

East Sussex Rapid Sexual Health Needs Assessment 2025

Author: Lyndall Hall

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Advisory Group:

Tony Proom

Anna Merla

Michael Watson

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Abbreviations

Abbreviations	
ADPH	Association of Directors of Public Health
BBV	Blood Borne Virus
BPAS	British Pregnancy Advisory Service
BSL	British Sign Language
CHS	Combined Hormonal System
CJS	Criminal Justice System
COP	Combined Oral contraceptive Pill
CYP	Children and Young People
DfE	Department for Education
DHSC	Department for Health and Social Care
EHC	Emergency hormonal contraception
EMA	Early Medical Abortion
ESHT	East Sussex Healthcare Trust

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FGM	Female Genital Mutilation
GA	General Anaesthetic
GBMSM	Gay, Bisexual, men who have sex with men
GP	General Practitioner
GUM	Genitourinary Medicine
GUMCAD	Genitourinary Medicine Clinic Activity Dataset
ICS	Integrated Care System
IUCD/S	Intrauterine contraceptive device/system
IUD	Intrauterine Device
IUS	Intrauterine System
KCHFT	Kent Community Healthcare NHS Foundation Trust
LA	Local Anaesthetic
LARC	Long-Acting Reversible Contraception
LGV	Lymphogranuloma venereum
MHMS	My Health My School
MSI	MSI Reproductive Choices
MSM	Men who have sex with men
MTW	Maidstone and Tunbridge Wells NHS Trust
NATSAL	National Surveys of Sexual Attitudes and Lifestyles
NCSP	National Chlamydia Screening Programme
OHID	Office of Health Improvement and Disparities
PEP	Post exposure prophylaxis
POC	Point of Contact
POP	Progestogen Only Pill
PrEP	Pre exposure prophylaxis
SHNA	Sexual Health Needs Assessment
SMG	Social Marketing Gateway
SRHAD	Sexual and Reproductive Health Activity Data Set
SSHS	Specialist Sexual Health Services
TiE	Theatre in Education

UHS	University Hospitals Sussex
UKHSA	United Kingdom Health Security Agency
WHO	World Health Organisation

Summary

This rapid Sexual Health Needs Assessment (SHNA) sought to update knowledge of East Sussex's sexual and reproductive health needs, highlighting any gaps in service provision or knowledge to inform future commissioning strategies.

The rapid SHNA has found evidence of declining contraception use in women of childbearing age in East Sussex. Emergency Hormonal Contraceptive (EHC) being accessed at Specialist Sexual Health Services (SSHS) and GP surgeries has fallen in this time. EHC can be accessed via online provision which has seen an increase and free EHC to under-25s through pharmacy Public Health Service Level Agreements (PHLSAs) has also seen more users. A rise in unintended pregnancies has been observed through the rise in the number of increased induced abortions. The East Sussex Under-18s conception rate remains below the national rate.

There has been a significant increase in STI testing through East Sussex online provider SH.UK. This is a trend that accelerated due to the COVID-19 pandemic. The majority of STI tests in East Sussex are now accessed through online services. The main demographics using this service are those aged 20-34. Those aged 65+ are still accessing sexual health services at the same level through their GPs and SSHS, suggesting that there has been no reduction in services for this group since this change in service provision.

Changes to the National Chlamydia Screening Programme, which is detailed in the report, has led to a reduction in the number of chlamydia tests conducted, and by extension the gonorrhoea tests that these tests are combined with. The Chlamydia detection rate has fallen which suggests this reduction in testing is having an impact. The Chlamydia detection rate for East Sussex is below the National rate. Rother and Wealden districts have the lowest chlamydia detection rates for 15-24 year old males and females in East Sussex.

Gaps in knowledge have identified that there needs to be an improvement in the monitoring of active PreventX STI postal test kits sites and distribution, C-card data has gaps relating to active locations and distribution and registrations occurring at these location and contraception data from the abortion provider commissioned by NHS England.

Chapter 1: Introduction

A comprehensive sexual health needs assessment (SHNA) for East Sussex was last published in 2019 (ESCC , 2019). There have been major service model changes in the years since the assessment as the Covid pandemic changed the way in which sexual health services were offered in East Sussex. Additionally, the most recent strategic commissioning plan expired in 2024. Therefore, this rapid sexual health needs assessment aims to provide evidence informed recommendations to guide future strategic commissioning plans and service provision to improve the sexual health and wellbeing of residents of the county.

Methodology

A rapid Sexual Health Needs Assessment does not generate primary data, rather it draws upon existing data and applies intelligence to it to perform a gap analysis (DesignOptions, 2007).

Data collection and analysis occurred from the following key resources:

- Office of Health Improvement and Disparities (OHID) Fingertips resource (DHSC, 2025)
- Genitourinary Medicine Clinic Activity Dataset (GUMCAD). (UKHSA, 2025)
- Sexual and Reproductive Health Activity Data Set (SRHAD) (NHS Digital, 2024)
- Local Service provider data, including data from local healthcare laboratories, Specialist Sexual Health Services (SSHS) reporting and KPIs, Online service provider, pharmacy prescribing and KPI reporting on Public Health Local Service Agreements (PHLSA).
- UK Health Security Agency (UKHSA) Sexually Transmitted Infections (STI) annual data 2024. (UKHSA, 2024)
- Key informants also provided additional information in relation to at risk groups.
- Desktop review of relevant national policies, surveys, and other evidence.
- Relevant local surveys identified.

It should be noted that there are some limitations to the data collected. The lack of consistency in collecting data on all protected characteristics from various sources makes it difficult to determine whether some groups are adequately supported in terms of sexual health. Other limitations include how data is presented, some data is present in full year and others in financial year, meaning comparisons are not like for like. And in some instances, only partial data is reported for KPI purposes. Each section deals with potential data limitations.

A gap analysis was then performed in accordance with the STI prioritisation framework (UKHSA, 2024) (and NHS advice on conducting a sexual health needs assessment (DesignOptions, 2007)

Scope

This rapid sexual health needs assessment will review the performance of measures such as:

- the changed model from a previous face to face model to mainly remote online offer
- Sexually Transmitted Infections (STI) testing and any arising concerns
- condoms access
- emergency hormonal contraception access
- HIV Pre exposure prophylaxis (PrEP),
- the use of contraception and links to unintended and unwanted pregnancy, and,
- the performance of the whole health system that supports positive sexual health in East Sexual health.

Exclusions include:

- Gynaecology
- Menopause and menorrhagia
- Maternity and children under 5.
- HIV treatment and care services (commissioned by NHSE)
- Female Genital Mutilation (FGM)

Chapter 2: Policy Context

The World Health Organisation (WHO) defines Sexual Health as:

“...a state of physical, emotional, mental and social well-being in relation 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.”

(WHO, 2006)

There are a number of national policies and guidelines which aim to fulfil this definition of sexual health.

National Policy Context

A summary of national policies and guidelines are given below.

Policy and Guidelines	Description
Commissioning local HIV sexual and reproductive health services - GOV.UK	This guidance from UKHSA is for commissioners of HIV, sexual and reproductive health services to help plan and commission regional and local services.
A Framework for Sexual Health Improvement in England - GOV.UK	This sets out the government's strategy to improve sexual health in England. Note that this was published in 2013 and is yet to be updated.
Sexually transmitted infections (STIs): migrant health guide - GOV.UK	This guidance from UKHSA sets out how to meet the sexual health needs of migrants into the UK.
STI Prioritisation Framework - GOV.UK	A framework to prioritise local STI control
Teenage pregnancy prevention framework - GOV.UK	Guidance for local teenage pregnancy prevention programmes to help young people avoid unplanned pregnancies and develop healthy relationships.
Towards Zero: the HIV Action Plan for England - 2022 to 2025 - GOV.UK	The government's plan to reduce HIV transmission by 80% in England by 2025
Women's Health Strategy for England - GOV.UK	Ambition to improve the health and wellbeing of women and girls in England, including sexual and reproductive health.
Changes to the National Chlamydia Screening Programme (NCSP) - GOV.UK	This policy paper outlines how changes to the National Chlamydia Screening Programme (NCSP) would now focus on reducing reproductive harm of untreated infection in young women
Health and Care Act 2022	This piece of legislation amended the Medical Abortion Act of 1967 to make telemedicine for at home abortions an ongoing option in England and Wales
NHS Long Term Plan » Online version of the NHS Long Term Plan	The NHS Long Term Plan considers reducing health inequalities and considers how local

Policy and Guidelines	Description
	government and the NHS work together to deliver services including sexual health.
NHS England » NHS Pharmacy Contraception Service	From 2023, pharmacies are able to offer contraception. This service specification covers the ongoing monitoring and supply of contraceptive given under Patient Group Directives (PGDs).
Relationships and sex education (RSE) and health education - GOV.UK	Statutory Guidance on Relationships, Relationships and sex (RSE) and health education
FSRH Guidelines & Statements FSRH	The Faculty of Sexual and Reproductive Health provides several evidence-based guidelines for the provision of excellent contraceptive care
Guidelines BASHH	The British Association for Sexual Health and HIV provides numerous guidelines the management of STIs and BBVs.
Clinical Guidelines - BHIVA	The British HIV association produces guidelines for the management of individuals living with HIV
Overview Sexually transmitted infections: condom distribution schemes Guidance NICE	NICE guidelines on condom distribution schemes.
Overview Reducing sexually transmitted infections Guidance NICE	NICE guidance on reducing STIs
Overview Contraception Quality standards NICE	NICE quality standards on contraception for women. It covers methods, contraception after abortion, emergency contraception and contraception after childbirth.
Overview HIV testing: increasing uptake among people who may have undiagnosed HIV Guidance NICE	NICE guidance on how to increase the uptake of HIV testing in primary and secondary care, SSHS and the community.
Overview Long-acting reversible contraception Guidance NICE	Updated in 2019, this guidance aims to increase the use of LARC by improving the information given to women.

Table 1 National Policies and Guidelines

Local Policy Context

Local Policy	Description
<u>Council Plan 2024/25 East Sussex County Council</u>	This sets out ESCC's plan for 2024/25 which includes the health delivery outcome of working with health and care partners to achieve best possible outcomes
<u>Improving Lives Together ICS Sussex Strategy</u>	Strategy document from the Sussex Integrated Care System (ICS) setting out their ambition for a healthier Sussex (East and West Sussex and Brighton & Hove)
<u>Healthy lives, healthy people: East Sussex Health and Wellbeing Board strategy East Sussex County Council</u>	This strategy highlights plans for health and care services in East Sussex.

Table 2 Local Policies

In addition to these, the following sexual health indicators are included on the Public Health Outcomes Framework (PHOF) (DHSC, 2025):

- conceptions in aged 17 years and under
- chlamydia detection rate per 100,000 aged 15 to 24 years (female, male and persons)
- new STI diagnoses (excluding chlamydia aged 24 years and under) per 100,000
- total prescribed LARC excluding injections rate
- HIV late diagnosis in people first diagnosed with HIV in the UK
- population vaccine coverage for HPV
- crude rate of sexual offences per 1,000 population

Sexual Health Service Commissioning in East Sussex

Since 1 April 2013, local authorities have had responsibility for commissioning sexual health services following the Health and Social Care Act of 2012 (UK Government, 2012). Due to organisational restructurings occurring within the health care system, the current set up of commissioning responsibilities relating to sexual health is spread between three organisations as seen in the table below. In 2025, the government announced the abolition of NHS England (NHSE) to be completed by 2027 (The King's Fund, 2025). At present it is not known how this will impact the commissioning responsibilities of NHSE and the resulting effect upon these services in East Sussex. The table below is from UKHSA's commissioning local and regional sexual health services guidance (UKHSA, 2025)

Local Authority	<ul style="list-style-type: none"> • Comprehensive integrated face to face sexual health services • Ensuring access to contraception including Long acting reversible contraception (LARC) • LARC (coil, implants, and devices) provided by GP services • Genito Urinary medicine including STI and HIV testing and treatment, management of Genito Urinary conditions viral Hepatitis, HPV and M pox vaccination, psychosexual therapy relating to sexual health, partner notification for communicable infectious sexually transmitted infections and HIV. Outreach to vulnerable individuals and groups. • prevention services, including chlamydia screening, condom schemes and access and campaigns. • HIV prevention including the delivery of HIV pre-exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP)
Integrated Care Board (ICB)	<ul style="list-style-type: none"> • most abortion services • sterilisation • vasectomy • non-sexual-health elements of psychosexual health services • gynaecology including any use of contraception for non-contraceptive purposes • urology • adult specialist services for people living with HIV (from April 2025)
NHS England	<ul style="list-style-type: none"> • User dependant contraception provided under the GP contract • 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 (SARC) • cervical screening • specialist foetal medicine services • Immunisation programmes

Table 3 Local and Regional Commissioning responsibilities

Chapter 3: National Context

Contraception

There are several contraceptive methods available for women to prevent pregnancy. There are only two methods available for men- the male condom and vasectomy. The non-permanent methods can be classified as described in the table below: Long Acting Reversible Contraceptive (LARC) or User Dependent methods. Permanent methods of contraception include female sterilisation and male vasectomies.

Long-Acting Reversible Contraception	<div>Intrauterine Device (IUD)- a copper coil that is effective for 5-10 years depending on type.</div> <div>Intrauterine System (IUS)- progesterone releasing coil that is effective for 3-8 years depending on type.</div> <div>Sub-dermal Contraceptive Implant (SDCI)- last 3-5 years</div> <div>Progesterone Only contraceptive injections- last 8-12 weeks.</div>
User Dependent Methods	<div>Progestogen Only Pill (POP)</div> <div>Combined Oral Pill (COP): contains both progesterone and oestrogen.</div> <div>Combined Hormonal Systems (CHS): includes the contraceptive patch and vaginal ring.</div> <div>Barrier methods: male and female condoms, diaphragms, and cervical caps. Spermicide may be used alongside these methods.</div> <div>Natural Family Planning methods: Fertility awareness method of tracking ovulation and abstaining from sex or using other contraception during the fertile window.</div>

Table 4 Contraception Methods

In 2023, the overall national rate of prescribing LARC has declined in both primary care and SSHS services. This is also true for user dependent methods, with large declines in the prescribing of COP. POP is now the main user-dependent methods prescribed in both primary care and SSHS settings (OHID, 2025). There is no accurate data on the use of natural family planning methods. There was a woman’s reproductive health survey national pilot conducted in 2021 with 13,450 respondents. The results from this survey on contraception and abortion were published in 2025. This found that 18% of respondents used no method or an unreliable method. Unreliable methods included fertility awareness

apps, withdrawal method or calendar method of tracking ovulation (DHSC, 2025). Another report examined the responses of 1,000 women nationwide and found that 10% used fertility awareness methods and that 28% of respondents used no method (BPAS, 2025).

This national trend in declining contraceptive use is being explored and findings from the full women's reproductive health survey, with 59,112 respondents found that 23.7% of people had either stopped or switched methods due to the effects it had on their mood, to give their body a break or changes in bleeding pattern. Only 1/5 of those who stopped using contraception did so as they were planning a pregnancy (French, et al., 2024). Other research has examined the effects of social media on contraceptive use in Western Europe (Schneider-Kamp & Takhar, 2023) and the rise of fertility tracking apps (McNee, et al., 2025) for this decline in oral contraceptive use. This has also been noted in a trend toward "natural" family planning methods and concerns about hormones and side effects (Brook, 2024).

Emergency Contraception

Emergency contraception can include the emergency hormonal contraceptive (EHC) pill or an IUD. Like with other contraceptive use, there has been a steady fall in the number of EHC prescriptions over the last decade (NHS Digital, 2024).

Sterilisation and Vasectomies.

There were 10,588 sterilisations provided in NHS hospitals in 2023-24, a 29% decrease from 2013-14. There were 22,775 vasectomies performed in SRH services and NHS hospitals in the same period (NHS Digital, 2024).

Induced Abortion

Women in England can have an abortion up till 23+6 days gestation provided conditions of the Abortion Act 1967 is met (NICE, 2024). There are two types of abortion: medical and surgical. An early medical abortion (EMA) can be performed before the 10th week of pregnancy (9 weeks and 6 days gestation). This involves taking two medications: Mifepristone and Misoprostil. There are two types of surgical abortion: vacuum aspiration can be performed up to 15 weeks gestations and dilatation and evacuation which can be performed between 15 and 23 weeks+6 days gestation.

In March 2020, in response to the COVID-19 pandemic and associated lockdown, woman in England and Wales could have an Early Medical Abortion (EMA) having both mifepristone and misoprostil at home. In March 2022, an amendment to the Health and Social Care Bill, made this temporary approval to have both pills available to take home permanent (OHID, 2024). This amendment also allowed women who had received a consultation, either in

person by phone or electronic means to self-administer medication at home (UK Government, 2022).

In 2022, the age standardised abortion rate per 1,000 women in England & Wales was 21.1. This is the highest rate since the Abortion Act came into effect. There were 251,377 in England & Wales in 2022, a rise of 17% from the previous year. The crude rate amongst under-18s is decreasing whilst the crude rate in over 35s is increasing. In 2022, 86% of abortions were medically induced compared to 48% in 2012. 88% of induced abortions take place before 10 weeks' gestation. This is a rise in the proportion of early abortions since 2012 (77%). Abortions occurring over 20 weeks' gestation account for 1% of the total number performed in 2022. 77% reported their ethnicity as white, 9% as Asian or Asian British, 8% as Black or Black British and 5% as mixed ethnicity. Whilst abortion rates remain higher in the most deprived IMD deciles, the biggest increases have been noted in the least deprived deciles- a 17% increase was noted in the least deprived deciles compared to a 5% increase in the most deprived deciles (OHID, 2024).

Potential causes for the rise in abortion rates include financial pressures due to the current economic climate, changing social attitudes to abortion, changing sexual behaviours, use of contraception and the shift to EMAs (Ewbank & Maguire, 2021).

Sexually Transmitted Infections (STIs)

A sexually transmitted infection (STI) encompasses a range of conditions that can be acquired through sexual activity. Early detection and treatment is important to reduce the risk of serious long term consequences (UKHSA, 2025). BASSH guidelines outlines nationally recommended screening of STIs based on individual risk factors (BASSH, 2023). Whilst vaccination can help prevent some of these infections, such as genital warts, Hepatitis A & B, control of STIs typically involves health promotion activities such as condom use and behaviour change, testing and treatment and effective partner notification (UKHSA, 2025).

Trends in the numbers of diagnosed STIs has been difficult to interpret due to the impact of COVID-19 during the years 2020-2021. The resulting change in sexual behaviour and disruption to sexual health service dramatically lowered the amount of STI tests and STI diagnoses. In 2023, the number of sexual health screens have recovered to above the number pre pandemic in 2019, and whilst numbers of new STIs have increased since 2022, the number of new diagnoses is lower than that in 2019 (UKHSA, 2024).

Chlamydia

Since 2021, opportunistic chlamydia testing in the community in England was only offered to young women to focus on reducing the reproductive risk to young women through changes to the National Chlamydia Screening Programme (Public Health England, 2021).

Services in SSHS remain the same with chlamydia remaining a routine part of sexual health screens.

In 2023, there has been a decrease in the amount of chlamydia tests taken and the number of positive chlamydia tests amongst young women aged 15-24 years old since 2019. The national detection rate in 2023 is 1,962 per 100,000 population. The PHOF recommended detection rate is 3,250 per 100,000 population (UKHSA, 2024).

Nationally testing coverage for young women aged 15-24 years old is highest amongst those with Black Caribbean ethnicity (41.6%), followed by those with mixed ethnicity (22.2%) compared to those with white ethnicity (15.5%). Nationally, 32.3% of chlamydia testing for young women aged 15-24 years old occurs in SSHS, 42% via internet testing and 10% in primary care. Other sources include pharmacies and ToP services (UKHSA, 2024).

Gonorrhoea

The number of gonorrhoea diagnoses in 2023 increased from 2022 and is higher than the number of diagnoses in 2019. This is the highest number of diagnosed gonorrhoea since records began in 1918. The high number may reflect increase in testing since 2022 but also indicates high levels of transmission in the community. While there were more gonorrhoea diagnoses in GBMSM, the highest proportional rises between 2022 and 2023 were seen in heterosexuals (UKHSA, 2024). High levels of gonorrhoea transmission in the community is a large concern due to the rise in antibiotic resistant strains of the bacteria (UKHSA, 2024).

Syphilis

The number of infectious syphilis (primary, secondary and early latent) diagnoses in 2023 increased from 2022, and is higher than the number of diagnoses in 2019. The high number may reflect an increase in testing since 2022 but also indicates high levels of transmission in the community (UKHSA, 2024). The greatest numbers of new diagnoses are in GBMSM, but the greatest increases in proportions being diagnosed is seen in heterosexual people (29% in WSM, 19% in MSW and 7% in MSM) (UKHSA, 2024). The rate of women who screened positive for syphilis through the national antenatal screening programme increased from 1.39 per 1,000 women in 2018-2019, to 1.64 per 1,000 women in 2021-22 (UKHSA, 2024).

Genital Herpes

First episode genital herpes represented 6.8% (27,167) of all new STI diagnoses in 2023. While this is an increase since 2022, it not as high as pre pandemic 2019 levels (UKHSA, 2024). There was a large drop in genital herpes being diagnosed during the pandemic, likely due to this needing to be diagnosed in a face-face setting.

Genital Warts

Diagnosis of first episode genital warts remained stable between 2022 (26,086) and 2023 (26,133) (UKHSA, 2024). It is essential to acknowledge that this number is significantly lower than the numbers diagnosed in 2014 with numbers diagnosed with first episode genital warts declining year on year throughout this time. This has been attributed to the HPV vaccine (UKHSA, 2025). The HPV vaccine was offered to all girls in school year 8 from 2008 and rolled out to include all school year 8 boys in 2019 (UKHSA, 2023). In 2018, a national HPV vaccination programme was commenced for MSM aged up to 45 years old and is available in SSHS and HIV clinics (UKHSA, 2023).

HIV

Nationally, the number of people being tested in all sexual health services in 2023 has recovered to 96% of the the pre-pandemic numbers in 2019. There has been an increase in the numbers of GBMSM being tested but decreases in heterosexual people being tested since 2019. There were 6,008 HIV diagnoses in 2023, an increase of 51% from 2022. 3,198 (53%) of these were in people who had previously been diagnosed with HIV abroad. The number of HIV diagnoses first made in people from the UK increased by 15%. Increases have been seen in MSM (increase of 7%), MSW (increase of 36%) and WSM (increase of 30%). 98% of people living with diagnosed HIV in England are virally suppressed and unable to pass on HIV to a sexual partner (UKHSA, 2024).

PrEP

In 2023, 84% of those identified as having a need for PrEP had that need identified. This need for PrEP was identified for 85% of GBMSM, 62% of heterosexual or bisexual women and 60% of heterosexual men. Of those who had this need identified, 75% of GBMSM, 40% of heterosexual or bisexual women and 39% of heterosexual men who had a need for PrEP identified, actually initiated, or continued PrEP use (UKHSA, 2024). BHIVA/BASSH guidelines recommends a comprehensive risk assessment as a basis for PrEP provision, including sexual and drug taking history, and is based on several factors that can make a person more at risk of HIV acquisition (BHIVA/BASSH, 2018). Vulnerable Populations and Risk Factors

Age and Gender

For England, new STI diagnosis rates remain highest amongst young people aged between 15-24 years old. This is similar to the South East, with the highest new STI diagnosis rate being in the 20-24 year old age category. (UKHSA, 2024). This reflects a higher rate of partner change in this group. (UKHSA, 2024) Meanwhile, new STI rates are higher amongst older men than older women. (UKHSA, 2024) Also, the update on the HIV action plan shows that people in the age category 15-24 and aged 65 or over had the greatest proportion of need for PrEP identified but not initiated. (DHSC, 2023) People aged 50 years or over had

the highest proportions of late diagnosis of HIV- 55% of new diagnoses in the over 65s were late diagnoses. (Terrence Higgins Trust, 2024)

It has been found that sexual experiences for older people (those aged over 50) are not often considered by professionals. A qualitative study conducted based off the third National Surveys of Sexual Attitudes and Lifestyles (NATSAL-3), noted that mid-lifers (those aged over 40) might be missing out on key messages such as continuing to use condoms with new partners after life events (e.g. menopause or vasectomies) which can put them at risk of STIs. (Hichcliffe, et al., 2021) Additionally, this group may not utilise STI testing despite having new sexual partners following long term relationship breakdowns. (Lewis & Mitchell, 2020)

Women are seen more in sexual health services compared to men. In the South East, there was a total of 366,891 consultations (online, telephone and face-face) for women, compared to 218, 969 for men in 2023 (UKHSA, 2024). Despite this, heterosexual women make up one of the largest groups where need for PrEP has not been assessed (DHSC, 2021).

East Sussex Insights

A report was commissioned through Social Marketing Gateway (SMG) looking at this issue amongst young men living in Rother and Wealden. This found that barriers for young men accessing sexual healthcare include psychosocial issues such as lack of knowledge, perceptions of stigma, social pressure, underestimating risk, low engagement with health services and lack of access to services. (SMG, 2017).

Deprivation

Rates of new STI diagnoses is consistently higher in more deprived populations (Public Health England, 2021). Women aged 16-24 years old have a high burden of sexual health morbidity with associations found with high levels of deprivation (Solomon, et al., 2024). For example, chlamydia detection rates are highest in young women living in the most deprived quintiles in England (UKHSA, 2024).

Meanwhile, teenage pregnancies are both a cause and consequence of health and educational inequalities. Whilst there have been large declines in the teenage pregnancies in the most deprived areas of England, there is still a higher rate amongst the most deprived deciles in England (Public Health England, 2018). In 2022, those living in the most deprived areas of England were more likely to have an induced abortion (OHID, 2024). LARC use is highest amongst the least deprived deciles (OHID, 2025).

Rural and Urban Areas

East Sussex is a predominantly rural county with urban areas tending to be concentrated along the coast. An inquiry into rural needs in health and care policy and service design noted that whilst rural areas may not have traditionally high indices of deprivation, this does not account for issues particularly relevant to rural health care, such as distance to access treatment and specialist services. (National Centre for Rural Health and Care, 2022). This inquiry also noted how digital technology can improve rural communities access to health and care services but cautions that this must complement existing services.

East Sussex also has a large coastal community, where the more urban areas are concentrated, which also face their own unique challenges when it comes to health and social care services. Three quarters of East Sussex's population live in these urban areas (ESCC Public Health, 2020). The 2021 Chief Medical Officer's (CMO) report examined health in coastal communities and noted that health outcomes in coastal communities is worse than the national norms (Chief Medical Officer's Annual Report 2021, 2021). Urban areas tend to have higher levels of sexual health need, such as higher numbers of teenage pregnancy, higher rates of STIs and greater participation in riskier sexual activities such as 'chemsex' (LGA, 2022).

LGBTQ+

In the South East, men who have sex with men (MSM) have the highest new STI diagnosis rate (8166.1) compared to men who have sex with women (MSW) (rate 339.3) and women who have sex with men (WSM) (rate 381.2) or women who have sex with women (WSW) (rate 268.4). Gay, bisexual and other men who have sex with men (GBMSM) have greater sexual health needs, nationally having seen increases in bacterial STIs, genital herpes and genital warts between 2022-2023 (UKHSA, 2024). It should be noted that, outside of London, most new diagnoses of HIV has been in those exposed through heterosexual sex (Terrence Higgins Trust, 2024). Trans women have higher rates of HIV worldwide and are less likely to engage with services due to fear of discrimination (BHIVA/BASSH, 2018).

East Sussex Profile

A recent comprehensive needs assessment for Lesbian, Gay, Transgender, Queer + (LGBTQ+) noted that many within this group access health services, including sexual health services, trans services and HIV care, outside of East Sussex. This especially rises with those who identify as transgender. Alcohol and drug use, known risk factors for sexual ill health, is also higher in the LGBTQ+ community. Knowledge of PrEP is highest amongst gay men but lower in bisexual men and trans/non binary people. All

age groups within the LGBTQ+ needs assessment had faced discrimination and heteronormative assumptions when accessing healthcare (ESCC, 2021).

Please find more details of the needs assessment here: [Lesbian Gay Bisexual Trans Queer + \(LGBTQ+\) Needs Assessment |](#)

Ethnicity

Nationally, the highest rate of diagnoses of new STI'S is in people with the Black Caribbean ethnicity, however in gross numbers this is much less than those with white British ethnicity and is suggested to be due to the underlying structural determinants of health within the community (UKHSA, 2024). The rate of HIV infections is disproportionately higher amongst those with Black African ethnicity (DHSC, 2021). Minority ethnic women are less likely to take up contraception than their white counterparts with barriers including poor information and worries on side effects being cited (Cory, et al., 2025). Additionally, Black British, Caribbean, and African women are more likely to report reproductive morbidity (Palmer, et al., 2025).

East Sussex Profile

A rapid needs assessment into asylum seekers and refugees concluded that there are several barriers for this group to access sexual health services. These include lack of knowledge about sexual health and language and communication barriers. The needs assessment recommended that sexual health outreach services needs to reach this group, particularly subgroups of particularly vulnerable refugees and asylum seekers (ESCC Public Health, 2023).

Please find this rapid needs assessment here: [Asylum Seeker and Refugee Rapid Health Needs Assessment |](#)

Sex Workers

Sex workers are at increased risk of STIs but may not want to engage with health services due to discrimination, fear of criminalisation and stigmatisation. Sex workers also cite opening hours and location of services as barriers to accessing health care (NHS England, 2023). Standards for health care workers suggest that they need to consider the multiple and complex needs that sex workers may face not just sexual health needs (Pathway, 2018). These include issues such as insecure housing, rates of illicit substance misuse and alcohol use.

East Sussex Profile

A needs assessment of sex workers in East Sussex conducted by Social Marketing Gateway (SMG) was published in February 2025. This was a recommendation from the previous comprehensive sexual health needs assessment (ESCC , 2019). This found that sex work in East Sussex is complex and includes a wide variety of service models including online and offline services and notes that informal sex work (such as survival sex) is much more difficult to measure. It found sex workers to be a diverse group with varying levels of health and wellbeing needs. All sex workers included in the study took steps to protect their sexual health, as well as their mental health and wellbeing and personal safety which were acknowledged as also being at risk (SMG, 2025).

More findings from this study is presented in the Service User Voices Chapter.

People in contact with the Criminal Justice System (CJS)

There are higher rates of blood borne viruses (BBV) and STIs in prison. Opt-out BBV screening was rolled out to consenting adults in England's prisons between 2013-2017 (Public Health England, 2017). NICE quality statements state that "People entering or transferring between prisons are tested for blood-borne viruses and assessed for risk of sexually transmitted infections." (NICE, 2017). It is worth considering that whilst information on the sexual health needs of prisoners is not routinely collected, people in prison have other risks for poorer sexual health outcomes such as substance misuse or mental health conditions (BASSH, 2023).

It is worth considering that the numbers who have contact with the CJS is wider than just the prison population, with the numbers currently in probation services higher than in prison (UKHSA, 2018). There are various factors to consider when addressing the health needs of those on probation. People who have been in contact with the CJS are less likely to engage with health services due to previous distrust with statutory services, such as the care system (NHS England, 2023). Women who have had contact with the CJS face additional health needs which may impact upon their willingness to engage with sexual health services, such as being more likely to have experienced sexual abuse as children (53%) compared to their male counterparts (27%) (Prison Reform Trust, 2024).

East Sussex Profile

Data from the East Sussex probation service indicates that two thirds of those case loaded by this service have health and support needs. The greatest identified health

need is that for mental ill health- 49% of those on probation in East Sussex have a reported mental illness. Neurodiverse conditions and autism spectrum disorders affect 25% of those on probation. Moreover, nearly half have identified drugs or alcohol use as an additional need. This illustrates the complex health needs of the East Sussex population who have had contact with the CJS which may impact upon their engagement with sexual health services, as well as the wider health service, and increase their risk of unwanted pregnancy and STIs.

Source: HMPPS Sussex Probation Service Data

Vulnerable adults

A national cross-sectional survey identified that young people with a limiting disability reported poorer sexual health outcomes than those without, despite fewer behavioural differences between the two groups (Holdsworth, et al., 2018). The context of the survey described a limiting disability as a long standing illness, disability, or infirmity. This section considers a range of illnesses or disabilities that may impact on sexual and reproductive health outcomes.

Learning Disability

Forming loving relationships is important to those with learning disabilities, although there are a number of barriers to achieving this such as concerns from caregivers about exploitation and the fact that health and social care services rarely acknowledge this need (McCarthy, et al., 2022). Mencap have identified that those with learning disabilities rarely receive adequate Relationships and Sex Education (RSE), and this places them at risk of unintended pregnancy and STIs (Mencap, 2025).

Physical Disability

Access to health care services can be difficult for those with a physical disability. This could include transport to services as well as physical access into buildings (NHS Sussex, 2023). For those with hearing impairments, consideration needs to be given about access to British Sign Language (BSL) Interpreters and hearing loops. For those with visual impairments, access to services need to consider that online services need to be written in the correct font/ format (NHS Sussex, 2023). In all cases, failure to adequately address accessibility needs within health services leads to an over reliance on friends, family or carers for those with a physical, hearing or sight disability and may even lead some to refrain from engaging in services.

Mental Ill Health

Sexual Health and mental health are closely related and bi directional in nature. Sexual health may impact on mental health (for example, anxiety and depression over unwanted pregnancies, STIs or abusive sexual relationships), and mental health may impact on sexual health (for example, reduced libido due to depression or engagement in riskier sexual behaviour) (Harmanci, et al., 2023). Furthermore, those with a serious mental illness such as schizophrenia or bipolar disorders may experience a higher burden of sexual ill health (Aymerich, et al., 2024).

Homelessness

People who are experiencing homelessness are at increased risk of adverse sexual health outcomes, as well as poor uptake of traditional services due to unstable living conditions. Therefore, services need to make more efforts to improve access and service delivery (Paisi, et al., 2021). People experiencing homelessness may face other social risk factors that increase the likelihood of sexual ill health, such as illicit substance misuse (NHS England, 2023).

Sexual Assault Referral Centres (SARC)

Sexual Assault Referral Centres (SARCs) provide medical and practical support to those who have recently been raped or sexually assaulted. This includes STI and pregnancy testing, forensic medical examination and medical support for any injuries sustained. They are available to everyone regardless of gender, age and nature of offence (Rape Crisis, 2025). This is a service that is commissioned by NHS England. England had a crude rate of 3 sexual offences per 1,000 population in 2022/23 (DHSC, 2025). The limitation of this figure is that it draws upon recorded crimes from the Home Office so does not consider unrecorded offences. Nationally, 69,958 rapes were recorded by police between October 2023 and September 2024- this is an underreporting of this offence as it is estimated that only 1 in 6 rapes are reported to police (ONS, 2025).

Drug and Alcohol Misuse

East Sussex Profile

There are no SARCs in East Sussex. East Sussex residents who have experienced sexual assault need to travel to Crawley in West Sussex or Maidstone in Kent. A paediatric service for under 14s is available in Brighton. East Sussex has a similar rate of sexual offences as England (2.8 per 1,000 population), with the highest rate of 4.1 in Hastings and the lowest rate of 1.6 in Wealden. (DHSC, 2025). However, these figures should be

treated with caution as they rely on offences reported to police services and as mentioned above this is an underreported offence. No data was obtained on East Sussex residents using these services.

Drug and alcohol use can lower inhibitions and result in riskier sexual health behaviour. Research has shown that frequent binge drinking of alcohol or illicit drug use is associated with unprotected sexual contact with new partners (Khadr, et al., 2016). Additionally, concerns have been raised about the rise of “chemsex” (this term currently refers to group sexual encounters between GBMSM where particular recreational drugs are used in the UK) (LGA, 2022). These risky sexual health behaviours increase the risk of transmission of STIs and BBVs, and unintended pregnancy.

Chapter 4 Mapping Demand: Local Context

Local Demography

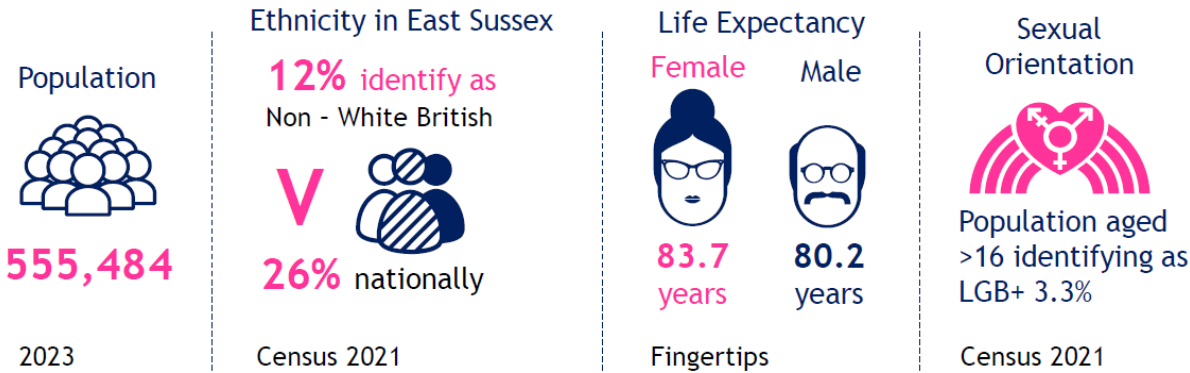


Figure 1 Selected East Sussex Demographics

Age and Gender

In 2022, there were 550,720 people living in East Sussex, an increase of 3.8% since 2012. Wealden has seen the biggest increase in population since 2012 at 8.2% and Hastings has the lowest (0.1%).

East Sussex has an older age profile compared to England and the rest of the South East. A quarter (26.4%) of the population are aged 65+. Females account for 52% of over-65s and males 48%. Rother has the highest proportion (4.9%) of over-85s nationally.

Those aged 0-17 years old make up 19% of the East Sussex population. The numbers of young people have seen increases in Eastbourne and Wealden but have fallen in all other

areas of East Sussex. Among the 0-17 years old population, there are more males than females (51% versus 49%).

The working age group (18-64) makes up 55% of the population of East Sussex. The numbers age 18-24 has declined by 12.7% since 2012. All the other age groups have seen rises, but the largest rise has been seen in those aged 45-64 (up 3.4%). Females make up 52% and males 48% in this age category (ESCC, 2024).

Sexual Orientation and Gender Identity

The 2021 Census provided some information on the LGBT+ population in East Sussex. The population aged 16 years and over identifying as LGB+ in the census was 3.3%- 1.8% as gay or lesbian, 1.2% as bisexual and 0.3% as “Other”. Other sexualities included pansexual, asexual, queer or other. The borough of Hastings reported the largest proportion of residents identifying as LGB+ (4.6%) and Wealden the lowest (2.3%). 7.5% of people aged over 16 in East Sussex did not answer the question about sexual orientation. This is the same as the proportion nationally who did not answer the question.

The census identified 0.4% of East Sussex residents identified as a gender different to their gender at birth- 0.07% trans women, 0.07% trans man, 0.06% as non-binary and 0.2% either did not answer or gave a different gender identity (ESCC, 2023). However, the ONS acknowledged there was a flaw in the design of this question so results should be treated with caution (ONS, 2025).

Ethnicity and religion

88.3% of East Sussex residents identified themselves as White British in the 2021 Census. Those identifying as White: Other White stands at 4.5%. The second most common ethnic group after this was mixed/multiple ethnic groups at 2.3%, followed by Asian or Asian British (2.1%). Less than 1% of the East Sussex population identify as Black British, African or Caribbean (ESCC, 2022). The below table from the State of the County 2024 report (ESCC, 2024) shows a complete breakdown of proportions of population for each ethnic category other than White British in 2021.

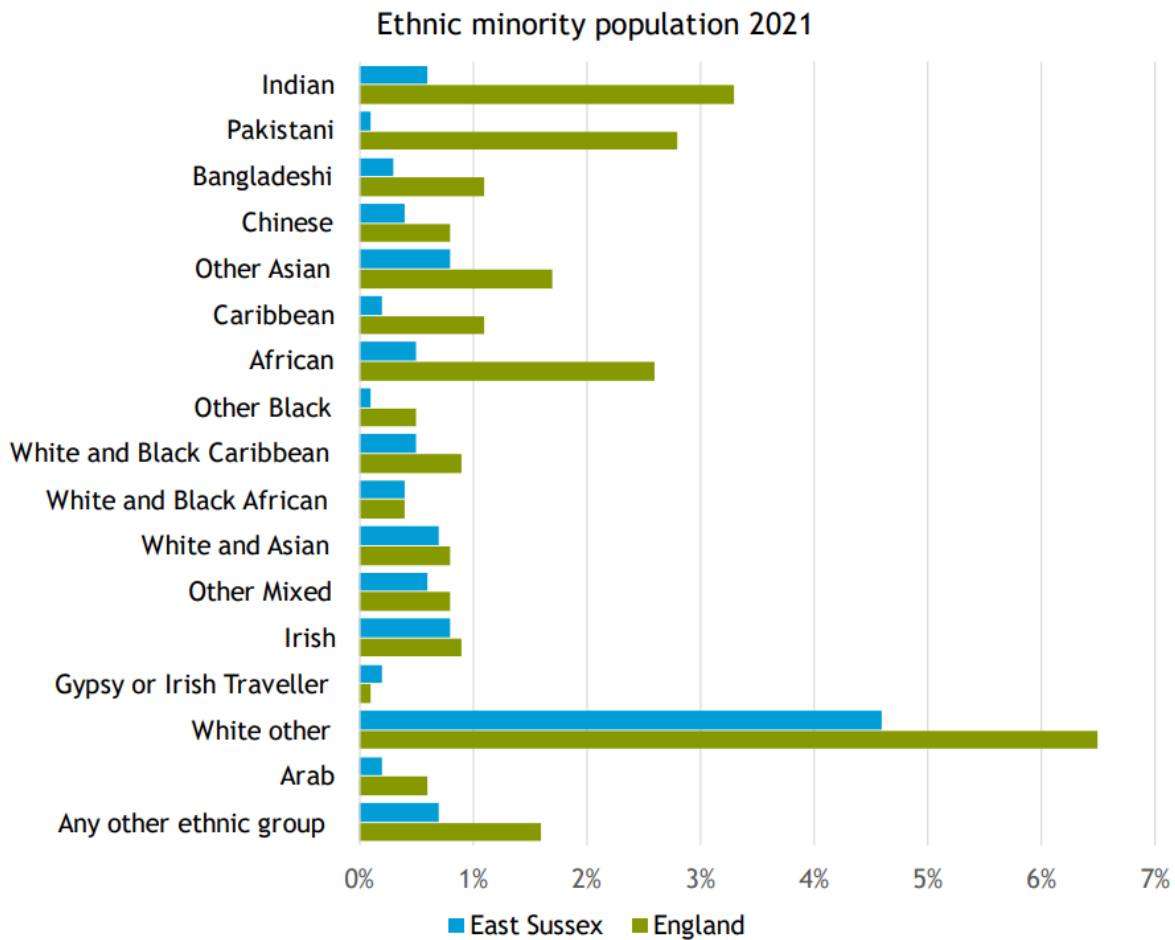


Figure 2 Ethnic Minority Population in East Sussex vs. England 2021. Source: State of the County Briefing 2024

45.9% of East Sussex residents identified as Christian. The numbers identifying as having no religion has increased to 44.6% of residents. The next most common religion was stated as Islam at 1.1% of the population (ESCC, 2022)

Life Expectancy

Life expectancy at birth (1year range) for Males is 80.2 Years in East Sussex. This ranges from 77.2 years in Hastings to 82.8 years in Wealden. Life expectancy for females is 83.7 years. This ranges from 81.6 years in Hastings to 84.7 years in Lewes. Both life expectancies are higher than nationally which is 83.2 years for females and 79.3 years for males. Healthy life expectancy for females in East Sussex is 62.2 years compared to 61.9 years nationally. Healthy life expectancy for males in East Sussex is 61.8 years compared to 61.5 years nationally (DHSC, 2025).

Deprivation

The Index of Multiple Deprivation (IMD) measures relative levels of deprivation in Lower Super Output Areas (approximately 1,500 residents) based on: income, employment, education, health, crime, barriers to housing and services, and living environment. Overall, East Sussex ranks 93/151 upper tier local authorities, where 1 is least deprived and 151 most deprived. However, Hastings is the 13th most deprived lower-level local authority out of 317. Wealden is the least deprived lower-level local authority in East Sussex ranking at 254/317 (ESCC, 2019).

Sexually Transmitted Infections in East Sussex (STIs)

Knowledge of the epidemiology of STIs in the UK is largely based on cases reported by Genitourinary Medicine (GUM) to United Kingdom Health Security Agency (UKHSA)- this source is called GUMCAD. This surveillance system collects information about all STI tests, diagnoses and services from all commissioned Level 2 and 3 sexual health services in England. (UKHSA, 2025). It does not measure the true extent of STIs in the population or the prevalence of asymptomatic infections. Only limited socio-demographic and behavioural information is collected through this source. The data below mainly presents case information from GUMCAD data. As such, this is only a small part of the overall picture of sexual health and wellbeing in East Sussex and should be read within the context of the broader evidence outlined in this needs assessment. Also note that this section includes Fingertips data, which is presented annually, as well as GUMCAD data, which is reported by financial year, so the two are not fully comparable.

Within East Sussex in 2023, 2,251 sexually transmitted infections were diagnosed. The most diagnosed STIs locally across were chlamydia (1,032), gonorrhoea (367), first episode genital warts (260) and Herpes (207). East Sussex has a significantly lower rate of new STIs (408.7 per 100,000) than nationally (703.6 per 100,000). (UKHSA, 2025).

In 2023, the rate of new STI diagnoses in Eastbourne and Hastings were the 15th and 17th highest of the 66 local authorities in the Southeast, behind the main university cities and towns in the area. Wealden has the 3rd lowest rate of new STIs in the South East area.

East Sussex Rapid Sexual Health Needs Assessment 2025

Lower 95% Similar Higher 95% Not compared

Recent trends: — Could not be calculated — No significant change — Increasing — Decreasing

All new STI diagnoses rate per 100,000 2023

Crude rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	401,800	704	701	706
South East region (statistical)	—	47,933	511	506	516
Brighton and Hove	—	4,476	1,610	1,563	1,658
Worthing	—	1,131	1,009	951	1,070
Portsmouth	—	1,794	861	821	902
Oxford	—	1,391	852	808	898
Epsom and Ewell	—	620	764	705	826
Reading	—	1,310	749	709	791
Southampton	—	1,891	748	715	783
Canterbury	—	1,137	722	680	765
Guildford	—	1,018	699	657	743
Milton Keynes	—	1,892	648	619	677
Medway	—	1,792	634	605	664
Maidstone	—	1,092	605	570	642
Dartford	—	692	582	540	627
Crawley	—	691	578	536	623
Eastbourne	—	583	570	525	618
Rushmoor	—	564	558	513	606
Hastings	—	494	545	498	595
Folkestone & Hythe	—	596	541	498	586
Slough	—	846	531	496	569
Runnymede	—	470	531	484	581
Winchester	—	665	510	472	551
Eastleigh	—	704	507	470	546
Thanet	—	695	494	458	532
Gravesham	—	527	493	451	537
Buckinghamshire UA	—	2,673	477	459	495
Woking	—	495	475	434	519
Spelthorne	—	483	466	426	510
Surrey Heath	—	414	454	411	500
Ashford	—	602	444	409	481
Basingstoke and Deane	—	822	438	408	469
Reigate and Banstead	—	669	435	403	470
Tandridge	—	374	422	380	467
Lewes	—	422	419	380	461
Swale	—	634	410	379	443
Windsor and Maidenhead	—	623	403	372	436
Elmbridge	—	557	398	365	432
Cherwell	—	644	392	363	424
Mole Valley	—	344	392	352	436
Gosport	—	319	388	346	433
Hart	—	384	381	343	421
Dover	—	433	369	335	405
Test Valley	—	485	365	333	399
Havant	—	455	364	332	400
Isle of Wight	—	503	357	327	390
Bracknell Forest	—	444	350	318	384
Waverley	—	447	344	313	377
Vale of White Horse	—	481	338	309	370
Tonbridge and Malling	—	450	337	306	369
Adur	—	214	331	288	378
Fareham	—	378	330	298	365
Chichester	—	414	328	297	362
West Oxfordshire	—	379	324	292	358
Wokingham	—	580	321	295	348
Arun	—	532	320	293	348
West Berkshire	—	516	318	291	347
South Oxfordshire	—	474	312	285	342
Tunbridge Wells	—	362	312	281	346
Mid Sussex	—	481	310	283	339
Rother	—	292	310	276	348
Sevenoaks	—	369	305	274	337
New Forest	—	527	300	274	326
Wealden	—	460	282	257	309
East Hampshire	—	345	271	243	301
Horsham	—	382	257	232	284

Figure 3 Fingertips new STI diagnoses rate for the South East 2023 (Source: UKHSA)

Chlamydia

The National Chlamydia Screening Programme (NCSP) changed in June 2021, to focus opportunistic screening (the proactive offer of a chlamydia test to young people without symptoms) on women or those with wombs and ovaries as it is this population that has the greatest risk of harm associated with untreated chlamydia infection (Public Health England, 2021). In 2023 in East Sussex there were 1,032 instances of chlamydia detected, a diagnostic rate of 187 per 100,000. This is lower than the national rate of 341 per 100,000 and a decline from 2018 (294 per 100,000). This suggests a drop in diagnosis since this change has come into effect.

Chlamydia by District and Borough

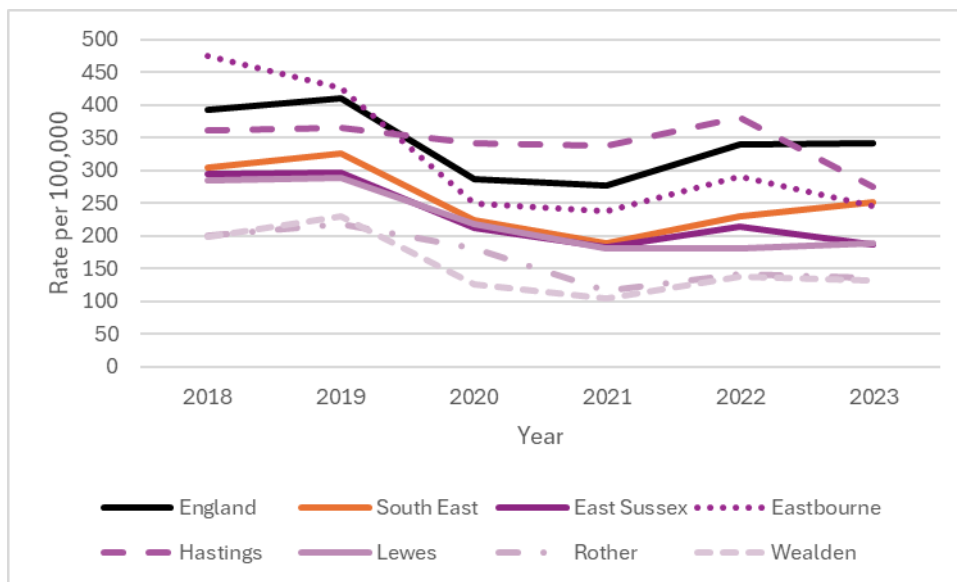


Figure 4 Chlamydia Diagnostic Rate per 100,000 population by District and Borough, 2018-23.
Source: Fingertips

In 2023, all districts and boroughs in East Sussex have diagnostic rates lower than the national rate. Hastings (275) and Eastbourne (245) had the highest diagnostic rates in East Sussex. Rother (135) and Wealden (132) had the lowest diagnostic rates. This could reflect health facilities being concentrated in the urban areas of Eastbourne and Hastings.

Chlamydia Detection Rate

The Chlamydia Detection rate in 15-24-year-olds is an indicator included on the PHOF key indicators framework and it measures the number of Chlamydia diagnosis for 100,000 individuals amongst this age group. It is a measure of chlamydia control activity. An increased rate would indicate increased control activity UKHSA recommends working towards a chlamydia detection rate of 3,250 per 100,000 women aged 15-24. It was set at this level to encourage a high level of screening in community settings as well as in SSHS and lead to a reduction in prevalence according to mathematical modelling. (DHSC, 2025).

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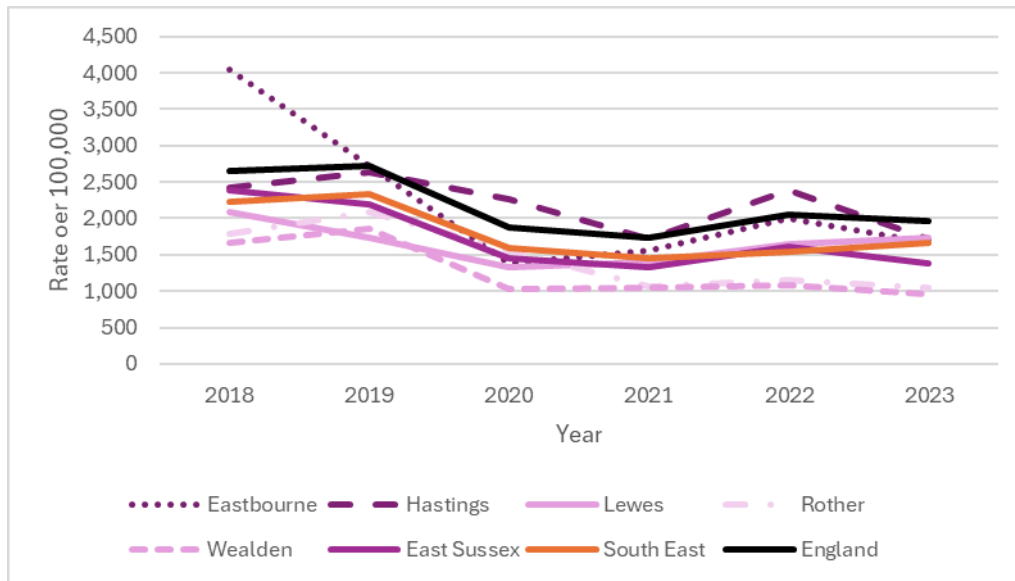


Figure 5 Chlamydia Detection Rate in Females Aged 15-24 years old 2018-23. Source: Fingertips

In East Sussex, the chlamydia detection rate in females aged 15-24 is 1,387 per 100,000, this is lower than the national rate (1,962). There is significant variation within the county with Hastings (1,722) having the highest detection rate and Wealden the lowest (965).

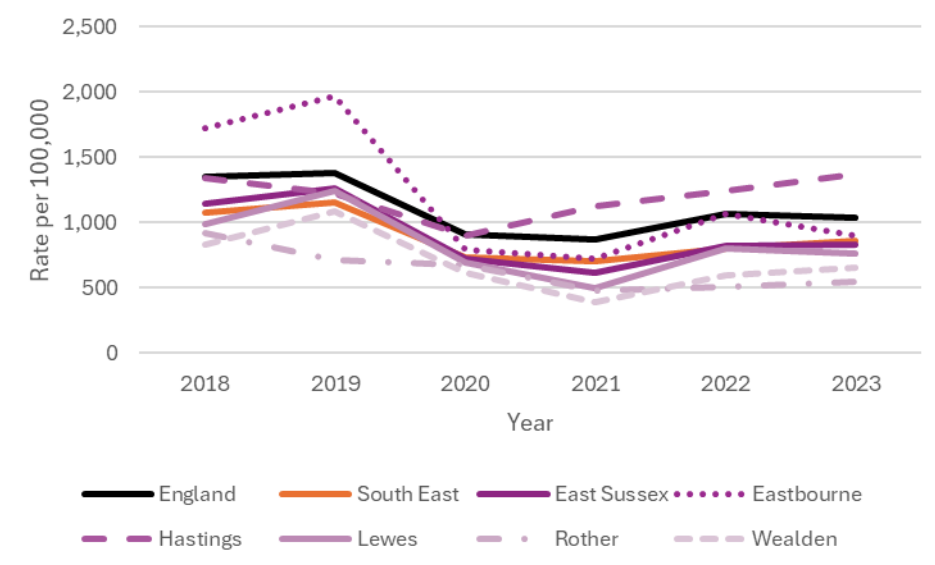


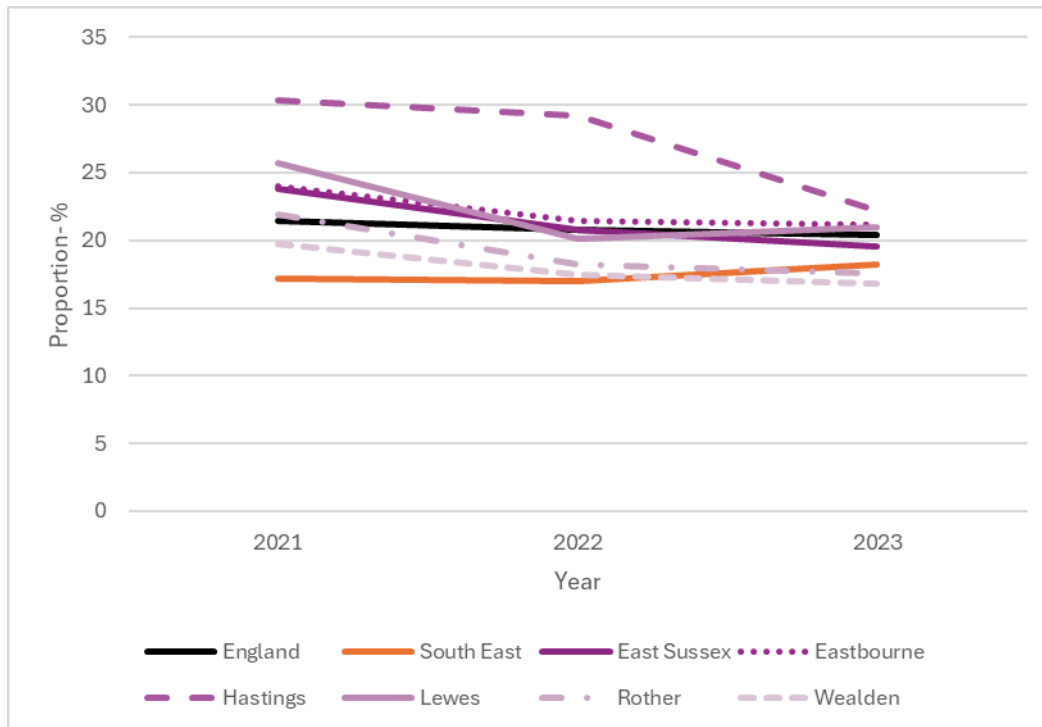
Figure 6 Chlamydia Detection Rate in Males Aged 15-24 years old 2018-23. Source: Fingertips

The chlamydia detection rate for males aged 15-24 years old is also lower in East Sussex (834 per 100,000) than nationally (1,042). There is great variation in the county with Hastings (1,372) having the highest rates and Rother (553) the lowest.

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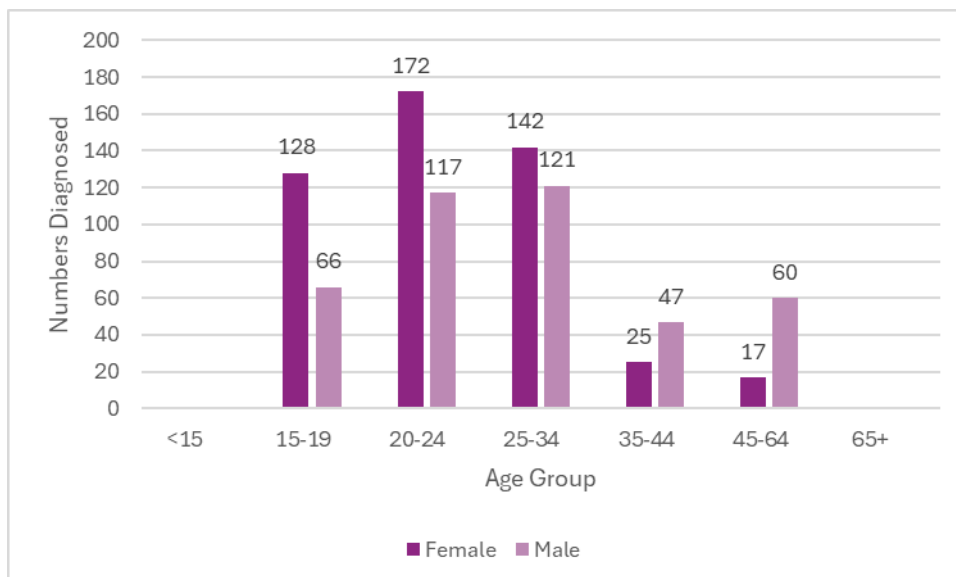
Proportion Screened

As the focus moved to opportunistic screening of 15-24 year old females, a new indicator has become available on Fingertips since 2021, to look at the proportion of the population in this category who have been screened.



East Sussex has a similar proportion of females aged 15-24 years old screened (19.5%) compared to nationally (20.4%). Hastings (22.2%) and Eastbourne (21.2%) have the highest proportion of this group screened and Rother (17.6%) and Wealden (16.8%) have the lowest proportion of females aged 15-24 years old screened.

Diagnosis by Age/Gender 2023



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Figure 7 Number of Chlamydia Diagnosis by Age/Gender 2023/24- numbers less than 5 removed.
Source: GUMCAD

Of tests submitted to GUMCAD in 2023/24, 902 were found to be positive. The greatest number of positive diagnoses were in females aged 15-24 years old (n=300). 62% of all chlamydia diagnoses in females were in those aged 15-24 years old. Of the 416 positive diagnoses in males, the largest proportions were in those aged 25-34 (29%) followed by those aged 20-24 (28%).

Trends in Diagnosis

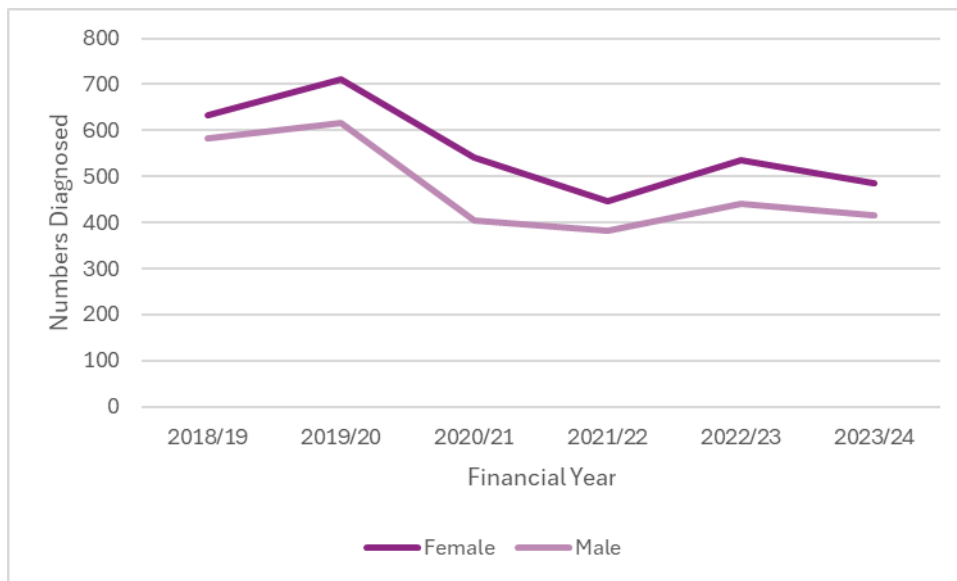


Figure 8 Number Diagnosed with Chlamydia by Gender, 2018/19-2023/24. Source: GUMCAD

There has been a drop in the number of chlamydia diagnosis in both males and females since the changes to the National Chlamydia Screening Programme. However, this occurred during ongoing effects from COVID-19 making this trend difficult to interpret. The proportion of males being diagnosed in 2018/19 was 48% and in 2023/24 was 46%, this is a small decrease and indicates this should be monitored in light of changes to the screening programme.

Of these positives for which there is information on sexuality, 43% were in heterosexual females, 30% in male heterosexuals, 15% in MSM, 4% in bisexual women and 6% in gay women. Three quarters (75%) of positive diagnoses were in those identified as White British, 9% had ethnicity not stated, 6% in White Irish or any other white background, 6% identified as a mixed background, 2% Asian ethnicity and 2% black ethnicity.

Symptomatic Genital Warts

In East Sussex, the diagnosis rate of genital warts declined in line with national rates. There was a precipitous fall in diagnosis in 2020-2021 due to COVID-19 pandemic which

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changed sexual health and STI testing behaviours making trends difficult to interpret. In 2023, the rate of genital warts diagnosis in East Sussex (47.2 per 100,000) is similar to the national rate (45.8 per 100,000).

Genital Warts by District and Borough

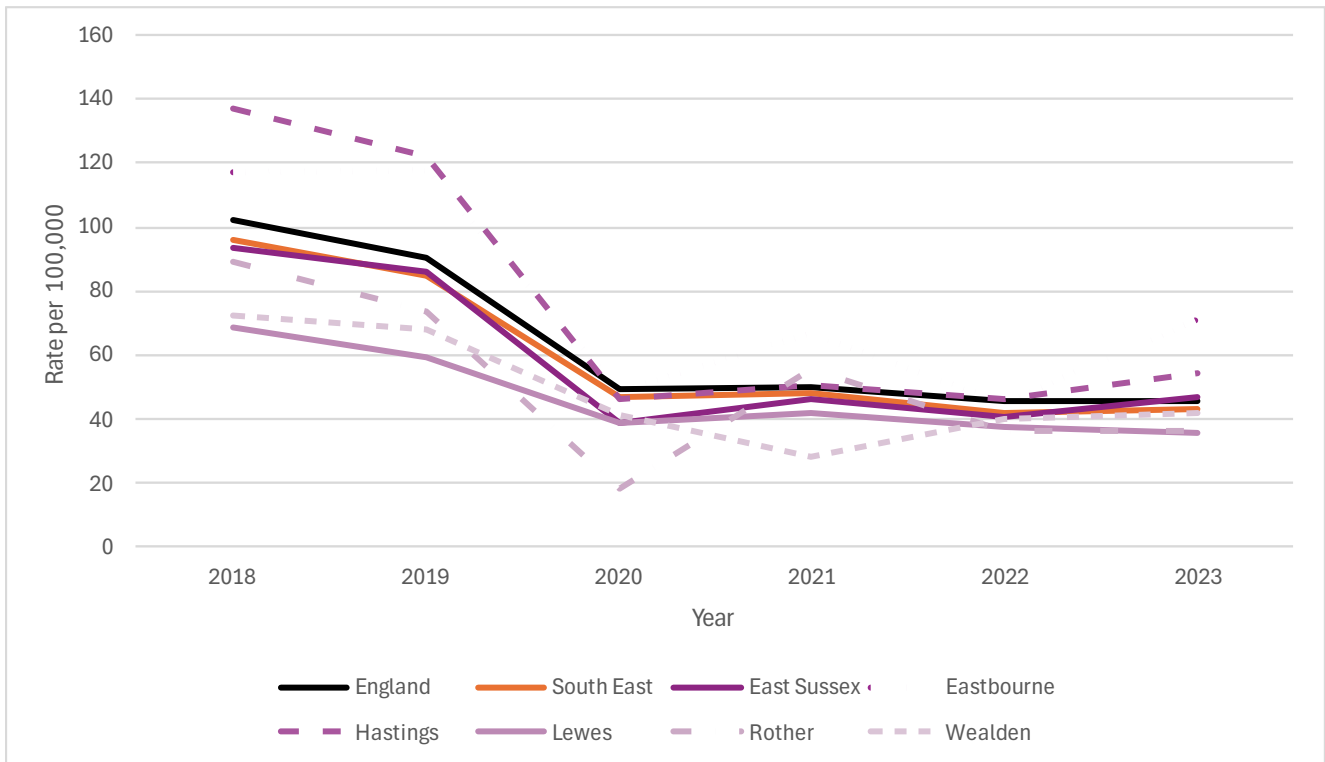


Figure 9 Rate of new symptomatic genital warts 2018-2023

In 2023, within East Sussex there is substantial local variation between areas. Eastbourne has the highest diagnosis rate in the county and is the sole area with a genital warts diagnosis rate (71.4 per 100,000) significantly exceeding the national average. Interestingly, Hastings previously had the highest rate in East Sussex and a significantly higher rate of genital wart diagnoses than the national average prior to 2020. However, by 2023, its rate (51.4 per 100,000) is now similar to the national rate.

All the other areas have a similar rate to nationally. Lewes (35.8) and Rother (36.1) have the lowest rates in East Sussex.

The overall fall in numbers of symptomatic genital warts being diagnosed is likely because of the protective effects of the HPV vaccination (UKHSA, 2025). The HPV vaccine has been offered to all females in Year 8 since 2008 as part of a national vaccination programme which was expanded to include all boys in Year 8 in 2019. The vaccine is also offered to all MSM aged up to 45 years in SSHS and HIV clinics.

Number of Genital Warts by Age and Gender

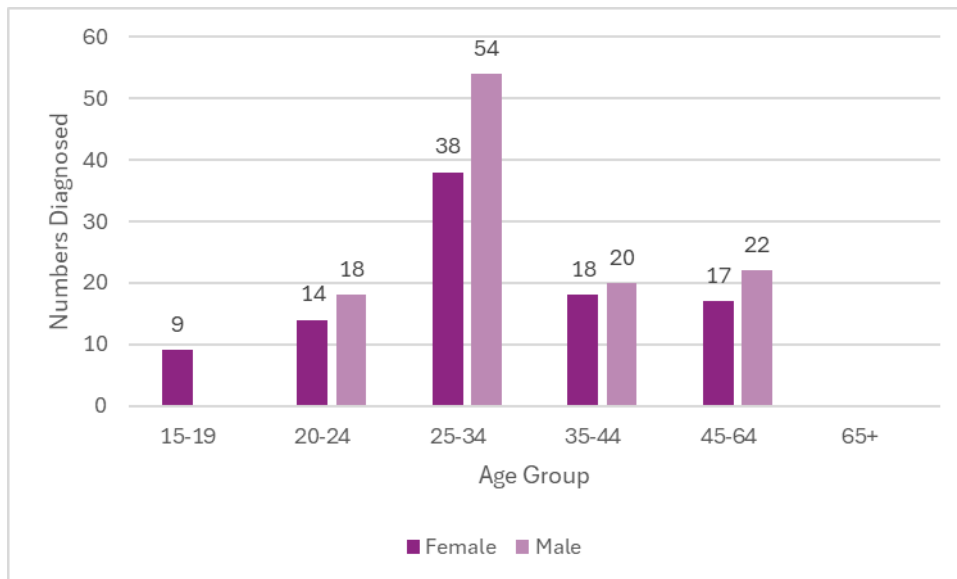


Figure 10 Numbers of Genital Warts diagnosed in East Sussex by Age/Gender. GUMCAD Surveillance 2023, numbers less than 5 removed from chart

In 2023/2024, over half of all genital warts diagnoses were in men (55%) compared to women (45%). Of the 121 males diagnosed in 2023/24, 54% were aged between 25-34 years old. Of the 98 women diagnosed in 2023/24, 39% were aged between 25-34 years old. Diagnosis of symptomatic genital warts is over three times as prevalent in 16-19 year old females (9%) than males (2%), while for all other age groups diagnoses among males exceeds that among females.

Of the 193 genital warts diagnoses in 2023/24, 51% were in heterosexual males, 39% in heterosexual females, 5% in MSM and 4% in bisexual females. 77% of genital warts diagnoses were in people identifying as White British, with a further 10% identifying as White Irish or any other White background and 3% identify as having a mixed white and Asian background.

Gonorrhoea

Within East Sussex in 2023, there were 367 diagnoses of gonorrhoea, a rate of 67 per 100,000. There has been a 25% increase in the numbers of gonorrhoea cases since 2018 (n=266). However, the rate in East Sussex remains significantly lower than the national rate (149 per 100,000). It should be noted that nationally the rate has risen substantially since 2018 (101 per 100,000).

Gonorrhoea diagnosis by district and borough

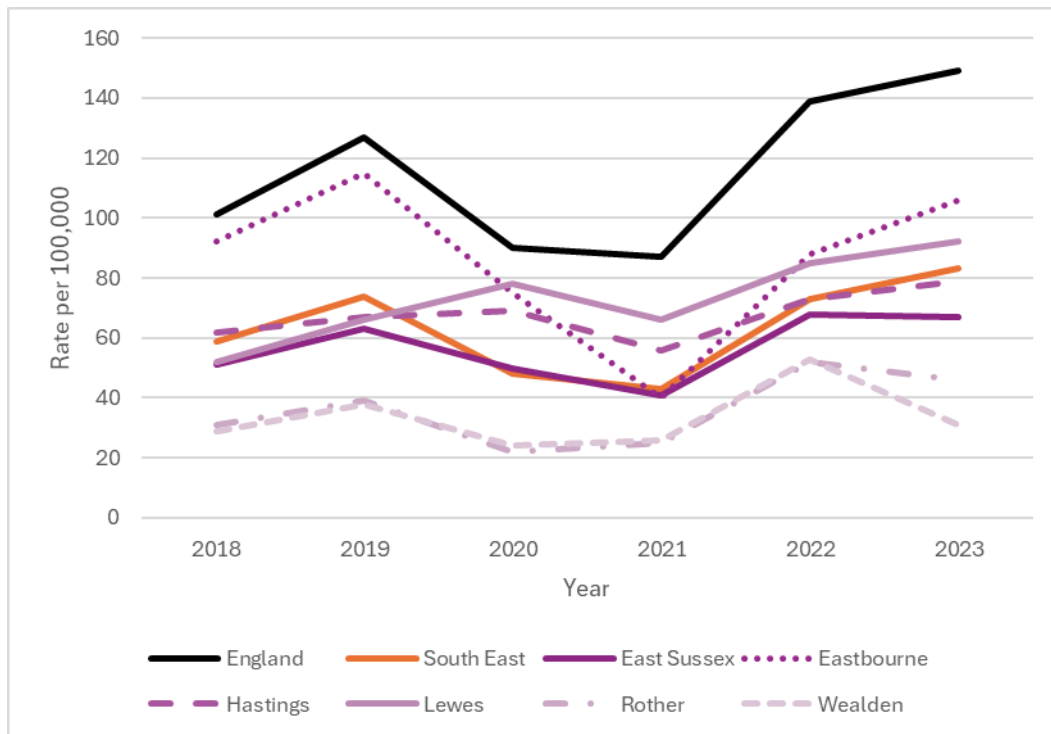


Figure 11 Rate of New Gonorrhoea Diagnosis by District and Borough 2018-23. Source: Fingertips

The highest rates of gonorrhoea are seen in Eastbourne (106 per 100,000) and Lewes (92 per 100,000). It is notable that Lewes has seen a near doubling of rates of diagnoses since 2018. Rother (46 per 100,000) and Wealden (31 per 100,000) have the lowest diagnostic rates in the county. All areas have significantly lower rates than nationally.

Gonorrhoea Diagnosis by Age/Gender 2023/24

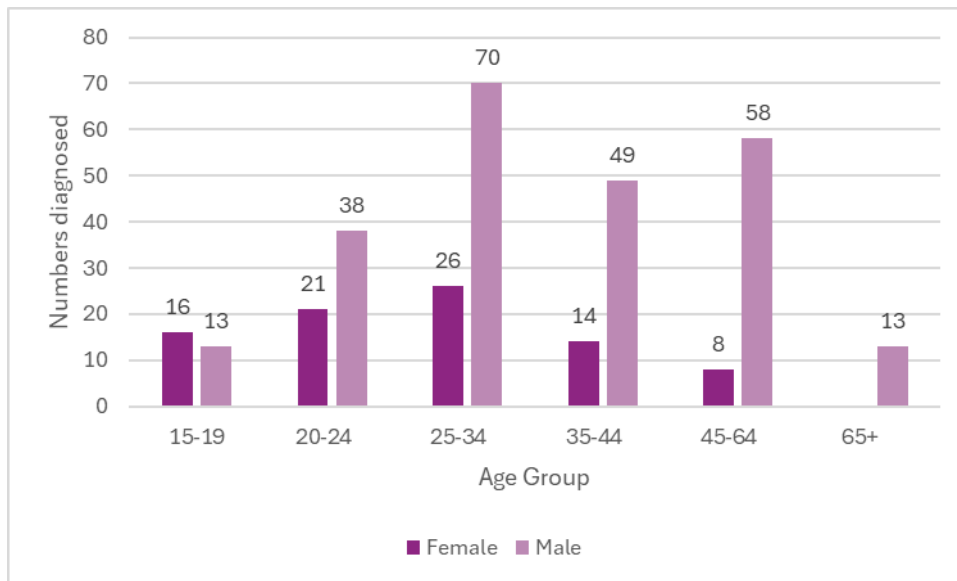


Figure 12 Number of Gonorrhoea diagnosed in East Sussex 2023 by Age/Gender. Source: GUMCAD Surveillance, numbers <5 removed

Three quarters (74%) of all diagnoses were in males and 26% in females in 2023/24. Males aged 25-34 represented 21% of all diagnoses. The greatest proportion of diagnoses in. The greatest proportion of diagnoses for both males and females are in in 25-34 age group. However, in females younger age groups have a higher proportion of diagnoses than in males- for example those aged 16-24 account for 43% of diagnoses in women compare to 21% of male diagnoses. There are a greater proportion of gonorrhoea diagnosis in older age groups in males with age groups 45-64 accounting for a quarter (24%) of diagnoses in men compared to 9% for females. Three quarters (74%) of all diagnoses in 2023/24 are in people who identify as White British and 14% in those identifying as White Irish or other White background. Of the 285 diagnoses in the financial year 2023/24, 54% were in MSM and 38% in those who identify as heterosexual. 76% of the females and 25% of the males diagnosed with gonorrhoea identified as heterosexual.

Symptomatic Genitally located Herpes Simplex

In 2023, there were 207 new genitally located symptomatic herpes diagnosed, a rate of 37.6 per 100,000 population. This is similar to the national rate of 47.6 per 100,000.

Herpes Simplex by District and Borough

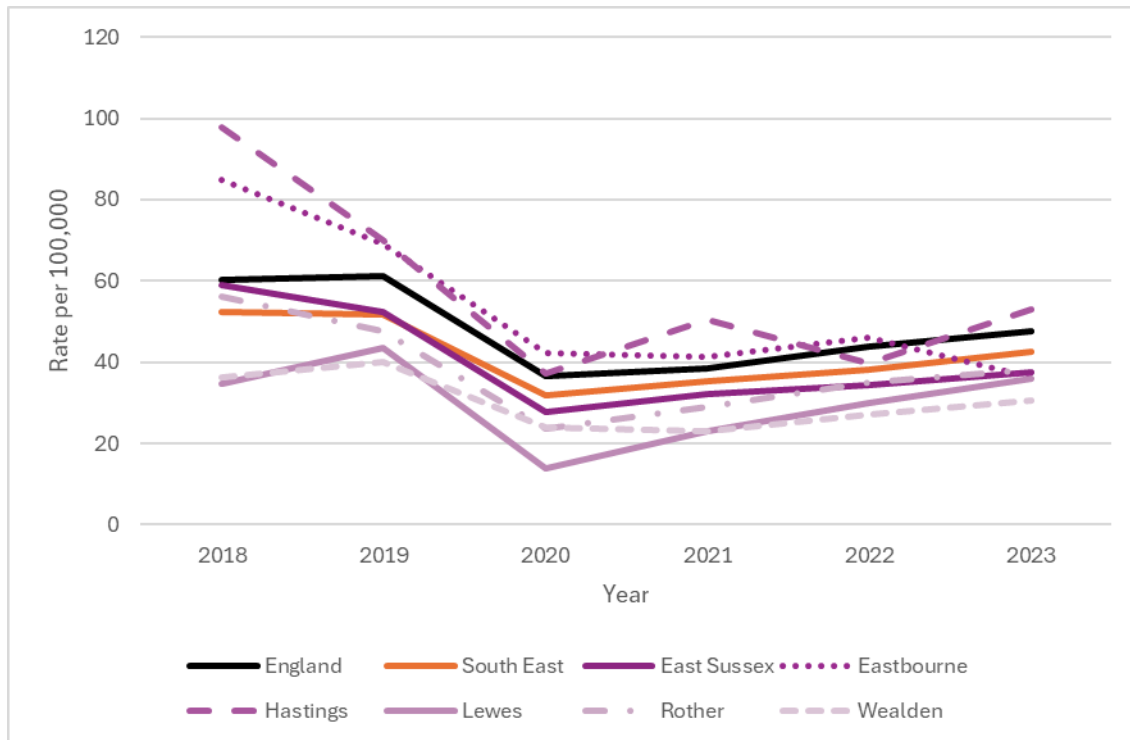


Figure 13 Rates of Herpes Diagnosis by District and Borough, 2018-23. Source: Fingertips

In 2018, Eastbourne and Hastings had significantly higher rates of genital Herpes Simplex diagnoses than the national rate. Following on from the decline in diagnosis rates due to the impact of COVID-19 lockdowns, all areas of East Sussex now have similar rates to the national average except for Wealden which has the significantly lower rate of 30.7 per 100,000. Hastings has the highest rate of 53 per 100,000.

Herpes Simplex Diagnosis by Age and Gender 2023/24

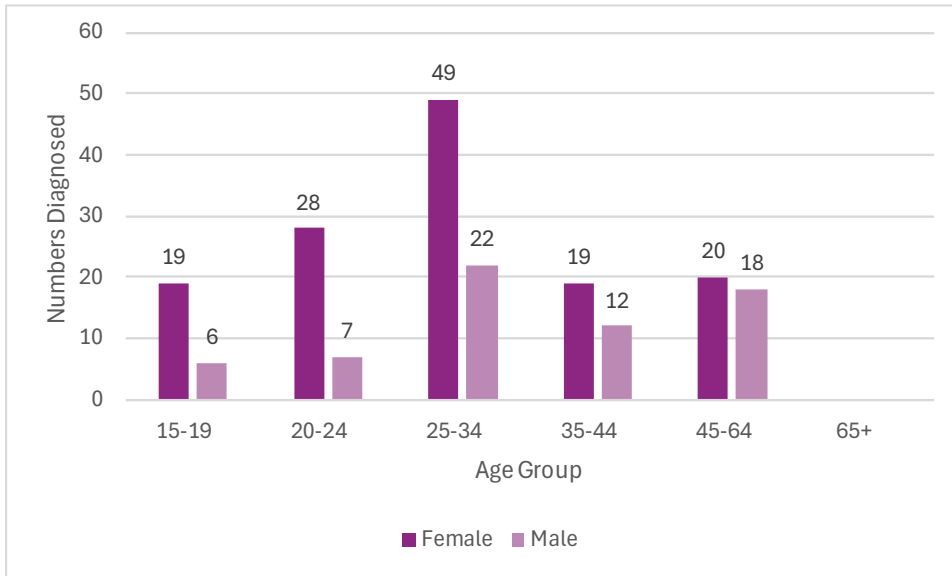


Figure 14 Number of Herpes diagnosed in East Sussex 2023 by Age/Gender. Source: GUMCAD Surveillance, numbers <5 removed

In 2023/24, of the 166 diagnoses of genitally located herpes simplex, 60% were in heterosexual women, 32% in heterosexual men, 3% in MSM, and 4% in women who identified as bisexual. 86% of diagnoses were in people who identified as White British. In 2023/24, 67% of the genitally located herpes simplex diagnosed were in females and 33% in males. This is in keeping with national trends. Of females diagnosed, the highest proportion were in females aged 25-34 years old at 36%. Of males diagnosed, the highest proportion were also in the age 25-34 years old category at 33%. Teenagers accounted for 14% of females diagnosed compared to 9% of males. Males aged 45-64 accounted for 27% of all males diagnosed compared to the same age category in females which accounted for 15% of overall diagnoses in women.

Syphilis

By District and Borough

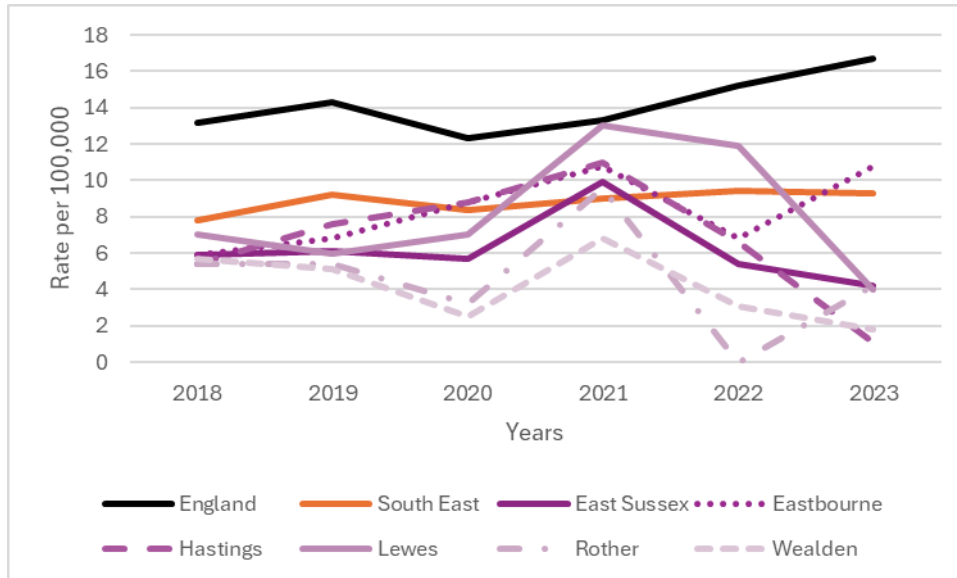


Figure 15 Syphilis Rates by District and Borough 2018-23. Source: Fingertips

In 2023 there were 23 new diagnoses in East Sussex, a rate of 4.2 per 100,000 and significantly lower than the national rate of 16.7 per 100,000. Unlike other trends in STIs seen following the Covid-19 pandemic and lockdowns, Syphilis saw a spike in rates in all areas of East Sussex in 2021. Eastbourne has the highest rates of Syphilis at 10.8 per 100,000 population, whilst there were spikes in Lewes in 2021 and 2022. These spikes could be linked to higher rates nationally and population movement between these areas. Partner notifications in the 2021 cases linked some of these cases to heterosexual group sex in and out of the area

Demographic profile

In 2023/24, most new diagnoses of syphilis were in males (96%). Unlike other STIs where higher proportions are seen in younger age groups, most new diagnoses are seen in ages 45-64 (41%). 88% of all new diagnoses were in MSM. 71% of new cases were in those who identified as White British.

HIV In East Sussex

HIV Prevalence

NICE HIV testing guidance (NICE, 2016) recommends that Local Authorities use local HIV prevalence as a guide to direct local HIV testing and treatment services. In specific, an

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area is defined of HIGH diagnosed HIV prevalence when diagnosed HIV prevalence is between 2 and 5 per 1,000 people aged 15 to 59 years and EXTREMELY HIGH when the diagnosed HIV prevalence is over 5 per 1,000 aged 15-59.

Within East Sussex in 2023, the highest prevalence of HIV diagnoses is in the Pier and King Edward's Parade area in Eastbourne borough, Central St. Leonard's area in Hastings borough, and the East Saltdean and Telscombe Cliffs area of Lewes district. This contributes to Eastbourne, Hastings and Lewes being areas within East Sussex with diagnosed HIV prevalence rates over 2 per 1,000.

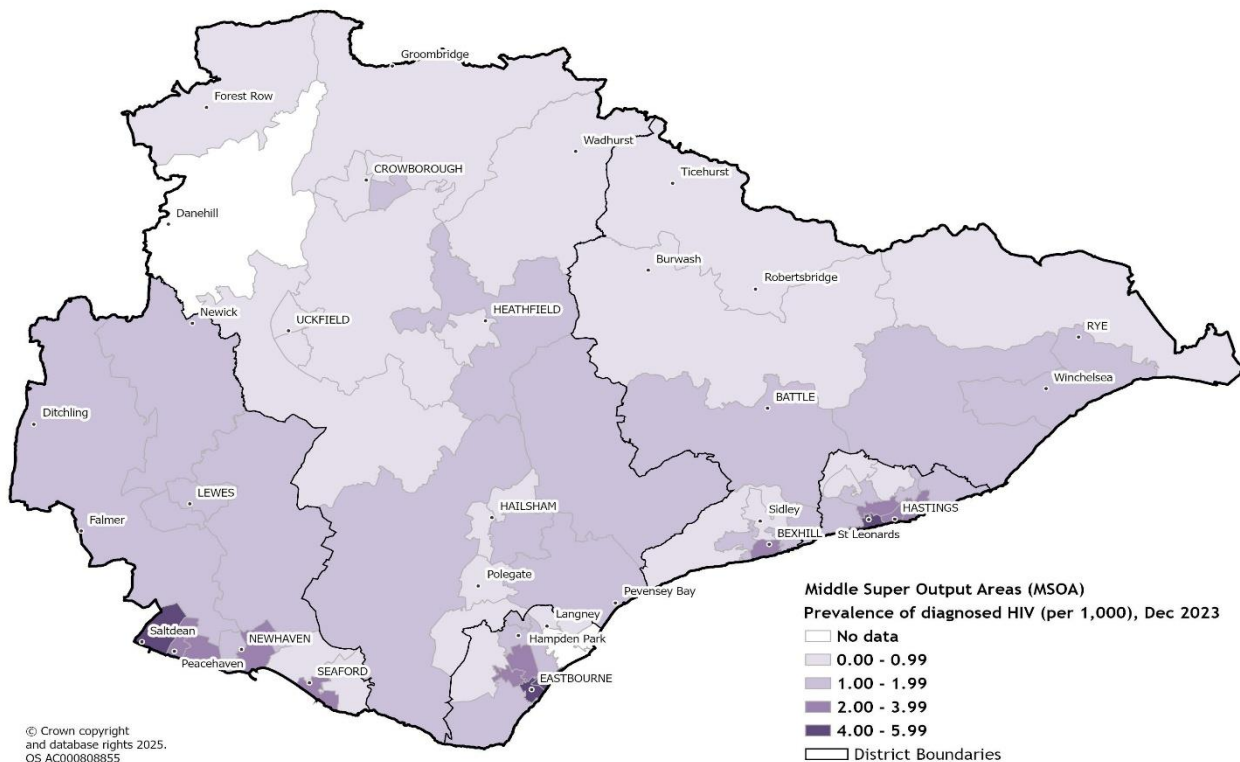


Figure 16 Prevalence of HIV per 1,000 population aged >15 in East Sussex, 2023. Source: UKHSA

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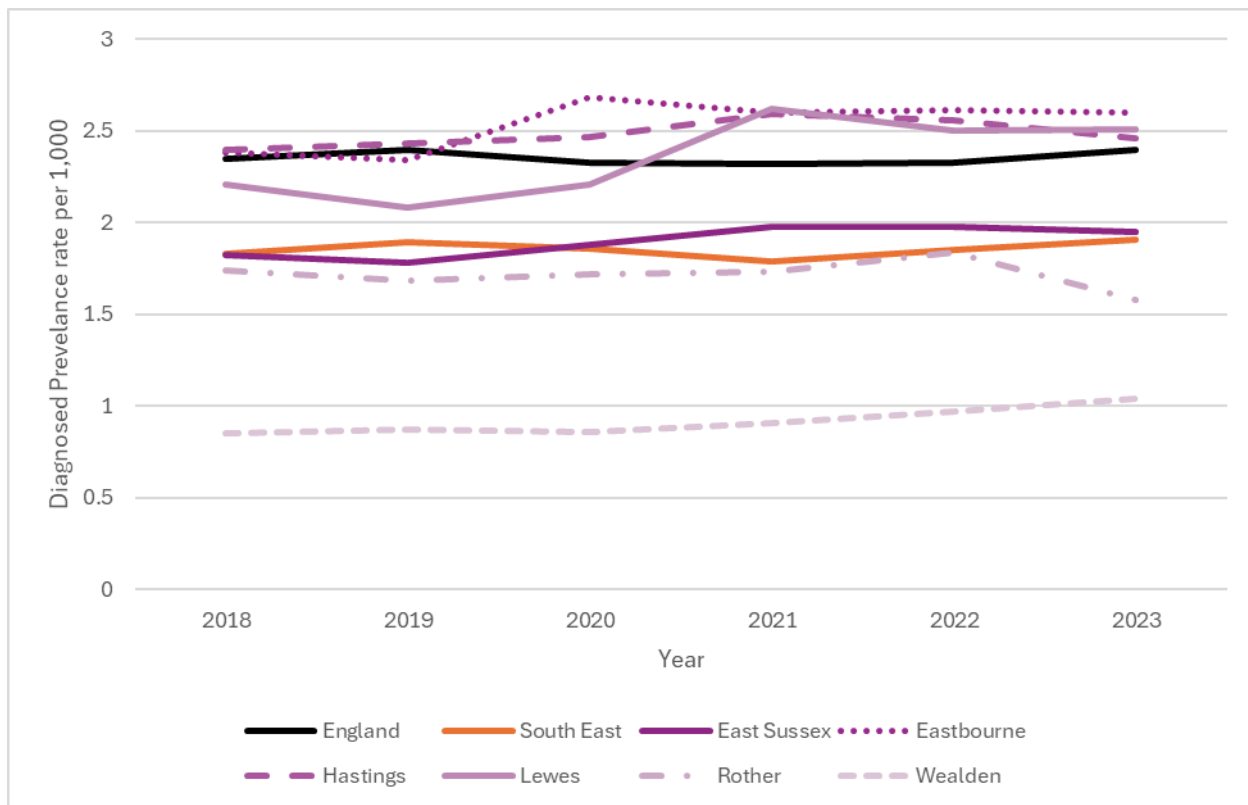


Figure 17 Diagnosed HIV Prevalence Rate by District and Borough 2018-23. Source: Fingertips

In 2023, the HIV diagnosed prevalence rate is lower in East Sussex (1.95 per 1,000 aged 15-59) than the national rate (2.4). There is large variation within the county, with Eastbourne (2.6), Hastings (2.46) and Lewes (2.51) all having a higher diagnosed prevalence rate to England. Whilst these rates are higher, they are still in line with the national rate. Rother (1.58) and Wealden (1.04) both have rates much lower than the national rate.

HIV Testing

It should be noted when interpreting data about HIV testing in East Sussex, that the data that informs UKHSA annual HIV statistics and Fingertips may not take into account online consultations as it is not currently possible to include these in the HIV testing coverage measure used by these datasets (UKHSA, 2024). UKHSA not counting online tests correctly has been recognized since 2019 and is a failure to take into account submissions made by online services not commissioned by sexual health clinics and reporting independently. UKHSA report this has been corrected though East Sussex has not seen a significant uplift in reported HIV testing in the data published nationally as would be expected. Since 2020, online testing has increased in East Sussex and some people being tested may not be fully coded into this data. Therefore, figures in this section need to be interpreted in light of the increase in HIV testing by online providers and reference needs to be made to sections on online home sampling and testing happening in SSHS and primary care settings.

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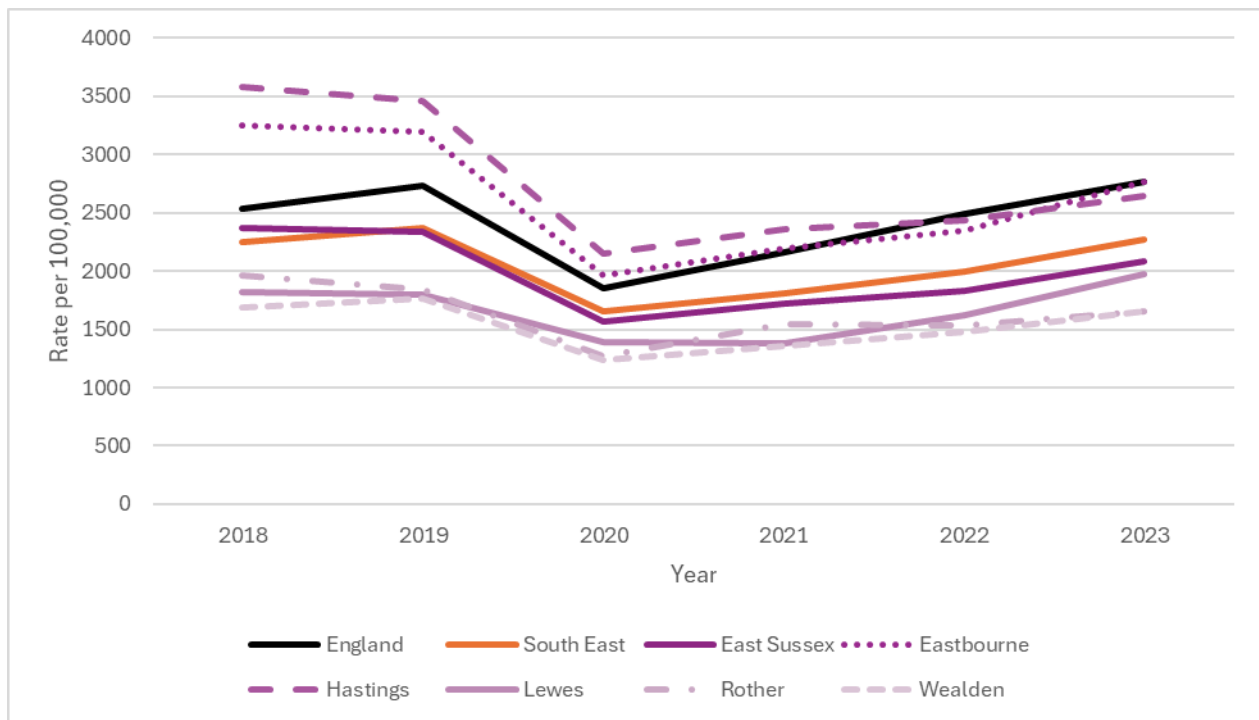


Figure 18 HIV Testing Rate per 100,000 by District Borough 2018-23. Source: Fingertips

The HIV testing rate in East Sussex, using Fingertips data, is calculated by those accessing sexual health services. As above, this may not include those accessing online testing and so should be treated with caution. In 2023, East Sussex had a testing rate of 2,082 per 100,000 populations. This is lower than the national rate (2,770.7). Eastbourne had the highest rate of 2770.7 which is similar to England's. Meanwhile, Lewes had the lowest rate of 1668.7. Whilst testing is recovering from a drop during 2020, it has yet to recover to pre-pandemic rates. This could be due to an increase in online testing yet to be reflected in this data.

HIV Diagnosis

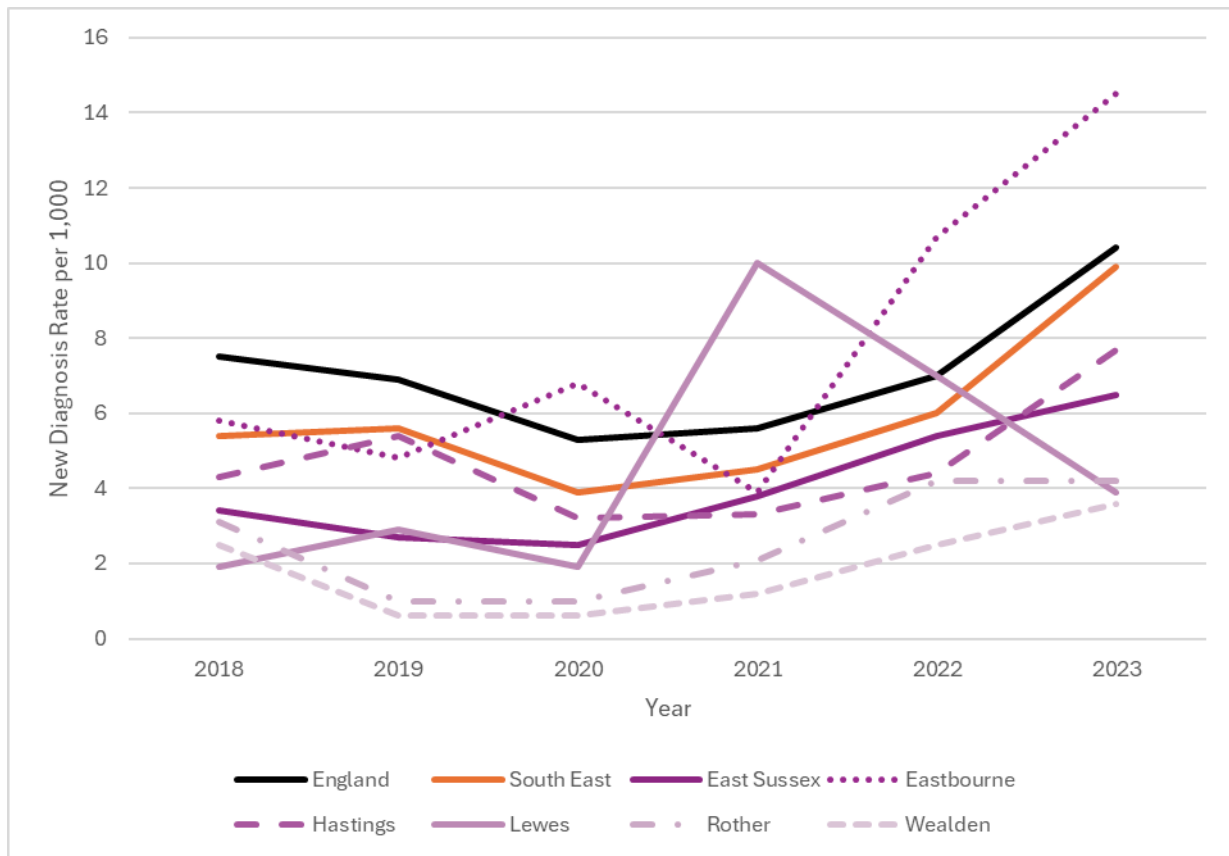


Figure 19 HIV New Diagnosis rate per 1,000 by District and Borough 2018-23, Source: Fingertips

The rate of new HIV diagnoses in East Sussex is 6.5 per 100,000 in 2023, similar to the national rate of 10.4 per 100,000. The highest rate of new HIV diagnoses was in Eastbourne at 14.5, which remains statistically similar to the national rate. It should be noted when interpreting these rates that the number of diagnoses is very small therefore any variation between years can have a large effect on the rate.

It should be noted that it is important to distinguish between new diagnoses rates in the UK that were not previously diagnosed abroad. This acts as a proxy to understand what HIV transmission is like within the UK (UKHSA, 2025). The highest rate of new HIV diagnoses among people first diagnosed in the UK was in Eastbourne at 5.8 per 100,000. East Sussex has a significantly lower rate of new HIV diagnoses among those first diagnosed in the UK (2.7 per 100,000) than the national rate (4.9).

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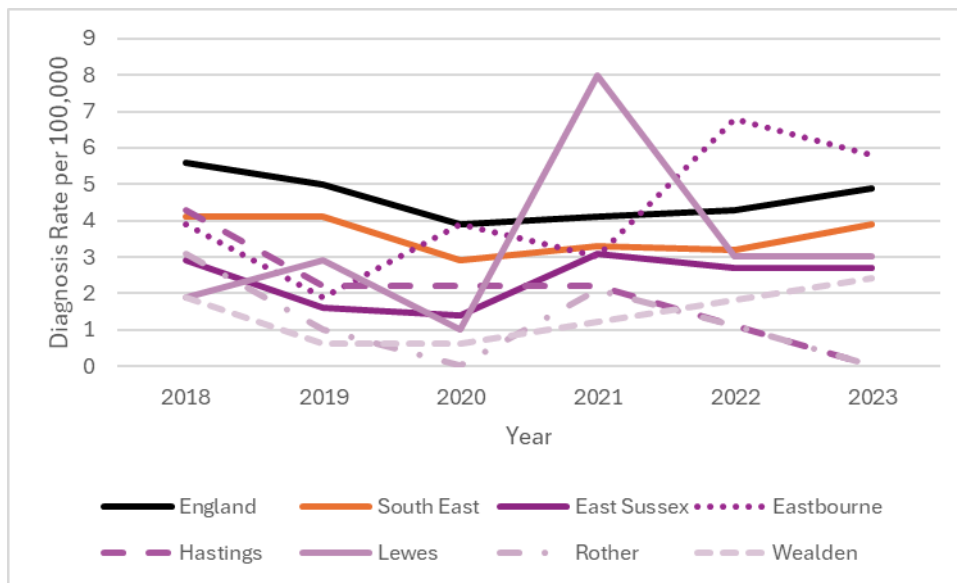


Figure 20 New HIV Diagnosis Rate among those first diagnosed in the UK 2018-23. Source: Fingertips

Late Diagnosis

A late diagnosis of HIV is classed as having a CD4 count less than 350 per cubic millimetre of blood within 91 days of diagnosis. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. According to Fingertips Sexual and Reproductive Health Profiles (UKHSA, 2025):

“This indicator directly measures late diagnoses and indirectly informs our understanding of the proportion of HIV infections undiagnosed. Excluding those previously diagnosed abroad from this indicator focuses it upon those first diagnosed in the UK at a late stage of infection. This is important, as it reflects how well undiagnosed late stage infections are identified by HIV testing in the UK, and what portion of new diagnoses they constitute. Those previously diagnosed abroad are also often already on treatment when subsequently diagnosed in the UK, so their inclusion could misleadingly suppress rates of late diagnosis.”

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Figure 21 Proportion of Late diagnosis in people first diagnosed in the UK. Source: Fingertips

Between 2021-23, 33.3% of HIV diagnoses in East Sussex were late diagnoses. This is lower than the national proportion (43.5%) and for the South East Region (47.5%). Proportions for district and boroughs are not included in this analysis as due to low numbers of HIV diagnoses (36 new diagnoses in 2023), a small difference in numerical values can have large effect on percentages.

Contraception in East Sussex

Most Prevalent Methods of Contraception in East Sussex

Contraceptive Services in East Sussex are provided through a range of settings within East Sussex which include GP, SHSS, pharmacies, online providers, maternity settings, educational settings, acute and emergency care, and the voluntary and private sector.

Contracted contraception is available through all GPs and Specialist Sexual Health Services (SSHS). Since 2023, pharmacies have had the ability to provide oral contraception (not just EHC) (NHS England, 2024). There is also bridging contraception available through online services when accessing EHC.

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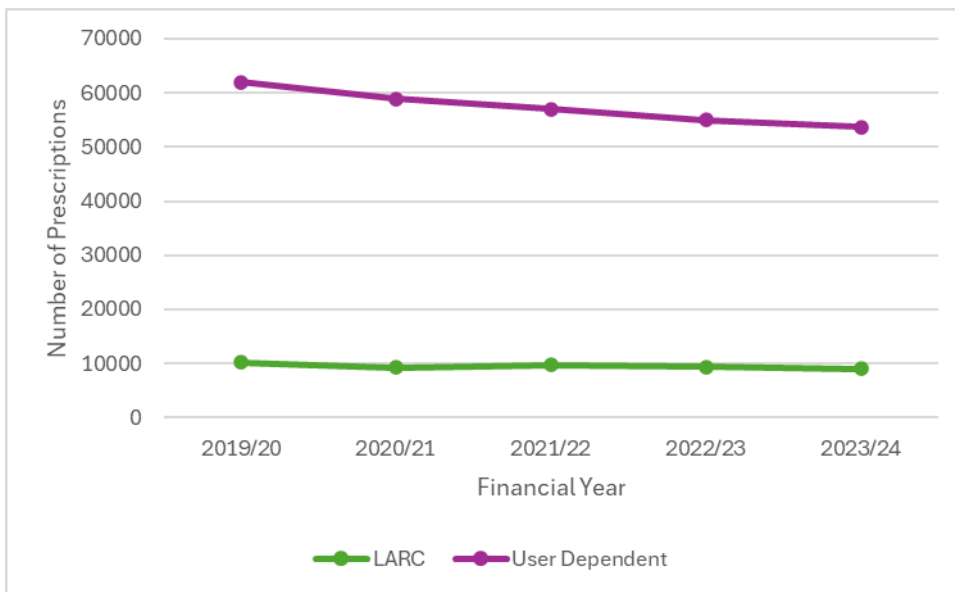


Figure 22 Contraception Provided in Primary FY 2019/20-2023/24. Source: FP10 Prescribing

In 2019/20, there were 72,269 contraceptive prescriptions obtained through Primary Care services. This figure dropped in 2020/21 which may be explained by the COVID-19 pandemic; however, the figure remains lower in 2023/24 with only 62,721 prescriptions obtained in primary care. This is a drop of nearly 9,500 prescriptions. The proportion of women obtaining user dependent contraception remains stable at 86% vs LARC (14%) within primary care settings. This may be due to the availability of fitting LARC within primary care.

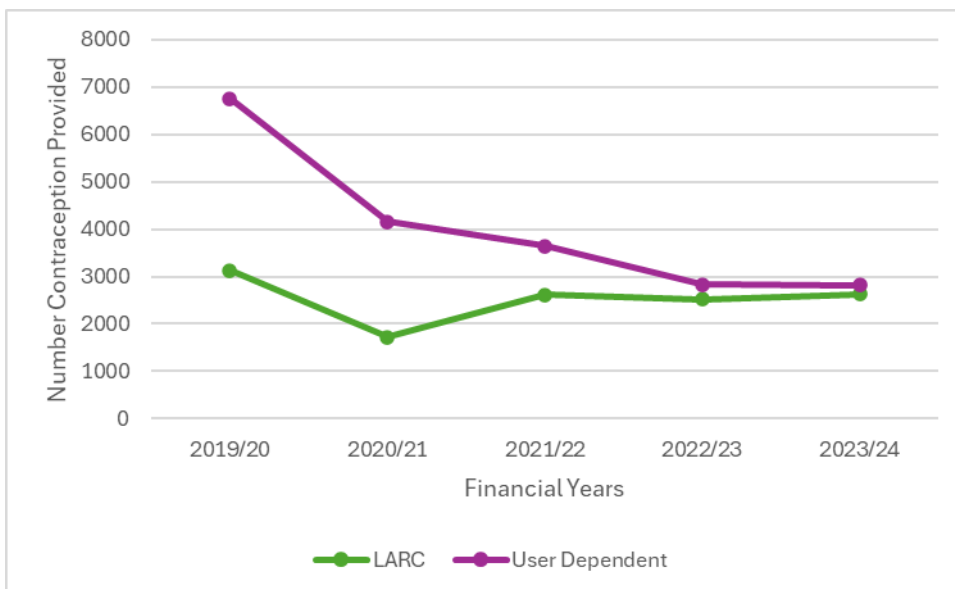


Figure 23 Number of Contraception Provided by SSHS 2019/20-2023/24. Source: ESHT SSHS

In 2019/20, there were 9,886 attendances at SSHS for contraceptive purposes. Of those attendances, 31.6% obtained LARC vs. 58.4% obtaining user dependent choices. The figures for 2020/21 show a drop in attendances which can be explained by disruption caused by

the Covid-19 pandemic and user access to services. However, attendance to SSHS for contraception has continued to decline and 2023/24 saw only 5,436 attendances for contraception at SHSS.

Of these attendances, 48.3% obtained LARC vs. 51.7% for user dependent contraception. It should be noted that this does not mean that there is an increase in LARC uptake in this service, as LARC user numbers have remained broadly similar. Rather, that user dependent contraceptive uptake from these services has dropped over this time.

Contraception at ToP Services

Marie Stopes Reproductive Choices (MSI) began providing termination of pregnancy (ToP) services for East Sussex residents in 2019 (commissioned by NHS England). Contraception data for ToP services for analysis has therefore changed since the last full sexual health needs assessment from 2019. There is no data available for service users who take up user dependent methods of contraception, rather the data shows number and proportion of those offered contraception who take up LARC. For the year 2023/24 in East Sussex, 2016 women were offered contraception including LARC. The total uptake of LARC in 2023/24 was 184 women, representing 9% of the total of women who were offered contraception whilst accessing ToP services. This is a significant difference from the last sexual health needs assessment whereby a quarter of women attending termination of pregnancy services were provided with LARC (ESCC , 2019).

User dependent contraception is also available from online services and pharmacies within East Sussex. Nationally, 49.6% of women over the age of 25 years old and 35% of under 25's use LARC (excl. injections) as their contraceptive choice (UKHSA, 2025). Provision of contraception in relation to each setting is discussed in further detail later in the section on MSI (page number 51) and Chapter 5.

Vasectomies

Another aspect of sexual health to consider is those using sterilisation as a method of contraception. Overall data for providers of vasectomies (2x community providers, 1 x Brighton and Hove Provider and ESHT provider) suggest that in 2023/24, 963 vasectomies were performed for East Sussex residents.

Under 18s Conception Rate

In 2021, the Under-18s conception rate was 11.6 per 1,000, similar to the national rate of 13.1 per 1,000.

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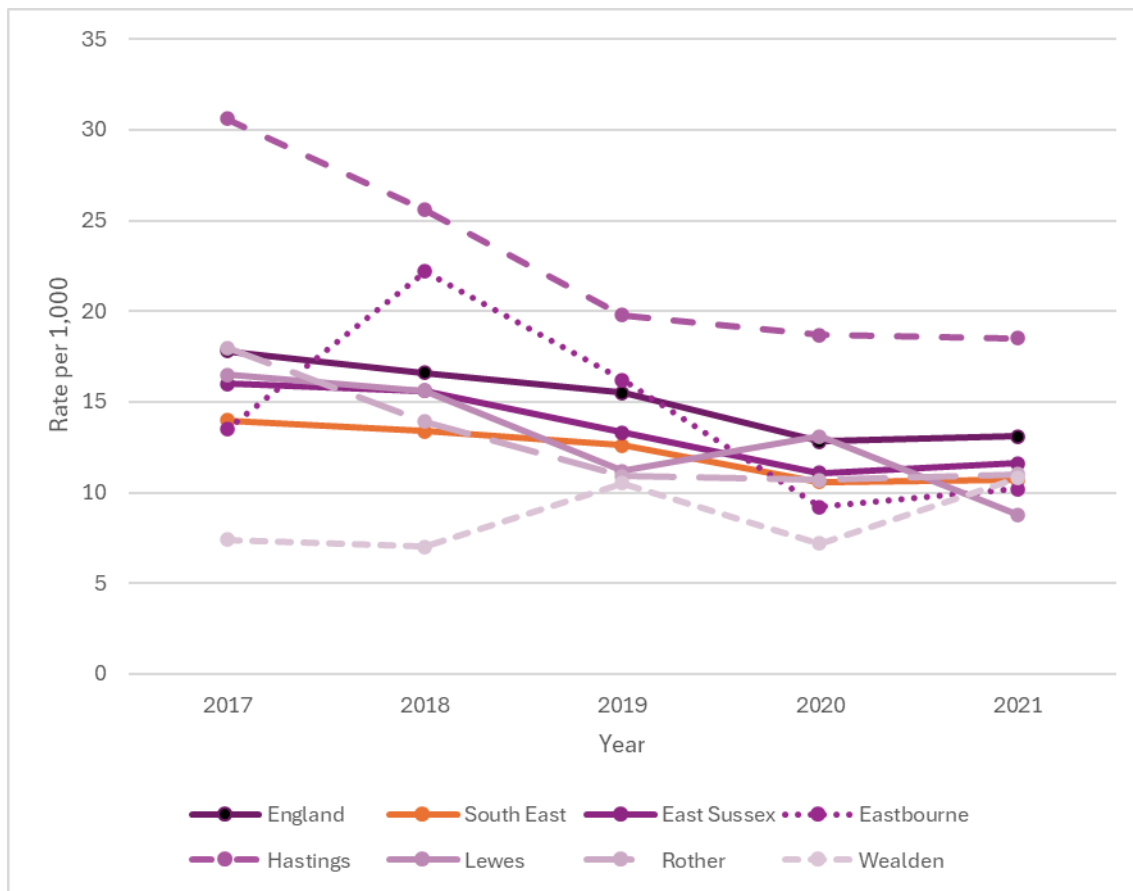


Figure 24 Under 18's Conception Rate per 1,000 by District and Borough 2017-2021. Source: Fingertips

Across all the East Sussex district boroughs, the under-18 conception rate in 2021 is broadly similar to England's. Hastings has the highest under-18s conception rate at 18.5 per 1,000. Wealden's birth rate is now classed as broadly similar to the national rate and stands at 10.8, whereas in previous years Wealden has had a rate significantly lower than nationally. The conception rate has been falling both nationally and locally since 2017. There was a slight rise between 2020- 2021, however the impact of lockdowns due to the COVID-19 pandemic affected sexual health and sexual behaviours which could explain this trend and therefore comparison to previous years should be treated with caution.

Data from Fingertips suggests that the under-16s conception rate of 1.6 per 1,000 remains similar to the national rate of 2.1 per 1,000 in 2021. In 2022 the under 18 birth-rate in East Sussex (2.8 per 1,000) was similar to England's (3.1 per 1,000). All district and boroughs had an under-18 birth rate similar to the national rate; the highest rates were in Eastbourne and Hastings at 4.2 per 1,000.

Termination of Pregnancy (ToP)

In East Sussex, termination of pregnancy services is provided by MSI Reproductive Choices (MSI). MSI was commissioned by NHS England to provide this service in 2019, taking over from previous service provider British Pregnancy Advisory Service (BPAS)

MSI provided abortion services in East Sussex are located at its Community Treatment Centre in Hastings. This clinic provides telemedicine medical abortions, post abortion care and post abortion contraception. Telemedicine abortions are provided up to 9 weeks and 6 days gestation. East Sussex residents requiring termination of pregnancy services from 10 weeks to the legal limit of 23 weeks and 6 days duration or request surgical abortions are seen at MSI clinics outside of East Sussex. The main unit at Brighton offers surgical abortion from 6 weeks until the legal limit, as well as medical abortions, vasectomies, post abortion care and post abortion contraception.

Telemedicine abortion is a relatively new practice that developed in response to the COVID-19 pandemic and has changed how medical abortion services are offered compared to when the last SHNA was conducted. The process involves a telephone consultation that determines gestation. If gestation cannot be accurately determined remotely, the patient may be offered a scan at a local clinic to do so. If gestation is determined to be less than 10 weeks, then medical abortion pills are either sent to the patient's home or collected from a clinic. In all cases, early medical abortion (EMA) takes place at home (MSI, 2023).

Much of the data contained in this section is reporting data from MSI for clients seen from East Sussex. Limitations on this data include which area of East Sussex patients are from and which clinics they interact with- for example, the proportion of East Sussex women accessing out of county MSI clinics for their care. There was also a gap in reported data for many metrics from 2019- mid 2021, there is only data for Total number of ToPs and Total EMAs for this period. The metrics not included in this time period includes data on uptake of contraception, contraception type, surgical abortions, and gestations at which these occurred. This means comparison for other metrics are only available for the whole year for comparison for 2022 and 2023.

Termination of Pregnancy (ToP) in East Sussex

In 2021, there were 1487 abortions for East Sussex residents, a rate of 17.6 per 1,000 population, significantly lower than nationally (19.2 per 1,000) (DHSC, 2025). This rate has been increasing since 2017 and continues to do so.

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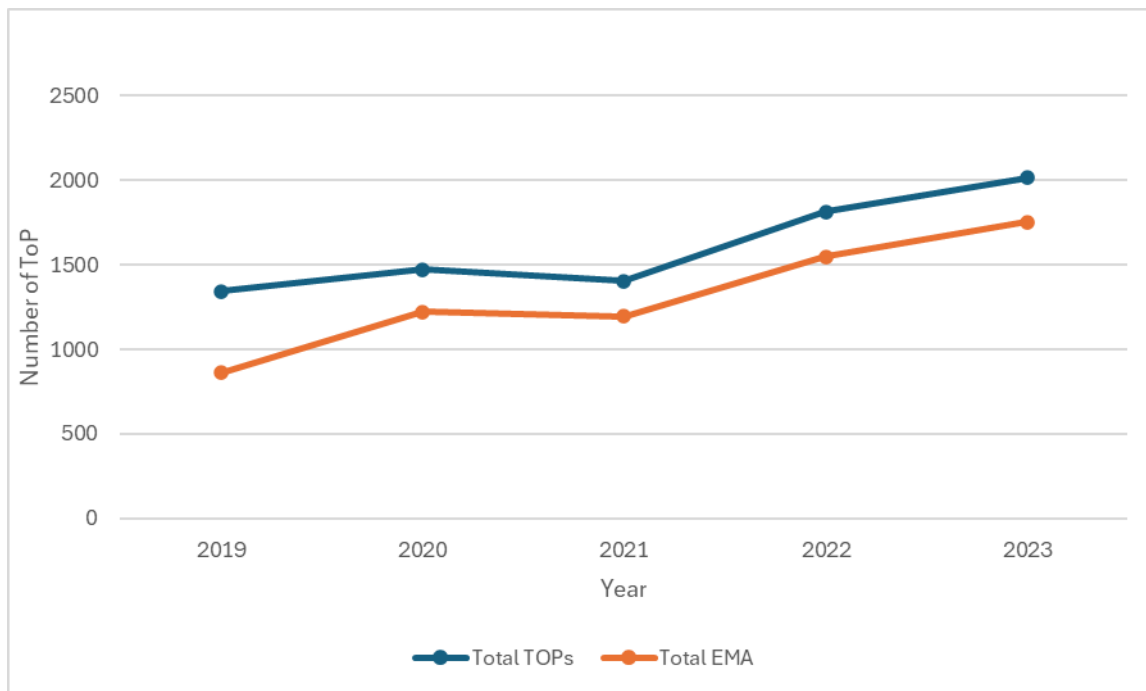


Figure 25 Total Number of ToPs and EMAs by Year. Source: MSI

Data from MSI shows that the number of ToPs for East Sussex residents carried out through their clinics is increasing with 2,016 abortions in 2023 versus 1,344 in 2019. Of these, 87% were early medical abortions (EMAs) which represents an increase from 64% in 2019.

In 2021, the under-18s abortion rate was 5.9 per 1,000, similar to nationally (6.5). The proportion of under-18's conceptions resulting in abortion was 55.4%, similar to nationally (53.4%). However, this varied by district, with Wealden having a significantly higher proportion of under-18s conceptions resulting in abortion at 72.4%. Hastings had the lowest proportion of under-18s conceptions resulting in abortions (34.6%). National Fingertips data shows that in East Sussex, the over-25's abortion rate (16.6 per 1,000) was significantly lower than the national rate (17.9) in 2021.

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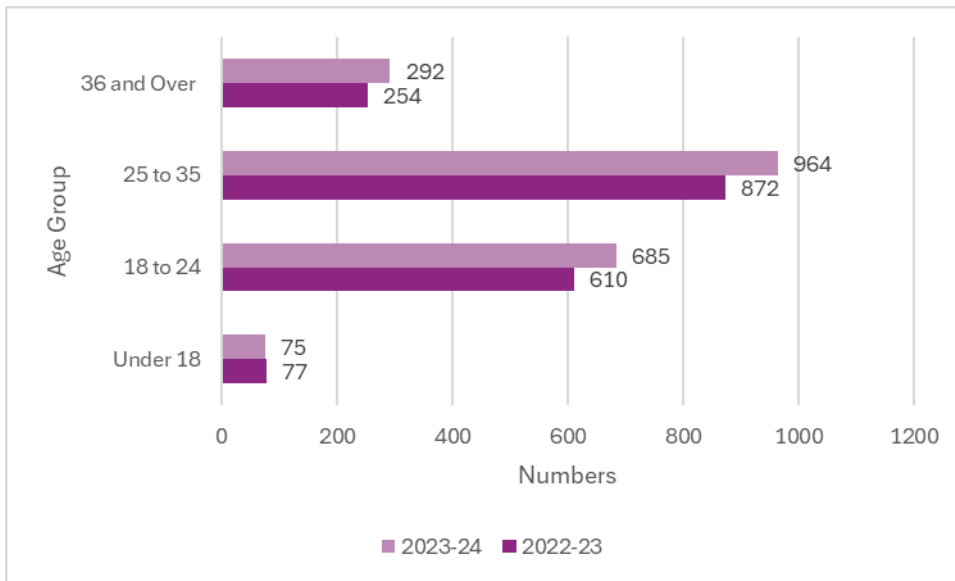


Figure 26 Number of Top by Age Group FY 22/23-FY 23/24. Source: MSI

MSI data suggests that in East Sussex, the number of under 18s accessing abortion services remained broadly similar between 2022 and 2023. The other age categories all saw an increase in numbers accessing services between these years, with the largest increase in the age 25-35 category.

Type of Termination

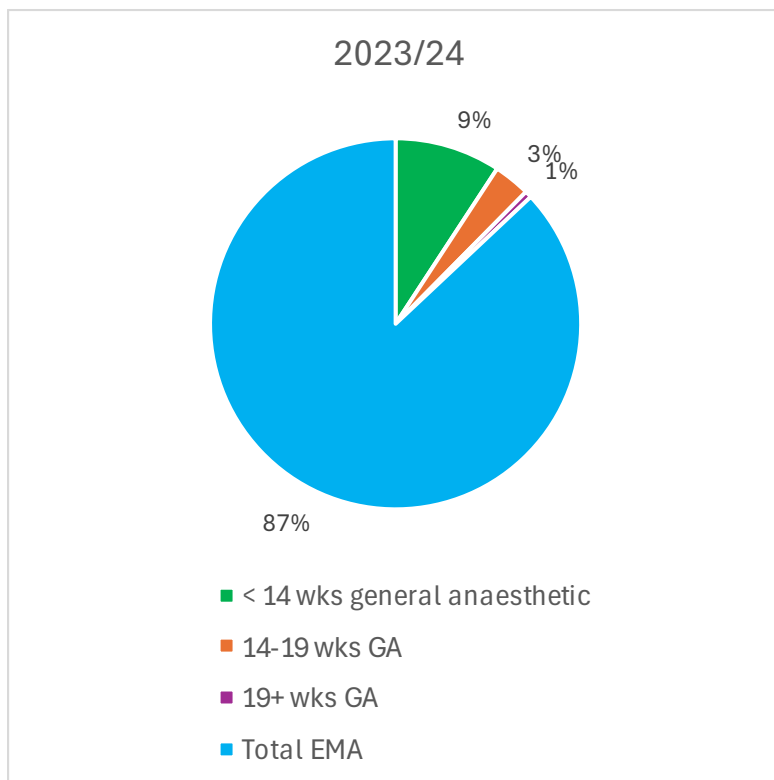


Figure 27 Type of Top 2023/24. Source: MSI

In 2023, MSI undertook 2,368 consultations in East Sussex, of which 2,016 (85%) resulted in ToP (some people seen may miscarry or decide not to proceed). 92% of these ToPs were completed before 10 weeks gestation compared to the national rate of 88%. This is an increase in the proportion of ToPs < 10 weeks of gestation compared to 2017 (73%) (ESCC , 2019). This indicates that the use of telemedicine has allowed women to access ToP services at an earlier gestation when they don't have to travel to in person services and is also seen in that 87% of ToPs are EMA

Those undergoing surgical terminations can do so under local anaesthetic (LA), conscious sedation or general anaesthetic (GA) depending on patient choice or gestation at time of procedure. No surgical abortion procedures were carried out by local anaesthetic in either 2022 or 2023. No surgical abortion procedures under conscious sedation were undertaken in 2023, although this represented 3% of all ToPs carried out in 2022. This means all surgical ToPs (n=262) in 2023 were carried out under GA.

Previous Terminations

Nationally, 41% of women undergoing a ToP had had a previous termination. Of those, the trend is that the proportion of women with a previous termination increases with, reflecting the increased person-years at risk of unwanted pregnancy. Nationally, the proportion of under 18s having undergone previous terminations has remained stable at 8% and the proportion of over 30s having undergone previous terminations has been increasing- from 46% in 2012 to 50% in 2022 (OHID, 2024).

In East Sussex, the proportion of repeat abortions in those aged 25 and under was 26.7% compared to 29.7% nationally. The over 25's abortion rate in East Sussex was 16.6 per 1,000 compared to 17.9 nationally in 2021 (DHSC, 2025). The data provided by MSI only gives the number of women who have undergone a previous ToP in the past 3 years so longer term trends are harder to identify, and proportions will be lower as they do not count ToPs from more than 3 years ago. In 2023, 26% (n=525) of those undergoing ToP had undergone at least one other termination in the past 3 years and this is an increase from 2022 (n=423). An increase in repeat terminations within a 3 year period was seen across all age categories.

Repeat Tops within 3 Years	2022	2023
Under 18	*	13
18 to 24	157	184
25 to 35	224	273
36 and Over	38	55

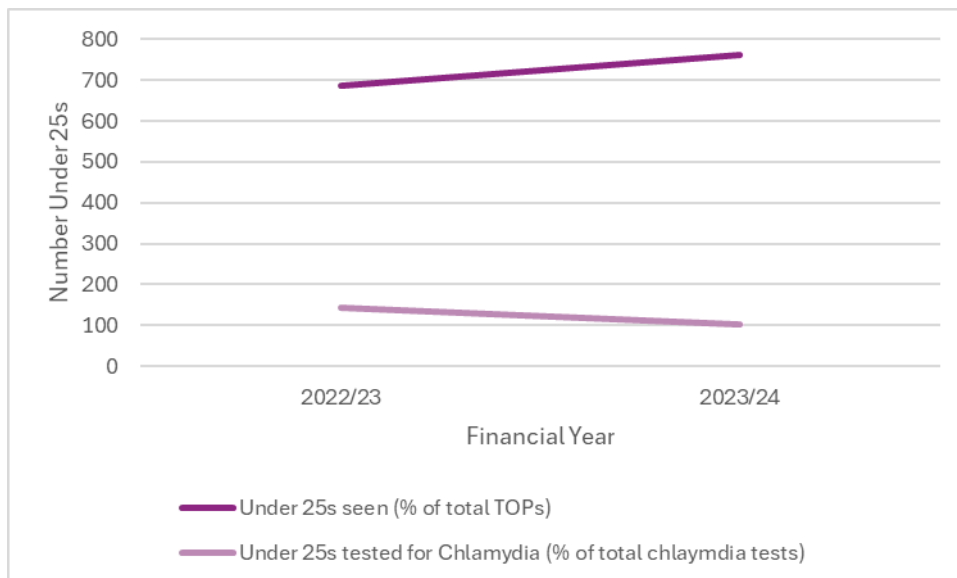
Repeat Tops within 3 Years	2022	2023
Total Repeat TOP within 3 years	423	525
Total TOPs	1813	2016

Table 5 Repeat TOPs within 3 years 2022-23. Source: MSI

Sexual Health Screening at MSI ToP Consultation

Chlamydia Testing

In 2022, 343 chlamydia tests were carried out on clients accessing MSI termination services. This represents 19% of all TOPs in this time period. This is a decline from the 2017/2018 period recorded in the last SHNA (ESCC , 2019) where 33% of clients seeking TOP services were provided with chlamydia testing. Of those, 144 (42% of chlamydia tests undertaken) were for Under-25s. The proportion of chlamydia tests carried out dropped further to 13% (n=253) in 2023. In 2023 the proportion of under-25s who were tested for chlamydia fell to 13% from 21% in 2022, and the proportion of over 25s fell to 12% from 18% the previous year. It can be seen how the numbers of TOPs in both age categories are increasing and the number of chlamydia tests being performed is declining.



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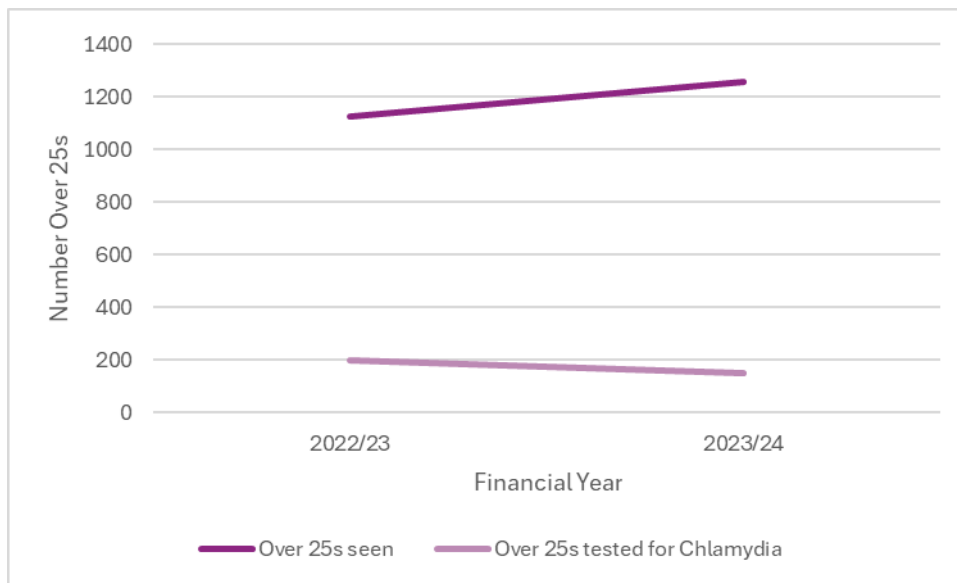


Figure 28 Number of ToPs and Chlamydia tests 2022/23 and 2023/24. Source: MSI

Gonorrhea, Syphilis and HIV testing

Some of the total chlamydia test figures above were combined through chlamydia and gonorrhea testing. In 2022, 191 (11%) of women had a combined chlamydia and gonorrhea test. This figure fell in 2023 to 126 (6%). In 2022, 92 HIV and Syphilis tests were carried out on women seeking ToP services. This represented 5% of the total number of women utilising this service. In 2023, the number of HIV and syphilis tests represented 4% (n=74) of women. The HIV and syphilis tests were conducted using Point of Contact (POC) testing methods.

It is unclear at present what has led to the continuing decrease in chlamydia/sti testing rates. There are several service changes that have occurred since the previous SHNA which may be causing the fall in uptake of STI/chlamydia testing at ToP services. These may include the change in service provider, the continuing impact of the COVID-19 pandemic and the rise of telemedicine which is leading to less in-person clinic attendance.

Contraception

Advice and the offer of contraception, including LARC, was offered to all women undergoing ToPs in 2023. LARC uptake amongst women accessing ToP services has fallen since the last SHNA from 26% of women in 2017/18 (ESCC, 2019) to 9% (n=184) of women in 2023. Of the 1,754 women undergoing EMA, 74 (4%) took up the offer of LARC. Of the 262 women undergoing surgical abortions, 110 (42%) took up the offer of LARC. Of the 184 women who had LARC provided, 34 (19%) had an IUD fitted and 36 (20%) had an IUS fitted. There is no data on the method used by the remaining 114 women (whether SDCI or injection). This combined with lack of knowledge on user dependent methods used by those undergoing ToPs is a critical knowledge gap.

It is unclear why numbers of LARC being accepted is continuing to decline since the previous SHNA. There are the changes to provision of the service that may be having an impact. RCOG has noted that using telemedicine for abortion services may lead to reduced LARC uptake due to lack of in person care (RCOG, 2022). This can explain why proportions are higher in those undergoing surgical ToPs as these are conducted in person.

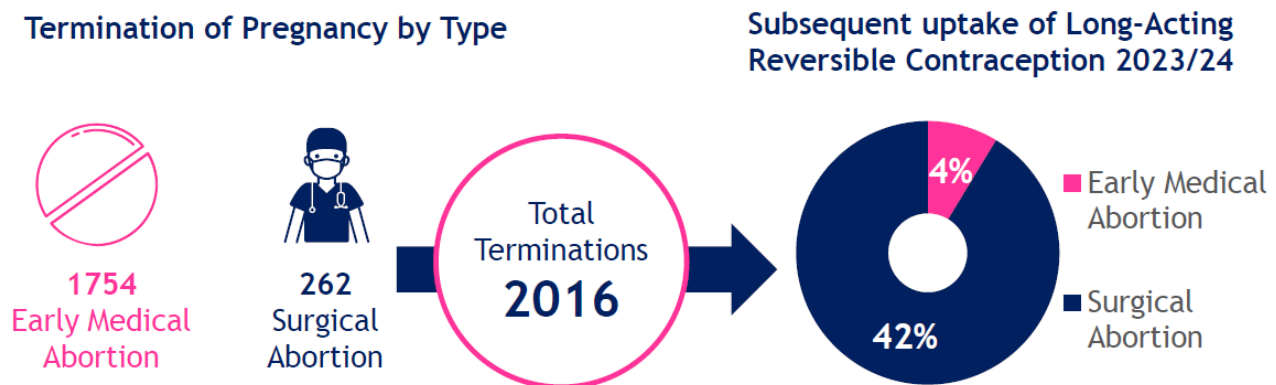


Figure 29 Number of ToP by Type and % of Subsequent Uptake of LARC by ToP type 2023/24

Sexual Ill Health Prevention and Health Promotion

Sexual Ill health prevention and health promotion includes the provision of advice, information, education, and services around contraception, STIs, HIV and termination of pregnancy (ToP). (OHID, 2022).

East Sussex holds much sexual health information and health promotion on its website: [East Sussex Sexual Health | East Sussex Healthcare](#) and acts as a front door for information regarding sex health for residents, including information and advice, which is the nearest service from the suite of services offered within the wider sexual health system.

Relationships and Sex Education

Relationships Education in all primary schools and Relationships and Sex Education (RSE) in all secondary schools, as well as health education in all maintained schools became compulsory in September 2020. The purpose of RSE within schools is to support young people to make informed choices surrounding developing safe and fulfilling relationships at the right time for them. This includes knowledge about safer sex and sexual health. (Department for Education, 2019) . According to the Department for Education (DfE) guidance surrounding this, the sexual health elements of this education need to include:

- Recognising the positive aspects of 1-1 intimate relationships including mutual consent

- Facts of reproductive health
- Contraception, including efficacy and choices available
- Facts around pregnancy, including impartial advice about all options available including adoption, abortion and where to get factual information
- STIs including prevention and testing
- How alcohol and drugs can impact sexual behaviour
- Where to go for sexual and reproductive health information, advice, and treatment.

One key point to consider is that in East Sussex, 30% of secondary school pupils are classified as being persistently absent from education- a figure significantly higher than the national proportion (26.5%) (DHSC, 2025). This implies that there are a cohort of persistently absent children who may not be present for schools-based RSE. Additionally, 5.2% of 16- or 17-year-olds in East Sussex are classified as NEETs (not in education, employment, or training) and are thus not accessing RSE through the college system. Additionally, there are CYP who will be home educated, either by choice of parenting or through the process of “off-rolling”, whereby a child is removed from the school without permanent exclusion being used, when the exclusion is in the interests of the school rather than the pupil (OFSTED, 2019). Recent data suggests that in the Autumn 2024/25 term, East Sussex had 1,760 electively home educated children (DfE, 2024).

ESCC funds four primary PHSE hubs across the county: Ashdown and Lewes, Eastbourne and Hailsham, Hastings, Rother and Rye, and Wealden. There is also a Secondary school PHSE hub. These hubs bring together PHSE leads and aims to support schools in delivering their PHSE content by considering best practice, identifying resources, and seeking to improve PHSE teaching and learning. Topics addressed vary according to the needs identified by the hub and can include topics involved in relationships education in primary schools or RSE in secondary schools. The PHSE Newsletter often highlights areas of training related to sexual health such as update webinars and information from Brook. ESCC Public Health also funds PSHE Association membership for all state-funded schools in East Sussex to support their PSHE/RSE delivery.

A Theatre in Education (TiE) package is also offered to secondary schools. These TiE packages are offered to all state funded secondary schools in East Sussex, however, schools are not obliged to use them, so it is difficult to determine how many pupils this has reached. In the Autumn term of the academic year 2024/25, the TiE programme focused on healthy relationships and harmful behaviours and was delivered to those in Years 8-10. The TiE programme is currently under evaluation.

My Health My School Survey

In 2023/24, schools in East Sussex participated in the My Health My School (MHMS) survey. The MHMS survey is a pupil perception survey that generates information about the health and wellbeing of children and young people (CYP) (My Health My School, 2025). The survey

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covers a range of areas, including sexual health, and is a useful tool for understanding the impact of RSE in schools and pupil's knowledge of sexual health provision in their local area. It is once again important to highlight that this captures the knowledge and experiences of pupils within schools and may not be fully representative of persistent absentees or the experiences of off-rolled or homeschooled CYP.

Pupils in Year 9-11 in East Sussex were asked questions about Sexual Health. 96% of 4,330 of these pupils responded that they knew about what is meant by consent in relation to sexual activity. 4,334 pupils in Years 9 - 11 were asked whether they had had sexual contact with a person involving penetration and 11% (480) indicated that they had- 7% of Year 9 pupils who responded asked, 15% of Year 10 pupils who responded and 23% of Year 11 pupils who responded.

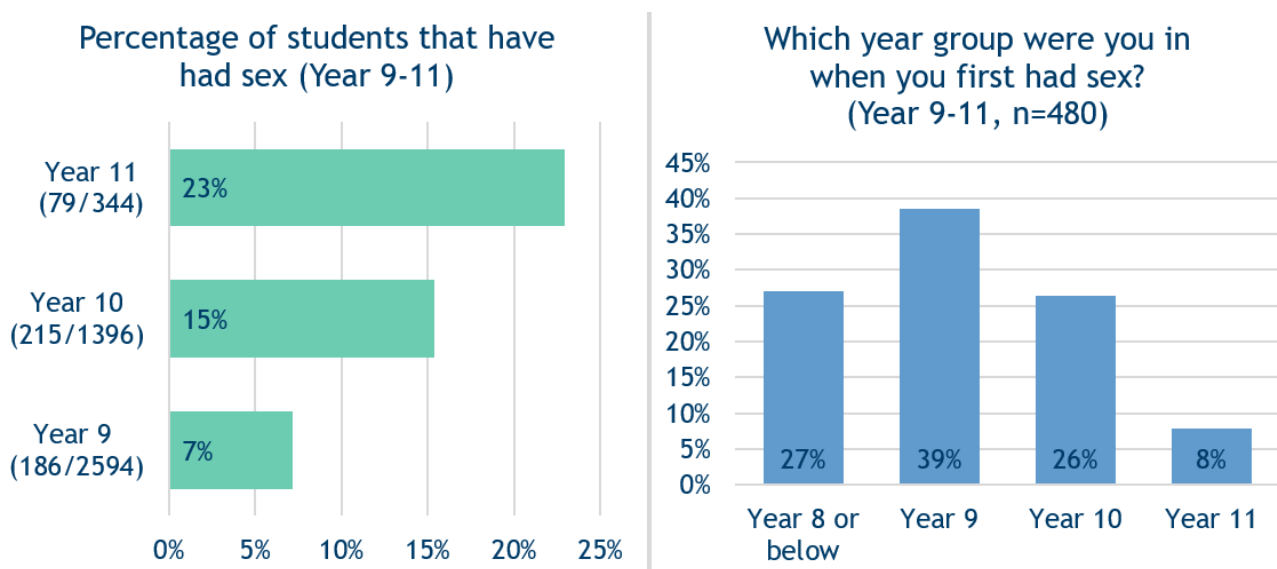


Figure 30 Percentage of Sexually Active Pupils Years 9 - 11 and Year Group when first had sex, 2023/24. Source: MHMS survey

It is important to highlight that of these pupils who responded to ever having had sex, 49% of them (n=236) did not use any contraception the last time they had sexual contact involving penetration. Of these pupils, the most common reason given after "other reason" (30%), was that they did not like using condoms (19%) followed by not planning to have sex (18%). 11% stated they did not have money for condoms and 17% said they did not know where to get it from (note, that multiple answers were allowed to be given).

Three quarters (73%) of Year 7 - 11 feel they have had good information and learning in schools on consent and how babies are made and born. 60% of this age group feel that they have had good information and teaching in schools on preventing STIs and 59% for contraception choices. Only 55% of Year 9 & 11 feel they have received adequate information on pregnancy choices.

The pupils in the relevant Year Groups were asked if they knew where to get help and advice for the following to stay healthy:

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- Contraception/Sexual Health Advice and Treatment (Year 9 -11). 72% yes, 28% no.
- How to Use a Condom (Year 9 - 11). 71% yes, 29% no.
- Sex (Year 7 -11). 69% yes, 31% no.

Condom Distribution

The East Sussex C-card scheme is a free and confidential service for 13-24 year olds. Young people can register for a C-card that entitles them to free condoms that they can collect from distribution or pick up points throughout East Sussex.

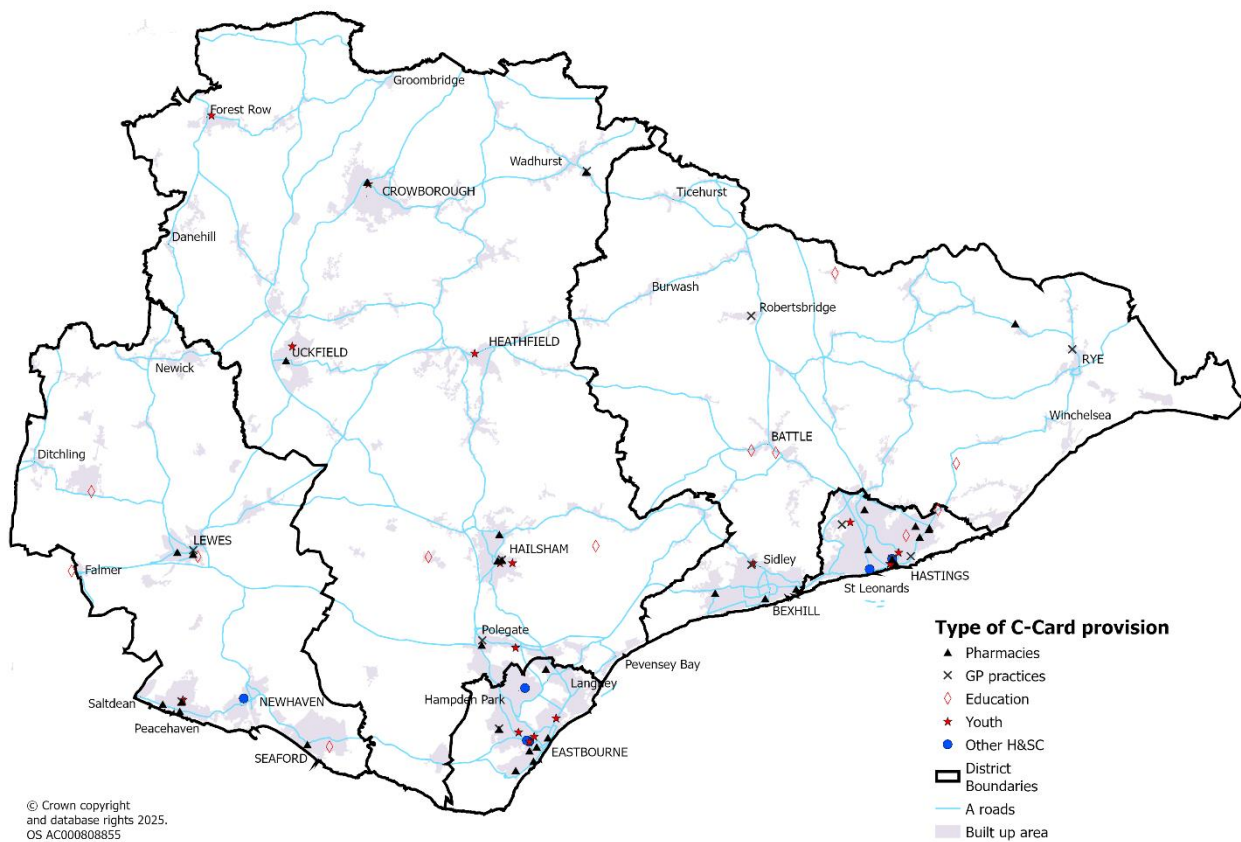


Figure 31 Map showing confirmed C-card locations in East Sussex by type. Source: Public Health Intelligence

The above map shows where in East Sussex, young people aged 13-24 can register for a C-card and receive free condoms and lubricant. From 2021, CYP could also register for a C-card online. It is important to acknowledge that only those aged 16 or over can register for condoms online. Anyone under the age of 16 needs to register in person for safeguarding purposes.

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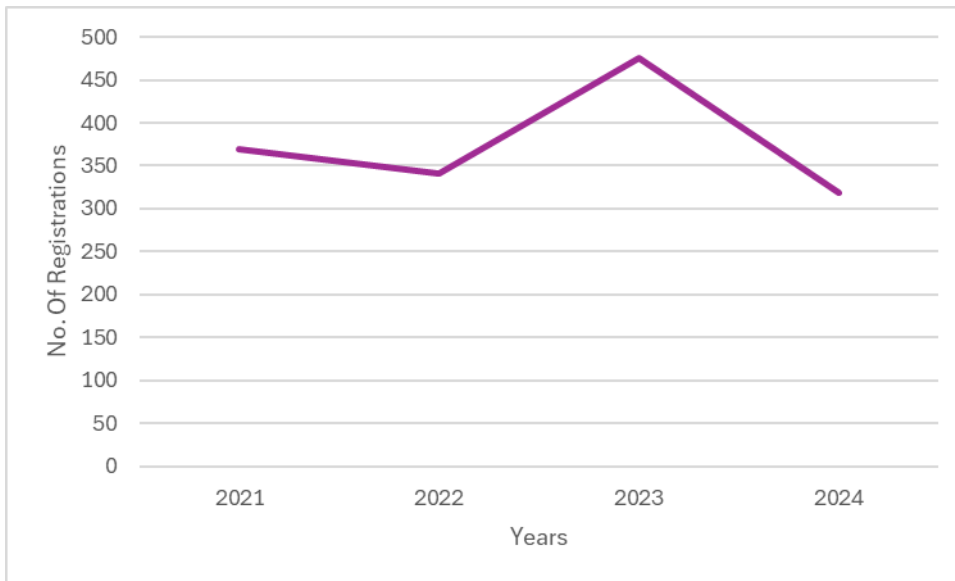


Figure 32 Number of registrations by Age/Gender, 2024. Source: C-card Admin

Numbers registering online has fluctuated since 2021, with 318 registrations in 2024 compared to 476 registrations in 2023.

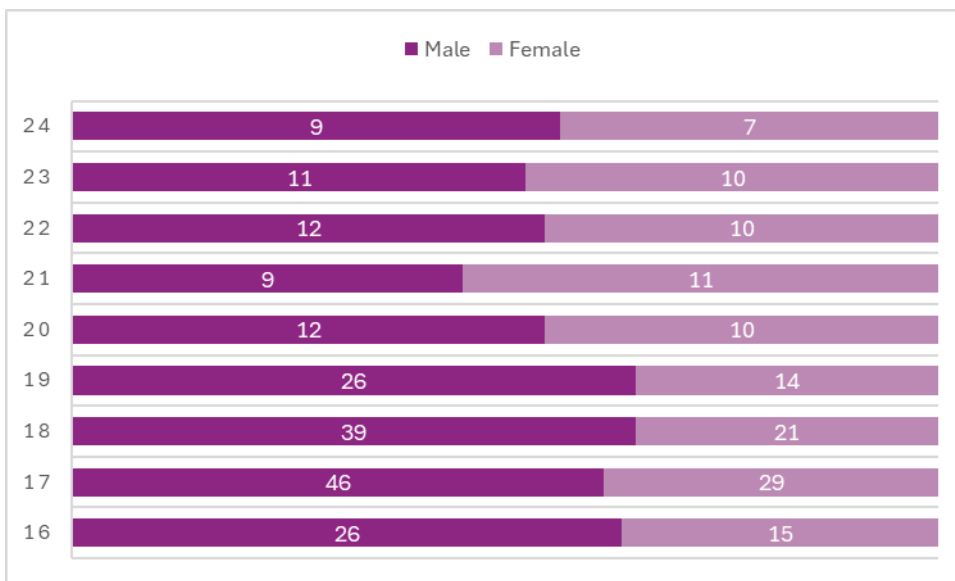


Figure 33 Number of Online C-card registrations 2021-24. Source: C-Card Admin

Prior to 2024, there were no registrations for 16 year olds online. This changed in 2024, when 16 year olds represented 13% of the 318 online registrations received that year. Those aged 16-19 years old represent two-thirds (67%) of online registrations in 2024. 87% of online registrations in 2024 identified as heterosexual, 8% as bisexual and 1% as gay male. 3% indicated that they had a disability. 88% indicated they were White British, 5% white Irish or other white background, 4% had a mixed/multiple ethnic background and 2% Asian background.

Early Help

Targeted Early Help, offered by Family Keyworkers in East Sussex, is an approach to improving outcomes for families with multiple and complex problems. Included in the Early Health key work is open access and targeted youth work for young people aged 11-19, which includes sexual health. The Early Help keywork team deliver outreach sexual health services from mobile vehicles in targeted places within towns and rural areas where young people meet. This also includes drop-ins at youth centres, C-Card and condom distribution, advice on sex and relationships, chlamydia and gonorrhoea testing, promotion of healthy sexual relationships, and signposting to other services.

In 2025/26, Early Help will be doing the following sexual health funded outreach activities:

Sexual Health Drop Ins:

- Mondays. Plumpton College, Lewes District
- Tuesdays and Thursdays at East Sussex College, Eastbourne.
- To start after Easter 2025- Bexhill College, Bexhill
- To start after Easter 2025- Uckfield Community College 6th Form

Healthy Bus Service

- The Havens, Lewes
- Sidley area, Rother

Rye and Camber, RotherIn 2023/24, the Early Help service made 423 C-card registrations, 138 (33%) were re-registrations. Males as a proportion were 55.6% of registrations, 43.7% were female and 0.7% identified other. 82% registrations were aged 16-19, 17% aged <16 years old and 1% aged 20-24. A quarter of registrants did not state their ethnicity. Of the remainder White British (62%) made up most registrations followed by those with other white background 5% and mixed/multiple ethnic group 5%. 41% of registrations did not state their sexuality.

There were 923 distributions of male condoms by the Early Help team in 2023/24, 500 to males and 420 to females. Those aged 16-19 years old accounted for 89% of these distribution encounters, <16s 9% and 2% aged 20-24. Early Help also ran an event in March in which 142 goody bags, each containing 6 condoms, were distributed. In total, Early Help distributed 7,084 condoms in 2023/24.

In other activity, 225 chlamydia self-testing kits were provided to CYP seen by Early Help in 2023/24.

Other Young People's Services

The Schools Health Service works with parents, schools and pupils to ensure health needs are met in the school and the community. Some schools have their own staff trained to register pupils to the C-card scheme but most registrations to C-card are done through the Schools Health Service. The focus within the service over recent years has been on registration to the service and not on condom distribution. Pupils can register through 1-1 sessions, via self-referral or referral from school staff or via the confidential text your school nurse service. There is no data available on recent registrations made through the school health service. Not every secondary school in East Sussex provides a C-card registration or distribution service. Please refer to the map above (Figure 32) for confirmed educational settings that provide this service. The Schools Health Service may assist schools with developing RSE curriculum when asked to meet the needs of their pupils. Historically, the Schools Health Service worked closely with the Sexual Health team to run health promotion events and assemblies within schools, however, there has been less of this in recent years.

Youth services are also a resource whereby young people can access information for sexual health promotion and ill health prevention. Sexual Health drop-in sessions are offered throughout the week by Early Help services within youth clubs and colleges. Whilst other sessions may not be specifically related to sexual health, promotional material and staff are on hand to raise awareness if the need arises.

A GP surgery in Lewes also runs a "Circle Room" for young people. This service is for anyone under the age of 25 and offers confidential sexual health and contraceptive support. In 2023, the circle room at Lewes saw 540 young people for STI testing.

Online Resources

East Sussex also provides resources through an EU funded project to improve the sexual health and wellbeing of people of those aged 45 or over through the SHIFT project. Information and resources are available at the following website:

[SHIFT - sexual health for the over 45s](#)

The website provides information to the public about a range of issues pertinent to their sexual health such as erectile difficulties, impact of menopause, life changes, sexual orientation, STIs and HIV. Resources are also available to professionals to increase their awareness of the issues facing people in this age category. An evaluation of this project has found that the website is viewed favourably, with pages on menopause receiving a lot of page views and seen as diverse and representative of different groups and issues (University of Chichester, 2023).

Chapter 5: Mapping Demand: Service Use

STI Testing in East Sussex by Setting

The following data shows where people aged 15 years and over in East Sussex are getting tested for specific STIs, including chlamydia, gonorrhoea, syphilis and HIV.

The data in this section that originates from the East Sussex Healthcare NHS Trust (ESHT) lab includes tests conducted at physical SSHS, GPs and midwifery services. Up until mid-2020, this data also included tests conducted at Lewes prison, however, these tests are now carried out at a different provider after a change in NHS England commissioned prison healthcare services. ESHT laboratory data includes information on the number of tests, number of positive tests, age and gender of patients.

The ESHT lab data has some limitations. In specific:

- It does not include tests conducted through home sampling test kits obtained from online or postal providers.
- It does not include tests processed through the University Hospitals Sussex (UHS) NHS Foundation Trust lab in Brighton which includes GP practices in Lewes and Havens localities and residents attending specialist sexual health services at UHS.
- It does not include tests processed through the Maidstone and Tunbridge Wells NHS Trust (MTW) lab, which includes GP practices in the Crowborough locality.
- It does not include tests that took place in an ESHT hospital setting.
- It may include duplicate tests as person identifiable data is not available. Therefore, it relates to the number of tests at each setting rather than footfall of people.
- Tests conducted in sexual health clinics will in some case be repeated tests to confirm positivity if an individual has tested positive through a home sampling test kit.

The numbers reported in ESHT pathology data is the number of tests carried out and is not directly comparable to other data provided by other services which count test kits and not individual tests. Nationally published data is also used in this report and may have been de-duplicated so is not comparable.

Included in this section is also data from online and postal providers. This includes data from the current provider via SH.UK and the previous model freetest.me, both operated by the online sexual health provider PreventX.

STI Tests through ESHT

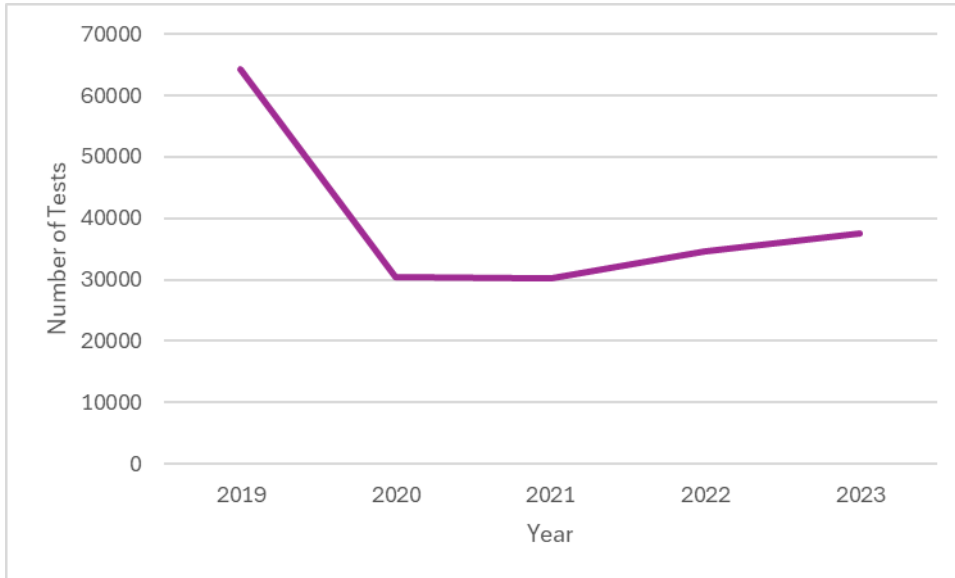


Figure 34 Number of Tests ESHT Laboratories 2019-2023. Source: ESHT Pathology

In 2023, 37,481 tests were conducted through ESHT pathology. This is a decline in tests from 64,262 in 2019. There was a steep decline in 2020/21 due to the combined effects of the COVID-19 associated lockdowns and service closures, and how this coincided with the change in the national chlamydia screening from targeting all men and women aged 15-24, to just women aged 15-24 in community settings only. This reduced the size of the previous screening programme and led to an expected significant drop in chlamydia (and associated gonorrhoea) screening.

From mid-2020, it also does not include data from prison services from mid-2020 onwards. However, in 2019 tests in prison services only accounted for 780 of the total number of tests performed so would only have a small effect on overall number of tests being processed.

Of the 37,481 tests undertaken across all included ESHT settings, 30% were for chlamydia (11,332), 30% for gonorrhoea (11,331), 21% for HIV (7,007) and 19% for syphilis. STI tests by Setting

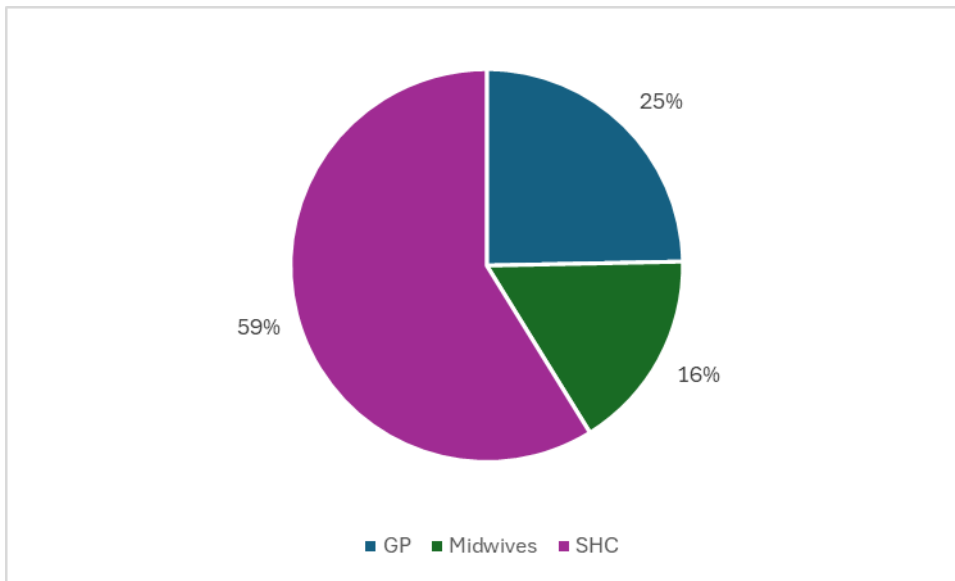


Figure 35 Proportion of STI tests processed in ESHT by Setting. Source: ESHT Pathology

In 2023, 59% (22,043) of tests undertaken in ESHT pathology originated from East Sussex Specialist Sexual Health Services (SSHS). Tests in GP practices accounted for 25% (9,250) of tests processed through ESHT laboratories and midwifery services account for the remaining 16% (6,187) tests.

Of the 22,043 tests undertaken in SHSS, 34% (7,495) were for chlamydia and 34% (7,495) for gonorrhoea- reflecting that chlamydia and gonorrhoea tests are combined, 16% for HIV and 16% for syphilis.

Of the 9,250 tests undertaken in GP practices, 42% were for chlamydia, 42% were for gonorrhoea- reflecting that these two tests are combined, 13% for HIV and 4% for syphilis.

Of the 6,187 tests taken by the midwifery services 50% were for HIV and 50% for syphilis. This reflects the maternity services' role in antenatal screening for these conditions. 0.02% tests were for chlamydia and gonorrhoea as pregnant women are not routinely screened for these STIs and testing for them only occurs based on individual risk factors in this setting.

Chlamydia

The number of diagnoses of chlamydia in the 15-24 age group is one of the sexual health indicators in the PHOF. Within East Sussex, residents can access chlamydia testing through a range of sources. Testing is available through GP practices, specialist sexual health services and online home sampling postal kits. Under 25s can also access chlamydia testing kits from youth centres, pharmacies if accessing EHC and the school and college health service.

Chlamydia Tests Through Online Home Sampling Test Kits (SH.UK)

Since mid-2021, SH.UK has provided access to chlamydia home sampling test kits online. In 2023/24, 11,083 completed tests were received from these online requests. This is similar to the amount that ESHT laboratory processed from all three settings (SSHS, GP and Midwifery) in 2023.

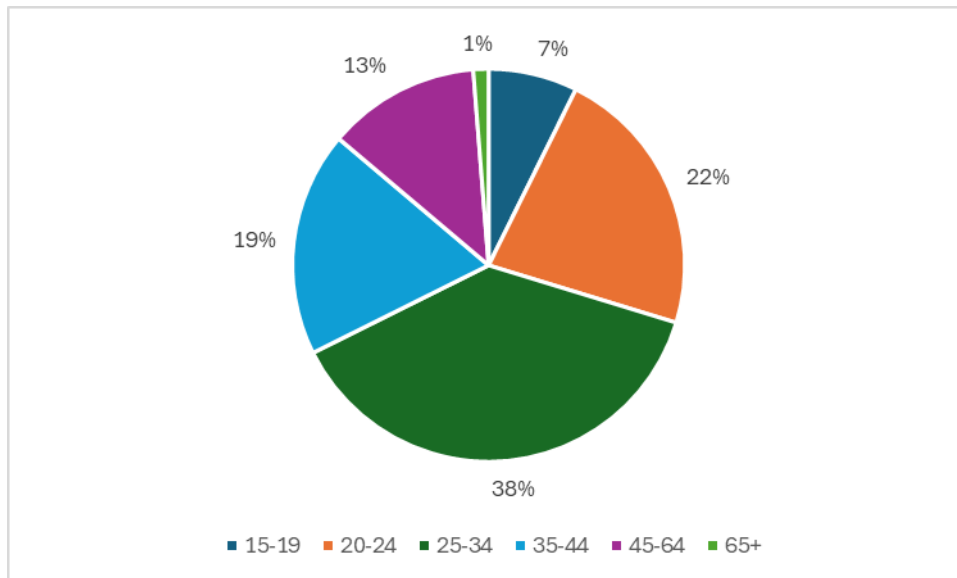


Figure 36 Proportion of People Completing Online chlamydia tests by Age 2023/24. Source: SHUK

The age structure of those accessing chlamydia tests online is different to those accessing testing through traditional services. Those aged 25-34 account for the largest group accessing chlamydia testing online, accounting for 38% of all completed tests. Those aged 35 and above account for 33% of tests completed from online home sampling. Those aged under 25 account for 29% of completed tests. Those who identify as female account for nearly two thirds (64%) of online, home sampling chlamydia tests completed in 2023/24. Those identifying as male account for 35% of completed tests, with 1% of tests completed came from those identifying as non-binary, trans, or intersex.

In 2023, 58% of those completing online home sampling chlamydia tests were heterosexual females, 24% heterosexual males and 11% identify as MSM. 85% of people accessing chlamydia testing via online services identified as White British, 6% as White Irish or other White Background, 5% mixed/multiple ethnic background, 2% from African/Caribbean/Other black background and 2% identified as having an Asian background.

Chlamydia Tests Through ESHT laboratory

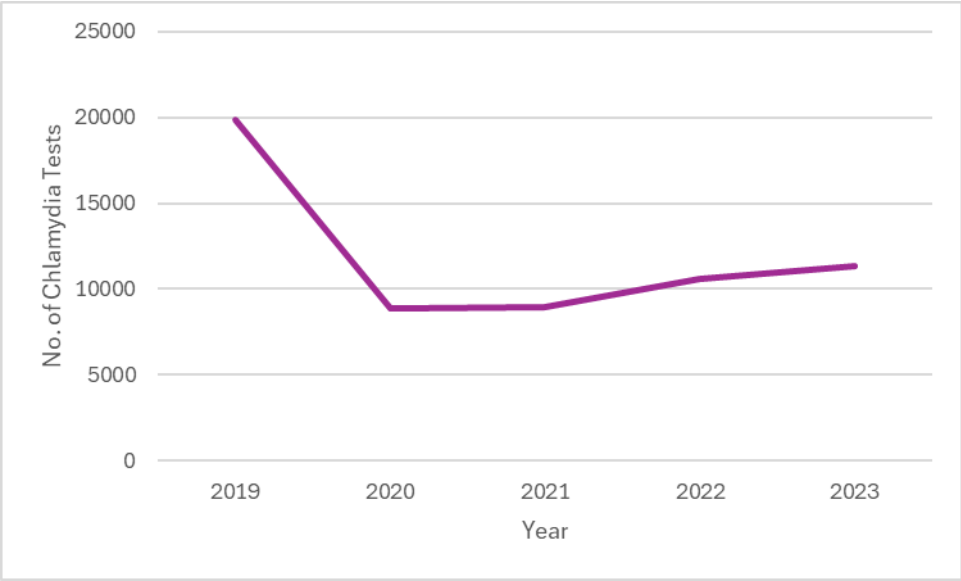


Figure 37 Number of Chlamydia Tests processed at ESHT 2019-2023. Source: ESHT lab

The number of chlamydia tests through ESHT labs has fallen from 19,885 in 2019 to 11,332 in 2023 due to aforementioned factors such as the pandemic, changes to the screening programme and changes to Lewes prison provider. Numbers are not expected to and have not reached pre-pandemic levels. As seen in earlier section on online home sampling, the numbers using online services has risen since 2019 and whilst SSHS use for STI testing has fallen, suggesting a switch in how people are accessing services.

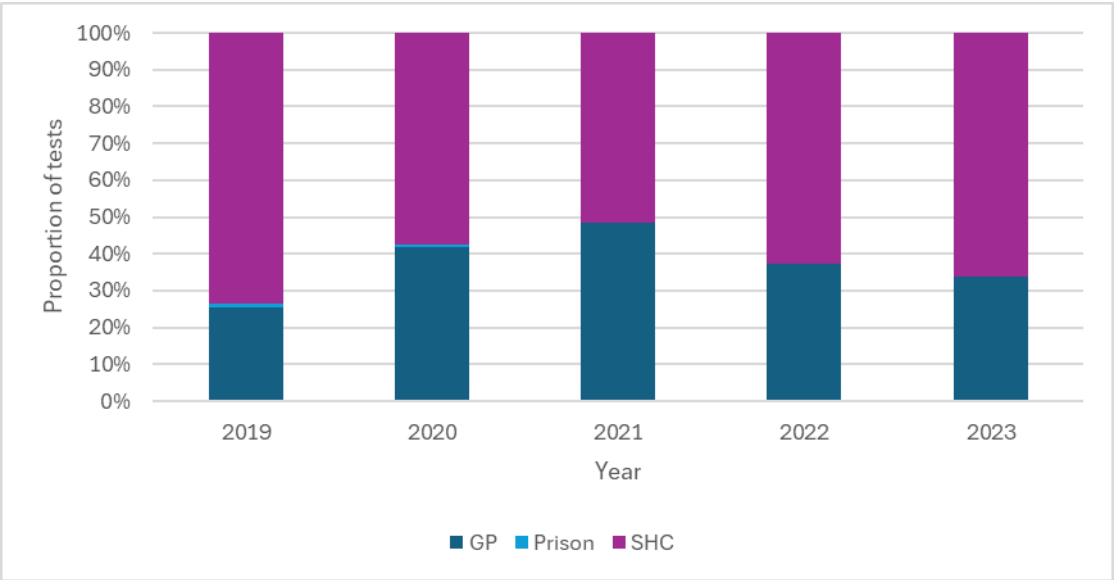


Figure 38 Proportion of chlamydia tests processed at ESHT by setting. 2019-23. Source: ESHT pathology

During the pandemic years, GPs accounted for a higher proportion of chlamydia tests than before (although the overall numbers being tested in GP settings were lower). In 2023, GPs

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now account for 34% of chlamydia tests processed through ESHT labs compared to 25% in 2019. SSHS now account for 66% of chlamydia tests processed through ESHT compared to 74% in 2019. This shows a greater fall in number of tests in SSHS settings than in primary care settings.

There has been a slight change in the age structure of those accessing chlamydia testing that is processed through ESHT pathology (i.e. accessing testing through SSHS or GPs). In 2019, under-25's accounted for 32% of all chlamydia tests processed at ESHT. In 2023, under-25's account for 21% of tests processed at ESHT. In contrast those aged above 35 account for nearly half (49%) of all tests processed in ESHT, compared to this proportion being 37% in 2019. This could be due to the younger population choosing to access chlamydia testing through other means, such as online home sampling test kits as opposed to accessing more traditional models of care, as shown in the above section which shows highest proportions of those accessing online chlamydia testing are aged 25-34.

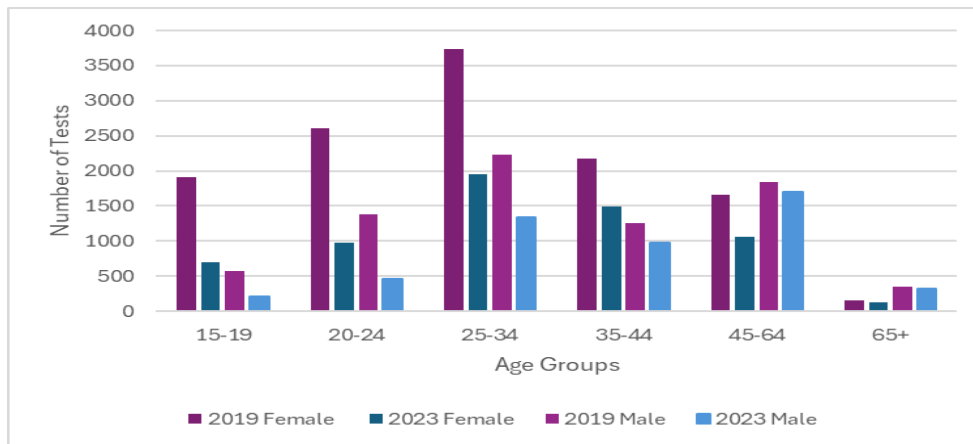


Figure 39 Comparison of no. of chlamydia tests by age and gender in 2019 vs. 2023. Source: ESHT

Males as a proportion of chlamydia tests processed through ESHT is increasing from 38% in 2019 to 44% in 2023. The proportion of chlamydia tests from females has declined in this time from 62% in 2019 to 56% in 2023. This may be because women are accessing chlamydia testing from other sources. This can be supported by the numbers being tested. In 2019, 12,354 women were tested for chlamydia through ESHT. This has nearly halved in 2023, and the numbers of females tested now stand at 6,381 in 2023. The overall number of men being tested via ESHT laboratories has also declined but only slightly from 7,632 in 2019 to 5,053 in 2023. The largest declines were in females aged 35 and under and in males aged under 25. For both males and females, numbers being tested in 2023 were like those in 2019 for those aged 65+. Prevent X/Freetest.me Chlamydia Test Through PreventX

PreventX is a provider of online home sampling test kits. It provides the current SH.UK website from which home sampling test kits can be ordered. This website has been where East Sussex residents have been able to order STI tests since 2021. Prior to this, East Sussex residents would use the freetest.me website which was also run by the provider PreventX. The data in this section therefore looks at the number of tests conducted on the old

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freetest.me site up until 2021. Current online service provision is covered in the sections on online services (see page 83). PreventX also offers chlamydia postal kits which can be accessed from various locations in East Sussex.

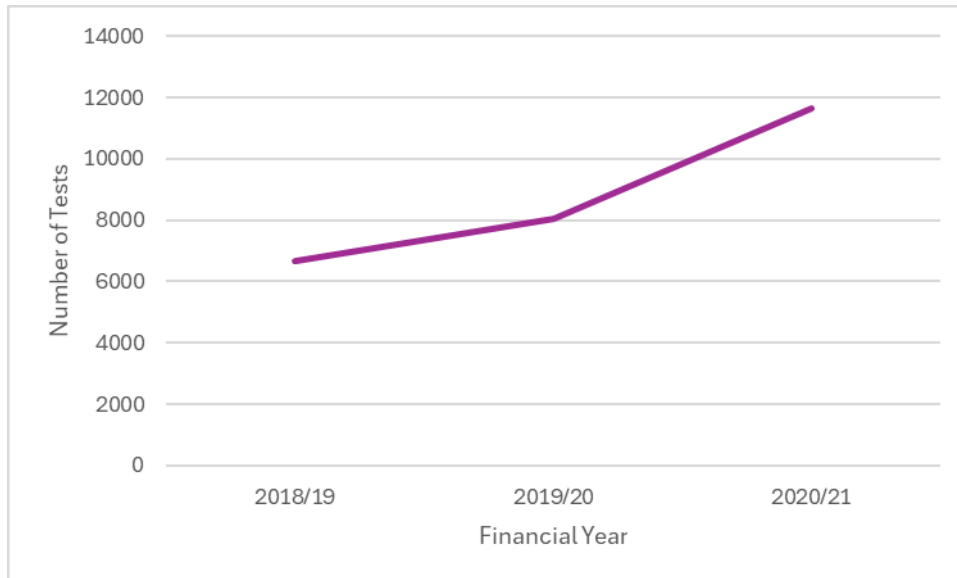


Figure 40 No. of PreventX online chlamydia tests 208/19-20/21. Source: Freetest.me

In 2019/20, a total of 7,291 PreventX chlamydia tests were completed, with 92% accessed through online ordering. Unsurprisingly, the impact of COVID-19 during the financial years 2020/21-2021/22 and lack of any alternative services coupled with extensive marketing and signposting to the funded online services saw the number of these tests ordered online increase significantly.

After the transfer of ordering online tests moved to SH.UK in 2021, online tests are no longer reflected in this set of data from PreventX. The effects of the pandemic are also reflected in other parts of the data, as other health and care settings experienced a rise in the use of postal testing kits during 2020/21. All other settings have seen a decline in the use of postal testing kits including pharmacies and education settings.

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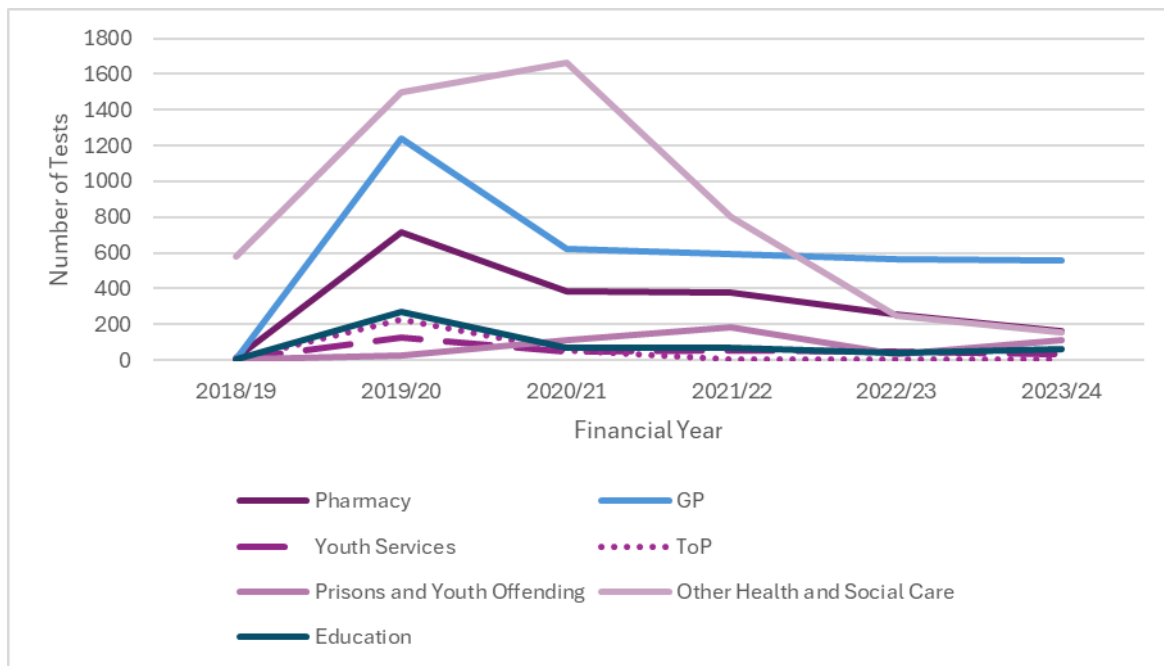


Figure 41 No. of PreventX chlamydia tests by setting (excl. online) 2018/19-2023/24. Source: Freetest.me

In 2023/24, GPs represent half (52%) of the 1067 PreventX postal chlamydia tests completed. Of these, 68% identified as female, 31.5% as male and 0.5% as trans or non-binary. Although, it is difficult to draw conclusions from such small numbers, the trans/non-binary community represent as a lower proportion accessing postal kits from outlets that include GP practices, pharmacies and other Health and Social Care settings than those from this demographic who access online services as seen in SH.UK service data (See page number 82).

Chlamydia Positivity

Of the 11,083 chlamydia tests accessed via SH.UK in 2023/24, 466 (4.2%) were positive. Of these tests, 2,310 were in people who identified as female aged 15-24 years old. Of these 160 (6.9%) were positive.

Of the 11,332 tests from all settings undertaken in ESHT laboratories in 2023, 397 (3.5%) were positive tests. In 2023, 743 chlamydia tests were conducted through ESHT of women aged 15-24 years old. The number of positives was 194 (26%) for this demographic group.

Of the 1,067 PreventX postal chlamydia tests completed in 2023/24, 64 (6%) were positive. 357 of these tests were taken by those identified as females aged 15-24, with 31 of these tests positive (8.7%).

Gonorrhoea

Gonorrhoea Tests Through Online Home Sampling Kits (SH.UK)

Since 2021, SH.UK has provided access to gonorrhoea home sampling test kits online. In 2023/24, 11,059 completed tests were received from these online requests. This is a similar number to the number of tests being conducted through ESHT pathology.

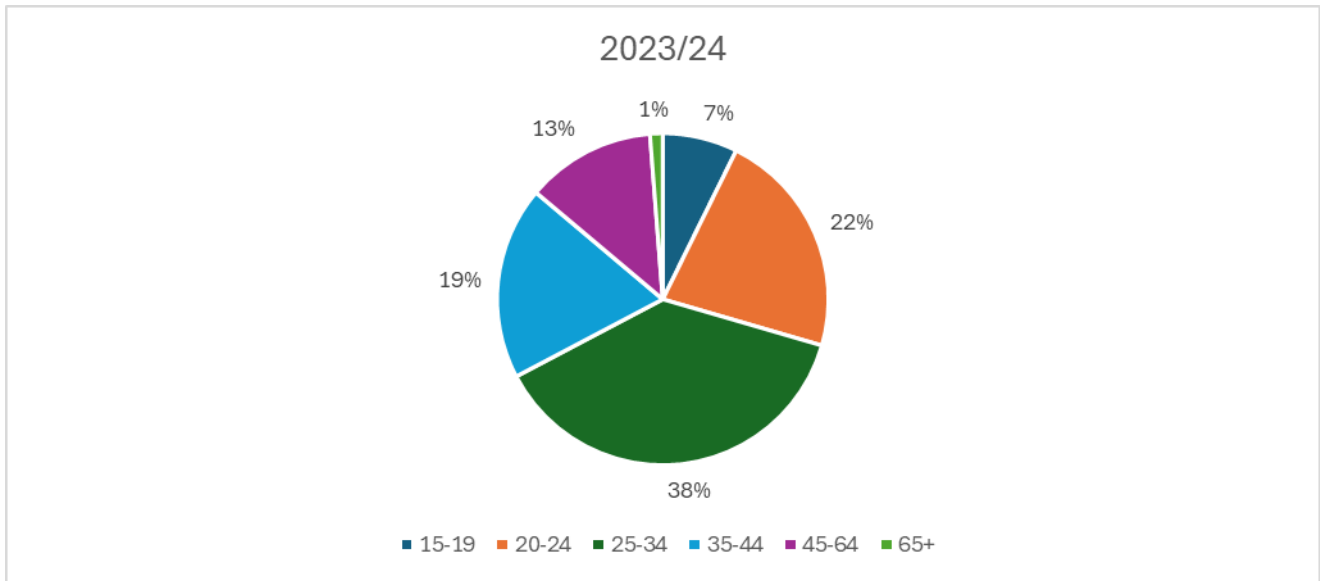


Figure 42 Proportion of Online Gonorrhoea Tests by Age Structure 2023/24. Source: SH.UK

The age structure of those accessing gonorrhoea tests online is different to those accessing testing through traditional services. Those aged 35 and above account for 33% of tests completed from online home sampling. Those aged under 25 account for 29% of completed tests. Those aged 25-34 account for the largest group accessing gonorrhoea testing online, accounting for 38% of all completed tests.

Those who identify as female account for nearly two thirds (64%) of online, home sampling gonorrhoea tests completed in 2023/24. Those identifying as male account for 35% of completed tests, with 1% of tests completed came from those identifying as non-binary, trans, or intersex.

57% of online gonorrhoea tests were completed by those who identified as heterosexual females, 23% as heterosexual males and 12% as MSM. 85% of those tested identified as White British and 5% from a White Irish or other white background, 5% mixed/multiple ethnic background, 2% from African/Caribbean/Other black background and 2% identified as having an Asian background.

Gonorrhoea tests through ESHT laboratory

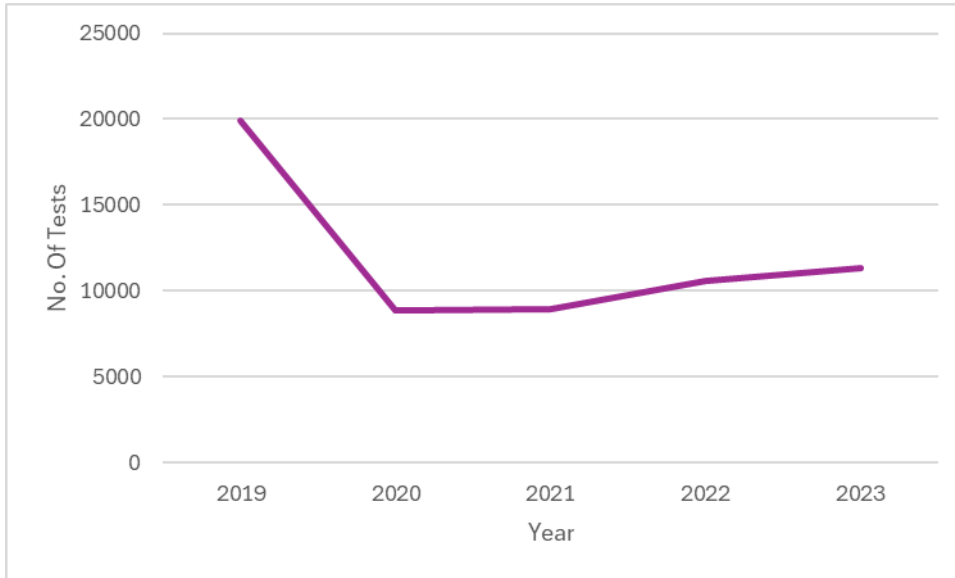


Figure 43 No. of Gonorrhoea Tests at ESHT 2019-2023. Source: ESHT

The number of tests for gonorrhoea for those over 15 years old being processed in ESHT laboratory has fallen from 19,896 in 2019, to 11,331 in 2023. There was a big decline in 2020 and 2021 due to aforementioned effects described with chlamydia as these tests are combined, including COVID-19, changes to NCSP and change of provider at Lewes.

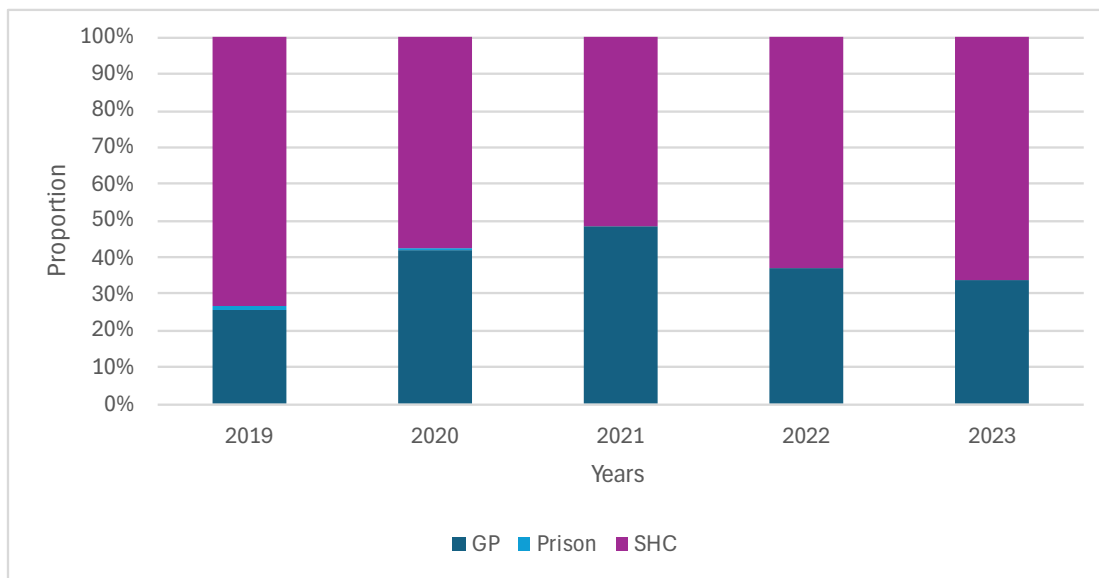


Figure 44 Proportion of Gonorrhoea Tests at ESHT by setting 2019-23. Source: ESHT

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During the years affected by COVID-19 lockdowns, the proportion of chlamydia tests sent to ESHT labs from GPs rose, although overall numbers sent were lower. In 2023, 66% of all gonorrhoea tests processed in ESHT pathology came from SSHS and 34% from GPs.

There has been a slight change in the age structure of those accessing chlamydia and gonorrhoea testing that is processed through ESHT pathology (i.e. accessing testing through SSHS or GPs). In 2019, under-25's accounted for 33% of all gonorrhoea tests processed at ESHT. In 2023, under-25's account for 22% of tests processed at ESHT. In contrast those aged above 35 now account for nearly half (49%) of all tests now processed in ESHT, compared to this proportion being 37% in 2019. This could be due to the younger population choosing to access chlamydia testing through other means, such as online home sampling test kits, as opposed to accessing more traditional models of care.

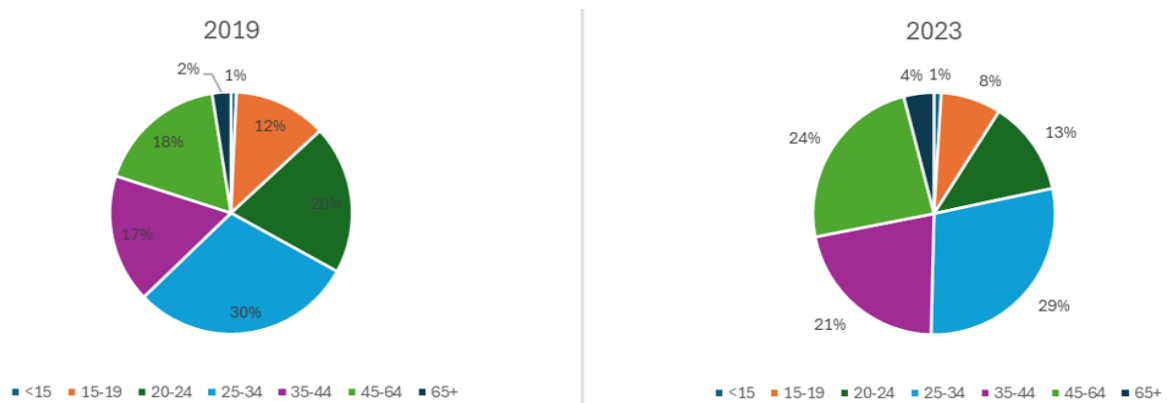


Figure 45 Proportion of Gonorrhoea Tests by Age 2019-2023. Source: ESHT

Males as a proportion of gonorrhoea tests processed through ESHT is increasing from 38% in 2019 to 44% in 2023. The proportion of gonorrhoea tests from females has declined in this time from 62% in 2019 to 56% in 2023. This may be because of changes to NCSP as gonorrhoea tests are combined with chlamydia tests and women are gonorrhoea testing from other sources, for example online testing. This can be supported by the numbers being tested via online services. In 2019, 12,357 women were tested for gonorrhoea through ESHT. This has nearly halved in 2023, and the numbers of females tested now stand at 6,380 in 2023. The overall number of men being tested via ESHT laboratories has also declined but only marginally compared to women from 7,680 in 2019 to 5,053 in 2023.

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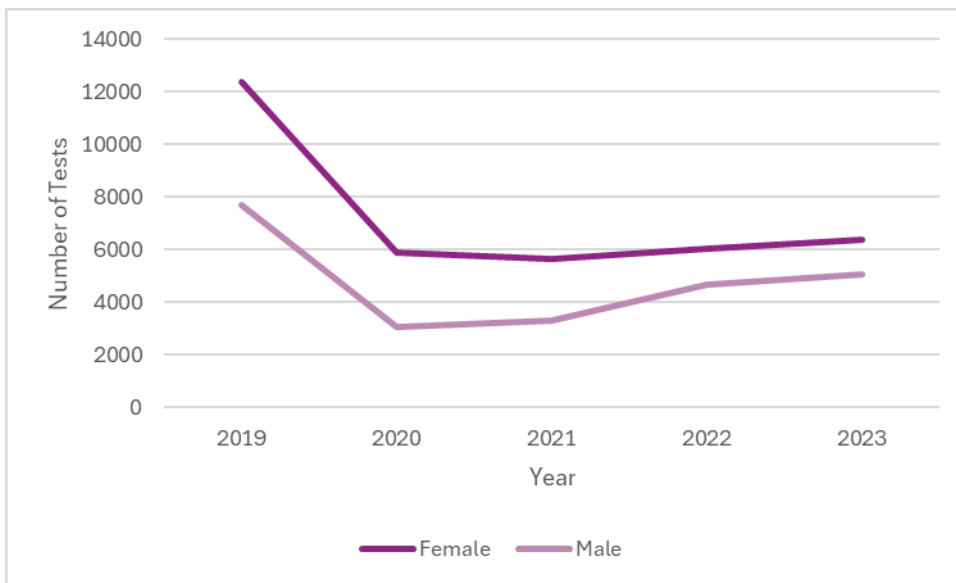


Figure 46 No. of Gonorrhoea tests at ESHT by Gender 2019-2023. Source: ESHTPreventX/Freetest.me Gonorrhoea Testing

PreventX provides home sampling test kits for gonorrhoea which is a combined test with chlamydia, from various locations in East Sussex. As noted in the section on Chlamydia (see page 67), this was also provided through the website freetest.me until mid-2021.

Like with chlamydia, an increase in online testing was noted during the years affected by the pandemic and associated lockdowns. From the years after online testing had moved to SH.UK, GPs now represent over half ($n=556$) of the 1,067 gonorrhoea postal kits tests completed, although this is still less than half of the number of completed kits from GPs processed in 2019/20 (1,237). Of the total 1,067 people completing kits, 68% identified as female, 31.6% as male and 0.4% as trans or non-binary.

Gonorrhoea Positivity

In 2023/24, of the 1,067 gonorrhoea tests taken through PreventX postal kits, 1% ($n<10$) were positive.

Of the 11,059 of gonorrhoea tests taken via SH.UK online home sampling, 123 were positive (1.1%).

213 tests were positive for gonorrhoea in 2023 through ESHT pathology. This represents 1.9% of the 11,331 tests processed that year.

HIV

HIV Testing through SH.UK

HIV testing through online home testing kits has been offered through SH.UK since 2021. In the 2023/24 periods, 7,701 HIV tests were completed- similar to the number of tests being processed through ESHT pathology from all settings. Nearly two thirds (65%) of these tests are carried out on those age 35 or under. Those aged 65+ make up 1% (n=109) of the 7,701 completed tests. This supports the idea that younger people are shifting to online STI testing.

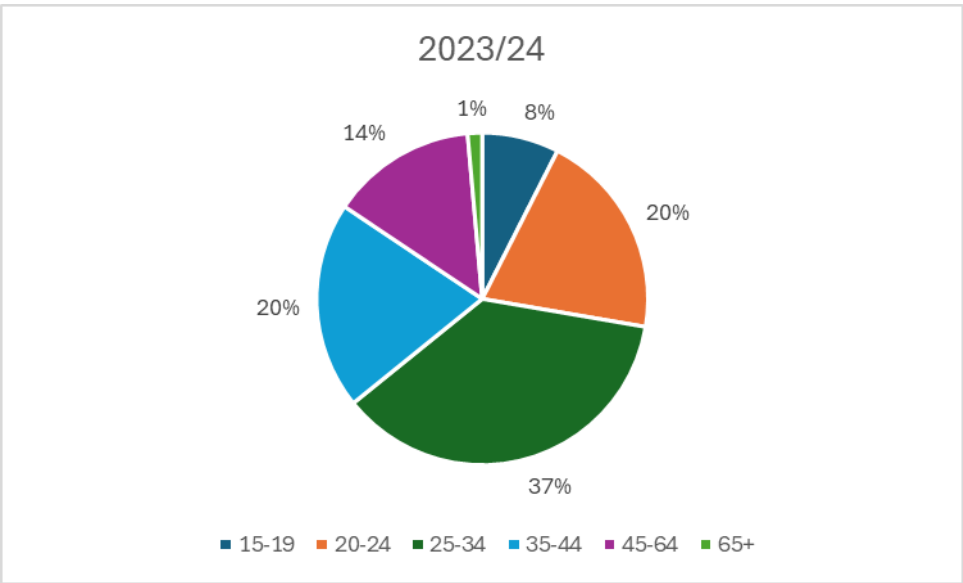


Figure 47 Proportion of Online HIV tests by Age. Source: SH.UK



Figure 48 Number of Online HIV tests by District and Borough, 2023/24. Source: SH.UK

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In 2023, in ESHT laboratories 2,759 males had an HIV test processed- making up 33% of HIV tests processed there. Meanwhile, in the 2023/24 financial year 3,086 males had an HIV test via SH.UK. As a proportion of total HIV tests, this was 40% of completed tests at SH.UK. This suggests that more men are using online services for HIV testing than traditional settings- although it should be noted this is a comparison of annual and financial year data. Females made up 4,509 (59%) of completed tests and Trans, Non-Binary, and Intersex (TNBI) the remaining 1%. The number of women having HIV tests via SH.UK is lower than through ESHT (5,076), although women accessing HIV tests via antenatal screening could explain this higher figure at ESHT. The highest number of HIV tests completed via SH.UK in 2023/24 was in the Wealden district, followed by Eastbourne and Hastings. This could reflect that difficulty accessing physical services in Wealden is leading to an increase in online testing in this district, and that Eastbourne and Hastings are urban locations with many GP services and sexual health clinics. HIV Testing in ESHT Laboratories

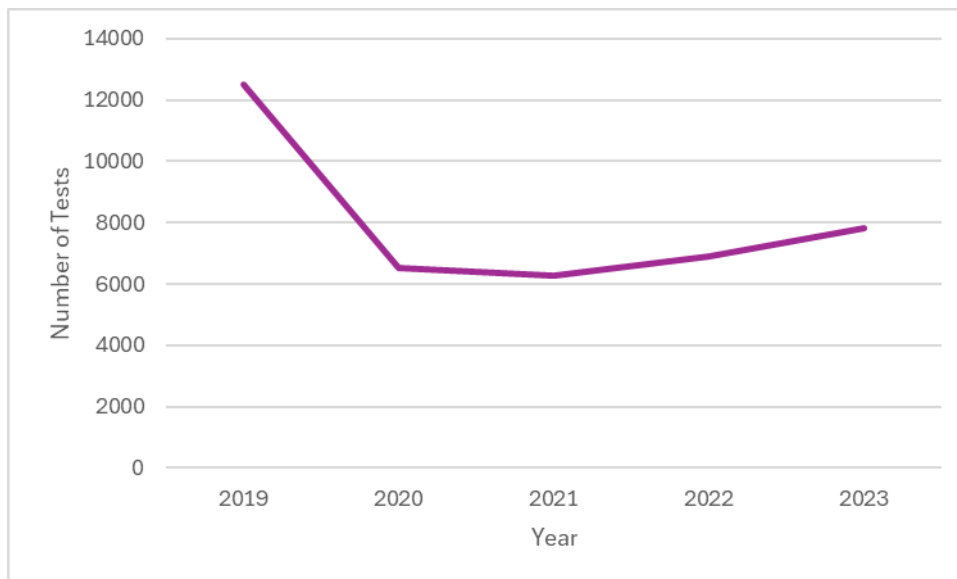


Figure 49 Number of HIV Tests Processed in ESHT 2019-23. Source: ESHT Pathology

HIV 1/2 Antigen/Antibody tests is an initial screening test for HIV. The number of HIV tests processed in ESHT laboratories has fallen since 2019, when 12,508 tests were conducted, to 7,811 in 2023.

HIV tests conducted in midwifery settings have remained the same since 2019 and this is reflective of the national routine antenatal screening schedule of care, where HIV testing is offered at the antenatal booking appointment. COVID-19 associated changes saw the number of tests in SSHS settings decline during this time, which meant during these years midwifery services conducted the largest proportion of HIV tests. In 2023, SSHS accounted for under half (45%) of HIV tests, midwifery services 40% and GP settings 15% conducted at ESHT laboratories.

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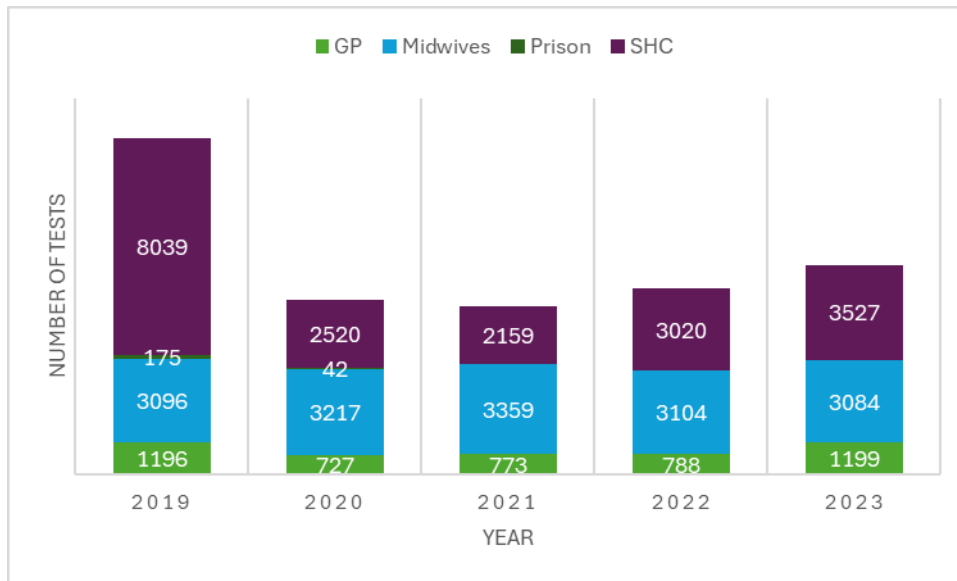


Figure 50 Number of HIV Tests at ESHT by Setting. Source: ESHT

Females make up 67% of those tested for HIV through ESHT laboratories in 2023- reflecting the impact of antenatal screening for HIV in numbers processed through maternity settings. Those aged 15-24 years old now make up 20% of HIV tests processed in ESHT laboratories compared to 32% in 2019. The numbers of those aged 65+ processed through ESHT laboratories has increased since 2019, from 291 tests to 340 tests and this age category represents 4% of all tests processed through ESHT. This suggests the younger population may be seeking HIV testing through other means, whilst those age 65+ remain accessing treatment via traditional means.

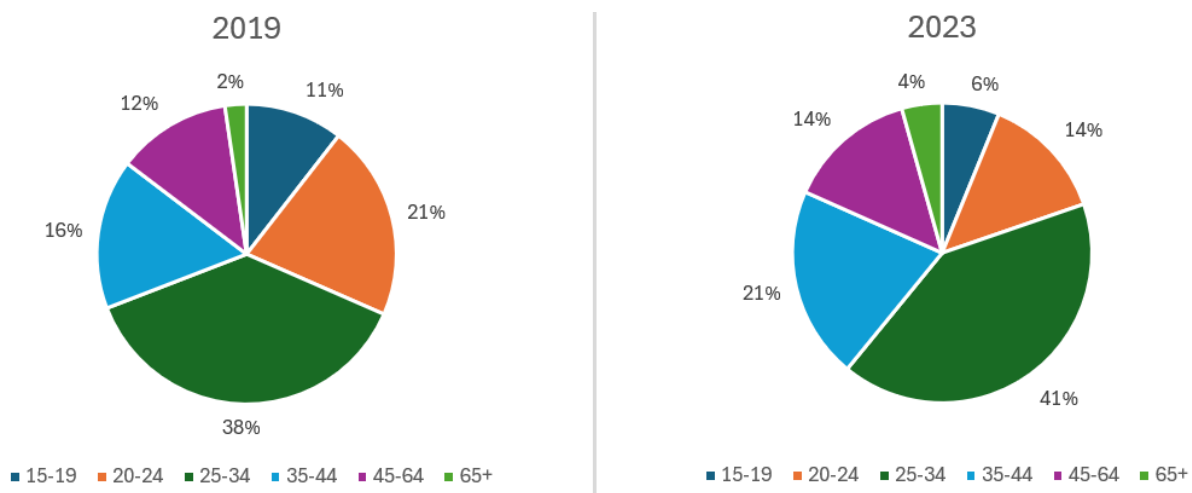


Figure 51 Proportions of HIV tests at ESHT by Age 2019 vs. 2023. Source: ESHT

Freetest.me HIV testing

Prior to online home sampling switching to SH.UK in 2021, this service was conducted via Freetest.me.

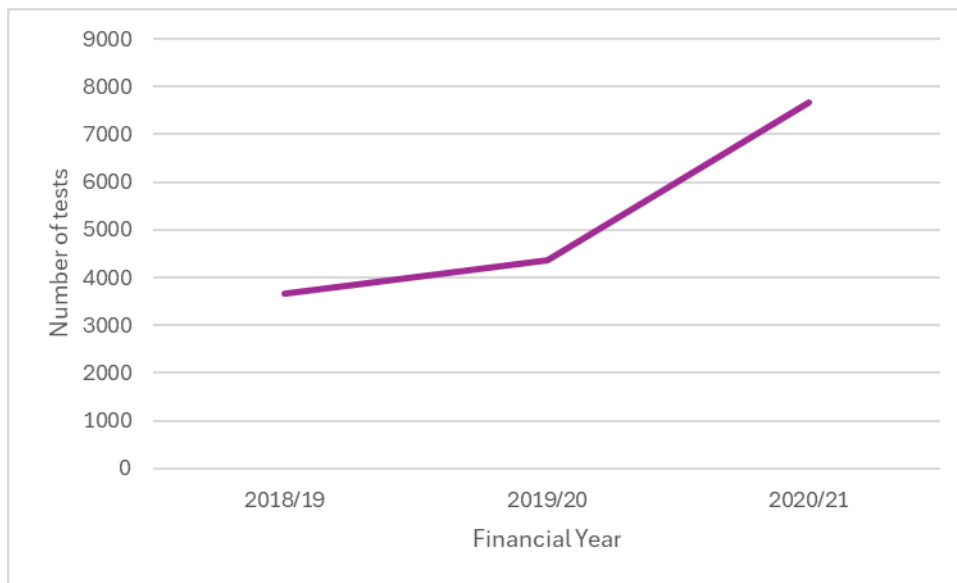


Figure 52 Number of Online PreventX HIV tests 2018/19-2020/21. Source: freetest.me

From 2018/19 to 2020/21, a significant increase in the number of HIV tests carried out via online home sampling was noted. The significant increase in 2020/21 was likely caused by the COVID-19 pandemic and limited access to traditional testing services. The number of online tests in 2020/21 was 7,664. The most recent figures from SH.UK shows how these numbers have continued to rise. Of those completing HIV tests via Freetest.me in 2020/21, 62% were female and 38% male. Heterosexual females made up 52% of tests, Heterosexual males 23% and MSM 12%. Those whose sexuality was unknown made up 7% of tests through Freetest.me in 2020/21. 92% of all tests were in those who identified as having White ethnicity.

Syphilis

Syphilis Testing through SH.UK

Syphilis testing through at home STI kits have been available through SH.UK since 2021. In the year 2023/24, 7,769 tests for syphilis were conducted in this way- similar to the amount processed through ESHT.

Those aged 25-34 years old represent the highest proportion of individuals accessing syphilis testing online (36%). There is a greater proportion (28%) aged <25 years old accessing online testing than seen in the ESHT data (21%). However, 20% of these are aged 20-24 years old and the proportion of those aged 15-19 years old (8%) is similar to the proportion of this age group accessing traditional services (7% 15-19 years old and 14% 20-24 years old). There are more tests in the 20-24 year age group online at 1,561 (20%) tests compared to the 998 (14%) tests carried out via ESHT services in 2023. Those in the 65+ years age category represent 113 (1%) of online tests. This is in comparison to the 213 (3%)

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tests in this group conducted in ESHT, indicating this age group are more likely to access GP or SHSS for testing.

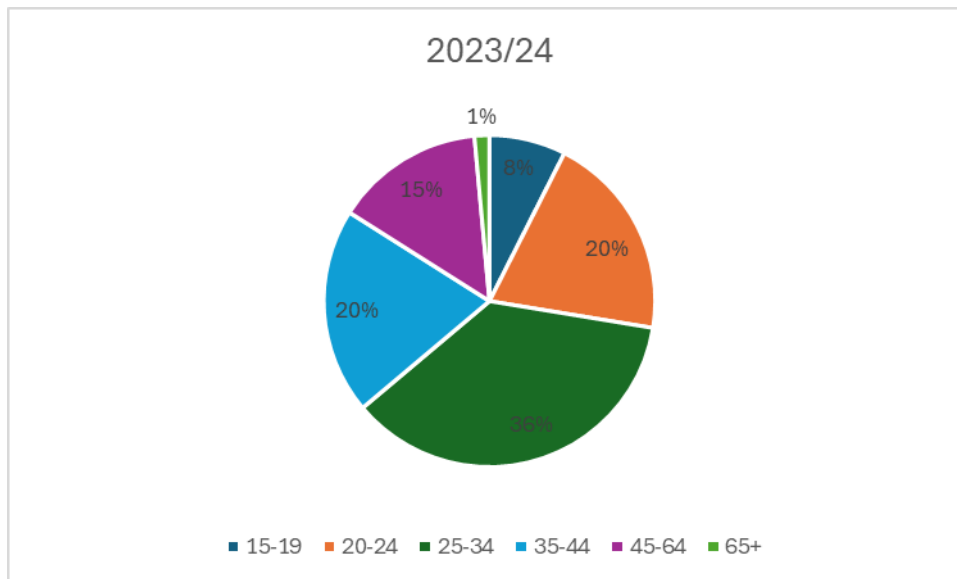


Figure 53 Proportion of Online Syphilis Tests by Age, 2023/24. Source: SH.UK

Those who identify as female account for 58% of syphilis tests in 2023/24, males for 40% and those identifying as TNBI 1.4%. Those who identify as heterosexual women account for 52% of tests, heterosexual men for 26%, MSM for 14% and WSW 9%.

Syphilis Tests in ESHT laboratory

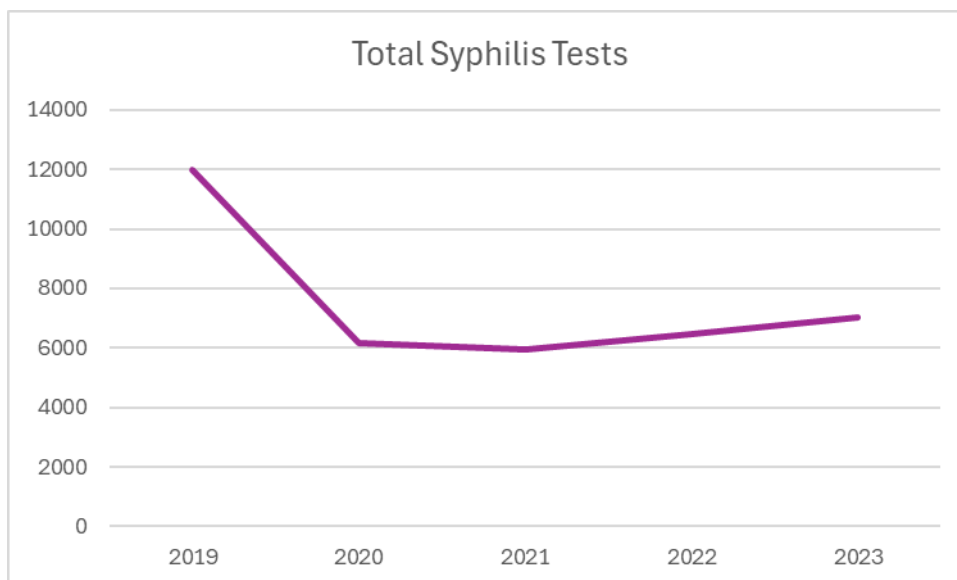


Figure 54 Number of Syphilis Tests processed through ESHT 2019-2023. Source: ESHT Pathology

An IgG/IgM antibody test is used to indicate a past or present infection with syphilis. The number of syphilis tests processed in ESHT laboratories has fallen from 11, 973 in 2019, to

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7,007 in 2023. Numbers being tested for in midwifery settings have largely remained the same since 2019 and this is reflective of the national routine antenatal screening schedule of care, where syphilis testing is offered at the antenatal booking appointment. COVID-19 associated changes saw the number of tests in SSHS settings decline during this time, which meant during these years midwifery services conducted the largest proportion of syphilis tests. In 2023, SSHS accounted for just over half (51%) of syphilis tests, midwifery services 44% and GP settings 5%.

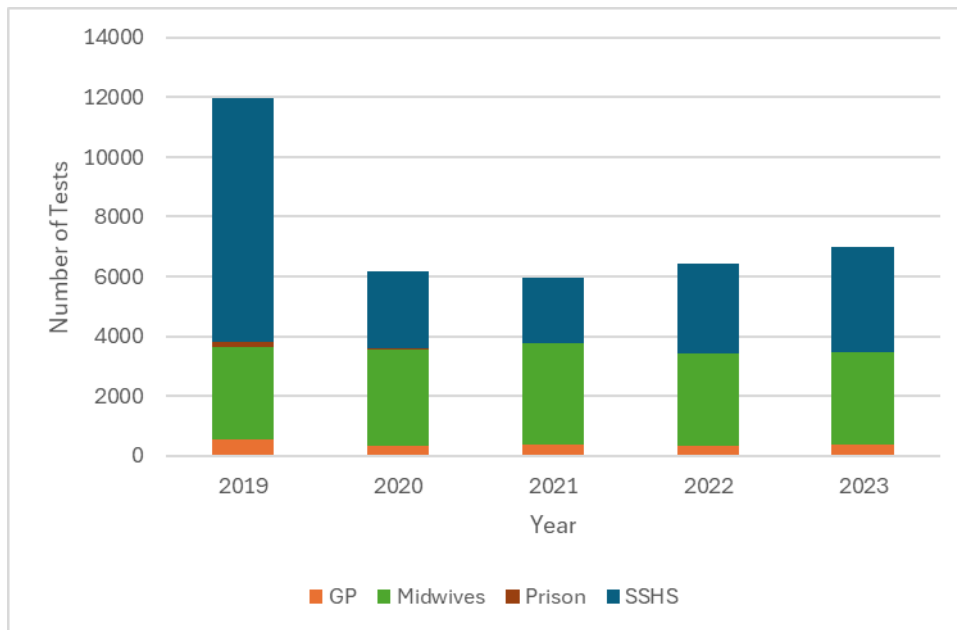


Figure 55 Number of Syphilis Tests through ESHT by Setting, 2019-2023. Source: ESHT Pathology

Since nearly half of syphilis tests conducted at ESHT originate from the maternity services, it is unsurprising that females make up the majority (67%) of syphilis tests processed via ESHT pathology. Those aged 25-34 represent the greatest proportion of individuals being tested for syphilis in 2023, indicating the age of those entering maternity services. The greatest drop in numbers of those being tested through ESHT laboratories since 2019 has been in the under 25 age categories. In 2019, those aged between 15-24 numbered 3898 (32%) of all syphilis tests at ESHT. In 2023, this had fallen to 1,446 tests (21%). This may indicate that those in this age category are accessing testing services outside of GP and SSHS. The number of people aged 65+ stayed similar between 2019 and 2023 (245 vs. 213), but their proportion increased because fewer younger people were tested in 2023 in these settings. This suggests that the 65+ group is continuing to use GP and SHSS services in a consistent way.

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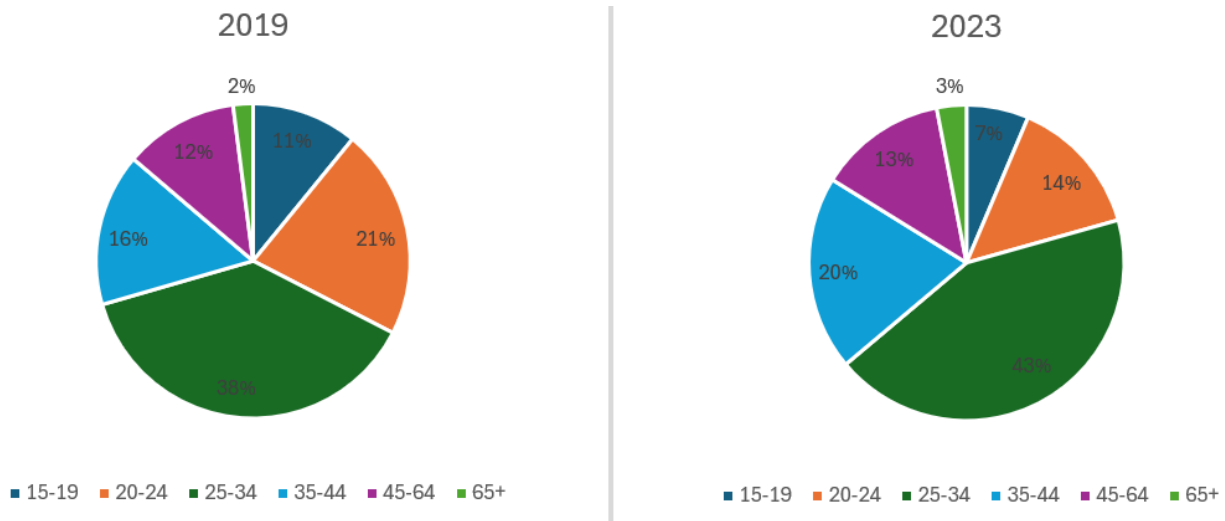


Figure 56 Proportion of Syphilis Tests at ESHT by Age 2019 vs. 2023. Source: ESHT

PreventX Syphilis Testing

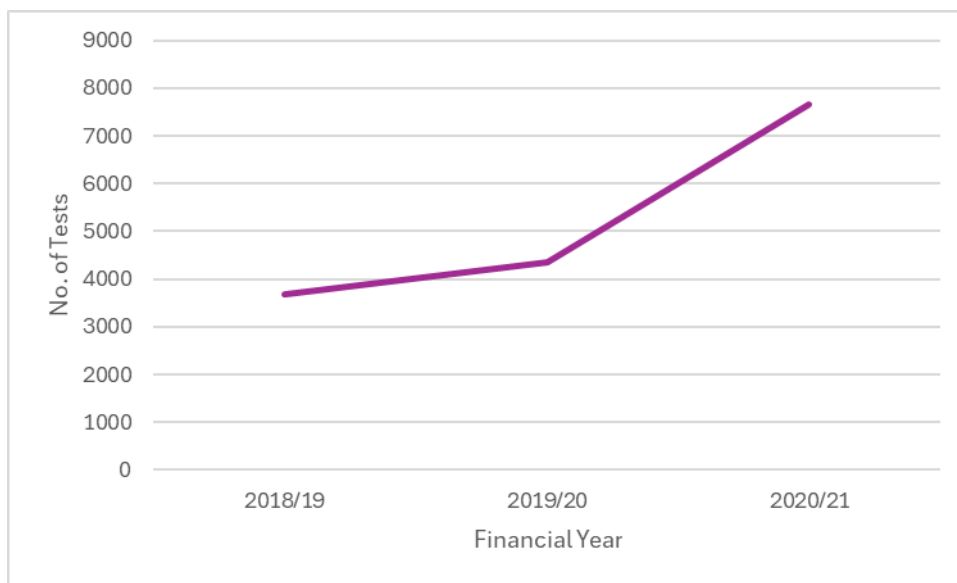


Figure 57 Number of Online PreventX Syphilis Tests 2018/19-20/21. Source: freetest.me

PreventX provided online syphilis home testing kits prior to 2021/22. A near doubling of syphilis test accessed this way from 2018/19 to 2020/21 was observed due to changes in accessing sexual health services in this time period. A total of 7,664 syphilis tests were completed via freetest.me in 2020/21.

Of those accessing syphilis testing via online home sampling test kits in 2021, 62% were female and 38% male. Those aged 25-34 represented the highest proportion of people accessing these kits (35%). It should be noted that in 2020/21, only 0.5% (n=45) completing online home sampling kits were 65+ years old. The increase in numbers seen by SH.UK in

2023/24 (n=113) does seem to indicate that more of this group are using online STI testing than in previous years. Online Sexual Health Services

The COVID-19 pandemic and associated lockdowns ushered in change to East Sussex online services. Prior to 2021, this service could be accessed at www.freetest.me. After this the service can now be accessed at www.sh.uk. A link to this site can be found at the main East Sussex Sexual Health services website [East Sussex Sexual Health | East Sussex Healthcare](#) if online home sampling test kits, PREP or EHC are required by visitors to the site. Home sampling kits are available for chlamydia, gonorrhoea, syphilis and HIV as well as other blood borne viruses (BBV) such as Hepatitis B and C and another STI Lymphogranuloma venereum (LGV). All positive results are notified to the patient and the specialist sexual health services health advisers for management and partner notification. Not only does this service offer STI home sampling kits, but it also now offers access to Pre exposure prophylaxis (PrEP), condoms and emergency hormonal contraception (EHC) for those aged 16+ years. SH.UK started running the EHC service from March 2023, prior to this EHC and POP could be ordered online at SH24 from May 2020-March 2023. In August 2024, East Sussex became the first area in the UK to offer a fully digital PrEP service via SH.UK.

Online STI Home Sampling Test Kits

Number of completed home tests by district and borough 2023

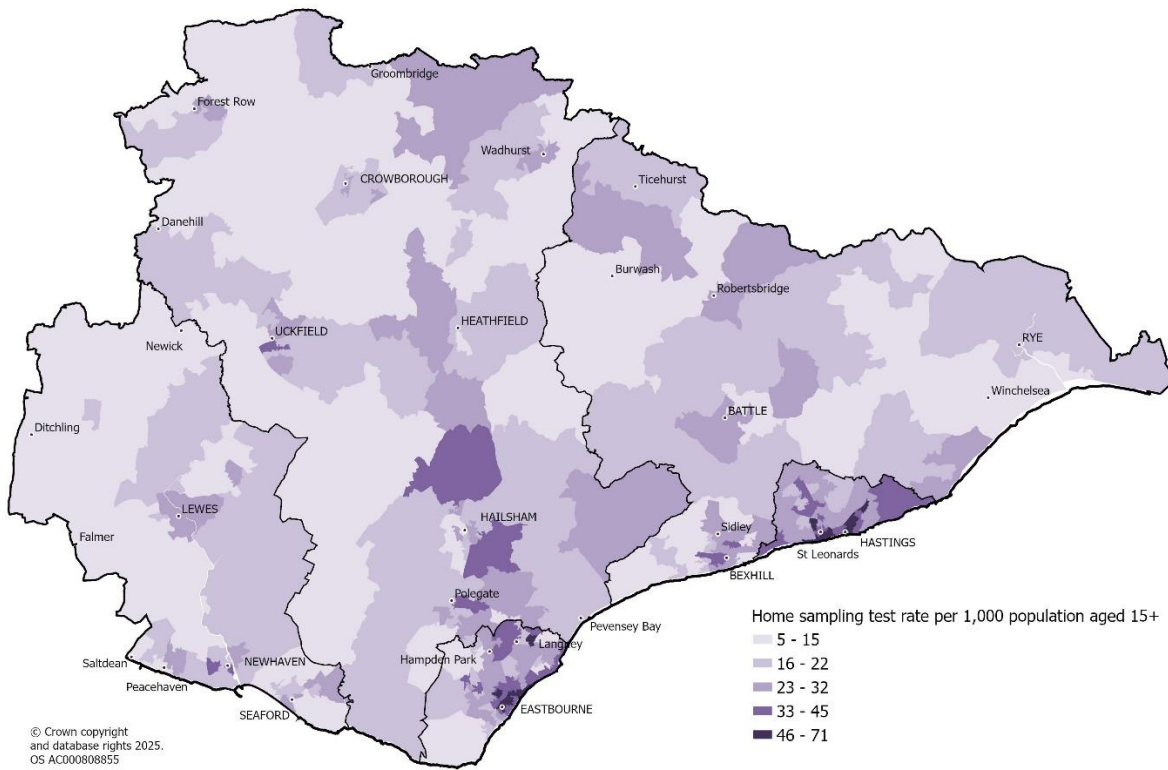


Figure 58 Map of Home Sampling Test rate per 1,000 population aged 15+ in East Sussex, 2023/24
Source: SH.UK data and Public Health Intelligence Team

The above map shows the rates of completed online home sampling test kits received from SH.UK in 2023. The highest rates can be found in the more urban areas of the county, whilst lower rates are seen in rural areas. This may be due to the age distribution across the county itself, with younger people more likely to utilise online home sampling. Some areas within Rother and Wealden do have higher rates of home sampling, suggesting that for those where accessing physical services is difficult, online is a suitable option.

Tests Booked 2023/24

In 2023/24, 14,960 online home STI tests were requested. Of these, 11,089 (74%) were completed and returned to SH.UK for analysis.

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Online Tests 2023/24

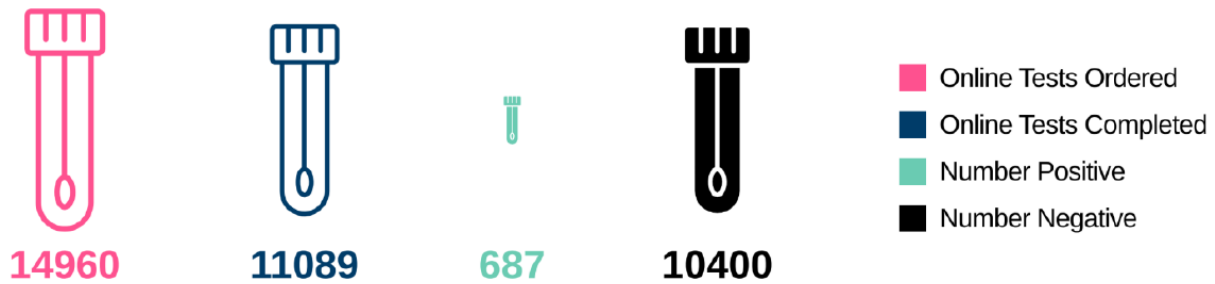
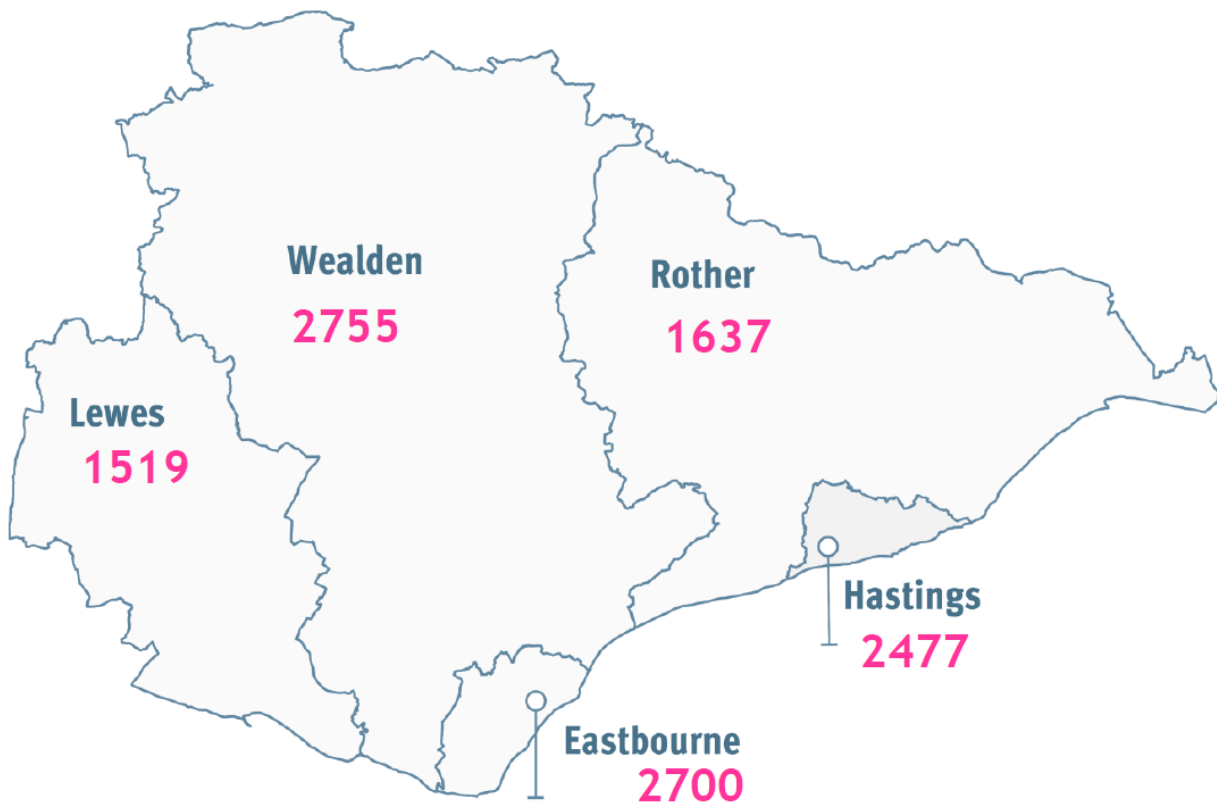


Figure 59 Number of Tests Ordered, Completed and Positivity from online provider. Source: SH.UK

The greatest number of tests were completed in the Wealden District (2,755) and the lowest number completed was in the Lewes district (1,519).



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Figure 60 Location of Completed Online Tests 2023/24. Source: SH.UK

Number of home tests by gender and financial year

According to the previous SHNA, 1,678 home sampling kits were taken in Q2 of 2018/19. This had risen to 2,588 tests taken in Q4 of 2023/24, although levels have fluctuated by

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financial quarters over the years with the highest number of tests taken in Q2 of 2022/23 (3025 tests). Females consistently represent half to one third of all tests taken in this time. It should be noted that when talking about home sampling kits, these kits can test for a range of STIs and BBVs depending on risk factors identified during the online booking assessment. Some people may receive a test kit for chlamydia and gonorrhoea; others may get a test kit for these plus a blood sampling kit to test for BBV's

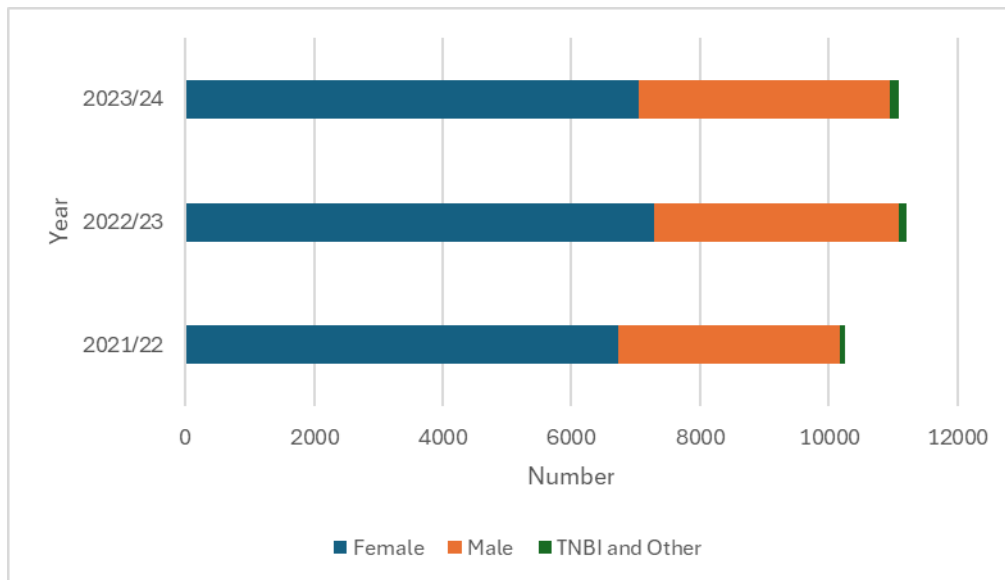


Figure 61 Number of Completed Online Tests by Identified Gender, 2021/22-2023/24. Source: SH.UK

The amount of online home sampling kits taken has risen since the last SHNA, and in 2023/24 11,089 home sampling tests were taken (compared to 960 in 2016/17). Of those 11,089 tests, 63% were completed by those identifying as female, 35% identified as male and 1% were taken by those identifying as non-binary, trans, intersex or other. There has been an increase in the numbers of men accessing online services since 21/22.

Positive Tests from Home Sampling Test Kits.

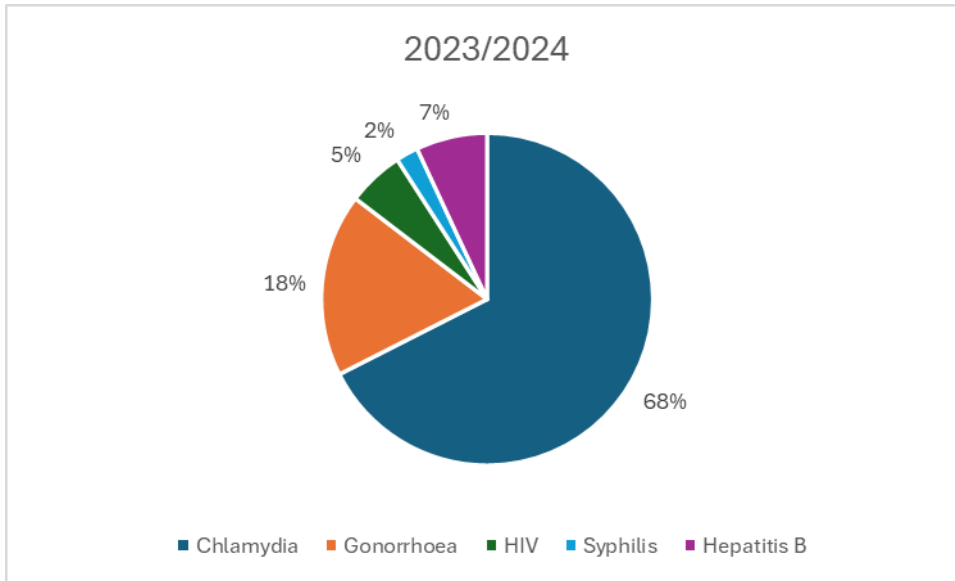


Figure 62 Proportion of Positive test by STI/BBV, 2023/24. Source: SH.UK

In 2023/24, there were 686 positive tests representing 6% of all tests taken through online home sampling test kits. It is important to note that some of the home sampling tests may identify more than one STI per sampling kit. Of this number, 68% were positive for chlamydia, 18% positive for gonorrhoea, 7% for Hepatitis B, 5% for HIV and 2% for Syphilis.

Detailed information on STIs tested for and diagnosed via SH.UK can be found in Chapter 4, pages 31- 48 Online EHC Services

In 2023, SH.UK began providing online EHC services which included bridging contraception. Prior to this, online EHC was provided by SH.24. In 2023/24, there were 1326 requests for EHC. Of these, 43.5% did not receive EHC due to either order expiring or offer being declined, 55.7% (n=739) EHC was dispensed and 0.8% of general bridging contraception was provided either through dispatching medication or pharmacy prescription.

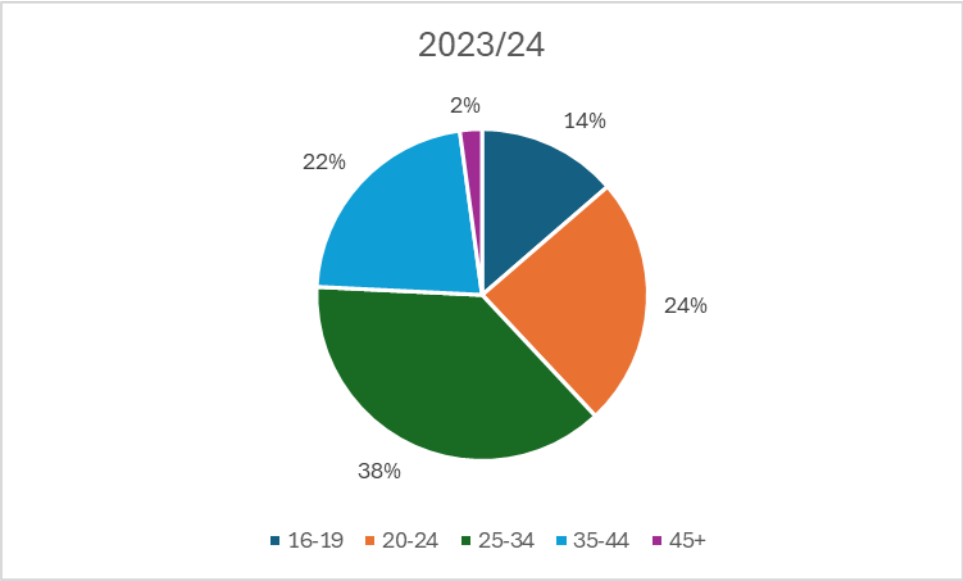


Figure 63 Online EHC use by Age 2023/24. Source: SH.UK

The majority of those accessing online EHC services are aged 25-34 years old. This service is only available to those aged 16 and above. The 16-19 year old category comprises 14% of the total number of people accessing online EHC services in 2023/24

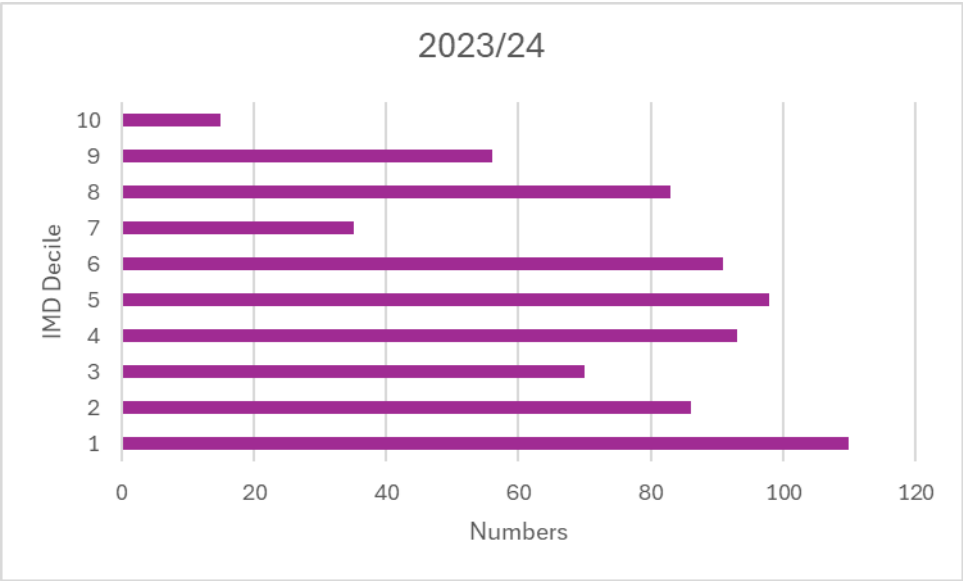


Figure 64 Online EHC by IMD decile, 2023/24. Source: SH.UK

IMD decile 1 represented the greatest number of completed EHC online requests whilst decile 10 had the lowest number of completed requests. There was great variation across the deciles. This is similar to national trends which has seen greater EHC use amongst more deprived communities.

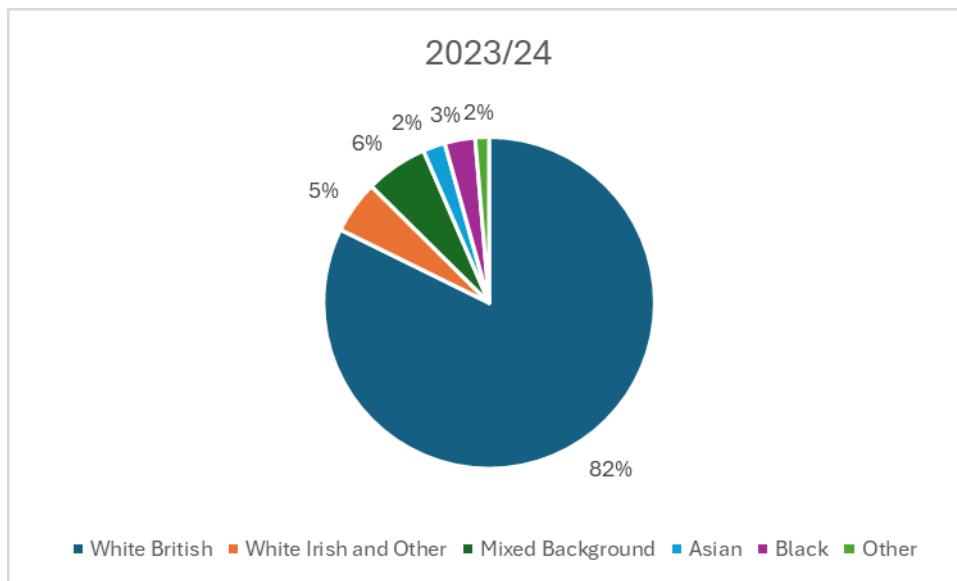


Figure 65 Online EHC use by Ethnicity, 2023/24. Source: SH.UK

82% of those using online EHC services identify as White British and 5% as White Irish or other White Background. Those reported a mixed ethnic background represented 6% of EHC requests, Black (African, Caribbean and Other) represented 3% and Asian backgrounds represented 2%. Although this is only dealing with comparatively small numbers, it should be noted that this proportion is different to the general proportions of these ethnicities within the wider East Sussex population. The reason for this is unclear, it could be that those from non-white ethnic groups prefer using online to in-person services due to perceptions of stigma and discrimination, or there is more need for EHC use within these communities in East Sussex. As pharmacies do not capture these demographic characteristics, a comparison is not able to take place.

PrEP

East Sussex started providing a full PrEP online service in August 2024, therefore the data for this section is limited to information from the pilot evaluation of the service that incorporated the data generated from orders fulfilled from 16/07/2024 and 25/11/2024.

The evaluation identified that most orders (72%, n=39) were from people who had not initiated PrEP in a clinical setting before. 9 out of 10 orders were in cisgender men. Cisgender women accounted for 4.9% of orders during this time. Most users identified as GBMSM (88%). It should be noted that heterosexual men and women at risk of HIV have been identified as underserved by PrEP provision in the past (DHSC, 2021). The evaluation showed that these groups utilised the service. The evaluation also identified that 22% of users were from a non-white background, indicating that the service is being accessed by communities disproportionately affected by HIV. The evaluation also showed that 32% of people accessing the online service lived in postcodes with IMD 1-3. People from these IMD

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groups were more likely to be initiators of PrEP and not accessed this in clinics before. Most people accessing PrEP in this time were above the age of 30.

CONDOMS

Free condoms can be ordered by those aged 16 years and over from SH.UK. People ordering through this service can select a variety of 5 or 10 pack of internal or external condoms or dams. The data for this section shows the number of requests for condoms through this service and so patients can appear multiple times.

In 2023/24, there were 6,302 requests via SH.UK for condoms. This is an increase from 5,922 in 2022/23. 49% of requests were from those who identified as heterosexual females, 35% in heterosexual males and 9% in GBMSM.

2023/24	Number of Reuests	Proportion
Male Heterosexual	2177	35%
Male GBMSM	553	9%
Male Unknown	25	0%
Female Heterosexual	3108	49%
Female Bisexual	308	5%
Lesbian	38	1%
Female unknown	9	0%
TNBI	84	1%

Table 6 Number of Condom Requests from SH.UK by gender and sexuality 2023/24. Source: SH.UK

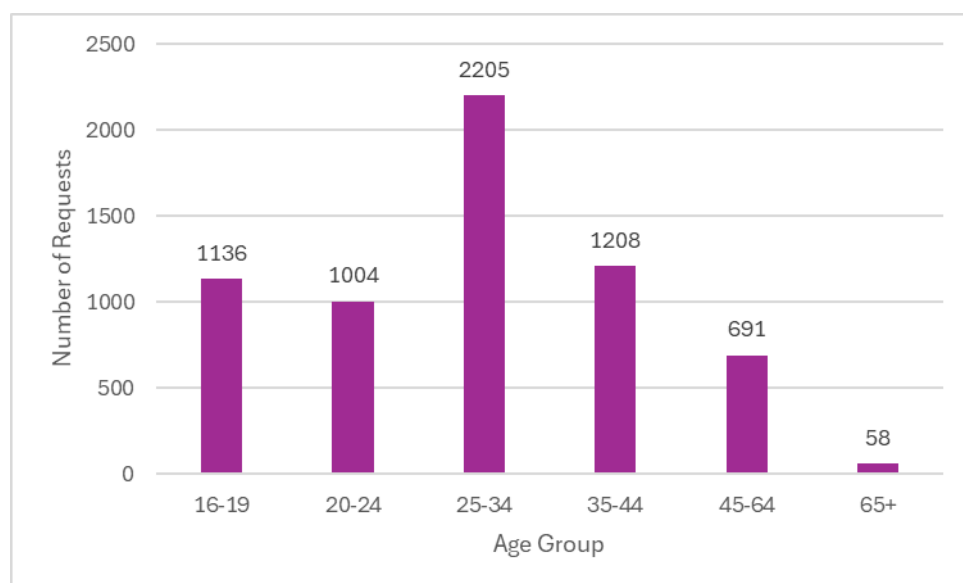


Figure 66 Number of requests for condoms by age group 2023/24. Source: SH.UK

Most requests were in those aged under 35 years old. 82% of requests were in those with a White British ethnicity, followed by 7% with and Irish or other white background. Those identified as having a mixed ethnic background represented 4% of requests. Other minority ethnic backgrounds accounted for 7% of all requests. 34% of requests were from people located in postcodes with an IMD 1-3.

Specialist Sexual Health Services (SHSS)

Nationally, the total number of attendances at face-to-face SHSS services increased 7% between 2022 and 2023 (from 2,097,704 to 2,263,513). Face to face consultations account for 49.1% of consultations nationally. However, it is important to note that despite the increase, the figure remains lower than before the pandemic- in 2019 there were 3,301,148 face-face consultations nationally. Internet consultations also increased from 2022 to 2023 and make up 42.3% of consultations, with telephone consultations declining from 478,610 in 2022 to 395,335 in 2023 (8.6% of consultations). The number of sexual health screens has increased over this time as well, although regional variability applies (UKHSA, 2024).

Specialist sexual health services (SSHS) in East Sussex are currently managed by Kent Community Health NHS Foundation Trust (KCHFT), who were commissioned to run the services in October 2024. Due to the timing of the change in commissioned providers of this service, all data in this section comes from the previous service providers East Sussex Healthcare Trust (ESHT). The services incorporate Genitourinary Medicine (GUM), STI testing, HIV testing, and management of simple and complex partner notification of communicable STIs and HIV. The service is designed to meet the needs of the East Sussex population but can be accessed by anyone regardless of residency. The two main Level 3 SSHS sexual health clinics are at Hastings Station Plaza and Eastbourne Avenue House. These main clinics used to be supported by spoke clinics at St Leonards Arthur Blackman clinic, Bexhill Health Centre, Hailsham Medical Centre, Uckfield Minor Injuries Unit and Crowborough Memorial Hospital. However, these spoke clinics ceased operating during the

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COVID-19 pandemic.

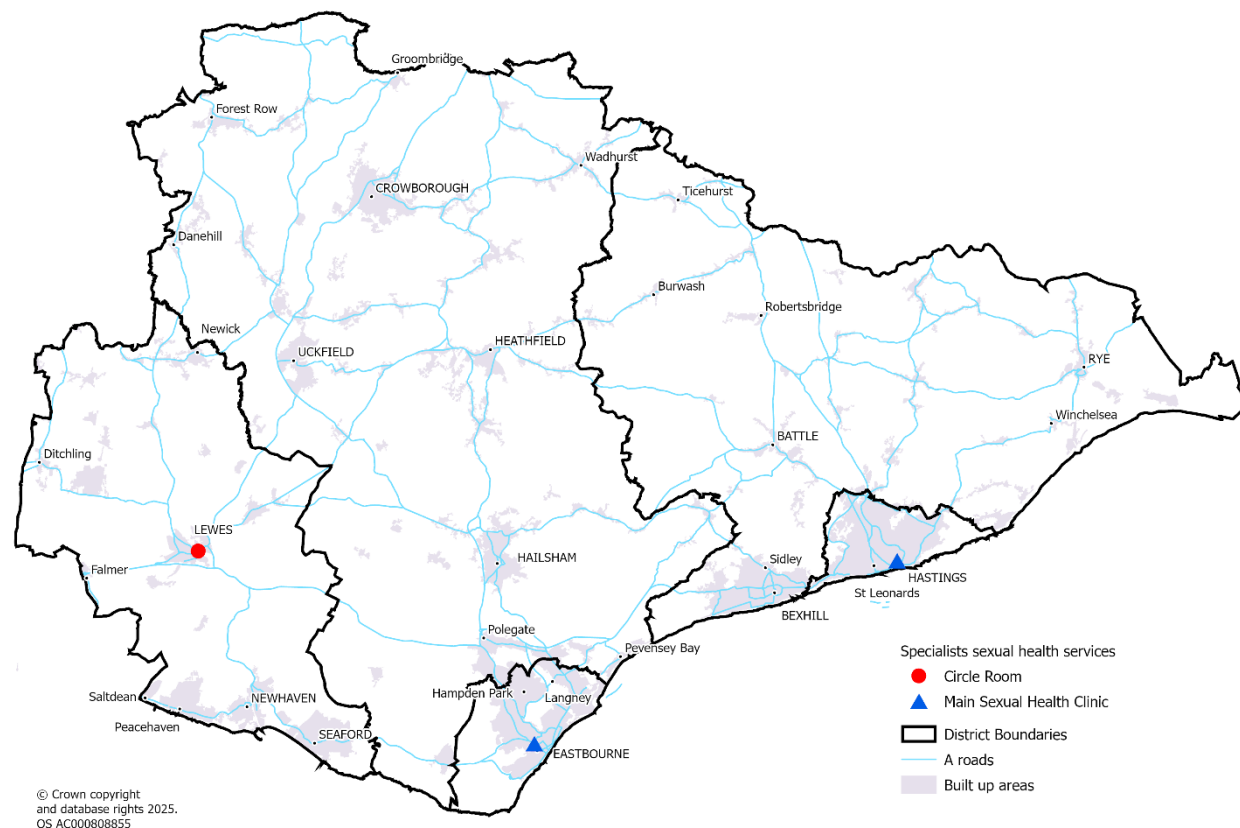


Figure 67 Map of Specialist Sexual Health Services and the Circle Room in East Sussex. Source: Public Health Intelligence

The Level 3 specialist sexual health clinics are located in Eastbourne and Hastings, the two main urban areas of the county. Young people aged 25 and under can access sexual health services at the Circle Room in Lewes (see Chapter 4, page number 63).

Services provided at these clinics include:

- Telephone assessments and booked appointments for assessment, testing, diagnosis, and treatment of all sexually transmitted infections (STIs) and genital conditions.
- HIV testing and treatment
- A Full Contraceptive Services is available to any woman of any age. Emergency Hormonal Contraception and start up contraception is available to all.
- Assertive outreach service targeting those who have difficulty engaging with face-to-face services, this includes those experiencing homelessness, substance misuse amongst other vulnerabilities.
- Pregnancy testing
- Condoms and C-Card
- Screening and vaccination for those at sexual risk of Hepatitis A and B
- Sexual dysfunction counselling services

In 2023/24, there were a total of 24,366 GUM and Contraception attendances seen at SSHS in East Sussex. The table below shows a breakdown on where people are seen and for what purpose. GUM New refers to new patients, GUM Rebook refers to rebooked patients seen (this refers to patients seen 43 days or more since previous appointment) and GUM follow up refers to the number of patients seen in a follow up appointment. Contraception 1st Financial Year FP refers to a registered patient being seen for the first time in that financial year.

2023/24	Avenue House	Station Plaza	Cross Site	Total
Total GUM & Contraception	9,643	8,646	6,077	24,366
GUM New	892	665	764	2,321
GUM Rebook	3,550	3,310	1,583	8,443
GUM Follow Up	2,357	1,752	603	4,712
Contraception New	386	355	695	1,436
Contraception 1st Financial Year FP	1,022	1,080	1,530	3,632
Contraception Follow Up	1,436	1,484	902	3,822

Table 7 2023/24 Activity at East Sussex SSHS services. Source: ESHT KPIs

Protected Characteristics

ESHT has data on the protected characteristics of 15,254 patients seen at Avenue House, Station Plaza, or Cross Site for the financial Year 2023/24. This is data on individual patients and is not a count of attendances as per the table above. 71% of the patients were female and females made up the majority of all patients seen in each age group, apart from in the category 50+ where most patients were male. Females represented an overwhelming majority of attendances in the under-16 age category.

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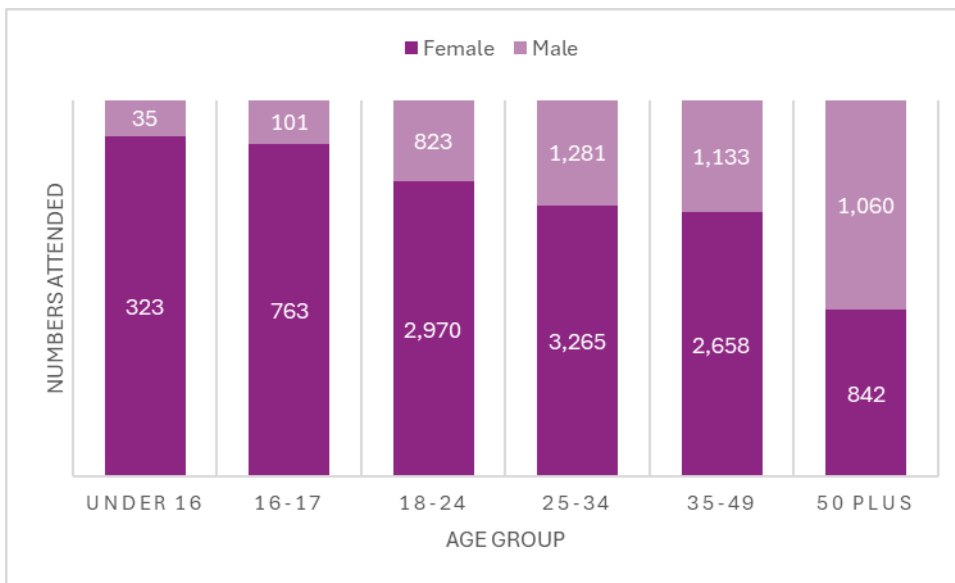


Figure 68 Numbers Attending SSHT by Age/Gender 2023/24. Source: ESHT KPIs

Overall, where sexuality was indicated, 66% of attendances were heterosexual females, 18% heterosexual males, 10% GBMSM and 4% bisexual females.

Of the 5,015 under 25's, 88% were heterosexual, 8% bisexual and 3% gay or lesbian. For the 9,585 people aged 25-59, 84% were heterosexual, 5% bisexual and 10% gay or lesbian. And for the 60 years and older, 63% were heterosexual, 3% bisexual and 31% gay or lesbian.

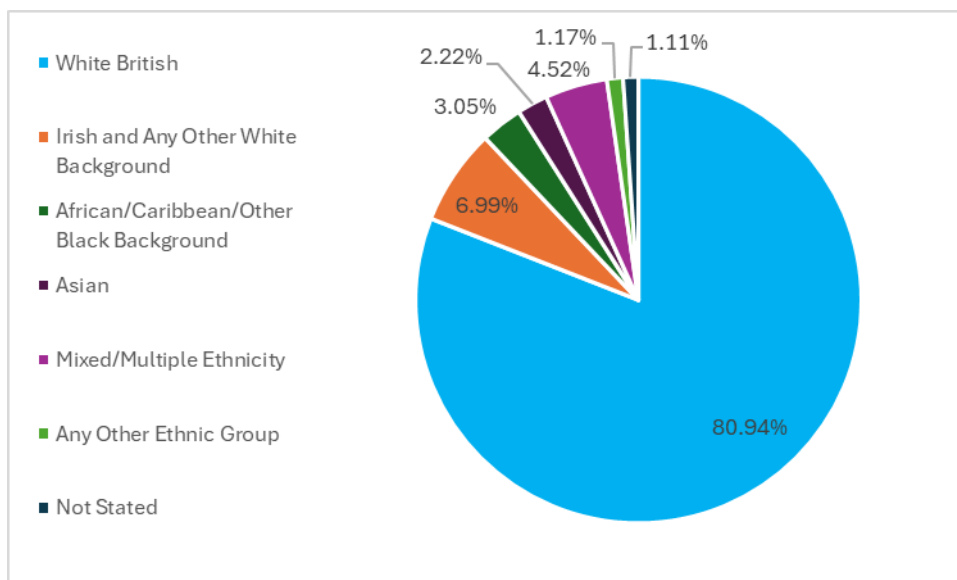


Figure 69 SSHT attendance by ethnicity 2023/24. Source: ESHT KPIs

Most people seen were White British, followed by any other White background and Mixed Multiple ethnicities. This is different to the overall demographic profile of East Sussex, suggesting that ethnicities with a higher burden of STIs are being engaged by SSHT in East Sussex (refer to Chapter 3 for the National Context). 59% of people did not indicate their religion, therefore any data on this is not accurate nor a reflection on engagement with

services by any group. Likewise, 62% did not indicate whether they had a disability, so data is unreliable in this respect.

STI activity at SHSS

In this time, there were 1,673 new diagnoses of the major STIs (this number only includes chlamydia, herpes, gonorrhoea, syphilis, and genital warts and does not include recurrent infections). Of this number, 54% were chlamydia, 20% were gonorrhoea, 12% anogenital herpes, 13% genital warts and 1% syphilis.

Detailed information on STIs diagnosed across East Sussex can be found in Chapter 4 (Pages 31-48).

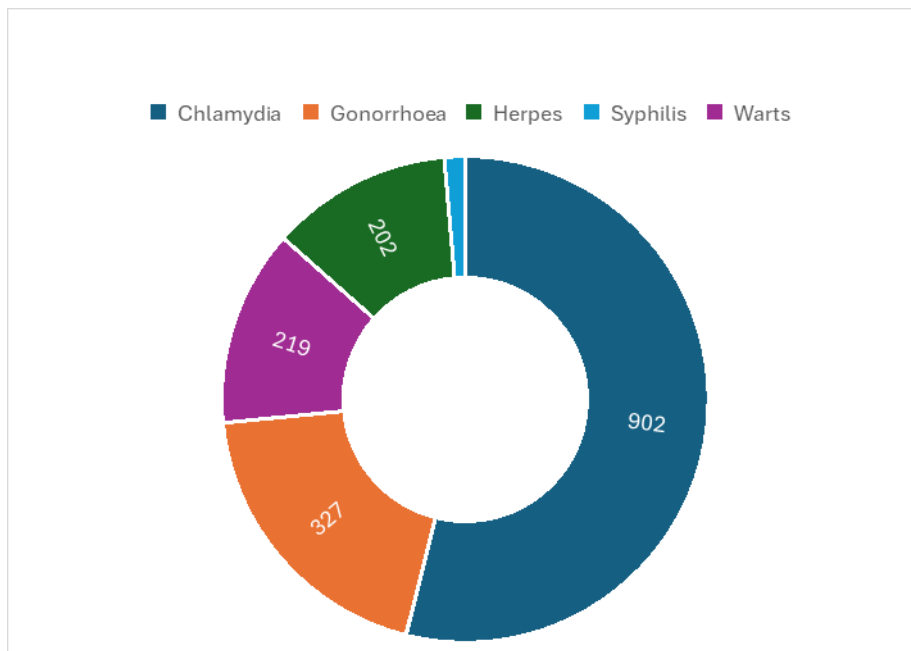


Figure 70 Number of STIs by type diagnosed at SHSS in 2023/24. Source: GUMCAD

In 2023/24, of the 515 visits where genital warts were diagnosed, 1st episode of genital warts accounted for 37% and recurrent episodes of genital warts accounted for 63% of diagnoses at SHSS. Apart from a rise from 152 episodes in 20/21 to 250 episodes in 21/22 (likely due to more in person consultation for diagnosing genital warts), 1st episodes of genital warts are declining in line with national trends that reflect the effects of the HPV vaccine.

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Figure 71 Numbers of 1st and recurrent episode of genital warts diagnosed at SSHS 2019/20-2023/24. Source: ESHT SSHS

Of the 565 herpes cases seen at SHSS in 2023/24, 70% were recurrent cases. Prior to the pandemic in 2019/20, 685 cases were seen in one the sexual health clinics, of which 64% were recurrent cases. The number of recurrent cases diagnosed are nearly back to pre-pandemic levels, whilst 1st episode diagnoses has only seen a slight increase since 2021/22

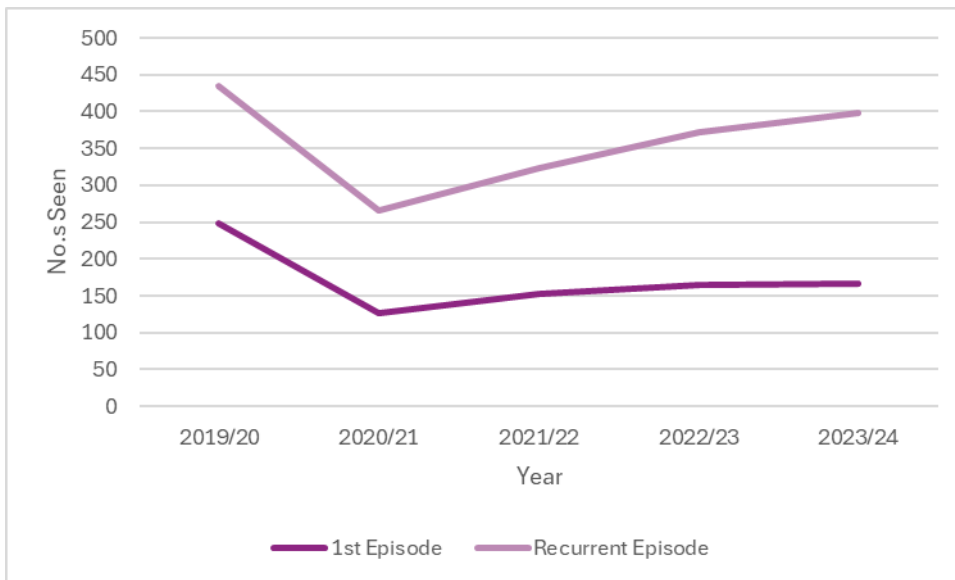


Figure 72 Number of 1st and recurrent episodes of genital herpes diagnosed at SSHS 2019/20-23/24. Source: ESHT SSHS

The case numbers for syphilis were divided into early/latent, primary, secondary and late/other latent. These numbers are too small to draw meaningful conclusions, however just under half of the 23 cases seen at SSHS were classified as early latent cases.

Attendance at SSHS

First Attendances and Attendance for STI testing

Attendances at SHSS Sexual Health clinics have changed since the COVID-19 pandemic, reflecting changes in sexual health behaviours during this time as well as changes to services. GUMCAD data note how the number of new consultations at SHSS has risen, however the proportion of those attending SHSS for STI testing has fallen. In 2018/19, 73% (21,509) of 29,464 new consultations included STI testing. In 2023, the proportion of the 36,272 new consultations including STI testing was 51% (18,499). This may be a reflection of people accessing testing outside of these services and more SSHS time dedicated to other aspects of the service offer. Whilst women make up the greater number of consultations and their attendance at SSHS is increasing, the proportion attending for STI testing has fallen to below 50%.

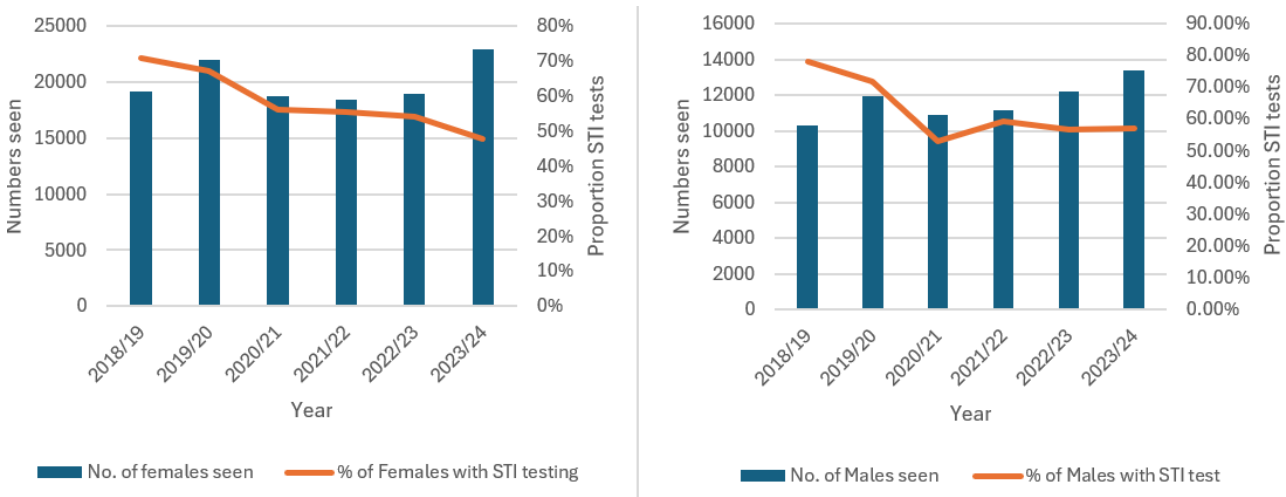


Figure 73 No. of New Consultations and % with STI test at SSHS by Gender 2018/19-23/24. Source: GUMCAD

Meanwhile, ESHT service data on sexual health clinics in East Sussex, shows that the number of people accessing STI testing through SHSS services has declined since 2019. In 2019, there were 12,264 people accessing STI testing through SHSS. By 2023, this had fallen to 4,762. Whilst some spoke clinics closed during the pandemic, only 5% (n=646) of the total patients accessing STI testing at these facilities were seen in 2019. Beware ESHT SSHS data is annual and not on a financial year as GUMCAD data and the two are not directly comparable. It should also be noted that these STI tests are per consultation where numerous STIs will be tested for (e.g. one test will test for 3 or 5 different STIs).

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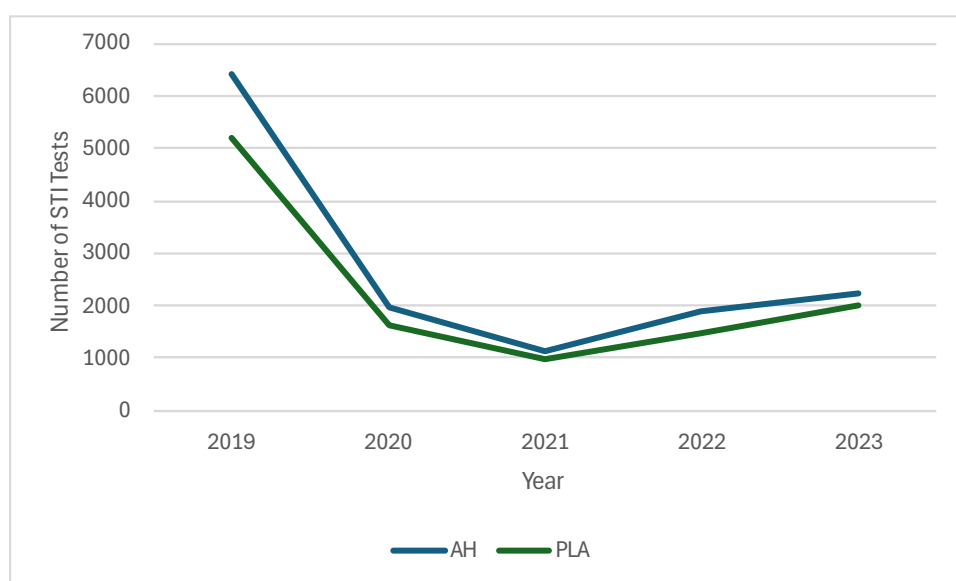


Figure 74 No. of STI Tests by Location 2019-2023. Source: ESHT SSHS data

In 2023, Station Plaza saw 2,005 patients and Avenue House saw 2,217 patients.

The age structure of those attending SSHS services has slightly changed since the pandemic. Prior to this, in 2019, those aged over 45 represented a proportion of 13% of those seen at SSHS for STI testing. In 2023, this proportion had risen to 22%. The age category that had the greatest fall in proportion of people seen at SSHS for STI testing was the 20-24-year-old age group. This is likely a reflection of the age demographics now accessing online STI testing services. The proportion aged ≤ 15 years old has remained stable at 1%, due to those under the age of 16 being unable to access online STI testing services.

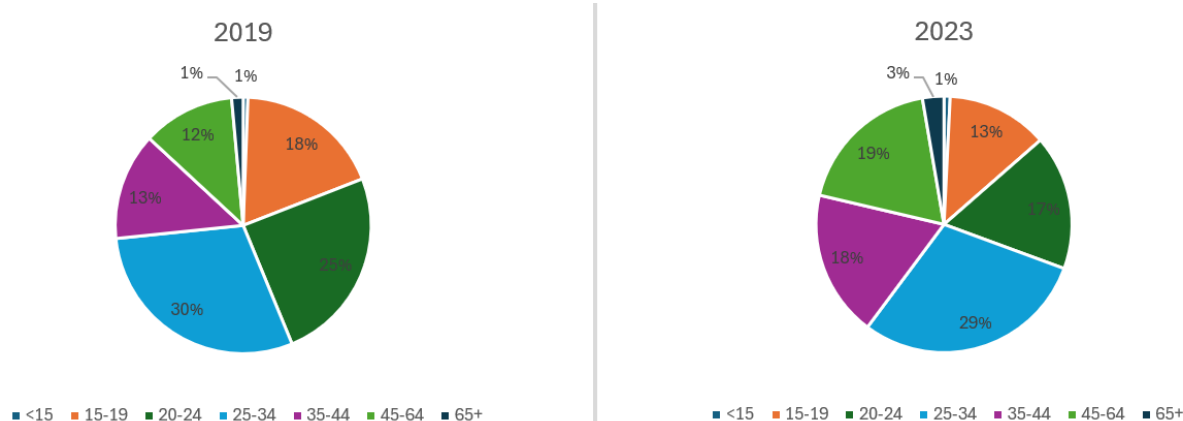


Figure 75 Proportion of STI Tests at SSHS by age 2019 vs. 2023. Source: ESHT SSHS data

Overall numbers attending SSHS for STI testing have declined. Of those accessing testing in ESHT services 56% were female. This is a decline in the proportion from 2019, where 64% of attendances for STI testing were female.

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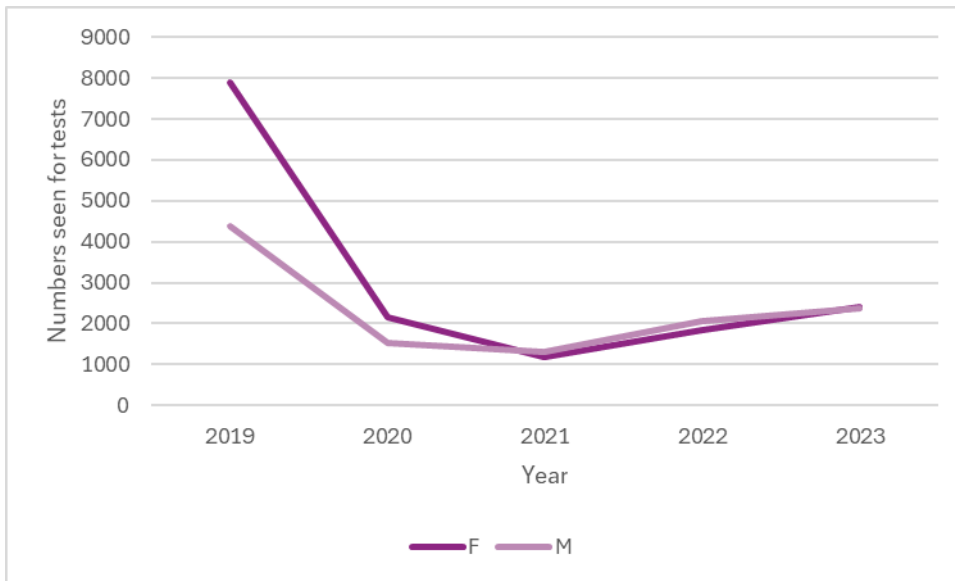


Figure 76 Numbers being tested in SSHS by gender 2019-2023, Source: ESHT

Contraceptive Services at SSHS

Main Contraceptive Methods

As noted in the chapter on most prevalent methods of contraception in East Sussex, SSHS has seen a drop in the number of user-dependent methods supplied whilst LARC numbers remain broadly similar. This means that LARC now represents a higher proportion of contraception supplied by SSHS, despite numbers remaining the same. Overall use of contraception provided in SSHS has fallen. This is similar to national trends which has seen the number of females using both user dependent and LARC methods fall, but LARC methods now make up the greater proportion of contraceptive type supplied. National evidence also suggests that there is no difference in LARC uptake in IMD deciles with by Decile 1 and 10 of women who have a main method, 56% of these use LARC. Since 2013/14 1,047,000 women used SSHS for contraception nationally- that figure is now 609,000 so a decline in all methods at a national level is occurring. In 2013/14, 37% used LARC compared to 54% nationally (NHS Digital, 2024). In East Sussex, 51% with a main method of contraception use LARC.

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“Sexual and Reproductive Health Activity Data (SRHAD): National activity at Specialist Sexual Health Services (SSHS) for Contraception”.

Females using SSHS for contraception (main method) (thousands)

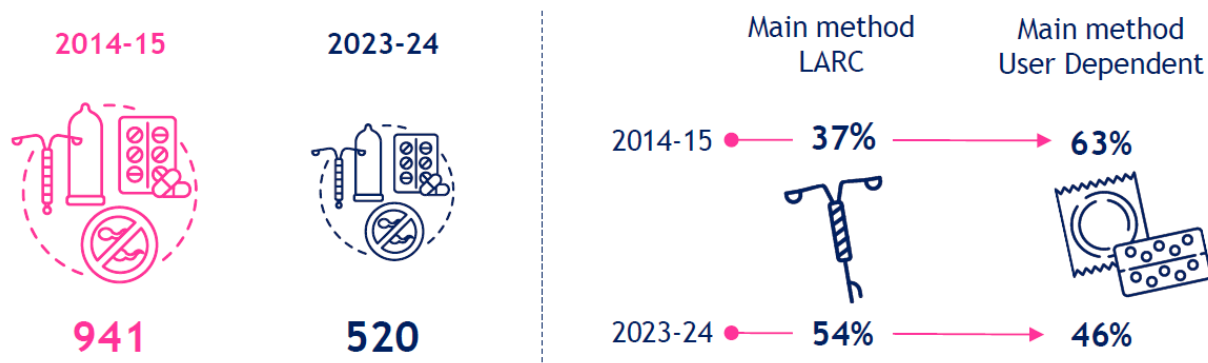


Figure 77 SRHAD National Contraception of women with main method at SSHS, 2014/15 vs, 2023/24

Trends in Contraception Accessed Through SSHS

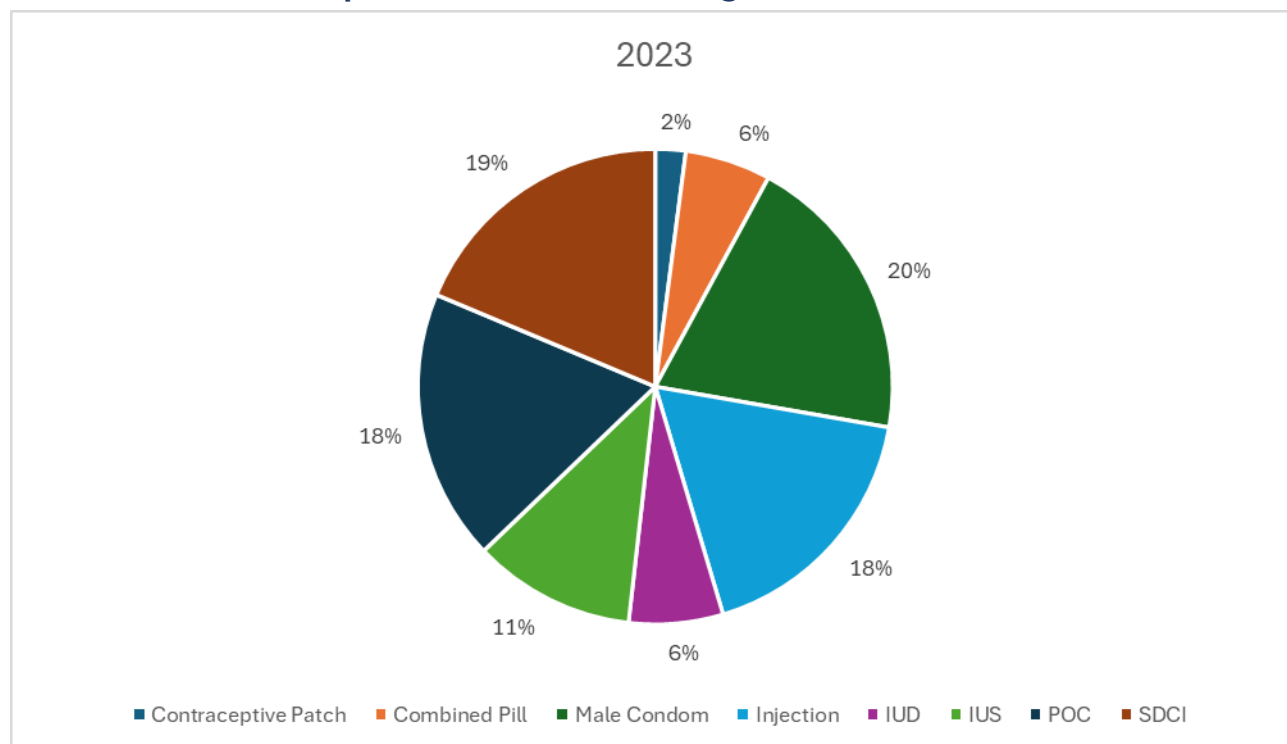


Figure 78 Proportion of Contraception by type provided by SSHS in 2023. Source: ESHT SSHS data

In 2023, the most supplied general contraceptive methods (excl. EHC) provided after male condoms were contraceptive injections, SDCI and POC. The number of male condoms supplied through SSHS has declined from 2,933 in 2019 to 952 in 2023. Of those 952 condoms, 935 were given to females and 17 to males.

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Trends in user dependent hormonal contraception indicate that, despite a rise in both COC and POC use during COVID-19, COC has more than halved in use from 645 in 2019 to 281 in 2023. POC use has also fallen from 1,116 in 2019 to 886 in 2023. Numbers using the contraceptive patch remain broadly similar.

Examining trends of LARC use, there is the expected effect of reduced use during the COVID pandemic, LARC provided has fallen since 2019. Contraceptive Injection use is now similar to 2019 levels. Despite SDCI being the most commonly fitted LARC in 2023 (n=897)- the numbers being fitted are lower than in 2019 (n=1,323). Fittings of IUS and IUD have nearly recovered to pre-pandemic levels but remain lower.

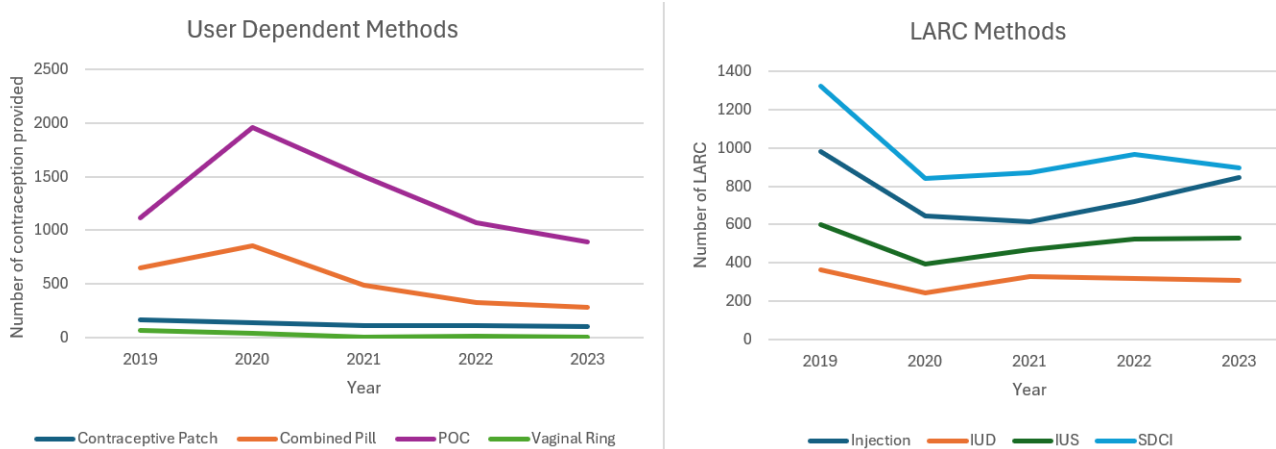


Figure 79 User dependent methods vs. LARC provided by SSHS 2019-23. Source: ESHT SSHS data

All age groups attending SSHS for contraception declined from 2019 to 2023. The greatest drop was seen in the 15-19 year old category, followed by those aged 20-34. Those attending <15 years and those aged 35 years and over numbers have fallen by less and are nearly recovered to pre-pandemic levels.

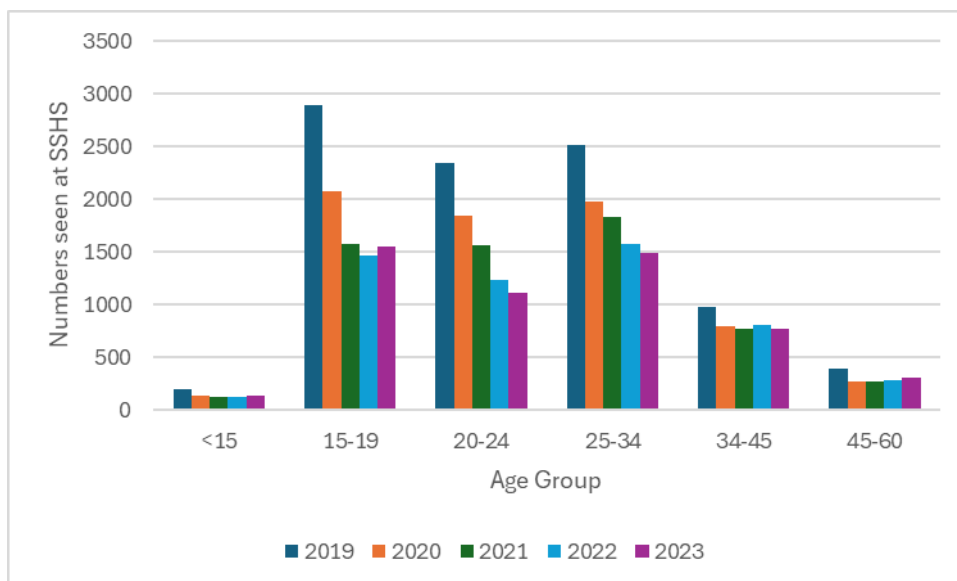


Figure 80. Numbers seen at SSHS for contraception by age group, 2019-23. Source: ESHT SSHS data

Emergency Hormonal Contraception (EHC)

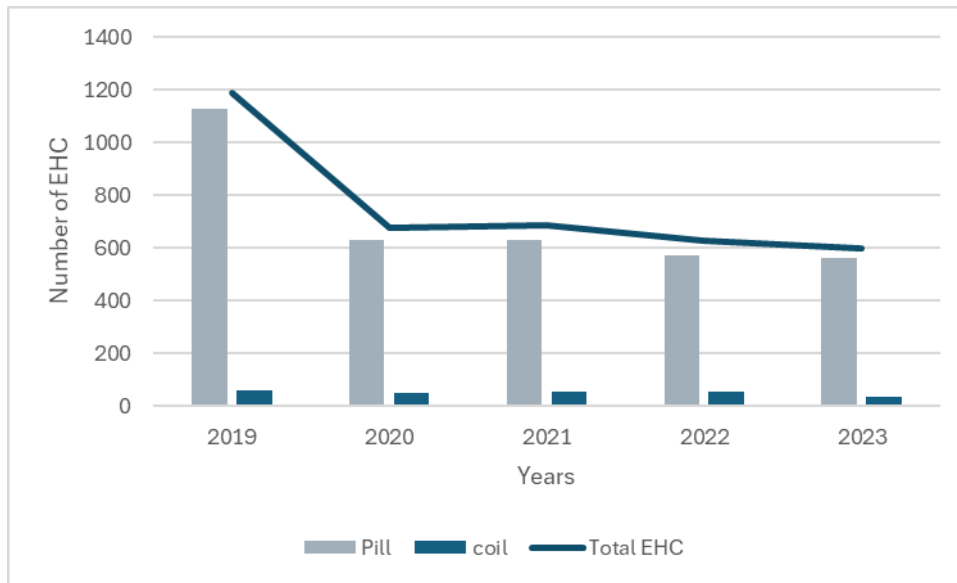


Figure 81 Trends in EHC provided at SSHS, 2019-23. Source: ESHT SSHS data

The total number of EHC provided by SSHS has halved from 1,187 in 2019 to 597 in 2023. Emergency Oral contraception comprised 94% (563) of EHC supplied in 2023 and emergency IUD 6% (34).

Lewes Prison Sexual Health Service

HM Prison Lewes is situated within East that can hold up to 624 people (convicted and on remand adult and local young remand offenders). The population at HMP Lewes is highly transient, with large proportions of people moving in and out of prison while on remand. Health Care Services at HMP Lewes are commissioned by NHSE and provided by Practice Plus Group and include a 19 bed inpatient unit, an outpatient facility, a pharmacy, and a range of clinics. Lewes prison sexual health in-reach service is a service commissioned by NHSE to provide a complex GUM clinic within the prison setting.

In 2023/24 174 patients, out of 230 who were called up, were seen in nurse led sexual health clinics at HMP Lewes. 83 (48%) were new patients, 31 rebooked patients and 60 were follow-up appointments.

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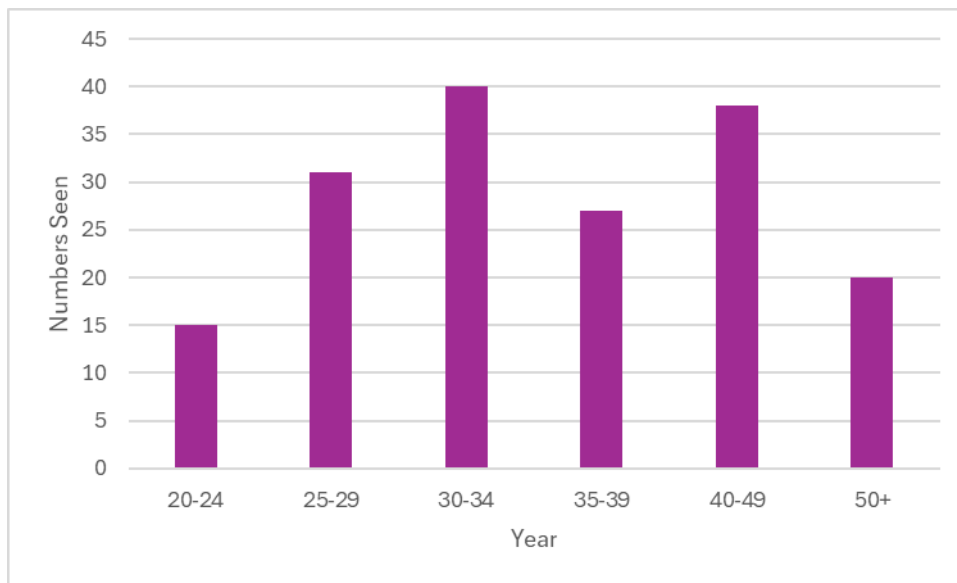


Figure 82 Number of patients seen by age at HMP Lewes, Source: Lewes KPIs

In 2023/24, 23% of those seen were aged 30-34 years old and 22% aged 40-49 years old. Those identifying as White British represented 78% of those seen, followed by those identified as any other White background at 5% and a mixed white and black African background at 4%. Of those attending sexual health clinics in 2023/24, 75% identified as heterosexual, 16% as gay or lesbian and 7% as bisexual with the remainder not stating their sexual orientation.

In 2023/24, the most diagnosed STI was genital warts (first and recurrent), followed by balanitis, then chlamydia and gonorrhoea. As the numbers are all less than 10, they have not been stated in this report. It is worth noting that the number of people on remand at HMP Lewes being seen by sexual health services has declined since the previous sexual health needs assessment in 2019 (ESCC , 2019). In 2023/24, there were 10 transfers of care for people with HIV into Lewes prison and 13 transfers of care for people with HIV out of Lewes prison. In 2023/24, less than 5 people were diagnosed with HIV whilst on remand in HMP Lewes.

Assertive Outreach Team

The Assertive Outreach Team works with highly vulnerable men and women who live in East Sussex and are unable or unlikely to attend face to face services based in clinics for STI and HIV testing and access and provision of contraception. People can be referred into the outreach service by a range of professionals. Services the outreach team work with include the Foundations Project, a service designed to help women who have had a children or children removed by the courts. One of the requirements of this service is the prevention of unwanted pregnancies and the contraception fitting (ESCC Foundations Project, n.d.). Other services the outreach team work with include homeless and rough

sleepers, substance misuse services and the LINKS project- a multi-agency support and advice service for migrants, refugees, and asylum seekers in East Sussex (Sussex ICS, 2023).

According to KPIs set for 2023/24, a total of 606 people were referred to the Assertive Outreach team, 98% of whom were female. 547 of these referrals were for a contraception assessment and 180 were for STI and HIV screening. Of all the women referred to the team, 70% accepted the offer of LARC. Please note that referrals in the table below total 612, a difference from reported referrals and a yet unknown discrepancy.

Referral Source	No.of Referrals
Eastbourne/Hastings Sexual Health	19
Drug and alcohol services	33
Foundations project	74
Health visitors	25
Looked after children	50
Maternity	63
Other (includes residential and schools and homelessness services)	46
Social worker	261
Supported lodgings	27
SWIFT under 19s	14

Table 8 No. of Referrals into Assertive Outreach by source 2023/24. Source: SSHS KPIs

A total of 110 women were seen by the assertive outreach team who were mid child removal proceedings or who had a child removed previously (this includes new patients and follow up patients). Of these, 99% had any form of contraception through the assertive outreach service. Of the women referred through the Foundations Project, 89% had LARC fitted against a benchmark of 60%.

STI and HIV testing did not reach their respective benchmarks for 2023/24. 29% (benchmark 75%) received a chlamydia test and 12% (benchmark 70%) received an HIV test in this time. In both cases, most tests were declined despite risks being identified by the sexual health nurse.

There have been referrals into the service from the homeless and rough sleepers service as well as 3 members of staff in this service being trained to provide c-card registration, condoms and STI testing kits. The substance abuse service has also seen good engagement, with 33 referrals into the service. There has been little engagement with the LINKS

project, with 0 referrals into the assertive outreach service and no uptake on the offer of male peer educators amongst this vulnerable group.

Psychosexual Team

Psychosexual services provide counselling with a focus on a wide range of sexual issues, including sexual functioning, ill health and disability, sexual trauma or pain and compulsive sexual behaviour. From the 14 February 2025 this service is no longer taking on new referrals. In 2023/24 there were 128 referrals into the service.

Partner Notification

Partner notification is an essential component of STI management and control, protecting patients from reinfection, partners from long-term consequences from untreated infection and the wider community from onward transmission (NICE, 2019). All positive transmittable infection results are provided by the specialist service laboratory to the specialist services health advising team who contact practices to offer support with partner notification. Positive results triggering this are: HIV, syphilis, gonorrhoea, chlamydia, and trichomoniasis (parasite infection spread by sexual contact).

In 2023/24, SSHS completed 1,111 partner notifications through their service. From March-December 2023 there were 74 notifications where the index case was identified in non-GUM services but for whom SSHS completed partner notifications.

PrEP

SSHS KPI's for 2023/24 show that 671 at risk patients were identified as eligible for PrEP. Of these, there was a 90% (602) uptake in the offer of PrEP. By the end of 2023/24, 638 people were receiving PrEP and 23 people had stopped using PrEP. Out of all HIV diagnoses in 2023/24, 0% had received PrEP in the preceding 12 months. Of all the STIs diagnosed in 2023/24, 2% had received PrEP in the preceding 12 months.

GP Services

GP are local and convenient for people to access and are therefore a big source of access to reproductive and sexual health care. They are well placed to provide contraception, EHC, STI and HIV testing. Some practices include staff members who have undergone additional training to provide LARC. In East Sussex, Public Health are responsible for general practices who can demonstrate that staff hold the minimum required formal accreditation to provide sexual health services through individual GP contracts. This includes:

- To supply and fit contraceptive intrauterine coils and devices (IUCD and IUS)

- To supply and fit contraceptive subdermal contraceptive implants (SDCI)

STI testing in Primary Care

Information of STI testing in Primary Care is obtained from ESHT laboratories. The same limitations apply to this data as outlined in Chapter 4.

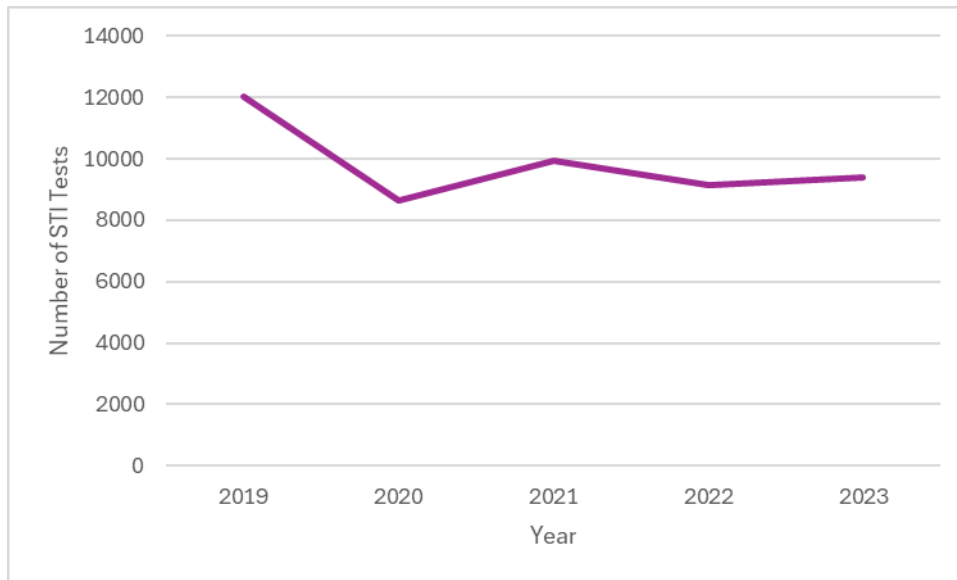


Figure 83 Number of STI tests taken in Primary Care East Sussex 2019-2023, Source: ESHT Pathology

In 2023, there were 9,250 STI tests processed in ESHT laboratories that were collected in GP services for people aged 15 years and older in East Sussex. This is the number of tests as opposed to number of patients as one person may have had more than one test. This includes all those tested for chlamydia, gonorrhoea, syphilis and HIV. The number of tests being processed in ESHT laboratories since 2019 from GPs has declined from 12,037.

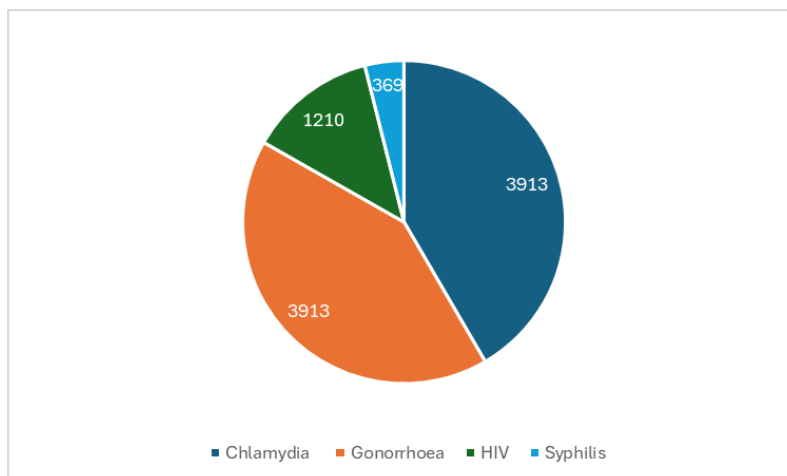


Figure 84 Number of tests by STI from GPs in East Sussex 2023. Source: ESHT Pathology

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Chlamydia and Gonorrhoea tests account for most tests from GP practices processed in ESHT laboratories (42% each). HIV accounts for 13% and Syphilis 4% (a note that these are rounded figures which may affect the grand total percentage).

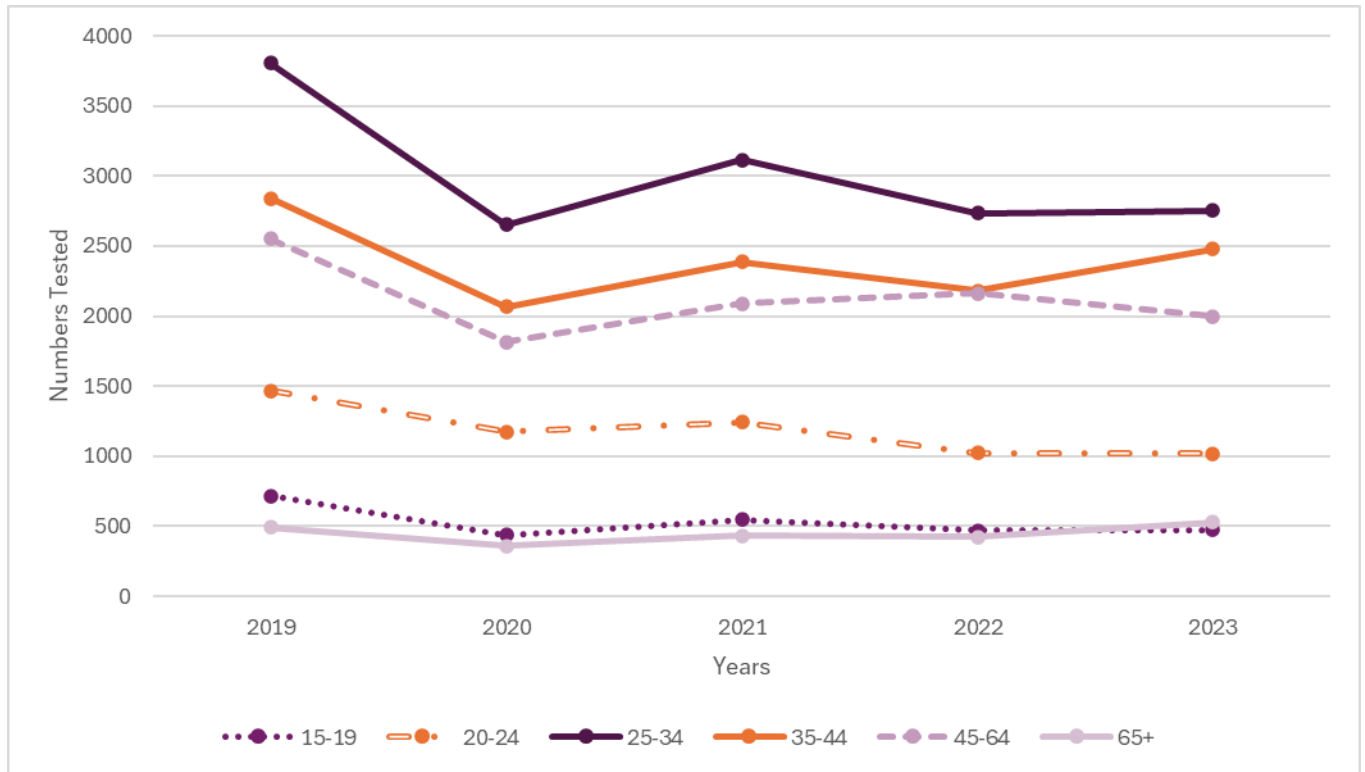


Figure 85 Numbers Tested in GPs by Age 2019-23, Source: ESHT Pathology

The numbers of those aged 65+ accessing STI testing through their GPs has remained similar to pre-pandemic levels, in 2023 the number of tests processed for this age group in group laboratories was marginally higher than in 2019. Apart from this age group, there has been a decline in the numbers of all other age groups accessing STI testing through GP practices. The biggest drop was in the age category aged 25-34 from 3,804 tests in 2019 to 2,751 tests in 2023. This could indicate this age group is more likely to be accessing services via other means such as online services.

People accessing testing in primary care are overwhelmingly female and represent 88% of all tests conducted at ESHT pathology in 2023. This is due to the amount of dual chlamydia and gonorrhoea tests amongst females, which make up the majority of STI tests conducted in primary care. When only these two STI's are considered, females make up 95% of all tests. The split between the genders regarding HIV (F=52%, M=48%) and Syphilis (F=56%, M=44%) is much more marginal.

Of all the 9,250 tests conducted in 2023, 48 (0.5%) were positive.

Contraception Provided in Primary Care

Main Methods of Contraception

As noted in Chapter 4, in 2023/24 there were 62,721 contraceptive prescriptions obtained in primary care. The proportion of women obtaining user dependent contraception remains stable at 86% and LARC at 14%. This is different to the national trend, where LARC is the most used contraceptive.

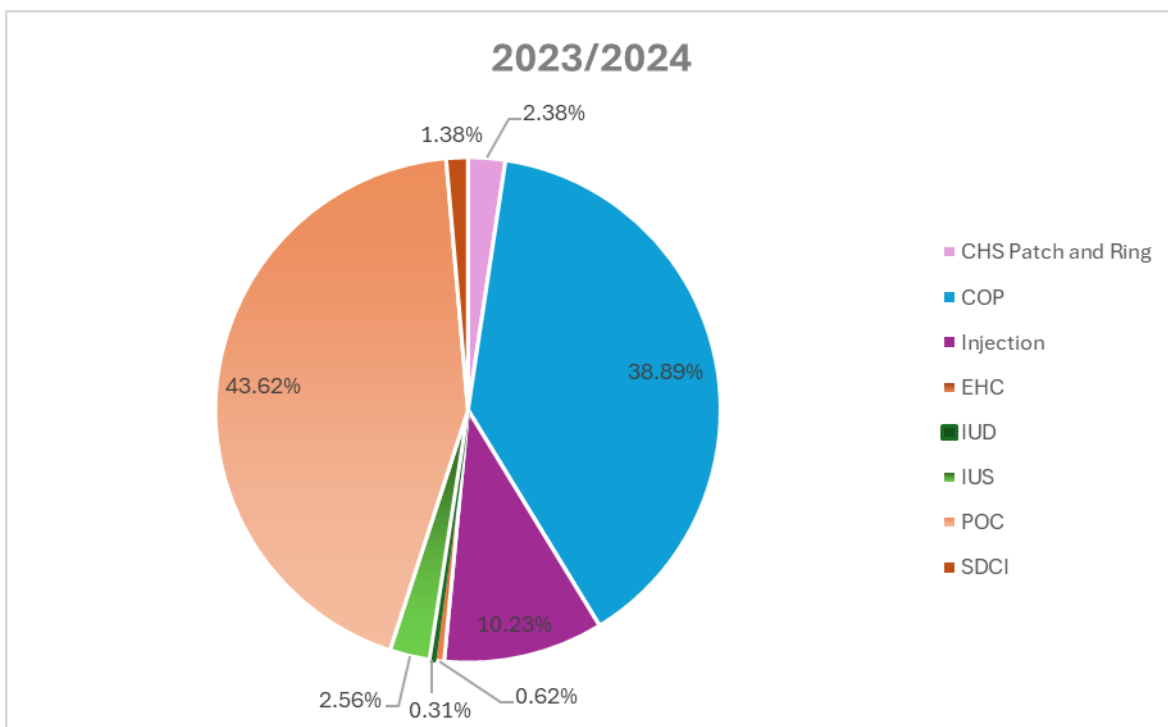


Figure 86 Proportions of Prescribed Contraception at GP by type, 2023/24. Source: FP10 Prescribing

The most prescribed prescription in GP care is POC at 49%, followed by the COP at 39%. Of the LARC methods used, the injection had the greater proportion at 10% of total methods. However, it should be noted that the injection needs to be repeated every 3 months compared to an IUS which can last 3-8 years. Combined Hormonal Systems (CHS) include the combined hormonal contraceptive patch and vaginal ring, and this now makes up 2% of all GP prescriptions.

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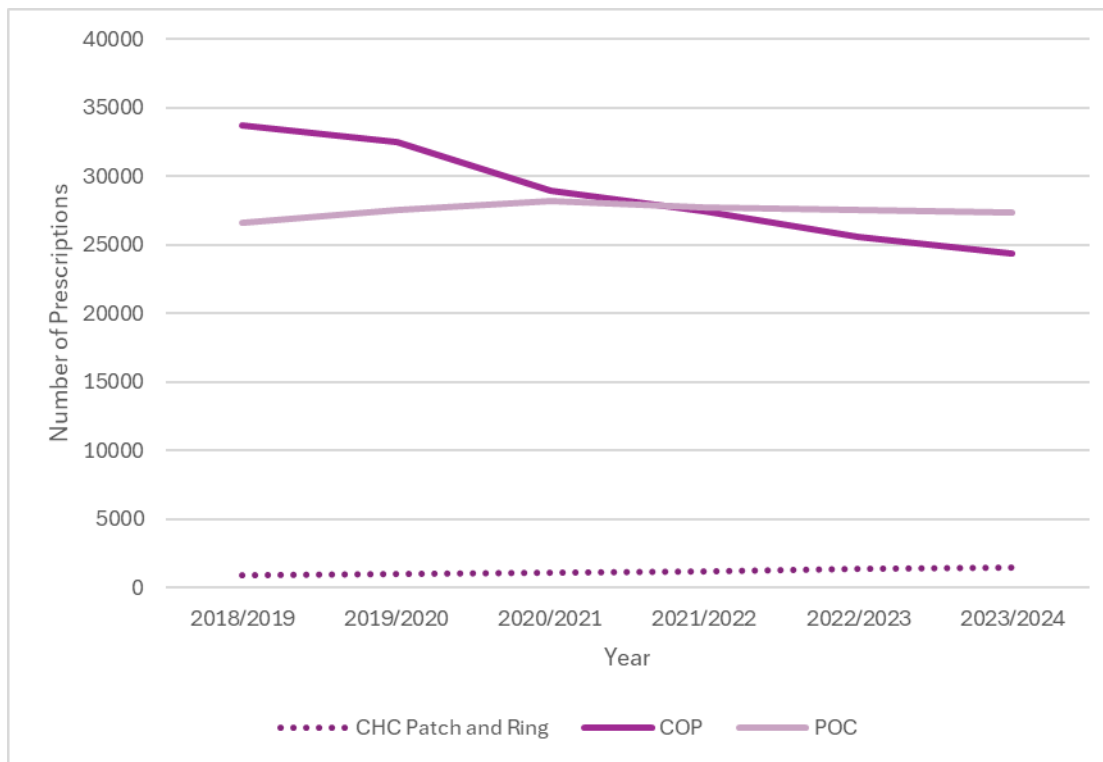


Figure 87 Trends in User Dependent Methods in GPs 2018/19-2023/24. Source: FP10 Prescribing

Trends in user dependent hormonal methods obtained from primary care show that POC has overtaken COP as the main method of user dependent oral contraception since 2019.

COP prescriptions obtained from primary care from 33,647 in 2018/19 to 25,673 in 2023/24- a drop of nearly 8,000 prescriptions. There has been an increase in POC prescriptions in this time from 26,623 to 27,356- a rise of 733 prescriptions. There has been a moderate increase in CHS prescriptions driven largely by an increase in the contraceptive patch, but this is a near rise of 500 prescriptions. This indicates that whilst a swap to other user dependent hormonal contraceptives may explain some of the decline in COP, there is still an unexplained gap for where many of these former contraceptive users have gone.

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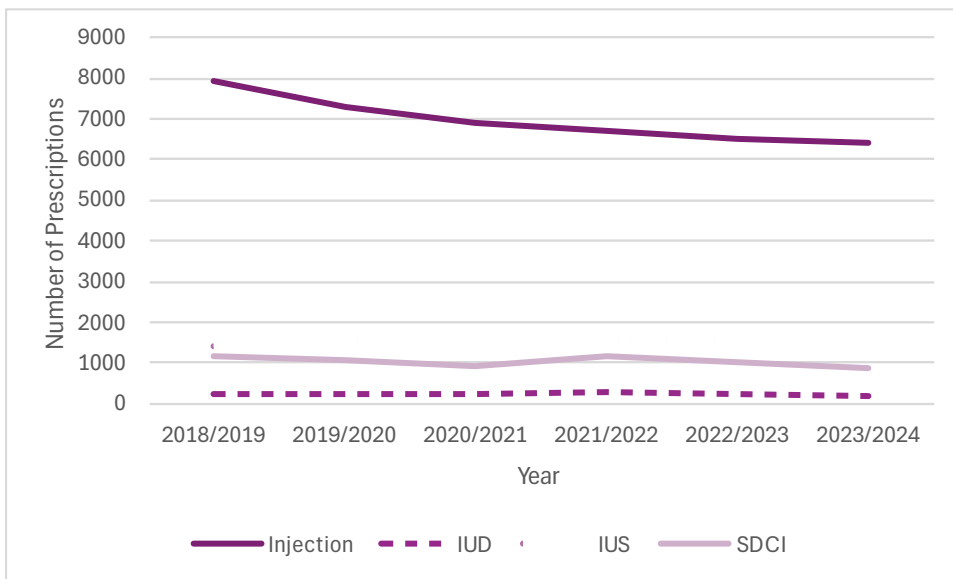


Figure 88 Number of LARC Prescriptions from GPs by type, 2018/19-2023/24 Source: FP10 Prescribing

Trends in LARC use show a decrease in the contraceptive injections from 2018/19 to 2023/24. Numbers of IUD and IUS and SDCI being fitted remain broadly similar with a small rise in IUS being fitted. Again, this suggests that the drop in COP does not correspond to a rise in the use other contraceptive methods.

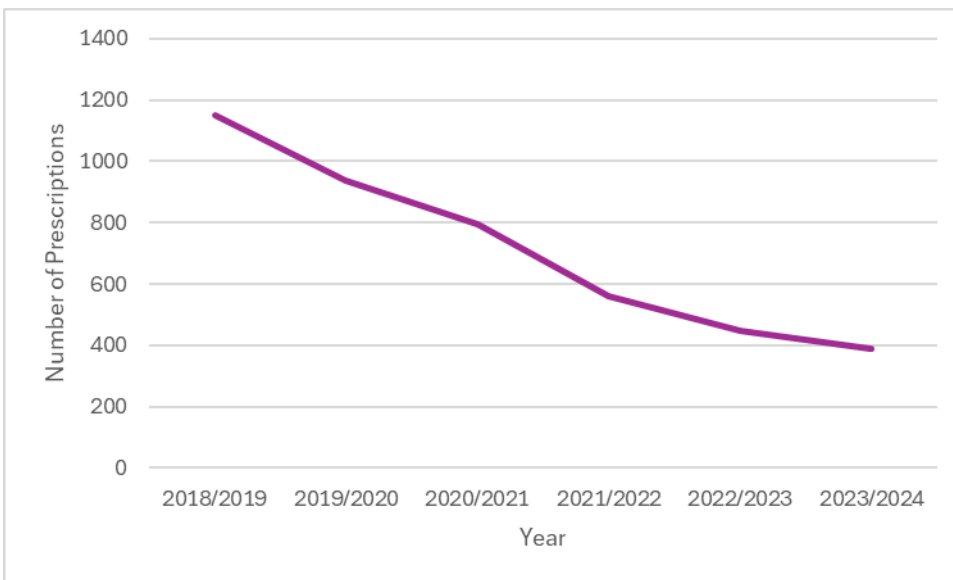


Figure 89 EHC prescribed through GPs 2018/19-2023/24 Source: FP10 Prescribing

EHC accessed through GP surgeries has declined since 2018/19. While the expected effect of the lockdown and COVID-19 are seen in the years 2020-2021, the number of EHC prescribed in 2023/24 from primary care is 389 (down from 1,152 in 2018/19). There is a

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broad range of ways to access EHC which may mean people are accessing EHC from these other sources, but broader trends in EHC use and access to GPs should be considered

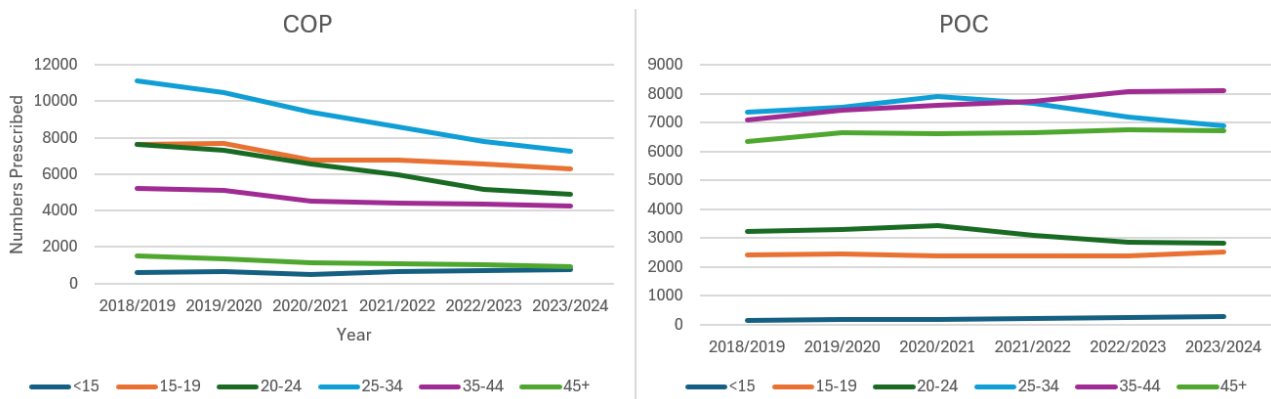


Figure 90 Number of Prescriptions for COP and POC by Age Group, 2018/19-2023/24 Source: FP10 Prescribing

The decline in COP is consistent across all age categories bar those under the age of 15. This may be due to COP being prescribed for a range of other issues other than contraception (e.g. acne, menorrhagia). The use of COP has been historically lower in those aged 35+ due to COP not being recommended in the age groups due to increased risks of stroke. The biggest drop was seen in those aged 25-34. When compared to POC use which has seen a slight increase in prescriptions from 2018/19, the number being prescribed POC has also declined in this age group. The increase in POC prescriptions is being driven by those aged 35 and over. This may be because of prescribing concerns around COP in this age group. Of note, is that those aged 25-34 have seen a decrease in both COP and POC use in this time.

There is a big variation in GP activity relating to contraceptive prescriptions in the year 2023/24. Outside of hub clinics, the lowest number of prescriptions 416 (Priory Road Surgery) to 2,621 (Victoria Medical Centre).

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■ Emergency Methods ■ LARC ■ User dependent Methods

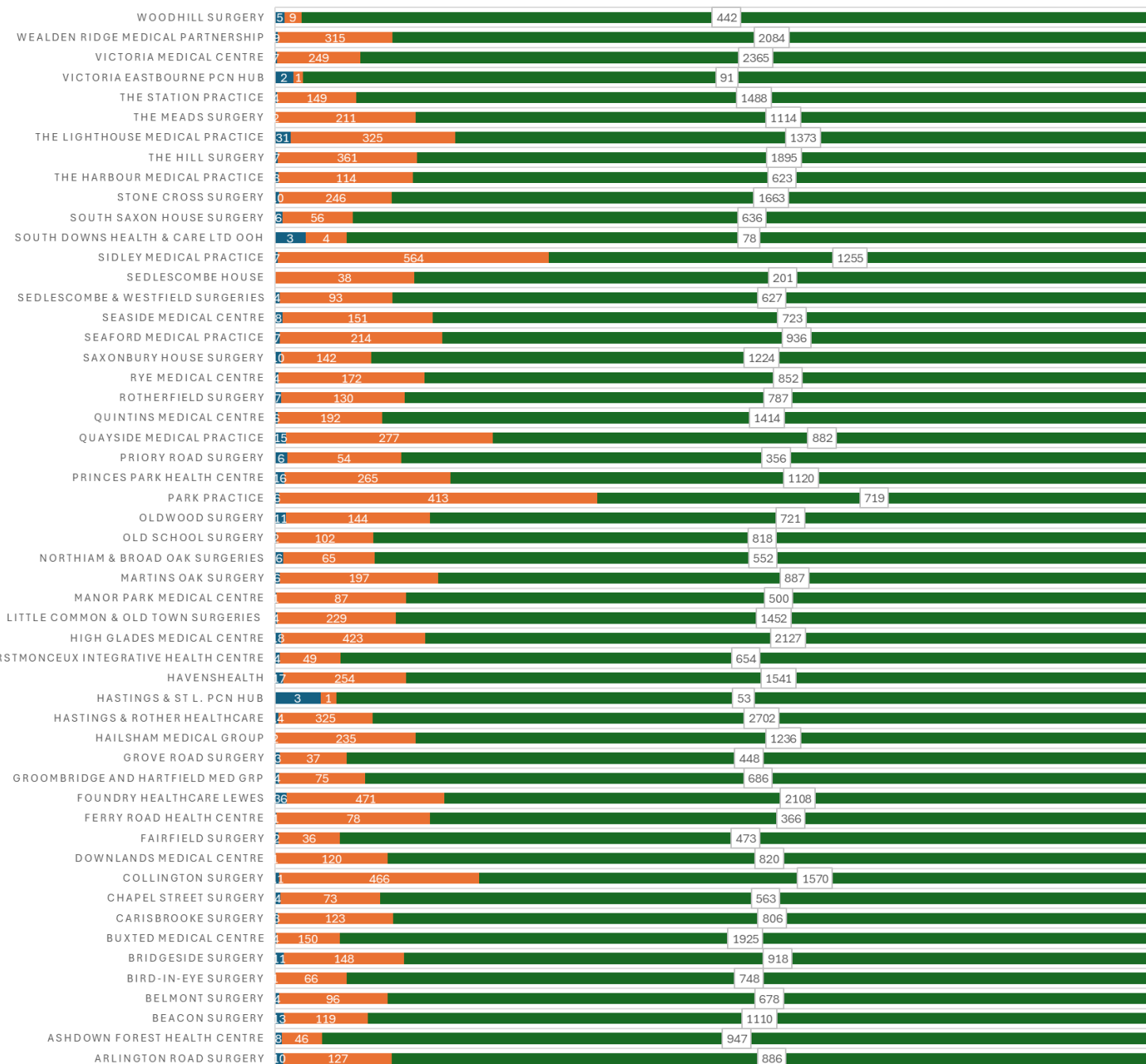


Figure 91 Number of Contraception Prescriptions at GP surgeries by type, 2023/24. Source: FP10 Prescribing

General Practices signed up to Public Health Local Service Agreements (PHLSA)

In 2024/25 in East Sussex, there are 40 GPs signed up to deliver on a PHLSA to fit IUD/S AND 37 practices to fit SDCI.

Overall Activity of GPs signed up to Sexual Health PHLAs

Since 2018/19 there has been variation in activity levels against all GP Practice PHLAs. GP activity for implant insertion has remained steady from 2019/20 (FY 2019) to 2023/24 (FY 2023) with an expected drop in insertions due to the pandemic effect. Across all PHLAs for contraception provision, the greatest activity is for IUCD/S insertion.





	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Trend
SDCI Insertions	1240	1169	942	1258	1137	
SDCI Removals	1023	1019	928	1181	1056	
IUCD Fittings	2034	2484	1695	2423	2419	
IUCD Removals	1534	1685	1451	1856	1887	

Table 8 Showing Activity for GP PHLA IUCD and SDCI activity FY 2019-2023. Source: East Sussex Public Health

Practice specific activity is outlined further on in this chapter, although this will not match the trend data discussed above as annual practice level data will be impacted by local service closures and merges, and factors such as issues with claim processing.

Intrauterine Contraceptive Devices/Systems (IUCD/S) GP PHLA

The Public Health Local Service Agreement for Intra-uterine contraceptive device/systems (IUCD/S) fittings remunerate GP practices for IUCD insertion, removal, and follow-up treatment for IUCD related problems. Complex IUD/S removal and contraceptive requirements should be referred to the appropriately trained consultant staff within the specialist sexual health services. This contract aims to: ensure provision of post-coital copper IUCD fitting for emergency contraception as a means of reducing unwanted pregnancies; increase uptake of LARC and reduce the number of induced abortions of pregnancy. Practices are required to keep appropriate registers and clinical records, to ensure a full sexual history is taken, to offer all patients under 25 a chlamydia test prior to recommending the IUCD, to provide appropriate information on all options and to follow good clinical governance practices. Any woman who is a resident of East Sussex who is a registered or non-registered patient of the practice is eligible to receive this service following clinical assessment and presentation of the full choice of contraceptive methods. Practitioners (both doctors and nurses) undertaking this procedure must have appropriate accreditation and have completed all relevant training as directed by FSRH. It does not include those having IUD/S inserted for purposes other than contraception.

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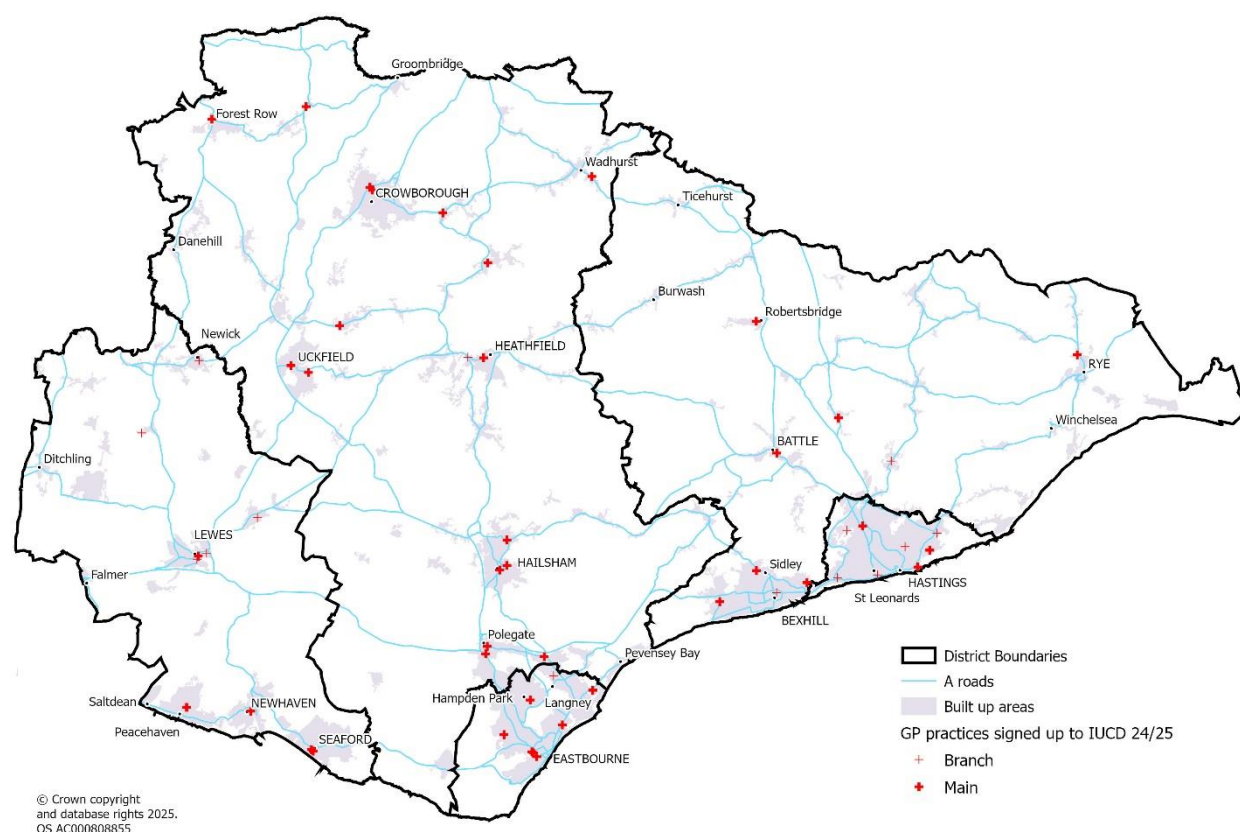


Figure 92 GP signed up to IUCD 24/25. Source: East Sussex Public Health

The above map identifies the 40 GP practices signed up to the PHLA for IUCDs in the financial year 2024/25. Some GP practices have a main surgery and numerous branch locations which is indicated on the map.

The chart below identifies the GP activities against the PHLA for IUCD/S in the 2023/24 financial year. There were 2,419 IUCD/S inserted, and 1,887 IUCD/S removed in this time period. Foundry Healthcare had the highest number of insertions (182) and removals (167) in 2023/24. It should be noted that Foundry Healthcare has numerous practice sites and serves a large population.

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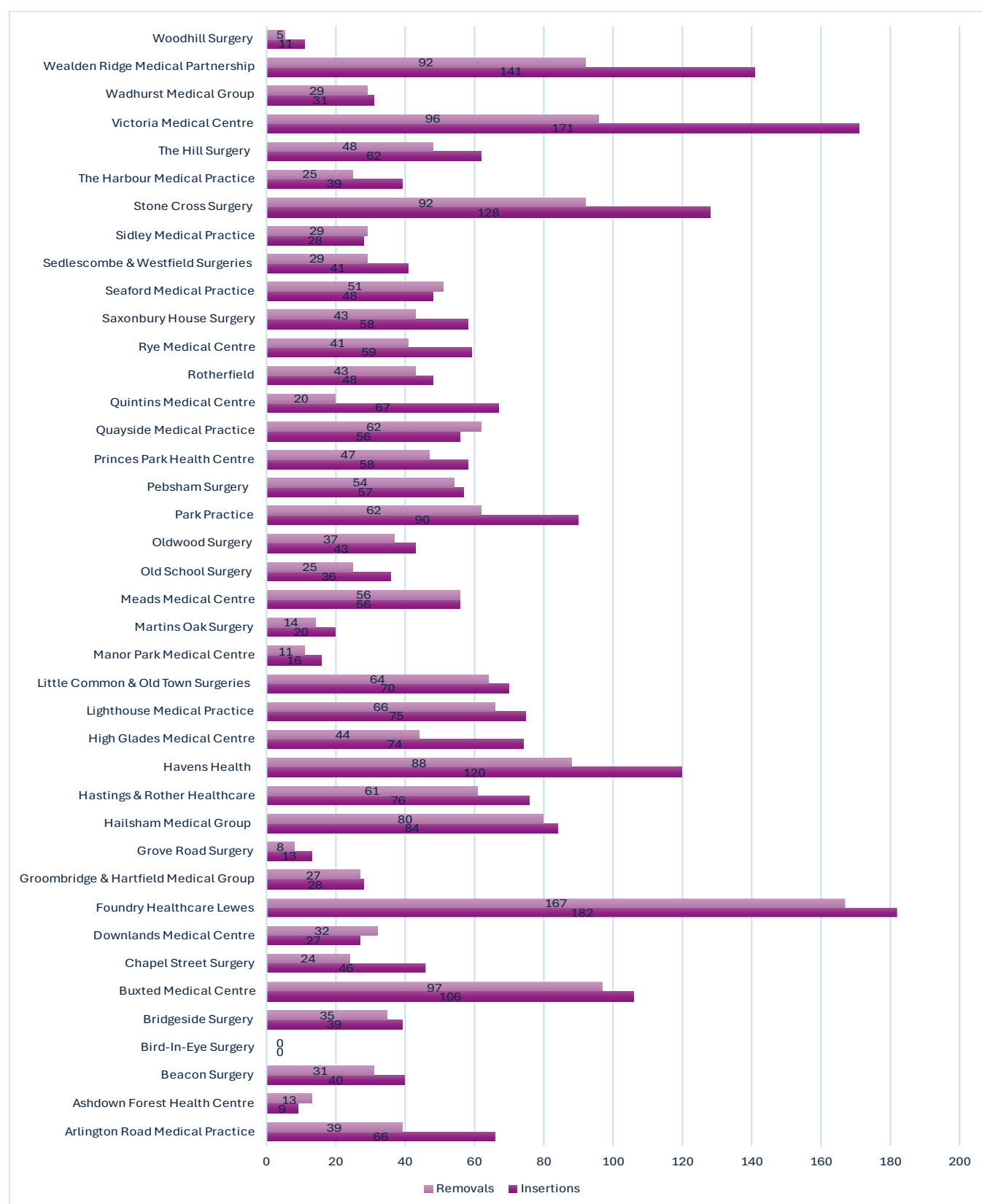


Figure 93 GP PHLSA IUCD Insertions and Removals 2023/24. Source: East Sussex Public Health

72.2% of IUCD/S fitted were for contraceptive purposes, 14.8% for dual purpose and 13% for non-contraceptive purposes. There were 1,196 IUCD/S fittings where the type of IUCD/S

was indicated. Most of these were the 5-year IUS with 643 IUS being for contraceptive purposes, 181 for dual purpose and 132 for non-contraception and 71 with an unknown reason. 150 IUDs were fitted in 2023/24 with 136 fitted for contraceptive purposes.

IUCD/S Insertion Demographics

For IUCD/S fitted for contraceptive purposes, the greatest proportion are fitted in those aged between 30-44 years old. For IUCD/Ss fitted for either a dual purpose or non-contraceptive purpose, it is unsurprising that the greater proportion of these is in age categories 40 and over considering the IUS being used to manage several gynaecological and menopausal conditions.

	Contraception	Dual Purpose	Non- Contraception	Unknown Indication
Under 15	0.2%	0.0%	0.0%	0.5%
15 - 19	4.4%	1.3%	0.5%	5.6%
20 - 24	10.4%	4.7%	1.4%	10.0%
25 - 29	13.4%	1.3%	2.4%	12.7%
30 - 34	17.9%	8.5%	2.9%	13.4%
35 - 39	17.5%	12.3%	6.3%	12.0%
40 - 44	19.1%	17.8%	20.2%	17.0%
45 - 49	13.1%	30.5%	32.2%	14.8%
50 - 54	3.5%	20.8%	27.4%	9.1%
55 - 59	0.4%	3.0%	4.8%	2.9%
60 - 64	0.0%	0.0%	1.9%	1.0%
65+	0.0%	0.0%	0.0%	1.1%
Total No.	795	184	132	85

Table 9 IUCD fitting by age and purpose 2023/24. Source: East Sussex Public Health

Those in IMD decile 1 represented the lowest proportion of those having IUD/S fitted in 2023/24. Across all IUD/S fittings, those identifying as a White ethnicity represented 84-89% of those having IUD/S fitted.

IUD/S Removals

Of the 1,887 IUD/S removals in 2023/24, 666 were 5-year IUS. Of these 666 IUS removals, 38% (70) were in situ for less than 1 year. However, most removals happened at 5 years or over. For the IUD removals, most removals were between 1-<5 years. It should be noted that the lifespan of the IUD is variable.

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	Contraception	Unknown Indication
Less than 1 Year	15.8%	0.0%
1 - <5 Years	42.1%	10.5%
5 - <10 Years	23.2%	47.4%
10+ Years	18.9%	42.1%
Total No.	95	19

Figure 94 IUD Removals Time In Situ 2023/24. Source: East Sussex Public Health

	Contraception	Dual	Non- Contraception	Unknown Indication
Less than 1 Year	42.7%	66.7%	42.1%	8.3%
1 - <5 Years	34.7%	33.3%	31.6%	20.6%
5 - <10 Years	17.3%	0.0%	26.3%	22.4%
10+ Years	5.3%	0.0%	0.0%	10.5%
Unknown	0.0%	0.0%	0.0%	38.3%
Total No.	75	6	19	993

Figure 95 Unknown Devices/Systems Time in Situ 23/24 (number <5 removed). Source: East Sussex Public Health

	Contraception
Less than 1 Year	7.7%
1 - <3 Years	30.8%
3+ Years	61.5%
Total No.	13

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Figure 96 3 Year IUS (used for contraception) time in situ. Source: East Sussex Public Health

	Contraception	Dual	Non- Contraception	Unknown Indication
Less than 1 Year	25.9%	40.9%	12.9%	2.1%
1 - <5 Years	43.2%	40.9%	54.8%	29.4%
5+ Years	30.8%	18.2%	32.3%	68.5%
Total No.	185	22	31	428

Figure 97 5 Year IUS time in situ 2023/24. Source: East Sussex Public Health

The main reasons for removing 3 year and 5 year IUSs and all IUDs before 1 year was unwanted side effects, with bleeding being the most common reason for all methods. For removals after this time, replacement/change was the most common reason for all methods.

Device	Time In Situ	Reason	
3 Year	Less than 1 Year	Bleeding	
	1 - 3 Years	Trying to conceive	
		Replacement/Change	
		Contraception not needed	
	3+ Years	Bleeding	
		Replacement/Change	
		Trying to conceive	
		Bleeding	

Figure 98 3 Year IUS Reasons Removal 23/24. Source: East Sussex Public Health

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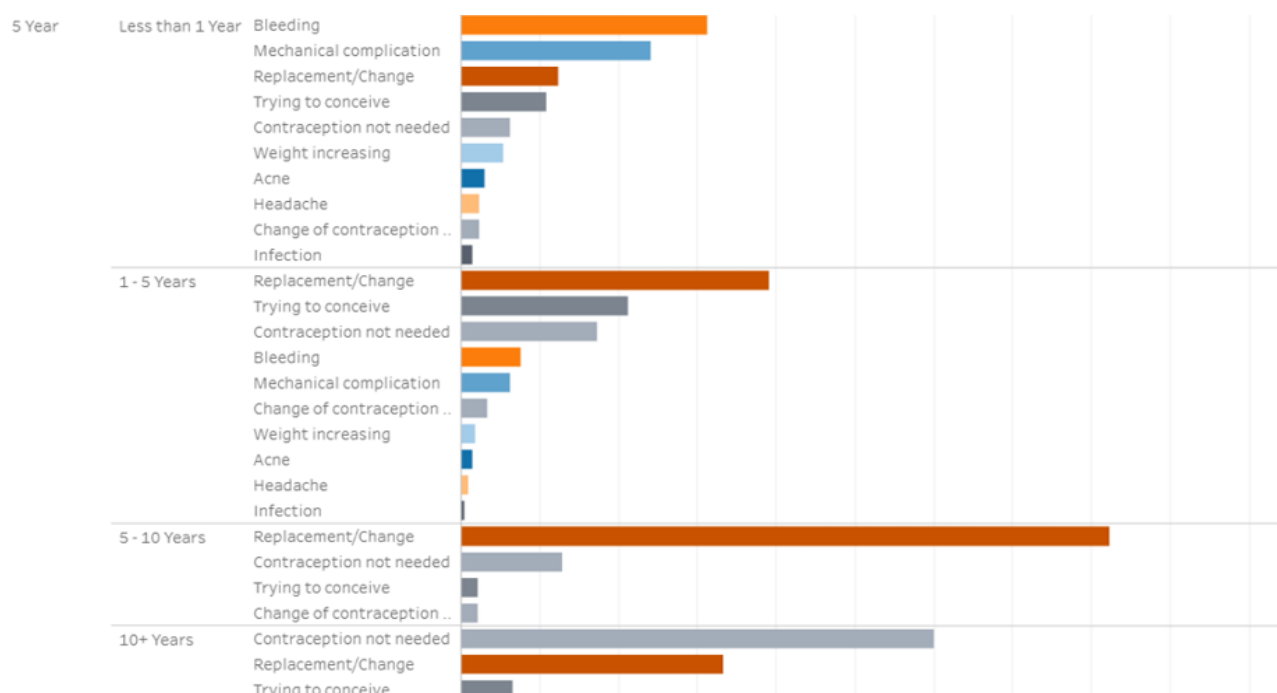


Figure 99 5 Year IUS Removals 23/24. Source: East Sussex Public Health

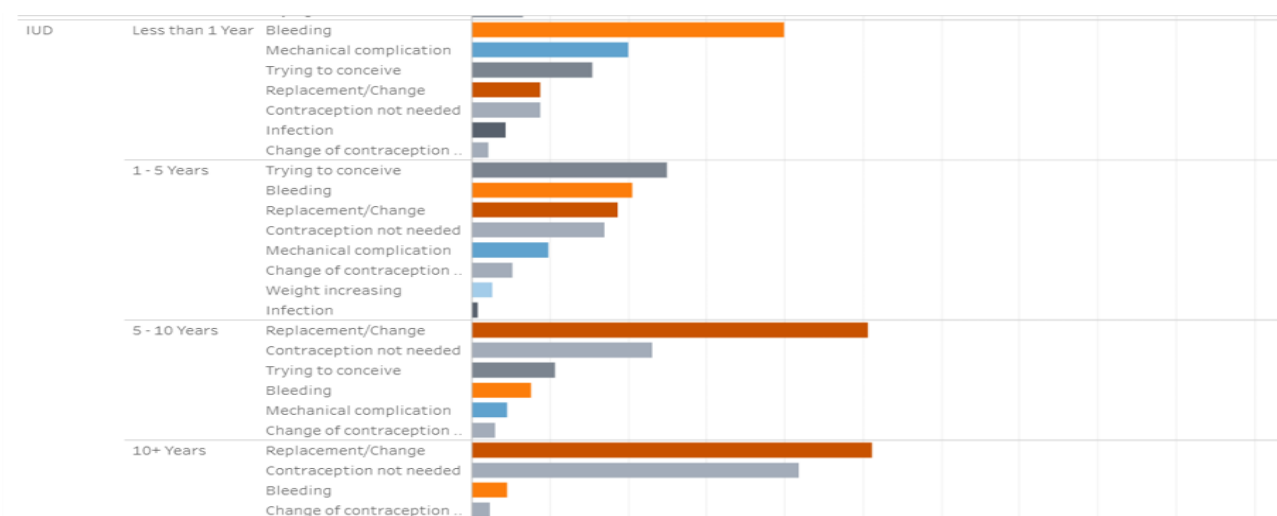


Figure 100 IUD (various) Reasons for Removal 23/24. Source: East Sussex Public Health

For the 2019/20-23/24 time period, the number of those aged 15-19 having IUD/S fitted for contraception purposes (19) 90% (17) were removed within 1 year of being in-situ. For those having IUD/S fitted for unknown reasons (31), 65% (20) were removed within 1 year.



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Age Bands	Contraception Removals	% Removed <1 Year Contraception	Dual Removals	% Removed <1 Year Dual	Non-Contraception Removals	% Removed <1 Year Non-Contraception	Unknown Indicator Removals	% Removed <1 Year Unknown Indicator
Under 15	0	0.0%	0	0.0%	0	0.0%	0	100.0%
15 - 19	19	89.5%	0	0.0%	0	0.0%	31	64.5%
20 - 24	105	54.3%	0	20.0%	9	77.8%	195	31.8%
25 - 29	178	42.1%	0	80.0%	0	100.0%	416	24.8%
30 - 34	267	36.7%	6	50.0%	0	0.0%	520	17.7%
35 - 39	211	28.0%	7	42.9%	14	42.9%	576	15.6%
40 - 44	173	23.1%	8	37.5%	16	31.3%	714	11.2%
45 - 49	177	16.9%	11	36.4%	38	39.5%	923	6.0%
50 - 54	87	8.0%	9	44.4%	29	31.0%	808	4.0%
55 - 59	46	2.2%	0	50.0%	20	15.0%	736	2.4%
60 - 64	10	0.0%	0	0.0%	7	0.0%	142	3.5%

Figure 101 Number of IUD/S removed. Proportion removed < 1 year in situ by Age Group 19/20-23/24 (numbers < 5 removed). Source: East Sussex Public Health

Subdermal Contraceptive Implants (SDCI) GP PHLSA

The Public Health Local Service Agreement for subdermal contraceptive implants remunerates GP practices for SDCI insertions and removals. This service covers counselling, fitting, monitoring and removal of contraceptive implant. Practices are required to keep appropriate registers and clinical records, to ensure a full sexual history is taken, to offer all patients under 25 a chlamydia swab prior to recommending the implant, to provide appropriate information on all options and to follow good clinical governance practices. Any woman resident in East Sussex who is a registered or non-registered patient of the practice is eligible following clinical assessment and presentation of full choice of contraceptive method, considering clinical appropriateness of method and contraindications and exclusions. Complex contraception issues must be carried out by the appropriately trained staff and must be referred through to the East Sussex Specialist Sexual Health Team. Practitioners (both doctors and nurses) undertaking this procedure must have undertaken appropriate education and training as directed by FSRH.

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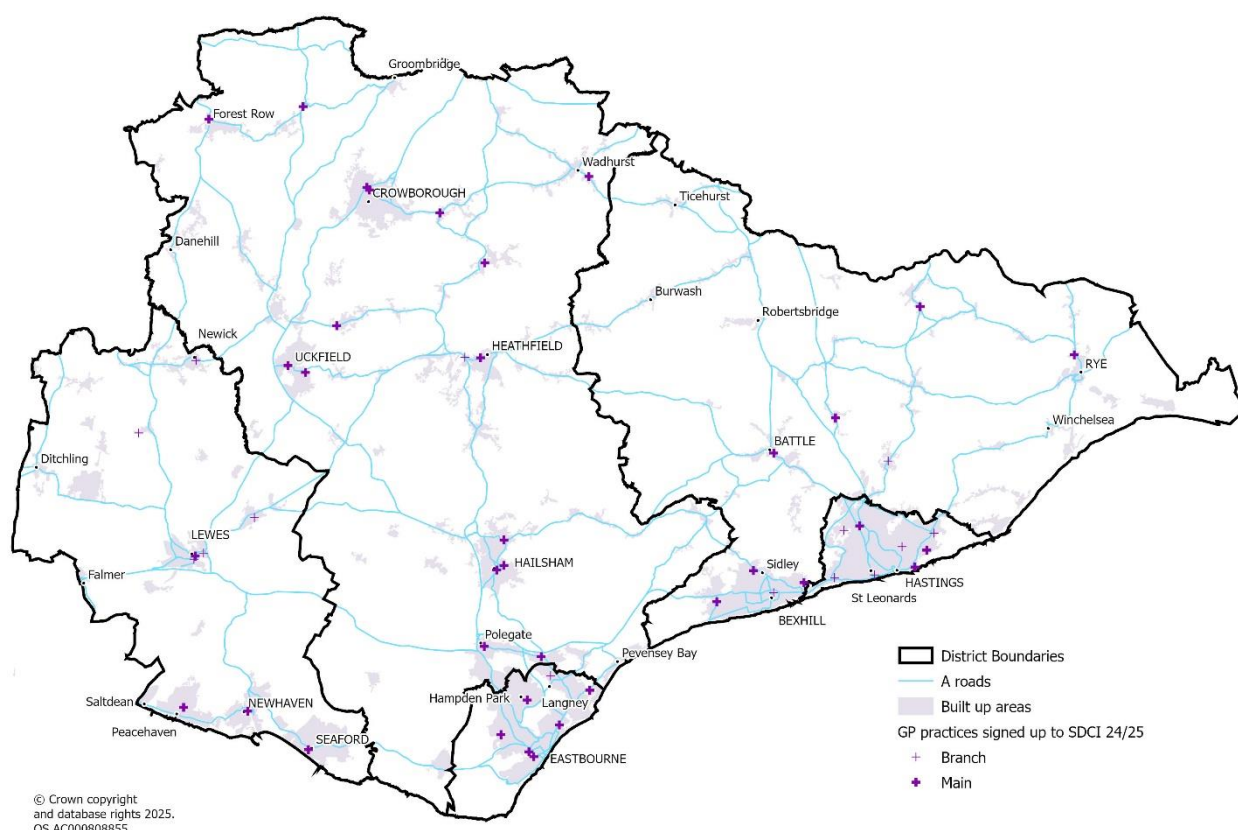


Figure 102 Map of GP signed up to SDCI PHLA 24/25. Source: East Sussex Public Health

The above map identifies GP practices signed up to the PHLA for SDCIs in the financial year 2024/25. Similarly to IUCD/S, there is a relatively good geographical representation across the county, although there is a geographical gap in provision along the central Rother/Wealden boundary. This is a more rural and less densely populated part of the county and correlates with national evidence of difficulties accessing services in more rural areas.

In 2023/24, there were 39 GPs signed up to the SDCI PHLA contract (the above map shows the now 37 GPs signed up in 2024/25). Not all GPs delivered against the contract in 2023/24. The chart below shows all GP activity in 2023/24. In 2023/24 there were 1,137 SDCI insertions across East Sussex and 1,056 removals. Foundry Healthcare had the highest number of insertions (94) and removals (66) in 2023/24. It should be noted that Foundry Healthcare has numerous practice sites and serves a large population.

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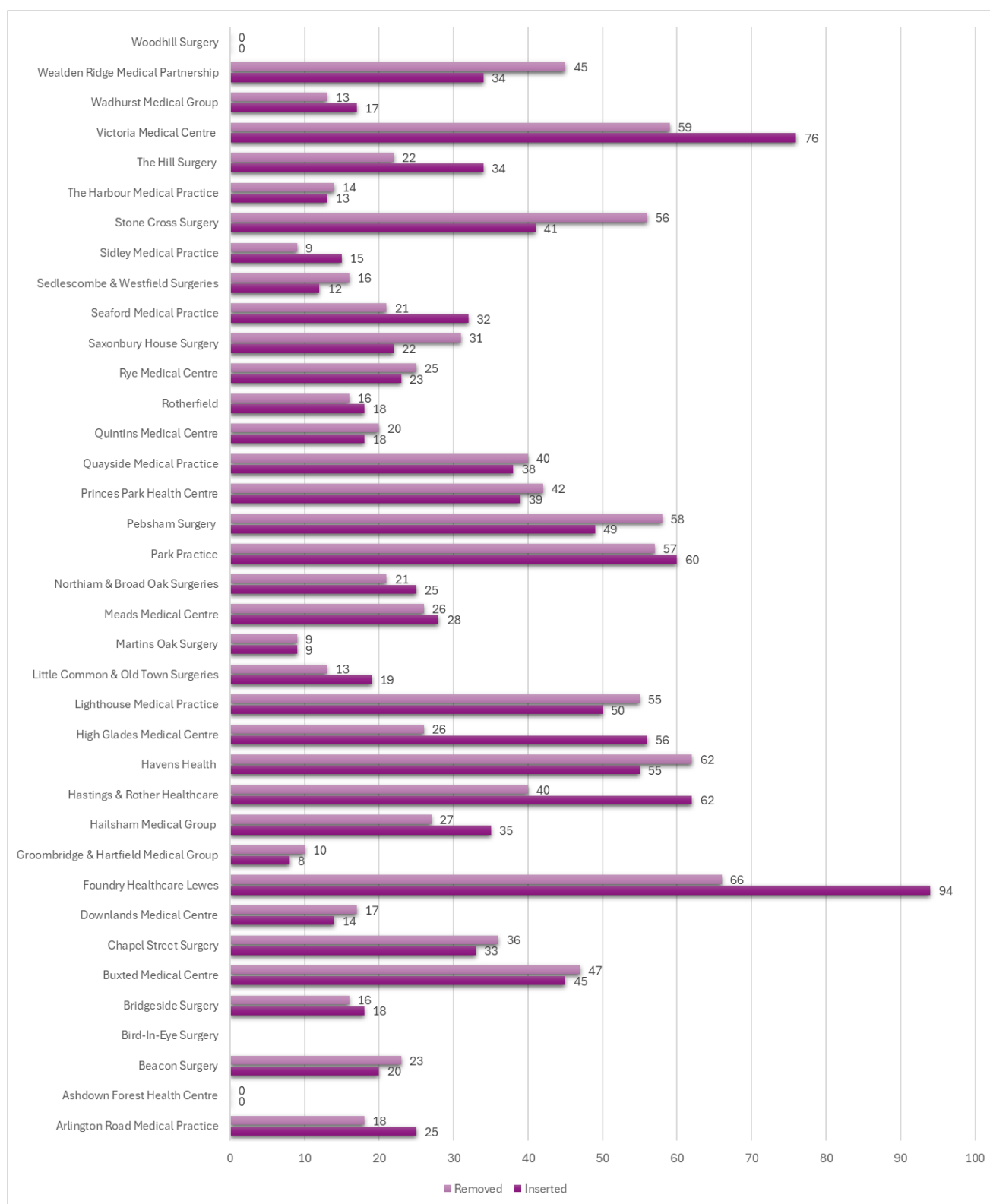


Figure 103 GP SDCI PHLA Activity 2023/24. Source: East Sussex Public Health

SDCI Insertions Demographics

Of the 1,137 SDCI insertions, the greatest proportion of insertions were in those aged between 15-19 years old. The lowest proportion of insertions were in the IMD decile 10. From financial year 2019 to financial year 2024, 80% were in those identified as White and 15% of unknown ethnicity.

SDCI Removals

Of the 1,056 SDCI removals in 2023/24, 14% were in situ for under 1 year. When looking at all removals from 2019/20 to 2023/24, 40% of removals in age group <15 years old were in situ for less than 1 year. In the age category 15-19 years old, 25% of all removals in this time period were in situ for less than one year. This indicates that younger women are more likely to have an SDCI in place for under 1 year.

Under 15	9	44.4%
15 - 19	638	24.3%
20 - 24	1,171	13.1%
25 - 29	1,017	14.8%
30 - 34	844	15.5%
35 - 39	597	13.4%
40 - 44	413	8.7%
45 - 49	293	3.1%
50 - 54	184	3.8%
55 - 59	38	0.0%

Figure 104 SDCI Removals In situ for <1 year, 2019/20-2023/24. Source: East Sussex Public Health

When it comes to reasons for removal, complications and unwanted side effects such as mood swings and irregular periods are the most common given reasons when SDCIs are removed after less than one year. When SDCIs are removed after this time, the most common reason is that a change was due.

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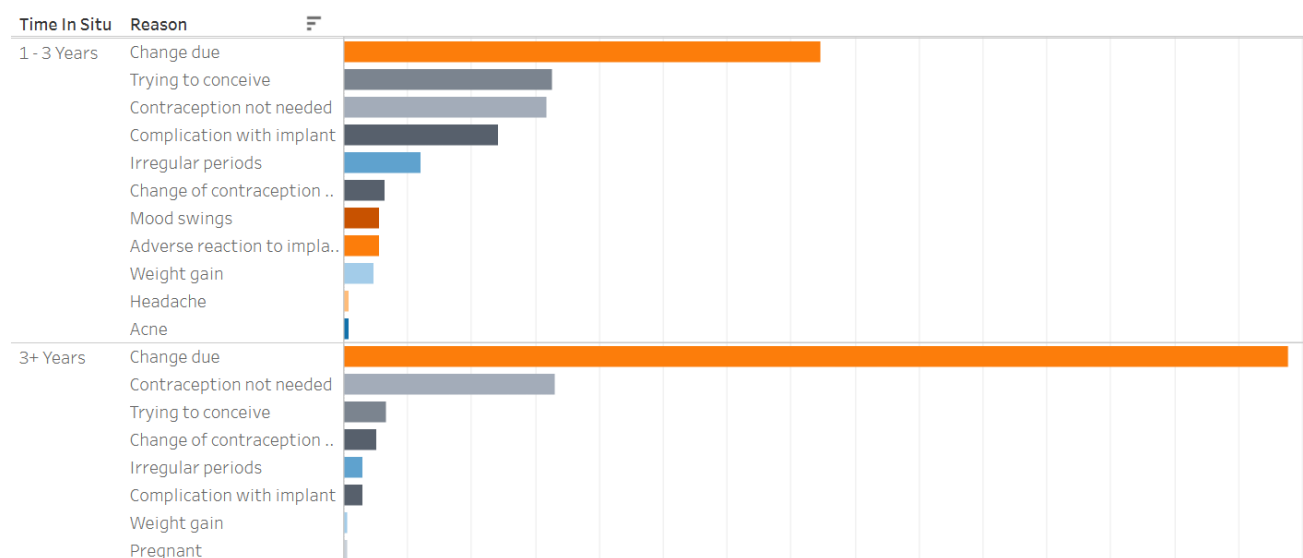


Figure 105 SDCI Reasons for Removal. Source: East Sussex Public Health

Pharmacy Services

Pharmacies are a feature of most local communities, and some provide a range of sexual health services, including offering chlamydia testing, participation in condom schemes and the provision of emergency contraception. In East Sussex, individual community pharmacy contracts are open to those community pharmacies who can demonstrate required activity and minimum formal accreditation required to supply free emergency hormonal contraception to under 25s; chlamydia home sampling kits, and to supply C card condoms.

Emergency Hormonal Contraception (EHC) and Chlamydia Screening PHLSA

The PHLSA for EHC and chlamydia screening makes payments to community pharmacies for consultations supplying EHC to those aged under 25 years, for completed chlamydia screening postal test kits to those aged under 25 years and for provision of pregnancy tests to those aged under 25 years. Chlamydia/gonorrhoea postal kits must be offered to all young people who request pregnancy tests, EHC tests or condoms. Pharmacies are also expected to promote the service via a display in the premises and to have the necessary accreditation. The service aims to increase chlamydia/gonorrhoea testing in pharmacies and detection rates; improve young people's access to and choice of EHC; increase young people's knowledge and understanding of sexual health and contraception; to reduce unintended pregnancy; to reduce prevalence of chlamydia and the expand whole sexual health system access and availability for East Sussex residents.

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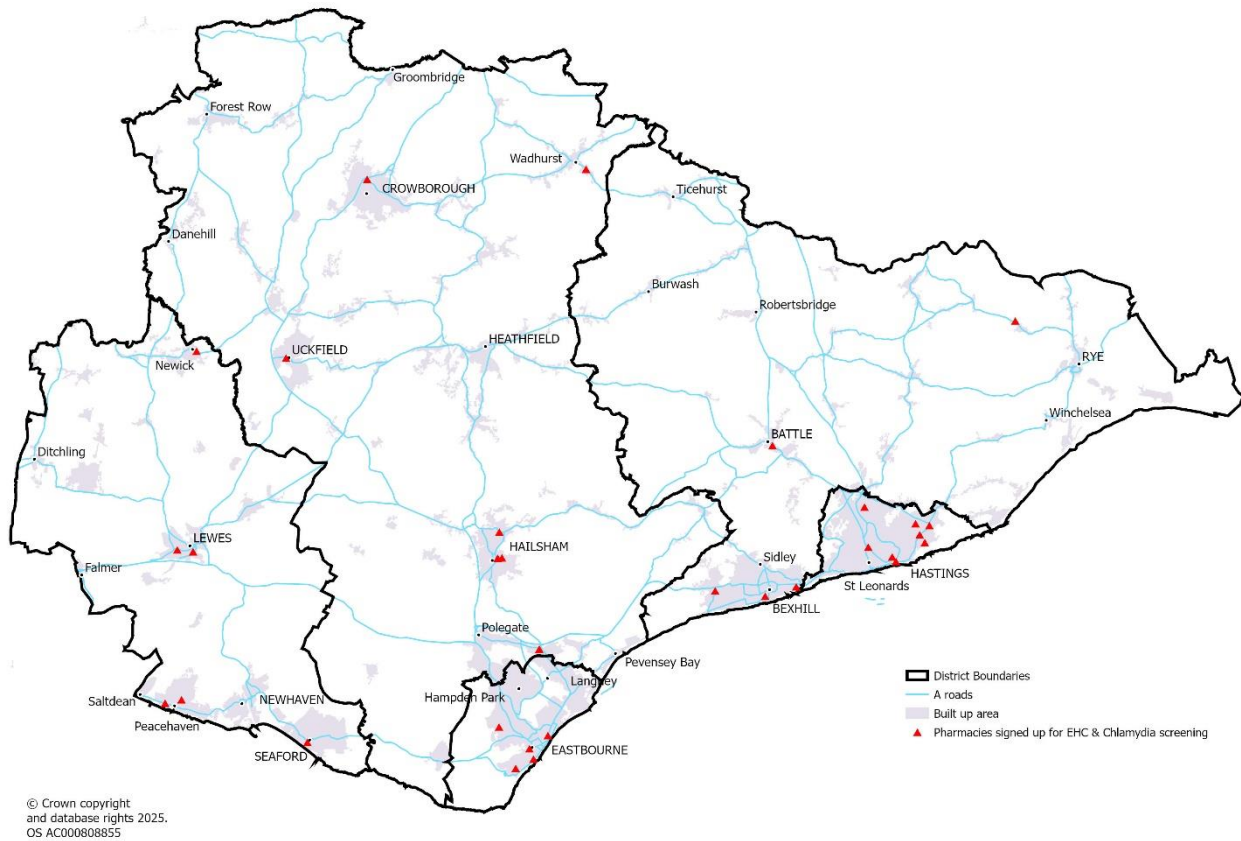


Figure 106 Map of Pharmacies signed up to EHC and chlamydia screening PHLA, 2024/25. Source: East Sussex Public Health

The above map shows the locations of pharmacies signed up to deliver EHC and chlamydia screening for under-25s in East Sussex. The map shows most pharmacies signed up to the deliver this PHLA are in more built up areas, with more rural areas in Wealden and Rother less provided for.

In total there are 32 pharmacies signed up to deliver this PHLA. Of the 32 pharmacies signed up to deliver this contract, 19 provided EHC in 2023/24. Data shows that the pharmacy at Station Plaza dispensed the most EHC in 2023/24. This is unsurprising given that it is located at the Sexual Health Clinic at Station Plaza.

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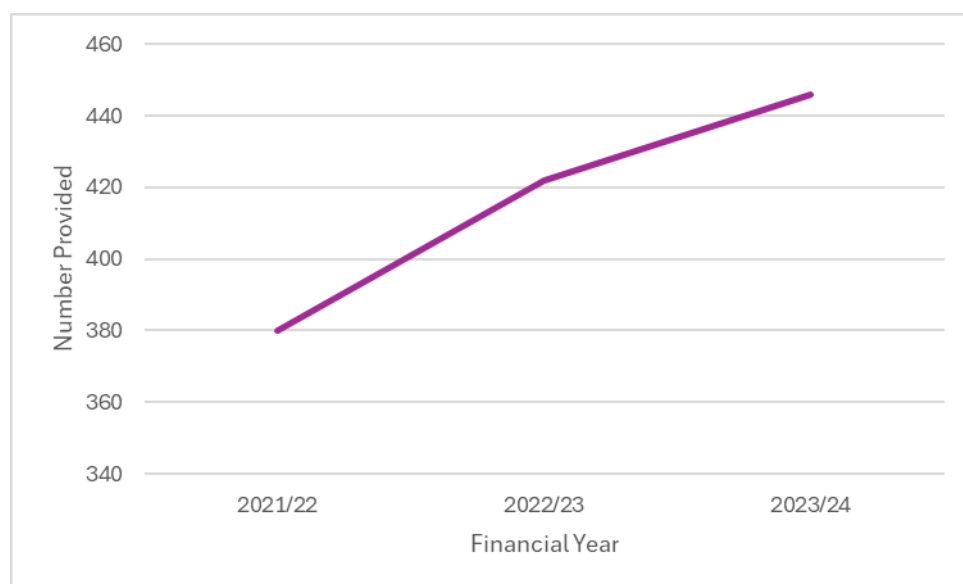


Figure 107 Number of EHC dispensed by Pharmacy PHLA, 2021/22-2023/24, Source: East Sussex Public Health

In 2023/24, there were 446 instances of EHC being provided under the PHLA- an increase from 380 in 2021. The impact of COVID on sexual behaviour during 2021 means that it is difficult to attribute meaning to trends in data covering this period. 70% of those accessing the free EHC for under 25's were aged 15-19 years old. Reason For EHC

The proportion of people requesting EHC because of not using any contraception has risen significantly since 2021/22 (59%) to 2023/24 (75%). 18% report condom failure as being the need for EHC and 5% report a missed pill being the reason for EHC request. As noted earlier, trends due to the effect of COVID-19 should be treated with caution but in the last SHNA, no contraception was cited by 58% as the reason for accessing EHC.

“Numbers needing Emergency Hormonal Contraception via EHC PHLA”



Figure 108 Reasons for EHC Need (Pharmacy PHLAs) 2021-22 vs. 2023-24

Timing of EHC

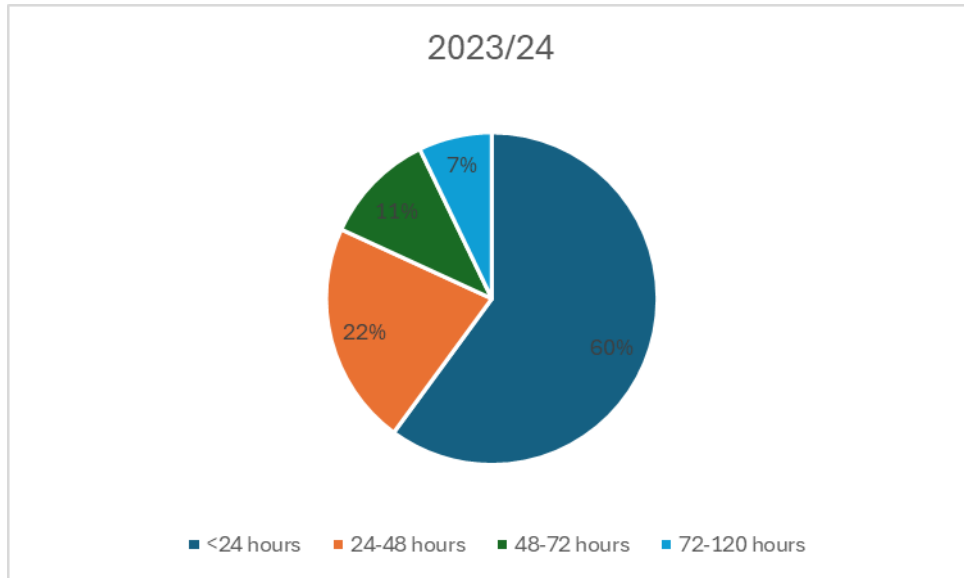


Figure 109 Proportion receiving EHC by timings. Source: East Sussex Public Health

60% of EHC was provided within the first 24 hours of unprotected sex in 2023/24. 22% was provided within 24-48 hours. Chlamydia Testing for those Requiring EHC

In 2023, of the 446 instances of EHC being provided by pharmacies, 54 (12%) had a chlamydia test, in 280 (63%) instances the pharmacy did not have a supply of chlamydia test kits and 112 (25%) people declined or were not eligible. Pharmacy Contraceptive Service

From December 2023, pharmacies could sign up to deliver oral contraception via a Patient Group Directive (PGD) (NHS England, 2024). It should also be noted that later in 2025, all pharmacies should be able to offer free EHC to all in a new deal announced by the government (Community Pharmacy England, 2025).

The oral contraception service offer is a relatively new service and as such there is limited data for comparison. In 2023/24, there were 259 pharmacy consultations in East Sussex for contraception. 95% of these were consultations for ongoing contraceptive use, 5% for initiation of contraception. As this is a new service, close monitoring for trends will need to be taken.

Pharmacies and C-Card PHLSA

The C-Card PHLSA with pharmacies is for condom provision and sign-posting only and pays pharmacies for each contact resulting in condoms being supplied to a young person. Pharmacies are expected to identify a young person's card status, determine condom preference, supply condoms and update the c-card, offer a chlamydia test or signpost to services where appropriate and record monitoring information.

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There is no formal limit to the number of times a young person can visit for condoms, with 6 condoms per visit available for 13 and 14 year olds, and 12 for 15-24 year olds. Young people aged 13-24 and resident in East Sussex are eligible for the C-Card scheme and can self-refer or be formally referred. Providers participating in EHC and chlamydia screening services for young people should consider offering C-Card alongside contraception and screening.

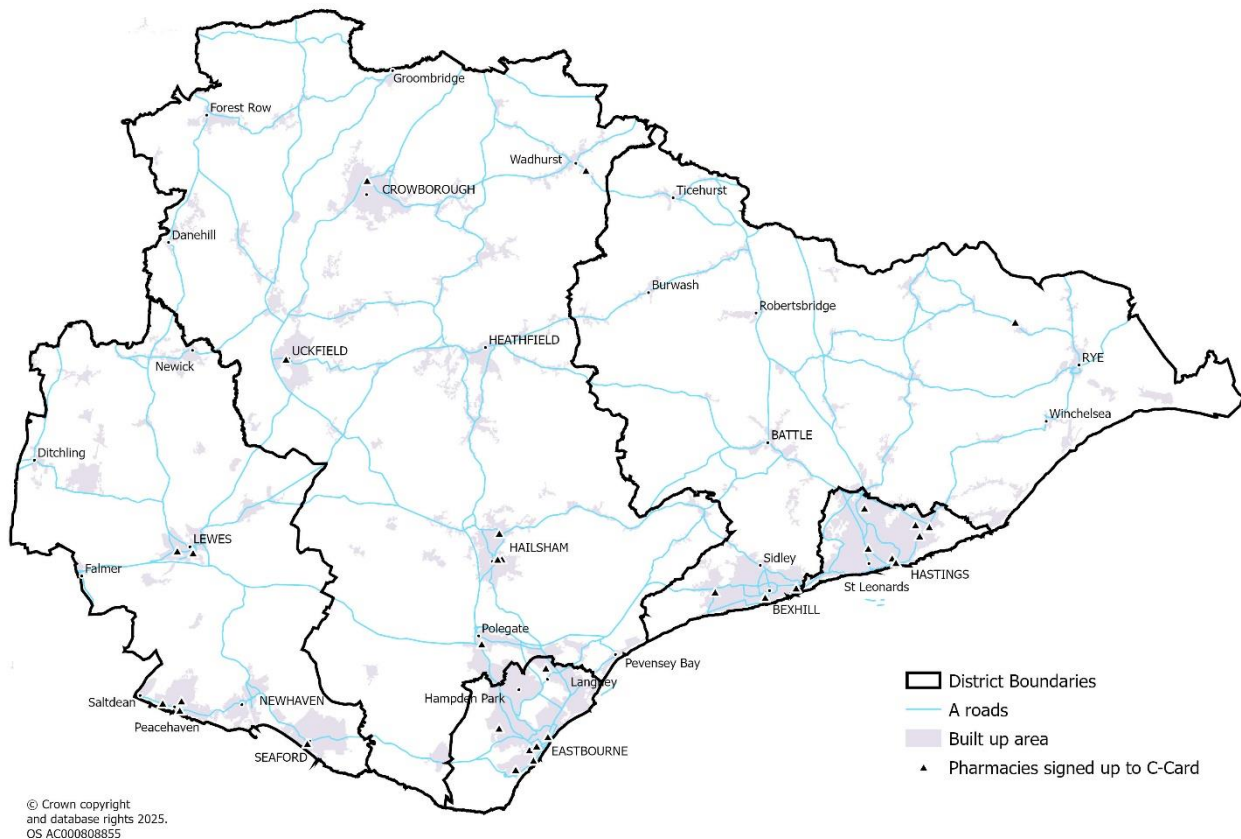


Figure 110 Map of Pharmacies Signed Up to C-card PHLA. Source: East Sussex Public Health

The pharmacies signed up to the C-card PHLA in 2024/25 are shown in the map above. The number of pharmacies signed up to deliver on the C-card PHLA has declined from 55 in 2018 to 32 in 2024/25. A large provider of the C-card condom scheme used to be Boots who stopped providing this service in 2021. In 2023/24, 22 pharmacies delivered on the C-card contract, with a total of 114 instances of distribution and 1,117 condoms supplied. This is a large decline on the 13,635 supplied in 2018 which may reflect the decline in pharmacies signed up to the C-card scheme and that there are now numerous ways in which condoms may be accessed, including postal distribution via Prevent-X and free condom distribution at Sexual Health Clinics. It is worth considering whether some of this decline is due to lack of knowledge amongst population and pharmacies about the C-card scheme. Youth Services

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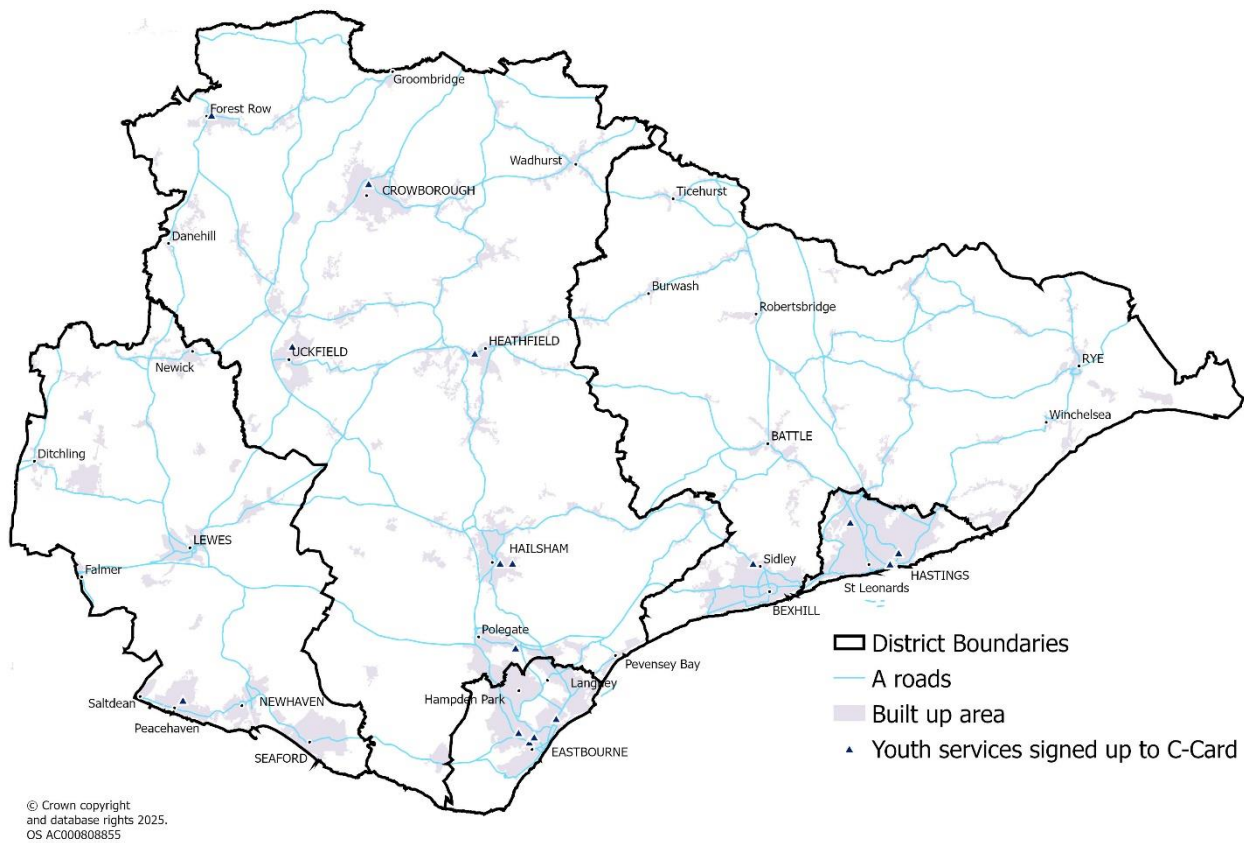


Figure 111 Map of Youth Services signed up to deliver C-Card. Source: KCFHT Data

The above map shows the locations of youth services that are confirmed to have signed up to deliver C-card enrolment and distribution services. This shows good access around the coastal areas but less provision in the more inland and rural areas of Rother and parts of Lewes. Early Help (see chapter 4) tend to target more rural areas with mobile services.

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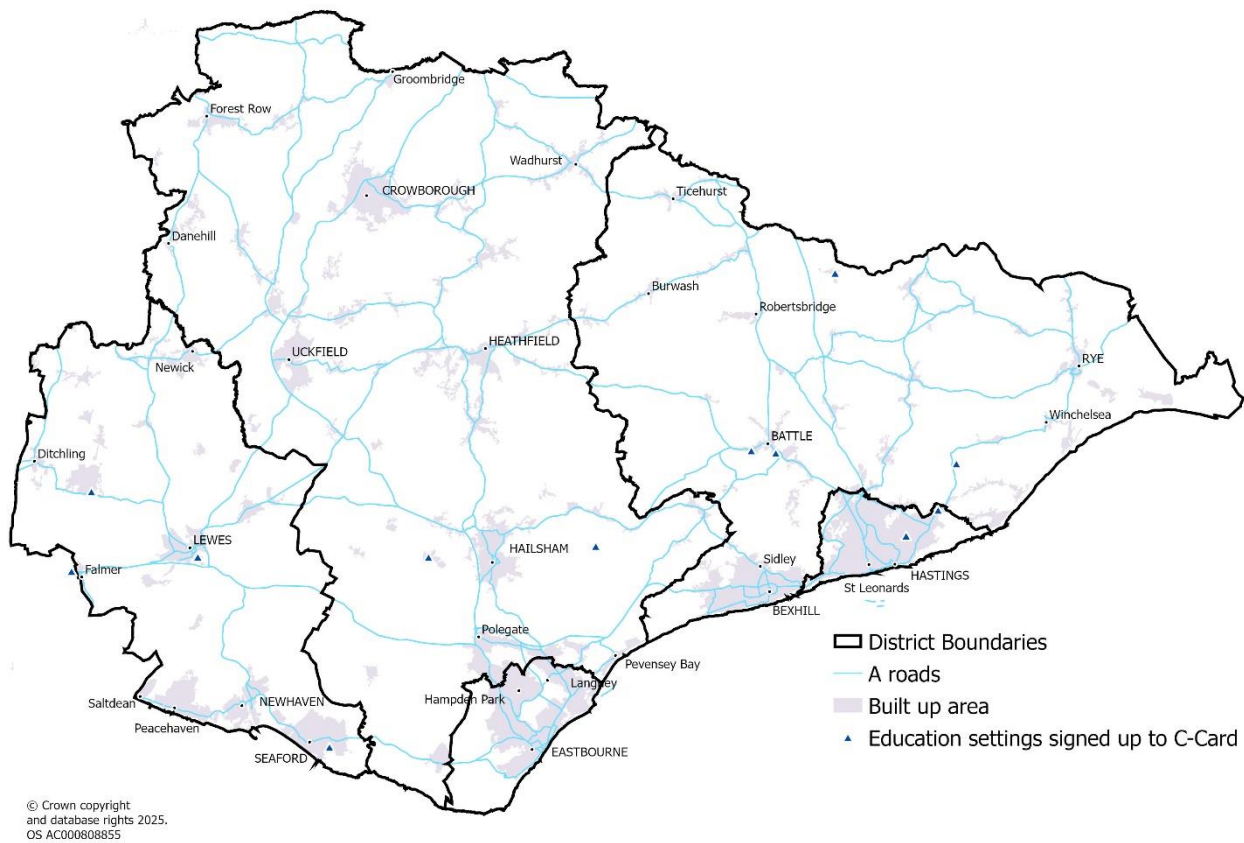


Figure 112 Location of Education Setting Signed up to C-Card. Source: KCFHT Data

The schools and colleges identified in the map above are confirmed to be signed up to C-card enrolment and distribution points. They include East Sussex College locations, Plumpton College and University of Brighton East Sussex locations. It shows a good level of service in the southern most parts of the county but fewer locations in the northern parts of the county. Other HS&C

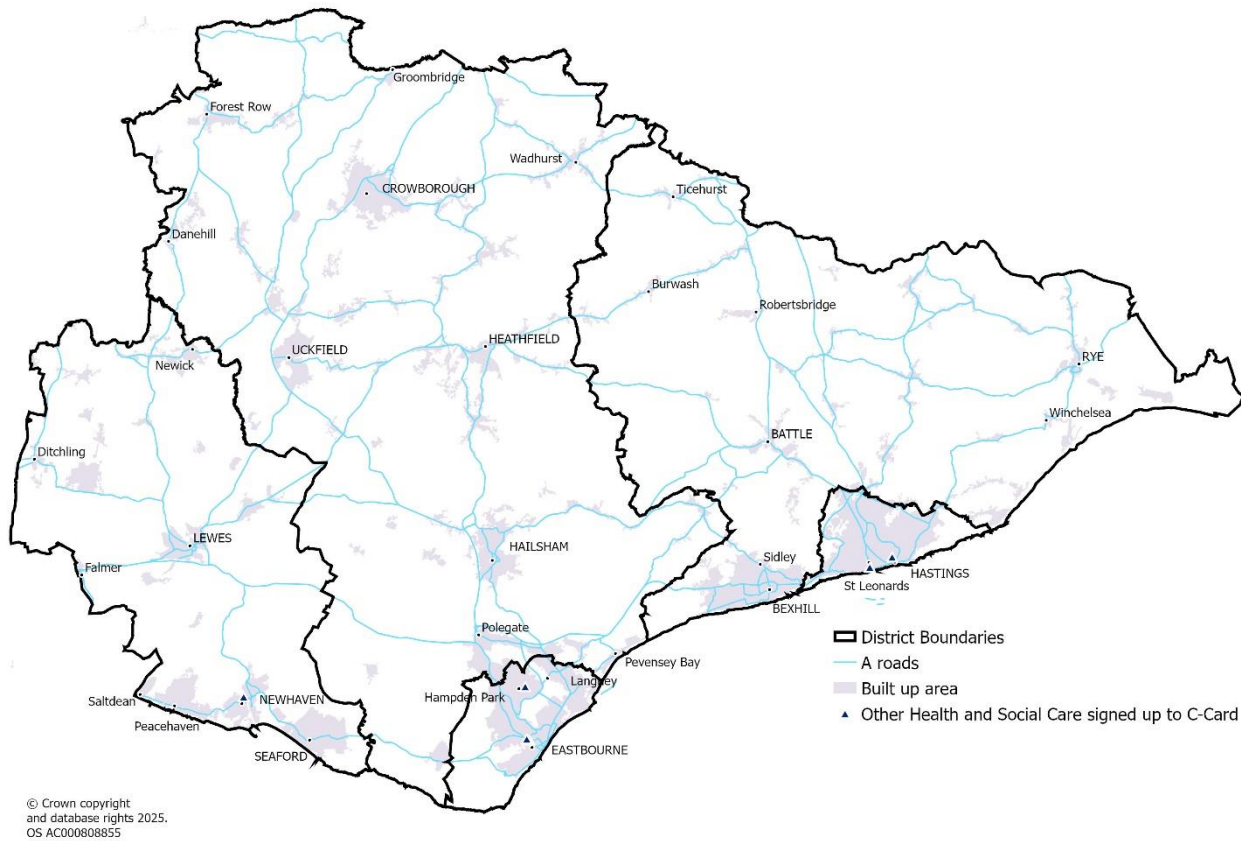


Figure 113 Map of other H&SC settings C-care 2024-25. Source: KCHFT Data

Other Health and Social Care Services signed up to deliver C-card include some GP practices as well as outreach services such as the OASIS Project, Sussex Community Development Association (SCDA), youth justice service and the youth offending team.

Chapter 6 Service User Voices

Friends and Family

Within East Sussex SSHS, feedback from service users is gathered via a “Friends and Family” Test. This survey asks respondents “Overall, how was your experience of our service?” and they are asked to rate the service from very good to very poor. Respondents are given the opportunity to say why they gave that score and what services can do to improve (NHS England, n.d.).

The Friends and Family Test data covers the period Jul 2023- April 2024 for both Avenue House (this excludes Dec 2023 and February 2024) and Station Plaza. The table below shows the proportion of responses asking about patient’s experience of the service. Both Avenue House and Station Plaza had 91% of response rating their experience as Very Good

or Good. To note these are patients who have been seen and those who have been unable to be seen do not gain access to fill in this survey.

FFT Response	Avenue House	Station Plaza
very good	89%	88%
good	2%	3%
neither good/poor	4%	1%
poor	6%	6%
very poor	0%	2%

Table 10 Responses to Friends and Family Test at SSHS. Source: ESHT SSHS

The overwhelming majority of responses to the question of why the score was given was that the staff were friendly, knowledgeable and put patients at ease. Other positive comments related to being seen quickly and the availability of drop-in appointments. For those rating the service as poor/very poor the most common reason was waiting times, followed by a difficult encounter with staff. Other reasons given included location of clinic meaning they had to travel in and wanting more drop-in clinic times.

Patient Access Survey

A Patient Access Survey conducted by ESHT SSHS in 2023 had 416 respondents (ESHT SSHS, 2023). The survey was only filled out by clinic attenders and as such missed those who have been unable or unwilling to attend the service. The purpose of the survey was to assess what opening times would be useful. The demographics of the survey suggested good engagement across a wide number of demographics, including traditionally underserved communities and those with higher sexual health needs. 39% of respondents were aged 25 and over, 34% aged 22-24, 23% aged 19-21 and 4% aged <19 years old. 2% of respondents reported that their current gender status was different to their gender status at birth. 52% of respondents identified as male and 46% as female and 2% non0binary, intersex or preferred not to say. 62% of respondents had a White British background, 19% had an other white or Irish background (including 5% from a gypsy or Irish traveller background), 17% from a mixed/multiple ethnic background. 20% reported having a disability, 22% reported their sexuality as LGB+ and 38% reported being in education.

Two thirds of respondents (n=261) had used sexual health services in the past. Out of the people who had used services in the past, three quarters (74%) rated their experience as good or excellent. 6% rated their previous experience as poor or somewhat poor with the remainder rating their experience as neutral. This indicates a high level of overall satisfaction with their experience. 15% described the ease of making an appointment as being not easy/somewhat not easy compared to 63% finding the process easy/somewhat

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easy. 80% would recommend the service to family and friends. Nearly half of respondents (43%) had used the online service SH.UK.

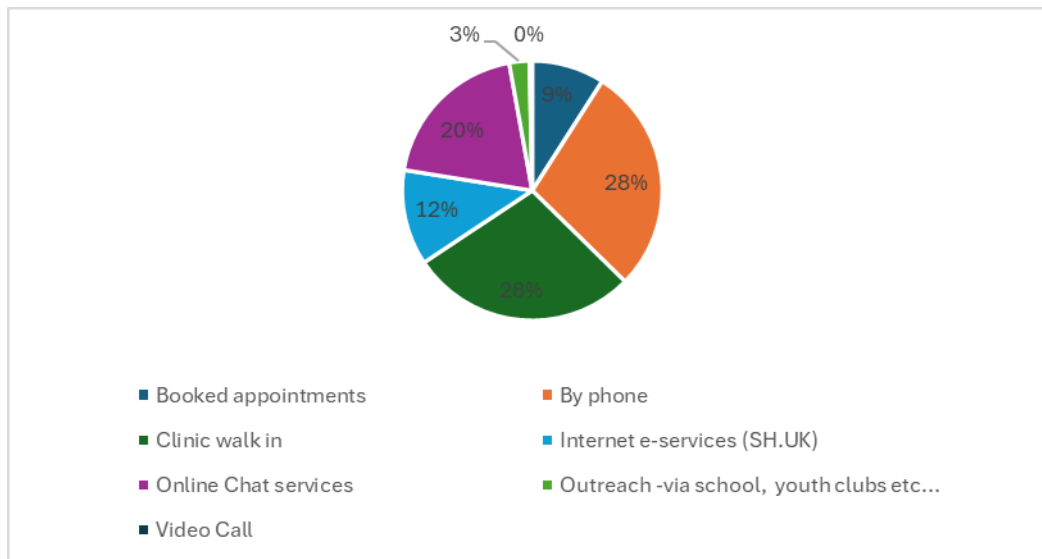


Figure 114 Preference for Accessing Services. Source: ESHT SSHS

When asked how they would like to access services, respondents indicated preferred options would be to attend a clinic or by telephone. Multiple answers could be given when answering this question.

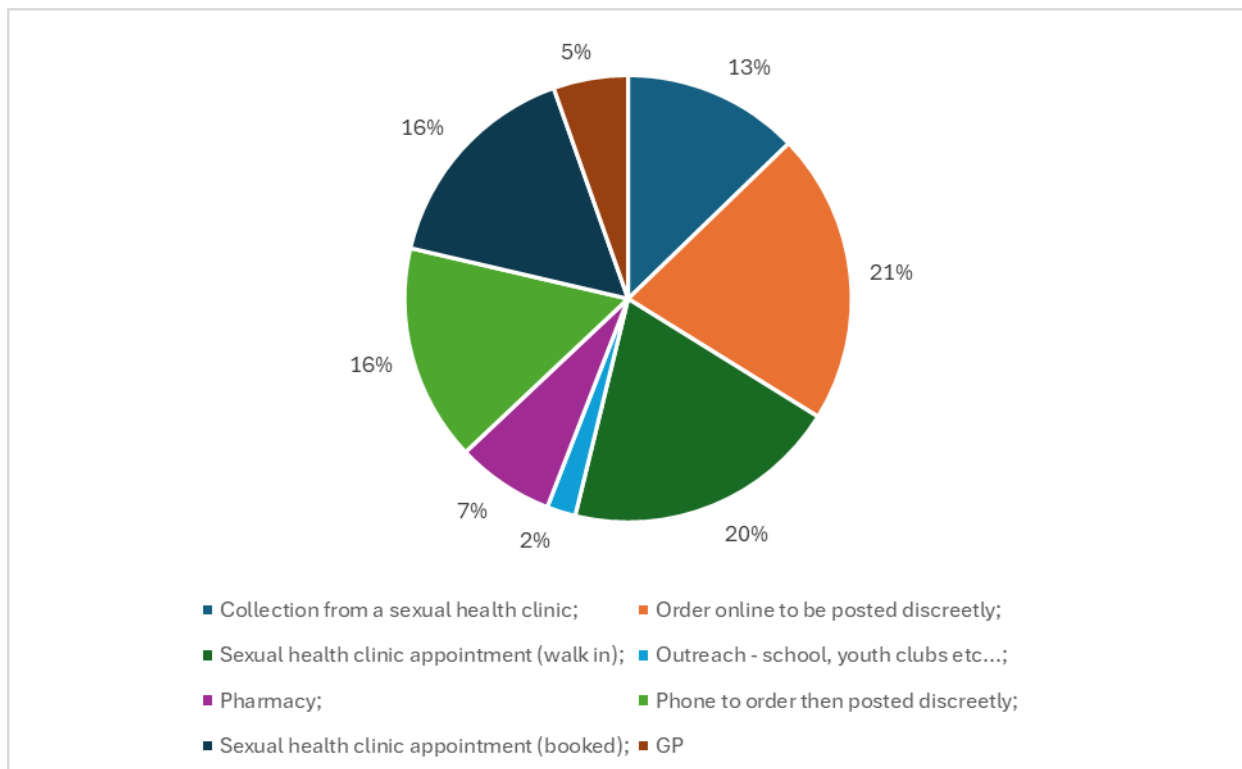


Figure 115 Preference for Accessing Self Sampling STI kits. Source: ESHT SSHS

When asked how they would like to access self sampling STI kits, the most requested method was via ordering online. Walk in sexual health clinics was second, followed by attending booked clinic appointments. Multiple answers were given when answering this question.

Pharmacy Mystery Shopper feedback

In February 2025, two work experience students based within the public health team called 25 pharmacies signed up to the EHC PHLSA or the C-card PHLSA as part of a mystery shopper experience. They called to ask if the pharmacy provided either free EHC or free condoms. The results demonstrate how some pharmacy staff are unaware that they can provide this service to young people (ESCC Public Health, 2025).

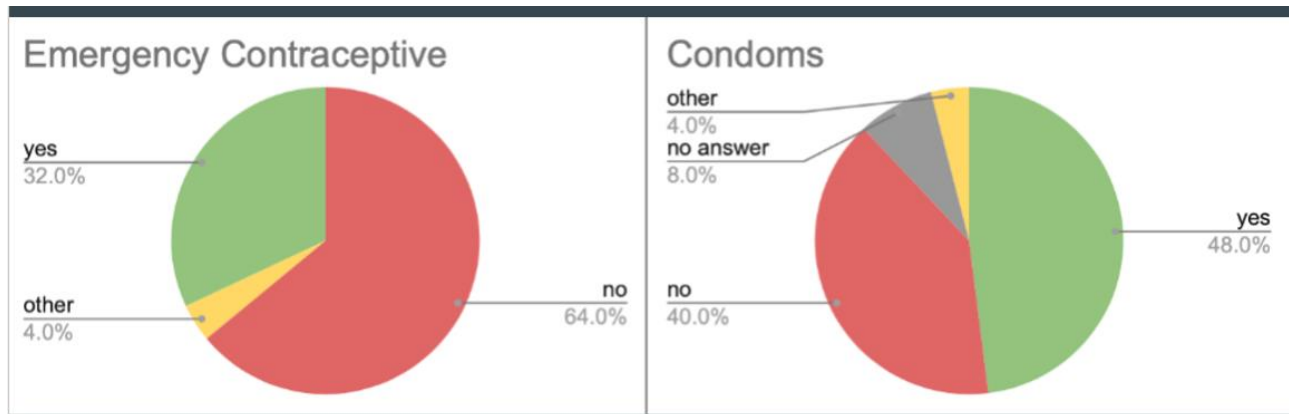


Figure 116 Mystery Shopper Results from Pharmacies: Are Emergency Contraceptives or Condoms free? Source: ESCC Public Health

The mystery shoppers also looked at SH.UK services, which they rated as discrete, quick, and easy to use. Sexual Health websites from other areas of the country were visited and ranked. Comments on positive website experiences included being welcoming, easy to navigate with important information (such as how to book) quick and easy to find.

Sex Worker Survey

A report commissioned by ESCC into the experiences of sex workers in East Sussex, found that those interviewed utilised both online and in person sexual health services and these services were well received by this group. Feedback from attending Avenue House was widely positive. SH.UK was highlighted as a good resource for free online STI home sampling kits and free condoms. The only negative noted about this service was that the number of condoms provided for free was often not enough and the variety offered did not meet all requirements (e.g. thinner condoms for client preferences). This did necessitate additional purchases of condoms. (SMG, 2025).

Suggestions to improve sexual health services for this cohort include greater awareness of sex work and using more appropriate history taking for this cohort, a greater awareness of PrEP as not all of cisgender female interviewees were aware of this and others only hear about it if they disclose that they engage in sex work, and more sex worker specific resources.

ICB Women's focus groups on contraception and abortion

A Sussex-wide report that gathered the views and experiences of Sussex women of contraception and ToP was conducted by NHS Sussex. It includes data from focus groups as well as polling on contraceptive choices on social media. This report includes views of women from outside of East Sussex so may not be fully representative of the experiences of women within the county. This report found that most of the women who had stopped taking contraception were due to side effects, a number of women did not want to take hormonal medication, for some, a reliance on period tracker apps and there was a desire for better information on contraception to be shared in more accessible places and formats. For women who reported difficulties accessing contraception, access to sexual health clinics was particularly highlighted in the qualitative findings. (Bamforth, 2025).

Chapter 7: Evidence on What Works

The STI Prioritisation Framework (UKHSA, 2024) recommends tailored interventions based on a particular groups' individualised needs. Interventions should be considered from the following:

1. Education and empowerment
2. Condoms
3. Biomedical interventions
4. Diagnostic technologies
5. Testing
6. Treatment
7. Partner notification (PN) and management

Association of Directors of Public Health (ADPH) suggests that good sexual and reproductive health and HIV provision looks like (ADPH, 2025):

- Successful system leadership
- Building individual and community resilience
- Safe and effective practice (including services)
- Promoting equity

Meanwhile, the Action Plan on Syphilis (Public Health England, 2021) recommends the following:

1. Increase testing frequency of high-risk men who have sex with men and re-testing of syphilis cases after treatment.
2. Deliver partner notification to British Association for Sexual Health and HIV (BASHH) standards.
3. Maintain high antenatal screening coverage and vigilance for syphilis throughout antenatal care.
4. Sustain targeted health promotion.

Chapter 8: Future Population Predictions

All predicted population changes in this section are taken from 2024 Population Predictions in East Sussex (ESCC, 2024):

- The population of females aged 15-45 is expected to rise until 2030 before declining. This is significant as these are childbearing ages for women and therefore provisions should be made to prevent unwanted pregnancies in this group.
- A very small rise in the population of children and young people (aged 0-17 years old) is expected to 2028, although there will be a large variation between the districts. Wealden is expected to have the biggest growth in young people over the next 12 years, whereas Eastbourne will see the biggest decline. This should influence where youth sexual health service provision is focused in this time.
- Wealden is also expected to have a 9.4% growth over the next 12 years of working age people (18-64 years old). Consideration should be given to sexual health service provision in the Wealden area to serve this growing population.

The largest increases in population will be in the 65+ age category and sexual health providers should accommodate their needs. Additionally, those who provide other H&SC services to this age cohort should recognise their sexual health requirements.

Chapter 9: Gap Analysis

The STI prioritisation framework (UKHSA, 2024) recommends looking at the areas of need, demand, and supply to determine and address gaps in service delivery. This has been separated into three areas for the purpose of this report.

Gaps: Need and Demand but no/low supply

For population groups where a need is identified, where there is demand for the service but no/low supply, it is recommended that this gap is addressed through increasing supply.

Population groups identified where this may be the case is:

- Those on probation have high sexual health needs and low engagement with traditional services.
- People requiring psychosexual and sexual dysfunction services. In this instance, there is a waiting list to access services, but this list is now closed to new patients who need access to the service.

Gaps: Need Identified. No Supply or Demand

For population groups where a need is identified but there is no demand for or supply of services then this needs to be addressed through increasing the supply and understanding the barriers and facilitators for accessing services. The following have been identified as having an unmet need, with no services or demand for services:

- Young people not engaged with the education system and therefore lacking access to reliable RSE.

Gaps: Need identified, Service levels high, Demand low

For those where a high need has been identified, there are numerous options to access services but demand for services is low, the framework recommends that these communities need to be worked with to understand barriers and facilitators to accessing existing services. Services may need to be amended to boost demand or awareness raised about existing services. Populations identified that meet this criterion include:

- Women aged 20-34 at risk of unwanted pregnancy not accessing contraceptive services, including EHC.
- Women undergoing EMA not taking up offer of LARC and unknown user dependent method use.
- Heterosexual men and women, including sex workers, at high need of PrEP but not initiating PrEP.
- A decline in young people accessing condoms via the C-card scheme in pharmacies. This is also compounded by pharmacies lack of knowledge about the scheme. Young people are also reporting more unprotected sex through MHMS survey and via the under 25s EHC PHLSA where there is a rise in need for EHC due to unprotected sex.
- GBMSM who are at elevated risk of syphilis and gonorrhoea.
- Refugees and asylum seekers are linked up to the sexual health outreach service through the LINKS project, however, there has been no uptake of this service in this group.
- The population of Rother and Wealden have the lowest chlamydia detection rates for 15-24 year olds in the county. They can access testing services through online means, pharmacies, GP services, education settings and mobile youth services but do have to travel to SSHS.

Gaps in Knowledge

The following knowledge gaps have been identified during the course of the report:

- Comprehensive C-card data is lacking. Data is only available on distribution from Early Help outreach services and pharmacies signed up to the C-card PHLA and registrations from Early Help or online. As noted in the report, there are many other educational and other health and social care settings signed up to register and deliver for C-card for which there was no data. Therefore, an incomplete picture of use of this service was provided.
- Those undergoing ToP did not have use or non-use of user dependent methods post abortion noted on the provided data. This means assessing contraceptive need for this group of women difficult.
- Data from ToP provider only included figures for numbers of previous terminations in the past 3 years and not those who have ever undergone a previous ToP.
- Demographic data and numbers of survivors of sexual assault in East Sussex accessing nearby SARCs are unknown. This information could inform if there are areas in East Sussex not well served by the current service provision and, therefore, how local services can meet their additional needs.
- Certain protected characteristics are difficult to measure as service users often do not provide this data (e.g. religion or belief). Therefore, it is not possible to determine the need and service utilisation for these groups.
- There is a paucity of national data on the needs, barriers and facilitators of heterosexual men accessing sexual health services.

All data gathered is from NHS, or private providers providing NHS services. There is not data for East Sussex residents seen privately in private pharmacies or primary care. There are several PreventX sites for postal STI testing kits. There is no data on which of these sites remain active.

Chapter 10: Recommendations

- Conduct a survey exploring women's views on contraception: this should explore elements such as access to current contraceptive services and their individual access preferences, views on side effects of hormonal contraception, views and use of natural family planning methods and current sources of trusted information.
- The survey should inform the basis of a co-produced campaign to promote contraceptive use and address concerns local women have raised around contraception.
- Work with commissioners of induced abortion services to improve data collection, monitoring and reporting of aspects of this service. This includes post abortion

contraceptive use to include SDCI, Injection and User-dependent methods as well as numbers of repeat ToPs for all time, not just past 3 years.

- Address how counselling and access to post abortion contraception for EMAs conducted at home can be explored and solutions on how to address access to post abortion contraception for this group of women.
- To encourage Public Health engagement with pharmacies signed up to the C-card PHLA to promote the service in their pharmacy. To encourage pharmacies in areas where there are not many signed up to the PHLA to participate in the C-card scheme. This includes northern Lewes and Wealden districts.
- Free EHC is to be available in all pharmacies from 2025 (Community Pharmacy England, 2025) This needs to be monitored and the impact this has on the current EHC PHLA understood.
- Use and supply of PreventX postal chlamydia testing kits in the community needs better monitoring and oversight.
- Raise awareness of PrEP to groups identified as not being aware of the service. This includes heterosexual men and women who have elevated risk factors for HIV acquisition, such as sex workers. This involves awareness by sexual health professionals that not all people engaged in sex work identify as a sex worker (such as people engaged in survival sex). Therefore, promotion of PrEP should not be confined to self-disclosure as a sex worker.
- The recommendations from sex worker report should be implemented. These include actions to raise awareness and visibility of support, improving access to services and enabling help seeking behaviour and to fill gaps in current service provision.
- Current sexual health outreach service provision for refugees and asylum seekers is failing to engage with this group. It is recommended to connect with this group to understand barriers and facilitators to sexual healthcare which can lead to co-production of an awareness raising campaign to promote the sexual health outreach service to this group.

To understand and address barriers to the collection of data on the uptake of condoms from the C-card scheme as there were some services signed up to the scheme but did not have available data on numbers registered.

- To have the sexual health service build relationships with the school health service. This can improve the School Healths Service knowledge of appropriate signposting, testing and C-card scheme.
- To work with youth service to understand the sexual health needs of children persistently absent from schools, classified as NEETs or otherwise out of school due to home education/off rolling.
- To build relationships with nearby SARCs to understand East Sussex resident's utilisation of these services, as well as the sexual and reproductive health needs of

East Sussex residents who use these services. This can inform if there is any gap in the current sexual health service provision for East Sussex survivors of sexual abuse.

- To engage with GBMSM to promote sexual health practices that will reduce the burden of syphilis and gonorrhoea in this cohort.
- To increase chlamydia testing amongst those aged 15-24 years old, particularly in the Rother and Wealden District. This could be done by increased mobile youth service in these areas, promoting pharmacy services in this area, improving school health service access to and distribution of chlamydia postal test kits and promoting online STI testing amongst young people in these areas. To expand sexual health outreach service to inclusion groups not currently served, such as those in contact with the criminal justice system.
- Sexual health is a vital component of the physical and mental health of the population. Any needs assessment or work looking into the wider determinants of health needs to also take sexual health into consideration.

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