

Summary of sexual health outcomes in Southampton

- Southampton is ranked 43 out of 326 local authorities for acute STI rates (where 1 is highest).
- Chlamydia is the most commonly diagnosed STI, followed by anogenital warts and anogenital herpes. Gonorrhoea and syphilis are the least commonly diagnosed STIs but are important because they disproportionately affect Men who have Sex with Men (MSM).
- In 2013-14, the chlamydia diagnosis rate in Southampton was significantly below the recommended rate of 2,300 per 100,000.
- HIV prevalence in Southampton is increasing, with the rate now standing at 1.95 per 1,000 residents aged 15 – 59. This is just below the threshold of 2.0 per 1,000, above which national guidance recommends increasing HIV testing.
- Late diagnosis of HIV is below the national average, but even so, almost half of diagnoses in Southampton are 'late', leading to poorer outcomes for those patients and higher risk of onward infection.
- Under 18 conception rates are falling in Southampton, but the city still has a significantly higher rate than both the South East and England.
- The proportion of conceptions leading to abortion in under 18s (41%) is lower in Southampton than the South East and England.

Introduction

In April 2013 Local authorities became responsible for commissioning the provision of most sexual health services in their areas, with the Clinical Commissioning Group (CCG) and NHS England also responsible for some aspects. These new responsibilities have brought an opportunity to review the current status of sexual health in Southampton, and agree future priorities.

This plan builds on previous strategic improvement plans for sexual health and teenage pregnancy in Southampton and identifies the priorities for the next three years to inform future commissioning plans. The implementation of this plan will be overseen by the Southampton Sexual Health Strategic Group which reports to the Health and Wellbeing Board. The sexual health improvement plan underpins a collaborative approach to achieving the city's vision of a sexually healthy population.

Importance of sexual health

Sexually transmitted infections (STIs), unwanted pregnancies and sexual violence and exploitation are important public health issues which can have a significant impact on physical and mental health, as well as wider social consequences.

There are important inequalities in sexual health with some groups experiencing disproportionately worse sexual health. Men who have sex with men and some black and ethnic minority groups are at considerably higher risk of sexually transmitted infections (STIs), including HIV, than other groups. And importantly for Southampton, which is one of the most deprived areas in the South East, there are clear links between deprivation and rates of teenage pregnancy and STIs.

Due in part to its thriving Higher Education sector, Southampton has a disproportionately large young population. While it is important to recognise that all people may be sexually active from teenage years throughout their lives, young people and young adults are at higher risk of acquiring STIs compared to adults in other age groups. Individuals in the 16 – 24 age group are more likely to have had two or more sexual partners in the last year, and more likely to have had at least two sexual partners with whom no condom was used in the past year compared to older groups.

National context

In March 2013, a Framework for Sexual Health Improvement in England was published by the Department of Health. This framework sets out the need for a continued focus on sexual health across the life course and identifies four priority areas for improvement:

1. Sexually transmitted infections (STIs)
2. HIV
3. Contraception and unwanted pregnancy
4. Preventing teenage pregnancy

The national Public Health Outcomes Framework (PHOF) contains three indicators specific to sexual health, highlighting the need to continue and sustain efforts in these areas:

1. Chlamydia diagnostic rate in 15 – 24 year olds
2. People presenting with HIV at a late stage of infection
3. Under 18 conceptions

Local priorities

Five priorities for action have been identified through a sexual health needs assessment and feedback from stakeholders:

1. Improving the detection and treatment of sexually transmitted infections
2. Improving outcomes for people with and at risk of HIV
3. Improving the accessibility and take-up of effective contraception among adults
4. Improving sexual health outcomes for children and young people
5. Improving sexual health prevention and protection for adults at most risk of poor outcomes

Local Strategic intent

Our intent is to provide a system wide open-access sexual health service across the life-course. Emphasis will be placed on sex and relationship education, promoting sexual health and preventing unplanned pregnancies and re-infection of sexually transmitted diseases. Service provision will follow the 'right care, right place, right time' approach. Risk stratification will be an important element to ensure that people receive the management they require on the basis of their need. Those individuals at highest risk of sexual ill-health and vulnerability to exploitation will be prioritised. Community based provision will be more appropriate for those individuals with lower level needs.

To achieve this the Local Authority will review sexual health services within the City during 2014-15, with a view to recommissioning a mix of services that will better meet the needs of the City's

population from April 2016 from Level 3 service providers, GPs, community pharmacies and other service providers.

1. Delivery plan (year 1)

Aim	Action	Success measure
Priority 1: Improving the detection and treatment of sexually transmitted infections		
Reduce the rate of sexually transmitted infections in all age groups	Review condom distribution scheme and assess current distribution against need	Clear plan in place for condom provision and distribution in place by September 2014
	Undertake strategic review of chlamydia screening programme	Strategic plan in place to guide operational chlamydia diagnostic plan by September 2014
	Continue promotion of STI testing outside specialist sexual health services	Increase in number of STI tests carried out in locations outside specialist sexual health services
	Use BME needs assessment conducted recently by Solent NHS Trust to assess specific needs relating to Southampton's changing ethnic profile, particularly 'white other' category. [If BME needs assessment does not provide this information, conduct one-off mini needs assessment.]	Better understanding of implications of increasingly diverse ethnic population and actions identified by September 2014
	Develop joint SCC/Solent NHS Trust communications plan for sexual health	Communications plan developed by June 2014
Priority 2: Improving outcomes for people with and at risk of HIV		
Reduce the proportion of late HIV diagnoses and reduce the onward transmission in HIV	Work in collaboration with the two practices signed up to the HIV LCS to increase HIV testing in Black African and Black Caribbean residents	Increase in HIV tests offered and taken up by target population by March 2015
	Develop a strategic plan for increased HIV testing in primary care and hospital admissions to proactively address HIV prevalence approaching threshold of 2 per 1,000	Plan in place by September 2014
	Promote HIV awareness and testing among GPs at a dedicated Target day	Increased HIV testing carried out in primary care by March 2015
	Plan and deliver awareness campaigns for national HIV testing week and World AIDS day	Campaigns planned by September 2014 and delivered as part of the joint SCC/Solent sexual health communications plan
Priority 3: Improving the accessibility and take-up of effective contraception		

among adults		
Reduce unwanted pregnancy among women of all ages	Work with GP practices signed up to the LCS to increase the number of LARC prescriptions	Increase in number of LARC prescriptions in primary care by March 2015
	Ensure that women registered with GP practices which do not provide LARC have easy access to LARC through other GP practices or sexual health services	Increase in number of LARC prescriptions in primary care by March 2015
	Continue to provide EHC through the pharmacy LCS, ensuring that condom provision and chlamydia testing are integrated into the consultation	Increase in the number of condoms and chlamydia tests provided as part of EHC consultations by March 2015
	Late abortions?	
Priority 4: Improving sexual health outcomes for children and young people		
Continue to reduce the rate of under 16 and under 18 conceptions	Undertake a mapping exercise to identify distribution of sexual health support in secondary schools, provided through SRE, school nurses and voluntary organisations	Gaps in school-based sexual health education and support identified by December 2014 and plan put in place to address the gaps
	Ensure that young people in schools and colleges have access to information about contraception services	
	Develop a city-wide policy setting out minimum standards for SRE programmes in school	Majority of schools signed up to SRE policy by March 2015
	Annual attendance of public health sexual lead at secondary head teachers' meeting to share under 16 conception data	Each school aware of conception data, leading to better understanding of risk factors and potential for early intervention. First attendance by June 2014.
	Provide annual training in age-appropriate, evidence-based SRE for staff working with children and young people.	Training session delivered by March 2015
	Provide SRE training for foster carers	Training session delivered by March 2015
	Develop formal relationship between SCC/CCG and the primary and secondary PSHE groups	Attendance of public health sexual lead at PSHE groups
	Establish links between sexual health agenda and Headstart which aims to develop self esteem, personal choice and resilience in relation to mental and emotional health and wellbeing.	Sustained reduction in teenage pregnancy rates included as an explicit objective of the Headstart programme
Provide support to teenage parents and prevent cyclical teenage pregnancy	Family Nurse Partnership engaged in Sexual Health Strategic Group	Annual report to Sexual Health Strategic Group from Family Nurse Partnership

Priority 5: Improving sexual health prevention and protection for adults at most risk of poor outcomes		
To identify young people at increased risk of poor sexual health and provide targeted support.	Link with the Local Safeguarding Children Board sexual exploitation group and identify any actions that can be led by sexual health strategic group	Actions identified for sexual health strategic group in relation to sexual exploitation by September 2014
	Identify needs of young people with learning disabilities and their parents in relation to sexual health and determine actions to address these	Plan in place to support people with learning disabilities to understand sexuality and sexual health by March 2015
	Review sexual health promotion activity with MSM and identify any gaps	Comprehensive, evidence-based sexual health promotion available to all MSM by March 2015
	Review sexual health needs of children in need/children looked after and include sexual health as part of health check	Sexual health included as part of health check for children in need and children looked after by March 2015
	Develop data collection system to ensure that sexual health strategic group has access to sexual assault data from Solent NHS Trust, police and other agencies which collect relevant data	PH information team has access to multi-source data on sexual assaults by September 2014