

**Summary Needs Assessment for Sexual Health**

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**Last Reviewed: July 2015**

A detailed Sexual Health Needs Assessment (2013) is available at <http://atlas.hertsliis.org/IAS/Custom/Resources/SexualHealthDetailedPDF.pdf> .

A separate document providing more detailed information on Teenage Pregnancy is available at <http://atlas.hertsliis.org/IAS/Custom/Resources/TeenagePregnancyDetailedPDF.pdf>

**1 What sexual health is and why it is important**

- Sexual health is a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity (World Health Organisation). Sexual health is influenced by a complex web of factors that include sexual behaviour, attitudes to sex and sexual health as well as societal influences.
- Sexual health is an important element of physical and mental health concerning the majority of the population. Good sexual health requires relationships to be safe and free from coercion, with ready access to high quality information and services to reduce the risk of unintended pregnancy, illness or disease. If STIs and HIV are prevented or treated early then long-term complications and risk of on-going transmission to others can be avoided.
- The importance of improving sexual health is recognised by the inclusion of three indicators in the Public Health Outcomes Framework: under-18 conceptions, chlamydia diagnosis in 15-24 year olds and people presenting with HIV at a late stage of infection. These indicators were prioritised as each represents a key area of public health requiring sustained and focused effort to improve outcomes.
- Additional information on under-18 conceptions is contained in a separate summary needs assessment.
- Within Hertfordshire we want to:
  - continue to tackle the stigma, discrimination and prejudice often associated with sexual health matters;
  - continue to work to reduce the rate of sexually transmitted infections (STIs) using evidence-based preventative interventions and treatment initiatives;
  - reduce unwanted pregnancies by ensuring that people have access to the full range of contraception, can obtain their chosen method quickly and easily;
  - continue to tackle HIV through prevention and increased access to testing to enable early diagnosis and treatment
  - promote integration, quality, value for money and innovation in the development of sexual health interventions and services.

**2 Rates of Sexually Transmitted Infections (STIs) and access to services in Hertfordshire**

- In 2014 there were 5,504 diagnoses of STIs (excluding chlamydia in people aged under 25) among Hertfordshire residents, a rate of 746 per 100,000 population. This was lower than the rate for England, but higher than East of England Region<sup>1</sup>.
- In 2014 Hertfordshire had a chlamydia diagnosis rate of 1,511 per 100,000 population aged 15 to 24 years (2,004 diagnoses) via GUM clinics, National Screening Programme and other services, lower than England and The East of England Region<sup>2</sup>. In 2014

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<sup>1</sup> Sexual and Reproductive Health Profiles, Public Health England, July 2015 see Fig 1

<sup>2</sup> Sexual and Reproductive Health Profiles, Public Health England, 2015.

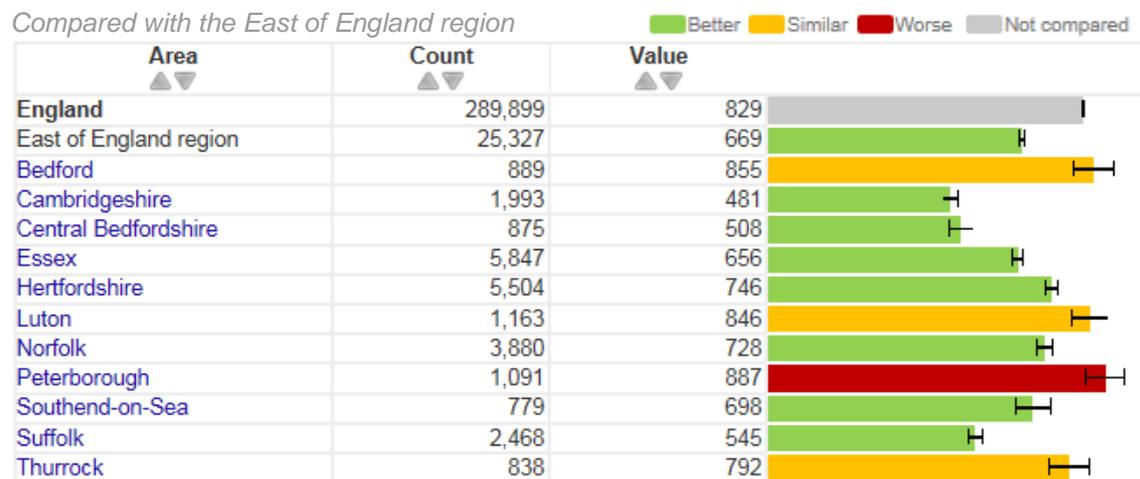
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20.5% of Hertfordshire's population aged 15-24 years were tested, with 5.6% testing positive, similar to national and regional percentages.<sup>3</sup>

- In 2013, 1,036 Hertfordshire residents aged 15-59 were accessing HIV related care, a rate of 1.5 per 1,000 population (Sexual and Reproductive Health Profiles, Public Health England, 2015). This is slightly higher than the rate for the East of England (1.4), but lower than England (2.1). Within Hertfordshire Watford had a rate almost three times higher than East Hertfordshire (2.8 compared to 1.0).
- 92 adults with HIV in Hertfordshire (52%) presented at a late stage of infection from 2011 to 2013, a slightly higher proportion than England (45%). There is no significant variation between the districts of Hertfordshire as the numbers become relatively small at this level (typically below 10)<sup>4</sup>
- Nationally and regionally the impact of poor sexual health, in terms of STI rates, remains greatest in young heterosexual adults and in men who have sex with men (Public Health England, 2014). HIV prevalence was found to be higher among men who have sex with men and the black African community<sup>5</sup>

**Figure 1: Rates of new STI diagnoses (exc Chlamydia aged <25), crude rate per 100,000 population, in The East of England region, 2015**



Source: Sexual Health Profiles, July 2015, Public Health England

### 3 What we currently do and what we plan to do

We commission services for family planning, Genito-Urinary Medicine, Chlamydia screening and Condom distribution from a range of providers and which have been redesigned and re-commissioned to deliver a single integrated sexual health service for Hertfordshire. The new service 'Sexual Health Hertfordshire' will start on 1<sup>st</sup> April 2015. There will be one sexual health service for all of Hertfordshire and service users will have one phone number they can call directly for appointments, making access easier. The aim of the service is to be accessible, meet people's sexual health needs in the ways that work for them providing a high quality non-judgemental service.

The new service will be developing what is offered in each clinic. All nurses will be trained to provide both contraception and treatment for infections so people get a 'one stop shop' service. This will improve the experience of using services and help ensure people always get the treatment they need, preventing further health problems. To improve the health for

<sup>3</sup> National Chlamydia Screening Programme, 2014.

<sup>4</sup> Sexual and Reproductive Health Profiles, Public Health England, 2014.

<sup>5</sup> Public Health England, 2013.

young and vulnerable people, new outreach services will take the clinic in a bag or a box to where people are. We will have an increased investment in early services ['Level 1'] providing more outreach, access for young people and vulnerable adults, and peer-to-peer support. Outreach services will also include the condom distribution (C-Card) scheme and Chlamydia screening, and this integration means that these services will now be able to offer more holistic support for young people's total sexual health. Community clinics that currently only provide contraception will be expanded to also provide some Genito-Urinary medicine services. These 'Level 2' clinics will be nurse led. Where people have more complex needs they will be referred in to hubs ['Level 3'] for Consultant-led care.

We also plan to do more work to understand the health needs of vulnerable groups, to regularly meet with stakeholders and to deliver a basket of health improvement projects to support the mainstream Sexual Health Hertfordshire service by preventing and improving poor sexual health.

We will also use the [Health in Herts](#) website to signpost local residents to information about advice and support

#### **4 How will we know we have succeeded**

We will analyse data on sexual health and service user feedback to monitor the implementation of our new service.

#### **5 What we don't know and would like to know**

We would like more detailed data on the health needs of very vulnerable groups, and on what health improvement services best help to prevent poor sexual health.

#### **6 Your views**

To better build our understanding around Sexual Health we also need others to contribute their knowledge and experience of this topic. If you might like to contribute or comment, then go to the "[Your Views](#)" section of the JSNA website to find out how.

## 7 References and further information

| <b>DATA SOURCES</b>   |  |  |
|---|--|--|
| <b>Title and Year</b>   | <b>Content</b>   | <b>Website / author</b>  |
| Public Health Outcomes Framework                              | Indicators to help understand how well public health is being improved and protected   | Public Health England:<br><a href="http://www.phoutcomes.info/">www.phoutcomes.info/</a>   |
| Tables and Figures: Chlamydia Testing Data (2014)             | Chlamydia testing data at local authority level  | National Chlamydia Screening Programme:<br><a href="https://www.gov.uk/government/statistics/national-chlamydia-screening-programme-ncsp-data-tables">https://www.gov.uk/government/statistics/national-chlamydia-screening-programme-ncsp-data-tables</a>                   |
| Sexual and Reproductive Health Profiles                       | Data to support local authorities, public health leads and other interested parties to monitor the sexual and reproductive health of their population and the performance of local public health related systems | Public Health England:<br><a href="http://fingertips.phe.org.uk/profile/sexualhealth">http://fingertips.phe.org.uk/profile/sexualhealth</a>  |
| HIV in the United Kingdom: 2013 Report (2013)                 | National report on HIV   | Public Health England:<br><a href="http://www.gov.uk/government/collections/hiv-surveillance-data-and-management">www.gov.uk/government/collections/hiv-surveillance-data-and-management</a>   |
| <b>FURTHER READING</b>  |  |  |
| <b>Title and Year</b>   | <b>Content</b>   | <b>Website / author</b>  |
| A Framework for Sexual Health Improvement in England (2013)   | Government's ambitions for improving sexual health   | Department of Health and cross Government:<br><a href="http://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england">www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england</a>                           |
| Sexual health commissioning Frequently asked questions (2013) | Transitional issues relating to the transfer of responsibility for commissioning sexual health services to local government  | Local Government Association, Public Health England:<br><a href="http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3880628/PUBLICATION-TEMPLATE">www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3880628/PUBLICATION-TEMPLATE</a> |