Somerset County Council
Somerset Health and Wellbeing Board
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Sexual Health Update

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Cabinet Member: Cllr Christine Lawrence
Division and Local Member: N/A

1. Summary

1.1. The aim of this report is to provide an overview of the key developments and challenges in sexual health and highlights some of the impacts in relation to Somerset.

1.2. Improving sexual health outcomes contribute to a number of priorities in the County Plan and the Health and Wellbeing Strategy particularly in relation to making Somerset a healthier place, helping people to help themselves, targeting resources where they are most needed and reducing inequalities.

2. Issues for consideration / Recommendations

2.1. There have been good improvements in sexual health both nationally and in Somerset but there are concerning underlying trends that are in turn impacting on population health and sexual health service demand, specifically:

- the rising rates of some sexually transmitted infections
- the increasing demand on sexual health services
- access to long acting reversible contraception to reduce unintended pregnancies

Members are asked to review the information provided in this report and consider the following priorities:

- supporting people to look after their own sexual and reproductive health
- collaboration across the system on sexual health promotion and prevention initiatives
- an integrated approach to ensuring access to contraceptive and sexual health information and services so that specialist sexual health services can focus on meeting the needs of those with the poorest sexual health and complex need
- supporting people with HIV to manage their own health whilst ensuring access to support services when needed

3. Background

3.1. Somerset County Council is responsible for providing open access sexual health

and contraceptive services for their population. This includes the testing and treatment of sexually transmitted infections (STIs), HIV testing and the provision of contraceptive services. SCC commission the following sexual health services:

- Integrated Sexual Health Service (SWISH)
- Targeted Prevention Service including support to people living with HIV (SWISH)
- Long Acting Reversible Contraception (LARC) – implants and coils in general practice
- Emergency Hormonal Contraception (EHC) in community pharmacies
- Out of area contracts and activity charges for genito-urinary medicine services accessed by Somerset residents outside of Somerset

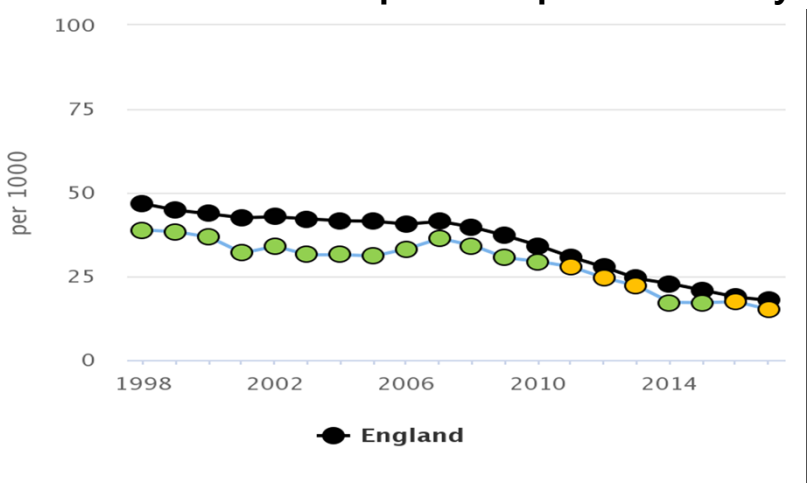
SCC also provide a specialist sexual health promotion resource and commission work to support schools to develop Personal, Social, Health and Economic (PSHE) and Relationship and Sex Education (RSE) programmes.

There are three specific sexual health indicators in the Public Health Outcomes Framework:

- Reducing under 18 conceptions
- Increasing chlamydia diagnoses (15-24 year olds)
- Reducing people presenting with HIV at a late stage of infection

Teenage pregnancy is associated with poorer outcomes for both young parents and their children including an increased risk of living in poverty. Most teenage pregnancies are unplanned and about half end in an abortion. The teenage conception rate in Somerset has significantly reduced although there are still inequalities with some wards experiencing higher rates. The Somerset rate of under 18 conceptions in 2017 was 15.1 per 1000 15-17 year olds (England rate 17.8).

Somerset Under 18 s conception rate per 1000 15-17 year olds 2017



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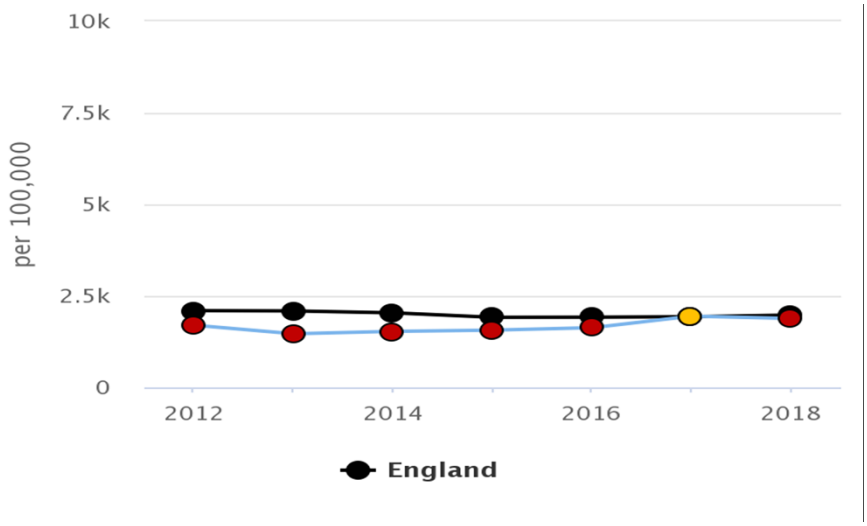
Chlamydia is the most common STI amongst 15-24 year olds. There are often no

symptoms, but it can lead to longer term health conditions for both women and men, including infertility. The chlamydia screening programme aims to ensure that young people aged 15-24 who are sexually active are tested to enable diagnosis and treatment and to reduce further transmission. Young people can access testing in a number of ways including their GP, sexual health services, community pharmacies, young people's services and online. The numbers of young people screening nationally has been falling with a 22% decrease since 2014. The chlamydia detection rate in Somerset has been reducing but there have been some improvements in the last two years, particularly with increased testing through the new SWISH service. However, the rate remains below the South West and England averages and whilst Somerset continues to achieve high positivity meaning services are targeting the right young people we need to increase the number of young people who are tested.

Somerset chlamydia detection rate per 100,000 15-24 year olds 2018



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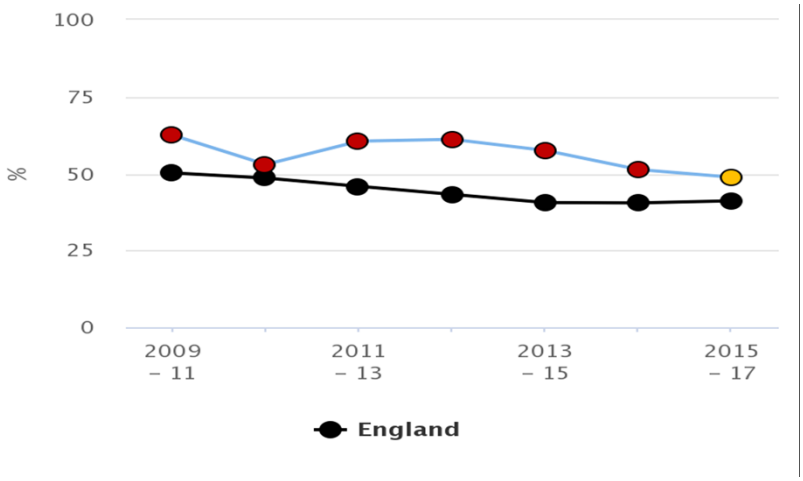
The late diagnosis of HIV is an important predictor of morbidity and mortality amongst those with the HIV infection. Those diagnosed late have a ten-fold risk of death compared to those diagnosed promptly. Whilst Somerset has a low prevalence of HIV (0.8 per 1,000 people aged 15-59 compared to 1.27 in the South West and 2.32 in England in 2017) the percentage of those diagnosed at a late stage of infection has been very high. This has recently started to decrease with 48.8% of diagnoses at a late stage in 2015-2017 compared to 61.1% in 2012-2014. In the South West heterosexuals were more likely to be diagnosed late than gay and bisexual men and other men who have sex with men (MSM).

HIV late diagnosis (%) Somerset



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4. Consultations undertaken

4.1. A public consultation was carried out in 2014 to inform the development of the integrated sexual health service. Public Health completed an engagement exercise as part of the review of Targeted Prevention Services in December 2018.

5. Implications

5.1. There have been good improvements in sexual health including a significant reduction in teenage conceptions and new diagnoses of HIV. However, there are concerning underlying trends with rising rates of some STIs, a reduction in the number of women accessing the most effective form of contraception (LARC)) and recent rising rates of abortion. Much of the burden of poor sexual health outcomes continue to fall on certain groups increasing inequalities in health.

In 2018 there were 447,694 diagnosis of STIs in England, a 5% increase since 2017. There has been progress in reducing some STIs with first episodes of genital warts decreasing significantly largely due to the successful high coverage of the HPV immunisation programme. However, there are some STIs that have seen significant increases with a 5% increase in syphilis and a 26% increase in gonorrhoea. The impact of STIs remains greatest in young heterosexuals aged 15 to 24 years, black ethnic minorities and gay and bisexual men and other MSM. Whilst the numbers were far lower than amongst people under the age of 35, the largest proportional increase in gonorrhoea and chlamydia was in people aged 65 years and older. Of additional concern is the development of extensively drug resistant gonorrhoea of which there have been 3 cases nationally. New diagnoses of gonorrhoea and syphilis have increased in Somerset. Whilst numbers are relatively small in Somerset new diagnoses of syphilis seen by SWISH have more than doubled and in 2018 SWISH were part of a regional surveillance programme to gather intelligence and target those most at risk.

Nationally new diagnoses of HIV continue to decline with a substantial decrease over the past two years. In In 2017 87% of people living with HIV in the UK were estimated to have an undetectable viral load and therefore unable to pass on the infection. The incidence of HIV is expected to be reduced substantially due to HIV testing initiatives and treatment and the introduction of the pre-exposure prophylaxis (PrEP) trial in England. SWISH are participating in the 3 year PrEP trial and have filled the allocated 20 spaces for Somerset and have now been offered a further 10 trial places for 2019-20. HIV is now a long term chronic condition and people with HIV are living longer; the median age of those living with the virus in 2017 was 46 with over a third of those receiving specialist HIV care aged over 50. People living with HIV have a range of health and social care needs and over half of people living with HIV report poor mental health including depression and anxiety, compared to a quarter of the general public.

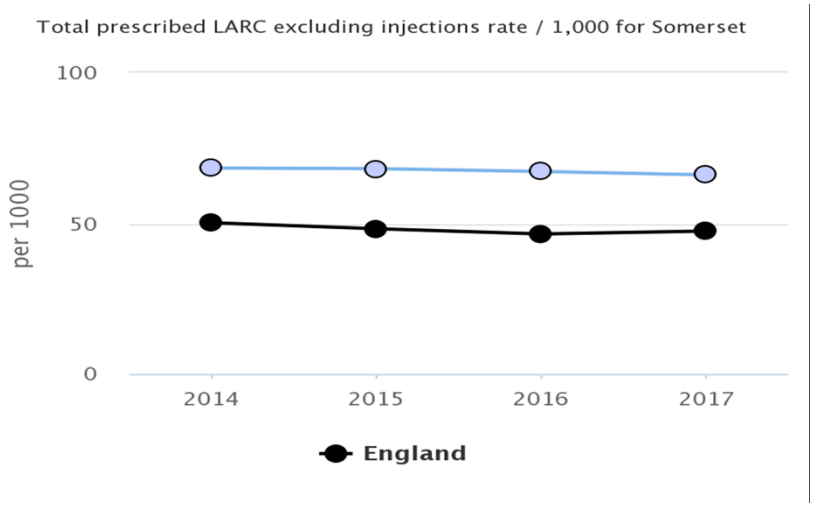
5.2. The Somerset-Wide Integrated Sexual Health service (SWISH) has been in place since April 2016. The service has successfully integrated contraceptive and sexual health services providing community based clinics across the county. In line with the national picture SWISH has experienced ongoing increases in demand for its clinical services but with no additional funding to meet this demand. One of the service key performance indicators is to increase the number of men attending the service as a proportion of all service users and SWISH have achieved a year on year increase in the number of attendances by men.

	Total SWISH attendances clinical services	% of SWISH attendances that were male
2016/17	15,776	28.2%
2017/18	17,308	30.2%
2018/19	17,770	32.9%

SCC are currently reviewing the Targeted Prevention Service element of SWISH to identify how to best target prevention interventions at those most at risk of poor sexual health and ensuring those that need to access services are able to do so whilst working to reduce repeat attendances at SWISH. SWISH will soon be trialling online access to testing for HIV, syphilis and gonorrhoea targeted at those groups at highest risk. Online testing is becoming more popular and acceptable and the national HIV home sampling programme has demonstrated that such services are used by those who might be at risk but who don't use sexual health services. Chlamydia screening for young people in Somerset is currently available online and there has been good uptake of this including from young men and a good level of positivity demonstrating that it is being accessed by those who consider themselves to be at risk.

5.3. Long acting reversible contraception (LARC) is the most effective contraception

and is a proxy measure for wider access to the full range of contraceptive methods. LARC methods are also more cost-effective (NICE) than condoms and the pill for reducing unintended pregnancies. The provision of LARC through general practice is essential to ensure women of child-bearing age can access the full range of contraceptive methods and to reduce unnecessary demand on specialist sexual health services. Somerset has for many years had a good uptake of LARC through general practice and is still prescribing more than the South West and England averages. However, in line with the national picture this provision has been decreasing over the past few years whilst demand on specialist sexual health services has been increasing. SCC have been working with SWISH and Pharma to provide the required training and support to enable more GPs and Practice Nurses to offer LARC and has negotiated with the Local Medical Committee to introduce an inter-practice referral scheme to support women to access LARC at an alternative practice if their practice cannot provide.



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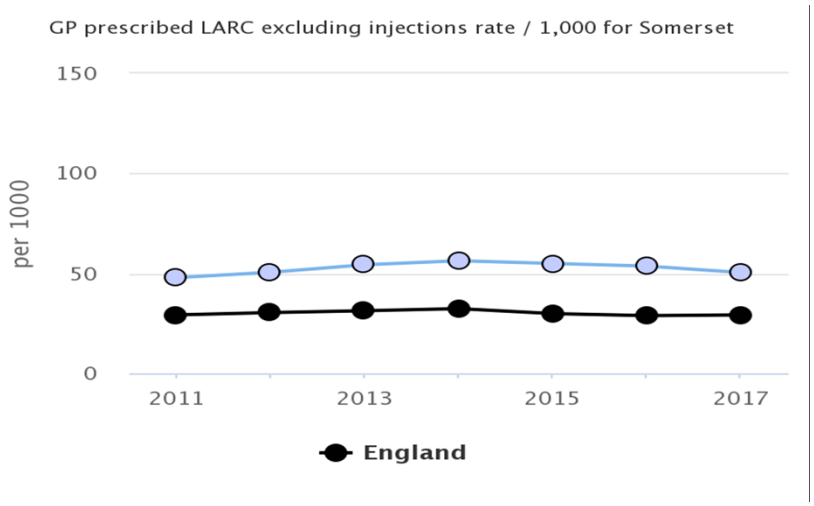

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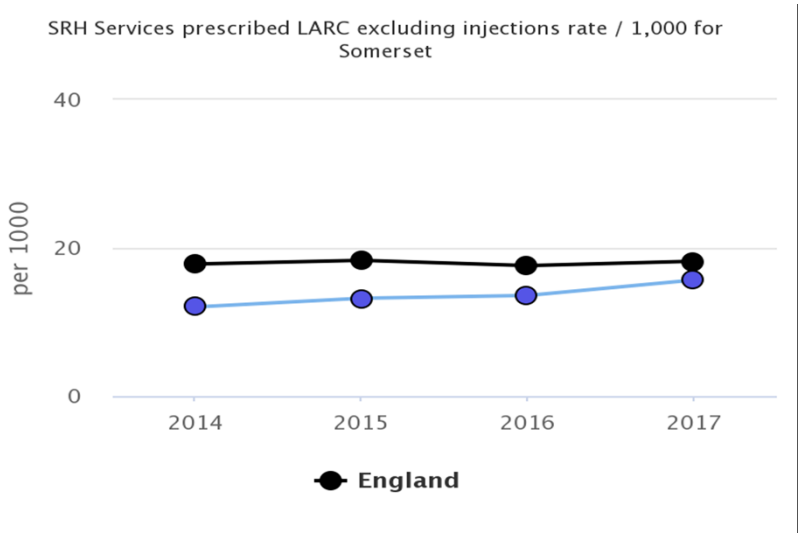

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The fragmentation of the commissioning of sexual health services following the Health and Social Care Act 2012 has led to often disjointed and disintegrated care for women's sexual and reproductive healthcare. To improve women's experiences of accessing services in a more joined up way SCC are working with the CCG and other stakeholders to develop Women's Reproductive Health hubs. The intention is that these would be based on the new Primary Care Network areas and would increase access to LARC for both contraception and in the case of coils to support some gynaecological purposes thus reducing unnecessary referrals into secondary care services. These hubs could also provide other opportunities to be further explored with relevant stakeholders including:

- improving access to cervical screening which is a priority due to falling numbers accessing the programme
- working with SWISH improving access to LARC for women with vulnerabilities including those with multiple pregnancies known to children's social care
- direct referral from community pharmacies for women presenting for emergency contraception

6. Background papers

Sexual Health Profiles, Public Health England
https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data>

Public Health England June 2019 Sexually transmitted infections and screening for chlamydia in England, 2018, available from:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806118/hpr1919_stis-ncsp_ann18.pdf

PHE 2018: Trends in new HIV diagnoses and people receiving HIV-related care in the United Kingdom: data to the end of December 2017
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/738222/hpr3218_hiv17_v2.pdf

PHE December 2017 Progress towards ending the HIV epidemic in the United Kingdom 2018 report
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759408/HIV_annual_report_2018.pdf

Note For sight of individual background papers please contact the report author