Southampton
Strategic Assessment
(JSNA)

Sexual Health and Reproductive Health Needs Assessment

Last Updated November 2022

1. Executive Summary

Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sex and sexuality. Good sexual health requires positive and respectful approaches to sexuality and sexual relationships, pleasurable and safe sexual experiences that are free from coercion, discrimination and violence, and sexual rights to be upheld for all[1]. Sexual health outcomes are important for public health in Southampton because:

- Sexually transmitted infections (STIs) are rising overall which impacts people's mental health and wellbeing, physical health and relationships, as well as their use of services.
- Contraception and provisions for termination of pregnancy allow choice and control over reproductive health, it is vital that these services are accessible and visible.
- Significant and persisting inequalities in sexual health are experienced by some communities nationally and locally, exacerbated by barriers to accessing care and preventative services, and reinforced by stigma associated with sexual activity, sexual health and sexual health services.
- Southampton's young, increasingly diverse and growing population makes sexual health an especially pertinent issue for the city, with particular implications for the demand for and design of services.

The timing of this health needs assessment is significant as recent years have seen temporary changes to the delivery of health services in the city alongside changes in social interaction as a result of the pandemic. There remain many unknowns regarding the impact of these changes on people's sexual health, including whether some people have been disproportionally affected. Some of the service changes, such as increasing use of online services and development of the termination of pregnancy at home pathway, pave the way for new approaches, but also need monitoring for unintended consequences.

This health needs assessment (HNA) uses a systematic approach with a combination of quantitative data, service user and staff surveys, qualitative research and stakeholder engagement to understand the needs of the population in terms of their sexual and reproductive health, together with the assets available in the city to support these needs. Within this, the HNA attempts to understand the additional needs and support available for certain groups, who may need a different approach to improve and maintain their sexual health and wellbeing.

[1] Office for Health Improvement and Disparities. *Sexual and reproductive health and HIV: applying All Our Health.* 2022

1.1 Findings

Prevention

Southampton has seen a steady decline in under 18-year-old conceptions since 2007 and is below the England average for terminations of pregnancy in the same age group. However, Southampton has high and increasing rates of STIs, low testing rates in important pathways such as termination of pregnancy, a high percentage of late diagnosis of HIV, increasing rates of terminations of pregnancy (ToP) and low uptake of long-acting reversible contraception, with stakeholders describing access to sexual health services as difficult. Once people are in contact with the services they are seen quickly and receive results and treatment in a timely manner. Almost twice as much long-acting reversible contraception is provided in primary care rather than within specialist services, and this is important as primary care has been found to be the preferred place for women to access contraception.

Relationships and Sex Education is delivered across the city to young people. There is a gap in provision for all people who may benefit from it, i.e., Special Educational Needs schools and people with a Learning Disability regardless of age. Training to enable the health and care workforce to have sexual health conversations as part of their everyday working routines is not being accessed.

Equity

There are significant gaps in local knowledge regarding some population groups, their sexual health, and the challenges they face which may impact their wellbeing. Where we do have the necessary information, it demonstrates that young people, men who have sex with men (MSM), people from black and mixed ethnicities and people living in the more deprived areas of the city are disproportionately burdened with sexual ill-health.

Use of services by different population groups is widening, including the use of online services but some people still find it harder to access services than others. Stakeholders have emphasised that stigma, perceptions, and taboos all play a part in perpetuating inequalities.

Relationships and system working

Professionals and services across Southampton are not always joining up to meet the sexual health needs of residents, particularly for people with additional needs. There is variable awareness of what sexual health services are being provided across the city. Examples of stigma persist and improved trust can be built with communities.

Consistent and clear messaging, sexual health promotion and education for all those who may benefit from it, across the population, workforce and throughout the life course are not always being delivered.

1.2 Recommendations

Relationships and system working

Many partners are involved in sexual health pathways. It is recommended that governance and leadership at place and system is developed, directed by a new Southampton sexual health network with an agreed vision, objectives and action plan, and maximising synergies at system level for tackling health inequalities.

The network will aim to build capacity across Southampton to meet the sexual health needs of all residents, fostering relationships and facilitating work with communities to co-design solutions for improving sexual health in the city, as well as overseeing quality and the long-term legacy of the Covid-19 pandemic.

Prevention

Prevention is not an add on, but an integral part of action to improve sexual health outcomes in the city, including within clinical services. This includes striving to create a positive sexual health culture in Southampton.

It is recommended that primary prevention focuses on sexual health promotion, with an annual plan for Relationships and Sex Education (RSE) provision, training, campaigns and supporting events such as Pride and World Aids Day. This will support communication about sexual health becoming regular and universal, developed with and tailored for the people we know are experiencing sexual health inequalities and ensure that RSE and training is planned for certain communities, age groups and formal and informal roles to specifically address the inequalities identified in this needs assessment.

The annual plan would also include a focus on promotion of interventions such as pre-exposure prophylaxis for HIV and HPV vaccination to those who are eligible.

Secondary prevention should be addressed through access to services and specifically testing. It is recommended that existing health and care touch points be utilised for sexual health conversations, when people access any service or attend for check-ups, in particular for related services such as termination of pregnancy and maternity.

It is important for residents and the health and care workforce to be aware of the sexual health services available in the city and for the workforce to know how to help people access them via signposting or referral. Sexual health services need to be available where and how people want to access them, as well as being responsive to need. The new network should also commit to improving workforce diversity and representativeness for our different communities to improve accessibility.

Increasing awareness of and access to the full range of contraceptive choices, including dispelling any myths that may be preventing use of the most effective method, will contribute to an improvement in reproductive health.

A better understanding of the recent patterns in testing, such as the reduction in full STI tests, and in particular the promotion of opportunities for HIV testing with residents and professionals in the city, will address the current trend for increasing rates of STIs by reducing onward transmission.

Equity, normalising conversations about sex and reducing stigma are golden threads running through all the recommendations.

1.3 Next Steps

The learning and priorities highlighted by this needs assessment will be taken forward within Southampton and alongside similar work in Hampshire, Isle of Wight, and Portsmouth. This will include informing a service review for the re-commissioning of the specialist sexual health service.

2. Overview

2.1 Why carry out a SHNA?

A health needs assessment (HNA) is a systematic method of identifying unmet health and healthcare needs in a population and the changes required to address those needs. 'Need' is commonly referred to as the capacity to benefit from healthcare and can be normative (based on professional judgement), felt (an individual's perception of their need), expressed (a vocalisation of need or how people use services, i.e., demand) or comparative (relative needs of different groups).

This sexual health needs assessment will allow commissioners and providers of health services to use a systematic approach to understand the needs of the population in relation

to their sexual health and the local assets available to support them. As part of a commissioning process, this will allow the planning and delivery of effective and equitable services and support.

2.2 Why is sexual health important?

Sexual health is a state of physical, emotional, mental, and social wellbeing in relation to sex and sexuality. Good sexual health requires positive and respectful approaches to sexuality and sexual relationships, pleasurable and safe sexual experiences that are free from coercion, discrimination and violence and sexual rights to be upheld for all.[2]

468,342 new sexually transmitted infections (STIs) were diagnosed at sexual health services in England in 2019, a 5% increase on the previous year.[3] STIs left untreated can lead to long term physical health consequences for the individual, such as infertility or AIDS. STIs can also have wider impacts on mental health, and relationships. England has seen increases in the incidence of several common STIs, in particular chlamydia, gonorrhoea, syphilis, and herpes (to note however that COVID-19 has had an impact on STI diagnoses which is discussed further in this HNA).[4,5] Rarer infectious agents such as mycoplasma genitalium, shigella and trichomoniasis are also becoming an increasing issue. Antimicrobial resistance is arising, which poses new treatment challenges.[6]

STIs, such as HIV and chlamydia, are often asymptomatic. Untreated infection provides opportunities for further spread in the population. In contrast, treatment of STIs, or HIV that reduces the viral load to undetectable levels, makes them untransmissible to others. Inequalities are also important with young people, people living with HIV, certain ethnic minority communities, people living in deprived areas and MSM disproportionately affected by STIs.[7]

[2] Public Health England, *Sexually transmitted infections and screening for chlamydia in England*, (London, Crown, 2019) < Sexually transmitted infections and screening for chlamydia in England: 2021 report - GOV.UK (www.gov.uk)> (accessed 31 October 2022)
[3] Public Health England. *Health matters: preventing STIs, GOV.UK* < Health matters: preventing STIs - GOV.UK (www.gov.uk)> (accessed 31 October 2022).
[4] Public Health England, *Addressing the increase in syphilis in England: PHE action plan.* (London, UK: Crown, 2019) < Addressing the increase in syphilis in England: PHE action plan (publishing.service.gov.uk)> (accessed 31 October 2022)
[5] Terrence Higgins Trust and BASHH, *The State of The Nation. Sexually transmitted infections in England,* (London, UK: Terrence Higgins Trust, 2020) < State of the nation report v2.pdf (tht.org.uk)> (accessed 31 October 2022)
[6]Terrence Higgins Trust and BASHH, *The State of The Nation. Sexually transmitted infections in England,* (London, UK: Terrence Higgins Trust, 2020) < State of the nation report v2.pdf (tht.org.uk)> (accessed 31 October 2022)
[7]ibid

2.3 Why are sexual health services important?

Sexual health services (SHS) are commissioned at a local level to meet the needs of the local population, including provision of information, advice, and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy. Local authorities commission comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). Some specialised services are directly commissioned by Integrated Care Boards (ICBs – previously Clinical Commissioning Groups), such and abortion and vasectomy services, and at the national level by NHS England e,g. HIV treatment and care services.[8] Services are provided across general practice, community services, hospitals, pharmacies, and the voluntary sector. Tailored provision is available for young people, and other groups requiring enhanced support to access services such as people with learning difficulties and women who sell sex. A range of effective methods of contraception, prophylaxis in the form of medication and vaccines, simple diagnostic tests and effective treatments are available. High quality accessible and equitable SHS are needed to successfully deliver these interventions on a background of challenges, such as asymptomatic disease, misinformation, stigma, and emerging new infections and antimicrobial resistance to existing ones.

The economic costs of STIs are vast, but effective services can save money. Excluding HIV, STI treatment costs were estimated at £620 million for the UK in 2011; the burden of disease and therefore the cost will have increased since. On the other hand, for every £1 spent on contraception £11 is saved elsewhere on healthcare, and HIV detected and treated early costs £12,600 per year, compared to £23,442 when diagnosed at a late stage.[9]

The other major role for SHS is in providing information, advice and support on contraception, relationships, and unplanned pregnancy. Preventing unplanned pregnancy is one the greatest reproductive health concerns for women; it is important for women to have control over their reproductive health including choices around contraceptive use.[10] 45% of pregnancies are unplanned or associated with ambivalence (mixed feelings about the pregnancy).[11] For mothers, unplanned pregnancy is associated with obstetric

[8] Public Health England, *Commissioning local HIV sexual and reproductive health services* (London, UK: Crown, 2013) < Commissioning local HIV sexual and reproductive health services - GOV.UK (www.gov.uk)> (accessed 31 October 2022)
[9] Department for Health and Social Care. *A Framework for Sexual Health Improvement in England* (London, UK: Crown, 2013) <A Framework for Sexual Health Improvement in England - GOV.UK (www.gov.uk)> (accessed 31 October 2022)
[10] Public Health England. *What do women say? Reproductive health is a public health issue* (London, UK: Crown, 2018). < What do women say? Reproductive health is a public health issue (publishing.service.gov.uk)> (accessed 31 October 2022)
[11] Wellings, Kaye *et al.* 'The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)' *Lancet,* vol. 382,9907 (2013): 1807-16

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

complications, later presentation for antenatal care and antenatal and postnatal depression. There can also be impacts on children in terms of low birthweight, physical and mental health, and lower performance on cognitive tests. Nationally and locally, there has been significant progress in reducing teenage conception. However, rates are still high in comparison to the rest of Western Europe. Inequalities between areas persist with deprived areas disproportionally affected.[12]

3. National and local legislation, policy, strategy, and guidance

3.1 National

The Framework for Sexual Health Improvement in England sets out the need for a sustained focus on sexual health across the life course, with 4 priority areas[13] (figure 1):

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

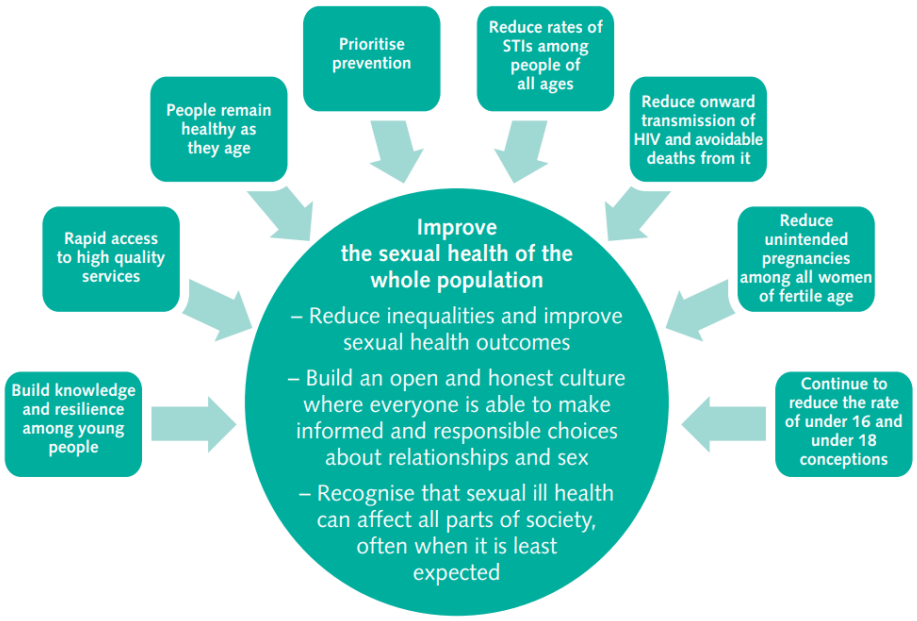


Figure 1: Key objectives Department of Health Framework for Sexual Health Improvement in England

[12] Public Health England, *Teenage Pregnancy Prevention Framework* (London, UK: Crown, 2018) < Teenage pregnancy prevention framework - GOV.UK (www.gov.uk)> (accessed 31 October 2022)
[13] Department for Health and Social Care. *A Framework for Sexual Health Improvement in England.*

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

The national **Public Health Outcomes Framework (PHOF)** includes seven indicators related to sexual health:[14]

1. Under 18 conceptions rate per 1000 women aged 15-17
2. HIV late diagnosis in people first diagnosed with HIV in the UK (%)
3. Chlamydia detection rate in 15 – 24-year-olds per 100,000 (males and females)
4. Under 16s conception rate per 1000 women aged 13-15
5. Violent crime – sexual offenses per 1000 population
6. New STI diagnoses (excluding chlamydia aged under 25) per 100,000
7. Population HPV vaccination coverage % (males and females)

National Chlamydia Screening Programme (NCSP)[15]

In June 2021, changes were made to the NCSP to focus on opportunistic screening of young women to reduce the reproductive harm of untreated infection. This means that in community settings, screening is now only proactively offered to young women. This should be combined with reducing time for results and treatment, more effective partner notification and re-testing following treatment. Men are still offered testing where there is a specific indication such as symptoms or a partner with chlamydia. These changes are to allow the programme to maximise health benefits by focusing on the population where there is most harm from untreated infection.

NICE Guidance

New NICE guidance 'Reducing sexually transmitted infections' was published in June 2022. The guideline includes recommendations on[16]:

- Reducing the risk of people getting and transmitting STIs
- Improving uptake and increasing the frequency of STI testing
- Partner notification
- HPV and hepatitis A and B vaccination in gay, bisexual, and other men who have sex with men.
- Pre-exposure prophylaxis for HIV

Further guidelines give specific advice for particular interventions or population groups:

- NICE guidance on Long-acting reversible contraception provides best-practice advice on the provision of information and care for women considering or using LARC. [17]

[14] Office for Health Inequalities and Disparities. *Public Health Outcomes Framework* (2022), *Crown* <fingertips.phe.org.uk> (accessed 31 October 2022).
[15] Public Health England, *Changes to the National Chlamydia Screening Programme (NCSP) (2021), GOV.UK* < Changes to the National Chlamydia Screening Programme (NCSP) - GOV.UK (www.gov.uk)> (accessed 31 October 2022).
[16] National Institute for Health and Care Excellence, *Reducing sexually transmitted infections* (2022), NICE < Overview | Reducing sexually transmitted infections | Guidance | NICE> (accessed 31 October 2022)
[17] National Institute for Health and Care Excellence, *Long-acting reversible contraception* (2019), NICE < Overview | Long-acting reversible contraception | Guidance | NICE> (accessed 31 October 2022)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

- Guidance on condom distribution schemes specifically details best-practice to deliver these schemes, including targeting services to meet the needs of local populations.[18]
- The contraceptive services in under-25s guideline makes recommendations based on evidence of interventions and programmes proven to be effective in this age group.[19] It emphasises the need for inclusive and universal services, along with additional tailored support for those who are socially disadvantaged or find it challenging to use contraceptive services.
- The Abortion care guideline aims to improve the organisation of services and make abortions easier to access.[20] There are detailed recommendations on care at different gestational stages and recommendations for same day access to contraception.
- HIV testing guideline detailing how to tailor services to local prevalence, increase awareness of testing, reduce barriers to testing and increase opportunities for testing across primary, secondary, specialist sexual health and community care.[21]

HIV

The Department of Health and Social care has made a commitment to zero new transmissions of HIV by 2030, detailed in a national HIV action plan. To reach this aim there are three progress markers, to be achieved by 2025[22]:

- To reduce the number of people first diagnosed in England from 2,860 in 2019, to under 600 in 2025
- To reduce the number of people diagnosed with AIDS within 3 months of HIV diagnosis from 219 to under 110
- To reduce deaths from HIV/AIDS in England from 230 in 2019 to under 115

Women's health strategy 2022-2032[23]

This 10-year strategy includes ambitions that are particularly relevant for this sexual health HNA:

[18] National Institute for Health and Care Excellence, *Sexually transmitted infections: condom distribution schemes* (2017), NICE < Overview | Sexually transmitted infections: condom distribution schemes | Guidance | NICE< (accessed 31 October 2022)
[19]National Institute for Health and Care Excellence, *Contraceptive services for under 25s* (2014), NICE <Overview | Contraceptive services for under 25s | Guidance | NICE> (accessed 31 October 2022)
[20]National Institute for Health and Care Excellence, *Abortion care* (2019), NICE <Overview | Abortion care | Guidance | NICE> (accessed 31 October 2022)
[21]National Institute for Health and Care Excellence, *HIV testing: increasing uptake among people who may have undiagnosed HIV* (2016), NICE < Overview | HIV testing: increasing uptake among people who may have undiagnosed HIV | Guidance | NICE> (accessed 31 October 2022)
[22] Department of Health and Social Care, *Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025* (London, UK: Crown, 2021) < Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025 - GOV.UK (www.gov.uk)> (accessed 31 October 2022)
[23] Department of Health and Social Care, *Women's Health Strategy* (London, UK: Crown, 2022) <Women's Health Strategy for England - GOV.UK (www.gov.uk)> (accessed 31 October 2022).

- Girls and boys receive high-quality, evidence-based education from an early age on fertility, contraception and pregnancy planning, maternity care, and pregnancy loss.
- Women are supported through high-quality information and education to make informed decisions about their reproductive health, including if and when to have a child.
- All women who want contraception can access their preferred type of contraception in a convenient way.

Plans for sexual and reproductive health, a priority area, will be set out in 2022, and will include a focus on increasing access and choice around contraception, including LARC, and for improving women's experiences around using contraception, for example the fitting and removal of LARC.

The Hatfield Vision[24]

The Faculty of Reproductive and Sexual Health's vision, endorsed by 28 organisations, has an ambition that by 2030: "reproductive health inequalities will have significantly improved for all women and girls, enabling them to live well and pursue their ambitions in every aspect of their lives". To reduce these disparities, the vision is underpinned by 16 goals, these include goals centred around all women having the ability to make choices about if and when to have children, access and standards of contraceptive care and abortion care, and access to information.

Early medical abortion at home

During the COVID-19 pandemic the UK government put in place a temporary approval in England, for early medical abortion (EMA) pills to be taken at home for pregnancies of up to 10 weeks following a remote consultation with a clinician. This was to reduce the risk of transmission of COVID-19 and ensure continued access to abortion services. Following a public consultation, the temporary measure is now permanent.[25]

Teenage pregnancy prevention[26]

The Teenage Pregnancy Prevention Framework provides an evidence-based approach for collaborative system-wide action to prevent unplanned teenage pregnancy and encourage the development of healthy relationships.

[24] Faculty of reproductive and sexual health, *The Hatfield Vision*, The Faculty of Sexual and Reproductive Healthcare < FSRH Hatfield Vision July 2022 - Faculty of Sexual and Reproductive Healthcare> (accessed 31 October 2022)
[25] Rough, E, *Early medical abortion at home during and after the pandemic* (2022), UK Parliament <Early medical abortion at home during and after the pandemic - House of Commons Library (parliament.uk)> (accessed 31 October 2022)
[26] Public Health England, *Teenage Pregnancy Framework (2018).*

Figure 2: Ten key factors for effective local strategies. Teenage pregnancy prevention framework. Public Health England/ Local Government Association

Relationship and sex education

In 2019, Relationships Education was made compulsory for all primary schools and Sex Education (RSE) was made compulsory for all secondary schools in the UK[27], though pupils can still opt out.

3.2 Local Context

Southampton City Health and Care Strategy 2020-2025[28]

This strategy highlights the vision shared in Southampton to enable everyone to live long, healthy and happy lives, with the greatest possible independence. This will be achieved by:

1. Reducing inequalities and confronting deprivation

[27] Department for Education, *Relationships Education, Relationships and Sex Education (RSE) and Health Education.* (London, UK: Crown, 2019) < Relationships and sex education (RSE) and health education - GOV.UK (www.gov.uk)> (accessed 31 October 2022).

[28] Southampton City Council. *Southampton City Health and Care Strategy 2020-2025, Southampton.gov.uk* <PowerPoint Presentation (southampton.gov.uk)> (accessed 31 October 2022)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

2. Tackling the city's biggest killers
3. Improving mental and emotional wellbeing
4. Working with people to build resilient communities and live independently
5. Improving earlier help, care, and support
6. Improving joined-up, whole-person care

Whilst this Health and Care Strategy does not explicitly mention sexual health, reducing inequalities, early help and care and improving joined-up and whole-person care are all highly relevant to sexual health and sexual health services. Good sexual health also contributes to mental and emotional wellbeing.

Southampton Children and Young People's Strategy 2022-2027[29]
Vision: We want all children and young people in Southampton to get a good start in life, live safely, be healthy and happy and go on to have successful opportunities in adulthood.

Southampton city council plans to work together with parents, families, carers, and communities to improve outcomes for children in the city, focusing on prevention and early help and on providing the right help, at the right time. The strategy sets out that, as part of its priority for children to be happy and healthy, Southampton City Council will work with partners to address inequalities in teenage conception rates and provide timely access to welcoming and effective sexual health services for all young people.

Southampton sexual health improvement plan (2020-2024) priorities:
The current Southampton Sexual and Reproductive Health Improvement Plan built upon a previous strategic improvement plan for sexual health and teenage pregnancy in Southampton (2014-17). Developed with local stakeholders, it outlined priorities for the next five years to inform commissioning and transformation plans. The governance of the plan was to be via a local implementation group and the Health and Wellbeing Board, however changes to personnel and the Covid-19 pandemic have hindered its implementation. Priorities are to:

1. Promote a culture supporting good sexual and reproductive health for all which prioritises prevention and reduces stigma, prejudice, and discrimination.

[29] Southampton City Council. *Southampton Children and Young People's Strategy 2022-2027, Southampton.gov.uk.* <MRD 1 - Children and Young Peoples Strategy 2022-2027.pdf (southampton.gov.uk)> (accessed 31 October 2022).

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

2. Ensure access to services that improve sexual health outcomes for everyone, with no groups left behind. Services should offer early detection, effective support/treatment, and reduction in onward transmission of sexually transmitted infections, including HIV.
3. Support women and men in avoiding unplanned pregnancies, including unplanned teenage pregnancies through good access to family planning advice and a full range of contraceptive options.
4. Take action to reduce teenage pregnancy
5. Safeguard and promote the welfare of those most at risk of poor outcomes including vulnerable adults, children, and young people, protecting them from exploitation and abuse through fostering effective partnership between all relevant services and agencies.
6. Offer SHS that are proportionate to level of need, providing 'right care in the right place' and focusing on prevention.

3.3. What has changed since the 2014 SHNA and what new challenges does Southampton face now?

Southampton faces several new key challenges in relation to sexual health. Demand had been rising for SHS before the Covid-19 pandemic. From March 2020 there was severe disruption to services, caused by the pandemic, which led to a decrease in testing and diagnosis of STIs and access to contraceptives. However, the pandemic also brought about changes to service provision with an increase in STI home testing and the introduction of Early Medical Abortion at home. We do not yet know the full impacts of the pandemic on the sexual health of people in Southampton, but they are likely to be felt for a number of years.

So far in 2022, 3 new cases of antibiotic-resistant Neisseria gonorrhoeae have been identified in England.[30] Although most common in the Asia-Pacific region, it is unclear at this stage whether this is likely to be a longer-term trend and if it will emerge as a specific Antimicrobial Resistance challenge for Southampton in the coming years.

On the background of a healthcare system under high pressure, SHS are now at the centre of the response to the monkeypox outbreak. Monkeypox can affect anyone, but particularly if you have had close contact, including sexual contact, with someone with symptoms. Most cases in the current outbreak have been in men who have sex with men, or who identify as

[30] UK Health Security Agency, *More cases of antibiotic resistant gonorrhoea identified in England, GOV.UK* <More cases of antibiotic resistant gonorrhoea identified in England - GOV.UK (www.gov.uk)> (accessed 6 June 2022)

gay or bi-sexual.[31] Whilst cases continue to rise, there is concern in terms of the additional service demand from diagnosis, after care and pre-exposure vaccination for SHS, along with the potential impact on staffing.

Prevention and sexual health promotion continue to be imperative. The introduction of compulsory relationship and sexual health education in 2019 is hoped to contribute to improving the outcomes for future generations.

3.4 Aims and Objectives of the Health Needs Assessment

Aim: To assess the current and estimate the future sexual health needs of Southampton city residents, how they are currently being addressed and whether they are being met or not.

Objectives:

1. Describe the sexual health needs of Southampton City Council residents epidemiologically, highlighting areas of higher need according to (but not exclusively) geography, age, gender (identity), sexual orientation, ethnicity, and socioeconomic status.
2. Describe the existing sexual health legislation, policy, and guidance at national and local levels
3. Describe the existing sexual health service provision across the city
4. Highlight where sexual health inequalities exist within these descriptions (epidemiological evidence, focussed policies and specific service provision)
5. Present the range of stakeholder views on need, as well as current and the potential for future service provision; providing a picture of what is working well and, where improvements are needed, what they might be
6. Make recommendations based on this local intelligence as well as evidence-based interventions identified in the literature
7. Link the recommendations to the development of a sexual health strategic vision and objectives for Southampton (to replace the improvement plan) and the service review for the future re-procurement of the level 3 specialist sexual health service.

3.5 Scope

- Residents of Southampton and users of SHS within the city.
- STIs including HIV, contraception and termination of pregnancy and teenage pregnancy.
- Covering the period from the last Sexual Health Needs Assessment in 2014.

[31]UK Health Security Agency, *Monkeypox cases confirmed in England – latest updates, GOV.UK* <Monkeypox cases confirmed in England – latest updates - GOV.UK (www.gov.uk)> (accessed 31 October 2022)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

- Sexual assault referral centres and sexual violence, antenatal blood borne virus screening and HIV care and treatment are not in scope of this needs assessment but will be important to review elsewhere.[32]

References to 'women', 'female' and 'women's health' throughout this document are used for brevity. We recognise that the health needs and services discussed in relation to 'females' and 'women' are relevant for cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy.

References to 'men' and 'males' are also used for brevity and we recognise that the health needs and services discussed in relation to males and men are relevant for cisgendered men, transgender women and non-binary (assigned male at birth) people.

3.6 Methods

This HNA combines three common approaches (Stevens and Raffety)

1. Epidemiological: considering the epidemiology of STIs in the Southampton population, current service provision, and the quality of those services and interventions.
2. Comparative: comparing service provision between different populations.
3. Corporate: based on the views of stakeholders including staff, the public and service users. This HNA has a particular focus on the views of people with learning disabilities and their carers, and people from ethnic minority communities.

Quantitative data has been collated from the Southampton Data Observatory, GUMCAD (the mandatory surveillance system for sexually transmitted infections, it collects data on STI tests, diagnoses, and services from all commissioned sexual health services in England), commissioned services and public and staff surveys. Where data is available, comparisons are made to national data and ONS comparator areas. Population Health Ltd undertook interviews with people with learning disabilities and their carers and people from ethnic minority communities for the qualitative aspect of this HNA.

Service data has been grouped according to four of Maxwell's dimensions of quality[33]: access to services, equity, efficiency, and effectiveness, with the survey and qualitative data addressing the further two dimensions of social acceptability and relevance to need.

[32] More information on sexual violence can be found: Safe City Strategic Assessment 2020/21 (southampton.gov.uk) and Violence against women and girls profile (southampton.gov.uk)
[33] Maxwell R J, 'Quality Assessment in Health' *Br Med J (Clin Res Ed).* 288,6428 (1984): 1470–1472.

Initial findings and recommendations were discussed at a stakeholder workshop, leading to further refinement of those recommendations.

3.7 Notes on data sources and limitations

- An HNA offers a snapshot in time for a particular health topic; relevant new data is regularly made available.
- Sexual health data is available from a variety of sources, including GUMCAD, OHID fingertips, direct from services and NHS digital. This HNA has focused on routine data from GUMCAD, OHID fingertips and directly from services, these sources are routinely accessed locally and data quality, strengths and limitations of these sources are understood.
- Office for Health Inequalities and Disaparities (Fingertips) data was released for 2021 in October 2022. As the HNA was undertaken prior to this, the October release data is not included.
- The Southampton Data Observatory Sexual Health Dashboard is updated regularly and is a source of up to date data from Fingertips for Southampton[34].
- Users of SHS in Southampton will not fully align with our resident population; people are free to access SHS wherever they choose and may not do so in the area that they live.
- Data from the integrated sexual health service will not cover all contacts, testing and treatment for sexual health in the city; some activity will take place in primary or secondary care for example.
- The latest data available at the time of writing was used for this HNA, but will differ in terms of the exact year due to different collection and validation methods.
- Census data, used particularly for demographic information, is from 2011 and therefore very out of date; 2021 census information should soon be available.
- Particularly in relation to asymptomatic disease, not all those who would benefit from sexual and reproductive services access them. The quantitative data used in this HNA only includes individuals who have accessed services (expressed need) and so is an incomplete picture of the population need. We have therefore had to make inferences regarding the underlying population need from this data
- The ONS comparator areas referred to are: York, Isle of Wight, Newcastle upon Tyne, Portsmouth, Bristol, Plymouth, Sheffield, Bournemouth, Bath and North East Somerset, Coventry, Liverpool and Leeds. Up to date comparator graphs can be found on the Southampton Data Observatory Sexual Health Dashboard.

[34] Southampton Data Observatory is available from: Southampton Data Observatory

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

- Wider factors that also contribute to sexual health outcomes e.g., income, living conditions, employment, education, or community assets that promote good sexual health have not been addressed fully.

4. Background

4.1 Population size and demographics

In 2020, the resident population of Southampton is estimated to be 260,111 people. The population pyramids in figure 3, for 2020, show how the profile of Southampton's population differs from the national average. There are a large number of young people in the city; 19.5% of Southampton's population is aged between 15 and 24 years, compared to just 11.7% nationally.[35] This is driven in part by the city's two universities. There is a projected increase in the population aged 15-19, but also in the population groups age 30 to 54 years.[36] In general, young people experience the highest diagnosis rates of the most common STIs likely due to higher rates of partner change among 16- to 24-year-olds.[37] Nationally there has been an increase in new STI diagnoses in the over 25 age group, this is mostly driven by large increases for MSM.[38] Locally we also have evidence of increases in termination of pregnancy in over 25s. Population increases in young adult age groups are therefore an important factor when planning to meet the future demand for sexual health services in Southampton.

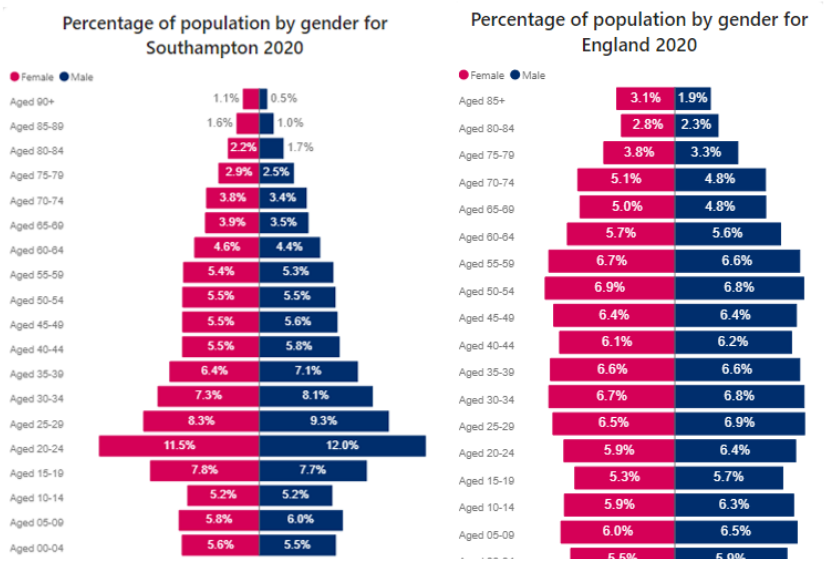


Figure 3: Population by age and gender for England and Southampton 2020. Source: Small Area Population Forecast, Hampshire County Council and mid-year population forecast, ONS

[35] Southampton Data Observatory, *Population dashboard, Southampton Data Observatory,* <Population Power Bi> (accessed 7 June 2022)
[36] Hampshire County Environment Department's 2020-based Southampton Small Area Population Forecasts
[37] Mercer CH, Tanton C, Prah P *et al*. 'Changes in sexual attitudes and lifestyles in Britain through the life course and over time: Findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal)'. *Lancet* 382(2013);1781-1794
[38] UK Health Security Agency. *Sexually transmitted infections (STIs): annual data tables, GOV.UK* <Sexually transmitted infections (STIs): annual data tables - GOV.UK (www.gov.uk)> (accessed 31 October 2022).

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

4.2 Birth rates and reproductive health

Birth rates are important to consider in this sexual health needs assessment as a large proportion of pregnancies (45%) are unplanned or associated with ambivalence, with the potential to be influenced by RSE and access, effective use, and acceptability of contraception.[39]

Local monitoring of births at University Hospital Southampton (UHS) indicates that births have fallen by -15.6% between 2008/09 and 2020/21 (figure 4). Between 2011 and 2019 general fertility rates (per 1,000 females aged 15 to 44) in the city decreased from 63.4 to 50.0. The 2019 figure compares with 56.9 across the South-east and 57.7 in England. However, there is a wide variation across the city. In 2020, the general fertility rate for Southampton by electoral ward ranged from 71.6 births per 1,000 females aged 15 to 44 years in Redbridge to 30.4 in Swaythling (figure 5). Higher fertility rates tend to be associated with more deprived areas of the city.

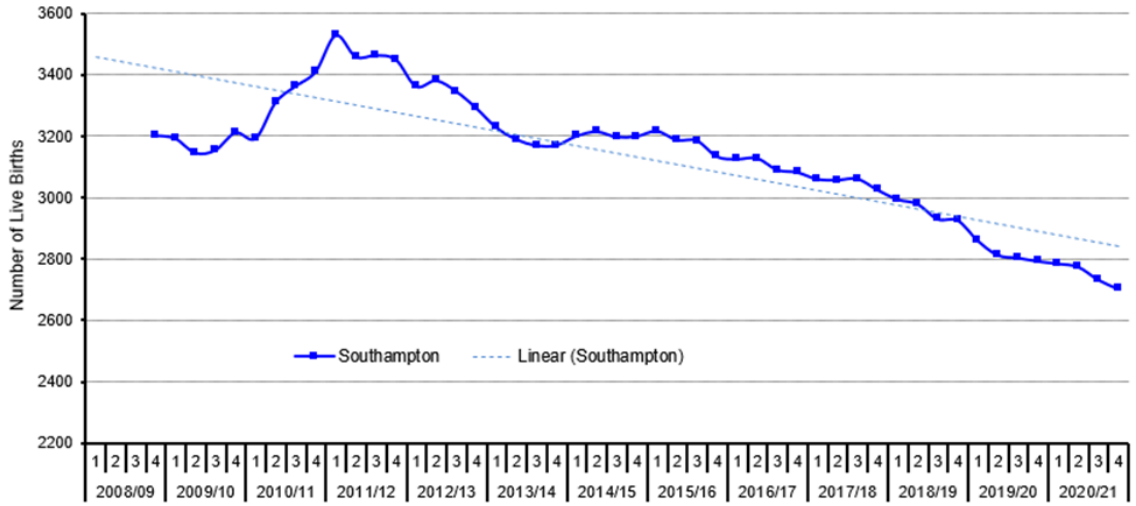


Figure 4: Number of live births in Southampton, annual rolling average 2008/09 to 2020/21. Source: HICCS Maternity, UHS

[39] Wellings, Kaye *et al.* The prevalence of unplanned pregnancy and associated factors in Britain (2013).

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

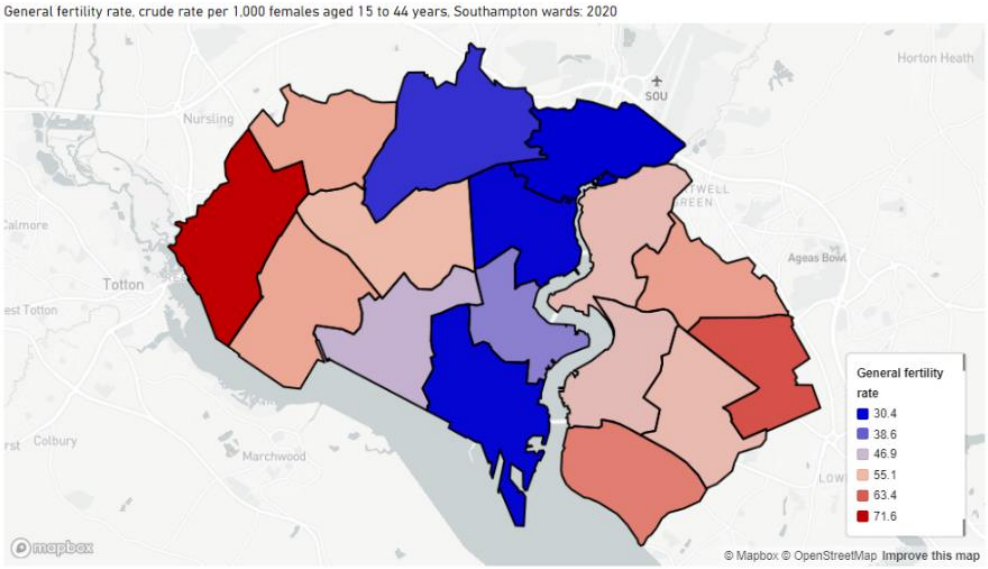


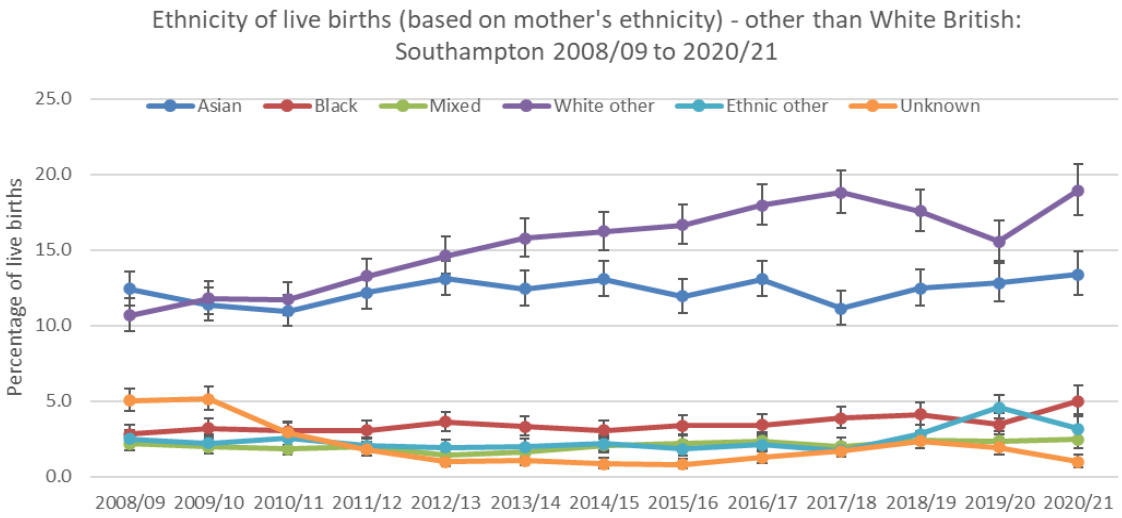
Figure 5: General fertility rate crude rate per 100,000 females aged 15 to 44 years. Southampton wards 2020.

4.3 Ethnicity, Migration, Language and Religion

Diversity is increasing in Southampton with residents from over 55 different countries, speaking 153 different languages.[40] Understanding the ethnic and cultural make-up of the city is important for ensuring services are tailored for differing cultures and their current and future sexual and reproductive health needs taken into consideration. Nationally women born outside the UK have total fertility rates of 2.0 compared to 1.5 for UK-born mothers. There are inequalities in terms of sexual health related to ethnicity which will be explored later in this HNA.

In 2011, 77.7% of residents recorded their ethnicity as White-British, a decrease of 11% from 2001 and 17.6% of residents were born outside UK, compared to 13.8% for England[41]. There is a wide variation in diversity; in Bevois ward, over half of residents (55.4%) are from an ethnic group other than white British compared to 7.6% in Sholing. In 2020/21, 39.4% of pupils were from an ethnic group other than white British, an increase from 24.8% in 2015/16. This suggests higher diversity in the population of childbearing age than the population overall.[42] In 2021, 40% of live births were born to Southampton mothers who were themselves born outside of the UK and 42.9% of live births (where ethnicity was known) were to mothers of ethnic groups other than white British or Irish (figures 6 and 7).

[40]Office of National Statistics, *2011 Census, ons.gov.uk* < 2011 Census - Office for National Statistics (ons.gov.uk)> (accessed 31 October 2022)
[41]Department for Education, *Schools, pupils and their characteristics 2020/21,* GOV.UK <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics> (accessed 22 November 2021)
[42] School census 2020/21



Source: UHS Midwifery database, Southampton CCG

Figure 6: Ethnicity of live births (based on mother's ethnicity) - other than White British: Southampton 2008/09 to 2020/21

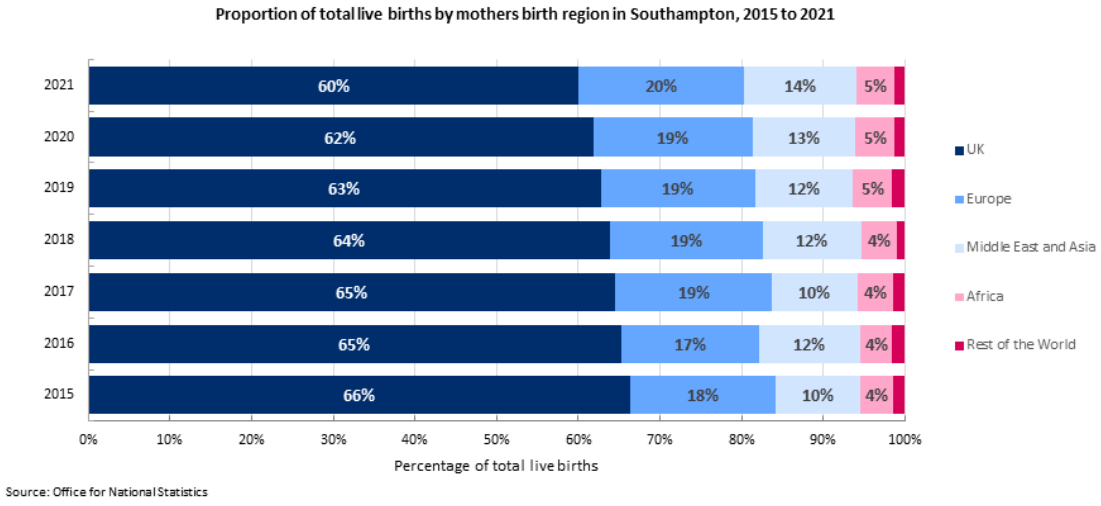


Figure 7: Proportion of total live births by mother's birth region in Southampton, 2015-2021

4.4 Impact of the COVID-19 pandemic on sexual health

In 2020/21, in light of Covid-19 restrictions, SHS had substantially reduced capacity to deliver face-to-face consultations and underwent rapid reconfiguration to increase access to STI testing via telephone or internet consultations. Between March and May 2020 there was an overall reduction in consultations, testing and diagnoses (figure 8).[43] From single point of

[43] Public Health England, *The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England* (London, UK: Crown, 2020) <COVID-19: impact on STIs, HIV and viral hepatitis, 2020 report (publishing.service.gov.uk)> (accessed 6 June 2022)

access (SPA) data for the SHS, we know that demand decreased during the same period. We do not know whether the decreases seen in diagnoses were due to reduced sexual activity, changes in access or a perceived lack of availability of services during lockdowns, or a combination of these factors. In the South-east, STI testing fell markedly between 2019 and 2020 (by 27%), similar to the decrease seen in England (26%).[44] There was a slight increase in the STI positivity, from 5.6% in 2019 to 5.7% in 2020.[45] The large number of diagnoses in 2020 could be evidence of sustained STI transmission during this period, though pre-existing undiagnosed STIs will also have been identified. Community surveys suggest that, although fewer people reported meeting new sex partners during 2020 compared to previous years, a substantial proportion still had an ongoing risk for STIs (for example, unprotected sex with new partners)[46]. Though the decrease in diagnoses was seen across all infections, larger decreases were seen in diagnoses for STIs usually diagnosed on clinical examination, such as genital warts or genital herpes, when compared to those that could be readily diagnosed using remote self-sampling kits, such as chlamydia and gonorrhoea.

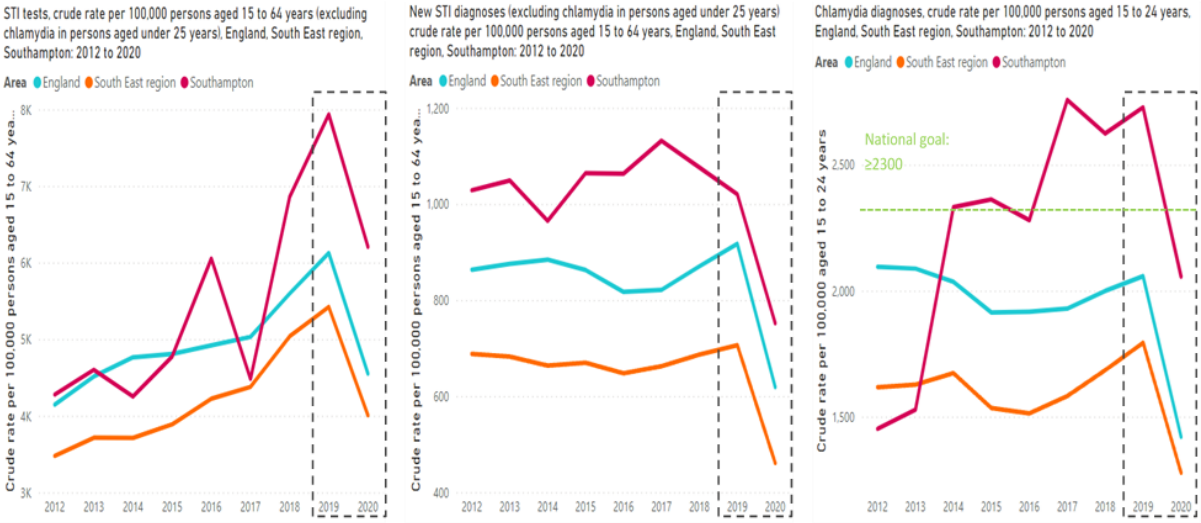


Figure 8: STI tests, new diagnosis, and chlamydia diagnosis 2012 to 2020. The dashed boxes highlight changes from the year prior to the Covid-19 pandemic, to the first year of the pandemic.

As yet, we do not know what the full impact of the Covid-19 pandemic will be on STIs in Southampton:

- Restrictions may have temporarily reduced sexual contact, therefore reducing STIs.

[44] Data excludes chlamydia in under 25-year-olds
[45] UK Health Security Agency, *Spotlight on sexually transmitted infections in the South East* 2020 (London, UK: Crown, 2020) <Spotlight on sexually transmitted infections South East 2020 (publishing.service.gov.uk)> (Accessed 21 September 2022)
[46] ibid

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

- More restricted access to contraceptives and testing may mean higher risk sexual activity.
- Evidence of an increase in online testing in certain groups, for example MSM and over 30s; easy access to this form of testing may have encouraged people to test who would not have attended a face-to-face consultation.
- Risk behaviours may have changed following the lifting of restrictions.

This makes assessment of current need, analysis of trend data and projecting future need challenging. We do know however that in 2020 STIs continued to disproportionately impact gay, bisexual, and other MSM, young people aged 15 to 24 years, and people of Black Caribbean ethnicity, therefore addressing these health inequalities remains imperative.[47]

5. Incidence and prevalence of Sexually Transmitted Infections (STIs)

Key findings for Southampton:

- Despite falls in 2020, STI testing rates remain higher than the England average and second highest amongst ONS comparators.
- The proportion of positive tests is increasing and is similar to England overall.
- New diagnoses per 100,000 population are double the national rate, despite decreasing since 2017.
- Over half of new diagnoses are in 15–24-year-olds, but in older age groups there was a bigger difference between Southampton and England figures, suggesting there is more testing in older age groups than nationally or a greater burden of disease.
- Almost 1/3 of newly diagnosed men were MSM
- People of Black ethnicity were 4.2 times and Mixed ethnicity 2.8 times more likely to be newly diagnosed with an STI than people of White ethnicity.
- Women aged between 15 and 19 are at particular risk of re-infection, though both men and women in this age group had higher reinfection rates than nationally.

[47] UK Health Security Agency, *Summary profile of local authority sexual health Southampton, fingertips.phe.org.uk* <SPLASH Southampton 2022-01-27 (phe.org.uk)> (accessed 12 May 2022)

5.1 STI testing

STI testing rates (excluding Chlamydia screening in persons aged under 25 years) for individuals aged 15 to 64 years have fluctuated year on year in Southampton since 2012 (figure 9). But as a general trend have been increasing and at a faster rate than observed nationally. The 2020 Southampton rate was a 22% decrease from 2019 and likely because of the COVID-19 pandemic, as similar decreases were observed both nationally and in comparative areas. Testing rates remained significantly higher than England, 6,206 vs. 4,549 per 100,000 persons aged 15 to 64. In 2020, Southampton was second to Portsmouth for the highest rate of STI tests amongst the ONS comparator group.

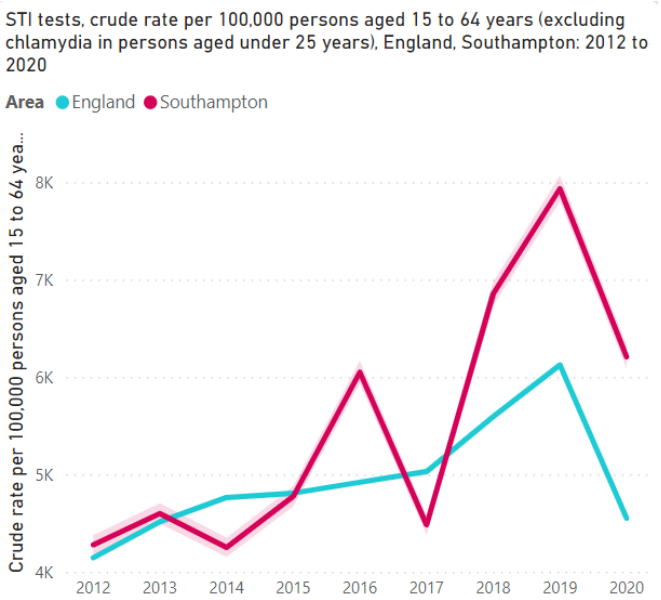


Figure 9: STI tests, crude rate per 100,000 persons aged 15-64 years (excluding chlamydia in persons aged under 25 years) in Southampton 2012 to 2020

5.2 Testing positivity

Of those STI tests (excluding chlamydia screening in persons aged under 25 years) undertaken in Southampton in persons aged 15 to 64 years (figure 10). 7.2% had a positive result, lower but not significantly when compared nationally (7.3%) and 3rd highest amongst ONS comparators. The proportion of positive tests has been increasing since 2012, despite the COVID-19 pandemic.

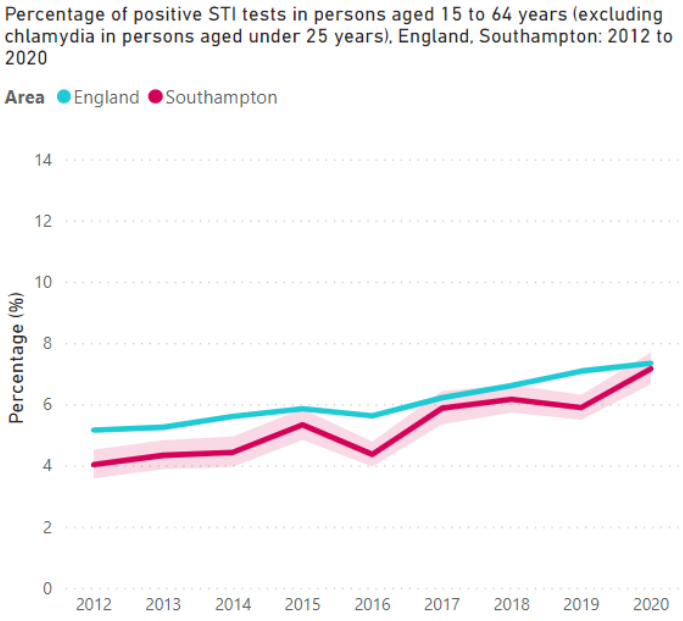


Figure 10: Percentage of positive STI tests in persons aged 15-64 years, excluding chlamydia in persons aged under 25.

5.3 New diagnoses

In 2020, Southampton, 1,310 per 100,000 population STIs (aged 15 to 64 excluding chlamydia in persons under

25) were newly diagnosed compared with a rate of 629 per 100,000 nationally.[48] New diagnoses have been falling in Southampton since 2017, though more sharply in 2020. Despite this, they remain significantly higher than England and 2nd highest amongst ONS comparators.

Of those diagnosed with a new STI in Southampton in 2019 (the latest available demographic information):

- 50.3% were female compared to 49.7% male
- 56.3% were aged between 15 and 24 years old
- 32.5% of newly diagnosed men were gay, bisexual or MSM

The rate of diagnoses varied by age group. When compared to national rates the difference between Southampton and England increased with age group for those aged 20 and over. For 20- to 34-year-olds, Southampton was only 1.1 times higher than the national average, increasing to 2.6 times for those over 65 years. This difference in those aged 65+ years appears to be driven by males within this age group who have 3.2 times as many new diagnoses than the national average. Locally females had higher rates than nationally in all other age groups, peaking at 1.9 times higher in 45- to 64-year-olds.[49]

In 2019 the largest proportion of new STI diagnoses in Southampton were in those of White ethnicity (56.3%) followed by Black (5.9%) and Mixed ethnicity (4.4%), although 28.5% of cases had no specified ethnic group. However, when looking at the rate per 100,000 population those of Black ethnicity were 4.2 times and Mixed ethnicity 2.8 times more likely to be newly diagnosed with an STI than those of White ethnicity. This pattern is observed nationally as well as locally. In 2019, 22% of new STI diagnoses were in people born overseas.[50]

5.4 Reinfections

Continuous reinfections with an STI can negatively impact the short and long-term health of individuals as well as increasing the likelihood of further onward transmission; this is a burden on services across the health system. Between 2015 and 2019, 7.6% of women and 8.6% of men who presented at a Southampton SHS with a new STI became re-infected within 12 months compared to 7.1% of women and 9.9% of men nationally. Amongst 15- to

[48] Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles, Fingertips.phe.org.uk* <Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)> (accessed 06 June 2022)
[49] Difference in incidence between local and national figures.
[50] Public Health England, *SPLASH supplement Southampton* (London, UK: Crown, 2021)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

19-year-olds, the reinfection rates of women (12.7% in Southampton and 11.4% nationally) were higher than those for men (11.1% in Southampton and 10.4% nationally).[51]

6. STI Diagnoses by type

Key findings for Southampton:

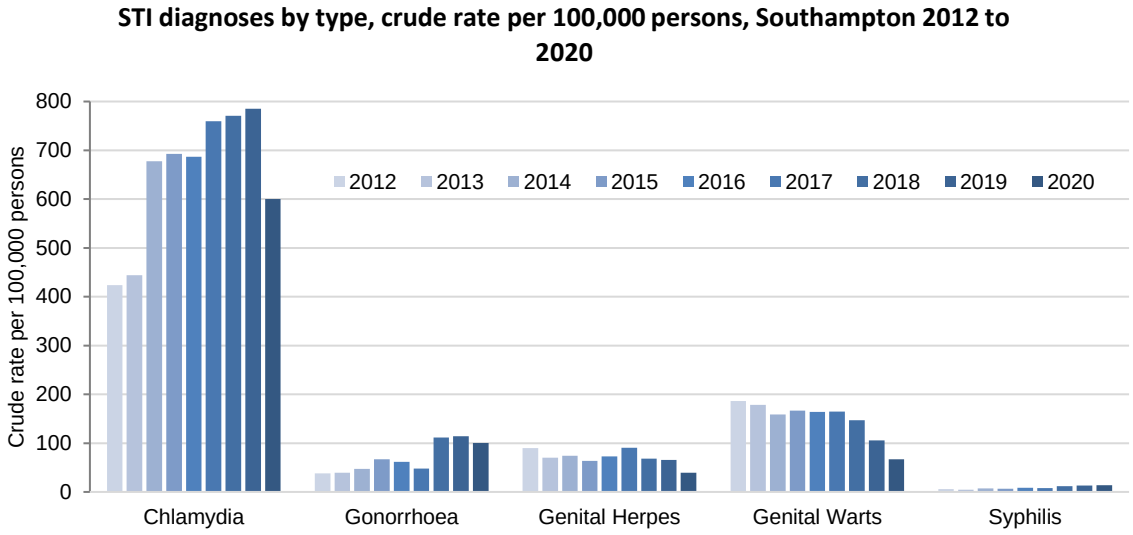
- Prior to the pandemic, chlamydia, gonorrhoea, and syphilis diagnoses were increasing whilst genital warts and genital herpes were decreasing.
- New chlamydia diagnoses are high, with just under half of diagnoses in 20–24-year-olds but increasing faster in over 25s. It is more commonly diagnosed in women.
- Chlamydia screening is lower than for most ONS comparators. The detection rate for ages 15- 24 years was below the national goal for 2020 and is much lower in males than females.
- Pelvic inflammatory disease rates are high suggesting a high burden of untreated STIs, particularly chlamydia, in the population
- Gonorrhoea diagnoses are increasing: 2/3 are in men and just under half in men who identify as gay and bisexual.
- The HPV vaccine appears to be contributing to falling rates of genital warts, but progress may be hampered by the impact of education disruption on vaccinations in 2020/21.
- Genital herpes diagnosis appears to have been particularly affected by the Covid-19 pandemic. 2 in every 3 diagnoses are in women.
- Syphilis is following the national trend of increasing diagnoses. Most diagnoses are in men (9/10) and 3 in every 4 in men who identified as gay or bisexual.

6.1 Diagnosis by infection type

The following chart (figure 11) illustrates the crude rate of STI diagnoses by type in Southampton between 2012 and 2020. All STI diagnoses remained similar or dropped in 2020, it is likely the pandemic contributed to this. For chlamydia, gonorrhoea and syphilis, the diagnosis rate has increased overall. Conversely, genital herpes and genital warts have decreased.

[51] Public Health England, *SPLASH supplement Southampton (2021)*

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk



Source: Office for Health Inequalties and Disparities

Figure 11: The crude rate of STI diagnoses by type in Southampton between 2012 and 2020

6.2 Chlamydia

Chlamydia is the most frequently diagnosed STI in England and in Southampton, with rates of infection substantially higher in young people aged 15 to 24. Just under half of all diagnoses were made in 20- to 24-year-olds. Overall chlamydia diagnosis rates are 600 per 100,000, second highest amongst ONS comparators, and 2.1 times higher than the England average (figure 12).

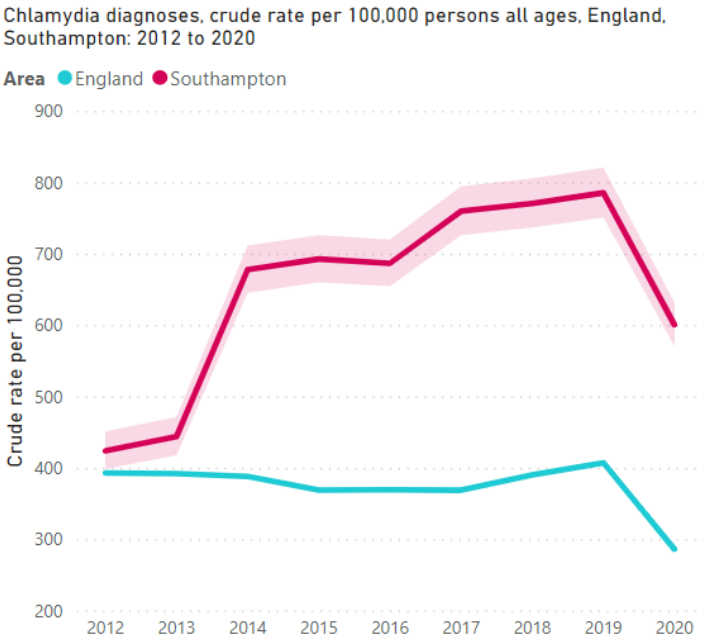


Figure 12: Chlamydia crude diagnosis rate per 100,000 persons all ages

Most chlamydia infections are asymptomatic. These cases are identified through screening, STI testing based on risk, and testing of individuals presenting with other symptomatic infections. In 2020, 14.4% of young people (aged 15-24) in Southampton were screened for chlamydia, statistically similar to England (14.3%), but the fourth lowest among its ONS comparator group.

Data up until 2022 is benchmarked against a detection rate of at least

2,300 cases per 100,000 for 15–24-year-olds; diagnosis at this rate was considered likely to result in continued reduction in the prevalence of chlamydia. In 2020, Southampton had a detection rate of 2,056 cases per 100,000 young people - 244 detections below this goal. Prior to 2020, Southampton had reached this ambition every year since 2014 (except for 2016), suggesting this reduction was due to the Covid-19 pandemic – either via the disruption to services or changes in sexual activity. Despite not reaching the goal, in 2020 the detection rate for Southampton was significantly higher than England and 9 of its ONS comparators. The detection rate is far higher for females (2,312 per 100,000) than males (1,361 per 100,000). However, between 2019 and 2020, detection rates decreased by 34.4% for females, a steeper decline than for males (20.1%). The UK Health Security Agency now recommends that local authorities work towards a female only detection rate of 3,250 per 100,000 aged 15 to 24 (Female), however data will only be benchmarked against this from 2022. See also page 11 regarding changes to the National Chlamydia Screening Programme, to focus on reducing reproductive harm through targeting only women aged 15-24.

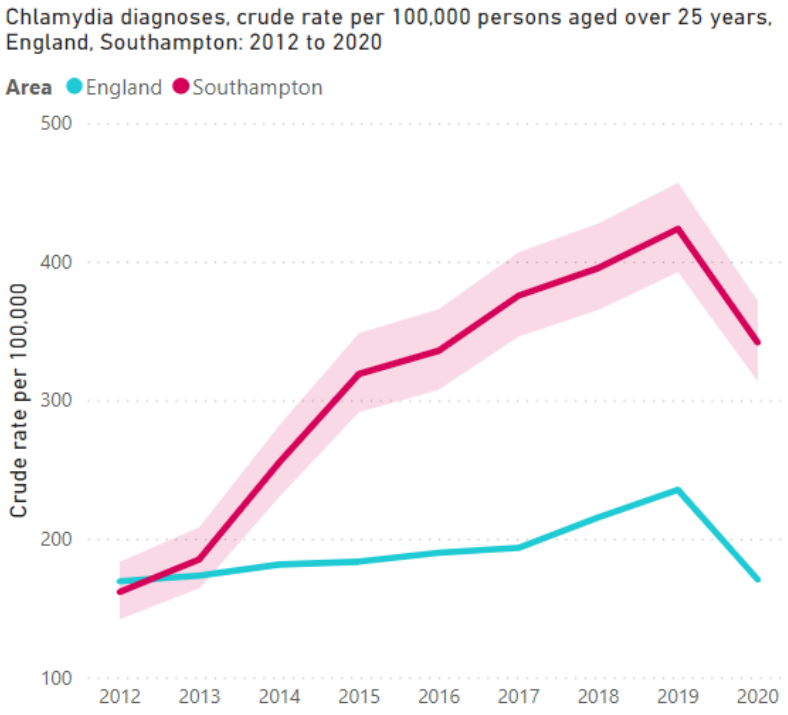


Figure 13: Chlamydia diagnoses, crude rate per 100,000 persons aged over 25 years, Southampton 2012-2020

Although chlamydia diagnoses are higher in younger people, over 25s have seen faster increases (figure 13). In 2012, over 25s had a diagnosis rate statistically similar to that seen nationally, but in 2019, they were almost double (785.3 per 100,000 persons in Southampton vs. 407.2 nationally) and 2.6 times higher than in 2012. In 2020, the first pandemic year, diagnosis rates reduced from a high of 423.7 per 100,000 people in 2019 to 341.7. This is a smaller percentage decrease to that observed across England (235.4 per 100,000 people in 2019 to 170.6 per 100,000 people in 2020).

6.3 Gonorrhoea

Gonorrhoea is an STI caused by a bacteria called Neisseria gonorrhoeae or gonococcus and can usually be treated with a course of antibiotics. In 2020, gonorrhoea was the second most diagnosed STI in Southampton with a diagnosis rate of 100.1 cases per 100,000 population, statistically similar to the England average of 100.9 cases. Despite a 12.5% drop in diagnoses from 2019 to 2020, the prevalence of gonorrhoea has continued to increase since 2012 and is currently 2.6 times as high as the 2012 rate. Two thirds of gonorrhoea diagnoses are in men and just under half of all diagnoses are in men who identify as gay and bisexual.

6.4 Pelvic Inflammatory Disease (PID)

Pelvic inflammatory disease (PID) is an infection of the female reproductive system. It often can be asymptomatic or cause non-specific symptoms, but sometimes leads to severe symptoms that need hospital treatment. Untreated chlamydia and gonorrhoea are major causes of PID. Even when mild or asymptomatic, PID is an important disease of the reproductive system as it can lead to infertility if not treated or treatment is delayed. PID admissions amongst 15- to 44-year-old women had been increasing at a faster rate than seen nationally or amongst comparable areas prior to the Covid-19 pandemic (figure 14). The current rate for 2020/21 in Southampton is 286 per 1,000 women, significantly higher than England's rate of 186 per 1,000 women. Southampton's rate has been significantly higher than England since 2015/16 and is the highest amongst its ONS comparators and local neighbours.[52] This suggests a higher burden of untreated chlamydia and gonorrhoea in the population.

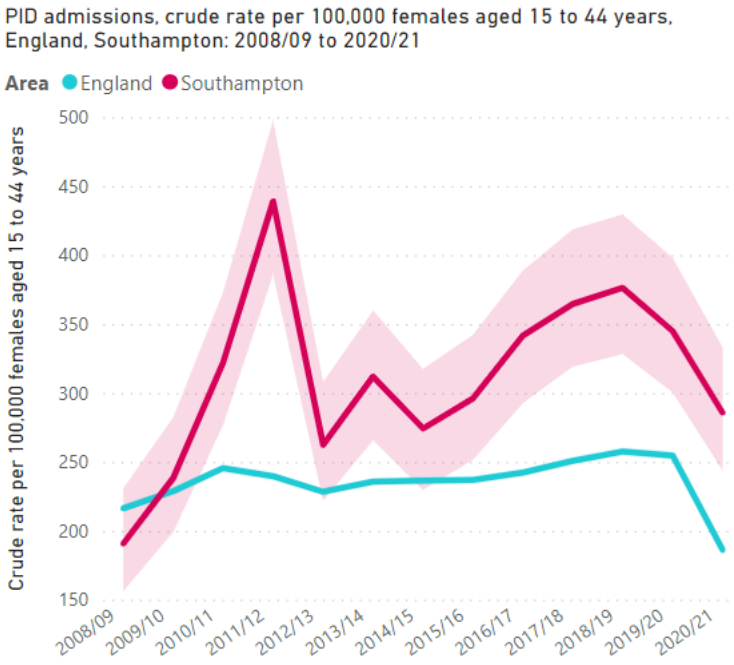


Figure 14: PID admissions crude rate per 100,000 females aged 15 to 44 years

[52] Hospital Episode Statistics, NHS Digital 2020/21

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

6.5 Syphilis

Syphilis is a bacterial infection that can usually be cured with a short course of antibiotics but like chlamydia and gonorrhoea can be caught more than once. In Southampton, 13.8 syphilis diagnoses were made per 100,000 people (35 cases), higher but statistically similar to the national average of 12.2 per 100,000. This is over double the rate observed in 2012 (5.9 per 100,000) and follows the trends seen nationally. Of the STIs discussed in this section, syphilis is the only STI to see an increase in diagnosis rate between 2019 and 2020 (from 13.1 to 13.8) despite decreasing nationally. These increases may appear larger due to small numbers of cases. Just under 9 out of 10 syphilis diagnoses were in men with the majority in the 25 to 34 age group. Approximately three quarters of all diagnoses were in men who identified as gay or bisexual.

6.6 Human Papilloma Virus (HPV)

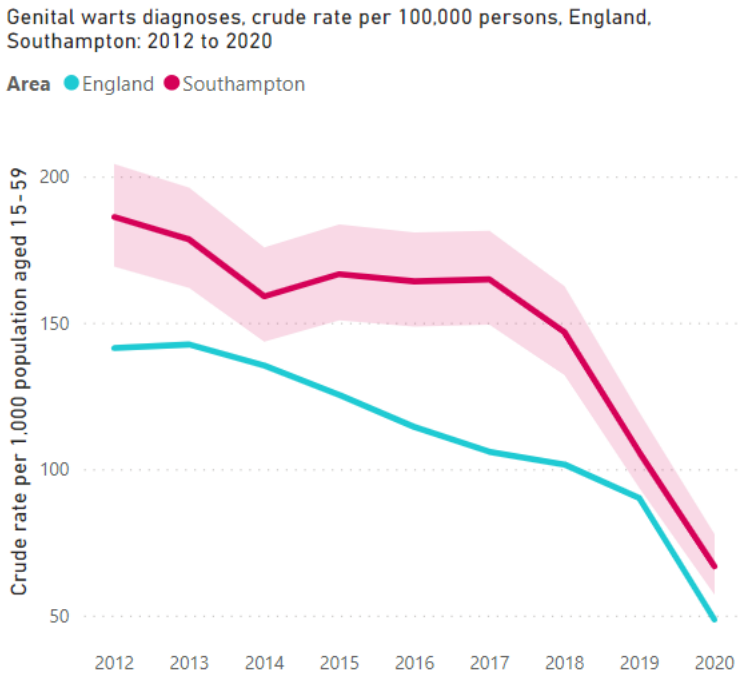


Figure 15: Genital warts diagnoses crude rate per 100,000 persons

Most people will have HPV in their lifetime, 40% of women are infected within two years of becoming sexually active.[53] Most infections do not require intervention, but the infection can persist, and symptoms potentially recur. High-risk subtypes, transmitted via sexual activity, are linked to the development of cancers, such as cervical cancer (high risk HPV subtypes found in more than 99%), anal cancer, genital cancers, and cancers of the head and neck. Prevention is therefore critical, through barrier contraception and vaccination.

Genital Warts are caused by infection with specific subtypes of Human Papillomavirus. There is no cure, but symptoms are treatable. In Southampton diagnoses of genital warts have reduced 64.1% from a rate of 186.1 per 100,000 in 2012 to 66.8 cases per 100,000

[53]National Institute for Health and Care Excellence, *Cervical cancer and HPV* (2022), NICE < Cervical cancer and HPV | Health topics A to Z | CKS | NICE> (accessed 31 October 2022)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

population in 2020 (figure 15). Southampton's rate has been significantly higher than the England average throughout. The chart shows when comparing the most recent local rate to the national average of 48.6 cases per 100,000 population, this gap has been shrinking since 2017.[54] A likely explanation for the reduction is the introduction of the HPV vaccine for girls aged 12 and 13 years, which from 2012 also protected against the HPV subtypes that cause genital warts and from 2019 was extended to boys. Due to Southampton's young population, the primary recipients of the HPV vaccination intervention, the steeper rate decrease and narrowing of the gap against the national rates is expected. In 2019/20, 88.4% of girls and 81.3% of boys received their first HPV vaccination dose, below the national goal of over 90%. Coverage for 12–13-year-old girls fell further in 2020/21 to 80%; this is higher than the England average (77%), but lower than south-east (84%).[55] In previous years, Southampton had reached this target for girls, so this is likely because of school and healthcare disruption during the pandemic (HPV vaccinations are routinely provided in school). This fall in vaccinations could negatively influence genital warts (as well as cervical cancer) rates in the coming years. Catch up opportunities are offered up to the point children leave school at the end of year 11, which may improve uptake in the cohorts which faced the most disruption.

MSM up to and including 45 years of age, trans women (if their risk of getting HPV is similar to the risk of MSM) and trans men who have sex with men (up to and including 45 years of age) are also all eligible for HPV vaccination on the NHS at sexual health services and HIV clinics. We do not have local data on coverage.

To note that the Joint Committee on Vaccination and Immunisation made a statement in August 2022 that after considering mounting evidence of protection from one dose of the vaccine and following stakeholder consultation, it advises the following revised dosing schedule:

- a one-dose schedule for the routine adolescent programme and MSM programme before the 25th birthday
- a 2-dose schedule from the age of 25 in the MSM programme
- a 3-dose schedule for individuals who are immunosuppressed and those known to be HIV-positive

[54]Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles, Fingertips.phe.org.uk* <Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)> (accessed 06 June 2022)
[55] Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles, Fingertips.phe.org.uk* <Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)> (accessed 06 June 2022)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

A policy decision by UKHSA, NHS England and the Department of Health and Social Care will need to be made regarding this advice. If the policy decision agrees with the JCVI advice, the earliest date of implementation would be the academic year 2023 to 2024.[56]

6.7 Genital Herpes

A larger proportion of Herpes infections are due to herpes simplex virus (HSV) type 2, although type 1 infection is also seen. Similar to genital warts, those diagnosed with herpes can experience recurrent episodes that require treatment. In 2020, Southampton had a first episode genital herpes diagnosis rate of 39.2 cases per 100,000 population (99 cases), similar to the national average of 36.3 cases per 100,000 population.

Of the STIs discussed in this section, genital herpes saw the largest relative drop between 2019 and 2020 (40.3%) and is the STI where Southampton has the lowest rank when compared to its ONS comparators (7th highest). Two thirds of diagnosed cases were in women with the most common age group being 20- to 24-year-olds. The most common age group for men was slightly older, 25- to 34-year-olds.

6.8 Hepatitis B

Hepatitis B is a viral infection spread through sexual activity, shared needles or needlestick injuries, tattoos or piercing with unsterilised equipment or blood transfusions in countries where the blood is not screened for hepatitis B. The infection affects the liver and can cause acute and/or chronic problems, including increasing the risk of liver damage and liver cancer. The incidence rate in Southampton in 2018 was 1.19, however small numbers of cases make comparison with other areas unreliable.

[56] Joint Committee on Vaccination and Immunisation, *JCVI statement on a one-dose schedule for the routine HPV immunisation programme, GOV.UK* <JCVI statement on a one-dose schedule for the routine HPV immunisation programme - GOV.UK (www.gov.uk)> (accessed 28 October 2022)

7. HIV

Key findings for Southampton:

- Prevalence has increased over the last 10 years, with a rate similar to that of England.
- New diagnoses are higher than nationally and 3rd highest amongst ONS comparators, despite comparatively low testing.
- Late diagnoses are higher than nationally and higher than the national goal (less than 25% of diagnoses), particularly for heterosexual men and women.
- There was a sharp decrease in HIV testing of eligible persons nationally and locally between 2019 and 2020; this is on a background of a decreasing trend in testing in the city since 2012.

7.1 Overview

HIV (human immunodeficiency virus) is a virus that damages the immune system and weakens the ability to fight everyday infections and diseases. In England, an estimated 96,200 people were living with HIV in 2019, including an estimated 5,900 with an undiagnosed HIV infection, equivalent to 6% of the total. An estimated 2,800 gay and bisexual men were living with undiagnosed HIV and 2,900 heterosexual people. If untreated, the time from HIV infection to AIDS and death is a decade on average.[57]

Whilst there is currently no cure for HIV, there are very effective drug treatments, antiretroviral therapy (ART), that enable most people living with HIV to live a long and healthy life. If the viral load is suppressed through treatment for 6 months or more, HIV is not transmissible through sex (known as undetectable = untransmissible or U=U). Late diagnosis, classed as a person diagnosed with a CD4 count under 350 within 3 months, is the most important predictor of morbidity and increases the risk of dying by eight times. [58,59]

7.2 HIV prevalence

In 2020, 2.5 in every 1,000 people aged 15 to 59 years had a diagnosis of HIV in Southampton and were accessing HIV services (405 people) – higher but not significantly than the England rate (2.3 per 1,000 people) but significantly higher than Hampshire and the

[57] Department of Health and Social Care, *Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025* (London, UK: Crown, 2021) < Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025 - GOV.UK (www.gov.uk)> (accessed 31 October 2022)
[58] A type of immune system cell, the count of which is used to monitor the functioning of the immune system in HIV and disease progression.
[59]Department of Health and Social Care, *Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025* (London, UK: Crown, 2021)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

Isle of Wight (1.17 and 0.63 per 1000 respectively). Both nationally and locally the prevalence of HIV has been increasing over the last ten years – up from 1.8 in Southampton in 2011. Despite this, 2020 saw a decrease of 0.1 compared to 2019 but this may reflect a reduction in testing during the COVID-19 pandemic.[60]

7.3 HIV Testing coverage

In 2020, 42.7% of eligible persons attending a specialist sexual health service in Southampton were tested for HIV.[61] This is lower than England, the Southeast and most ONS comparators. Although testing was already decreasing from a high of 79.4% in 2012, a sudden fall of 23.2 percentage points is observed from 2019 to 2020.[62] A similar decrease was seen nationally and across many comparator areas.[63] South east data suggests that this may be due to a rise in the proportion of eligible persons not being offered an HIV test (17.2% in 2019 vs. 35.1% in 2020), rather than changes in the proportion of those declining a test when offered, which remained more stable (15.2% in 2019 vs. 18.3% in 2020).[64,65] This is likely to be related to changes in the operation of testing services during the COVID-19 pandemic.

7.4 New diagnoses

Testing in Southampton identified 9.6 new HIV diagnoses per 100,000 people aged 15 and over in 2020. Despite decreasing from 18.8 in 2011, Southampton continues to be statistically worse than the national average of 5.7. It has the third highest rate of its ONS comparators, is three times higher than Hampshire and six times higher than the Isle of Wight. This is despite comparatively low testing rates.

7.5 Late diagnoses

During 2018-20, 44.0% of adults diagnosed with HIV in Southampton were classed as receiving a late diagnosis; higher than the England average of 42.4% and missing the

[60] Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles, Fingertips.phe.org.uk* <Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)> (accessed 06 June 2022)
[61] Note that these figures differ from the HIV testing data in 10.9, this is due to a combination of factors including the use of financial year vs. calendar year, new patients vs. all eligible patients as the denominator and data being presented by area of residence vs. by service.
[62] Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles, Fingertips.phe.org.uk* <Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)> (accessed 06 June 2022)
[63] Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles, Fingertips.phe.org.uk* <Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)> (accessed 06 June 2022)
[64] UK Health Security Agency. *HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report* (London: Crown, 2022) < HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report - GOV.UK (www.gov.uk)> (accessed 14th November 2022)
[65] UK Health Security Agency, *HIV: annual data tables, GOV.UK* < HIV: annual data tables - GOV.UK (www.gov.uk)> (accessed 14th November 2022)

national goal of less than 25%. The proportion of late diagnoses was lowest for men having sex with other men (40.0%) and highest for heterosexual men (55.6%), but both heterosexual men and women (50.0%) were also above the national goal. In a pilot of a late diagnosis review protocol across the Southeast of England, people who were diagnosed late were more likely to be male, older, heterosexual, of Black African heritage and living in a deprived area. There were also differences within groups, for example between genders within ethnicities, and between people who had lived in England for a long time versus those who had recently migrated, within people born outside of the UK. Three out of four (75%) of the cases reviewed had a least one missed opportunity to test, just under half (49%) of these were within General Practice.

8. Teenage conceptions

Key findings for Southampton:

- Teenage conceptions are falling but remain significantly higher than national levels.
- Rates vary across the city; there is known to be a strong correlation with deprivation.

Teenage conceptions in Southampton among females aged under 16 and 18 years have declined in recent years. In 2020, the under 16 conception rate was 5.4 per 1,000 women aged 13 to 15 years, significantly higher than the national average (2.0 per 1,000 women aged 13 to 15 years). Conceptions under 18 years (aged 15-17) declined by 68% between 2009 (54.3 per 1,000) and 2018 (17.4 per 1,000), a faster decline than nationally during the same period (37.1 to 17 per 1,000 or 55%). However, the current under 18 years rate 20.7 per 1,000 remains significantly higher than the national rate (13.0 per 1,000 females aged 15-17). Southampton is in the 20 highest local authorities in England for under 18 conceptions. The proportion of conceptions leading to ToP has been steadily rising in under 18-year-olds, both nationally and locally, but in Southampton is lower than the national average. Currently 44% of conceptions in under 18s in Southampton end in ToP, below the national average of 53%. In under 16-year-olds these figures are 55% locally and 65% nationally.

Ward analysis shows that Bitterne, Redbridge and Swaythling wards have the highest percentages of teenage mothers aged under 20 years (aged 13-19 at midwifery booking). There is a very strong correlation between deprivation and teenage pregnancies, with the percentage of teenage pregnancies 5.3 times higher for females living in the most deprived England deprivation quintile compared to the least deprived.

9. Sexual health services

9.1 Organisation of services

SHS are provided across 3 levels: Universal services, Targeted services, and Specialist Integrated Sexual & Reproductive Health Services. The provision at each level and main providers are summarised in table 1.

Table 1: The three levels of sexual health services in Southampton

	Services provided	Current provider(s) include
Level 1: Universal Services	Primary care and community pharmacy, school nursing, health visiting, health promotion services, youth and community services, voluntary sector provision, walk-in centres, school, and college settings. Level 1 service content- sexual health campaigns; brief interventions; foundation level contraception in community settings e.g., condom distribution and c-card scheme; chlamydia screening; prescribing of basic contraception in primary care.	General Practice Community pharmacy School nursing Health visiting Solent NHS within hubs and spokes Schools and colleges Voluntary and community sector Range of frontline services working with at risk groups
Level 2: Targeted Services	Primary care, specialist sexual health nurse team, health promotion outreach, targeted clinical delivery in outreach, trained youth, and community workers, commissioned voluntary sector provision to reach target communities / groups. Level 2 service content- level 1 offer to targeted groups e.g. vulnerable young people, homeless, BME, learning disabilities, single gender work, commercial sex workers; targeted sex & relationships education (above what is delivered by schools themselves) ; provision of full-range of contraception and sexual health service in school and college settings; pregnancy testing in trained services; emergency hormonal contraception in community pharmacy;	General practice Southampton Primary Care Limited (SPCL) Community pharmacies Solent NHS Trust within hub and spokes No Limits – subcontracted by Solent NHS Trust Terrence Higgins Trust -

	sexual health nurse-led sessions working under Patient Group Directions (dual sexual health service provision) in locality spokes, LARC provision and HIV testing in general practice and remote HIV testing	subcontracted by Solent NHS Trust SH:24 Targeted healthcare services (e.g. homeless, children in care)
Level 3: Specialist Integrated Sexual & Reproductive Health Services **Hub and Spoke model**	Contraception & Sexual Health and GUM community hub, including specialist services for young people, sex workers, people with a learning disability and high-risk MSM, and some specific provision delivered in spokes; unplanned pregnancy assessment and early medical abortion; psycho-sexual services; complex contraception and specialist infection screening, treatment, and management; development of PGDs. Highly specialist delivery through the hub e.g., surgical terminations, removal of deep implants, specialist HIV services.	Solent NHS Trust British Pregnancy Advisory Service (BPAS) through hub – subcontracted by Solent NHS Trust

9.2 Outreach for groups most at risk from harm

The community Sexual Health Team (CSHT) from Solent NHS Trust works in partnership with No Limits Consortium and Terrace Higgins Trust (through a memorandum of understanding) to increase access for groups most at risk, maximise digital solutions (for example social marketing to link in with the LGBT community*)* and work with established VCS organisations.

No Limits is also commissioned to provide:

1. Health & wellbeing school and college drop-ins (open access) – including, but not limited to sexual health.
2. Sexual health provision at centrally located drop-in (open access)
3. Lesbian. Gay, Bisexual and Transgender (LGBT) health education and support sessions, information, and advice – a weekly programme of health education and support including reproductive and sexual health, particularly HIV/STIs, and sexual exploitation.

9.3 Geographical locations:

Services are located centrally (Royal South Hants Hospital and No Limits advice centre) or to the east of the city (Bitterne Health Centre with limited hours). These locations may mean reaching the services is challenging for some residents living in other areas of the city, particularly for those with limited income for transport, and also discourage attendance due to the time required to attend.

10. Service data

Key findings for Southampton:

Accessibility

- Numbers of contacts and individuals using integrated SHS are lower than prior to the Covid-19 pandemic.
- Most people who are seen within the service are receiving prompt care and diagnosis

Equity

- The proportion of service users who are aged over 25, male, of an ethnicity other than 'white British' and lesbian, gay or bisexual is increasing, but service use is still not always in line with level of need (including for those who are most deprived and males).

Effectiveness

- STI testing is recovering from a large drop in 2020/21, but the proportion of full STI screens has decreased leaving a potential for an increase in undiagnosed syphilis and HIV.
- Fewer interventions are being undertaken; there is some suggestion that testing is not reaching populations with the highest need.
- There is a low detection rate in the National Chlamydia Screening Programme and delays in treatment could lead to increased transmission.

Efficiency

- Increasing numbers are opting to use online services.

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

10.1 Overview

All data is for 2021/22 and from Solent NHS Trust unless otherwise specified and refers to Southampton city residents. [66] Solent NHS Trust is the provider for the Integrated Sexual Health service across Southampton, Hampshire, Portsmouth, and Isle of Wight.

The integrated service is commissioned to provide services via three different routes:

- Local Authority Commissioned: Integrated GUM and contraception services, chlamydia screening, sexual health promotion/outreach, HIV pre-exposure prophylaxis (PrEP), digital front door and remote testing, psychosexual counselling, system leadership & network management
- CCG Commissioned: Termination of pregnancy and vasectomies
- NHS England: HIV treatment and care, HPV vaccination and Sexual Assault Referral Centres.

89% of consultations for Southampton residents took place within the city or online in 2019, with the remainder mostly elsewhere in Hampshire.[67]

10.2 How quickly are people getting care?

99% of residents contacting the service, were seen or assessed within 2 working days of first recorded contact. Note however findings from the survey regarding making contact with the service. 99% of test results are received within 7 working days of the specimen being taken.

10.3 Who is accessing services?

The absolute number of contacts and the number of individuals using the integrated SHS (excluding ToP, HIV, vasectomy and psychosexual) are both lower in 2021/22 compared with 2019/20 (figure 16 and 17). Prior to this, both number of contacts and individuals had been showing an increasing trend.

[66] Solent NHS Trust - Service Activity & Performance: Integrated Sexual Health Service
[67] Public Health England. *SPLASH supplementary report* (2021)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

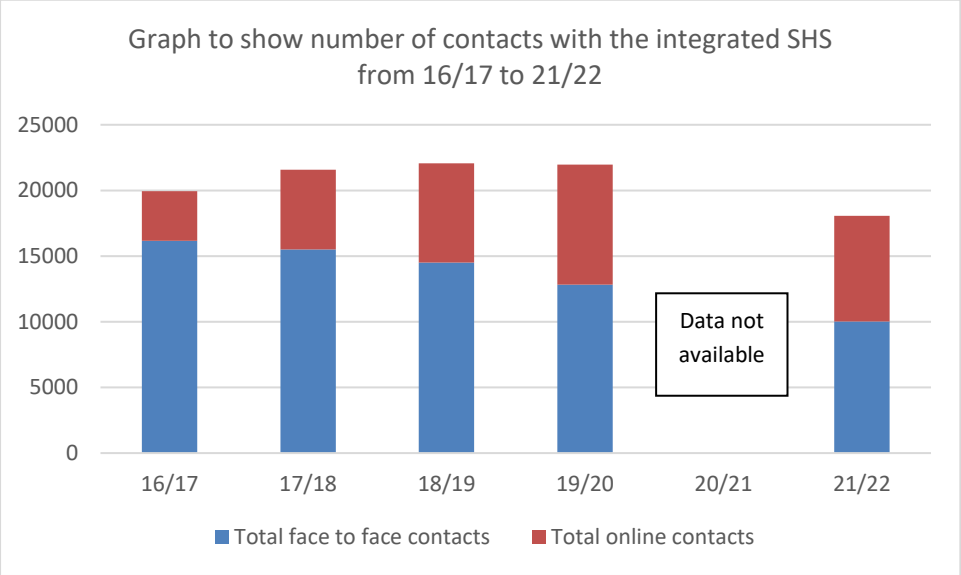


Figure 16: Graph showing the number of contacts with the integrated SHS from 2016/17 to 2021/22 face to face and online (excluding ToP, HIV, vasectomy and psychosexual). Source: Solent NHS

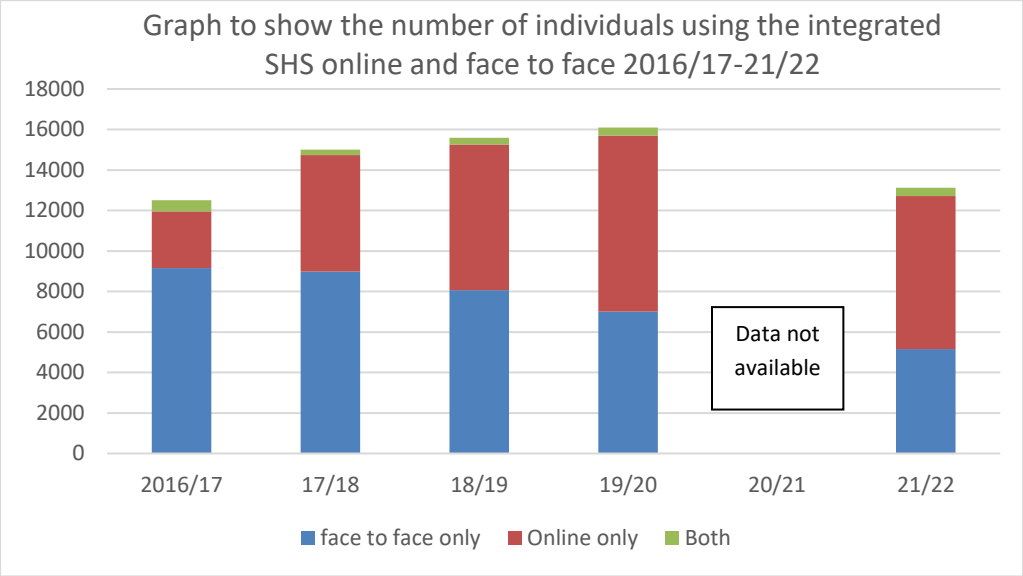


Figure 17: Number of individuals using the Integrated SHS from 2016/17 to 2021/22 (excluding ToP, HIV, vasectomy and psychosexual). Source: NHS Solent

The longer-term impact of the Covid-19 pandemic is currently unknown, including whether numbers of contacts and individuals accessing the service will increase to pre-pandemic levels, and how they will choose to have that contact; face to face or online. Data from the end of this current year 2022/23, may begin to shed light on this.

Service users aged 20-24 (27.2%) and 25-29 (20.5%) make up almost half of those accessing SHS. This is expected as they account for 41% of the population in Southampton, and young

people are known to have a higher level of sexual health need. The proportion of under 20s contacts has decreased year-on-year (8.9% in 21/22 compared to 13.2% in 16/17), as have those for 20-24 years (26.4% in 21/22 compared to 31.3% in 16/17). Access is similar across the three most deprived quintiles but lower than in the least deprived. We know that more deprived groups are disproportionately affected by STIs so equitable service provision would see higher access in the most deprived quintiles.

The proportion of males accessing is increasing – 34.3% in 21/22 compared to 29.3% in 16/17, this has shown small increases year-on-year. The proportion of contacts with the service by people from ethnicities other than 'white British' is increasing – 35.4% in 21/22 compared to 29.7% in 16/17. There is an increase in the proportion of individuals using the SHS who identify as bisexual (98% increase between 2019/20 and 2021/22), gay (16% increase) and lesbian (48% increase). Overall, 16% of individuals using SHS in 2021/22 were LGB; based on the additional need in MSM it is appropriate to see higher use for the LGB community than in the population overall.

In terms of access via the outreach service, there is a clear trend for level of deprivation, with access significantly higher in the most deprived quintile – although numbers accessing are low. 90% of contacts via the outreach service are female, 74% under 20s, 95% heterosexual and 86% White British.

10.4 How are people accessing services?

Two in three tests were completed online, although this decreased from three in four during the peak of the COVID-19 pandemic in 2020/21, the rate of online completion has gradually been increasing over the last 5 years (figure 18).[68] The proportion of male contacts online has increased – 39.3% in 21/22, the previous peak was 33.7% in 18/19; this is a greater increase than seen in overall service, suggesting that males may find online services more appealing. The proportion of under 25 contacts has decreased, perhaps due to increased awareness of online services to over 25s due to the pandemic. Again, as per access generally, the proportion of online contacts with the service by people from ethnicities other than 'White British' has increased – 35.3% in 21/22, it was 16.7% in 16/17 – although this could be due to improved recording. There is also an increase in the proportion of bisexual and gay users of the online services. Online activity is lower in the most deprived quintile. Provision of online services may have helped access for those facing stigma and discrimination.

[68] Solent NHS Trust - *Service Activity & Performance: Integrated Sexual Health Service*

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

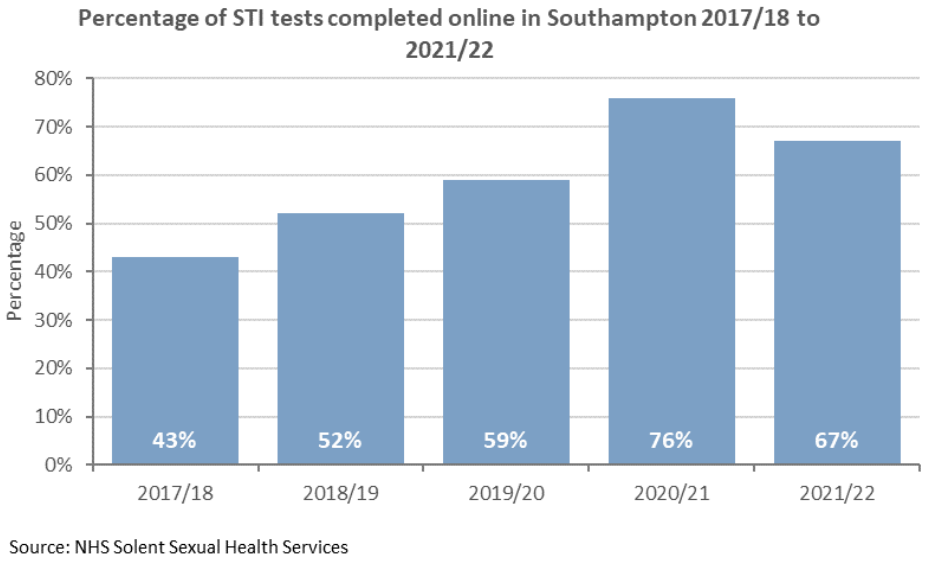


Figure 18: Percentage of tests completed online 2017/18 to 2021/22

10.5 How frequently are people being re-infected?

This gives an indication of the effectiveness of SHS in the prevention of secondary infection. Services at all 3 levels will have an impact on this. 9% of diagnoses are for people who have previously been diagnosed in the last 12 months. STI reinfection rate increased by 4 percentage points (an increase of 44%) between 2019/20 and 2020/21, this could in part be due to the challenges in accessing services during the COVID pandemic. As discussed in section 5, reinfection rates are particularly high for those aged under 19.

10.6 What STIs are being tested for?

The British Association for Sexual Health and HIV (2015) recommend that asymptomatic patients should be offered screening for HIV, syphilis, gonorrhoea and chlamydia, with additional hepatitis A, B and C testing for higher risk groups.[69] The HIV Action Plan supports the introduction of 90% of new sexual health service attendees testing for HIV, as standard and NICE guidelines advise to offer and recommend an HIV test to everyone who attends for testing or treatment.[70,71] The overall STI Testing activity has increased year-on-year up to

[69] British Association for Sexual Health and HIV. *Clinical Effectiveness Group guidance on tests for Sexually Transmitted Infection* (Staffordshire, UK: BASHH, 2015) < Microsoft Word - STI testing tables 2015 Dec update-4.docx (bashhguidelines.org)> (accessed 1 November 2022)
[70] National Institute for Health and Care Excellence, *HIV testing: increasing uptake among people who may have undiagnosed HIV* (2016), NICE < Overview | HIV testing: increasing uptake among people who may have undiagnosed HIV | Guidance | NICE> (accessed 31 October 2022)
[71] NICE. *HIV testing: increasing uptake among people who may have undiagnosed HIV*. (2016)

2019/20. During 2020/21 there was a significant decrease in the number of tests carried out, but in 2021/22 this has returned to pre-pandemic levels.[72]

Most of the testing taking place is for a full STI test (chlamydia, gonorrhoea, syphilis, and HIV - 51.4%)[73]. Three site testing[74](12.1%), chlamydia and gonorrhoea only testing (12%) and hepatitis A, B and C testing (12%) account for most of the other tests. Figure 19 shows how this has changed over time. Almost all saw some recovery from the significant drops in 2020/21. Notably, full STI tests now make up a smaller proportion of the total (60% in 2019/20 vs. 51% in 2021/22), which may be particularly significant for HIV and syphilis, which are not frequently tested for outside of a full STI test. We don't know whether there is a correlation between the increase in online testing and the drop in the proportion of full STI testing (i.e., the blood test element of remote testing is not being taken up).

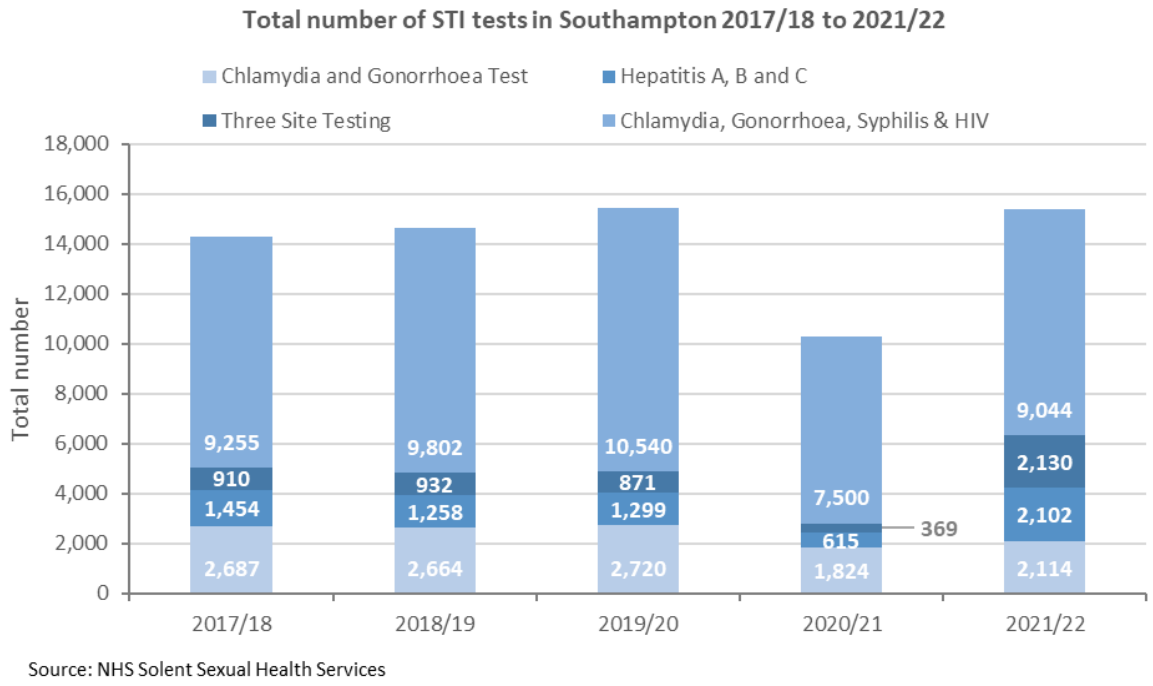


Figure 19: Total number of STI tests in Southampton 2017/18 to 2021/22

10.7 STI treatment

STI Intervention activity has decreased in each of the last two years (figure 20).
The ratio of STI Testing to STI intervention has decreased from1:0.69 to 1:0.35. This could be for one of several reasons including:

[72] Service Activity & Performance: Integrated Sexual Health Service report (2022)
[73] Service Activity & Performance: Integrated Sexual Health Service report (2022)
[74] Testing for chlamydia and gonorrhoea that includes screening of the throat, rectum and a urine test or vaginal swab

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

- Lower risk/more asymptomatic individuals using online services during Covid-19 disruptions i.e. the service not reaching those most likely to have an STI
- Data artefacts e.g., changes in coding.
- A disconnect in the pathway between testing and treatment.
- True lower prevalence of disease

The timing of the drop in interventions following a rise up until 2019/20, suggests a relationship with the Covid-19 pandemic. Testing, but not intervention, rates had returned to pre-pandemic levels in 2021/22.

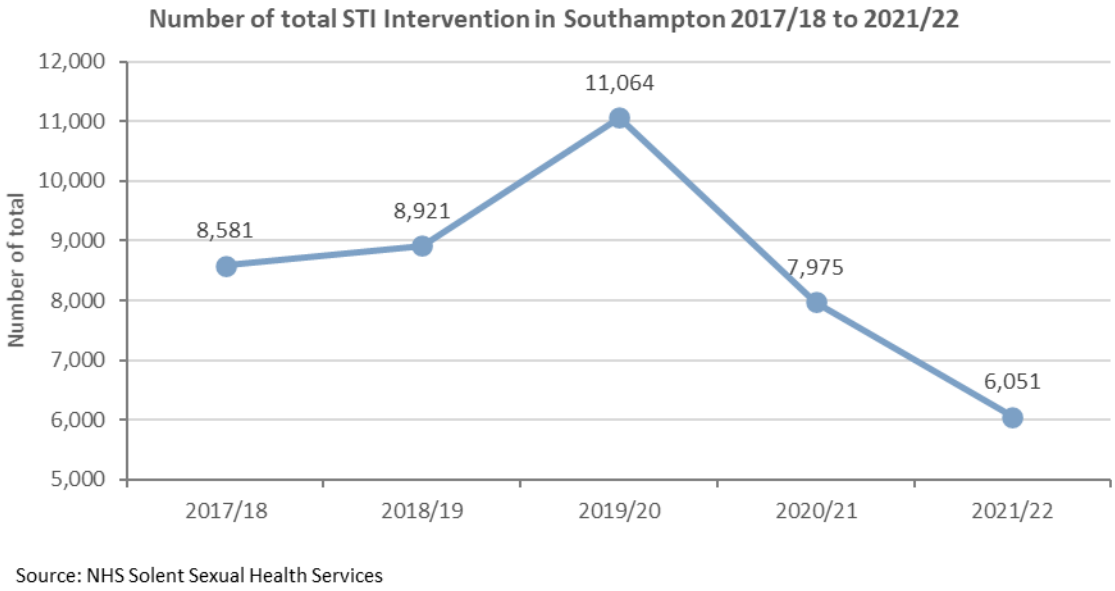


Figure 20: Number of total STI interventions in Southampton 2017/18 to 2021/22

10.8 The National Chlamydia Screening Programme

The aim of the National Chlamydia Screening Programme (NCSP) is to reduce the harm caused by untreated chlamydia infection. The programme proactively offers women under 25 chlamydia screening in the sexual health service and online.

There is a low detection rate for chlamydia with a significant drop from 2020/21. The percentage of positive tests was increasing, with more than 1 in 5 tests being positive in 2020/21 but dropped to just 1 in 13 in 2021/22. It should be noted that this data from OHID Fingertips differs considerably from data directly from Solent NHS Trust, the reasons for which are unclear and warrant further investigation.

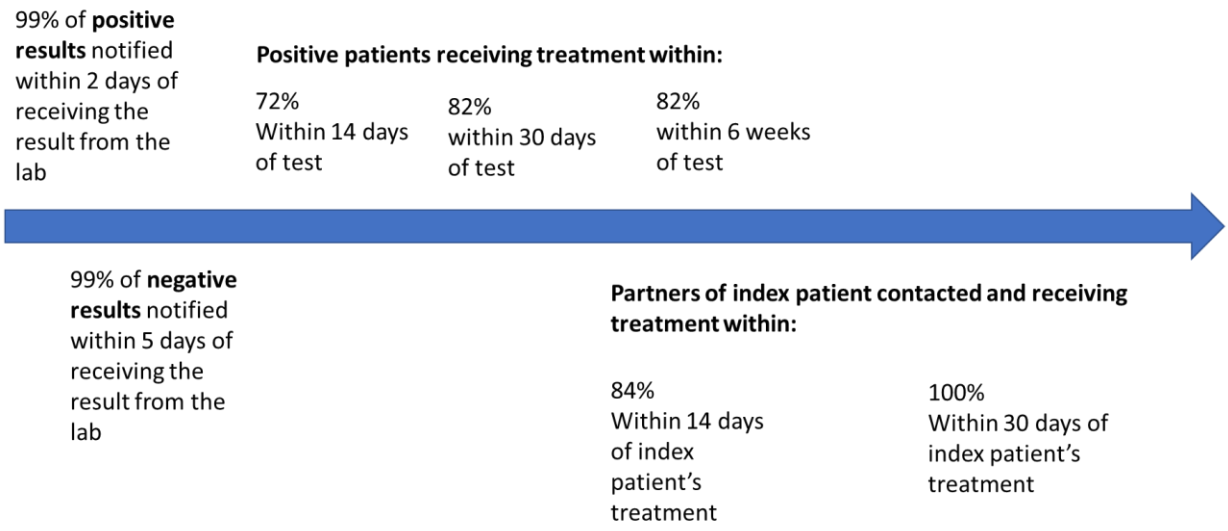


Figure 21: The National Chlamydia Screening Programme

In general, treatment waiting times and results notification have improved year-on-year up to 2020/21 however there has been a notable decrease in positive patients who receive their results within 14 days, 30 days, and 6 weeks in 2021/22 (with treatment falling below the national auditable outcome standard of 85% within 3 weeks).[75] 100% of partners are contacted and treated within 30 days of treatment starting for the index patient (figure 21). Delays in treatment provide more opportunity for transmission.

10.9 HIV testing

Overall HIV testing rates have been discussed in section 7.3. The proportion of new STI patients who accept a HIV test as part of an STI screen within service is high for all, MSM and Black and Afro-Caribbean patients, at 86%, 97% and 91% respectively.[76] This uptake has remained stable during COVID.[77]

Southampton City Council makes the National HIV self-sampling service available to its residents. The latest national data suggests the service is successfully engaging most at-risk groups and those who have never tested before or test infrequently.[78]

[75] UK Health Security Agency, *Standards English National Chlamydia Screening Programme* (London, UK: Crown, 2022) < English National Chlamydia Screening Programme (publishing.service.gov.uk)> (accessed 1 November 2022)
[76] Note that these figures differ from the HIV testing data in 7.3, this is due to a combination of factors including the use of financial year vs. calendar year, new patients vs. all eligible patients as the denominator and data being presented by area of residence vs. by service.
[77] Solent NHS Trust. Service Activity & Performance: Integrated Sexual Health Service - 2022
[78] Public Health England, *National HIV self-sampling service November 2018 to October 2019* (London, UK: Crown, 2020) < National HIV self-sampling service: November 2018 to October 2019 (publishing.service.gov.uk)> (accessed 1 November 2022)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

A proportion of testing also takes place for women as antenatal screening by maternity services. The latest figures show that in Q3 20/21 at University Hospitals Southampton, 99.9% of eligible women had a HIV screening result.[79] We do not have local data regarding diagnosis rate from antenatal screening, however nationally only 11.9 per 100,000 eligible pregnant women (0.12%) screened positive, though the majority would have already been diagnosed before pregnancy.[80]

10.10 HIV prevention

Individuals can take precautionary medication to reduce the risk of contracting HIV. Pre-exposure prophylaxis (PrEP) can be taken before possible exposure whilst post-exposure prophylaxis (PEP) can be taken after. The latter is not intended for regular use by people who may be exposed to HIV frequently.[81] In Southampton PrEP and PEP can be obtained from Sexual Health Clinics (depending on eligibility for PrEP and PEP). PrEP data is difficult to interpret (due to how it is collated nationally) and is an aspect of service reporting and monitoring that requires further focus to understand the need, sufficiency and equity of offer (this is being actively worked on by the service).

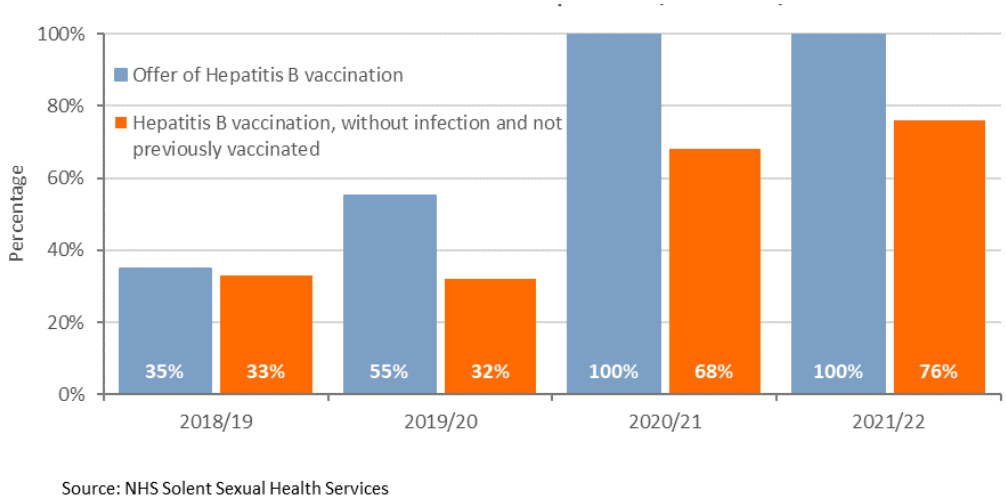
10.11 Hepatitis A and B Vaccination

Hepatitis B vaccination has been part of the routine childhood vaccination schedule since 2017, but it is also offered to previously unvaccinated adults at risk of infection or severe complications. In context of sexual risk factors, this includes people who change their sexual partners frequently, men who have sex with men, sexual partners of someone with hepatitis B and male and female sex workers. There has been a marked improvement in high-risk patients being offered and having the Hepatitis B vaccination (figure 22), though the latter remains lower than the desired threshold for the service (80%).

The NICE guideline on reducing sexually transmitted infections contains guidance on hepatitis A vaccination, including that it should also be opportunistically promoted to MSM.[82] The number of MSM receiving a first and subsequent Hepatitis A vaccination doses (of Southampton registered population) in 2019 was 160 and 91, 70 and 51 in 2020 and 99

[79] NHS England, *NHS screening programmes: KPI reports 2021 to 2022* (2022), *GOV.UK* < NHS screening programmes: KPI reports 2021 to 2022 - GOV.UK (www.gov.uk)> (accessed 1 November 2022)
[80] UK Health Security Agency, *HIV testing, new HIV diagnoses, outcomes and quality of care for people accessing HIV services: 2021 report* (London, UK: Crown, 2022) <HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report - GOV.UK (www.gov.uk)> (accessed 1 November 2022)
[81] Terrence Higgins Trust, *PEP (post-exposure prophylaxis for HIV)*, *Terrence Higgins Trust* <https://www.tht.org.uk/hiv-and-sexual-health/pep-post-exposure-prophylaxis-hiv> (accessed 6 June 2022).
[82] National Institute for Health and Care Excellence (2022). *Reducing sexually transmitted infections.* NICE

and 39 in 2021.



Source: NHS Solent Sexual Health Services

Figure 22: Percentage of high-risk people offered the Hepatitis B vaccination and patients who were vaccinated in Southampton 2018/19 to 2021/22

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

10.12 Reproductive Health

Key findings for Southampton:

Accessibility

- Episodes of contraceptive care from SHS are now similar to pre-pandemic.
- Access to free emergency hormonal contraception from community pharmacies is being increased to over 25s.
- The overall rate of termination of pregnancy (ToP) in Southampton is similar to national rates.
- The number of terminations of pregnancy (ToP) have remained relatively stable, as have the proportion completed within 9 weeks gestation (93%) despite significant changes to provision with the Emergency Medical Abortion (EMA) at home pathway.
- STI testing and LARC after termination of pregnancy has fallen sharply.

Equity

- ToP is significantly higher in the most deprived quintile than in the two least deprived quintiles. The proportion of ToPs for people of Black, Asian, and mixed ethnicities has increased between 2019/20 and 2021/22.

Effectiveness

- LARC uptake in the overall population has decreased and is below the national level.
- Repeat terminations in Southampton are the third highest amongst ONS comparators. 1 in 3 under 25 years olds having a termination of pregnancy in 2020 had previously had one; this is higher than previous figures.

10.13 Contraception

Data on contraception is provided in terms of episodes of care, therefore it is not possible to determine the number of individuals receiving contraception from Solent NHS Trust. There have been changes in coding that make trends difficult to interpret with any certainty, but there appears to have been a decreasing trend prior to and during the pandemic, with a large decrease from 7,439 in 2019/20 to 6,348 in 2020/21 and a recovery in 2021/22 to pre-pandemic levels (figure 23).

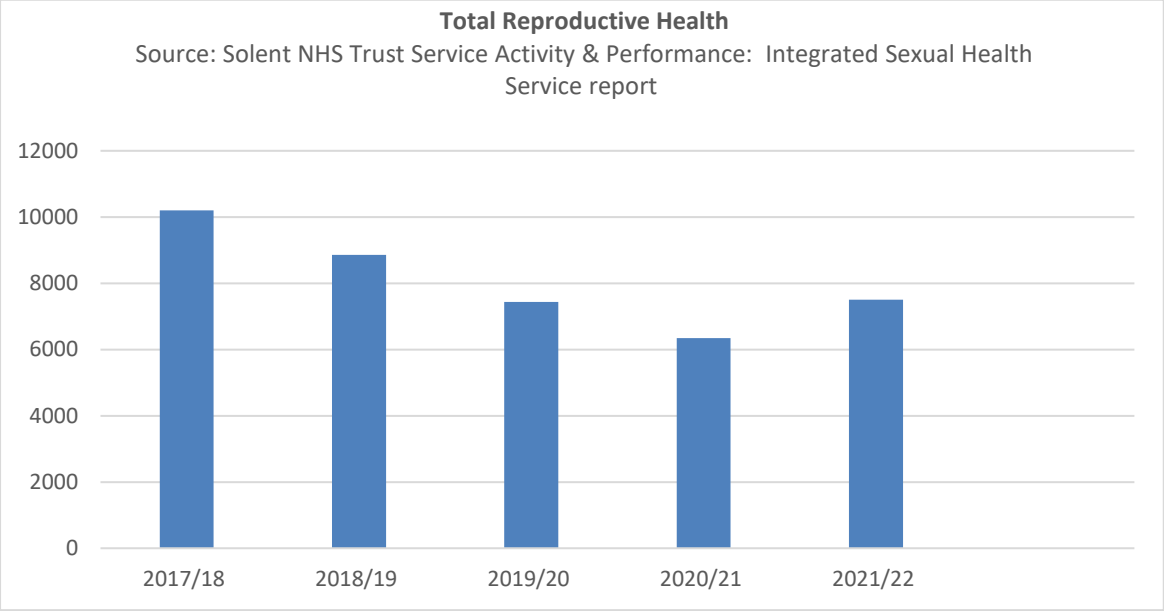
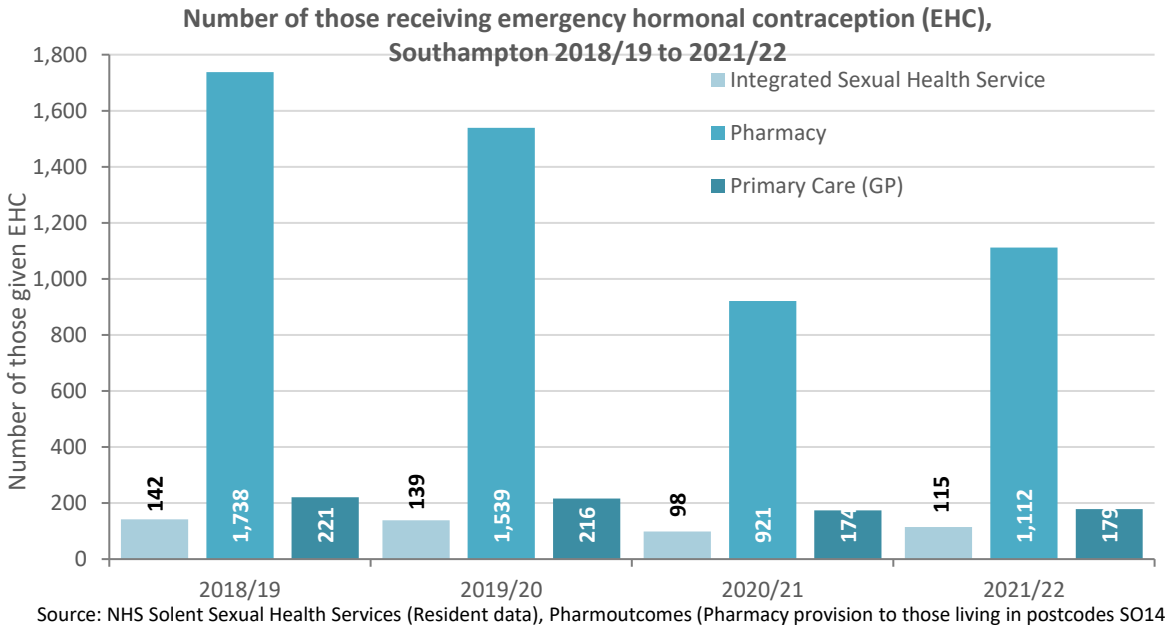


Figure 23: Total episodes of care for reproductive health 2017/18 to 2021/22

10.14 Emergency hormonal contraception (EHC)

EHC provision is commissioned from community pharmacies. In 2021/22, in response to a service review, access has been widened so over 25s can now receive free EHC. Most EHC is provided through pharmacies (figure 24).[83]



Source: NHS Solent Sexual Health Services (Resident data), Pharmoutcomes (Pharmacy provision to those living in postcodes SO14 to SO19 NHS Hampshire & IOW ICB Primary Care (Registered patient data).

Figure 24: Number of those receiving EHC in Southampton from 2018/19 to 2021/22

[83] Solent NHS Trust Integrated Sexual Health Service

A recent service evaluation undertaken by the University of Southampton, Solent NHS Trust, Local Authorities and Pharmacies across Hampshire, IOW, Portsmouth and Southampton demonstrated that 25% of requests for EHC could not be met that day largely due to the pharmacists being busy or not being accredited to provide the service. Pharmacists were also unlikely to discuss LARC, STI testing or provide/signpost to free condoms.

10.15 Long-acting Reversable Contraception (LARC)

LARC is one of the most effective methods in reducing unwanted pregnancy, as they do not rely on a daily routine like other forms of contraceptive such as the pill. LARC includes contraceptive injections, implants, the intrauterine system (IUS) or the intrauterine device (IUD). However, the contraceptive injection is not included within LARC indicators as this method has a higher failure rate.

LARC (along with HIV testing with a focus on those most at risk of infection) is currently commissioned from Southampton Primary Care Limited (SPCL) and delivered by them and the GP Practices who they have contracts with, giving coverage across the city. LARC is also provided by Solent NHS Trust within the SHS. Excluding injections, 30.1 LARC were prescribed per 1,000 females aged 15 to 44 in 2020 down from 50.1 in 2018. Prior to the COVID-19 pandemic Southampton had a higher rate of LARC prescriptions than England overall, but Southampton has seen a larger decline than seen nationally and is now below the national average. The 2020 rate is also 4th lowest out of ONS comparators. Of 30.1 per 1000 prescriptions in 2020, 19.3 were prescribed by GPs and 10.8 were prescribed by sexual and reproductive health services. Whilst the rate prescribed by sexual and reproductive health services saw the biggest decline even before the impact of the pandemic (2018 to 2019), GP prescriptions went up between 2018 and 2019 before seeing a decrease in 2020.[84]

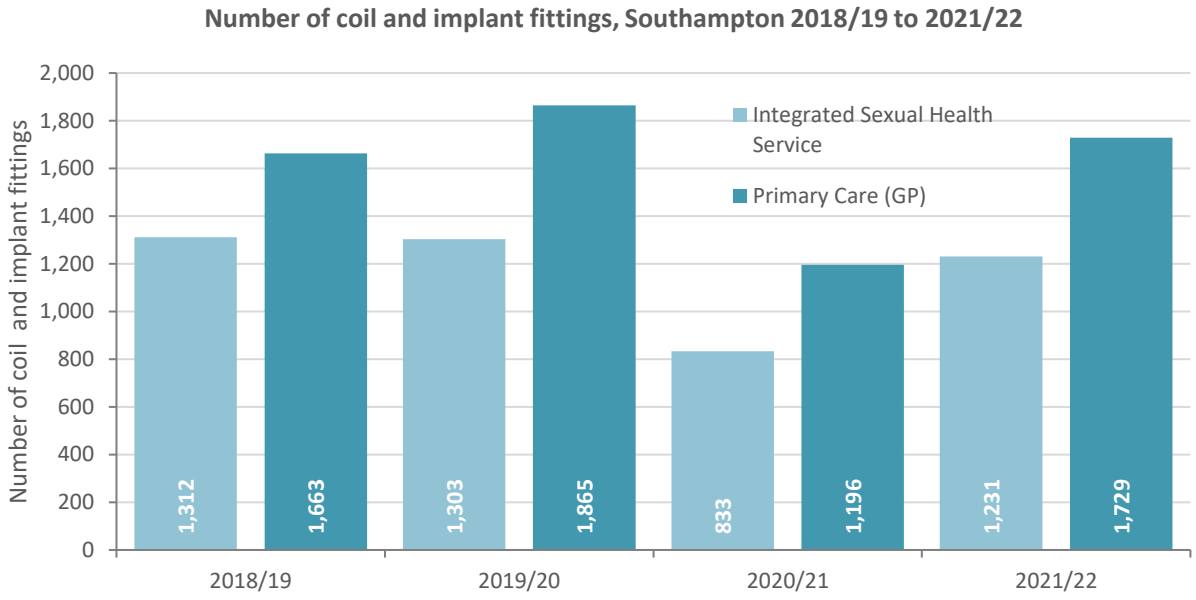
LARC uptake for women within the sexual health service (as a % of women given contraception) was consistently above 40% apart from in 2019/20 when it fell to 33%. Service disruption will have impacted on uptake due to the lockdown and staffing challenges. 2021/22 saw an improvement to 40%. LARC is more likely to be chosen by older women using SHS for contraception (62% in over 25s vs. 47% in under 25s in 2020) and the proportion of women overall choosing LARC at SHS is higher than the southeast and England.[85]

[84] Office for Health Improvement and Disparities, *Public health profiles (2022), fingertips.phe.org* <https://fingertips.phe.org.uk> (accessed 6 June 2022)
[85] Ibid

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

LARC and contraceptive injections are also provided by general practice (figure 25 and 26). More LARC and most contraceptive injections are provided in general practice.

The Phoenix Team are Southampton's Pause Practice for women who have had children removed from their care and are at risk of this cycle repeating. They are supported to take a 'pause in pregnancy' using long-acting reversible contraception. The aim is to give the women space to use the help of an intensive programme of support to address their unmet needs and difficulties. A national evaluation suggests that after the first 21 months of Pause, there is an average reduction of 11 children not going into the care system.[86]

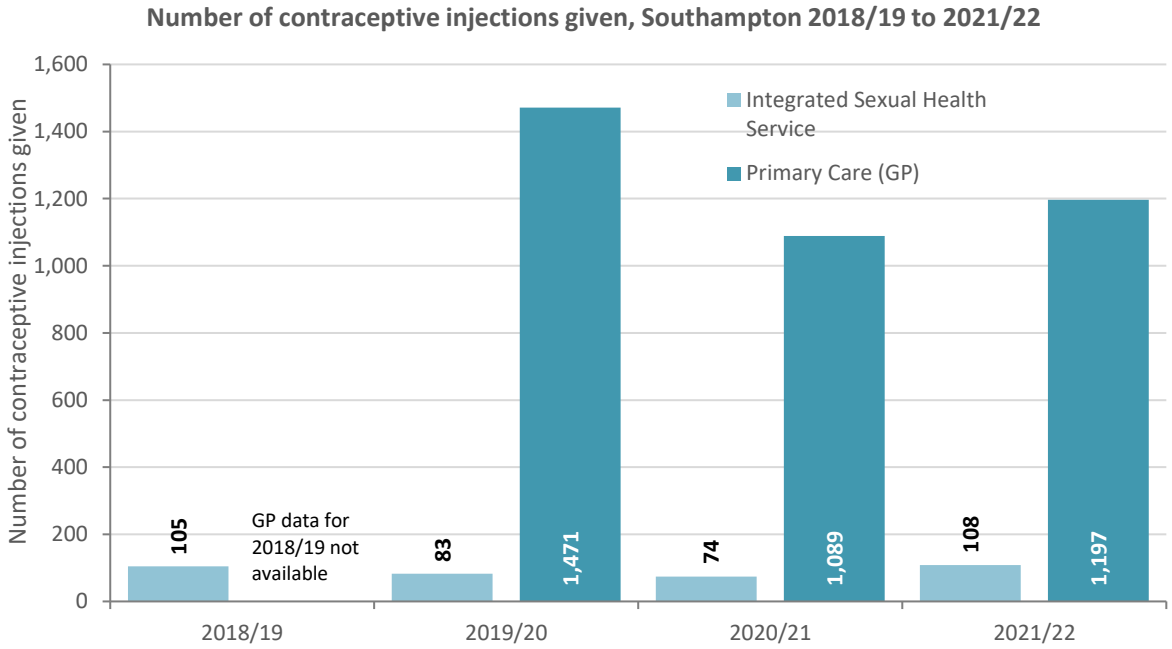


Source: NHS Solent Sexual Health Services (Resident data) and NHS Hampshire & IOW ICB Primary Care (Registered patient data)

Figure 25: Number of coil and implant fittings within the integrated sexual health service and primary care 2018/19 to 2021/22

[86] Southampton City Council, *Phoenix @ Pause Southampton: Business case for a sustained service,* <Decision - Phoenix @ Pause Southampton: Business case for a sustained service | Southampton City Council> (accessed 27 October 2022)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk



Source: NHS Solent Sexual Health Services (Resident data) and NHS Hampshire & IOW ICB Primary Care (Registered patient data)

Figure 26: Number of contraceptive injections given in Southampton Integrated Sexual Health Service and Primary Care 2018/19 to 2021/22

10.16 Terminations of pregnancy

In Southampton in 2020, 18.5 terminations of pregnancy occurred for every 1,000 females aged 15 to 44 years (1,066 terminations), similar to the national average of 18.9. The most common age group for terminations to occur were those aged 20 to 29 years old.[87]

Under 25s

In Southampton a third of ToPs were for those aged under 25. There was a decrease in the rate of under 25 ToPs between 2016-18 compared to 2019-21 (figure 27).

[87] Southampton data observatory, *Sexual health dashboard* <Microsoft Power BI> (accessed 21 September 22)

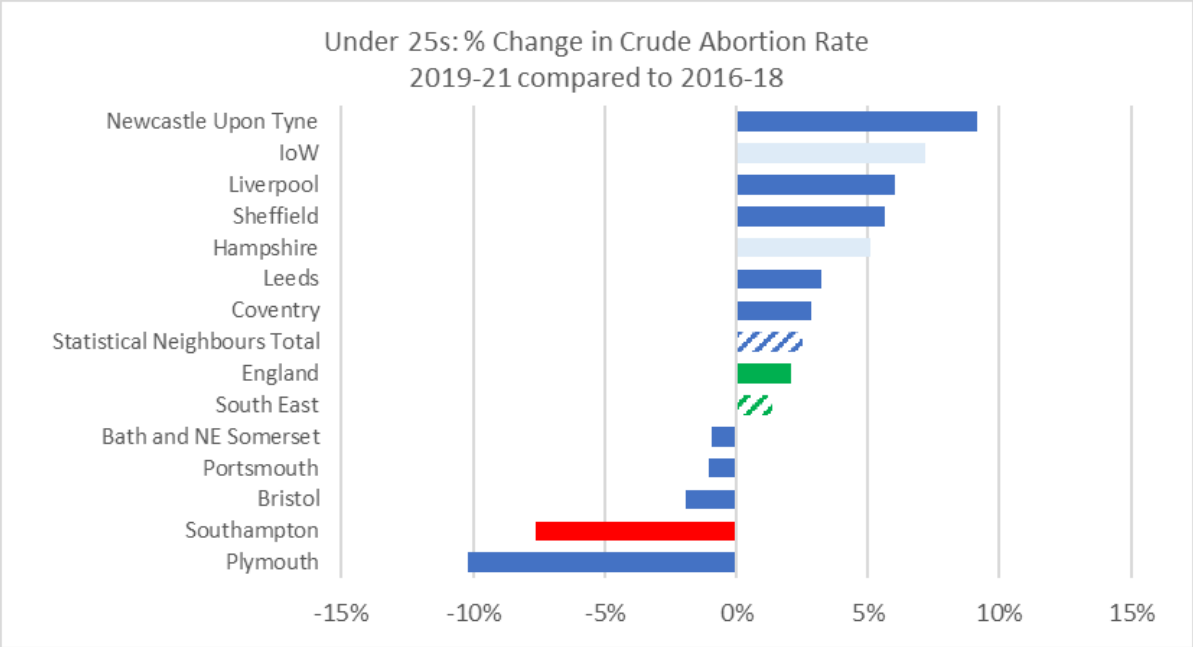


Figure 27: Percentage change in crude abortion rate for under 25s 2019-21 compared to 2016-18

In 2020, there were 117 (31.0%) under 25 repeat ToPs, compared with 29.2% nationally. This is the third highest amongst Southampton's ONS comparators.[88] Of the women aged under 25 who had a ToP in 2012, around 1 in 6 women had previously had a ToP. In 2020 this had increased to just under 1 in 3 women.[89]

25 and over

ToP in females aged 25 and over is increasing and accounts for two thirds of those in Southampton. Over the last five years Southampton has had a higher rate of ToP compared to the national average in this age group. In 2020 this stood at 19.4 terminations per 1,000 females aged 25 to 44 in Southampton and 17.6 nationally. In 2019-21, Southampton ranked 4th highest amongst its ONS comparators for its increase in ToPs over 25s (figure 28). This does not appear to be related to access to EHC being restricted to people under 25 (from 2019-21) as the increase is similar to England and lower than both Hampshire and the Isle of Wight who continued to provide free EHC to all ages during this time.

[88] Southampton data observatory, *Sexual health dashboard* <Microsoft Power BI> (accessed 21 September 22)
[89] Ibid

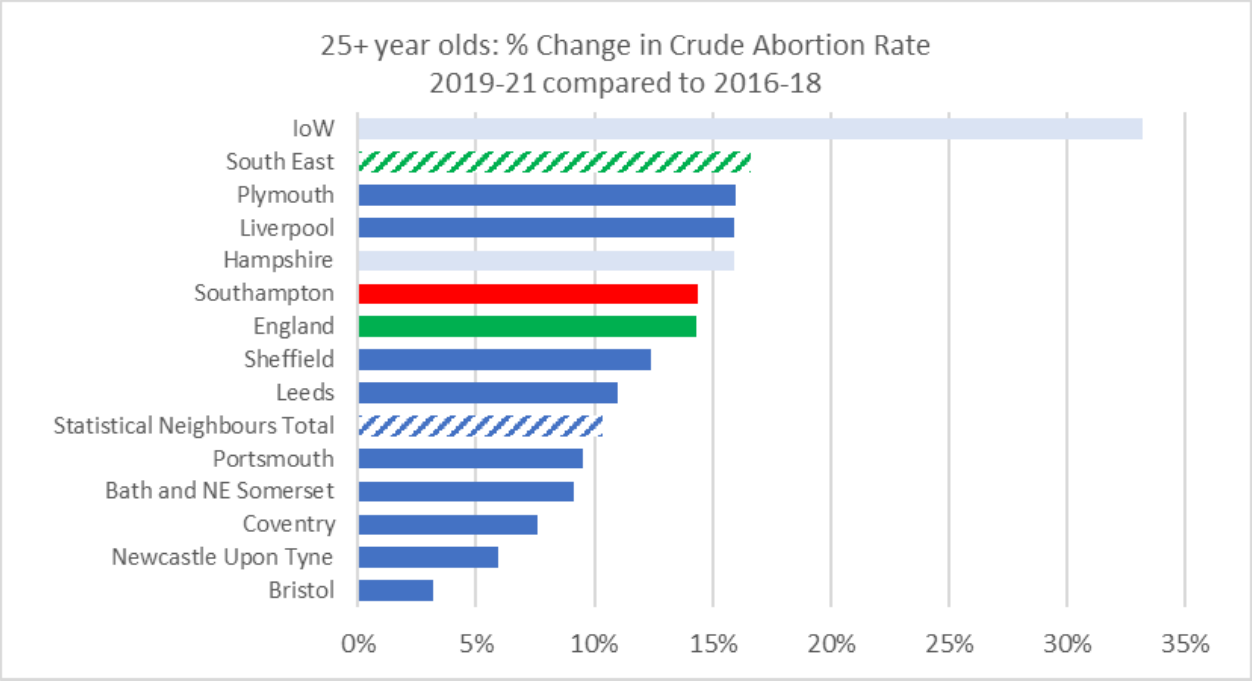


Figure 28: % change in crude abortion rate for over 25s 2019-21 compared to 2016-18

The number of terminations of pregnancy by SHS have remained relatively stable, as have the proportion completed within 9 weeks gestation (93%) despite significant changes to provision during the pandemic with the introduction of the Emergency Medical Abortion (EMA) at home pathway. ToP is significantly higher in the most deprived quintile than in the two least deprived quintiles. The proportion of ToPs which are accessed by people of Black, Asian, and mixed ethnicities increased between 2019/20 and 2021/22.

There is an increasing number (and %) of procedures that are an Early Medical Abortion (EMA). In 2017/18, there were 374 EMA procedures (40% of total procedures) compared to 978 (85%) in 2021/22 – a 161% increase in numbers (figure 29).[90] According to service data, following a rise in the proportion of (self-reported) repeat terminations during 2020/21 (up 6 percentage points to 46% of all terminations), there followed a fall in 2021/22 to a lower than pre-pandemic levels (20%). A fall has been seen over 5 years in early surgical ToP, with little change in surgical ToP 15+ weeks.

[90] Solent NHS Trust. *Service Activity & Performance: Integrated Sexual Health Service report*

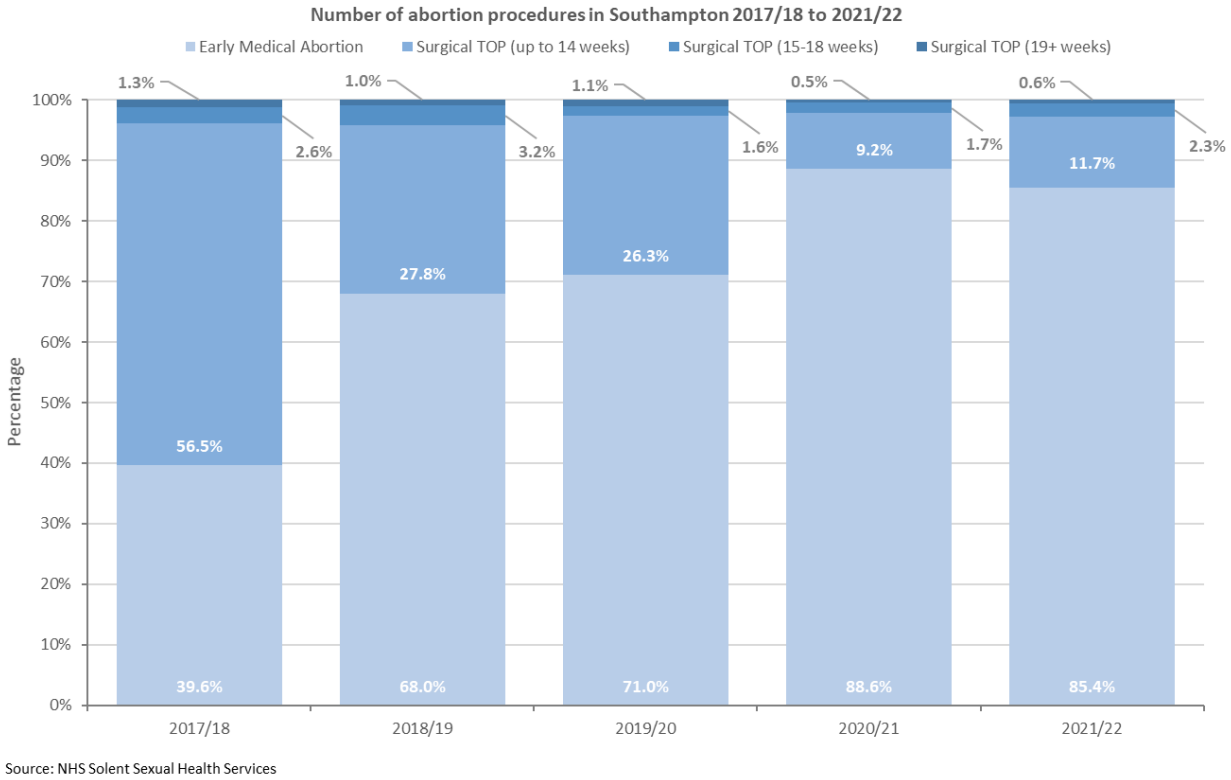


Figure 29: Number of abortion procedures in Southampton 2017/18 to 2021/22

Uptake of chlamydia screening by young people aged 15 to 24 accessing ToP services has fallen significantly during COVID with <10% uptake in 2021/22 compared to >60% before the pandemic. STI testing overall fell dramatically from 80% in 2019/20 to just 1% in 2021/22. Despite the relatively high rates of LARC prescription within the main sexual health service, the uptake has been consistently low for women who have a ToP, with only 1 in 17 women having a LARC in 2021/22.[91] The introduction of the EMA at home pathway, which prevented disruption of terminations due to Covid-19, is likely contributing to these changes.[92]

The earlier ToPs are performed the lower the risk of complications. Of those terminations that were NHS-funded 87.6% were under 10 weeks compared to 88.1% nationally. Proportionally this has been slowly increasing since 2012.[93] In 2021/22, 99% of women received a surgical procedure within 5 working days of the woman's decision to proceed. For the previous two years it had been 100%.[94]

[91] Solent NHS Trust Integrated Sexual Health Service
[92] Solent NHS Trust - *Service Activity & Performance: Integrated Sexual Health Service report*
[93] Southampton data observatory, *Sexual health dashboard* <Microsoft Power BI> (accessed 21 September 22)
[94] Solent NHS Trust - *Service Activity & Performance: Integrated Sexual Health Service report*

10.17 Vasectomy

A vasectomy is a surgical procedure that is 99% effective at preventing pregnancy. Other advantages include that long-term health effects are rare, it is safer than female sterilisation and it doesn't affect hormone levels, sex drive or interfere with sex. Whilst it is considered permanent and therefore removes the need for contraception for the purposes of birth control, it does not offer protection against STIs.

The number of vasectomy procedures increased year-on-year from 2017/18 to 2019/20, however a decrease of almost 50% was observed during 20/21 due to the impact of COVID-19. Since the introduction of the community vasectomy service, a significant shift in procedures being performed within the community compared to acute services from 48% in 2017/18 to 95% in 2021/22. In 2021/22, 94% of vasectomies took place within 18 weeks. No complications or infections have been recorded from vasectomy procedures for Southampton men. [95]

10.18 Psychosexual

Many individuals face difficulties relating to sex at some point in their life which can cause distress and unhappiness. Some people can manage this themselves but for those that cannot, psychosexual services seek to help individuals to address these issues. Psychosexual counselling is not available in all areas of the UK and is dependent on local commissioning. In Southampton, approximately 100 referrals for psychosexual counselling are accepted by the service per year. However, there have been challenges with waiting times and there is limited capacity within this small but important service. Referrals are made only via primary care. In 2021/22, 7% of individuals were offered an initial assessment within 35 working days of the referral receipt. Of those who are recommended therapy, less than one quarter commence therapy within 30 working days from initial assessment. Just over half of assessments were completed within 18 weeks from date of referral. Further information on effectiveness, equity, relevance, and acceptability of this service is not available.

11. Sexual health promotion, outreach, and community work

11.1 No Limits service

From January to March 2022, there was a return of full delivery of health and wellbeing drop-in sessions in schools and colleges, within 12 schools and 3 further education colleges.

[95] Solent NHS Trust Service Activity & Performance: Integrated Sexual Health Service report

511 young people were supported in 1,236 interactions, with relationships being the most discussed theme. Sexual health was also amongst topics most frequently discussed. 55 referrals were made to sexual health services from school and FE college drop-ins and the advice centre/advice line.[96]

Between January and April 2022, Breakout Youth, LGBT support from No Limits, made contact with 27 young people through group meetings (a mixture of virtual and face to face) covering a range of topics and 17 through one-to-one sessions. A specific group session was held on health, including some input from a sexual health worker.[97]

11.2 Relationship and Sex Education (RSE)

All schools are supported to follow the statutory guidance for teaching RSE Relationships.[98] Personal, social, health and economic education (PSHE) leads are offered CPD and training through termly network meetings, and access to quality assured teaching resources, through membership to the PSHE Association.

The Solent Sexual Health Promotion (SHP) Team deliver education to priority schools as identified by the Teenage Pregnancy Partnership, based on TP rates. This is 6 sessions, 5 delivered by No Limits and 1 by SHP. The schools identify the 12 young people from Yr9 who attend. The SHP team do also work in alternative education settings, including Pupil Referral Units. Any school can refer a young person to the SHP team for 1:1 support if they have a specific need or concern.

They have a range of training available including RSE 1&2, GIO (Get it on condom provision), pregnancy testing, as well as train the trainer and recorded webinars.

11.3 Overall outreach and health promotion summary

For 2021/22:

[96] No Limits – *Southampton Schools and Colleges Health and Wellbeing Drop-ins. Performance monitoring report* January to March 2022.
[97] Breakout Youth LGBT provision January to April 2022
[98] Department for Education, *Relationships Education, Relationships and Sex Education (RSE) and Health Education.* (London, UK: Crown, 2019) < Relationships and sex education (RSE) and health education - GOV.UK (www.gov.uk)> (accessed 26 October 2022).

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

Relationship and Sex education:

194 pupils receiving RSE programmes

120 professionals received RSE training

Behaviour change interventions:
Behaviour change interventions:

15 intensive behaviour sessions for MSM (up to 6 per individual)

1,374 one-to-one brief and **32** intensive (up to 6 per individual) sessions for young people

70% of those receiving Intensive Behaviour Change interventions report improvement in confidence and ability to manage and improve sexual health

Sexual health promotion and HIV prevention sessions:

7 group sessions reaching **524** young people (under 25) at risk of poor sexual health outcomes

14 group sessions reaching **190** LGBT young people (16-24 or 19+ with additional vulnerabilities); **2** sessions for LGBT young people (20+ years

Black and ethnic minorities:

2 Barber/Weave shops supported with sexual health training and signposting and **3** providing condoms

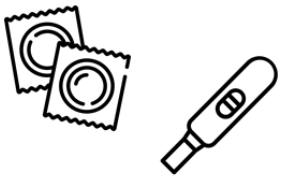
4 BAME, faith and community leaders engaged to share information to help destigmatise HIV, increase uptake of testing and PrEP and contraception.

Advertising and social media:

112 social media posts aimed at MSM

5 targeted sexual health adverts on apps

79 contacts on Adultswork aimed at sex workers (MSM/trans)



7,848 condoms and **220** Pregnancy tests requested by "Get it on" sites (free condoms and pregnancy tests for young people)

Figure 30: Summary of outreach and sexual health promotion 2021/22

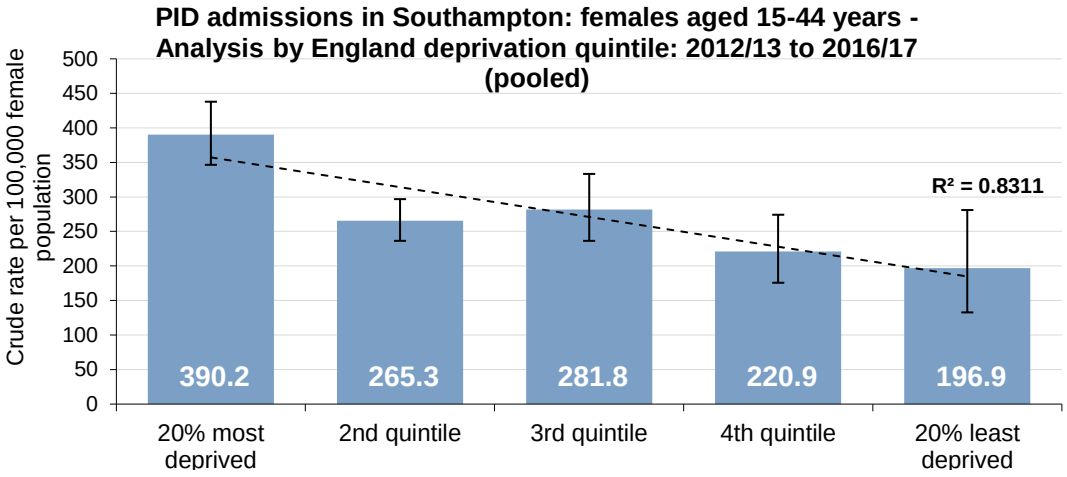
12. Health inequalities

Key findings for Southampton:

- We know that certain communities experience health inequalities in relation to sexual health, often due to stigma, difficulties in accessing services, lack of information, complex personal and medical histories.
- Whilst we have some local information on ethnicity, age, gender, sexuality, women who sell sex on street and people with learning disabilities, there are significant gaps in our understanding.
- We have no local information on the sexual health needs and outcomes for the transgender community, looked after children, people with physical disabilities and complex needs, people with mental health needs and the homeless. National data and research tell us that these are particularly vulnerable groups.

12.1 Deprivation

The correlation between teenage conceptions and ToP and deprivation has already been demonstrated. There is no recent data for STI incidence and prevalence by deprivation; the latest data (2013-2017) showed an association between greater deprivation and higher PID admissions and HIV diagnoses (figure 31 and 32). Nationally, in 2021 rates of new STI diagnoses were lower than the national average in the four least deprived deciles and highest in the fourth most deprived decile at 601 per 100,000 population.[99]



Source: Hospital Episode Statistics

Figure 31: PID admissions in Southampton by deprivation quintile 2012/13 to 2016/17

[99] Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles, Fingertips.phe.org* <Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)> (accessed 26 October 2022).

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

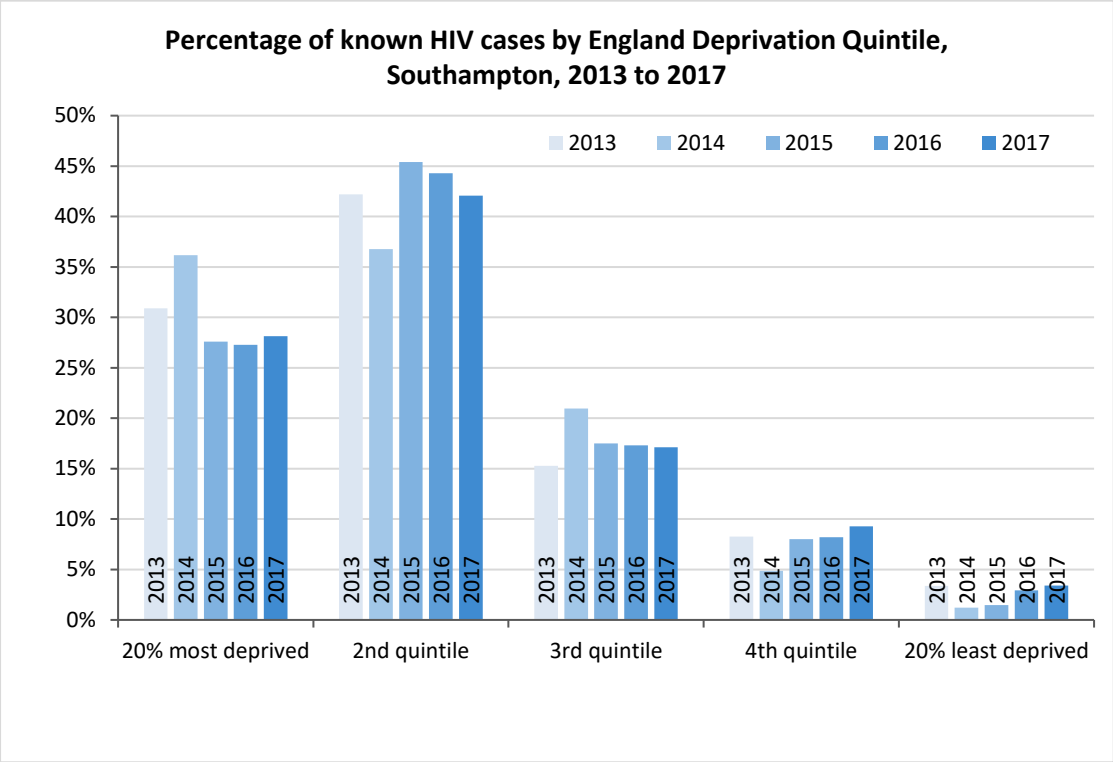


Figure 32: Percentage of known HIV cases in Southampton by deprivation quintile 2013-2017

12.2 Lesbian, Gay, Bisexual, and Transgender Community

The proportion of men in the UK identifying as gay or bisexual increased from 1.9% to 3.4% between 2014 and 2020 (between 2,075 and 3,713 people in Southampton).[100] Men who have sex with men (MSM) are disproportionally affected by STIs. In 2018, MSM accounted for 47% of gonorrhoea and 75% of syphilis diagnoses, and since 2009 rates have risen by 643% and 236% respectively, compared to 249% and 165% respectively in the population overall[101]. This is thought to be due to a combination of factors, including increased frequency of testing and greater sexual risk taking.[102]

[100] Office for National Statistics, *Sexual Identity, ONS* <available from: Sexual identity - Office for National Statistics (ons.gov.uk)> (accessed 26 October 2022)
[101] Public Health England, Health matters: preventing STIs, GOV.UK < Health matters: preventing STIs - GOV.UK (www.gov.uk)> (accessed 31 October 2022).
[102] MacGregor L, Speare N, Nicholls J, *et al.* 'Evidence of changing sexual behaviours and clinical attendance patterns, alongside increasing diagnoses of STIs in MSM and TPSM' *Sexually Transmitted Infections* 97 (2021):507-513.

In 2020, the proportion of women in the UK identifying as lesbian or bisexual was 2.8%, a rise from 1.4% in 2014.[103] There is less information available on the sexual health of lesbian and bisexual women. It is thought that most women who have sex with women (WSW) also have sexual activity with men or have had at some point.[104] This is important to note as, though transmission of STIs occurs between women, it is less common than between men and women. There is some evidence to suggest that barriers to good sexual health for WSW include: lack of awareness of risk, a significant number not taking precautions, such as barrier contraception or cleaning sex toys, and low testing rates.[105] People who identify as lesbian made up 0.5% of individuals using the service in 2020/21, but due to the data available, it is difficult to interpret whether this is appropriate service use for this group.

Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. There is no reliable information regarding the size of the trans population in Southampton. Recent estimates suggest that 0.6% to 1% of adults may experience some degree of gender variance (around 1,510 to 2,520 Southampton residents) and at some stage, about 0.2% (around 500 Southampton residents) may undergo transition. The limited available evidence suggests higher rates of HIV and that trans people in England are twice as likely to have a late-stage diagnosis.[106] Societal stigma can impact on access and use of services. Trans people are less likely to attend a sexual health clinic compared to cis-gendered people (26% vs. 36%) and more likely to report having a negative experience when doing so.[107,108,109]

12.3 Women selling sex 'on street' (SSOS).

People who sell sex are among the most vulnerable in society. Women who sell sex 'on street' experience disproportionate health and social inequalities when compared to other populations. They also have higher rates of mental illness and often lower literacy levels; these factors affect sexual health risks and service access. Around 50 women sell sex on street in Southampton over any 3-month period. We do not know how many local people

[103] Office for National Statistics, *Sexual Identity, ONS* < Sexual identity - Office for National Statistics (ons.gov.uk)> (accessed 26 October 2022)
[104] Mercer C, Bailey J, Copas A. 'Women who report having sex with women: British national probability data on prevalence, sexual behaviours, and health outcomes' *American Journal of Public Health* 98,6 (2017)
[105] Moores, S. *A hidden population: What are the sexual health needs of women who have sex with women?* (London, UK: The Faculty of Sexual and Reproductive Healthcare, 2017)
[106] Hibbert MP, Wolton A, Weeks H, *et al*. 'Psychosocial and sexual factors associated with recent sexual health clinic attendance and HIV testing among trans people in the UK' *BMJ Sexual & Reproductive Health* 46 (2020):116-125.
[107] A person whose sense of personal identity and gender corresponds with their birth sex.
[108] Hibbert MP, Wolton A, Weeks H, *et al*. 'Psychosocial and sexual factors associated with recent sexual health clinic attendance and HIV testing among trans people in the UK' *BMJ Sexual & Reproductive Health* 2020;**46:**116-125.
[109]Government Equalities Office, *National LGBT Survey* (London, UK: Crown, 2018) < National LGBT Survey: Research report - GOV.UK (www.gov.uk)> (accessed 1 November 2022)

use sex workers and also have sexual contact with others. The sexual health of women SSOS is important both for the women themselves and to reduce onward transmission to their own sexual contacts or those of their clients.

A rapid health needs assessment for women SSOS was undertaken in 2020.[110] In relation to sexual health and access to mainstream services it found:

- Significant risk of acquiring STIs and blood borne viruses and passing these on to others. 'Safer sex' is not always practised.
- Complex medical and personal histories, patterns of work and sleep and stigma, lead to mainstream services not meeting their needs.
- The women recognise the risks they face and would like to engage with support but struggle to do so.
- A perceived lack of specialist knowledge and training in this area.
- The importance of trust building as a principle aim for services.
- Increased vulnerability due to the Covid-19 pandemic through diminished access to services and contraception and increased risk-taking due to fewer income opportunities.

Since completion of the rapid health needs assessment, an evening (6-11pm) outreach service Kaleidoscope has been piloted and following its success extended. Its aim is to 'reduce the impact of risks, experienced by women SSOS' and one of its outcomes is to support clients to engage with other specialist services to reduce incidences of STIs. The service uses 'Blue Light' principles of helping reduce risk and managing harm, together with Trauma Informed Approaches to engage with women SSOS. The need for further work regarding men who sell sex and women who sell sex off street was also highlighted.

The weekly TULIP clinic is also available as a walk-in service for sex workers and escorts.

12.4 Homelessness

People who are homeless have higher rates of STIs and unplanned pregnancies.[111] This is for several reasons that impact on sexual health risk and service access including[112]:

1. Barriers to service access: stigma, strict access times, fear
2. Low-self-esteem, history of abuse (domestic abuse, violence, and rape, forced street sex work), neglect of health, high rates of mental health conditions.

[110]Matthews C, Sophie Robin S, McAllister C. *A rapid joint strategic needs assessment of Women Selling Sex 'On Street'* (2020), Southampton City Council and Southampton City Clinical Commissioning Group.
[111] Department for Health and Social Care. *A Framework for Sexual Health Improvement in England* (London, UK: Crown, 2013) <A Framework for Sexual Health Improvement in England - GOV.UK (www.gov.uk)> (accessed 31 October 2022)
[112] McGregor F *et al* (2018) 'Nurse-led sexual health clinics in hostels for homeless people' *Nursing Times* 114,5 (2018); 42-46.

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

3. Drug use and its impact on a chaotic lifestyle.
4. Pressure to exchange sex for food, shelter, money, and drugs
5. Lack of knowledge of STIs and contraception
6. Lower literacy levels.

12.1 per 1000 households in Southampton are owed a prevention or relief duty under the Homelessness Reduction Act, which means they are homeless or at risk of homelessness.[113]

The multidisciplinary Homeless HealthCare Team (HHCT) is a specific service for people who are homeless, including those in temporary accommodation and asylum seekers and migrants without support. As of April 2022, the service had 456 registered patients, but the team also provide services to temporary residents. The HHCT provide certain services in relation to sexual health including blood borne virus screening discussion and prescribing of contraceptive options (excluding the fitting and implanting of intrauterine devices and implants) and EHC, initial SH promotion, STI advice and referral to SHS, advice and referral in cases of unplanned or unwanted pregnancy. The new patient check includes blood borne virus screening and vaccination for Hep B if appropriate. The HHCT is based in a Day Centre for homeless people where the Two Saints charity also provides food, clothing, washing facilities, accommodation, and benefits support.

12.5 Ethnic Minority Groups

People of black ethnicity in the UK account for a disproportionate number of STI diagnoses, including HIV. However, the population rates vary considerably among Black ethnic groups. People of Black Caribbean and Black non-Caribbean/non-African ethnicity have the highest diagnosis rates of many STIs, whilst Black Africans have relatively lower rates.[114] Black ethnicities (particularly Black African) have a high proportion of late HIV diagnoses compared to other ethnicities.[115] There is also evidence of poorer HIV outcomes for some minority ethnic groups.[116] Where local data is available, it has been included throughout this Health Needs Assessment, but also summarised here:

[113] Office for Health Improvement and Disparities, *Public health profiles (2022)*
[114]Public Health England, *Sexually transmitted infections: Promoting the sexual health and wellbeing of people from a Black Caribbean background* (London, UK: Crown, 2021) <STIs: promoting the sexual health and wellbeing of people from a Black Caribbean background (publishing.service.gov.uk)> (accessed 1 November 2022)
[115] UK Health Security Agency, *HIV testing, new HIV diagnoses, outcomes and quality of care for people accessing HIV services: 2021 report*

[116] Dhairyawan, R., Okhai, H., Hill, T., Sabin, C. 'A.b,c; for the UK Collaborative HIV Cohort (UK CHIC) Study Differences in HIV clinical outcomes amongst heterosexuals in the United Kingdom by ethnicity', *AIDS* 35,11 (2021):1813-1821

- In 2019, people of Black ethnicity were 4.2 times and Mixed ethnicity 2.8 times more likely to be newly diagnosed with an STI than people of White ethnicity.
- The proportion of ToPs for people of Black, Asian, and mixed ethnicities increased between 2019/20 and 2021/22.
- In a pilot of a late diagnosis review protocol across the Southeast of England, Black African heritage was associated with late diagnosis.
- The proportion of contacts with the service by people from ethnicities other than 'white British' has increased (both online and face to face), but this could be due to improved recording.
- 91% of Black and Afro-Caribbean residents take an HIV test when attending the sexual health service; this is higher than for all residents (86%).

12.6 Children who are Looked After (CLA)

There are around 497 children in care in Southampton and the rate of children who are looked after aged 10-15, is significantly higher than England overall (137 per 10,000 vs. 62).[117,118] CLA are vulnerable to early and unprotected sexual experiences. A quarter of care leavers are pregnant or young parents within a year. They are disproportionally affected by risk factors for teenage pregnancy such as experience of abuse, poor mental health, low educational attainment, school absence, contact with the police and poverty. Additional negative experiences such as bereavement and experience of sexual violence affect unaccompanied asylum-seeking children. Children who are looked after need additional support to develop safe and respectful relationships, and to use contraception effectively. Statutory guidance states that if they should become pregnant, children who are looked after should receive information and support to make choices around pregnancy and dedicated antenatal and postnatal support.[119] Children in Care Health Team (Solent NHS Trust) carry out a full health assessment on all children entering the care system which includes identifying any unmet sexual health needs.[120] The initial referral is made by Children's Services on entry to the care system, but once in care, referrals can be made by the young person, their carers, or other professionals.

[117] Office for Health Improvement and Disparities, *Public health profiles (2022), fingertips.phe.org*
[118] Ibid
[119]Department for Health and Department for Children, Schools and Families, *Statutory Guidance on Promoting the Health and Well-being of Looked After Children* (London, UK: Crown, 2022) <Promoting the health and wellbeing of looked-after children - GOV.UK (www.gov.uk)> (accessed 1 November 2022)
[120] Solent NHS Trust, *Children in Care Health Team*, Solent NHS Trust <Children in Care Health Team | Solent> (accessed 21 September 2022)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

The R.O.S.E clinic provides a sexual health service for individuals who are at risk of sexual exploitation, regardless of age at the Royal South Hants Hospital. Access is via professional referral (appendix 1).

12.7 People with Learning Disabilities

People with learning disabilities (PLD) are a vulnerable group in relation to sexual health for several reasons, including increased risk of sexual exploitation and a lack of systematic provision of relationship and sex (RSE) education.[121,122] Specialist sexual health clinics called SHIELD (Sexual Health Information Education Learning Disability) have been set up in Hampshire, Portsmouth and Southampton providing reasonable adjustments (appendix 1).

A LD Sexual Health Needs Assessment was carried out in 2016-2017 by Solent NHS trust. This focused primarily on RSE. It identified the need for training for professionals, parents, carers, and volunteers in how to provide RSE and continued provision of the SHIELD clinics with more training for clinical staff on how to support people with LD.

See also the qualitative research in the stakeholder experiences section.

12.8 Physical Disabilities & Complex Needs

People with physical disabilities and complex needs are a heterogeneous group; they will have diverse needs in relation to sexual health and how they access services will vary considerably. This makes having a local understanding of health inequalities challenging. However, we know that barriers to sexual healthcare can include attitudinal barriers (e.g., assumptions regarding sexual activity or ability to care for children), physical challenges to accessing services and health information not being provided in an accessible format.

12.9 People with Mental Health needs

People with mental illness are more likely to have blood borne viruses (and STIs), unintended pregnancies and experience domestic and sexual violence than the general population. There is an additional risk where there is also substance use. Increased risk of

[121] Franklin, A., Raws, P. and Smeaton, E. *Unprotected, overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation* (Barkingside, UK: Barnardo's, 2015) <Unprotected Overprotected: meeting the needs of young people with learning disabilities who experience or are at risk of sexual exploitation | Barnardo's (barnardos.org.uk)> (accessed 1 November 2022)
[122] Garbutt, R., Boycott-Garnett, R., Tattersall, J. and Dunn, J. *Final Report: Talking about sex and relationships: The views of young people with learning disabilities* (Leeds, UK: CHANGE, 2010).

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

mental illness is also associated with extensive experience of physical and sexual violence.[123] People with severe mental illness can experience poor sexual health for several reasons, including due to stigma, symptoms that affect their sexual behaviour (e.g. increasing risk taking, inability to discuss their sexual health needs), side effects of psychotropic medication, previous experiences of sexual abuse and challenges with some social skills (e.g., assertiveness).[124,125]

We do not have any local data on the sexual health needs of people with severe mental illness in Southampton or any specific services that address the sexual health needs of this group. People who are registered with a GP as having a severe mental illness should be offered an annual physical health check; sexual health questions are not currently included within this.

12.10 Substance use

Substance use can impact sexual health in a number of ways. These include:

1. Increased sexual risk taking associated with alcohol use and poor sexual health outcomes such as unplanned pregnancies and STIs.
2. Earlier alcohol use is associated with early onset of sexual activity and is a marker of later sexual risk-taking.
3. Sexual assault is strongly correlated with alcohol use by victim and perpetrator[126].
4. Increased risk of blood borne infections through injection of drugs which can then be passed on through sexual activity.
5. Where drug use takes place associated with sexual activity, the risk of transmission of STIs increases.
6. Chemsex can increase the risk of infection from blood borne viruses and other STIs.[127]

The majority of those impacted by the effects of alcohol and drugs on sexual health will not be in contact with drug and alcohol services.

[123] NHS England, Department of Health, Public Health England, *Improving the physical health of people with mental health problems: Actions for mental health nurses* (London, UK: Crown, 2016) <JRA_Physical_Health_revised.pdf (publishing.service.gov.uk)> (1 November 2022).
[124] Hughes, L. *Sex and Mental Health: Why we don't talk about it, and why we should*, (London, UK: Royal College of Psychiatrists, 2019) <Sex and Mental Health: Why we don't talk about it, and why we should (rcpsych.ac.uk)> (accessed 1 November 2022)
[125] Ramluggun,P., Tibbatts T., and Luby R. 'Promoting the sexual health of people living with severe mental illness'. *Mental Health Practice* 2020
[126]The Royal College of Physicians, *Alcohol and sex: a cocktail for poor sexual health.* A report of the Alcohol and Sexual Health Working Party (London, UK: Royal College Physicians, 2011)
[127] Public Health England, *Substance misuse services for men who have sex with men involved in chemsex* (London, UK: Crown, 2015) < Main heading (publishing.service.gov.uk)> (accessed 1 November 2022)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

Approximately 850-900 adults are in structured treatment with drug and alcohol services (provided by Change Grow Live) in Southampton at any time. The current service specification does not include sexual health promotion, however the initial assessment includes some questions related to risk behaviours. In addition, blood borne viruses are discussed and testing provided, hepatitis B vaccinations offered, condoms available if requested and service users are signposted to sexual health services for STI testing.

No Limits provide a youth drug and alcohol service, with approximately 150 young people engaged, mostly 18-24 years old. The initial assessment for new service users includes asking about previous use of sexual health services and screening and contraception is offered through the weekly sexual health clinic at No Limits or service users are supported to use the online service.

12.11 Students

University undergraduate students are at higher risk than the general population of STIs and unplanned pregnancies. There are around 40,000 students in Southampton, some of whom will be users of sexual health services in the city. They are an important population due to movement between term time and non-term time addresses meaning that the prevalence of STIs in different areas of the UK and internationally, and AMR overseas, are also relevant. We have no specific information on the sexual health needs of the university population.

12.12 New communities

Southampton's 2008 Sexual Health HNA made specific reference to new communities in the city: large numbers of economic migrants from Eastern Europe, but also other new communities such as Kurdish, Iranian, Afghan and Somalian with a large proportion of single young men. We await the 2021 Census data for more information on new communities in the city, however we do know that Southampton has recently become home to more people from Afghanistan and Ukraine. There is currently uncertainty over their specific sexual health needs, sexual and reproductive health services are known to be vitally important to all migrants, refugees and displaced persons. As general principles sexual health services and sexual health promotion will need to be accessible and understanding.

13.Stakeholder experiences

13.1 Overview

Qualitative research into the sexual health needs and experiences of people with learning disabilities (PLD) and people from ethnic minority communities was commissioned for the

purposed of this health needs assessment. The findings contribute to our understanding of the relevance to need and acceptability of services (Maxwell's domains of quality).

13.2 Summary of findings for PLD

Culture and stigma

- Perceptions of PLD, sex and sexual health was a strong theme with reports that some parts of society including some people who work with PLD hold views such as PLD should not or do not have sex, and contraception should start with sterilisation or implants.
- Parents and carers want to protect those they care for and are concerned that if they talk about sex this might encourage sexual activity.
- Amongst PLD there are variable views regarding sex and sexual health depending on abilities, capacity, and level of independence
- Differing sexualities also need to be recognised within the PLD community

Education and training

- Mainstream sex and relationships education is inadequate for PLD with a significant lack of understanding regarding STIs, contraception, condom use, skills, and self-esteem
- RSE taught in educational settings might not reflect PLD levels of cognitive ability, emotional or physical maturity, or utilise language they are familiar with. There is some bespoke RSE or healthy relationship conversations, but these can be limited in content and not universally available
- There is no systematic way of promoting sexual health and positive relationships for PLD across all the services working with PLD.

Sexual health services

- Accessing sexual health services was a significant issue – general lack of awareness, staff attitudes and perceptions, travel barriers, limited information, digital services are challenging for PLD. The Shield clinic is underused and not well known.
- Community PLD nurses were viewed as first 'port of call' for sexual health advice,
- Access to services is reactive rather than proactive.
- Sexual health is included in the NHS LD annual health check template, however it might not be covered due to time required to enable and ensure individuals' understanding and nearly one third of those entitled to their LD annual health check are not receiving them.

Carers and support services

- People closest to PLD played a vital role in supporting an individual with relationships, sex, and sexual health needs. Their attitude and skillset in relation to this is variable but could be addressed through training and signposting.

- There is an appetite for PLD services to play a bigger part in delivering some of this bespoke work for PLD, and for parents and carers.
- The roles of knowledgeable advocates could help to bridge gap between individuals and services, helping PLD to articulate their needs.
- There are differing needs and issues in relation to sexual health and forming relationships.

Vulnerabilities and risks

- Those with mild learning disabilities don't always tell services; this can hinder the professional adapting their approach.
- Some of those who do not have the skills to develop healthy sexual relationship are at risk of offending.
- A significant proportion of PLD have been exploited sexually.
- Risky sexual behaviour occurs with underlying themes of equating sex with being loved, wanting the experience of a relationship, or wanting a child.
- Those supporting PLD focus on seeking contraception from sexual health services, rather than reducing STIs or promoting healthy relationships

13.3 Summary of findings for people from ethnic minority communities

Culture and stigma

- Stigma was a strong theme with sex and sexual health being a taboo in some communities. This influenced feelings and experiences of sex, as well as access to services
- Participants felt that working within communities would facilitate change and break down taboos and barriers.
- Relationship and sex education in schools and other educational settings is seen as having a positive effect for future generations and influencing older generations through conversations.

Diversity

- There are many differences between groups: between men and women, people from different religions, different country of origin, different generations.
- Stigma regarding sexual health is higher in some communities than others.
- Communities are more likely to be aware of and access contraceptive services compared to services for STIs.
- In many communities managing conception is thought to be a female responsibility and for men there is a lack knowledge and understanding of sexual health.
- There is a lack of prevention of STIs, particularly in older generations.

Sexual health services

- A lack of awareness of sexual health services especially online services.

- A significant barrier is the fear of being seen at the sexual health clinic, though the services themselves are perceived to be confidential, efficient and provide a good service
- Participants suggested that sexual health services should be integrated into other services, to reduce the stigma of accessing them.

Barriers to service access

- Men are less likely to access services than women because of stigma.
- Difficulty in booking appointments leads to people giving up; walk in was suggested.
- There are mixed reports in relation to digital services with some feeling they would not use online ordering due to concerns about family finding out when they are delivered.

Contraception

- Black African communities prefer natural methods of preventing pregnancies
- Women are more open to contraception but prefer to avoid hormone related products.

Vulnerable groups

- Illegal immigrants and asylum seekers, sex workers, people who are homeless, those with addictions, mental health service users, young people living within strict families, those not in employment, education, or training, those living in deprived area and people identifying as LGBTQ+, especially those from orthodox religious communities, were all thought to be less likely to access services.

Education and awareness

- 'Teachable moments' were also suggested as times to target sexual health information. These include religious festivals and during pregnancy.
- Participants felt that there should be more use of online sexual health promotion materials as well as hard copies and it should be translated into community languages.
- Further work to raise awareness with young people in education and the club scene was suggested.

Community engagement

- Much more community engagement needed and awareness raising at a range of touchpoints including shops, foodbanks, community groups and religious buildings.
- Participants have suggested a range of methods for increasing community engagement including attendance at community events for a range of NHS services, campaigns using local media and use of community languages.
- Time needed for sexual health services to build up networks, relationships, and trust with communities.
- Sharing the findings of this work would be a helpful way of building bridges with communities.

Click on the image below for the full findings and recommendations.

13.4 Resident survey

As well as the interviews with representatives from the Learning Disabilities and ethnic minority communities, a residents and staff survey (linked through image below and in 13.5) was undertaken which provides insights into the experience of using and delivering services. Responses from residents were subjected to statistical analysis and despite the small sample size there were some significant findings.

Key findings from resident survey (87 respondents):

- The internet and GP/Nurse are most common source of information on Sexual Health Services.
- Less than half were aware of the availability of HIV prevention, Hep B/HPV prevention, vasectomy advice, the partner notification contacting service and counselling for psychosexual problems.
- Significantly more men than women were aware of pre-exposure HIV prevention medication.
- People of white ethnicity were more aware of the availability of HIV testing in comparison to people from ethnic minority backgrounds (73% vs. 55.6%).
- People describing themselves as LGBTQ+ were significantly more aware of HIV prevention services and Hep B and HPV vaccination.
- Both in person (79%) and online services (68%) are preferred to telephone appointments (44%).
- Significantly more white people considered online services to be important in comparison to people from ethnic minority communities.
- Most believed SHS in person, online and GP should provide care, rather than emergency departments, colleges and universities or pharmacies.
- Most important for using the service was location (private, nearby) and accessibility (parking, transport). Followed by access outside of 9-5 hours and walk in services
- Just over a third of respondents reporting that they had previously not used a SHS when they may have benefited; the most common reason was not being able to get an appointment, followed by lack of awareness of services and not being able to get through on the phone.
- The service most used was STI testing.
- Experiences were overall very positive, but most people did not find the length of time for an appointment reasonable and only a third agreed that it was easy to get through on the phone.

13.5 Workforce survey

Key findings from the workforce survey (26 respondents):

- Most of the workforce surveyed found staff during the referral process were helpful and that it was easy to find information on sexual health services in Southampton.
- When making a referral, most did not find it easy to get through on the phone and did not think the length of time to get an appointment was reasonable.
- Most referrals made by respondents are for contraceptives and STI testing.
- Most would like to be kept up to date with services via a website or email.
- 68% feel they have training needs, with a range of needs identified, particularly around services available and STI training. Most would prefer webinars or other online training.

14.Conclusions, Recommendations, Next Steps

14.1 Conclusions

Within this needs assessment, the sexual health needs of Southampton residents have been described using both quantitative data and views expressed qualitatively, highlighting where some people have additional needs, what services already exist to meet them and where there remain gaps in provision. We have presented this in the context of national and local policies and strategic direction. The findings, grouped into three key themes: prevention, equity and relationships and system working, will now be summarised and have informed the development of recommendations for sexual health in the city.

Prevention:

Southampton has seen a steady decline in under 18-year-old conceptions since 2007 and is below the England average for terminations of pregnancy in the same age group. Almost

twice as much long-acting reversible contraception is provided in primary care rather than within specialist services, and this is important for equity of access across the city, provision of care that is most appropriate for the level of complexity and for patient choice: primary care has been found to be the preferred place for women to access contraception.[128]

However, there is evidence that efforts to prevent poor sexual health and improve outcomes for Southampton residents are not currently as effective as they could be. This is demonstrated by:

- High and increasing rates of the most common STIs, including re-infections
- Testing rates that are high overall, but in some instances, have decreased dramatically, for example following an Early Medical Abortion, and not everyone is being tested for the full range of STIs
- High late diagnoses of HIV, with low testing levels and high overall diagnosis rates
- High rates of onward consequences such as PID
- Increasing rates of ToP and repeat ToP
- Low and decreasing rates of LARC access and demand
- A fall in vaccination coverage for HPV during the pandemic

Stakeholders have described access to sexual health services as difficult. This is not confined to the integrated sexual health service; reports of not being able to access EHC via pharmacies are not uncommon. Once people are in contact with the services they are seen quickly and receive results and treatment, overall, in a timely manner.

RSE is delivered across the city to young people. There is a gap in provision for all people who may benefit from it, i.e., SEN schools and people with a Learning Disability regardless of age.

Training to enable the health and care workforce to have sexual health conversations as part of their everyday working routines is not being accessed, and therefore opportunities to support people with their sexual health are being missed.

Equity

There are significant gaps in local knowledge regarding some population groups, their sexual health, and the challenges they face which may impact their wellbeing. We know however that:

[128] Public Health England. *What do women say? Reproductive health is a public health issue* (London, UK: Crown, 2018)

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

- Young people carry a greater burden of STIs in general, but particularly chlamydia and re-infections, as well as repeat terminations
- MSM experience higher rates of syphilis and gonorrhoea
- There are higher rates of new diagnosis of STIs in people of black and mixed ethnicities, compared with white people
- People who live in the more deprived areas of the city are more likely to experience teenage conception and need a ToP

Use of services by different population groups is widening, including the use of online services, however this differs across communities and within them. Some people find it harder to access services than others; people from ethnic minority communities, people living in deprived areas of the city, people who sell sex, people with a learning disability. With online services becoming more popular, we don't know whether this helps people who don't want to access in this to be seen face to face, or whether it is further excluding them.

People experiencing sexual health inequalities are likely to be facing the same challenges in other aspects of their lives, and some contend with multiple inequalities. Stakeholders have emphasised that stigma, perceptions and taboos all play a part in perpetuating these inequalities with reference to people's sexual practices and improving and maintaining their sexual and reproductive health.

We have gaps in our knowledge regarding the sexual health inequality experienced by some people, in part due to reduced access to data but mostly because we don't understand the 'why' well enough. Nor do we really understand why the interventions we have tried have not fully worked. There is learning that can be taken, for example from the success of reducing teenage pregnancy over the last two decades.

Relationships and system working

Professionals and services across Southampton are not joining up to meet the sexual health needs of residents. There is also variable awareness of what sexual health services are being provided across the city. This means that:

- The resident and the health and care workforce have an incomplete awareness of who is providing what, where, when and how, and how they can signpost to, refer to and access those services.
- When people have needs that require additional support, expertise is not being coordinated to meet those needs, for example bringing people with expertise in learning disabilities together with sexual health practitioners.

Some communities need a different approach to improve and maintain their sexual health, including:

- Addressing stigma and perceptions that may be acting as barriers
- Building trust over time with professionals and services

Consistent and clear messaging, sexual health promotion and education for all those who may benefit from it, across the population, workforce and throughout the life course are not being delivered.

14.2 Recommendations:

Recommendations are presented in line with two of the themes identified throughout the needs assessment; relationships and system working and prevention, with the third theme of equity woven into all recommendations. It is hoped that a further important finding from this needs assessment, the necessity to normalise conversations about sex, sexual identity and sexual health within our communities and services to address stigma and encourage a positive sexual health culture, will be addressed by all the recommendations.

Relationships and system working

In order to strengthen governance and leadership for sexual health in Southampton, it is recommended that:

- The governance of sexual health outcomes in Southampton is agreed at both the place level and across the wider system.
- The needs assessment is presented to Southampton's Health and Wellbeing Board
- A sexual health network is developed in Southampton with representation from commissioners, public health, providers, primary care, pharmacy, professionals working with groups experiencing inequalities, education and the voluntary and community sector. This network will provide informal networking opportunities, as well as governance and action on sexual health in Southampton.
- Opportunities to bring sexual health into conversations at the system level are maximised, for example with regards health inequalities, the focus on people from ethnic minority communities, people with Learning Disabilities, as well as openings for joint working such as vaccination campaigns.

Networking and Engagement

In terms of networking and engagement, it is recommended that:

- The new Southampton Sexual Health Network agrees a vision and objectives for sexual health in Southampton and develop and monitor an action plan to address the recommendations in the HNA.

- The network supports development of primary care level capacity for sexual health, for example with training, and facilitate conversations to meet need across all services.
- The sexual health network monitors the currently unknown longer-term impacts of pandemic disruptions and the newer ways of delivering the service, with a shorter interval before sexual health needs are reassessed (e.g., through a rapid HNA).
- Using lessons learned from the Covid-19 vaccination campaign, sexual health champions and peer mentors will be developed with communities
- Solutions are co-designed and tested with communities to address specific aspects of the sexual health outcomes we and they would like to improve across the city.

Prevention

Primary prevention

Sexual Health Promotion

It is recommended that primary prevention focuses on sexual health promotion including:

- Developing a shared and collaborative annual sexual health promotion (SHP) plan for Southampton that includes RSE provision, training for the health and care workforce, campaigns and support for events such as Pride, World Aids Day (WAD), HIV Testing Week, Sexual Health Week, and Freshers Week at the universities
- An annual SHP plan using regular opportunities for universal communication with residents, as well as tailored communication (both in content and delivery) for the people we know are experiencing sexual health inequalities which is developed with them. In particular, young people (including the student population), men who have sex with men, the LGBTQ+ community, ethnic minority communities, people experiencing deprivation, people with learning disabilities, and potentially our new communities.
- The Sexual Health Network fostering relationships that allow communication between partners when sexual health promotion is required for emerging issues and improvement
- Refining local data to have a better understanding of who is being offered, accepts and continues to use PrEP. Using this knowledge, alongside the NICE guidance to increase awareness of PrEP availability amongst residents and the workforce.
- Supporting the school nursing service by promoting opportunities to have HPV vaccination in Years 9, 10 and 11 if missed in Year 8, as well as raising awareness of the availability of vaccination at GP surgeries for those over school age and up to 25 years.
- Integrating opportunities for wider health promotion within sexual health services, particularly where other activities increase sexual health risk (for example alcohol risk assessments and substance use).
- Harnessing the benefit of sexual health promotion within clinical services and not as a separate offer.

Relationships and Sex Education

To build on the current RSE provision in Southampton, it is recommended that:

- Existing forums for RSE and Personal, Social, Health and Economic Education (PSHE) are used to have a shared understanding of what is being delivered in which schools, what further input is required and where, including for our new communities.
- Additional focused RSE continues to be delivered to schools in areas with higher teenage pregnancy rates, acknowledging the link with deprivation, and explore via existing forums what other support those schools might need.
- Training is developed for anyone who works with and cares for people of any age with learning disabilities, to reduce the stigma associated with sex and sexuality and increase their confidence to talk about sexual health, better meeting their needs and reducing risk.

Secondary prevention

Access to services

For services to be accessible to residents and equitable, it is recommended that:

- Through the SHP plan, it is ensured that residents and the health and care workforce, as well as education and voluntary organisations, are aware what sexual health services are available in the city, where to go for that information and how to signpost and/or refer.
- Health and care touch points that provide opportunities to discuss sexual health and signpost to services are mapped, available levers are used to maximise these, working together to make sexual health a priority in those moments. This will include but not be limited to annual checks for people with learning disabilities, severe mental illness, children who are looked after, people accessing drug and alcohol services.
- When there are opportunities to review the venues services are delivered from, that they fit with what we know about how people move about the city, particularly people experiencing inequality, and where they would be comfortable accessing a sexual health service.
- The sexual health network monitors and assures sexual health services are responsive, including that:
    - Specialist sexual health service to continue with work already started to improve the patient experience at the front door
    - There is work with the other Local Authorities in HIOW, the ICB and Community Pharmacy South Central to identify solutions that promote consistency within the EHC service.

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

- The diversity of the sexual health workforce and patient forums is reviewed as this will have an impact on accessibility for different communities, with a commitment to improving representativeness for our communities.
- Online resources and services are scaled and adapted with consideration of equity – discuss with communities what they are comfortable accessing online and explore other options for remote contraception and STI testing.
- The equity audit of the clinical outreach service is used to assess whether it is reaching all groups highlighted as experiencing inequalities, and whether there is scope to broaden this type of delivery to other groups of people who find it difficult to access clinic settings.
- Women's awareness of and access to the full range of contraceptive choices is increased and women are supported to make the right choice for them. For example, by dispelling any myths that may be preventing them from choosing the most effective method.
- The Sexual Health Network oversees the restoration of opportunities for women to consider a LARC within the new EMA at home pathway.
- The offer of LARC in maternity services pilot is evaluated.

Testing

In order to optimise STI testing in Southampton it is recommended:

- To undertake an audit to investigate why full STI testing is not being taken up as readily, understand any patterns in who is and is not having a full screen, and explore ways to promote it, including to those more at risk from HIV and syphilis.
- To map the current opportunities for HIV testing in the city, their promotion and delivery.
- To ensure the approach to HIV testing is in line with NICE guidelines including HIV testing in GP practices and hospitals and explore the potential for point of care testing in the city.
- To support health professionals to recognise when to test for HIV, for example when it is clinically indicated or someone is registering for the first time, through existing and bespoke training.
- For the Sexual Health Network to oversee the restoration of opportunities for women to access STI testing within the new EMA at home pathway.

14.3 Next steps

The recommendations from this HNA will inform the development of a sexual health strategic vision, objectives and action plan for Southampton. These will replace the current sexual health improvement plan. The findings and recommendations will also inform a service review for the re-procurement of the level 3 specialist sexual health service, with the

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

current contract ending in March 2024. The evidence from this HNA will be used to generate local conversations at place and strategic discussions at system level. Through similar work being undertaken in our neighbouring Local Authorities, shared challenges and opportunities for coordinated and joint action can be identified.

15. Bibliography

British Association for Sexual Health and HIV. *Clinical Effectiveness Group guidance on tests for Sexually Transmitted Infection* (Staffordshire, UK: BASHH, 2015)

Department for Education, *Relationships Education, Relationships and Sex Education (RSE) and Health Education.* (London, UK: Crown, 2019)

Department for Education, *Schools, pupils and their characteristics 2020/21,* GOV.UK <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

Department for Health and Department for Children, Schools and Families, *Statutory Guidance on Promoting the Health*

and Well-being of Looked After Children (London, UK: Crown, 2022)

Department for Health and Social Care. *A Framework for Sexual Health Improvement in England* (London, UK: Crown, 2013)

Department of Health and Social Care, *Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025* (London, UK: Crown, 2021)

Department of Health and Social Care, *Women's Health Strategy* (London, UK: Crown, 2022)

Dhairyawan, R., Okhai, H., Hill, T., Sabin, C. 'A.b,c; for the UK Collaborative HIV Cohort (UK CHIC) Study Differences in HIV clinical outcomes amongst heterosexuals in the United Kingdom by ethnicity', *AIDS* 35,11 (2021):1813-1821

Faculty of reproductive and sexual health, *The Hatfield Vision*, The Faculty of Sexual and Reproductive Healthcare

Franklin, A., Raws, P. and Smeaton, E. *Unprotected, overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation* (Barkingside, UK: Barnardo's, 2015)

Garbutt, R., Boycott-Garnett, R., Tattersall, J. and Dunn, J. *Final Report: Talking about sex and relationships: The views of young people with learning disabilities* (Leeds, UK: CHANGE, 2010).

Government Equalities Office, *National LGBT Survey* (London, UK: Crown, 2018)

Hibbert MP, Wolton A, Weeks H, *et al*. 'Psychosocial and sexual factors associated with recent sexual health clinic attendance and HIV testing among trans people in the UK' *BMJ Sexual & Reproductive Health* 46 (2020):116-125.

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

Hughes, L. *Sex and Mental Health: Why we don't talk about it, and why we should*, (London, UK: Royal College of Psychiatrists, 2019)

Joint Committee on Vaccination and Immunisation, *JCVI statement on a one-dose schedule for the routine HPV immunisation programme, GOV.UK* <JCVI statement on a one-dose schedule for the routine HPV immunisation programme - GOV.UK (www.gov.uk)>

MacGregor L, Speare N, Nicholls J*, et al*. 'Evidence of changing sexual behaviours and clinical attendance patterns, alongside increasing diagnoses of STIs in MSM and TPSM' *Sexually Transmitted Infections* 97 (2021):507-513.

McGregor F *et al* (2018) 'Nurse-led sexual health clinics in hostels for homeless people' *Nursing Times* 114,5 (2018); 42-46.

Matthews C, Sophie Robin S, McAllister C. *A rapid joint strategic needs assessment of Women Selling Sex 'On Street'* (2020), Southampton City Council and Southampton City Clinical Commissioning Group.

Maxwell R J, 'Quality Assessment in Health' *Br Med J (Clin Res Ed).* 288,6428 (1984): 1470–1472.

Mercer CH, Tanton C, Prah P *et al*. 'Changes in sexual attitudes and lifestyles in Britain through the life course and over time: Findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal)'. *Lancet* 382(2013);1781-1794

Mercer C, Bailey J, Copas A. 'Women who report having sex with women: British national probability data on prevalence, sexual behaviours, and health outcomes' *American Journal of Public Health* 98,6 (2017)

Moores, S. *A hidden population: What are the sexual health needs of women who have sex with women?* (London, UK: The Faculty of Sexual and Reproductive Healthcare, 2017)

National Institute for Health and Care Excellence, *Abortion care* (2019), NICE

National Institute for Health and Care Excellence, *Cervical cancer and HPV* (2022), NICE

National Institute for Health and Care Excellence, *Contraceptive services for under 25s* (2014), NICE

National Institute for Health and Care Excellence, *HIV testing: increasing uptake among people who may have undiagnosed HIV* (2016), NICE

National Institute for Health and Care Excellence, *Long-acting reversible contraception* (2019), NICE

National Institute for Health and Care Excellence, *Reducing sexually transmitted infections* (2022), NICE

National Institute for Health and Care Excellence, *Sexually transmitted infections: condom distribution schemes* (2017), NICE

NHS England, Department of Health, Public Health England, *Improving the physical health of people with mental health*

problems: Actions for mental health nurses (London, UK: Crown, 2016)

NHS England, *NHS screening programmes: KPI reports 2021 to 2022* (2022), *GOV.UK* < NHS screening programmes: KPI reports 2021 to 2022 - GOV.UK (www.gov.uk)>

No Limits – *Southampton Schools and Colleges Health and Wellbeing Drop-ins. Performance monitoring report* January to March 2022.

Office for Health Improvement and Disparities, *Public health profiles (2022), fingertips.phe.org*

Office for Health Inequalities and Disparities. *Public Health Outcomes Framework* (2022), *Crown* <fingertips.phe.org.uk>

Office for Health Improvement and Disparities, *Sexual and Reproductive Health Profiles, Fingertips.phe.org.uk* <Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)>

Office of National Statistics, *2011 Census, ons.gov.uk* < 2011 Census - Office for National Statistics (ons.gov.uk)>

Office for National Statistics, *Sexual Identity, ONS* <Sexual identity - Office for National Statistics (ons.gov.uk)> (accessed 26 October 2022)

Public Health England, *Addressing the increase in syphilis in England: PHE action plan.* (London, UK: Crown, 2019)

Public Health England, *Changes to the National Chlamydia Screening Programme (NCSP) (2021), GOV.UK* < Changes to the National Chlamydia Screening Programme (NCSP) - GOV.UK (www.gov.uk)>

Public Health England, *Commissioning local HIV sexual and reproductive health services* (London, UK: Crown, 2013)

Public Health England, *Health matters: preventing STIs, GOV.UK* < Health matters: preventing STIs - GOV.UK (www.gov.uk)

Public Health England, *National HIV self-sampling service November 2018 to October 2019* (London, UK: Crown, 2020)

Public Health England, *Sexually transmitted infections and screening for chlamydia in England*, (London, Crown, 2019)

Public Health England, *Sexually transmitted infections: Promoting the sexual health and wellbeing of people from a Black Caribbean background* (London, UK: Crown, 2021)

Public Health England, *SPLASH supplement Southampton* (London, UK: Crown, 2021)

Public Health England, *Substance misuse services for men who have sex with men involved in chemsex* (London, UK: Crown, 2015)

Public Health England, *Teenage Pregnancy Prevention Framework* (London, UK: Crown, 2018)

Public Health England, *The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England* (London, UK: Crown, 2020)

Public Health England. *What do women say? Reproductive health is a public health issue* (London, UK: Crown, 2018).

Ramluggun,P., Tibbatts T., and Luby R. 'Promoting the sexual health of people living with severe mental illness'. *Mental Health Practice* 2020

Rough, E, *Early medical abortion at home during and after the pandemic* (2022), UK Parliament <Early medical abortion at home during and after the pandemic - House of Commons Library (parliament.uk)>

Solent NHS Trust, *Children in Care Health Team*, Solent NHS Trust <Children in Care Health Team | Solent>

Solent NHS Trust - Service Activity & Performance: Integrated Sexual Health Service

Southampton City Council, *Phoenix @ Pause Southampton: Business case for a sustained service*

Southampton City Council. *Southampton Children and Young People's Strategy 2022-2027, Southampton.gov.uk.* <MRD 1 - Children and Young Peoples Strategy 2022-2027.pdf (southampton.gov.uk)>

Southampton City Council. *Southampton City Health and Care Strategy 2020-2025, Southampton.gov.uk* <PowerPoint Presentation (southampton.gov.uk)>

Southampton Data Observatory, *Population dashboard, Southampton Data Observatory,* <Population Power Bi>

Southampton data observatory, *Sexual health dashboard* <Microsoft Power BI>

Terrence Higgins Trust and BASHH, *The State of The Nation. Sexually transmitted infections in England,* (London, UK: Terrence Higgins Trust, 2020)

Terrence Higgins Trust, *PEP (post-exposure prophylaxis for HIV)*, *Terrence Higgins Trust* <https://www.tht.org.uk/hiv-and-sexual-health/pep-post-exposure-prophylaxis-hiv>

The Royal College of Physicians, *Alcohol and sex: a cocktail for poor sexual health.* A report of the Alcohol and Sexual Health Working Party (London, UK: Royal College Physicians, 2011)

UK Health Security Agency, *HIV: annual data tables, GOV.UK* < HIV: annual data tables - GOV.UK (www.gov.uk)>

UK Health Security Agency, *HIV testing, new HIV diagnoses, outcomes and quality of care for people accessing HIV services: 2021 report* (London, UK: Crown, 2022)

UK Health Security Agency, *HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report* (London: Crown, 2022) < HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report - GOV.UK (www.gov.uk)>

UK Health Security Agency, *Monkeypox cases confirmed in England – latest updates, GOV.UK* <Monkeypox cases confirmed in England – latest updates - GOV.UK (www.gov.uk)>

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

UK Health Security Agency, *More cases of antibiotic resistant gonorrhoea identified in England, GOV.UK* <More cases of antibiotic resistant gonorrhoea identified in England - GOV.UK (www.gov.uk)>

UK Health Security Agency, *Sexually transmitted infections (STIs): annual data tables, GOV.UK* <Sexually transmitted infections (STIs): annual data tables - GOV.UK (www.gov.uk)>

UK Health Security Agency, *Spotlight on sexually transmitted infections in the South East* 2020 (London, UK: Crown, 2020)

UK Health Security Agency, *Standards English National Chlamydia Screening Programme* (London, UK: Crown, 2022)

UK Health Security Agency, *Summary profile of local authority sexual health Southampton, fingertips.phe.org.uk*

Wellings, Kaye *et al.* 'The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)' *Lancet,* vol. 382,9907 (2013): 1807-16

Data, Intelligence & Insight Team
Intelligence, Innovation and Change,
Southampton City Council, Southampton, SO14 7LT
E-mail: strategic.analysis@southampton.gov.uk
Website: https://data.southampton.gov.uk

Appendix 1: Level 3 sexual health clinics

Name of clinic	Location	Eligibility	Opening hours	Drop in or booked appointment	Service details
Royal South Hants Hospital	SO14 0YG	All	Monday and Thursday 8:30am – 7pm Tuesday and Wednesday 8:30am -5pm Friday 8:30 – 3pm	Booked (same day available) Under 18 drop in 3-6pm Mondays Self-referral	Contraception, HIV and GUM Psychosexual counselling available via referral from GP
Bitterne Health Centre	SO18 6BT	All	Wednesday 1:30 – 6pm	Booked Self-referral	
TULIP clinic	SO14 0YG	Anyone involved in commercial sex work.	Wednesdays: 12:30pm to 2:00pm and 5:00pm to 6:30pm	Walk-in	Contraception, HIV and GUM services
Clinic Xtra – Royal South Hants Hospital	SO14 0YG	Tailored services for men who have sex with men, regardless of HIV status	Thursday 5-7pm	Booked Self-referral	rapid HIV testing post exposure prophylaxis for HIV (PEPSE) advice and support for pre exposure prophylaxis for HIV (PrEP) hepatitis testing and vaccination

					STI testing and treating referrals for 1:1 support referrals for support around chemsex and substance misuse condoms and lube sexual health advice
The R.O.S.E clinic	SO14 0YG	Individuals who are at risk of sexual exploitation, all ages		Referral only	
No limits Southampton	SO14 2DF	Aged 13 to 25 and living in Southampton	Thursday 1:30 – 4:30pm	Booked Self-referral	Sexual health advice Contraception, including injections, implants and condoms STI screening and treatments Pregnancy testing Drop-ins in schools and colleges (condoms, STI testing and pregnancy testing) "let's talk" RSE in schools and colleges across Hampshire with Solent NHS trust.
Taunton College Young People Service	SO15 5RL	Students only	Term-time Mondays 1-3pm		
Sexual Health Information Education Learning Disability (SHIELD) clinic – Royal South Hants Hospital	SO14 0YG	People with LD		Booked Self-referral or referred by professional	Contraception, HIV and GUM services. Reasonable adjustments: Designated appointment time Minimised waiting room time Named nurses with a special interest in LD A named sexual health practitioner. Easy read information.

Online services by Solent NHS Trust	www.letstalkaboutit.nhs.uk				Appointment booking STI self-sampling test (over 18s only) chlamydia self-sampling test (16 to 24 years only) Condoms by post Signposting to other providers (e.g. the National HIV self-sampling initiative) Information on sexual health and contraception.
National HIV self-sampling service	Freetesting HIV | Free HIV Kits for Self-testing at Home	All	NA	NA	Self-sampling for HIV at home