreasing activity and STI treatment.

Some key services are reviewed to address rising need, specifically with regards to:

1. Potential expansion of STI screening to address higher rates of gonorrhoea among males over 25 years old.
2. The capacity of current evening and weekend services to meet rising demand.

Technical Recommendations

Standardised data recording and reporting is developed in relation to:

1. Consistency of recording of contraception and GUM episodes across the integrated system to introduce more systematic coding and address issues of double counting.
2. Consistency of data provided for national reporting and data used locally.
3. Ongoing data quality issues relating to the reporting of activity against the PHLSA for STI testing and treatment and HIV testing, and poor reporting by some providers of the C Card scheme.

Data recording allows services to be designed around need and minimising risk by collecting data on those known to be at greater risk, such as:

1. Standardised data on protected characteristics across all services, including sexual orientation and ethnicity where data is particularly poor.
2. Standardised coding, for example for risk of child sexual exploitation, and for capturing sex workers accessing services.

Recommendations for further research

Work is undertaken to address the paucity of knowledge about the sexual health needs of particular groups, including:

1. Sex workers.
2. People aged 26-49.
3. People aged over 50.
4. Transgender people.
5. People with learning disabilities, particularly with more complex needs.

More investigation is needed to understand:

1. High referral rates into psychosexual counselling services compared to numbers assessed.
2. The reasons for high rates of people accessing EHC through SHSS compared to nationally.
3. The risks of digital spaces and social media locally for young people's sexual health.

East Sussex Public Health Intelligence: July 2019

The full needs assessment is available at:

http://www.eastsussexjsna.org.uk/comprehensive

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County Council