

Section 3: children and young people

Sexual health



a single version of the truth



Related briefings in the JSA for Health and Wellbeing

Briefing (and hyperlink)	Section
Minority groups	Health inequalities
Immunisations	Children and Young People
Mental health	Children and Young People
Substance misuse	Children and Young People
Complex families and safeguarding children in need	Children and Young People
Maternity	Health promotion and preventative services
Sexual health	Health promotion and preventative services

Outcome Frameworks summary

The Public Health Outcomes Framework for England, 2013-2016¹ outlines the overarching vision for public health as “to improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest”. The following indicators from this framework are relevant to this section.

Framework	Reference	Indicator
Public Health	1.12	Violent crime (including sexual violence)
Public Health	2.4	Under 18 conceptions
Public Health	2.8	Emotional wellbeing of looked after children
Public Health	2.21 (i)	Eligible pregnant women tested for HIV
Public Health	2.21 (ii)	Women booked for antenatal care screened for syphilis, hepatitis B and susceptibility to rubella
Public Health	3.2	Chlamydia diagnoses (15-24 year olds)
Public Health	3.3 (xii)	12-17 year old females receiving HPV vaccine
Public Health	3.4	People presenting with HIV at a late stage of infection
Public Health	4.8	Mortality from infectious and parasitic diseases

Edition

Edition	Version no.	Changes/Comments

Executive summary

The teenage conception rate in Wiltshire is continuing its decline since a peak in 2007. The number of conceptions in Q3 2011 was the lowest since the current data collection system began in 1998-2000. However, whilst the county-wide rate is below the nation and regional rates, within Wiltshire there are small areas which have persistently high teenage conception rates.

In 2012 there were 11,031 tests which represents 20.0% of the 15-24 year olds being screened in Wiltshire, compared to 24.3% in the South of England and 25.8% in England². This remains under than the national target of 35%. In terms of positive test results, 8.8% of tests in Wiltshire were returned positive in 2012, which was slightly higher than the South England (7.2%) and England (7.7%).

Why this area is important

Sexual health is a state of physical, emotional, mental and social wellbeing 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 violence³.

With a shift in focus from the NHS being seen as an 'illness' service and a greater emphasis on prevention following the publication of Choosing Health: Making Healthier Choices⁴. There is a re-emphasis on promoting health and focusing services on keeping people healthy. One of the top five aims of this White Paper and the associated delivery plan is to 'improve sexual health'.

To support these aims the Government published "A Framework for Sexual health Improvement in England"⁵ which sets out for commissioners and providers the Government's ambitions for good sexual health. This document sets out the evidence base for sexual health and HIV improvement. It has been developed to provide the information, evidence base and support tools to enable everyone involved in sexual health to work collaboratively at local level to ensure that accessible services and interventions are available.

Whilst many young parents will have positive parenting experiences, evidence⁶ clearly shows that having children at a young age can have a negative impact on young women's health and well-being and severely limit their education and career prospects. Longitudinal studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become a teenage parent themselves.

What are the needs of the population?

In 2010 a rapid sexual health needs assessment⁷, including mapping of services and gap analysis was carried out which focussed on existing services and the needs of young people. This section highlights some of the key issues raised in that document and where possible updates the data associated with these issues.

Teenage conceptions

Wiltshire Teenage Pregnancy Commissioning Group has agreed new targets to reduce teenage conceptions to a rate of 23 per 1,000 by 2014 and already these targets have been achieved. In addition to the overall target for Wiltshire the Board have also agreed to focus on inequality and where rates are highest, this will be achieved by aiming to reduce the rates in the 6 Community Areas with the highest rates in 2009-11 to the Wiltshire average for that period, whilst maintaining the lower rates in the other 14 areas.

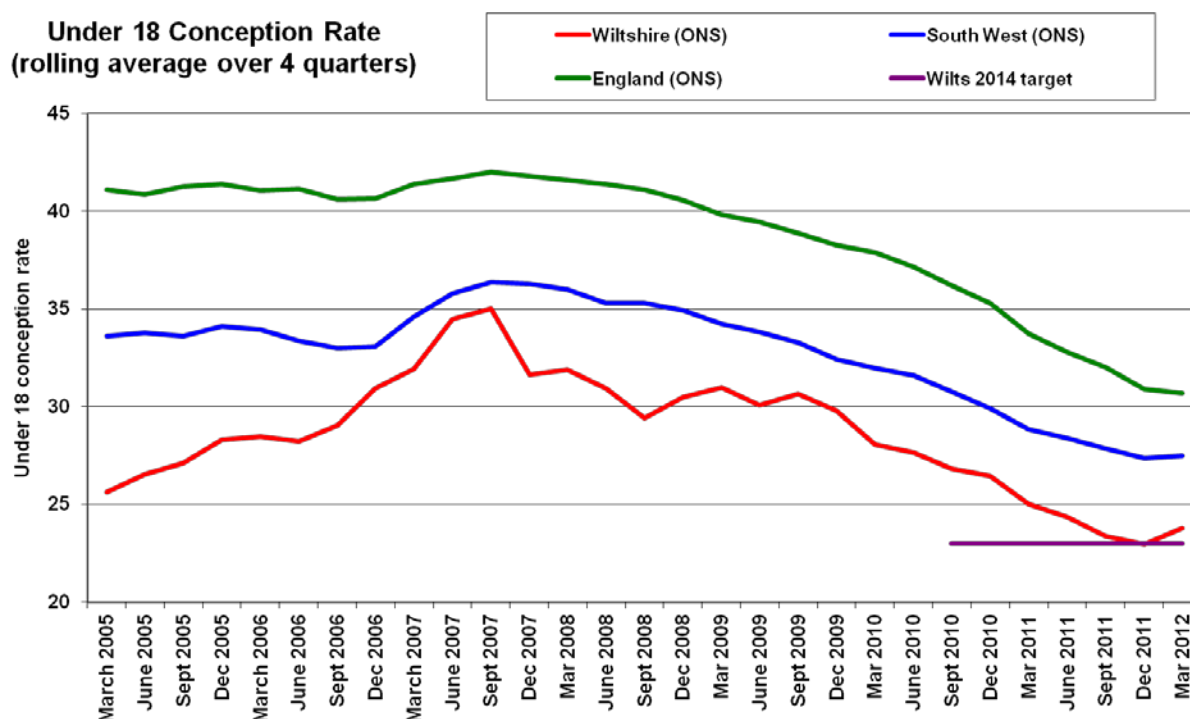
The Wiltshire Teenage Pregnancy Commissioning Group have a three year strategy and annual action plan, which brings multi-agency partners together to address how best to reduce teenage conceptions and support young parents. This strategy includes ensuring that all young mums (with consent) receive a common assessment framework (CAF) as a mechanism to ensure young mums receive multi-agency support, before their baby is born. A joint communication plan between teenage pregnancy and young people's sexual health exists to ensure that partners give clear and consistent messages to young people.

An agreed dataset⁸ containing up to date indicators showing the latest teenage conception figures analysed by various geographies is produced quarterly for the Wiltshire Teenage Pregnancy Commissioning Board. The dataset also contains analyses by age, ethnicity and deprivation.

The headlines from the dataset for June 2013 are:

- Provisional figures for April 2011 to March 2012 from ONS show that the conception rate in Wiltshire is continuing its decline since a peak in 2007. However, the rate is still higher than the target set in 2014.
- National and regional figures suggest this downward trend is repeated in most areas and is not unique to Wiltshire.

Figure 1: Under 18 conception rate



- Local proxy figures estimate that the ONS Q2 2012 figure will be 58 conceptions. If this is correct it will be very similar to the comparable time period in 2011.
- Official ward figures from ONS for 2008-10 show that there are a few wards with persistently high rates (since 2002-04).

Table 1: Wards with high rates of teenage conceptions in Wiltshire, 2008-2010*

Ward	Rank of teenage pregnancy rate (2008-2010)	Also a hotspot in 2002 - 2004?	Also a hotspot in 2004 - 2006?	Also a hotspot in 2005-2007?	Also a hotspot in 2006-2008?	Also a hotspot in 2007-2009?
Fisherton & Bemerton Village	1	No	YES	No	No	YES
Trowbridge – Adcroft	2	YES	No	YES	YES	YES
Ludgershall	3=	No	No	No	YES	YES
Melksham Woodrow	3=	No	No	No	No	No
Tidworth, Perham Down and Ludgershall	5	YES	YES	YES	YES	YES
Calne Abberd	6	No	No	No	YES	YES
Melksham Spa	7	YES	No	No	No	No
Chippenham Redland	8	No	No	No	No	No
Calne Priestly	9	No	No	No	No	No
Trowbridge – Drynham	10	No	YES	YES	YES	No

Source: – ONS, 2002-2010. * out of 121 Wiltshire wards.

- Official and local figures for wards and local Community Area figures all highlight the Trowbridge, Salisbury, Tidworth and Ludgershall areas as a cause for concern.
- Analyses by deprivation show that there are significantly more conceptions in the most deprived quintile and the correlation is even more pronounced when looking just at births.

A version of the agreed dataset with sensitive and restricted information removed is available here: <http://tinyurl.com/hwjsa997>

Ward level conception data is produced by the ONS and estimated using local data. However, there are restrictions on the publication of this data and it is not available on the Intelligence Network. Analysis of this data is used to inform education and prevention measures targeted at small areas.

Links with deprivation and unemployment

The ONS has published a set of reports which look at the relationship between teenage conception rates and deprivation and unemployment⁹. The reports showed that under 18 conception rate rankings were correlated with rankings for English Indices of Multiple Deprivation at local authority level and under 18 conception rates were correlated with unemployment rates and the percentage of children in poverty. The ONS also released an analytical toolkit looking at teenage conceptions and measures of deprivation which is freely available online¹⁰.

Targeting children in care

It is recognised that the health and educational needs of children in care are different from and greater than many other groups of children and young people. Young people who are looked after by the local authority are at greater risk of teenage pregnancy. A quarter of young women leaving care are either pregnant or young mothers and almost half of young women were pregnant within 18-24 months of leaving care¹¹. A teenage pregnancy needs assessment for Children in Care has been conducted to further understand how we can support this vulnerable group to make positive decisions about their sexual health and prevent unwanted pregnancy. This needs assessment highlight several areas for development, including:

- Sexual health training and support for Foster carers and frontline staff working with Children in Care including making appropriate referrals to sexual health services.
- Updating and implementing the sex and relationship education (RSE) policy for all Children in Care, including targeted SRE for those most at risk.

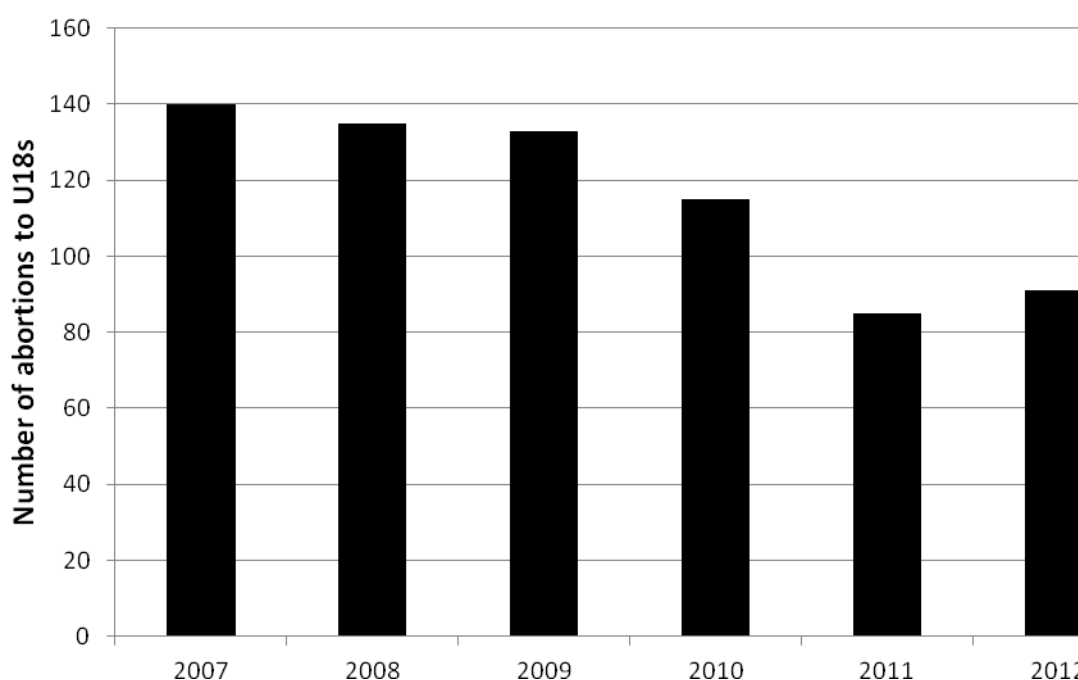
Further work has been completed to ensure that when a Child in Care becomes pregnant the relevant services working with the young person, appropriately share information to support the young women in her pregnancy.

Terminations

There were 91 terminations in Wiltshire in 2012 to women aged under 18 and a further 116 to those aged 18 or 19, which is 10 per 1,000 aged 18 or 19. The under 18 rate is lower than both the South West (11 per 1,000) and England (13 per 1,000). The 18 and 19 year old rate is similar to the South West (22 per 1,000) but lower than England (26 per 1,000)¹².

Figure 2: Under 18 terminations, Wiltshire.

Under 18 abortions, Wiltshire



Source: Department of Health

Between 2009 and 2011 there were 3 terminations per 1,000 women aged under 16 in Wiltshire and in the South West compared to 4 in England¹³.

In 2009 46% of teenage conceptions resulted in terminations. This was slightly lower than the South West and England values which were both 49%¹⁴.

Gestation

In 2011 in Wiltshire 69.4% of (NHS funded) terminations in women aged under 18 year were performed under 10 weeks gestation compared to 67.5% in the South West and 70.8% in England¹⁵.

Repeat terminations

Repeat terminations can be indicative of poor access to contraception or contraception failure.

Table 2: Percentage of repeat terminations, under 19s

	Wiltshire	South West	England
2006	8%		11%
2007	8%		10%
2008			
2009	7%	9%	11%
2010	9%	9%	11%
2011	8%	9%	11%

Sexually Transmitted Infections

Chlamydia

The National Chlamydia Screening Programme (NCSP) in Wiltshire was launched in 2006 as a joint programme with Swindon. Since January 2009, Wiltshire has run the programme independently as a 'Call/ Recall' system, similar to the Cervical Screening Programme. The programme has a target to screen sexually active people between the ages of 15 and 24 years.

In 2012 there were 11,031 tests which represents 20.0% of the 15-24 year olds being screened in Wiltshire, compared to 24.3% in the South of England and 25.8% in England¹⁶. This remains under than the national target of 35%. Wiltshire operates the programme to screen the most at-risk and works towards maintaining a positivity of above 8%, rather than the national screening target. In terms of positive test results, 8.8% of tests in Wiltshire were returned positive in 2012, which was slightly higher than the South England (7.2%) and England (7.7%). This indicates screens are being appropriately targeted at those most at risk.

In 2012/13 a new measure has been introduced which looks at the annual diagnostic rate amongst the resident 15-24 year old population. The target for this rate is between 2,400 and 3,000 screens per 100,000 population. Additionally, the positivity should be kept between 5% and 12% and the coverage at 35% or above. A tool has been developed in Wiltshire to help public health managers and analysts understand how these 3 targets can all be achieved simultaneously <http://tinyurl.com/hwjsa998>

With the local introduction of the National Chlamydia Screening Programme, the Genito-Urinary Medicine Departments in both Salisbury Foundation Trust and the Royal United Hospital in Bath have seen a reduction in the number of cases of Chlamydia that are being diagnosed. This is because far more cases are being identified and treated through the programme in the community, and therefore we anticipate that this trend will continue in the short term.

Pelvic inflammatory disease (PID) is a clinical syndrome referring to infection and inflammation of the upper female genital tract. Many people with PID may not be aware that they have it; however it can lead to serious complications such as ectopic pregnancy, infertility and chronic pelvic pain. Chlamydial infection is a common cause of PID; however other micro-organisms such as *Neisseria gonorrhoeae*, genital microplasmas, endogenous vaginal flora and aerobic streptococci are also implicated. It can be treated in both primary care and outpatient settings, but may lead to the need for hospital admission.

29 women in Wiltshire aged under 30 were admitted to hospital with PID in 2009/10 which is 87 per 100,000 females (aged 15-29). This is similar to the South West rate (96 per 100,000) and the England rate (87 per 100,000) ¹⁷.

Other STIs

Around 2/3rds of acute sexually transmitted infections occur in under 25s. In Wiltshire in 2011 there were a total of 1,511 acute sexually transmitted infections in this age group. This was similar to 2009 and 2010, although the number of Gonorrhoea infections and warts was noticeably higher in 2011 than in 2009.

Awareness, attitudes and risk behaviour

The National Survey for Sexual Attitudes and Lifestyles (NATSAL) ¹⁸ illustrates that:

- There has been an increase in the number of lifetime partners for both men and women between 1990-1991 and 2010-2012 (from 8.6 to 11.7 for men and 3.7 to 7.7 for women)
- The number of concurrent partnerships has increased, with 14.7% of men and 9% of women stating they have been seeing more than one partner compared to 11.4% and 5.4% respectively in 1990. Concurrent partnerships are particularly high amongst the 17-24 age group, where the highest rise in sexually transmitted infections has occurred.
- The average age of first sex has fallen to 16 compared to 17 in 1990
- It appears that the number of men who have ever had a homosexual partner increased from 3.7% in 1990 to 5.4% in 2000.
- The use of condoms has increased, but the risk associated with having two or more partners in the previous twelve months, and inconsistent condom use have also risen, 13.7% to 15.4% in men and 7.1% to 10.1% in women.

The next (3rd) NATSAL began in 2010 and its results will be published in 2013.

Effects of alcohol on sexual behaviour

Teenage binge drinking is a growing concern, with adolescents in the United Kingdom (UK) ranked in the top five of thirty countries for measures of alcohol misuse. Studies from the United States indicate a strong relationship between alcohol misuse, precocious sexual behaviour, and teenage pregnancy. While UK data are sparse, a relationship has been detected between teenage conceptions and teenage hospital admission rates for alcohol harm ¹⁹.

LGBQ & Trans

Young people often begin thinking about their sexuality at an early age, some Lesbian, Gay and Bisexual (LGB) young people say they knew even before they were teenagers that they felt different, whilst for others it is much later. LGBQ & Trans people define themselves in different ways:

- LGB young people, when allowed to, most often choose to identify with the terms Lesbian, Gay or Bisexual. For some this can happen at a very young age and for others, later.
- Some young people do not identify themselves with a single sexual orientation identity, and they are often described as 'Questioning.' Some people might never attach themselves to a set definition or label or they may do so later.
- Trans youth can often describe themselves as feeling discordant or detached, a discomfort with the gender prescribed at birth, or of belonging to another gender at a very early age; Trans youth might identify as Straight, Gay, Lesbian, Bisexual or Questioning or prefer not to use a particular a term.

For many years NHS Wiltshire commissioned a Men's Sexual Health service to provide support and information to the men who have sex with men community. This service was discontinued in 2011.

To respond to this change and to inform the services that need to be in place to best meet the needs of Lesbian, Gay, Bisexual and Transgender young people a needs assessment was commissioned from Yorkshire MESMAC. They engaged with a range of partners and groups (including a questionnaire for young people) and also accessed published data to bring together a robust information source.

The findings are being analysed²⁰ to inform commissioning of a new sexual health service that will utilise the data and information gathered and guide the development of a service specification that will help innovate a new service to meet the needs of the young LGB&T community, based on what they told us.

'Group of Gays' (GoGs) - youth group for young Lesbian, Gay, Bisexual and Transgender people in Wiltshire.

Wiltshire Public Health working in partnership with The voice and influence team at Wiltshire Council, set out to challenge homophobia and transphobia in schools across Wiltshire.

This work resulted in this group of dynamic Wiltshire young people, 'Group of Gays' - the self-named youth group for young Lesbian, Gay, Bisexual and Transgender people in Wiltshire, talking openly about their experiences of coming out. This was transcribed and turned into a DVD which was shown to a national audience at the young people's 'schools coming out' event. The DVD will now be used to train all 1,500 OFSTED inspectors across the country, on the issues facing young LGB&T people in schools, and schools will now be asked specific questions around LGB&T and what systems they have in place to challenge homophobic and transphobic behaviour. OFSTED officials described the work as 'ground breaking' and 'making history' and said 'what has been achieved here will change the way OFSTED inspect schools forever'.

From this the Zee Tee campaign was launched– this is a zero tolerance campaign, where schools will sign a pledge against homophobia and transphobia in schools.

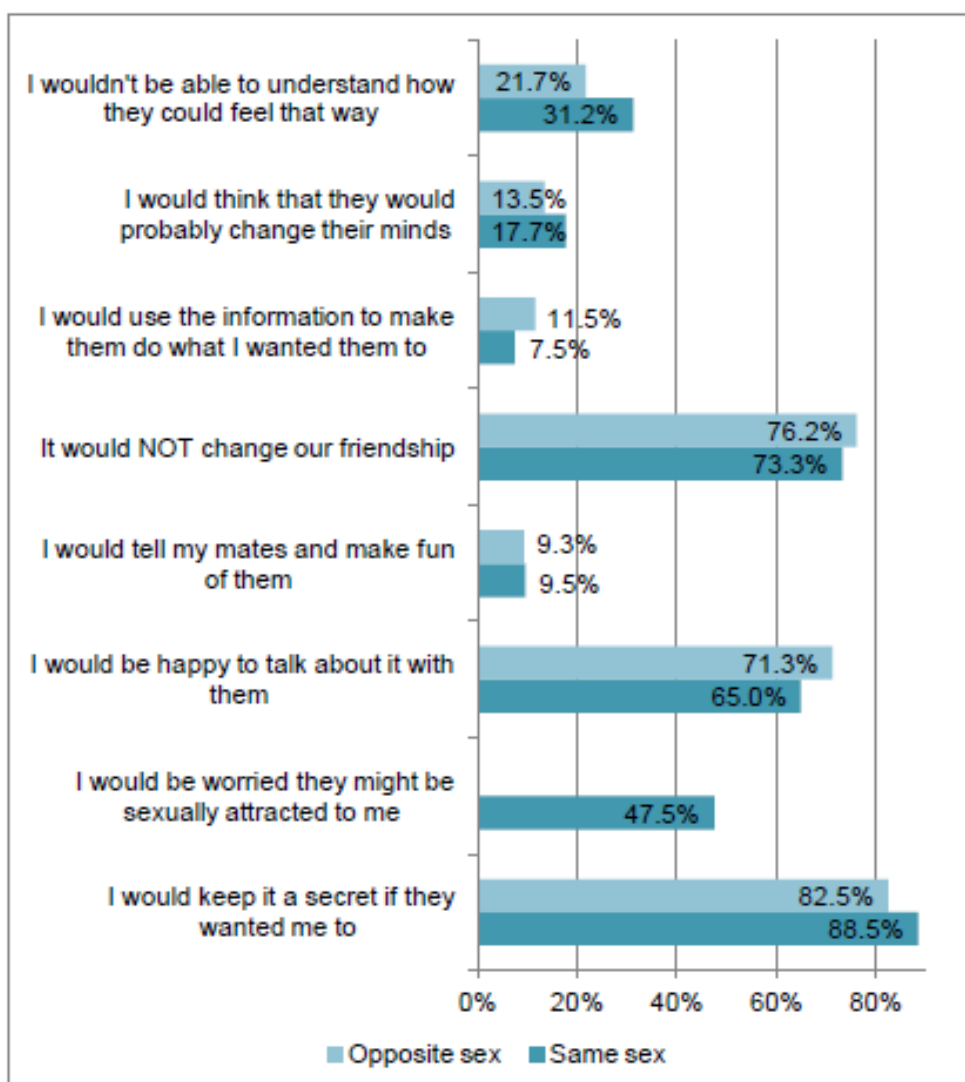
Over 20,000 students, teachers and other professionals have now signed up to the zero tolerance pledge across Wiltshire

Attitudes to LGB&T friends

The Tomorrow’s Voice summer 2012 survey²¹ asked what young people's reactions would be if a friend told them they were gay, lesbian, bi-sexual or transgender.

Figure 3: Attitudes to LGB&T friends

Q24. If a friend told you they were gay, lesbian, bi-sexual or transgender what would your reaction be? (please tick all that apply and think if your response would be different if the friend was the same sex as you or the opposite sex)



Base: 738

Source: Tomorrow's Voice summer 2012 survey

This shows that more young people agree with the positive statements than the negative ones. It also shows that there was very little difference between how respondents would react to the same and the opposite sex.

Sexual violence and exploitation

Please see [sexual health \(adults\) section](#) in the Health Promotion and Prevention Services section of the Health and Wellbeing JSA.

Survivors of Sexual Abuse

Please see [sexual health \(adults\) section](#) in the Health Promotion and Prevention Services section of the Health and Wellbeing JSA.

Current service provision

Strategies and action plans

Schools, colleges and youth sexual health services

No Worries

In January 2014, 32 pharmacies and 18 GP practices offered young people's services through No Worries. No Worries is also provided through schools and integrated youth service for information and signposting; each college site has a full sexual health clinic on campus.

For more information please visit the Wiltshire [No Worries facebook page](#).

Genito-Urinary Medicine (GUM) Services in Wiltshire

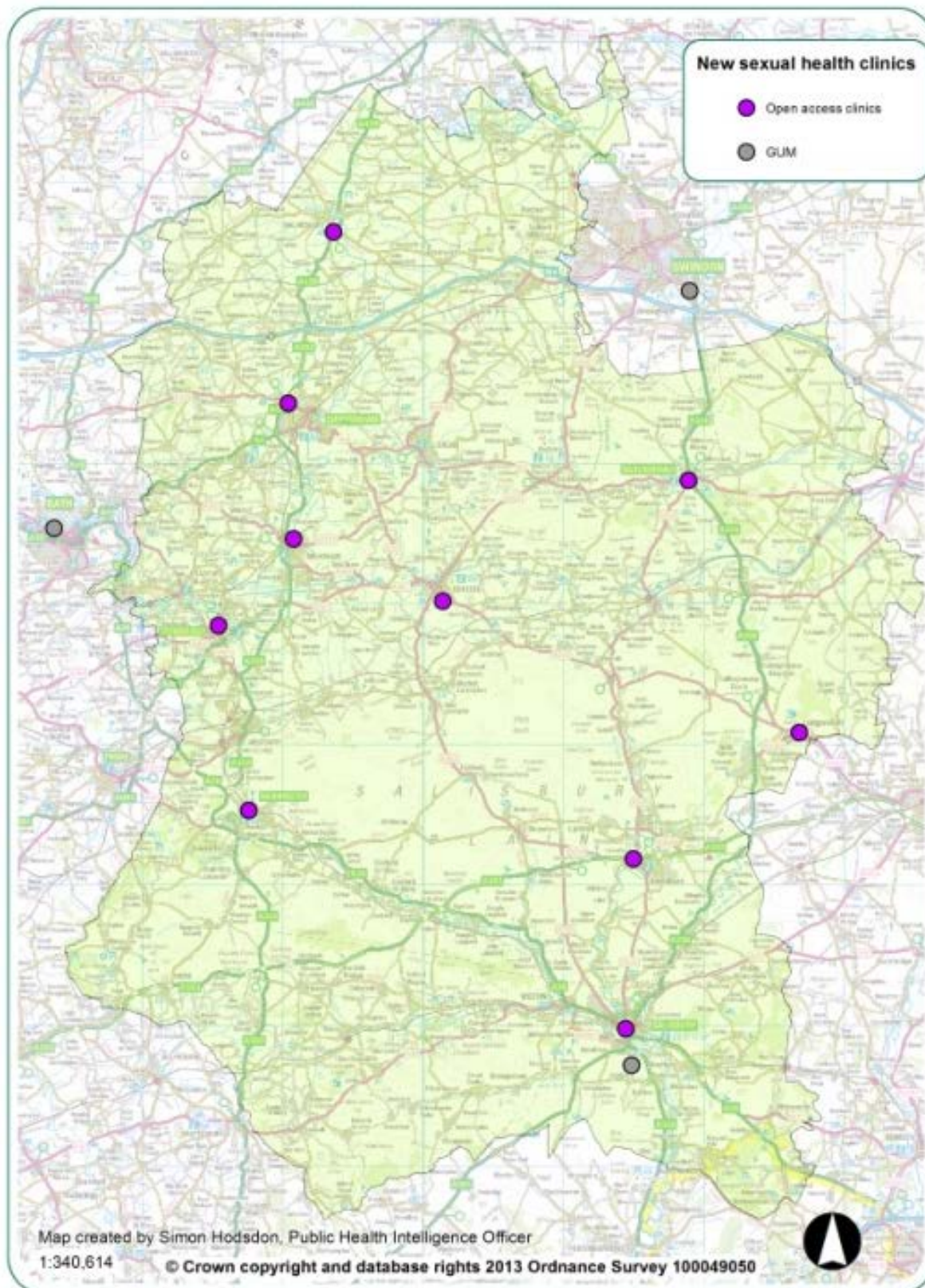
Gum Services are provided through Salisbury Foundation Trust, Great Western Hospital NHS Foundation Trust (based at the Great Western Hospital, Swindon, Carfax Street, Swindon and Chippenham Hospital) and Royal United Hospital Bath.

Contraception

Figure 4: Location of Wiltshire's Sexual Health clinics



New Sexual health clinics



Contraception is free for most people in the UK. There are 15 methods of contraception, this includes LARC methods, these are defined as a single device or treatment needing to be administered no more frequently than once a month. These are considered more reliable as they are less dependent on human compliance, thus helping to reduce the risk of unplanned pregnancy. The only form of contraception that helps prevent the transmission of sexually transmitted infections (STIs) is condoms, these are available free of charge through GPs, pharmacies and a range of venues across Wiltshire.

In 2011/12 in Wiltshire 80.3 per 1,000 women aged 15-44 were prescribed LARC (including implant, IUD/IUS and injection)²². This is statistically significantly higher than the England rate of 52.4 per 1,000 and the South West rate of 68.8 per 1,000 and is up from 65.7 per 1,000 in 2009/10. 84% of GPs across Wiltshire provide all forms of LARC.

Human Papillomavirus (HPV)

Human Papillomavirus (HPV) is known to be associated with an increased risk of Cervical Cancer. The National Campaign to vaccinate girls aged 12-13 (alongside a catch-up programme for older school aged girls) was rolled out in 2008. Please see the [Immunisations chapter](#) of the Children and Young People's section of the Health and Wellbeing JSA.

Outreach Services

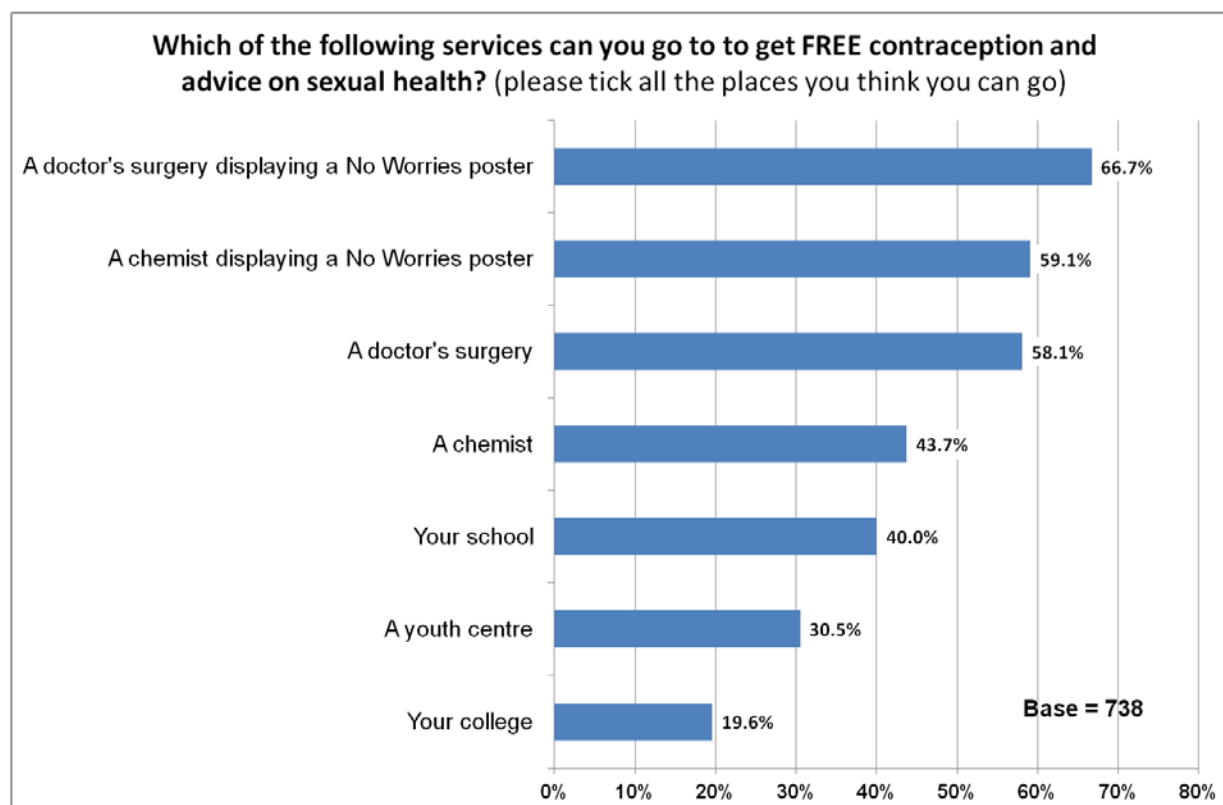
A Young People's Sexual Health Promotion Nurse provides a service through Public Health to support young parents on contraception and sexual health issues. This service also extends to support young people accessing sexual health services through No Worries scheme, offering a follow up service to young women accessing emergency contraception.

This role extends to the chlamydia screening programme or a service widely available to young people who have difficulty in accessing services at service locations due to transport or issues relating to rurality. The Chlamydia Screening service is provided through Public Health and supports young people to access treatment and also undertakes partner notification.

What do service users / the public think?

Which of the following services can you go to to get free contraception and advice on sexual health?

The Tomorrow's Voice young people's survey asked a number of questions about the No Worries service in the summer 2012 survey²³.

Figure 5: Contraception and advice on sexual health

Source: Tomorrow's Voice summer 2012 survey

Over half of respondents (58.1%) think that they can get free contraception and advice on sexual health from a doctor's surgery. This percentage rises to 66.7% if the surgery is displaying a No Worries poster.

Almost half of respondents (43.7%) think that they can get free contraception and advice on sexual health from a chemist. This percentage rises to 59.1% if the chemist is displaying a No Worries poster.

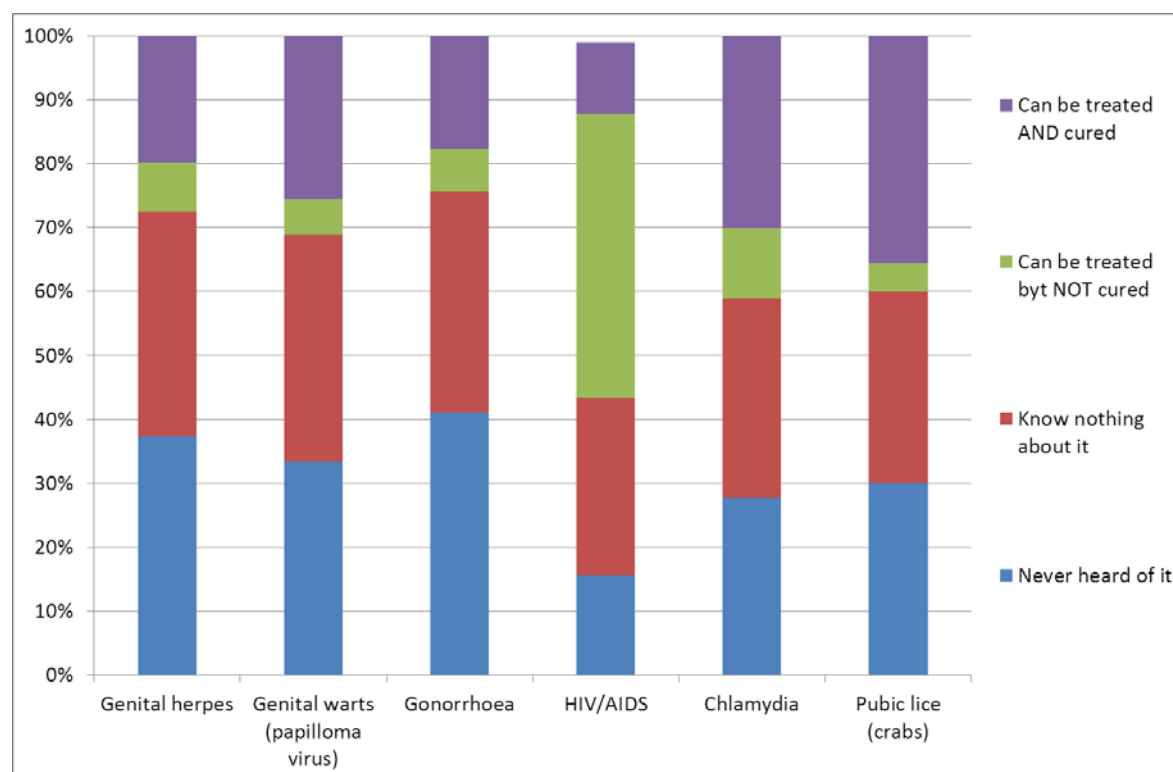
A further 40.0% of respondents think they can get free contraception and advice from their school, 19.6% from their college and 30.5% from a youth centre.

Health Related Behaviour school survey

The Health Related Behaviour school survey²⁴ in 2011 found that 40% of pupils (year 8 and year 10) found sex and relationship education lessons in school either very or quite useful. More girls than boys found the lessons useful.

The same survey also explored pupil's knowledge of STIs. Around a third of pupils had not heard of some of the most common STIs and a further third said they knew nothing about them. Knowledge of HIV/AIDs seemed the most complete out of the STIs asked about.

Figure 6: Year 8 and Year 10 pupils' knowledge of sexually transmitted diseases



Other findings from the 2011 survey are:

- 69% of pupils think that condoms are reliable to stop pregnancy.
- 59% think condoms are reliable in stopping infections such as HIV/AIDS (an increase from 49% in 2008).
- 44% had never heard of or know nothing about the morning after pill (an increase from 31% in 2008).
- 5% think the rhythm method (safe period) is a reliable way to stop pregnancy (a decrease from 9% in 2008).
- 12% think the pill is a reliable way to stop infections such as HIV/AIDS

What works and what resources are there?

NICE guidance

NICE guidelines suggest that:

- All women seeking contraception should be given information and offered choices, including LARC methods.
- Increasing the uptake of LARC methods will reduce the number of unintended pregnancy.
- Healthcare professionals providing LARC methods should receive training.
- IUD, IUS and Implanon are recommended for adolescents.

Sexual health balanced scorecards

The Sexual Health Balanced Scorecard provides a snapshot of sexual health for each Primary Care Trust in England. Interactive maps and charts enable comparisons to be made regionally and nationally across a range of indicators relating to teenage pregnancy, abortions, contraception, sexually transmitted infections and other relevant issues. This toolkit is supported as best practice by the Department of Health and the aim is to provide a key source of sexual health information for public health, commissioning and performance management colleagues at a local, regional and national level.

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

Health Protection Agency Sexual Health Profiles

The profiles aim to support the work of health service areas in monitoring the health of their population and the performance of local health systems. They have been developed by the HIV and STI Department (HPA Centre for Infections) and include measures published in the 2008 review of the Sexual Health Strategy commissioned by the Independent Advisory Group on Sexual Health and HIV. The range of profiles is being extended as further data sources including the genitourinary medicine clinic activity dataset (GUMCAD) become available.

<http://www.hpa.org.uk/sexualhealthprofiles>

Health Protection Agency Sexual Health – quarterly indicator reports

The Sexual Health Outcome Indicator Reports are produced by the Health Protection Agency South West on behalf of the Sexual Health Office South West on a quarterly basis. They comprise of a range of indicators covering: sexually transmitted infections including HIV, chlamydia screening, GUM access, abortion, teenage conception, HPV vaccine uptake, long acting reversible contraception, sexual assault referral centres and young people friendly services. The report is designed to provide commissioners and others working in sexual health services with a joined up range of information to support local assessment of performance and encourage action in addressing outcomes and services that need improvement:

<http://www.hpa.org.uk/ProductsServices/LocalServices/SouthWest/OfficeForSexualHealthSW/CommissioningAndProvision/swestshealthquarterlyindrpts/>

Sexually transmitted disease statistics for England, 2012

Figures from the Health Protection Agency (HPA) show new sexually transmitted infection (STI) diagnoses rose by five percent in England in 2012, with nearly 450,000 new cases. Young heterosexual adults (15-24 years) and men who have sex with men (MSM) remain the groups at highest risk.

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/STIs/STIsAnnualDataTables/>

Animated map of conceptions in England and Wales

This interactive mapping tool allows easy analysis of trends in under 18 conception rates at the local area level. Conception rates can be tracked over time and local authorities compared with the overall national picture.

<http://www.ons.gov.uk/ons/interactive/conceptions-in-england-and-wales---dvc22/index.html>

A Framework for Sexual Health Improvement in England

This document sets out the evidence base for sexual health and HIV improvement. It has been developed to provide the information, evidence base and support tools to enable everyone involved in sexual health to work collaboratively at local level to ensure that accessible services and interventions are available. Annex C contains additional resources and suggested actions for local areas.

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

Challenges for consideration

Access to services

Wiltshire Sexual Health services are provided through arrangements with, Sirona Healthcare, The Royal United Hospital in Bath, Great Western Hospital Foundation Trust and Salisbury Foundation Trust. People within easy reach of the main centres have good access. Very rural areas, especially those with higher levels of multiple deprivation, have less access due to distance and limited access to public transport.

Forty nine of the pre 2011 census Lower Super Output Areas (LSOAs) in Wiltshire fall in to the most deprived 10% in England in the barriers to housing and services domain of the Indices of Deprivation 2010²⁵. The rural nature of Wiltshire impacts on people's ability to access sexual health services.

Users of contraception and sexual health (CaSH) clinics

CaSH clinics are mainly accessed by over 25 year olds and therefore may have limited capacity for young people to access the service. There is generally a gender split in those accessing the service with men not accessing the service. The range and availability of STI screening available is limited and reducing. CaSH clinics see a disproportionate amount of women seeking Long Acting Reversible Contraception (LARC) methods for reasons other than contraception whom should be referred to appropriate Gynaecology services.

Chlamydia testing

The main activity for screening continues to be through the mailout programme. Wiltshire has lower than average take up through core services, GP's, Pharmacies and CaSH clinics.

Services for people considered in higher risk groups

Sexual ill health continues to effect particular groups, who are at greater risk of negative sexual health outcomes than the general population, these groups include:

- Young men
- Some black and minority ethnic (BME) groups
- Gypsies and Travellers
- People living in area with higher multiple levels of deprivation

- Children in Care
- Young people leaving care
- Teenage parents
- Young offenders
- Asylum seekers
- Men who have sex with men

There is not a comprehensive local picture of all of these groups and more needs to be done to understand more about where they live and their use of services.

Recording, monitoring and publicity

There is a lack of equity in the way information is recorded across the county, and also the type of information gathered. There is disparity in the ethnicity information recorded and many forms do not have the age recorded.

Information available to the public is in various formats and there is no central point of information to ensure that the public have access to a broad range of information on contraception and sexual health issues and where they can go to access services.

Outreach services

A limited outreach service is offered through the Teenage Pregnancy Partnership; to support young parents on contraception and sexual health issues, this service also extends to support young people accessing sexual health services through No Worries scheme.

There is currently no outreach service supporting the chlamydia screening programme or a service widely available to young people who have difficulty in accessing services at service locations due to transport or issues relating to rurality.

Repeat terminations

Access to termination is available through a range of providers across a wide geographical area. During 2012 around 21% of terminations in women under 25 provided through NHS Wiltshire were repeat terminations; below the national average of 27%²⁶.

Sexual awareness and behaviour

There is a peer mentoring programme underway in schools and colleges, to ensure all young people have access to sexual health information. Schools are also being supported to set up health and wellbeing drop-ins to help support young people in a setting that is familiar and easy to access.

Wiltshire Council have recently commissioned access to training to address risky behaviour in young people and to support the wider staff development programme. This covers identifying risky behaviour, carrying out assessments and supporting young people with behaviour change.

The existing suite of sexual health training, provided through public health, includes basic sexual health awareness and delay; which support professionals working with young people to ensure that young people are empowered and are not exploited in

relationships or under pressure to have sex if they do not want to. The range of training is being expanded to also include, healthy relationships, sexual exploitation, safeguarding and sex and the law.

Sexual violence and exploitation

This is a growing area of focus. There is a sexual exploitation executive which owns the sexual exploitation strategy, which is implemented by a range of partners. The Swindon & Wiltshire Sexual Violence Strategic Group also works on this agenda and supports the work of the Sexual Assault Referral Centre. In 2012/2013 the SARC offered services to 377 Wiltshire residents that had been the victim of sexual violence.

Gaps in knowledge

There are a range of issues that still need to be addressed to ensure that we can deliver first class sexual health services that meet the needs of the entire population and reduce inequalities.

- Access to termination services; what choice do women have in which location they can have their procedure? What affect is the newly commissioned service in Bristol having on this issue?
- How many people access services outside of the provider area and which services are they accessing? Also how many women travel into Wiltshire? It is getting easier to monitor numbers but not reason.
- How well are walk in centres utilised and what services are accessed, particularly by young people?
- Commercial Sex Workers

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