Swindon's Joint Strategic Needs Assessment

Bulletin: Sexual Health

Key Points

- The JSNA provides evidence to help us understand the sexual health and wellbeing needs of people in Swindon.
- Sexual health matters to both individuals and communities and is important across the whole life course. It encompasses a wide range of areas including sexually transmitted infections (STIs), teenage pregnancy, abortions, contraception and sexual offences as well as the promotion of good sexual health and the prevention of STIs, unplanned pregnancies and poor sexual health.
- STIs are passed from one person to another through unprotected sex or genital contact. Examples of such infections include HIV (human immunodeficiency virus), chlamydia and gonorrhoea.
- In 2013, the Swindon Chlamydia Screening Programme performed significantly better than England and the South West, reaching the national target of 2,300 diagnoses per 100,000 young adults per year. However, a smaller proportion of the 15-24 year old population is screened for chlamydia when compared to regional and national figures (22.2% compared to 23.8% and 24.9% respectively in 2013).
- A high proportion of people newly diagnosed with HIV in Swindon have a late diagnosis of HIV (57.1%), but this is no worse than the national picture. The uptake of HIV tests within Genito-Urinary Medicine (GUM) settings is highest within the MSM (men who have sex with men) group at 95.3% and lowest amongst women (70.4%).
- The uptake rates of the HPV (human papilloma virus) vaccine (to prevent cervical cancer) in Swindon have been consistently high and better than regional and national rates (96.2% in 2012/13 compared to 81.5% and 86.1% respectively).
- 86.7% of abortions in Swindon are performed under 10 weeks gestation, which is high when compared to regional and national data. This is desirable as early abortion ensures that women undergoing abortions experience fewer complications.
- Teenage pregnancy rates in Swindon have continued to decline, in line with national figures.
- The Swindon Local Safeguarding Children Board (LSCB) has overview of all safeguarding issues in Swindon, including child sexual exploitation (CSE) and female genital mutilation (FGM).
- The JSNA makes 13 recommendations (see page 8).

What is Joint Strategic Needs Assessment?

A JSNA helps us to understand:

- What we know about the current health and wellbeing needs of local people
- How their needs are currently being met
- What we think their future needs are likely to be; and
- How their needs can be best met in the future.

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board. Understanding Swindon's changing population, the factors that affect health and wellbeing, the town's assets and the implications for future services is vital in setting priorities and planning future services.

The Sexual Health Needs Assessment

The World Health Organisation defines sexual health as "a state of physical, mental and social well-being in relation to sexuality. It 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. " The purpose of this needs assessment is to inform the commissioning of sexual health services in Swindon so that services are provided in a way that meets the needs of the population

Influences on sexual health

A number of factors can influence sexual health. An understanding of these is needed to ensure that good sexual health services are provided across the life-course. Factors influencing sexual health are summarised in Box 1.

Box 1: Influences on sexual health.

- Personal beliefs, for example the degree of perceived risk of pregnancy or catching an STI or HIV.
- Personal understanding and perception of risk associated with certain sexual behaviours.
- Attitudes, for example the belief that condom use or male sterilisation can decrease sexual pleasure.
- Social norms and peer pressure. For example, in surveys both parents and young people significantly overestimate the levels of sexual activity under the age of 16.
- Self-esteem and confidence impact on the way people feel about their bodies; their attractiveness and their physical value can influence sexual health. People with low body confidence may be more likely to engage in risky behaviour, such as unprotected sex.
- Past behaviour, for example in using condoms or contraception.
- Relationships within families: young people who are able to have open and supportive conversations with their parents about sexual health matters are more likely to make better and informed choices about their sexual health and behaviour.
- Stigma and discrimination can prevent individuals from getting early diagnosis and treatment, disclosing to friends and family and getting the support they need.
- Behavioural willingness, for example if a person believes that someone who does not use contraception is attractive, that person is at higher risk of adopting these practices.

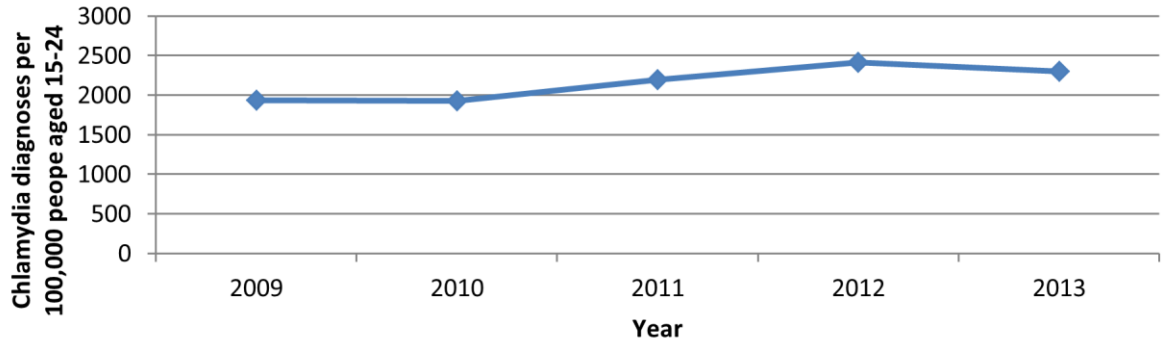
Adapted from "A framework for sexual health improvement in England", Department of Health, 2013

Sexual health in Swindon

In 2013, Swindon ranked 72 (out of 326 local authorities in England, with the first in the rank having the highest rates) for rates of new sexually transmitted infections (STIs). 1891 new STIs were diagnosed in Swindon residents (892.3 per 100,000 population, compared to 810.9 per 100,000 for England). Swindon successfully targets people at risk of STIs, as is evident by the high rates of STI diagnoses.

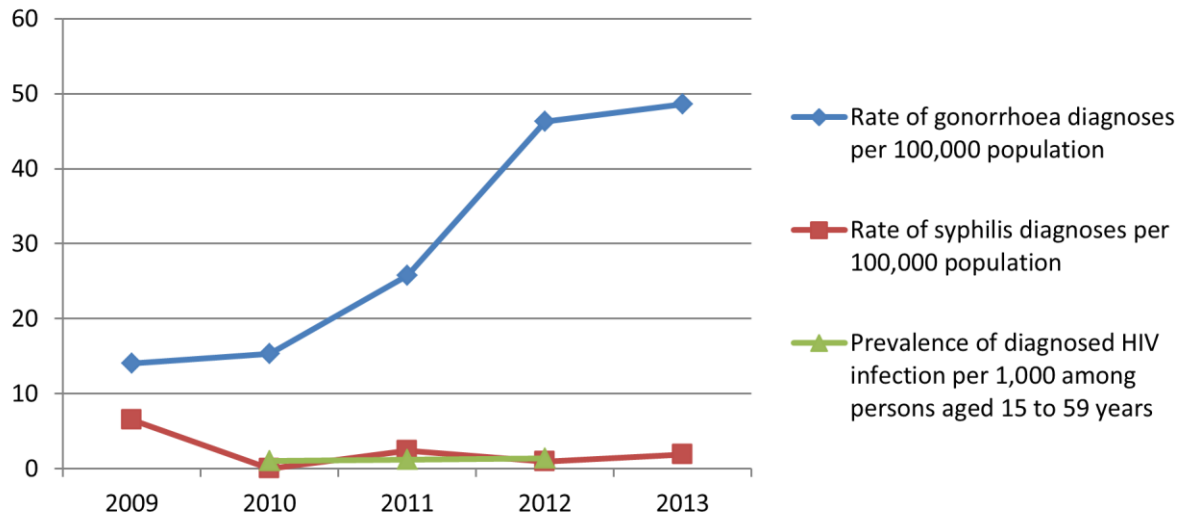
58% of diagnoses of new STIs in Swindon were in people aged 15- 24 years (compared to 55% in England). Figures 1 and 2 provide an overview of STI trends in Swindon in recent years.

Figure 1: Rate of chlamydia diagnoses per 100,000 young people aged 15 to 24 in Swindon from 2009 to 2013 (Sexual & Reproductive Health Profile data) (SRHP)



The proportion of the population aged 15 -24 screened for chlamydia has increased slightly from 19.5% in 2009 to 22.2% in 2013. **However, as can be seen by the high rates of chlamydia diagnoses (Figure 1), Swindon is good at targeting people at high risk of chlamydia for chlamydia screening.**

Figure 2: Trends in STIs in Swindon 2009-2013 (SRHP)



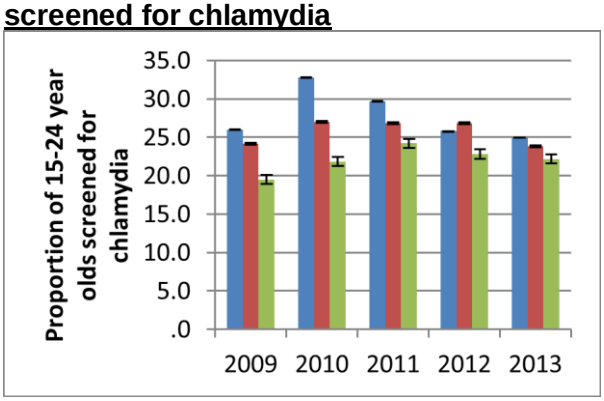
As can be seen by Figure 2, the rate of gonorrhoea diagnoses have increased significantly from 14.1 per 100,000 in 2009 to 48.6 in 2013. The rates have increased considerably in England for the same time period, from 26.8 in 2009 to 52.9 in 2013. The reason behind the national increase in Gonorrhoea is unknown. The increase in gonorrhoea diagnoses in Swindon may be partly due to the introduction of the more sensitive Nucleic Acid Amplification Test (NAAT) in August 2012.

Key findings

Swindon is good at targeting those most at risk of **chlamydia**, and is performing significantly better than England and the South West in chlamydia screening, reaching the national target of 2,300 diagnoses per 100,000 young adults per year in 2013.

As can be seen by Figure 3, smaller proportion of the 15-24 year old population is screened by chlamydia screening when compared to regional and national figures (22.2% compared to 23.8% and 24.9% respectively in 2013).

Figure 3: Proportion of 15-24 year olds screened for chlamydia



Key: England, South West, Swindon

In line with national trends, the rate of **gonorrhoea** diagnoses continues to rise in Swindon. In 2013, the rate of gonorrhoea diagnoses was 48.6 per 100,000 in Swindon, compared to 52.9 per 100,000 in England.

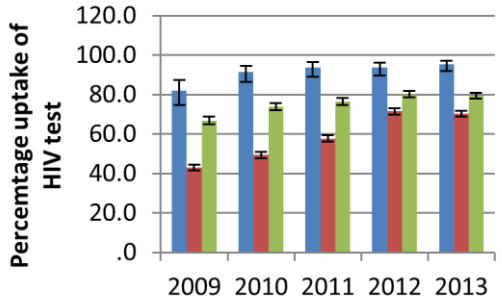
In 2013, the diagnosed **HIV (human immunodeficiency virus)** prevalence in Swindon was 1.5 per 1,000 population aged 15-59, with 18 new diagnoses during that year. The national prevalence of HIV in 2013 was 2.1.

In 2013, 66.0% of Genito-Urinary Medicine (GUM) clinic patients from Swindon who were eligible to be tested for HIV were tested. This compares to a national rate of 71%.

The uptake of HIV tests within GUM settings is best within the MSM (men who have sex with men) group and worst amongst women (Figure 4).

The commonest route of HIV transmission in Swindon is heterosexual intercourse (64%). A high proportion (57.1%) of people newly diagnosed with HIV in Swindon have a late diagnosis of HIV, but this is no worse than the national picture.

Figure 4: Uptake of HIV testing amongst different patient groups within Swindon

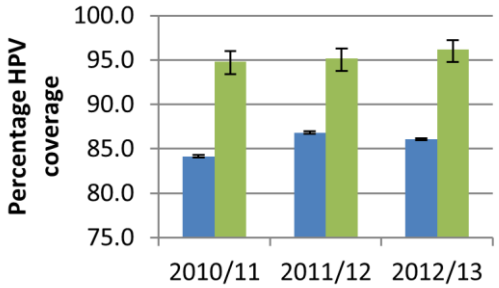


Key: MSM Women Men

It is also important to note that there are relatively few new HIV diagnoses in Swindon (18 new diagnoses in 2013).

The uptake rates of the **Human Papilloma Virus vaccine** in Swindon have been consistently high (96.2% in 2012/13) and better than regional and national rates (81.5% and 86.1% respectively for the same time period) (Figure 5).

Figure 5: Percentage of girls aged 12-13 who have received all three doses of HPV vaccine (SRHP data)



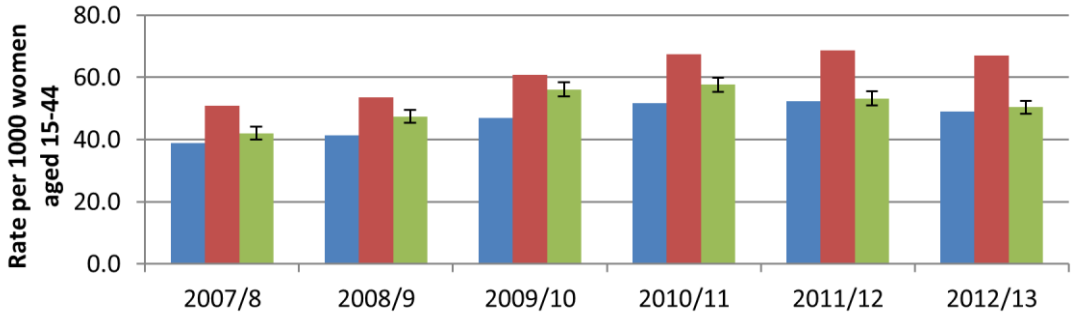
Key: **England** **Swindon**

In 2013, 86.7% of **abortions** in Swindon were performed under 10 weeks gestation, which is high when compared to regional and national data (78.6% and 79.4% respectively in 2013). This is desirable as early abortion ensures that women undergoing abortions experience fewer complications.

In line with national data, Swindon had a high rate of repeat abortions in the under 25 age group (26.5% in Swindon compared to 26.9% in England during 2013).

In 2012/13, the GP prescribed **Long Acting Reversible Contraception (LARC)** rate in Swindon was 50.1 per 1,000 registered women aged 15-44 years, compared to 49.0 per 1,000 women in England (Figure 6).

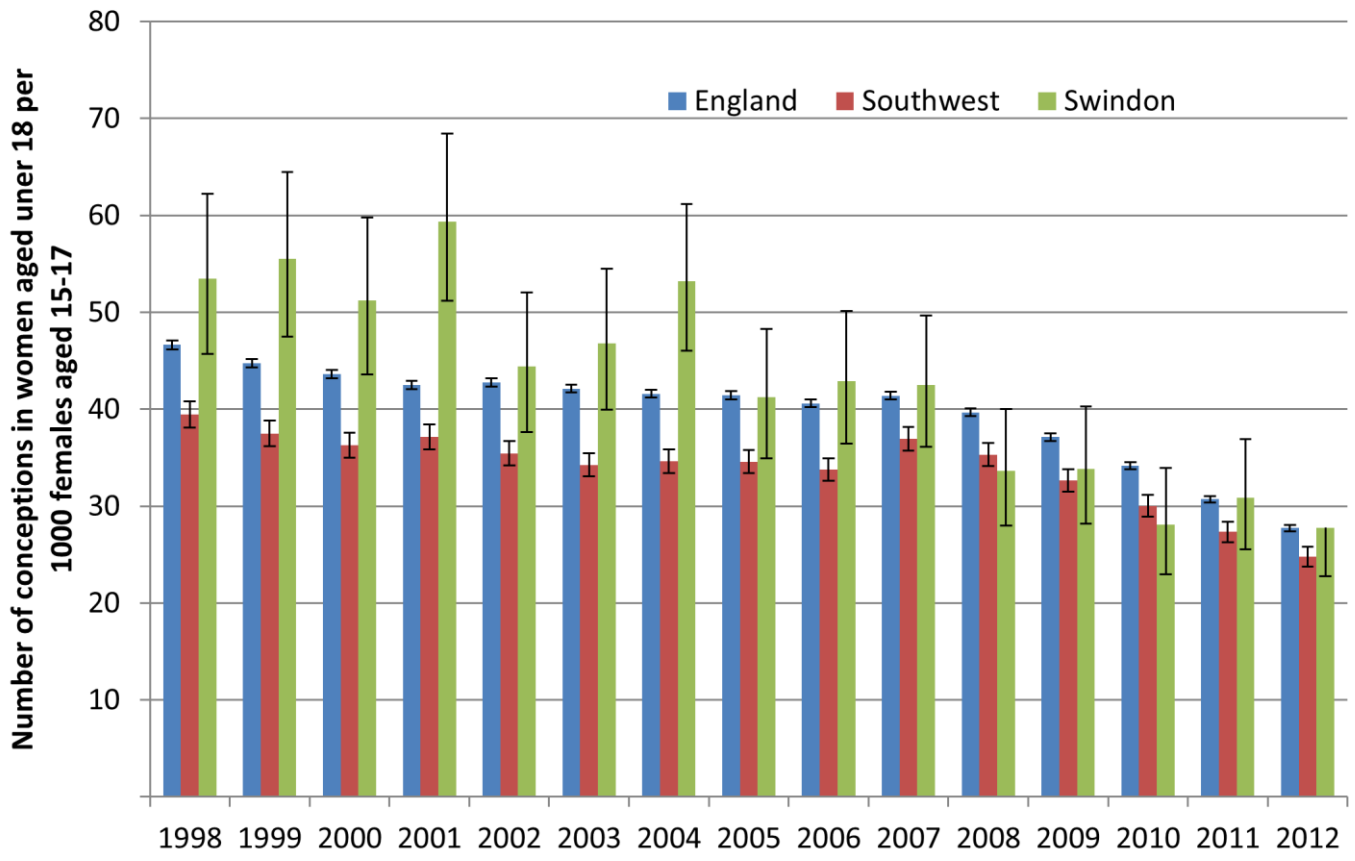
Figure 6: Rate of GPs prescribing LARC per 1000 registered female population aged 15- 44 within Swindon PCT area (SRHP data)



Key: England South West Swindon

Teenage pregnancy rates in Swindon have continued to decline, in line with national trends (Figure 7). In 2012, the under 18 conception rate per 1,000 females aged 15-17 years in Swindon was 27.8, whilst the national rate was 27.7.

Figure 7: Conception rates in women aged under 18 per 1,000 females aged 15-17 (SRHP data)



Sex and relationships education (SRE) in schools across Swindon is delivered almost exclusively by teachers, with some sporadic delivery of discrete aspects of sex education, (e.g. puberty, contraception, STIs) by school nurses where the school has a traded services arrangement with the school nursing service. Some training on effective delivery of SRE has been undertaken by teachers. SRE is a significant part of the non-statutory Personal, Social and Health Education (PSHE) curriculum. All schools in Swindon and school nurses are entitled to free membership to the PSHE association's resources held on their website. A PSHE audit was developed by SBC and completed by all schools in 2014, and work is on-going to further develop the audit to help ensure PSHE is comprehensively covered.

The rate of **sexual offences** recorded by police in Swindon was 88 per 100,000 in 2013. This was not significantly different from the rates in the South West (84 per 100,000) or England (83 per 100,000). Equity of access to Sexual Assault Referral Centres (SARC) is an issue which has been highlighted nationally and Swindon is fortunate to have a SARC located within the borough.

The Swindon Local Safeguarding Children Board (LSCB) has overview of all safeguarding issues in Swindon, including **child sexual exploitation (CSE) and female genital mutilation (FGM).** CSE is defined in Box 2.

Box 2- Definition of CSE
'The sexual exploitation of children and young people under the age of 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/ or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources."

The National Working Group for Sexually Exploited Children and Young People, 2008.

Box 3- Types of FGM
Type 1- Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type 2- Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).

Type 3- Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

Type 4- Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

The Swindon LSCB has been raising awareness of CSE amongst all frontline staff and has made available both face to face and online training for all agencies involved. The LSCB has also developed a screening tool so that frontline staff can identify those at risk of CSE. The Outreach and Group-work Team within SBC provides group work to young people at risk on healthy relationships and a more intensive group for girls identified to be at risk of CSE. A Multi-Agency Risk Panel (MARP) meets regularly to discuss children considered to be at high risk and where possible perpetrators are also discussed and information is shared between agencies.

FGM has been defined as follows:
"FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons."[1]

The WHO classifies FGM into four types as defined in Box 3.

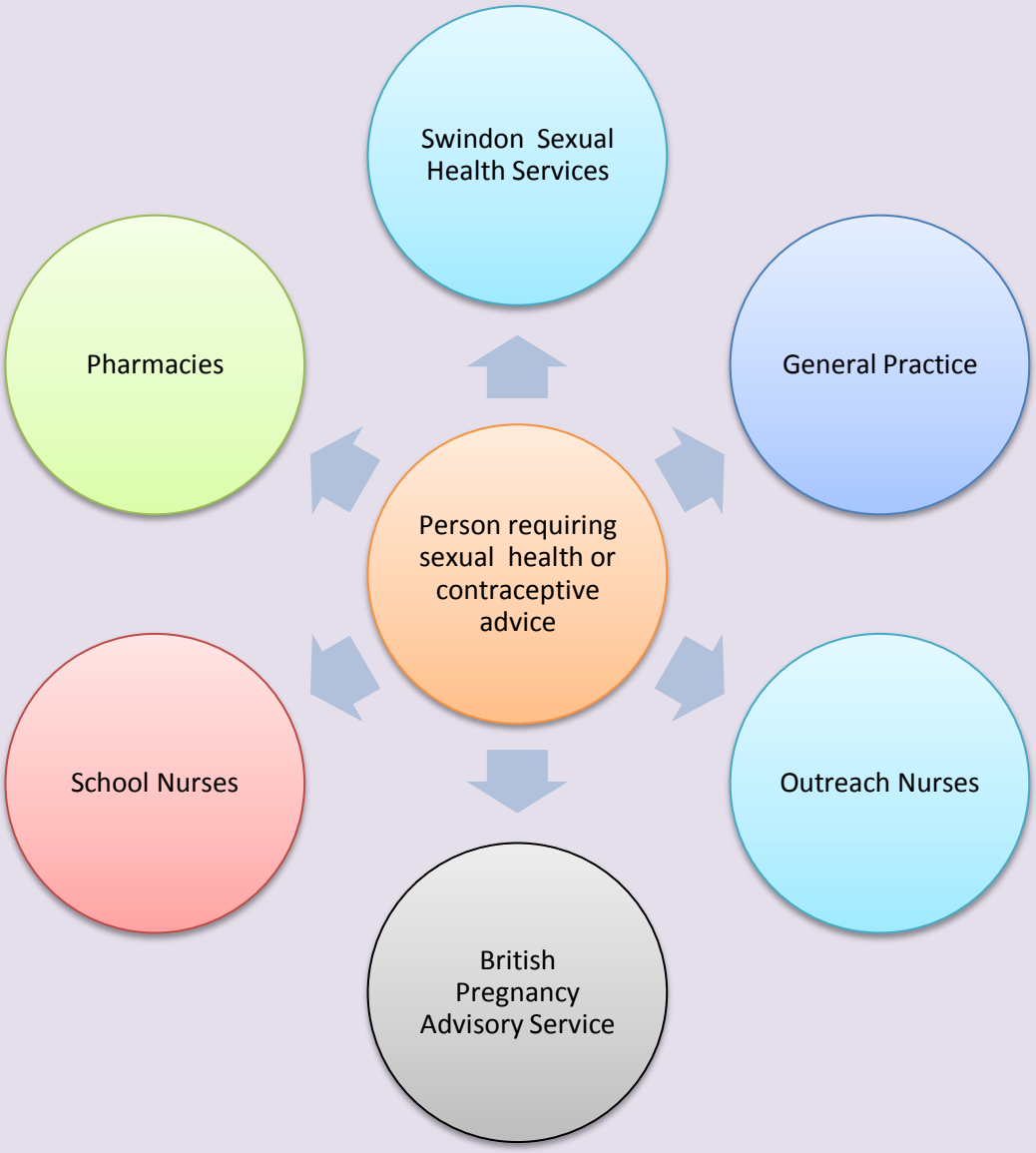
The detection and prevention of **FGM** is both a national and local priority. Multi-agency training on FGM is delivered by the Swindon Community Safety Partnership. Swindon currently follows the South West Child Protection Procedures for FGM. A FGM Working group, which is a sub-group of Swindon LSBC, is working on a set of local procedures and guidance on FGM.

What services do people use?

The sexual health services in Swindon are mostly provided by Swindon Sexual Health (SSH), an integrated sexual health service which provides both sexual health and contraceptive services and advice
Other providers include General Practice (especially regarding contraception), the school nursing team, voluntary organisations such as the British Pregnancy Advisory Service and the Terence Higgins Trust (THT) and the Sexual Assault Referral Centre (SARC). Figure 8 summarises the sources of sexual health advice and treatment in Swindon.

[1] Multiagency Practice Guidelines- Female Genital Mutilation, Department of Health, 2011

Figure 8: Diagram summarising access to sexual health services in Swindon



Contraceptive services

Contraception advice and treatment are available through a range of different services throughout Swindon: General practice, Swindon Sexual Health, pharmacies and the British Pregnancy Advisory Services (BPAS).

Emergency contraception is available from eight pharmacies located across Swindon, as well as from GPs and SSH. The outreach nurses have a particular role in providing contraception services and advice to the most vulnerable groups in Swindon.

School nurses work within schools to provide contraception advice and emergency contraception when needed. Finally, condom schemes operate in a variety of locations across Swindon (the two higher education colleges and the sexual health outreach clinic at Carfax Street).

High risk groups

SSH offers an outreach service to engage those who are at high risk of poor sexual health. For example, a clinic targeting MSM has been set up recently in a sauna which is frequented by MSM. Commercial sex workers are targeted with STI screening and the offer of condoms by outreach workers in collaboration with Crime Reduction Initiative. Sex workers are also advised around safety issues at work and offered hepatitis B vaccination if appropriate. An outreach service provides venous and dried blood spot testing for HIV, Hepatitis B and C for intravenous drug users in collaboration with the Crime Reduction Initiative. The outreach team run young person's clinics at Carfax Street and in Swindon and New Colleges.

The outreach team also engages in partnership work with all agencies working with young people (for example, youth engagement workers, school nurses, mental health and the Drug & Alcohol services). All these agencies refer into SSH.

Recommendations

The recommendations require a multi-agency and partnership approach and will be monitored through the Sexual Health Executive Group led by public health.

1. Increase the uptake of chlamydia screening amongst 15-24 year olds.

2. Improve uptake of HIV testing amongst women and heterosexual men with a view to reducing the proportion of late HIV diagnoses. Increased uptake could be achieved by
   a. raising awareness of the need for HIV testing amongst heterosexual men and women
   b. raising awareness of HIV with GPs so that they consider HIV as a differential diagnosis
   c. making HIV tests available within other healthcare settings, for example, pharmacies.

3. Continue to provide an excellent HPV vaccination programme to ensure high vaccine uptake rates.

4. Continue to provide the majority of abortions during early pregnancy to ensure low complication rates for women.

5. Continue to train more GPs in LARC insertion and ensure that LARC continues to be available in all General Practices.

6. Conduct qualitative research with service users to better understand the barriers for the uptake of LARC.

7. Increase the number of pharmacies providing emergency hormonal contraception.

8. Encourage schools and colleges to use quality assured packages available for the delivery of Sex and Relationships Education, so that young people are well informed about sexual health and relationships and are aware of where and how to access help should sexual abuse/assault occur.

9. Encourage more organisations within Swindon achieve the Young People Friendly accreditation. Consider how to commission specialist psycho-sexual counselling. This issue and a way forward is currently being discussed by Swindon Borough Council, Public Health and Swindon CCG.

11. Develop and coordinate a CSE strategy and action plan, working with the LSCB.

12. Develop and coordinate a FGM prevention strategy and action plan, working with the LSCB.

13. Ensure cross correlation of data across local partnerships, to ensure that all agencies have the necessary information to protect the vulnerable. The MARP is an example where information sharing is used effectively to prevent harm and protect vulnerable children.

Where to find more information

The full Sexual Health JSNA provides much more information on the issues covered by this bulletin (including full references). It can be found on Swindon's JSNA website:

http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx

The website includes a range of other documents about health and wellbeing in Swindon. If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact:

cbartlett@swindon.gov.uk

Information on sexual health services in Swindon can be found at http://www.swindonsexualhealth.nhs.uk/

This JSNA was led by Chaam Klinger (Public Health Registrar) with support from Ayoola Oyinloye, Jo Hartley, Cherry Jones and members of the Sexual Health Executive Group. The author would like to thank all those who contributed to the development of this JSNA.

This bulletin will be reviewed in 2017.