Executive summary

This needs assessment has reviewed the changes that have taken place over the last five years. During this time the commissioning of specific sexual health services became a mandated responsibility of local authorities.

Sexual health is not a single issue: It is affected by varying things including childhood and adult experiences, vulnerability, lifestyle and mental health.

Mental health: This is a significant factor in sexual health behaviour and should not be underestimated. Identifying clear service referral pathways and understanding of harmful sexual behaviours across the system should be implemented.

Alcohol: There is much evidence on the impact of alcohol and sexual behaviour although much of this has focused on young people. Reviews suggested that sexual health services needed to look at alcohol use and as such Kent local authority have included these in-service specifications since April 2015. For example, the assessment which takes place for all receiving free emergency oral contraception through contracted pharmacies includes alcohol use. In 2016 a brief intervention took place with an average of 12% of clients per month.

Sexual abuse amongst children and young people has long lasting consequences not least for their future sexual health behaviours. There has been increase in the reporting of sexual abuse to police in Kent and greater awareness of child sexual exploitation. Supportive evidence-based programmes that work with children and young people to help them:

- understand and develop more healthy relationships
- have an increased awareness and confidence to respect themselves and others.

The NSPCC[i] have estimated that 16% of children aged under 16 experience some form of sexual abuse during childhood. This would equate to approximately 47,300 children under 16 years of age in Kent.

The police found a 36% [October 2015 - September 2016] increase in sexual offences reported by children and young people against the previous year. Those children and young people who were then in contact with the sexual assault referral centre [SARC] represent 12% of these cases reported to the police. There are fewer boys and young

men in contact with the SARC (7%). The majority of C&YPs seen in the SARC are aged 16-17 years.

Gender identity: That the differing needs of young LGBTQ are not being met locally is becoming more evident. There has been an observed increase in the number of people expressing or questioning their gender identity as seen through sexual outreach services and in forums identified to support individuals and their families/carers.

Reproductive health: A key public health outcome is to reduce the number of unwanted pregnancies. The NATSAL survey identified that 49% of pregnancies are unplanned or women are ambivalent towards them. Inconsistent contraception use or no contraception puts all women of reproductive years at risk of pregnancy.

The needs assessment highlights the availability of contraception. Contraceptives are accessible through a range of service providers in Kent: general practice, integrated sexual health services, 99 pharmacies offering emergency oral contraception, 152 general practices providing LARC and the Get it programme providing free condoms for young people from 264 sites and online.

Preconception care is an invaluable opportunity to proactively help reduce the level of excess weight amongst women of reproductive age.

Kent like England has decreasing teenage pregnancy rates with the rates in Kent (similar to England). In 2016 the rate of under 18 conceptions in England was 18.8 and Kent 18.5. In 2016 the rate of under 16 conceptions in England was 3.0 and Kent 2.9. In 2016 the districts with the highest rates of Under 18 conception rates per 1,000 15-17 female. population were Thanet (26.9), Swale (26.9) and Dover (23.9).

Genito urinary medicine: The data shows decrease in overall detected infections in Kent, but Kent is not meeting the two PHE public health outcomes which relate to health protection to reduce the:

- Rate of chlamydia detected per 100,000 young people aged 15-24 years. In Kent the rate is 1,272 compared to 1,882 in England in 2017
- Percentage of adults [aged 15 and above] newly diagnosed with HIV with a CD4 count less than 350 cells per mm^3.
  In Kent the rate is 56.8 compared to England 40.2 in 2014-16.

Chlamydia testing: Access to chlamydia testing for 16-24 year olds has changed in the last two years providing opportunity for home testing whilst the availability of testing kits in community settings stopped in October 2017. The average monthly detection from online testing was 11%. The importance of informing and advising young people/adults about perceived and actual risk is evidenced in the low rates of testing and detection. Lower percentages of sexual health screens amongst 16-19 year olds and 20-24 year olds on first attendances highlight the missed opportunities to screen for chlamydia infection.

Late diagnosis of HIV: A virus which does not necessarily present with symptoms HIV can remain undetected for years if testing is not undertaken. As seen in the prevalence rate of HIV diagnosis late in the stage of disease Kent is higher than England. Although actual numbers in Kent with late diagnosis of HIV are reducing the rates remain high when compared to the lowering England rate. The significance of appreciating personal risk and the opportunities to free HIV testing is understated. The reluctance of the population to test for HIV is evidenced in the sexual health services performance activity.

HIV: The increased use of protection against infection will help reduce transmission and effective partner notification will help reduce reinfection. However, when looking at the rate of change in the prevalence of diagnosed HIV per 1,000 population aged 15-59 years this is found to be highest in the districts of Maidstone, Gravesham and Thanet. That said there is a wide variation in prevalence rate and it is Dartford [1.98] and Gravesham [1.93] districts which have the highest prevalence rates. These areas should consider proactively testing all new GP registrants.

The burden of STIs is unevenly distributed across the county, geographically and amongst populations and is constantly changing.

- The districts with the highest rate of detected new sexually transmitted infections in 2017 were Canterbury and Thanet
- Canterbury and Swale districts had the highest rates of diagnosed genital warts in 2017.
- Canterbury district has the highest rate of diagnosed genital herpes with a rate of 61.5 per 100, 000 population, higher than the England average 56.7
- Dartford district had the highest rate of diagnosed gonorrhoea of 54.2 per 100,000 population higher than the South East average 45.9
- The districts of Dartford and Gravesham district had the highest rates of syphilis per 100,000 population 11.4 and 10.4 respectively, higher than the South East average of 9.5

- Young adults/people have the highest rates of detected STIs, 20-24 years, 15-19 years followed by 25-34 years.

Emerging themes

A key theme identified through this needs assessment is the continual lack of individual's awareness for their own and potential partner's risk to sexually transmissible infections. There is little awareness that most of the infections present with no symptoms and that all sexually active persons of any age are potentially at risk. Consequently, the need for protection is not considered. This would indicate that there are many undetected STIs in the population. This is seen in part through the rates of ectopic pregnancy and pelvic inflammatory disease in Kent which are and have been higher than the England average over the last three years. These conditions are more likely where there is undetected chlamydia or gonorrhoea.

A theme highlighted is the impact on sexual health and wellbeing, from those individuals reluctant to disclose or share personal experience. This is impacting on potential diagnosis of STIs, access to appropriate support and messaging on sexual health advice.

An important issue identified in this assessment is the change in the proportion of sexual health screens offered to first attendances at the specialist sexual health services. This has reduced significantly amongst females since the introduction of the integrated service model.

The need to further develop more flexible clinical provision to support and implement policy change or clinical guidance.

Compelling evidence about the need for a renewed emphasis and focus on preconceptual care to help improve conception, maternal and offspring health outcomes.

Service use suggests a changing use of sexual health services in terms of:

- increase in clinic attendances in Kent;
- reduction in the proportion of services used out of area;
- reduction in the percentage of young people 16- 24 years accessing clinics but similar use to England amongst under 16-year olds;
- increasing access to and uptake of online services – Get It and STI testing.

Service need is constantly evolving and specialist sexual health services are not necessarily best placed to provide the support needed. This includes individuals displaying harmful sexual behaviours or presenting with complex needs associated with long term conditions

Extended executive summary for commissioners

Service access

- To improve the uptake of cervical screening, through the expansion of cervical screening for those invited to attend for screening as part of the screening programme, once arrangements have been agreed nationally and regionally by NHSE to co commission this activity.

- Further work is needed to ensure pathways of care to specialist mental health services are clear specifically for those identified as LGBTQ

- Identifying clear service referral pathways and understanding of harmful sexual behaviours across the system should be implemented.

Service availability

- There is not the uniformity in service provision which is needed to address demand- specifically for symptomatic care in the evening and on Saturdays. This should be an aspect of service review.

- Review of service appointments only clinics from 2017/18 where DNA rates are high to help inform future service access

Service change

- Establishment with NHSE the assessment and care pathways for the ageing HIV positive population with multiple health needs.

- Support women to access planned contraception differently. Engage with NHSE and CCGs about the changing demands on specialist sexual health services from primary care to improve availability of and access to oral contraception differently such as online or rapid self-review whilst helping to reduce demand on primary care

- Engage with NHSE and CCGs about the changing 'referrals' for complex reproductive sexual health services [non-contraceptive procedures, lost threads]

- Provide evidence-based guidance and workforce development to enable sexual health services staff to respond to the need of clients from the impact of Adverse Childhood Experiences [ACE]s on their sexual health needs.

- Commissioning specialist service to support the specific identified and unidentified unmet needs of LGBT groups such as utilisation of the psychosexual services in colleges building on the model piloted.

- Proactive support working with the whole system to embed and improve preconception health.

Service information

- Development and distribution of a communication about what the clinical and non-clinical services do and do not offer.

- Increase the interactivity capability of the sexual health website to

    - enable persons to book clinic appointments online [This would need monitoring to review if this system reduces DNAs]
    - provide a search option for clinic opening times and service by days of the week/times /location
    - provide webchat as a key component of service provision and monitor impact on service use and providers

- Integrate further service analysis and feedback of young people [under 18s] for service development

Service investment

- Levels of investment and outcomes should be taken into account.

Recommended calls to action

For services

- Commencement of a six-month research programme to introduce and compare chlamydia diagnoses through vulval and rectal swabbing amongst women in MTW NHS Trust who have sought ethical approval to undertake this research

- There is a need to review provider approaches to testing, as variation was found in the provider survey, to ensure that there is consistent equitable screening at first attendances to females. Lower percentages of sexual health screens amongst 16-19 year olds and 20-24 year olds on first attendances highlight the missed opportunities to screen for chlamydia infection.

- HIV testing amongst new registrants to practices in North Kent.

- Collaborative review and shared learnings of late diagnosis of HIV across primary and secondary care should be supported by NHSE.

- Increasing awareness of the impact of smoking on sexual health through sexual health services and online could be beneficial.

- Targeted and focused preconception care to reduce the level of excess weight amongst women of reproductive age and promote the importance of preparing for conception

- Implementation of proactive dialogue to identify those clients accessing the services affected by Adverse Childhood Experiences [ACE]s to better understand sexual health behaviour and or risks

For public health

- There is a suspected gap in services for young people under and over 16 years of age displaying harmful sexual behaviours. An audit of the same should be undertaken with subsequent development of shared agreed pathways of care following NICE guidance for those children and young people displaying harmful sexual health behaviours making use of available evidence-based framework[ii] This will identify gaps in provision and workforce development need.

- Design and implementation of a campaign to increase awareness of common STIs, who is at risk of an STI and the fact that they are often not visible. The campaign would also need to shift a change in the attitude of those testing through someone else.

- In collaboration with the campaign activity, advise and promote information about those 'symptomatic' conditions which can be treated from over the counter treatment at pharmacies for example *thrush.*

- Focusing on the areas identified in chapter 3 of this health needs assessment are recommended for the sexual health network to help further improve service developments. This should continue to engage with providers, commissioners [NHSE, CCGs, KCC], mental health, alcohol and drug services, domestic abuse, sexual assault, prison health services and PHE.

- Engage in further research opportunities to inform and influence policy to promote and prevent poor sexual health outcomes.

- Action research is needed to understand how best to engage with and support asylum seekers, migrants and refugees to address their sexual health needs.

- Inclusion of preconception care as part of the strategy and priorities to proactively address obesity, nutrition and lifestyle behaviours amongst women in the reproductive years. This will include integration with the LMS and STP and require workforce development.

- Prioritising and embedding preconception health to improve understanding of the impact of poor conception health on population health.

[i] Cawson, P., Wattam, C., Brooker, S. and Kelly, G. Child maltreatment in the United Kingdom. NSPCC. 2000

[ii] Hackett, S., Holmes, D. and Branigan, P. (2016) Operational framework for children and young people displaying harmful sexual behaviours. London: NSPCC.