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Sexual Health Rapid Needs Assessment

Torbay Public Health Team

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Glossary of terms

AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Treatment
BASHH	British Association of Sexual Health and HIV
BHIVA	British HIV Association
BPAS	British Pregnancy Advisory Service
CCG	Clinical Commissioning Group
CD4	Type of white blood cell (T-Lymphocytes) which fight HIV infection.
CSE	Child Sexual Exploitation
DASR	Directly Age Standardised Rate
FSRH	Faculty of Sexual and Reproductive Health
GP	General Practitioner
GUM	Genito-Urinary Medicine
HIV	Human Immuno-Deficiency Virus
HPV	Human Papilloma Virus
HSV	Herpes Simplex Virus
IUD	Intra-Uterine Device
IUS	Intrauterine System
LARC	Long –Acting Reversible Contraception
LGBTQ+	People who are Lesbian, Gay, Bisexual, Trans, Queer, Questioning and Intersex
MSM	Men who have sex with Men
NATSAL	National Attitude Survey and Lifestyle Survey
NDHT	Northern Devon Healthcare Trust
NHSE	NHS England
NICE	National Institute of Clinical Excellence
ONS	Office for National Statistics
PHOF	Public Health Outcome Framework
RCGP	Royal College of General Practitioners
RCOG	Royal College of Obstetricians and Gynaecologists
SARC	Sexual Assault and Referral Centre
SDTFT	South Devon and Torbay NHS Foundation Trust
SRE	Sex and Relationships Education
SRH	Sexual and Reproductive Health
WHO	World Health Organisation

1. Executive summary

This rapid Health Needs Assessment is structured to give an overview of Sexual Health in Torbay. Sexual Health in Torbay is generally fair. There is good access to clinics and services across Torbay ranging from Primary Care in Pharmacies and GP surgeries to outreach and specialist contraceptive and genito-urinary medicine (GUM) services.

The scope of this Sexual Health Rapid Needs Assessment is:

- Conceptions, contraception and abortions amongst adults and young people in Torbay.
- Sexually transmitted diseases, including HIV profile for Torbay.
- Sexual offences profile for Torbay
- Young people specific sexual health profiles for Torbay
- The current service provision
- Recommendations for focus and development

The Health and Social Care Act (2012) brought change to the responsibilities of the NHS and local authorities, with many of the public health functions moving from Primary Care Trusts to local government from 2013. Figure 1 summarises the commissioning responsibilities for local authorities, Clinical Commissioning Groups (CCGs) and NHS England. Local authorities are **mandated** to commission confidential, open access service for sexually transmitted diseases (STIs) and contraception.

Nationally, the Department of Health document 'Framework for Sexual Health Improvement in England (2013)' identifies a vision to improve the Sexual Health of the whole population. This includes acknowledging and reducing inequalities and improving sexual health outcomes; building an open and honest culture where everyone is able to make informed and responsible choices about relationships and sex; and recognising that sexual ill health can affect all parts of society, often when it is least expected. The Public Health Outcomes Framework identifies three priority key indicators which represent the need for a sustained and focused effort so as to improve outcomes. These are:

1. Rate of conceptions per 1,000 females aged 15-17
2. Rate of Chlamydia detection per 100,000 young people aged 15 to 24
3. Percentage of adults (aged 15 or above) newly diagnosed with HIV with a CD4 count less than 350 cells per mm³

Locally, the overall current sexual health picture for Torbay is varied. Improvements are being made in several areas and some issues are continuing to remain worse than regional and comparator areas; there remains work to be done. The Public Health England Sexual Health outcomes framework fingertips web tool offers a useful overview of areas of success and areas for improvement <http://fingertips.phe.org.uk/>.

Significant progress and improvements has been made in Torbay Teenage Conception rates. The rate in 1998 (start of the national teenage conceptions strategy) in Torbay was: 55 per 1000. In 2015, this had reduced to 22.9 per 1000. This is still higher than the national and regional average but shows that since 1998, Torbay has reduced its Teenage Conception rate by 43.8%. With regard to chlamydia amongst 15-24 year olds; the diagnosis rate has declined, meaning that Torbay is similar to the national rate, whereas the Torbay detection rate is higher than the national and regional rates. This indicates that services are performing well and reaching the most at risk populations and testing and treating them effectively.

Abortion rates for 18-24 are significantly higher than the regional and national averages. The proportion of abortions taking place under 10 weeks (which is often preferable due to improved outcomes) is good with the majority taking place early. HIV late diagnosis rates are higher than both the regional and national figures however the diagnosed prevalence rate in 15-59 year olds is significantly lower than the England average. Overall, the rate of newly diagnosed sexually transmitted infections over the total population (excluding chlamydia in under 25's) has decreased from 910 per 100,000 in 2012 to 756 per 100,000 in 2015. This is similar to the national picture.

Young Peoples Sexual Health

The majority of under 18 conceptions in Torbay are amongst the 16 and 17 year olds, which indicates that underage sexual activity is not necessarily a driving factor. The higher rates of teenage conceptions are co-terminous with those local authority wards that have high rates of deprivation in Torbay. A key strategy for improving these rates and the sexual wellbeing of teenagers includes access to timely and friendly youth contraceptive and sexual health services as well as age-appropriate Sex and Relationship (SRE) in schools and colleges supported by non-judgemental staff. Addressing poverty and deprivation in key local wards is also an essential component of addressing this issue long term. The rate of under 18's conceptions in Torbay (see figure 4) has followed a downward trend since 2008 (n=159), now at a rate of 22.9 per 1,000 in 2015 (n=50). Although still higher than the England (20.8 per 1,000) and South West rates (16.8), there has been a marked decrease achieved.

In Torbay, an estimated 14.4% of 15-19 year old women and 11.7% of 15-19 year old men who presented with a new STI at a specialist Sexual Health Clinic during the 5 year period from 2011 to 2015 became reinfected with an STI within 12 months. Chlamydia diagnosis rates per 100,000 population in Torbay have declined since 2012, when they were higher than the national rate (509 per 100,000). The 2015 Chlamydia detection rate for 15-24 year old males and females in Torbay was 2,562 per 100,000. It is recommended by Public Health England that local areas should aim to achieve chlamydia detection rate of at least 2,300 (per 100,000 populations) among 15-24 year olds.

Conception, Contraception and Abortion (Adults & Young People)

Conceptions in are similar to the rest of England, albeit at a slightly higher rate. Long-acting reversible contraception (LARC) is available through specialist contraceptive services and within many General Practice settings in Torbay, The overall prescribing rate for LARC (excluding injections) prescribed by GP and sexual and reproductive health services in Torbay is 66.8 per 1,000 resident female population aged 15-44 (n=1,387) which is significantly higher than both the South West (63.0) and England (48.2) values.

Since 2012, the total crude abortion rate for Torbay has increased from 19.4 per 1,000 females aged 15-44 (n= 398), to 22.5 in 2015 (n=474). The abortion rate for Torbay is higher than the regional and national averages across all age groups. The Directly Age Standardised Rate (DASR) for abortion across all ages is 22.3 in Torbay, which is significantly higher than DASR for both the South West (13.2) and England (16.2). Repeat abortions are increasing both locally and nationally. . In 2015, the proportion of repeat abortions carried out in Torbay (39%) was comparable to the regional (36%) and national averages (38%) across all ages (females aged 15-44). In 2015, 75.7% of abortions in Torbay were performed under 10 weeks (n=358). The proportion of abortions under 10 weeks for Torbay is lower than the national (80.4%) and regional (79.6%) averages (figure 16). A further 16.7% of abortions (n=79) in Torbay were carried out between 10 and 12 weeks gestation accounting for a total of 92.2% of abortions (n=437) carried out under 13 weeks, which is in line with national figures. The proportion of abortions carried out in Torbay in 2015 was 55.5% medical to 44.5% surgical, similar to the ratio of medical to surgical abortions carried out in England over the same time period

Sexually Transmitted diseases, including HIV

By the end of 2015, there were approximately 101,200 people in the UK living with HIV. It is estimated that 13% of people with HIV are unaware of their status.¹ The routes of transmission in Torbay are similar to the national profile, with a significant proportion being male and a high proportion of males having acquired HIV through sex with other men. Since 2011, there has been a slight upward trend in diagnosed HIV prevalence for Torbay which follows regional and national trends. 53% of people diagnosed with HIV in Torbay were late diagnoses (n=8), for the period 2013-15. This is significantly higher than both the regional and national figures of 41.1% and 40.3% respectively. Trends in HIV late diagnosis in Torbay show variation on an annual basis, this is in part due to small numbers. In 2015, the total coverage of HIV testing in Torbay was 60.5% with an uptake of 67.5%. With men who have sex with men (MSM), coverage was 84.2% and uptake was 93.0%.

Torbay has a genital herpes diagnosis rate of 45.6 per 100,000 population in 2009 (n=60) which is similar to regional and national rates. Torbay has experienced a steady increase since then, greater than both regional and national averages with a rate of 79 in 2015. worth noting that the introduction of more reliable testing methods for genital herpes may have increased the thresholds for testing and diagnosis

Human Papilloma Virus (HPV) is the most prevalent STI in the UK. HPV vaccination is now available to females (aged 12-14) protecting against two strains of genital warts which cause over 70% of cervical cancers². Torbay is consistently achieving lower than national and regional proportions of HPV vaccination coverage in females aged 12-13 in 2013/14.

Genital warts diagnoses rates per 100,000 populations in Torbay are following a similar trend to national and regional rates in 2015 the rate was 148.9 (n=198) which was higher than the England value of 118.9. There has been a slight decrease in diagnosis rates over the previous four years.

Gonorrhoea diagnosis rates in Torbay for 2015, 21.8 per 100,000 population (n=29), are significantly lower than the national average of 70.7 per 100,000. Particular groups experience higher rates, particularly amongst some minority ethnic groups and MSM groups with higher levels of partner change and concurrency. Low numbers of syphilis diagnoses in Torbay (n=5) means the trend since 2009 shows large variability in rates across the time period

¹ HIV in the UK 2016 report (2016) Public Health England

² <http://www.nhs.uk/Conditions/vaccinations/Pages/hpv-human-papillomavirus-vaccine.aspx> (accessed 09/02/17)

Sexual Offences

The rate of sexual offences has been increasing nationally since 2010/11 (Figure 29), with Torbay showing a similar trend with a 2015/16 rate of 1.9 per 1,000 population (n=251) which is not significantly different from the England rate of 1.7. There are local approaches and workstreams dedicated to Domestic Abuse, Child Sexual Exploitation and Sexually Harmful Behaviours.

Current Service Provision

Current services provided within Torbay are delivered by a range of suppliers and are commissioned by a range of commissioning. This is summarised in the table below.

Sexual Health and reproductive health services in Torbay commissioned by Torbay Council

Name of provider	Outline of services	Commissioning arrangement
Torbay and South Devon NHS Foundation Trust	Integrated contraception and Sexual Health	Torbay Council Public Health contract (Devon County Council signatories to this contract)
General Practice Public Health Contract 2016- 2018	LARC IUD / IUS & SDI Chlamydia screening 13-24 year olds	Torbay Council Public Health Contract / joint specification with Devon County Council
Torbay and South Devon NHS Foundation Trust	Outreach service for 13-24 year olds: targeted contraception aimed at YP in Torbay in community settings	Torbay Council Public Health contract
Torbay Pharmacies	Delivery of EHC & Chlamydia screening to young people aged 13-24	Torbay Council Public Health contract / joint specification with Devon County Council
The Eddystone Trust	HIV Prevention, safer sex resources, outreach and Sexual Health training	Torbay Council Public Health contract (Devon County Council share and lead on this contract
Secondary schools, FE Colleges, statutory and voluntary young people's services and other targeted locations	The Torbay C-Card condom distribution scheme for young people aged 13-24	Young People organisations provide C-Card as part of work with young people, TSDHFT tSMS service provider leadership and management of the scheme as part of current contract

There are interdependencies amongst services contributing to the Sexual Health and wellbeing of the Torbay population and subsequent outcomes across the population. The

interdependencies are central to the service user experience where prompt and seamless transitions have a direct impact on patient wellbeing and wider outcomes. Torbay and South Devon NHS Foundation Trust currently operate a hub and spoke system with a main clinic based at Castle Circus Health Centre in Torquay and key satellite clinics in Newton Abbot, Paignton and Brixham. Services are provided across the Torbay and South Devon area, as defined by the South Devon and Torbay Clinical Commissioning Group footprint.

The C-Card is a condom distribution scheme which offers all young people aged 13-24 access to free condoms, information and guidance around Sexual Health and relationships. The scheme has been in Torbay since 2008 and is managed by Torbay and South Devon NHS Foundation Trust (tSMS). The C-Card scheme offers interventions around Sexual Health and relationships and the scheme activity are delivered by wider statutory and voluntary bodies. C-card is delivered to young people by a range of general practice surgeries; youth work voluntary organisations, colleges, children's services departments and community pharmacies. The majority of current provision is delivered through Torbay and South Devon NHS Foundation Trust's Youth Sexual Health Outreach Team. There is a gap in information around C-Card need, demand and delivery. The supporting database is in need of an upgrade to reflect location, age, demand and to support better targeting of interventions. There is also a low take up of C-Card amongst young adults aged 17-24. Whilst the majority of activity takes place with under 16s and in educational settings, there are opportunities to increase young people's awareness of C-Card and to increase motivation and use of the scheme amongst young sexually active adults over the age of 18.

The Torbay Chlamydia screening programme is delivered across the Bay area through tSMS sites based in Torquay, Brixham, Paignton, youth outreach settings (schools), youth organisations (such as checkpoint), Children's Services (e.g. Integrated Youth Support Service) Further Education College sites, GP surgeries and pharmacies. Chlamydia testing kits are also available through the website.

In Torbay and Devon there is also a scheme which offers Emergency Hormonal Contraception (EHC) and Chlamydia screening from community pharmacies to all eligible 13-24 year olds. General practices are able to provide Long Acting Reversible Contraception (LARC) to patients in Torbay.

Recommendations

Recommendations to improve sexual health in Torbay include

- Continue to embed Chlamydia screening across universal and targeted provision in community settings and in Sexual Health clinics
- Continue to deep dive to understand the locally contributing factors of late HIV diagnosis across Primary and Secondary care settings and to improve the uptake of HIV testing within Torbay Sexual Medicine Service
- A joined up approach to positive Sexual Health and negative Sexual Health (e.g. Child Sexual Exploitation / Sexually Harmful Behaviours / Sexual Offences) could benefit outcomes and interventions with target populations.
- Deeper work into understanding and segmenting the needs of specific groups could help to shape enhanced offers or pathways, for example, the needs of 16-24 year old men and women
- Improve the data reporting of the C-Card in order to better understand the needs and demands and take up amongst groups and within localities which may require additional input in order to realise better sexual and reproductive health outcomes
- Develop the sexual health offer for 17-24 year old young men and women
- Improve service user feedback mechanisms – all services and commissioners could improve the approach to service user feedback and to ensure that regular and meaningful feedback takes place
- When addressing wider determinants of health within Torbay, include efforts to improve the sexual and reproductive health and wellbeing of Torbay residents

2. Introduction

Sexual Health and wellbeing is an ever changing subject which crosses over the realms of the personal, professional and political. One of the defining features of how society has changed over the last 60 years has been the development of sex, sexuality and Sexual Health. From the contraceptive pill first being available to married women through the NHS in 1961 and the impact this had on women and men's choices through to the social impact of the Abortion Act in 1967 and now the advent of HIV Pre-Exposure Prophylaxis or 'PrEP' in 2016, Sexual Health in its widest sense is an ever changing subject, which often draws interest, curiosity and at times, controversy.

The commissioning of open-access³ Sexual Health services in Torbay is a statutory requirement of Torbay Council. To support this, this rapid Sexual Health needs assessment has been undertaken to inform the development of a Sexual Health strategy for Torbay and future commissioning of services.

Rapid sexual health needs assessment

A Sexual Health needs assessment offers a strategic review of Sexual Health needs, current service provision and delivery in order to improve the Sexual Health of the population. A rapid health needs assessment was undertaken in between January – April 2017 with a focus on services delivered or commissioned by Torbay Council. The information used for the assessment includes routinely available epidemiological information from a variety of sources and service information.

This needs assessment aims to provide a view of Sexual Health epidemiology, local patterns and trends and current service levels in Torbay. This has been written in a similar format to Devon County Council's rapid Sexual Health needs assessment to make it easier for any reader or prospective Supplier to understand the similarities and differences between to two local authority footprints. The scope of this document is:

- Conceptions, contraception and abortions amongst adults and young people in Torbay.
- Sexually transmitted diseases, including HIV profile for Torbay.

³ GUM 'Open Access' defined in a recent Health Select Committee hearing (accessed 09/05/17)
<https://www.publications.parliament.uk/pa/cm201011/cmselect/cmhealth/513/513vw109.htm>

- Sexual offences profile for Torbay
- Young people specific sexual health profiles for Torbay
- The current service provision
- Recommendations for focus and development.

There are various Sexual Health needs, services and issues which are outside of the scope of this needs assessment and whilst mention is made of these, no detailed analysis has taken place within this document. These include Sex and Relationship Education, Teenage Parenthood, Child Sexual Exploitation and Sexual Assault Referral Centres. The report should be considered alongside other documents, including but not limited to:

Strategies:

- Torbay and South Devon Joint Health and Wellbeing Strategy (2015-2020)
- Torbay Joint Health and Wellbeing Strategy (2015-2020)
- Torbay Alcohol Strategy (2016-2020)
- Healthy Torbay Strategy (2015)
- Children and Young Peoples Plan (2014-2019)

Health Needs Assessments:

- Torbay Joint Strategic Health Needs Assessment (ongoing)
- Torbay Children's Safeguarding Board Annual Report and Business Plan (Feb 2017)
- Domestic Abuse and Sexual Violence Needs Assessment (2017)⁴
- Devon County Council Lesbian, Gay, Bisexual and Transgender Health Needs Assessment (2014)

Sexual health and how it is commissioned

Many different factors can influence relationships and safer sex, including:

- Personal attitudes and beliefs
- Social norms
- Peer pressure
- Religious beliefs
- Culture
- Confidence and self – esteem
- Misuse of drugs and alcohol

⁴ Pending publication

- Coercion and abuse⁵

The World Health Organisation defines Sexual Health as:

‘Sexual Health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For Sexual Health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled’

World Health Organisation (WHO) definition (2006)

The Health and Social Care Act (2012) brought change to the responsibilities of the NHS and local authorities, with many of the public health functions moving from Primary Care Trusts to local government from 2013. Figure 1 summarises the commissioning responsibilities for local authorities, Clinical Commissioning Groups (CCGs) and NHS England. Local authorities are **mandated** to commission confidential, open access service for sexually transmitted diseases (STIs) and contraception.

Figure 1. Outline of Sexual Health Commissioning responsibilities

NHS England	Clinical Commissioning Groups	Local Authorities
<ul style="list-style-type: none"> • Contraceptive services under the GP contract • HIV treatment and care services for adults and children (incl cost of treatment) • PEP & PrEP • Testing & treatment for STIs in GP settings • HIV testing when clinically indicated in NHS England commissioned services • All Sexual Health 	<ul style="list-style-type: none"> • Abortion services (including STI, HIV and contraceptive services within abortion pathway) • Female Sterilisation • Vasectomy • Non-Sexual Health elements of psychosexual Health services • Contraception for non-contraceptive purposes • HIV testing in CCG – 	<p>Comprehensive Sexual Health services, which includes:</p> <ul style="list-style-type: none"> • Contraception and advice on preventing unintended pregnancy in specialist services • Additional contraception in Primary Care (LARC) • STI Testing and treatment in specialist services (including NCSP: National

⁵ ‘A Framework for Sexual Health Improvement in England’ (2013) Department of Health

NHS England	Clinical Commissioning Groups	Local Authorities
<p>elements of healthcare in secure and detained settings</p> <ul style="list-style-type: none"> • Sexual Assault Referral Centres • HPV immunisation programme • Specialist foetal medicine service • Screening in Pregnancy for HIV, Syphilis and Hep B 	<p>commissioned services (including A&E & wider departments)</p>	<p>Chlamydia Screening Programme)</p> <ul style="list-style-type: none"> • Sexual Health aspects of psychosexual counselling • Specialist services (e.g. HIV prevention / young people's services, Sexual Health promotion)

(Adapted from Public Health England 'Making it Work – A guide to whole system commissioning for Sexual Health, reproductive health and HIV' – revised 2015)

Sex and relationships education

Local Authority maintained schools in England are obliged to teach sex and relationships education (SRE) from age 11 upwards, and must have regard to the Government's SRE guidance⁶. While there is no current obligation on academies and free schools, if they do teach SRE, they must have regard to the guidance.⁷ This will change as a result of the Children and Social Work Bill which is intended to come into effect from September 2019, when all Primary and Secondary schools will be required to deliver Relationship and Sex Education (RSE).⁸ This is likely to have a positive impact on the extent and quality of RSE taught to children and young people nationwide and in Torbay.

⁶ Sex and relationship education guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283599/sex_and_relationships_education_guidance.pdf accessed 3/2/17

⁷ Sex and Relationships Education in Schools (England) Briefing paper 06103 House of Commons library Dec 2016

⁸ Children and Social Work Act 2017 Chapter 4 relationships, Sex and PSHE Education

<http://www.legislation.gov.uk/ukpga/2017/16/part/1/chapter/4/enacted> accessed 09/05/17

3. National picture

Sexual behaviours

The majority of adults in England are sexually active. Sexual attitudes and behaviours are shifting and changing over time. The three National Attitudes and Lifestyles Survey (NATSAL) surveys show a range of changes over the last 30 years regarding sex and relationships. These studies evidence a range of sexual behaviours that may have an impact on the sexual health of the individuals concerned. These must be considered when commissioning a modern sexual health system:

- The majority of young people have their first sexual intercourse from aged 16 and over – some young men and women do experience sex before 16, but most do not.
- There has been an increase in the number of opposite-sex partners people reported, The average number of opposite sex partners in a lifetime is 11.7 for men is and 7.7 for women.
- More people are reporting same-sex experiences. 16% of women and 7% of men have had a same sex experience, showing an increase from 4% for women and 6% for men since the 1990s
- 10% of men and 11% of sexually active women were distressed or worried about their sex lives
- More people are reporting to have had an HIV test or going to a Sexual Health clinic. It is encouraging to see that these increases particularly amongst those at highest risk, such as people who reported as having had more partners
- A decline in in the frequency of sex among those aged 16-44 with an opposite sex partner in the previous four weeks. Down from five times per week in 1990, four in 2000 and three in 2010 – for both sexes.
- One in 10 women and one in 71 men said that they had experienced non-volitional sex since age 13.⁹

Policy, monitoring and impact

Nationally, the Department of Health document 'Framework for Sexual Health Improvement in England (2013)' identifies a vision to improve the Sexual Health of the whole population. This includes acknowledging and reducing inequalities and improving sexual health outcomes; building an open and honest culture where everyone is able to make informed and responsible

⁹ 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. 2013

choices about relationships and sex; and recognising that sexual ill health can affect all parts of society, often when it is least expected.

The Public Health Outcomes Framework identifies three priority key indicators which represent the need for a sustained and focused effort so as to improve outcomes. These are:

1. Rate of conceptions per 1,000 females aged 15-17
2. Rate of Chlamydia detection per 100,000 young people aged 15 to 24
3. Percentage of adults (aged 15 or above) newly diagnosed with HIV with a CD4 count less than 350 cells per mm³

Significant national progress has been made on:

- Access to specialist genito-urinary medicine (GUM) services through the promotion of accessible services improved through the expansion and integration of service delivery outside of specialist services, particularly in the community and general practice¹⁰
- Teenage Conception where rates have fallen to their lowest levels since the start of the teenage conception strategy in 1999.
- Increasing the use of more effective long-acting methods of contraception.
- Improving ante-natal screening for HIV, syphilis and hepatitis B.
- Greatly reducing the rates of mother-to-child transmission of HIV and congenital syphilis.

Further work is needed on improving age-appropriate sexual and reproductive education, information and support so that people are better able to make informed, responsible decisions. Some groups disproportionately bear the burden of sexual ill health. These health inequalities in sexual and reproductive health affect men who have sex with men (MSM), young people, women and black and minority ethnic populations.

Nationally, the under 18 conception rate in 2015 was 21.0 conceptions per 1,000 women aged 15 to 17. This is the lowest rate recorded since comparable statistics were first produced in 1969. The estimated number of conceptions to women aged under 18 fell to 20,351 in 2015, compared with 22,653 in 2014, a decrease of 10%. Conception rates in 2015 increased for women aged 25 years and over, and decreased for women aged under 25 years.

“Conception rates in England and Wales, for women aged under 18, declined by 8% in 2015. Similar decreases were recorded for both maternities and abortions in this age

¹⁰ Extract from ‘A Framework for Sexual Health Improvement in England’ (2013) Department of Health

group. Under 18 conception rates have declined by 55% since 1998, whilst for women aged 30 and over conception rates have increased by 34%.”

Nicola Haines, Vital Statistics Outputs Branch, Office for National Statistics.

4. Local picture

The aim of the joint health and wellbeing strategy is '*building a health community*'. This strategy recognises that wellbeing is about physical health and the absence of disease but also psychological and social health. This is also true of sexual health and its wider associated factors. The overall current sexual health picture for Torbay is varied. Improvements are being made in several areas and some issues are continuing to remain worse than regional and comparator areas; there remains work to be done. The Public Health England Sexual Health outcomes framework fingertips web tool offers a useful overview of areas of success and areas for improvement (Figure 2). <http://fingertips.phe.org.uk/>.

Successes to date

Significant progress and improvements has been made in **Torbay Teenage Conception** rates. The rate in 1998 (start of the national teenage conceptions strategy) in Torbay was: 55 per 1000. In 2015, this had reduced to 22.9 per 1000. This is still higher than the national and regional average but shows that since 1998, Torbay has reduced its Teenage Conception rate by 43.8%.

With regard to **chlamydia amongst 15-24 year olds**; the diagnosis rate has declined, meaning that Torbay is similar to the national rate, whereas the Torbay detection rate is higher than the national and regional rates. This indicates that services are performing well and reaching the most at risk populations and testing and treating them effectively.

Abortion rates for 18-24 are significantly higher than the regional and national averages. The proportion of abortions taking place under 10 weeks (which is often preferable due to improved outcomes) is good with the majority taking place early.

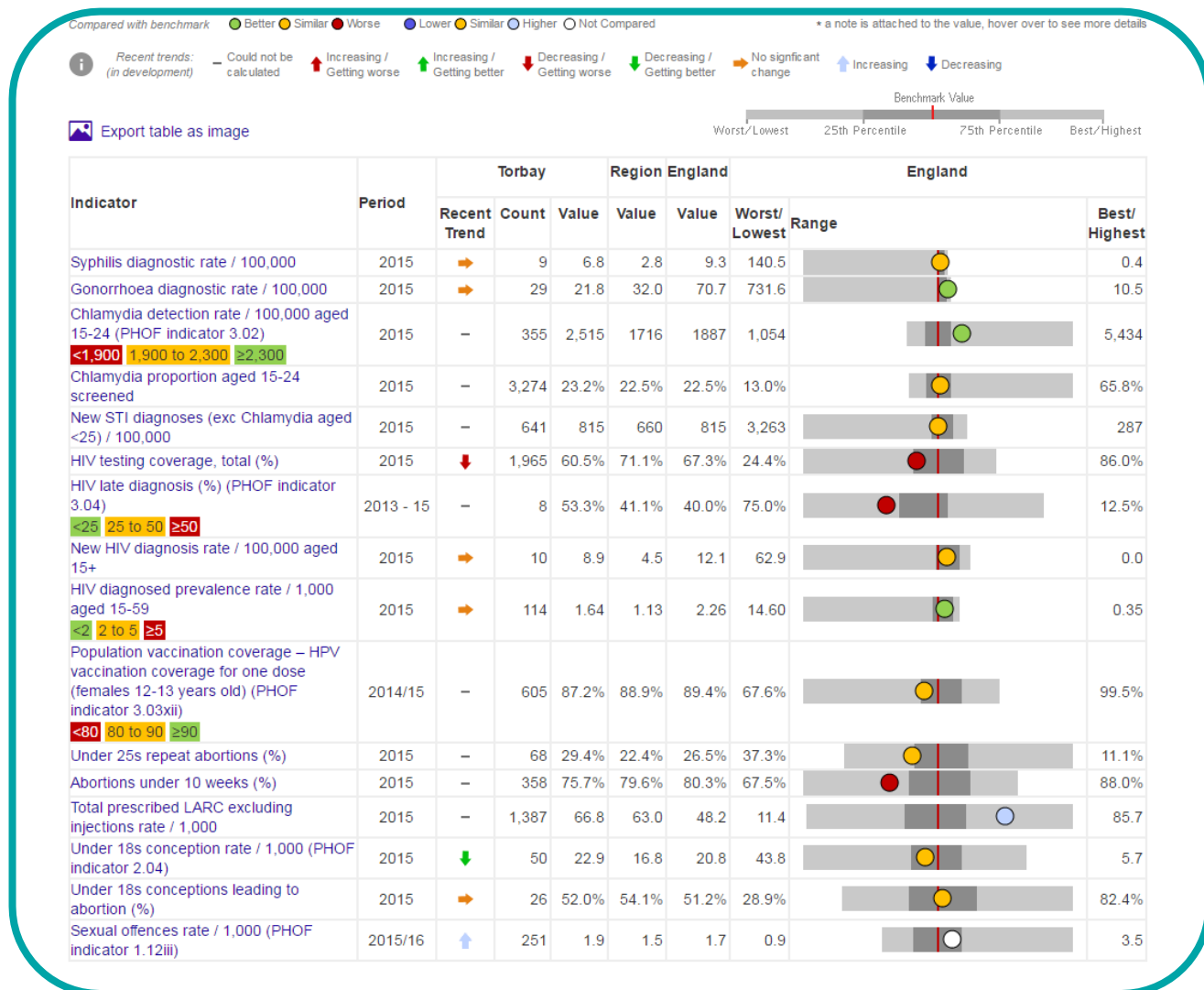
Areas for improvement

Abortion rates are higher than both the regional and national rates.

HIV late diagnosis rates are higher than both the regional and national figures however the diagnosed prevalence rate in 15-59 year olds is significantly lower than the England average.

Overall, the rate of newly diagnosed sexually transmitted infections over the total population (excluding chlamydia in under 25's) has decreased from 910 per 100,000 in 2012 to 756 per 100,000 in 2015. This is similar to the national picture.

Figure 2. Public Health Outcomes Framework for Torbay – 2015



Source: Public Health England (Mach 2017)

Sexual Health and Wellbeing is strongly linked to the wider determinants of health. A broad range of factors impact on sexual health. This is detailed further in Appendix 1.

Socio-demographics

The population of Torbay is typical of many coastal areas¹¹. There are pockets of significant deprivation, ageing populations and a local economy linked to seasonal employment. In summary:

- The population of Torbay is estimated at 133,000 and is predicted to increase by 4.9% between 2015 and 2025
- The over 70 population is expected to increase by around 28.1% from 24,000 to 20,700 by 2025 (29.2% in England)
- Torbay has a lower than average number of young people (aged 19 and under) at 21.1% (South West 22.6%, England 24%)
- Torbay's 15 to 24 population is expected to decline by 6.8% between 2015 and 2025
- Almost half of all adults in Torbay are over 50 years of age.
- Torbay's population structure is heavily weighted towards older age groups which could be the influence of Torbay being an attractive retirement destination.
- The Black and Minority Ethnic Population (excluding white ethnic groups) of Torbay is below the national average at 2.5% (3,260).
- Estimates suggest that there are higher rates of learning disability (LD) in Torbay than the national average with a rate of 5.8 per 1,000 reported to have a learning disability. However, within Torbay there are also estimated to be some 2,000 persons with a learning disability who are not known to services. (Torbay 2012 -13 JSNA – A life course understanding).
- Torbay has high levels of deprivation and is the 46th most deprived district local authority in England (out of 326). There has been a 75% increase in Torbay residents living in areas amongst the top 20% most deprived in England
- The 2011 Census tells us 29.1% of people in Torbay are single, 46.6% are married, 0.3% is in a same sex civil partnership and 12.2% are divorced. There are 10,030 widowed people or surviving partners from a same sex partnership in Torbay

Sexual health and the life-course

This section broadly follows a life-course approach and focuses on key areas of service activity as well as related Public Health Outcomes.

¹¹ Humby, P (2013) 'An Analysis of Under 18 Conceptions and their links to Measures of Deprivation, England and Wales, 2008 – 2010' Office for National Statistics

- Young Peoples Sexual Health
- Conception, Contraception and Abortion
- HIV
- Incidence of Sexually Transmitted Infections
- Sexual Offences
- Older Peoples Sexual Health

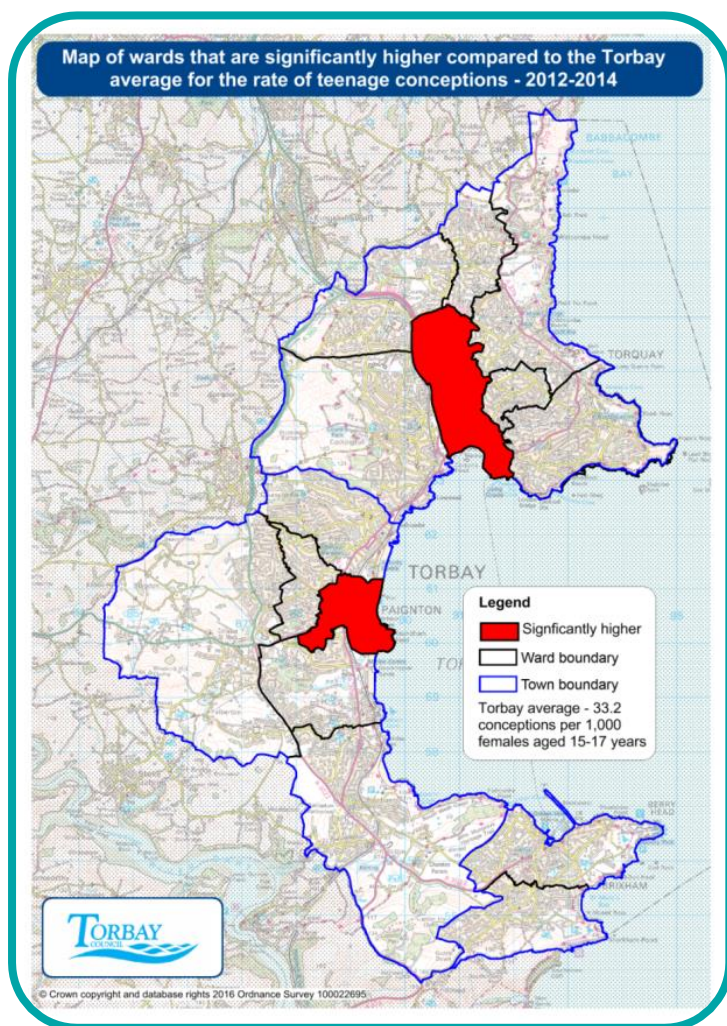
Young Peoples Sexual Health

Teenage conceptions

The majority of under 18 conceptions in Torbay are amongst the 16 and 17 year olds, which indicates that underage sexual activity is not necessarily a driving factor. Teenage Conceptions have long been associated with levels of deprivation, and this is evidenced through the higher rates of teenage conceptions being co-terminous with those local authority wards that have high rates of deprivation in Torbay. The 2014 ward level teenage conception data¹² in figure 3, shows Tormohun and Roundham-with-Hyde has significantly higher rates of teenage conceptions than Torbay Local Authority overall (22.9 conceptions per 1,000 females aged 15-17 years in Torbay in 2015). A key strategy for improving these rates and the sexual wellbeing of teenagers includes access to timely and friendly youth contraceptive and sexual health services as well as age-appropriate Sex and Relationship (SRE) in schools and colleges supported by non-judgemental staff. Addressing poverty and deprivation in key local wards is also an essential component of addressing this issue long term.

¹² <http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=498>

Figure 3. Map of Torbay wards with significantly higher than average teenage conceptions (2012-2014)



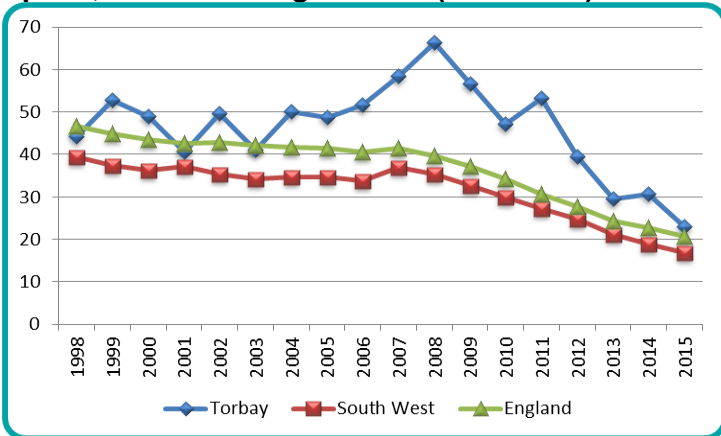
Source: National Child and Maternal Health Intelligence Network (CHIMAT) (Jan 2016)

The rate of under 18's conceptions in Torbay (see figure 4) has followed a downward trend since 2008 (n=159), now at a rate of 22.9 per 1,000 in 2015 (n=50). Although still higher than the England (20.8 per 1,000) and South West rates (16.8), there has been a marked decrease achieved.

The rate of births for under 18's in Torbay has decreased by almost a third in the 7 year period illustrated in figure 5. This shows a fall from 18.1 (per 1,000 population of females aged 15-17) in 2009 (n=42) to 6.4 in 2015 (n=14) and is in accordance with national and regional trends of falling birth rates for under 18's; although the rate for Torbay is still higher than the national average. The trend for abortion rates in under 18's follows a similar pattern suggesting a decrease in under 18's conceptions. In figure 6 we see the rate per 1,000 conceptions to those under 18 leading to abortion in 2015 was 53.7 for Torbay (n=36), which is not greatly different to the national figure of 51.1 and regional figure of 51.2 per 1,000. More investigation into the

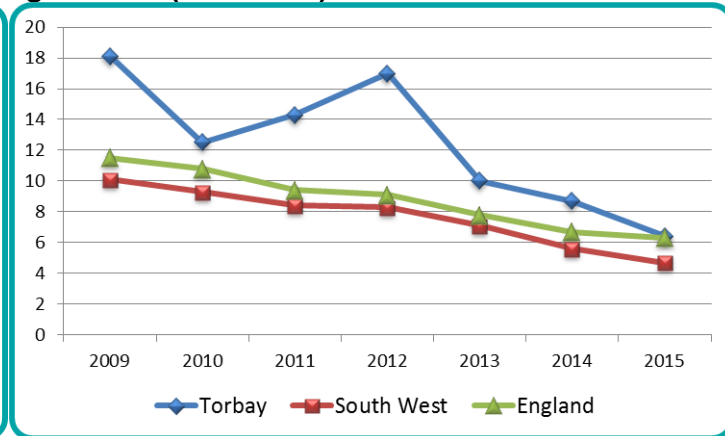
extent of repeat abortions amongst age groups could help to illustrate which age groups are more prone to repeat conceptions.

Figure 4. Trends in under 18's conception rate per 1,000 females aged 15-17 (1998-2015)



Source: Office for National Statistics (ONS) (March 2017)

Figure 5. Under 18's birth rate per 1,000 females aged 15-17 (2009-2015)

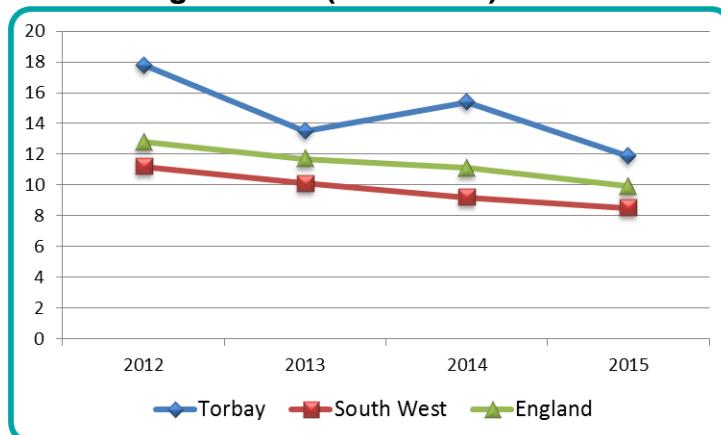


Source: Office for National Statistics (ONS) (Dec 2016)

The under 18's abortion rate in Torbay was 11.9 (n=26) per 1,000 females aged 15-17 in 2015, decreasing from a rate of 17.8 (n=40) in 2012, shown in figure 6. Although higher, this is not significantly different from the national rate of 9.9 and the regional rate of 8.5.

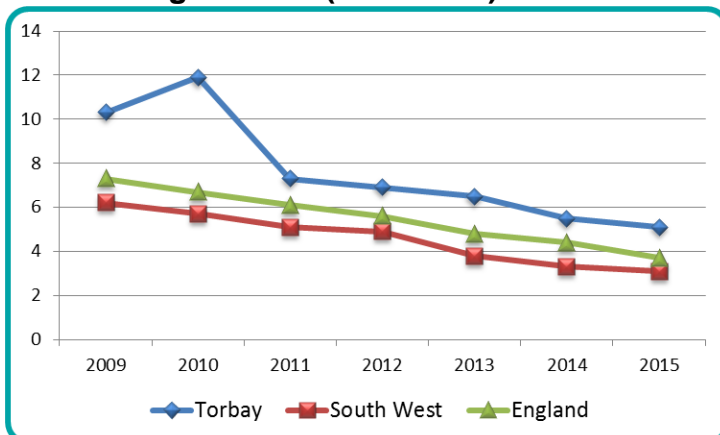
Figure 7 shows the under 16's conception rate for Torbay has halved from 10.3 (per 1,000 females aged 13-15) in 2009 (n=23) to 5.1 in 2015 (n=10). This rate is now more in line with regional and national trends and not much higher than the England value, with the most recent rate at 3.2 per 1,000 females aged 13-15. The percentage of under 16 conceptions leading to abortions is 70% - similar to the South West percentage of 67.6 and England percentage of 59.7.

Figure 6. Under 18's abortion rate per 1,000 females aged 15-17 (2012-2015)



Source: Department of Health (Dec 2016)

Figure 7. Under 16's conception rate per 1,000 females aged 13-15 (2009-2015)



Source: Office for National Statistics (ONS) (March 2017)

Child Sexual Exploitation

There has been national and local media attention around Child Sexual Exploitation (CSE) issues in Torbay, with a large-scale investigation being conducted by Devon and Cornwall Police (and subsequent serious case review¹³). In response, Torbay has scaled up its responses to Child Sexual Exploitation and Sexually Harmful Behaviour. The lessons learned included recommendations to include protection as a key factor for professionals when assessing children and young people's sexual activity and to more widely consider the social circumstances.

Consistent data is currently not available to illustrate the extent of CSE within Torbay, nor accurate data regarding the extent of sexually harmful behaviour (SHB). There is a potential disconnect between CSE, SHB and usual adolescent sexual behaviour and Sexual Health. No specific local strategy exists nor corresponding workforce development response which cohesively addresses the range of youth sexual behaviour and activity.

Sexually Transmitted Infections

In Torbay, an estimated 14.4% of 15-19 year old women and 11.7% of 15-19 year old men who presented with a new STI at a specialist Sexual Health Clinic during the 5 year period from 2011 to 2015 became reinfected with an STI within 12 months. Teenagers may be at particular risk of reinfection if they lack the skills and confidence to negotiate safer sex.¹⁴ Chlamydia diagnosis rates per 100,000 population in Torbay have declined since 2012, when they were higher than the national rate (509 per 100,000). However, they remain within the parameters of being above the national benchmark (figure 8).

The Public Health Outcome Framework includes an annual detection rate among the resident 15-24 year old population. The detection rate reflects both coverage and the proportion testing positive at all sites, including diagnoses within specialist sexual health clinics and those made outside of specialist clinics. Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others. An increased detection rate is indicative of increased control activity: detection rate is not a measure of morbidity or a measure

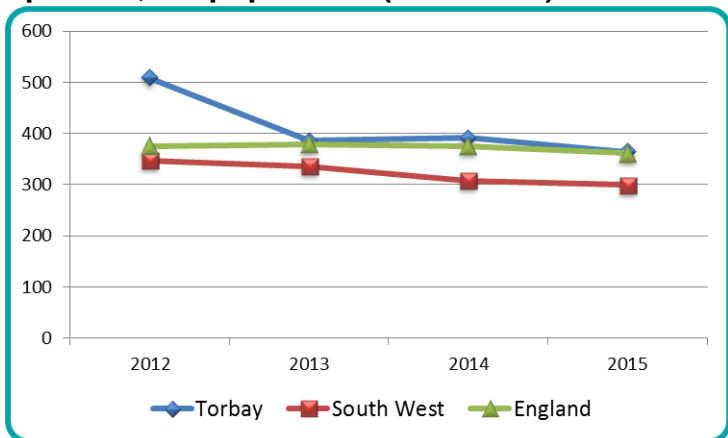
¹³ TSCB Serious Case Review Executive Summary Case 26 2013

<https://www.whatdotheyknow.com/request/179426/response/447842/attach/26/8%20Agenda%20item%208%20Torbay%20Safeguarding%20Childrens%20Board.pdf> Accessed 05/04/17

¹⁴ Department of Health 2016

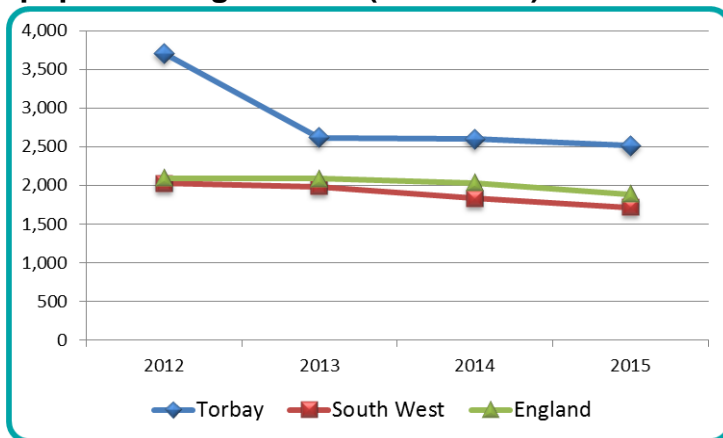
of prevalence. The 2015 Chlamydia detection rate for 15-24 year old males and females in Torbay was 2,562 per 100,000 (figure 9).

Figure 8. Trends in chlamydia diagnosis rates per 100,000 population (2012-2015)



Source: Public Health England (Dec 2016)

Figure 9. Chlamydia detection rate per 100,000 population aged 15-24 (2012-2015)



Source: Public Health England (Dec 2016)

It is recommended by Public Health England that local areas should aim to achieve chlamydia detection rate of at least 2,300 (per 100,000 populations) among 15-24 year olds. Although rates of chlamydia detection are decreasing, in figure 9 we see Torbay was achieving higher than the regional and national averages for detection with a rate of 2,562 (per 100,000 population aged 15-24) in 2015 (n=355). The South West and England detection rates per 100,000 population aged 15-24 were 1,716 and 1,887 respectively. In this case, higher is better and performance has been good.

Conception, Contraception and Abortion (Adults & Young People)

Conception

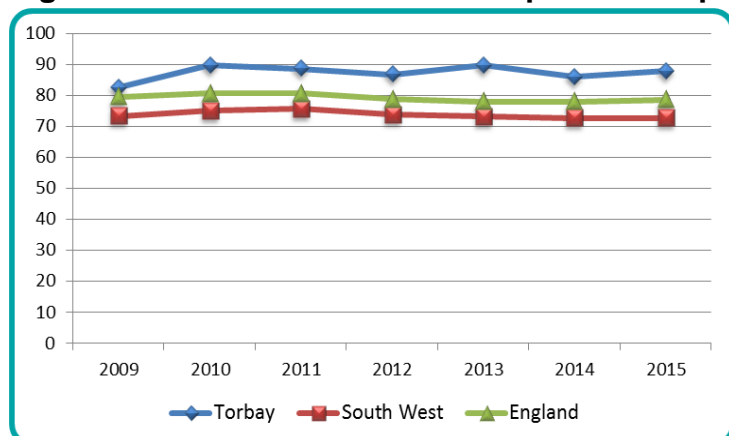
In figure 10 denotes that trends in conceptions in are similar to the rest of England, albeit at a slightly higher rate. The data does not include conceptions which led to abortion or miscarriage, nor is the relationship status of women who conceive routinely recorded by Public Health. Nationally, there has been a rise in the percentage of conceptions occurring outside of marriage or civil partnership, reaching 57% in England and Wales. This compares with 55% in 2005 and 47% in 1995. In 2015, 69% of conceptions outside marriage or civil partnership resulted in maternity, compared with 92% of conceptions within marriage or civil partnership.¹⁵

Nationally, conceptions amongst over 30 year olds have been increasing for some time. Women are conceiving later in life across the board. The reasons cited for this include increased

¹⁵ Conceptions in England and Wales: 2015
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2015> (Accessed 30/3/2017)

participation in higher education, increased female access to the labour market and the rising opportunity costs of childbearing, labour market uncertainty and housing factors.

Figure 10. Trends in female conception rates per 1,000 women aged 15 to 44 (2009-2015)



Source: ONS (March 2017)

Contraception

Contraception is available in a range of methods for men and women in England. The ability to control fertility and prevent pregnancy has been a defining feature of the 20th Century. The majority of methods are still aimed at women – the only methods currently aimed at men are condoms – which can also prevent transmission of some infections. In terms of contraceptive access, Local Authorities directly commission provision from Primary Care providers.

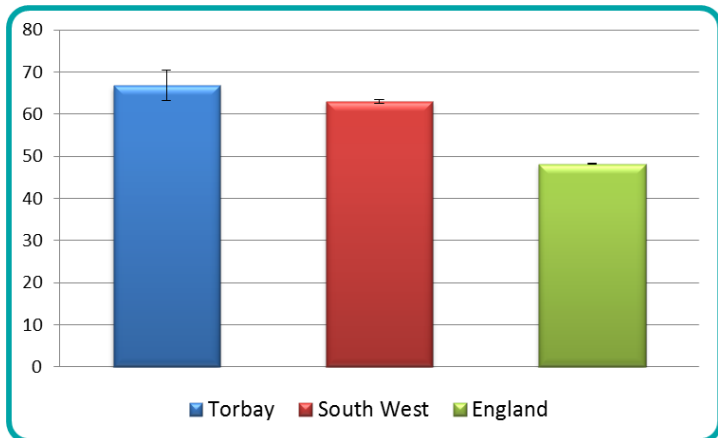
Guidance offered by the National Institute for Health and Clinical Excellence (NICE)¹⁶ advises that LARC methods such as contraceptive implants, Intrauterine devices (IUD) and intrauterine systems (IUS) are more cost effective than condoms and are highly effective as daily compliance is not relied upon. For every £1 spent on contraception, the savings are considered to be as great as £11 across the health and social care system¹⁷. LARC is available through specialist contraceptive services and within many General Practice settings in Torbay.

In figure 11, we see the overall prescribing rate for LARC (excluding injections) prescribed by GP and sexual and reproductive health services in Torbay is 66.8 per 1,000 resident female population aged 15-44 (n=1,387) which is significantly higher than both the South West (63.0) and England (48.2) values. The crude rate of GP prescribed LARC (excluding injections per 1,000 resident female population aged 15-44 years) for Torbay in 2015 was 45.3 (n=940). This is significantly higher than the England value of 29.8 and close to the South West value of 45.2 as seen in figure 12.

¹⁶ <https://www.nice.org.uk/guidance/cg30>

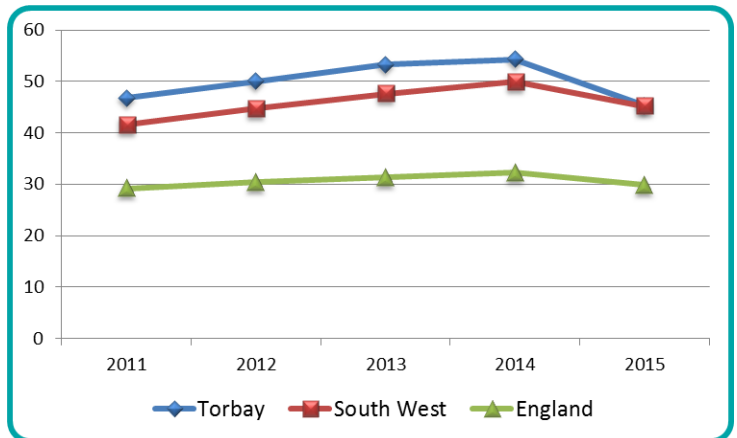
¹⁷ Framework for Sexual Health – Department of Health 2013

Figure 11. LARC prescribing crude rate per 1,000 resident female population aged 15-44 (excluding injections) 2015



Source: Health and Social Care Information Centre, NHS Business Services Authority and ONS (March 2017)

Figure 12. GP LARC prescribing crude rate per 1,000 resident female population aged 15-44, excluding injections (2011-2015)



Source: NHS Business Services Authority and ONS (March 2017)

Monitoring removals of LARC is problematic as many devices are in use for 3-5 years at a time and women may not always return to the original site the device(s) were fitted. Some devices are removed shortly after an initial fit as they may not be suitable for the woman. This is of concern as it may either relate to insufficient preparation of the woman concerned or an issue with insertion technique for the LARC implant. This health needs assessment will not include LARC removals over the given time period as this data would not accurately portray take up, need or desire for LARC.

Abortion

While local responsibility for commissioning of abortion services sits with the South Devon and Torbay Clinical Commissioning Group (CCG), it is an essential element of the wider sexual health system. The service provided by Torbay and South Devon NHS Foundation Trust's Sexual Medicine Service.

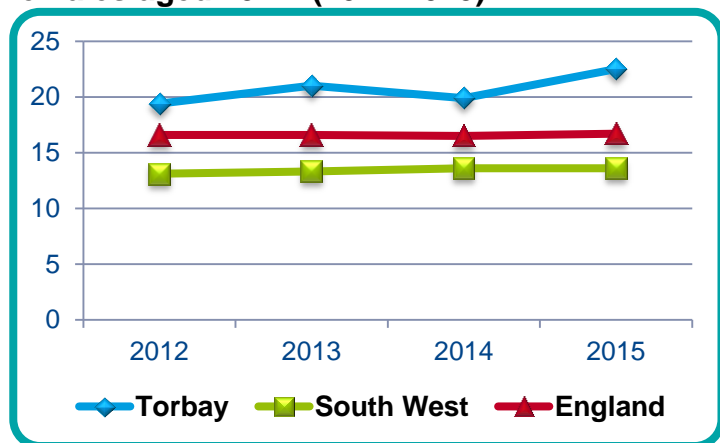
The Royal College of Obstetricians and Gynaecology (RCOG) confirm that an abortion service should be an integral component of a broader service for reproductive and Sexual Health, encompassing contraception, STI management and support. Women should also be advised of contraception and the greater effectiveness of long-acting reversible contraception (LARC).¹⁸ Abortion is a safe procedure for which major complications and mortality are rare at all

¹⁸ The Royal College of Obstetricians & Gynaecologists, 2011. The Care of Women Requesting Induced Abortion (Evidence-based Clinical Guideline No. 7).

gestations. The earlier an abortion takes place, the safer it is likely to be. All women should have a choice of procedure and be given ample counselling, support and signposting.¹⁹

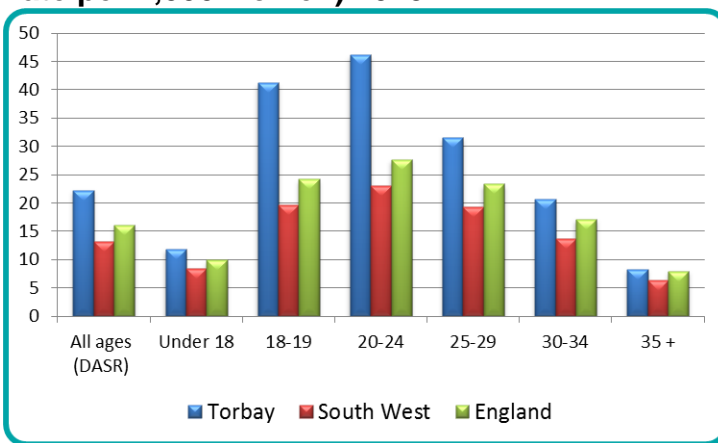
Since 2012, the total crude abortion rate for Torbay has increased from 19.4 per 1,000 females aged 15-44 (n= 398), to 22.5 in 2015 (n=474). Regional and national rates are currently both lower than Torbay, 13.6 and 16.7 (per 1,000 females aged 15-44) respectively and have remained steady over this time period (figure 13).

Figure 13. Total abortion rate per 1,000 females aged 15-44 (2012-2015)



Source: Department of Health (based on data from abortion clinics) (Dec 2016)

Figure 14. Abortion rate by age group (crude rate per 1,000 women) 2015

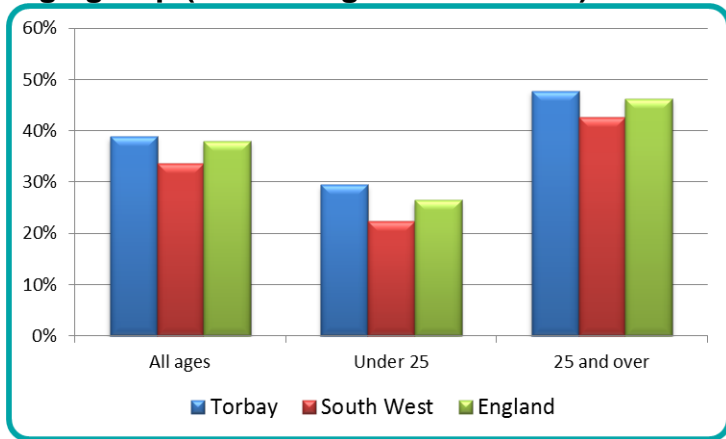


Source: Department of Health (Dec 2016)

The abortion rate for Torbay is higher than the regional and national averages across all age groups, shown in figure 14. For women aged 18 to 24 in 2015, the crude rate is double that of the South West. The Directly Age Standardised Rate (DASR) for abortion across all ages is 22.3 in Torbay, which is significantly higher than DASR for both the South West (13.2) and England (16.2). Calculated rates for all ages, under 18 and 35 and over are based on populations 15-44, 15-17 and 35-44 respectively.

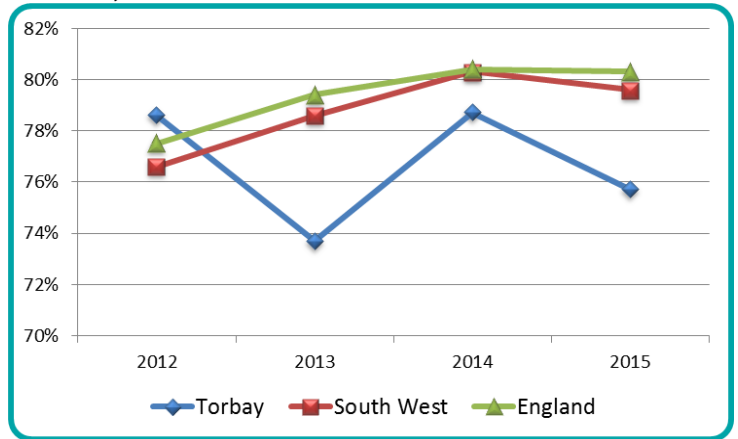
¹⁹ Royal College of Obstetricians and Gynaecologists, 2015 'Best Practice in Comprehensive Abortion Care' Best Practice paper no 2

Figure 15. Percentage of repeat abortions by age group (females aged 15-24/25-44) 2015



Source: Department of Health (Dec 2016)

Figure 16. Proportion of abortions under 10 weeks, 2012-2015



Source: Department of Health (Dec 2016)

In the Department of Health’s ‘Framework for Sexual Health Improvement in England’ an ambition was to reduce unplanned pregnancies amongst women of fertile age. Repeat abortions are increasing both locally and nationally. Figure 15 shows the percentage of abortions in 2015 that involve women who have had a previous abortion in any year. In 2015, the proportion of repeat abortions carried out in Torbay (39%) was comparable to the regional (36%) and national averages (38%) across all ages (females aged 15-44). Across England and Wales in 2015, 92% of abortions were carried out at under 13 weeks gestation and 80% were under 10 weeks²⁰. For women, the risk of complications is lower the earlier an abortion is performed. Enabling provision earlier in pregnancy through prompt access to abortion services is an indicator of service quality and is also cost effective. By law, in England, Scotland and Wales, the vast majority of abortions are carried out by 24 weeks.

In 2015, 75.7% of abortions in Torbay were performed under 10 weeks (n=358). The proportion of abortions under 10 weeks for Torbay is lower than the national (80.4%) and regional (79.6%) averages (figure 16). A further 16.7% of abortions (n=79) in Torbay were carried out between 10 and 12 weeks gestation accounting for a total of 92.2% of abortions (n=437) carried out under 13 weeks, which is in line with national figures. A medical abortion is where a pregnancy is ended through using medication usually 24 to 48 hours apart to induce a miscarriage. Nationally, about 51% of all abortions are medical abortions. A surgical abortion is a minor procedure to remove a pregnancy. Abortion rates in those aged under 18 are currently comparable with national and regional rates (see figure 18).

²⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/570040/Updated_Abortion_Statistics_2015.pdf

Figure 17. Proportion of abortions by method, 2015

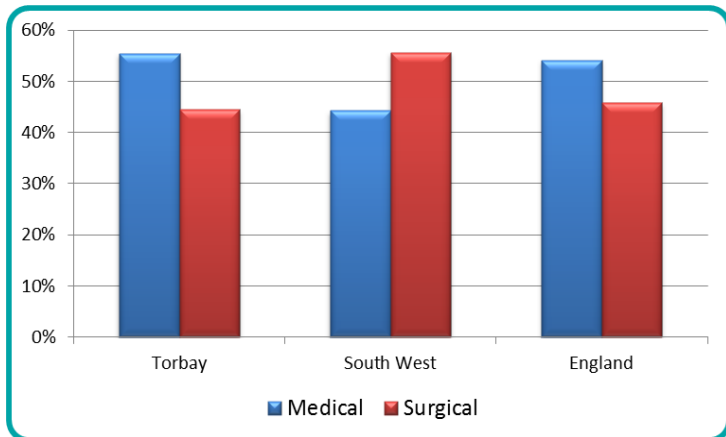
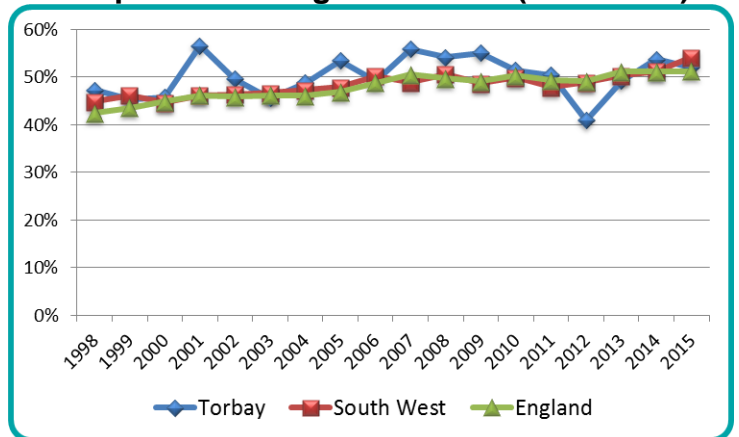


Figure 18. Proportion of under 18's conceptions leading to abortion (1998-2015)



The proportion of abortions carried out in Torbay in 2015 was 55.5% medical to 44.5% surgical, similar to the ratio of medical to surgical abortions carried out in England over the same time period (figure 17). Abortions performed in the South West differed to local and national proportions performing 45.3% medical to 55.7% surgical. The British Medical Association states that early medical abortion (EMA) is ‘medically safer’ than surgical abortion that takes place after nine weeks of gestation²¹.

Summary on Conception, Contraception and Abortion in Torbay

- Conceptions across the population are consistent with patterns in the England and regional rate, albeit slightly higher in Torbay.
- Women are generally conceiving later in life, which is reflected in local trends.
- The rate of Teenage Conceptions in Torbay has fallen by 48.2% between 1998 and 2015.
- In Torbay there are high rates of abortion and repeat abortion, amongst all age groups.
- The total abortion rate per 1,000 female population aged 15-44 years in Torbay is higher than the rate in England. Of those women under 25 years who had an abortion in that year, the proportion who had had a previous abortion was also higher than the England proportion (Torbay = 29.4%, England = 26.5%).
- Rates of Abortion were significantly higher than South West and England averages for women aged 18-24.
- Among women under 25 years who had an abortion in 2015, the percentage of those who have had a previous abortion was 29.4%, while in England the percentage was 26.5%.²²

²¹ The Law and Ethics of Abortion, BMA Views - November 2014

²² The rank within England for this indicator was 35 (out of 147* UTLA) (1st has the highest percentage).

- The ratio of Medical and Surgical Abortions is unlike the South West but is in line with the England proportions, meaning more Medical abortions take place.
- Among women under 25 years who had an abortion in 2015, the percentage of those who had had a previous birth was 37.7%, while in England the percentage was 8.2%.²³

Human Immunodeficiency Virus (HIV)

HIV has progressed from a life-limiting condition to a chronic, manageable long-term one. When diagnosed early, HIV can be reasonably managed through use of treatments. However, if HIV is diagnosed later, the outcomes for patients are complex and can be significantly life-limiting. Stigma and discrimination are key issues for people living with HIV which can prevent people from testing and seeking long-term care²⁴.

Regular testing, prevention and early diagnosis are central messages for HIV education and health promotion. The advantages of anti-retroviral treatments (ART) include the individual benefit of managing HIV, and reduction in the viral load and increased CD4 count, but also in terms of reducing the likelihood of onward transmission and having an 'undetectable' viral load. An undetectable viral load means that the presence of HIV virus is minimal within an individual.

Prevalence

By the end of 2015, there were approximately 101,200 people in the UK living with HIV. It is estimated that 13% of people with HIV are unaware of their status.²⁵ The routes of transmission in Torbay are similar to the national profile, with a significant proportion being male and a high proportion of males having acquired HIV through sex with other men. This is not exclusively the case however and the needs of women and heterosexual men must be considered within the local profile of needs. With low numbers of newly diagnosed HIV cases in Torbay, variation caused by the small number of cases means trend analysis can be problematic.

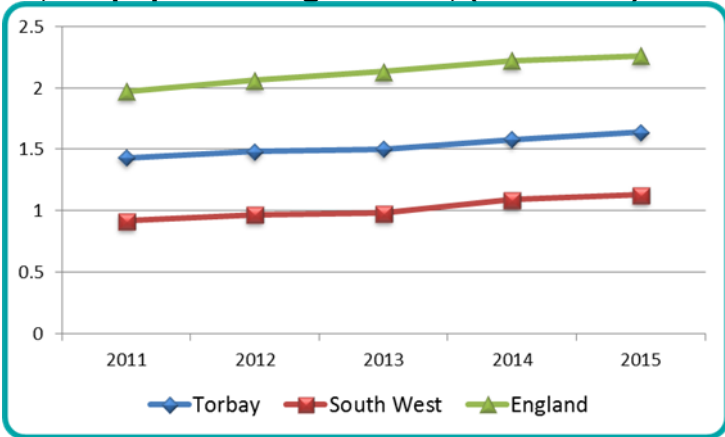
Since 2011, there has been a slight upward trend in diagnosed HIV prevalence for Torbay which follows regional and national trends (figure 19). The rate for 2015 in Torbay was 1.64 per 1,000 population aged 15-59 (n=114), was higher than regional rates (1.13) although significantly lower compared to a national rate of 2.26.

²³ The rank within England for this indicator was 21 (out of 146* UTLA) (1st has the highest percentage).

²⁴ HIV in the UK 2016 report (2016) Public Health England

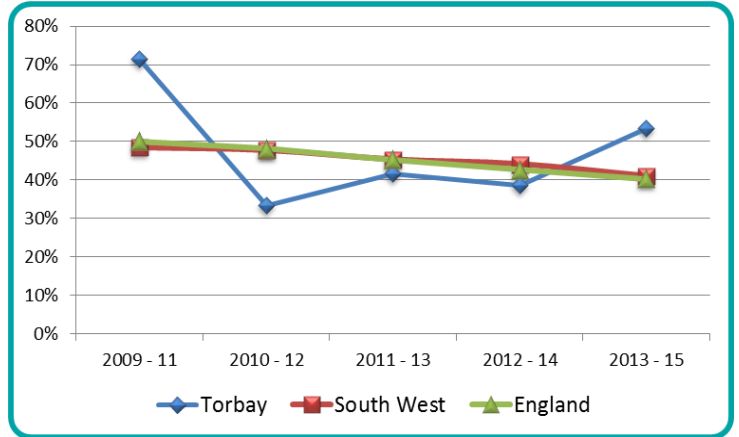
²⁵ HIV in the UK 2016 report (2016) Public Health England

Figure 19. HIV diagnosed prevalence rate per 1,000 population aged 15-59, (2011-2015)



Source: Public Health England (Dec 2016)

Figure 20. Trends in HIV late diagnosis (%) 2009/11-2013/15



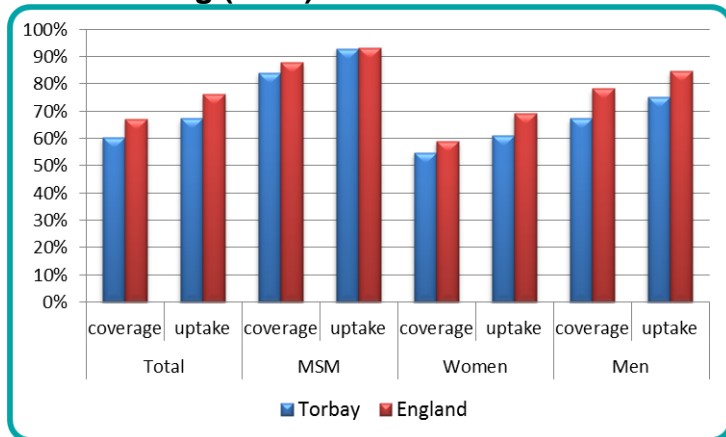
Source: Public Health England (Dec 2016)

HIV testing

Late diagnosis of HIV (shown in figure 20 above) is defined as the percentage of adults (aged 15 or above) newly diagnosed with HIV with a CD4 count less than 350 cells per mm³. Figure 20 shows 53% of people diagnosed with HIV in Torbay were late diagnoses (n=8), for the period 2013-15. This is significantly higher than both the regional and national figures of 41.1% and 40.3% respectively. Trends in HIV late diagnosis in Torbay show variation on an annual basis, this is in part due to small numbers. The wider national and regional picture is one of decreasing proportion of late diagnosis; although the figure for Torbay tends to fluctuate around this, it is also showing a slight downward trend. Work is taking place to improve opportunities for HIV diagnosis across primary and secondary care as well as expanding HIV testing in community settings. In 2015, the total coverage of HIV testing in Torbay was 60.5% with an uptake of 67.5%. With men who have sex with men (MSM), coverage was 84.2% and uptake was 93.0%. This is slightly lower than national figures of coverage (88.0%) and uptake (93.4%) however this is not marked (figure 21).

With regard to the uptake of HIV testing measured in Genito-Urinary Medicine (GUM) clinics, the number of 'Eligible new GUM Episodes' where a HIV test was accepted as a proportion of those where a HIV test was offered, Torbay is performing worse in the coverage and uptake of HIV testing with both men and women.

Figure 21. Proportion of coverage and uptake of HIV testing (2015)



Source: Public Health England (Dec 2016)

Summary of HIV Testing in Torbay

- HIV testing is predominantly delivered through specialist sexual health services, as expected.
- HIV testing also takes place in Primary Care and in community settings by The Eddystone Trust
- Late diagnosis of HIV is high in Torbay, above the national average – this can lead to risk of premature death and transmitting the virus to sexual partners
- Nationally, 13% of people living with HIV do not know they have the virus
- Heterosexual men and women are more likely to be diagnosed with HIV late

Incidence of Sexually Transmitted Infections (Adults)

As part of assessing Sexual Health and the needs of the population, it is important to assess the presence of disease and infection. The presence of sexually transmitted infections (STIs) in the population can reflect levels of unprotected sex and the range and extent of sexual networks. Measuring STI testing and treatment is just one way to highlight sexual health needs. STIs are diverse with over 30 bacterial, viral and parasitic pathogens being associated with sexual transmission. STIs are often considered stigmatising and can impact on the health and well-being of affected individuals and partners. Complications arising from STI infection include Pelvic Inflammatory Disease, epididymitis, infertility, ectopic pregnancy, cervical cancer, cardiovascular and neurological damage, adult mortality and foetal and neo natal morbidity and

mortality. Increasing resistance and decreased susceptibility to antimicrobials are emerging concerns, especially for gonorrhoea.²⁶

Figure 22 shows a comparison of rates for all new sexually transmitted infections in Torbay compared to the South West and England averages. This measure encompasses all new STI diagnoses excluding chlamydia in those aged under 25²⁷. Overall, rates of STI incidence are comparable to the England rates. The rate of newly diagnosed sexually transmitted infections for Torbay has decreased from 910 per 100,000 population (n=1197) in 2012 to 756 in 2015 (n=1006). This steady decrease has brought Torbay in line with the national average rate of 768, so it is no longer much different; however it is still higher than the South West average rate of 629 per 100,000 population aged 15-64.

Genital Herpes

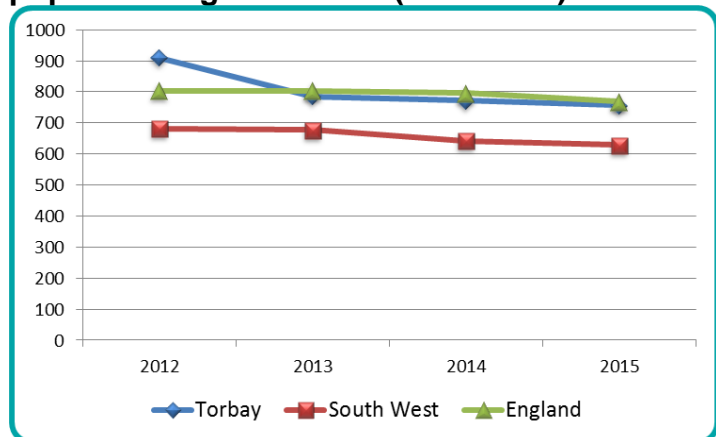
Genital Herpes is a common, recurrent STI that is caused by the Herpes Simplex Virus (types 1 and 2), which is easily spread through oral or genital contact. Not all contact and subsequent transmission is sexual in nature, leading to the higher prevalence of Herpes. Torbay has a genital herpes diagnosis rate of 45.6 per 100,000 population in 2009 (n=60) which is similar to regional and national rates of 42.2 and 47.3 respectively, as shown Figure 23. Torbay has experienced a steady increase since then, greater than both regional and national averages with a rate of 79 in 2015 (n=105). It is worth noting that the introduction of more reliable testing methods for genital herpes may have increased the thresholds for testing and diagnosis.

²⁶ Hughes, G & Field, N (2015) The epidemiology of sexually transmitted infections in the UK: impact of behaviour, services and interventions, Future Microbiology

²⁷ Definition of 'All new STI diagnoses per 100,000'

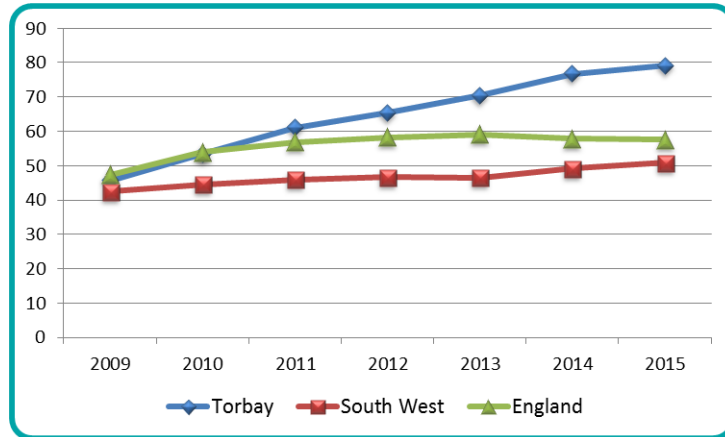
<http://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000035/pat/6/par/E12000009/ati/102/are/E06000027/iid/91306/age/182/sex/4> (Accessed 09/05/17)

Figure 22. Rate of all new STI diagnoses (excluding Chlamydia <25yrs) per 100,000 population aged 15 to 64 (2012-2015)



Source: Public Health England (Dec 2016)

Figure 23. Trends in genital herpes diagnosis rates per 100,000 population (2009-2015)



Source: Public Health England (Dec 2016)

Human Papilloma Virus

Human Papilloma Virus (HPV) is the most prevalent STI in the UK. HPV has many sub types which can cause a range of complications, including cervical and anal cancer. HPV can also lead to genital warts. Just under 90,000 diagnoses of first episode of genital warts are made in GUM clinics each year. Recurrent presentations of genital warts make up over 40% of total diagnoses of genital warts nationally.²⁸ Infection with some high-risk types of HPV can cause abnormal tissue growth as well as other cell changes that can lead to cervical cancer. HPV vaccination is now available to females (aged 12-14) protecting against two strains of genital warts which cause over 70% of cervical cancers²⁹. In figure 24 we see that Torbay is consistently achieving lower than national and regional proportions of HPV vaccination coverage in females aged 12-13 in 2013/14.

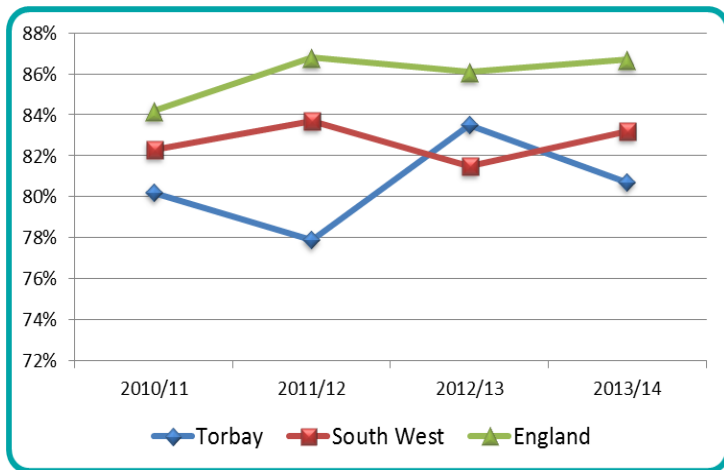
Genital warts

Genital warts diagnoses rates per 100,000 populations in Torbay are following a similar trend to national and regional rates (figure 25). In 2015 the rate was 148.9 (n=198) which was higher than the England value of 118.9. There has been a slight decrease in diagnosis rates over the previous four years.

²⁸ Hughes, G & Field, N (2015) The epidemiology of sexually transmitted infections in the UK: impact of behavior, services and interventions, Future Microbiology

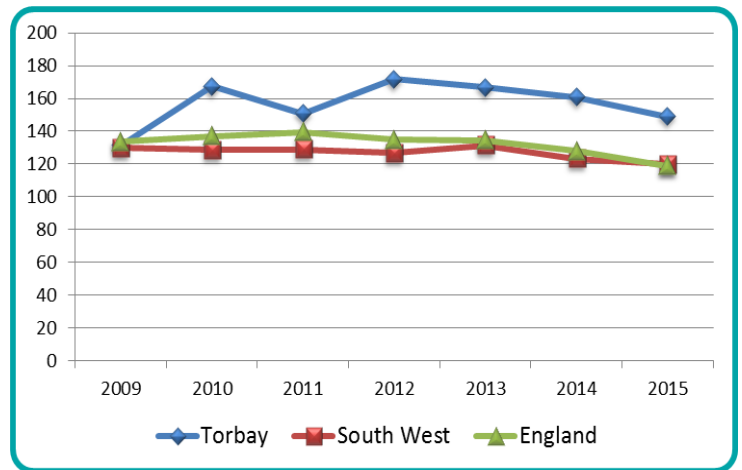
²⁹ <http://www.nhs.uk/Conditions/vaccinations/Pages/hpv-human-papillomavirus-vaccine.aspx> (accessed 09/02/17)

Figure 24. Proportion of HPV vaccination coverage for 3 doses (females aged 12-13)



Source: Public Health England (Dec 2016)

Figure 25. Trends in genital warts diagnosis rates per 100,000 population (2009-2015)



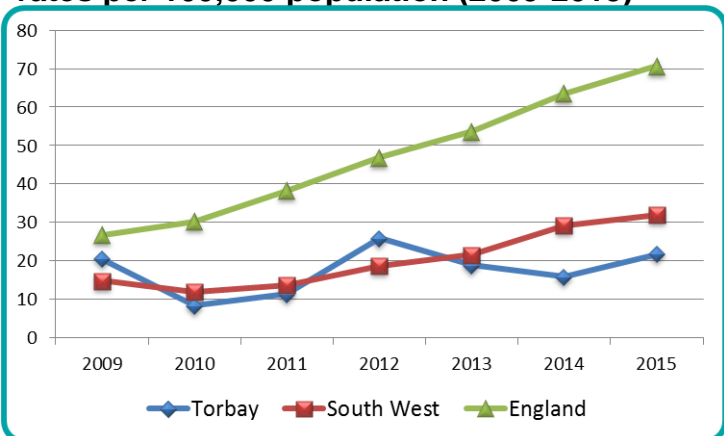
Source: Public Health England (Dec 2016)

Gonorrhoea and syphilis

Gonorrhoea diagnosis rates in Torbay for 2015, 21.8 per 100,000 population (n=29), are significantly lower than the national average of 70.7 per 100,000. Figure 26 shows that rates in Torbay have remained lower than the national average since 2009. A possible driver for this national increase is the rise of anti-microbial resistant forms of gonorrhoea in larger metropolitan conurbations. Particular groups experience higher rates, particularly amongst some minority ethnic groups and MSM groups with higher levels of partner change and concurrency.

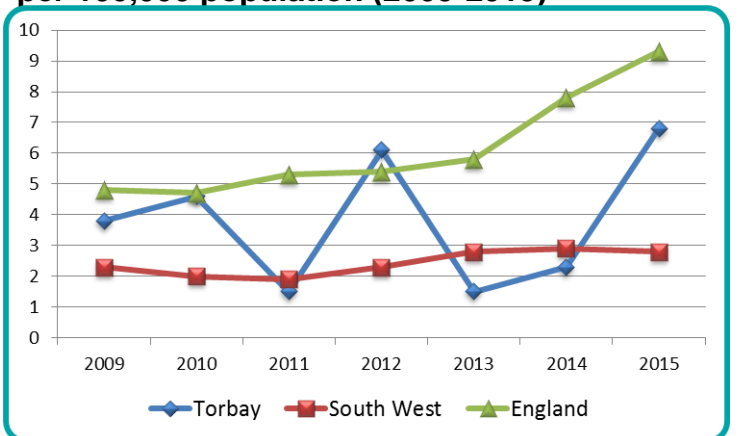
Low numbers of syphilis diagnoses in Torbay (n=5) means the trend since 2009 shows large variability in rates across the time period. Nationally rates are increasing with a rate of 9.3 per 100,000 populations for 2015. In figure 27 we see the rate for Torbay in 2014 (n=<5) was significantly lower than England at 2.3 per 100,000. However the rate has almost trebled in the 2014-2015 period from 2.3 to 6.8 per 100,000 (n=9). The rate is now not much different to the national average.

Figure 26. Trends in Gonorrhoea diagnosis rates per 100,000 population (2009-2015)



Source: Public Health England (Dec 2016)

Figure 27. Trends in syphilis diagnosis rates per 100,000 population (2009-2015)

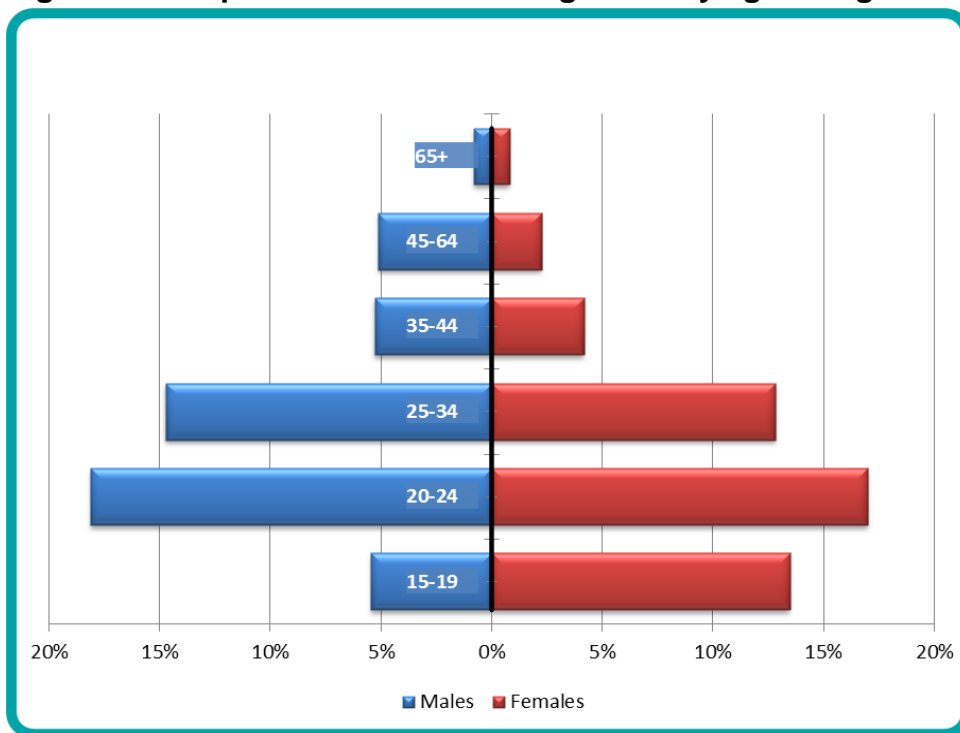


Source: Public Health England (Dec 2016)

Proportion of STIs diagnosed by age

Young people are more likely to become reinfected with STIs, contributing to infection persistence and health service workload. In Torbay, an estimated 14.4% of 15-19 year old women and 11.7% of 15-19 year old men presenting with a new STI at a specialist Sexual Health clinics during the 5 year period from 2011 to 2015 became reinfected with an STI within 12 months. Figures for 2015/16 are shown in figure 28 below. Teenagers may be at risk of reinfection because they lack the skills and confidence to negotiate consistently safer sex.³⁰

Figure 28. Proportion of New STI diagnoses by age and gender (2015/16)



Source: GUMCAD HIV & STI web portal (March 2017)

Summary of Sexually Transmitted Infections in Torbay

Sexually Transmitted Infections

- Torbay has the 65th highest rate (out of 326 local authorities in England) of new STIs excluding chlamydia diagnoses in 15-24 year olds; with a rate of 815.2 per 100,000 residents (compared to 815 per 100,000 in England).
- 54% of diagnoses of new STIs in Torbay were in young people aged 15-24 years (compared to 45% in England) in 2015

³⁰ Torbay Local Authority HIV, sexual and reproductive health epidemiology report (LASER): 2015 (2016)

Genital Warts and Herpes

- Herpes diagnosis have increased and are now higher than the South West and England rates
- Genital warts rates are higher than the England and South West rates, but are in decline (partly explained by increased testing and HPV vaccination)

Gonorrhoea

- Torbay has the 231st highest rate (out of 326 local authorities in England) for gonorrhoea, which is a marker of high levels of risky sexual activity. The rate of gonorrhoea diagnoses per 100,000 in this local authority was 21.8 (compared to 70.7 per 100,000 in England)

Syphilis

- Syphilis rates in Torbay are not different to England and South West rates. The number of people diagnosed with Syphilis in Torbay is less than 10

HIV

- There were 10 new HIV diagnoses in Torbay. The diagnosed HIV prevalence was 1.6 per 1,000 population aged 15-59 years (compared to 2.26 per 1,000 in England).
- In Torbay, between 2013 and 2015, 53.3% of HIV diagnoses were made at a late stage of infection (CD4 count <350 cells/mm³ within 3 months of diagnosis) compared to 40.3% in England
- Among specialist Sexual Health Clinic patients from Torbay who were eligible to be tested for HIV, 60.5% were tested

STI prevention groups

- 54% of diagnoses of new STIs in Torbay were in young people aged 15-24 years (compared to 45% in England).
- In Torbay, an estimated 8.6% of women and 8.3% of men presenting with a new STI during the 5 year period from 2010 to 2015 were re-infected with a new STI within 12 months.
- For cases in men where sexual orientation was known, 12.2% of new STIs in Torbay were among men who have sex with men (MSM)

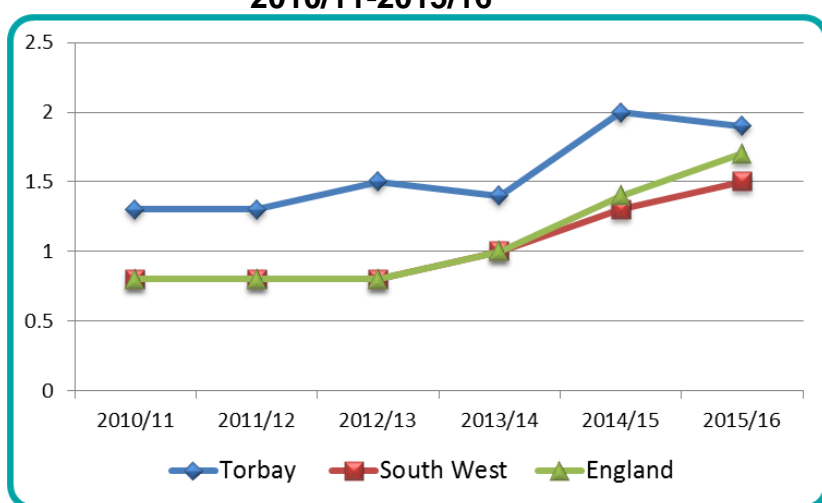
Sexual Offences

The rate of sexual offences has been increasing nationally since 2010/11 (Figure 29), with Torbay showing a similar trend with a 2015/16 rate of 1.9 per 1,000 population (n=251) which is not significantly different from the England rate of 1.7. There are local approaches and

workstreams dedicated to Domestic Abuse, Child Sexual Exploitation and Sexually Harmful Behaviours.

These work streams or areas indicate that there is a wider approach to Sexual Health and relationships that specifically deal with harm and abuse and focus on negative experiences of sex and relationships. While it is not the intention of this document to fully explore these areas or needs of the local population within them, (ref: Domestic Abuse and Sexual Violence Health Needs Assessment) it must be acknowledged that good Sexual Health includes being free from discrimination, coercion or violence.

**Figure 29. Sexual offences rate (per 1,000)
2010/11-2015/16**



and population data supplied by ONS (Dec 2016)

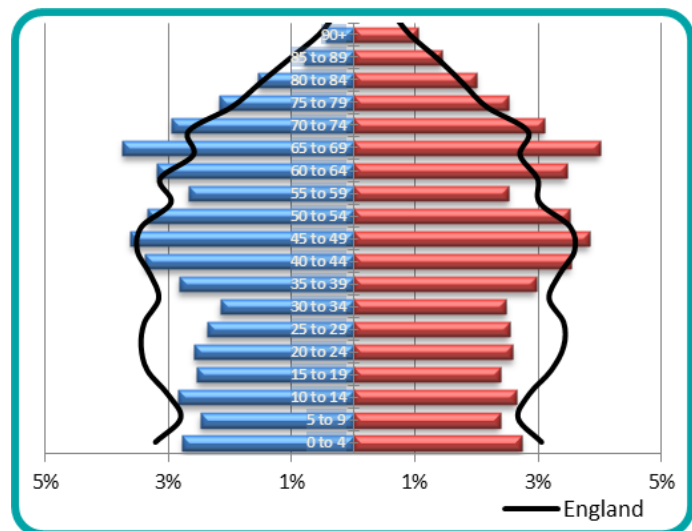
The impact of sexual trauma and violence can impact on longer term (physical and mental) health, social relations and intimate partnerships and can be long lasting and can potentially exacerbate poor outcomes. Spotting the signs of abuse or exploitation as well as promoting positive Sexual Health (physical and emotional) and empowering children and adults with high quality knowledge, skills, attitudes and behaviours can act in part as protective and preventative factor. Taking a positive and respectful approach can also increase the likelihood of recovery from negative experiences and allows those with negative experiences the opportunity to reclaim their sexual agency and improve their overall Sexual Health and wellbeing.

Sexual Health and Older Populations

The over 70 population in Torbay is expected to increase by around 28.1% from 24,000 to 30,700 by 2025. Overall, Torbay has an ageing population; with proportionately older people compared to England. The proportion of people over 65 in England is now similar to where

Torbay was in the 1980s. Figure 30 illustrates this population shift as shown by the red and blue bars which overlap the black line (England).

Figure 30. Population pyramid for Torbay Local Authority, 2015



Source: Office for National Statistics (Dec 2016)

Whilst overall sexual activity declines with increasing age, some men and women remain sexually active well into their 80's and 90's³¹ and so services must continue to respond to the needs of a locally ageing population. The impact of this on Sexual Health services is likely to result in increased demand of sexual dysfunction services amongst both sexes, menopause and the end of reproduction for women. Addressing sexual wellbeing as a broader term enables us to reframe and look at pleasure, sexuality and sexual relationships being a key part of wellbeing and positive ageing. Sexual activity does decline with age but sex generally continues for many men and women.

“Problems with sexual functioning were relatively common, but overall levels of Sexual Health concerns were much lower. Sexually active men reported higher levels of concern with their Sexual Health and sexual dissatisfaction than women at all ages. Older peoples' Sexual Health should be managed, not just in the context of their age, gender, and general health, but also within their existing sexual relationship”³²

³¹ & ¹⁰ Lee, D.M., Nazroo, J., O'Connor, D.B., Blake, M. and Pendleton, N. (2015) 'Sexual health and well-being among older men and women in England: Findings from the English longitudinal study of Ageing', Archives of Sexual Behaviour

HIV

In terms of ageing and Sexual Health, more people are alive with HIV than ever before. The success of Anti-Retroviral Treatment (ART) has meant that men and women are living with HIV as a long term chronic condition and are facing an average life expectancy in most cases. There is likely to be an impact on health and social care services for older people in terms of supporting the management of HIV as a long term condition, as well as the associated impact of ageing with HIV.

In a recent report; into the challenges regarding HIV and an ageing population³³, Terence Higgins Trust found that;

- Of people living with HIV aged 50 and over, 81 per cent were concerned about how they would take care of themselves and manage daily tasks in the future
- 82 per cent of individuals aged 50 and over living with HIV were concerned about whether they would be able to access adequate social care in the future and 88 per cent had not made financial plans to fund future care needs.
- 22 per cent of people living with HIV aged 50 and over rated their current wellbeing as 'bad' or 'very bad'.
- A third of survey respondents were socially isolated with 82 per cent experiencing moderate to high levels of loneliness

Recommendations were made within the same report regarding the health and social care of people living with HIV. These include:

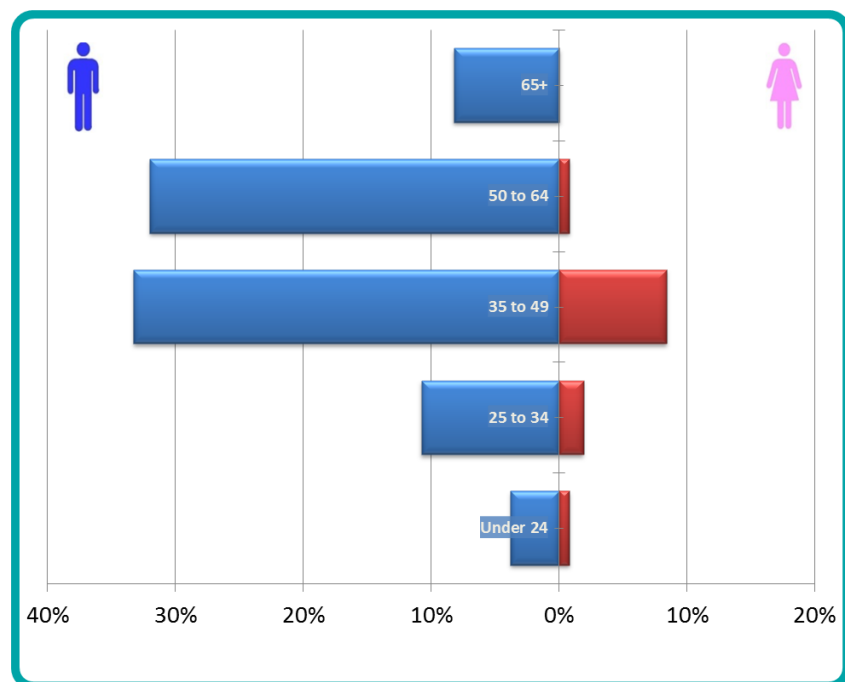
- The Royal College of General Practitioners (RCGP) should work with British HIV Association (BHIVA), British Association of Sexual Health and HIV (BASHH), HIV charities and people living with HIV to provide training and support to current GPs to increase their understanding of HIV and its interaction with ageing
- Social care providers should ensure continued professional development for staff around HIV, using key awareness days such as World AIDS Day and utilising local and national HIV organisations to ensure all activities are based on up-to-date evidence.

This population pyramid (figure 31) shows the age distribution of Torbay residents diagnosed with HIV and seen for care from 2011-15. It includes data from Public Health England in which numbers of persons diagnosed with HIV are aggregated over the 5 year period. The proportion of males living with HIV is higher than females and mainly distributed in the 35-49 and 50-64

³³ Terence Higgins Trust 'Uncharted Territory: A report into the first generation growing older with HIV' January 2017

age groups. Where aggregated values were less than 5, the number was replaced with 5 to maintain disclosure confidentiality.

Figure 31. Population pyramid of HIV diagnoses in Torbay (2011-15)



Source: Public Health England (Jan 2016)

5. Current Service Provision

Current services provided within Torbay are delivered by a range of suppliers and are commissioned by a range of commissioning bodies. Such a complex Sexual Health system requires a level of partnership working, shared outcomes, understanding and clinical leadership. Table 1 summarises those services that are provided by each of the organisations.

Table 1. Sexual Health and reproductive health services in Torbay commissioned by Torbay Council

Name of provider	Outline of services	Commissioning arrangement
Torbay and South Devon NHS Foundation Trust	Integrated contraception and Sexual Health	Torbay Council Public Health contract (Devon County Council signatories to this contract)
General Practice Public Health Contract 2016- 2018	LARC IUD / IUS & SDI Chlamydia screening 13-24 year olds	Torbay Council Public Health Contract / joint specification with Devon County Council
Torbay and South Devon NHS Foundation Trust	Outreach service for 13-24 year olds: targeted contraception aimed at YP in Torbay in community settings	Torbay Council Public Health contract
Torbay Pharmacies	Delivery of EHC & Chlamydia screening to young people aged 13-24	Torbay Council Public Health contract / joint specification with Devon County Council
The Eddystone Trust	HIV Prevention, safer sex resources, outreach and Sexual Health training	Torbay Council Public Health contract (Devon County Council share and lead on this contract
Secondary schools, FE Colleges, statutory and voluntary young people's services and other targeted locations	The Torbay C-Card condom distribution scheme for young people aged 13-24	Young People organisations provide C-Card as part of work with young people, TSDHFT tSMS service provider leadership and management of the scheme as part of current contract

Services commissioned through other bodies but contributing to the local Sexual Health system are included in table 2. There are interdependencies amongst services contributing to the Sexual Health and wellbeing of the Torbay population and subsequent outcomes across the population. The interdependencies are central to the service user experience where prompt and seamless transitions have a direct impact on patient wellbeing and wider outcomes. An example of this is access to early abortion from general practice, self-referral, or other services.

The complexity of commissioning arrangements means that the impact of influencing or altering these pathways must be considered across the whole Sexual Health, reproductive health and HIV system. The Sexual Health system is also open to changes in other critical areas, including children’s services and education.

Table 2. Sexual Health and reproductive health services in Torbay commissioned/ provided by other organisations

Name of provider	Outline of services	Commissioning arrangement
Oak Centre, Northern Devon Healthcare NHS Trust	Sexual Assault Referral Centre	NHS England Specialist Commissioning
South Devon College	College Nurse, providing EHC Advice and Information	No contract
Torbay and South Devon NHS Foundation Trust	Abortion services for women, sterilisation, vasectomy, gynaecology and contraception for medical reasons in Torbay	Clinical Commissioning Group
Torbay and South Devon NHS Foundation Trust	HIV Treatment and Care	NHS England
Torbay and South Devon NHS Foundation Trust	Post-Exposure Prophylaxis (PEP)	NHS England
NHS General Practice contract	General contraception under the NHS GP contract and opportunistic testing and treatment for STIs by GPs	NHS England Specialist Commissioning
The West of England Specialist Gender Identity Clinic / Devon Partnership NHS Trust	Transgender gender identity and Sexual Health	South Devon & Torbay CCG
GPs	Regional Cervical Screening Programme	NHS England Specialist Commissioning
School Nursing Teams	HPV Vaccinations for 13-16 year old females	HPV (Human Papilloma Virus) vaccination
Pride Youth group	Support and safe social space for LGBTQ+ Young people aged 13-18 in Torbay	Torbay Council
Terrence Higgins Trust	HIV services in Prisons	NHS England
Intercom Trust	Advocacy and support for LGBTQ+ people living in Torbay	Various grants and contracts across SW England

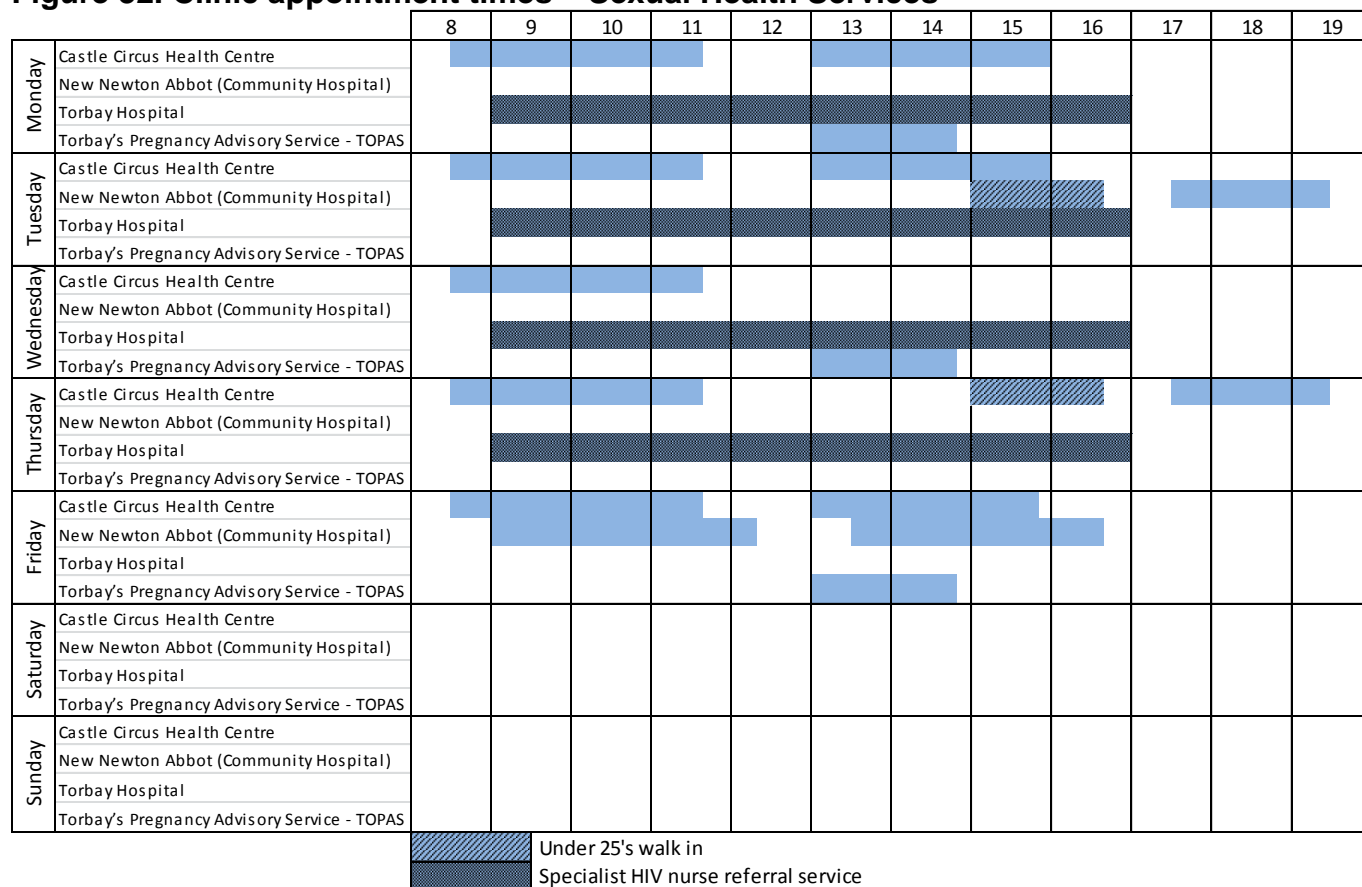
Sexual Health services are categorised as level 1, 2 or 3 and the outline in the current service specification is as follows:

- Level 1 service - asymptomatic screening excluding men who have sex with men (MSM);

- Level 2 service –symptomatic but uncomplicated infections in men and women excluding MSM, men with genital discharge, pregnant women and anyone with genital ulceration other than presumed herpes simplex (HSV);
- Level 3 service – all MSM and people with any symptoms.

Torbay and South Devon NHS Foundation Trust currently operate a hub and spoke system with a main clinic based at Castle Circus Health Centre in Torquay and key satellite clinics in Newton Abbot, Paignton and Brixham. Services are provided across the Torbay and South Devon area, as defined by the South Devon and Torbay Clinical Commissioning Group footprint.

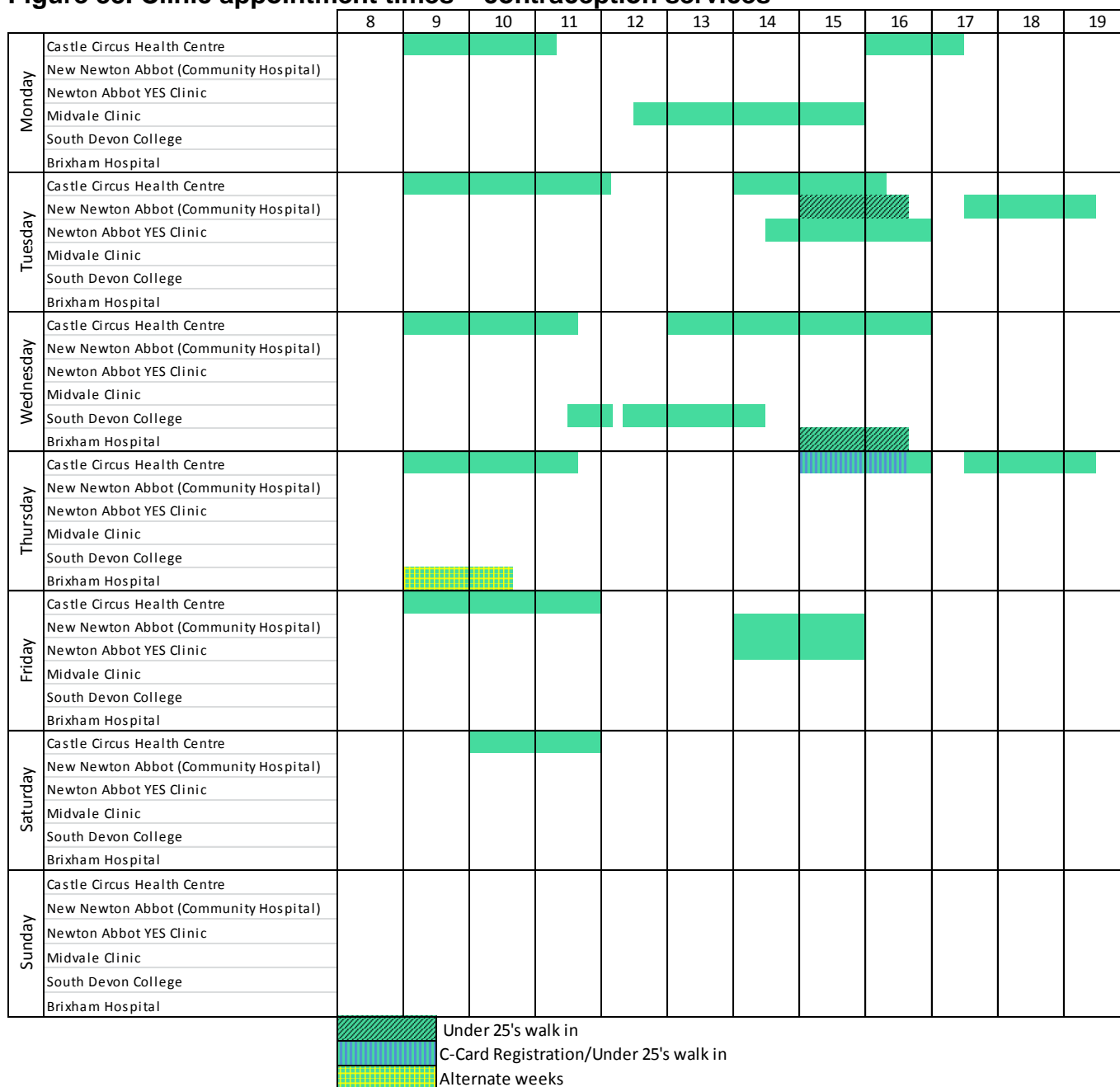
Figure 32. Clinic appointment times – Sexual Health Services



Source: Torbay and South Devon NHS Foundation Trust (Dec 2016)

Appointment times of the clinics are shown in figures 32 and 33. This gives an overview of all clinics offering Sexual Health and contraceptive services. Some offer appointments and some walk-ins (no appointments required), a combination of both are available in certain clinics with age restrictions applying for the community hospital at Newton Abbot, Brixham and Castle Circus.

Figure 33. Clinic appointment times – contraception services



Source: Torbay and South Devon NHS Foundation Trust (Dec 2016)³⁴

C-Card

The C-Card is a condom distribution scheme which offers all young people aged 13-24 access to free condoms, information and guidance around Sexual Health and relationships. The scheme has been in Torbay since 2008 and is managed by Torbay and South Devon NHS Foundation Trust (tSMS). The C-Card scheme offers interventions around Sexual Health and relationships and the scheme activity is delivered by wider statutory and voluntary bodies. C-

³⁴ (<http://www.torbayandsouthdevon.nhs.uk/services/sexual-medicine-service/clinic-opening-times/>)

card is delivered to young people by a range of general practice surgeries; youth work voluntary organisations, colleges, children's services departments and community pharmacies. The majority of current provision is delivered through Torbay and South Devon NHS Foundation Trust's Youth Sexual Health Outreach Team.

Figure 34 shows there are a total of 39 sites across Torbay providing C-card registration and distribution or distribution only. There are currently 24 sites where young people can be registered to the scheme and access condoms and 39 sites where young people can access condoms following registration. Most users are currently under 18 and male, this is most likely owing to the proactive direct efforts of the Boys and Young Men's Worker.

All staff registering young people must have up to date and specific training relating to the C-Card. This training is provided by The Eddystone Trust, a local charity organisation specialising in HIV and Sexual Health. A training programme has been developed to contribute to a multi-disciplinary workforce able to offer Sexual Health and relationship advice, information and interventions, including registering young people to the C-Card scheme.

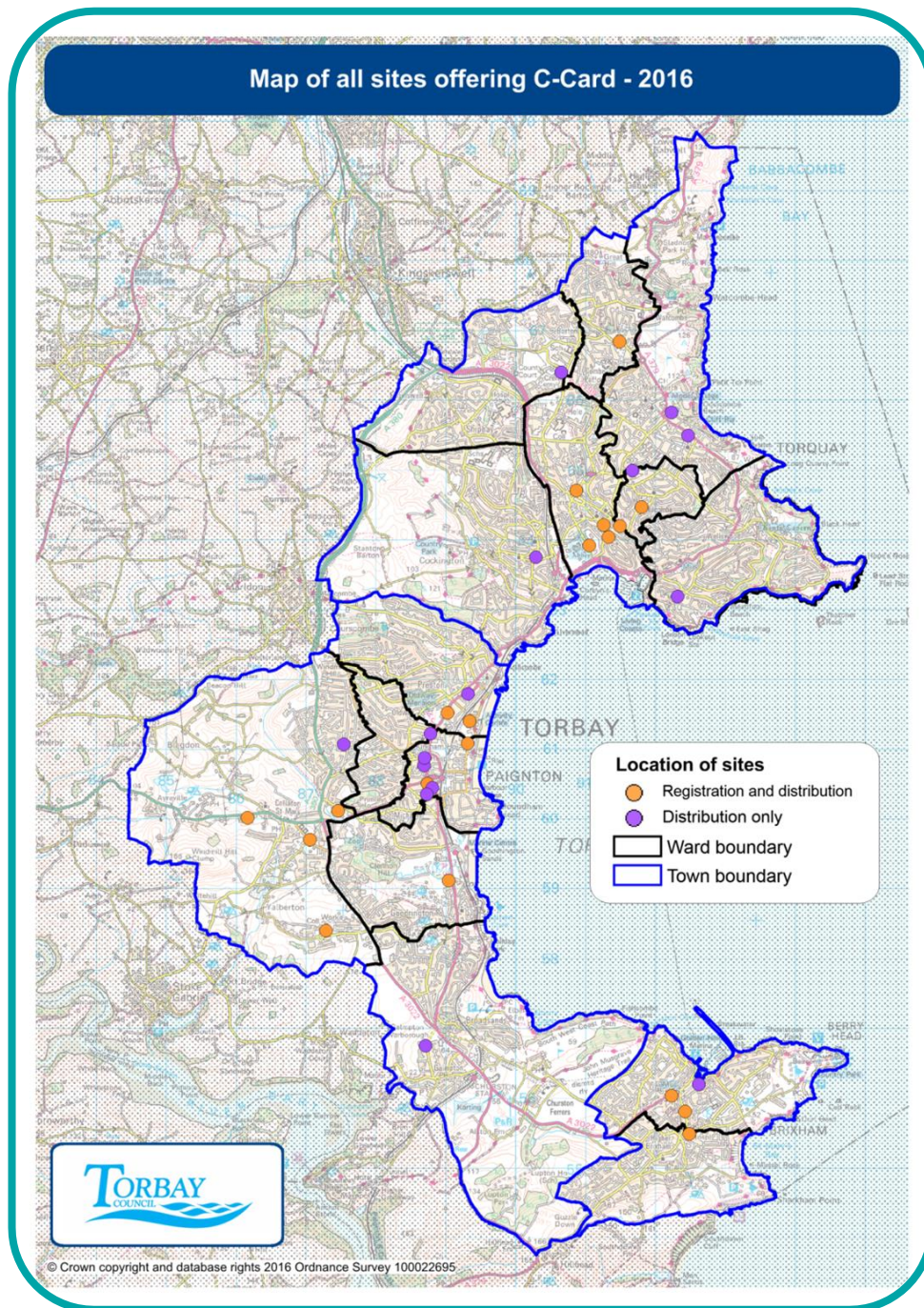
Training includes modules on

- The law, safeguarding and sex
- Delay (R U Ready)
- Contraception choices
- Let's talk about sex
- Teenage Pregnancy

Registration includes making a Fraser Assessment & Gillick Competence assessment of young people aged 13-16 as well as a basic intervention around relationships and wider risk factors.

There is a gap in information around C-Card need, demand and delivery. The supporting database is in need of an upgrade to reflect location, age, demand and to support better targeting of interventions. There is also a low take up of C-Card amongst young adults aged 17-24. Whilst the majority of activity takes place with under 16s and in educational settings, there are opportunities to increase young people's awareness of C-Card and to increase motivation and use of the scheme amongst young sexually active adults over the age of 18.

Figure 34. Map of all sites offering C-Card across Torbay 2015/16

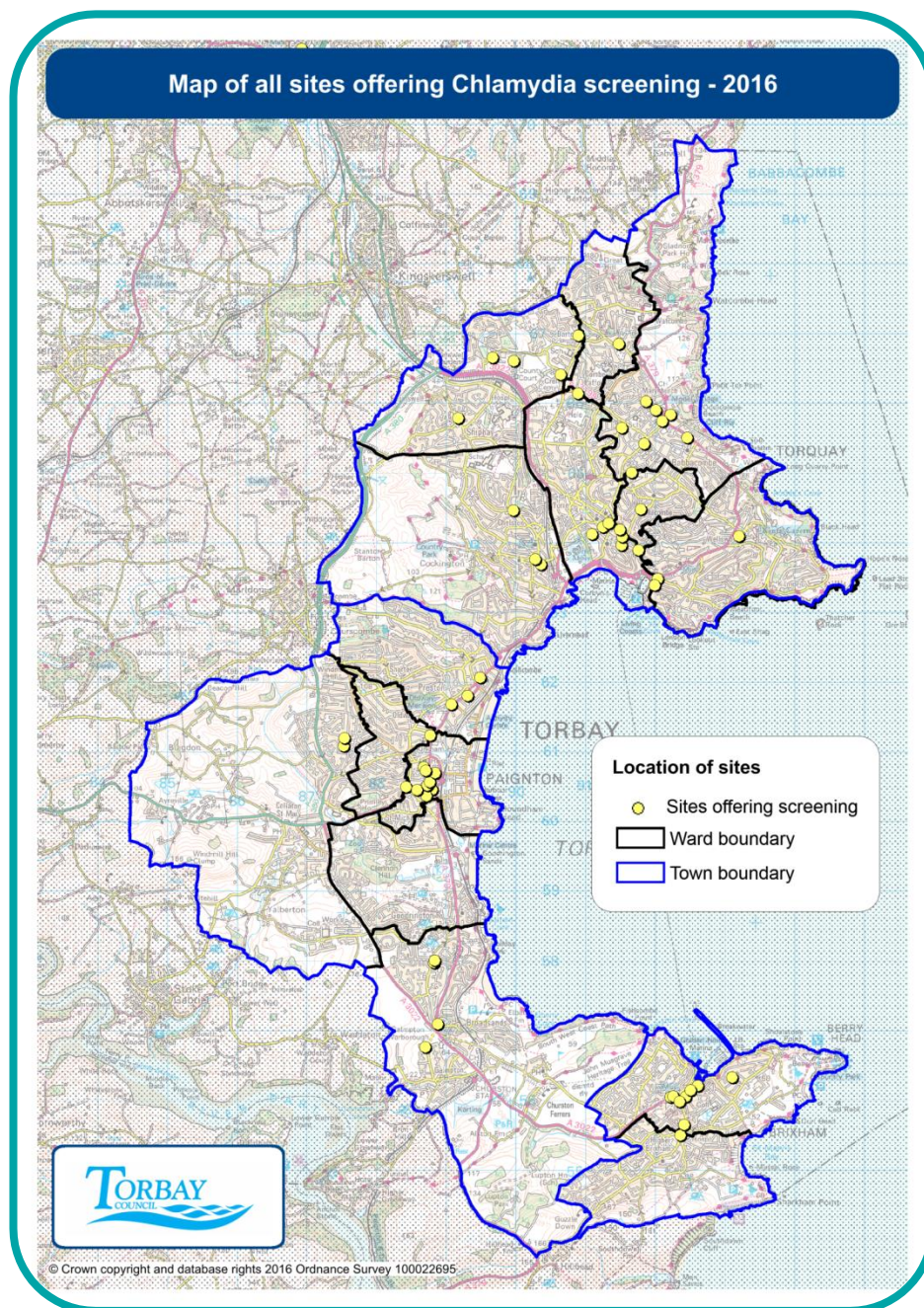


Chlamydia Screening

Chlamydia is an STI which disproportionately affects younger populations. A national screening programme has been in place since 2003. The Torbay Chlamydia screening programme is delivered across the Bay area through tSMS sites based in Torquay, Brixham, Paignton, youth outreach settings (schools), youth organisations (such as checkpoint), Children's Services (e.g. Integrated Youth Support Service) Further Education College sites, GP surgeries and pharmacies. Chlamydia testing kits are also available through the website

<https://www.freetest.me/local/torbay>³⁵ - There are currently 43 locations listed across Torbay (figure 35) as well as the ability to order a kit online.

Figure 35. Map of all sites offering Chlamydia screening across Torbay



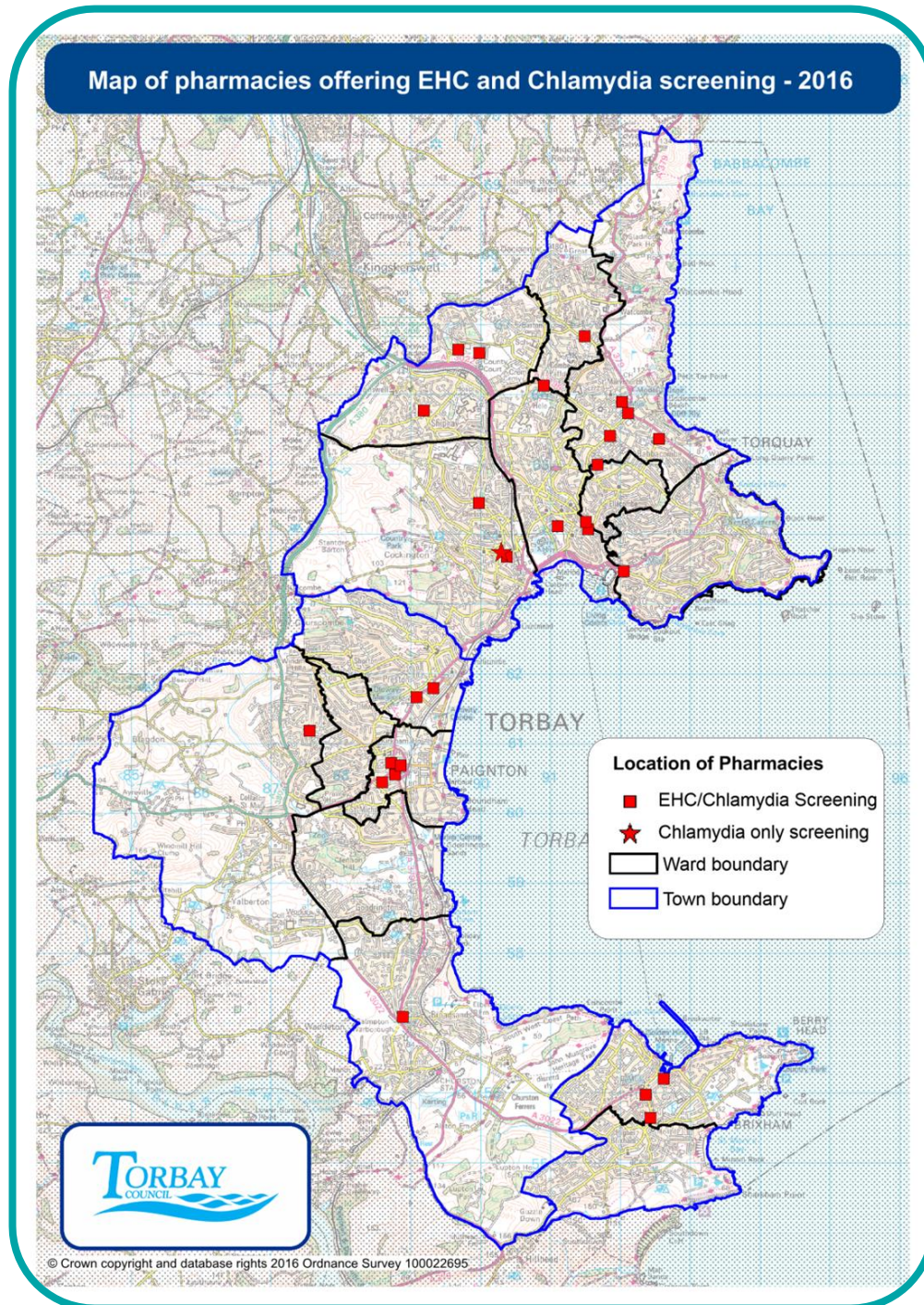
Emergency Hormonal Contraception

In Torbay and Devon there is also a scheme which offers Emergency Hormonal Contraception (EHC) and Chlamydia screening from community pharmacies to all eligible 13-24 year olds (figure 36). The scheme is dependent upon the training and availability of staff as well as the

³⁵ <https://www.freetest.me/local/torbay> Accessed 15/2/17

opening hours of each pharmacy. The scheme is shared across Devon and Torbay Local Authority areas who are seeking to support consistent service provision for younger adults.

Figure 36. Map of pharmacies offering EHC and Chlamydia screening to 13-24 year olds in Torbay



Long Acting Reversible Contraception

General practices are able to provide Long Acting Reversible Contraception (LARC) to patients in Torbay. These methods defined locally as LARC are the Contraceptive Implant (figure 38)

and an IUD / IUS device (figure 37). Doctors and Nurses providing this service must be appropriately trained and accredited to Faculty of Sexual Reproductive Health (FSRH) standards. A local Public Health contract enables delivery of these contraceptive methods in addition to the standard national contraceptive provisions in the national GP contract with NHSE. Although the map shows the sites of the services currently commissioned in general practices, access to the service may be limited by accredited practitioners able to deliver the service. The service will only be available at times or locations where there is appropriate level of available staff.

Figure 37. Map of all GP practices offering IUD/ IUS insertion across Torbay

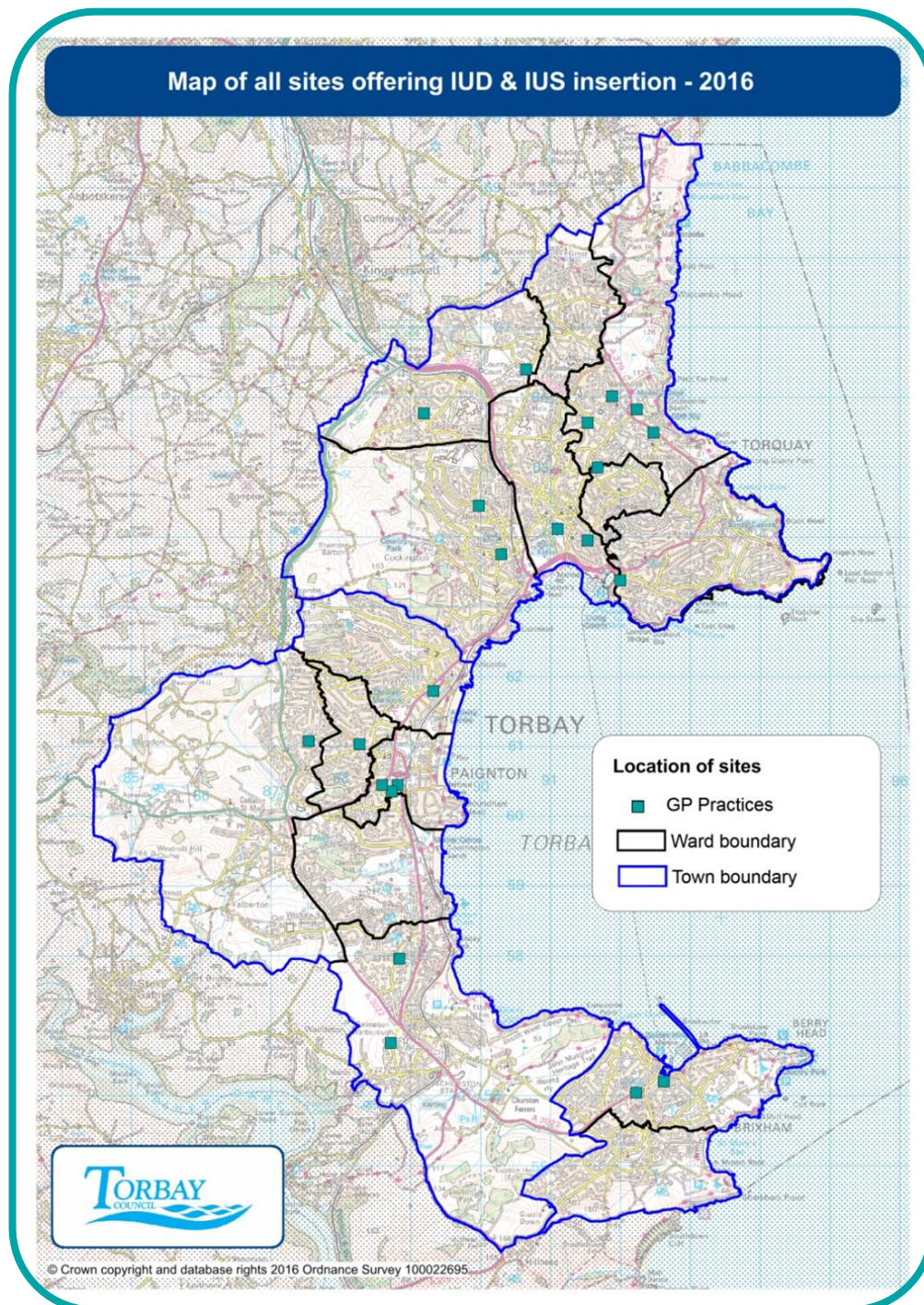
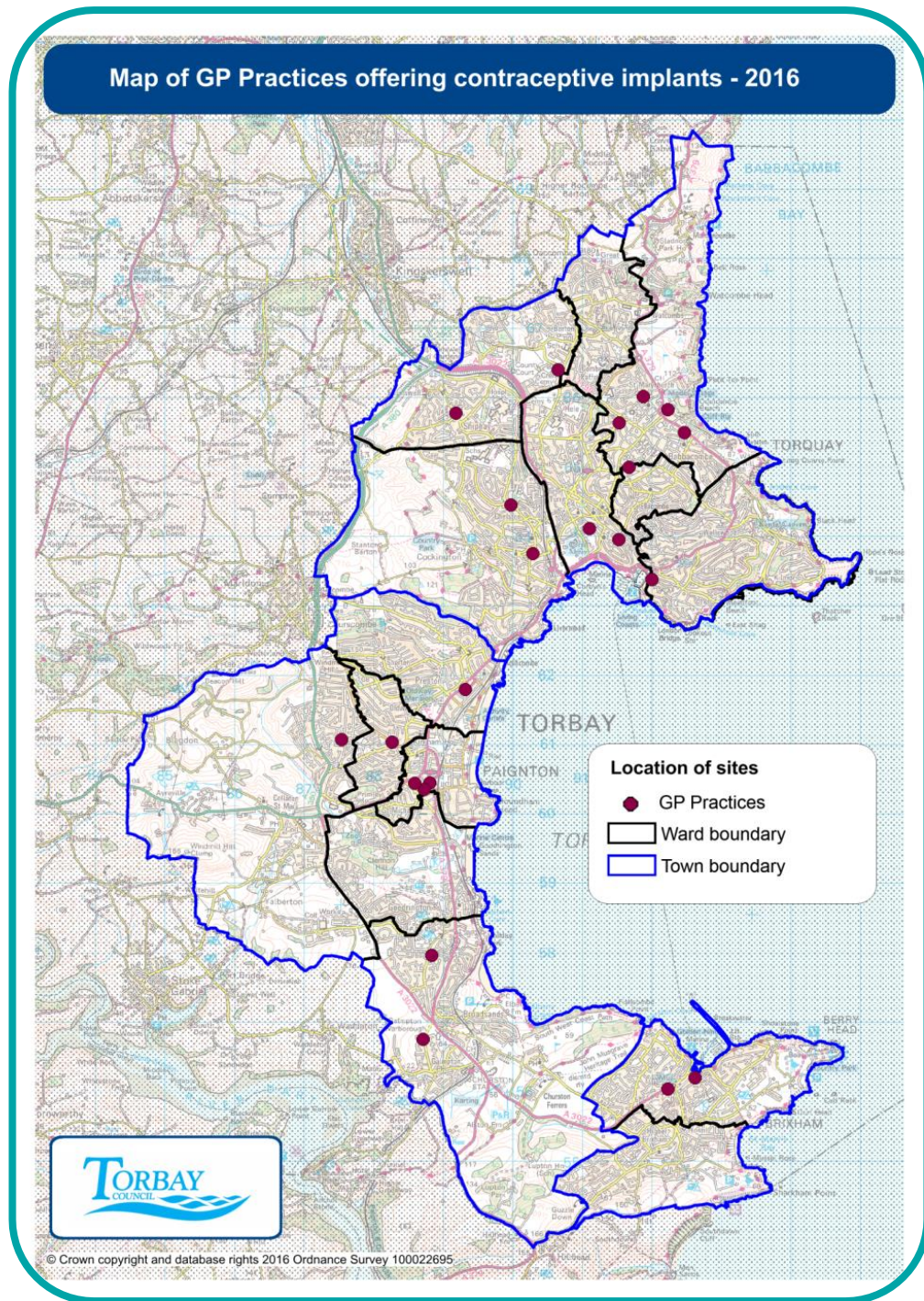


Figure 38. Map of all GP practices offering contraceptive implant devices across Torbay



Sexual Health sites by location

The following figures illustrate the range of services available by town within Torbay.

Torquay has the largest population in Torbay, followed by Paignton and then Brixham. Most services are concentrated to reflect this population distribution. There are fewer services available in Brixham, although the diversity of services available in each town is the same across Torbay.

Figure 39. Map of all sites offering Sexual Health services across Torquay

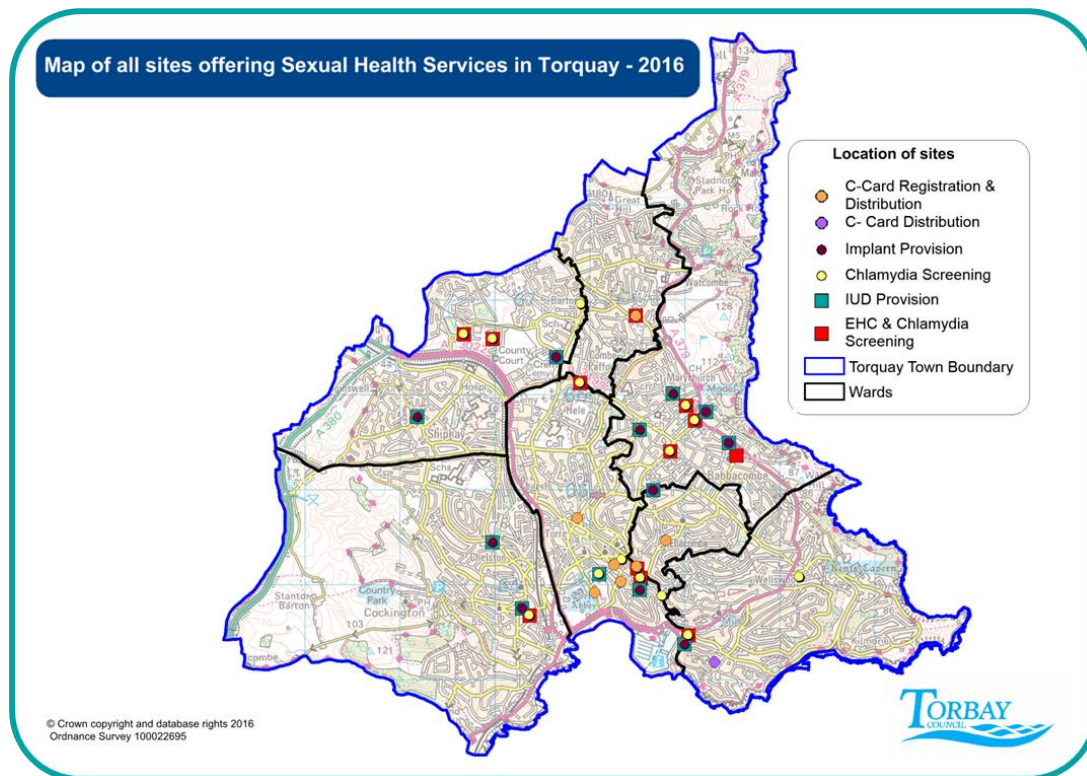


Figure 40. Map of all sites offering Sexual Health services across Brixham

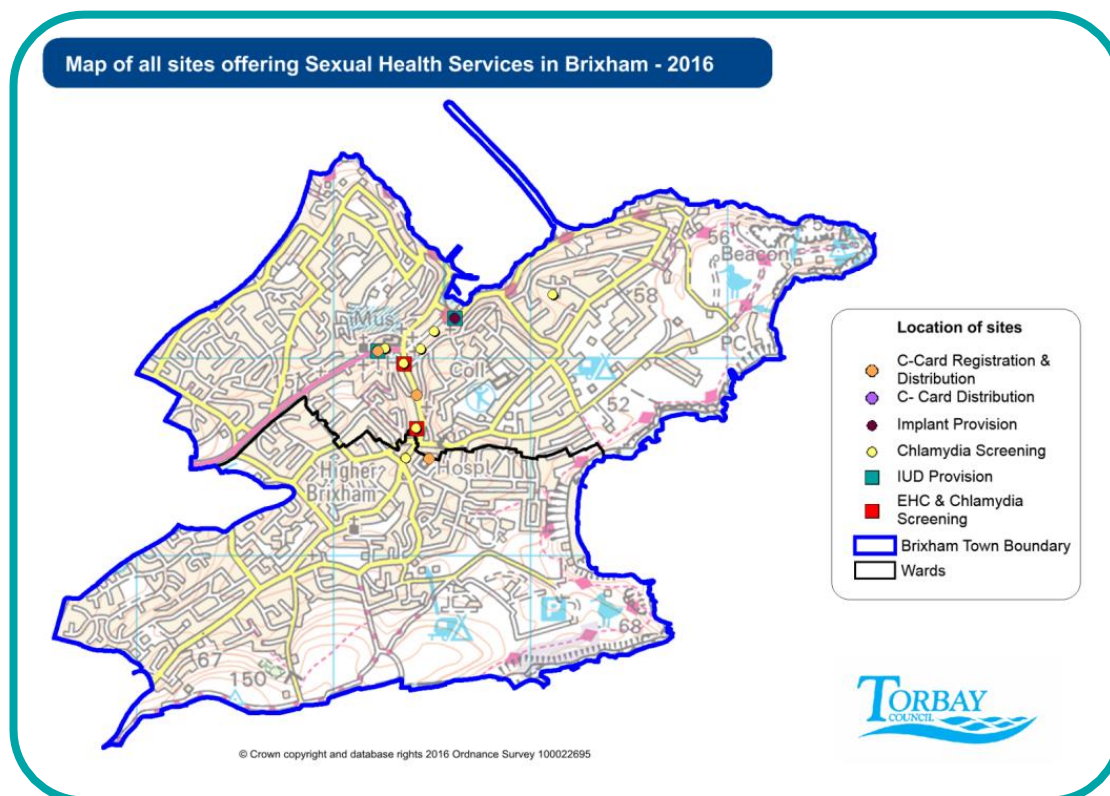
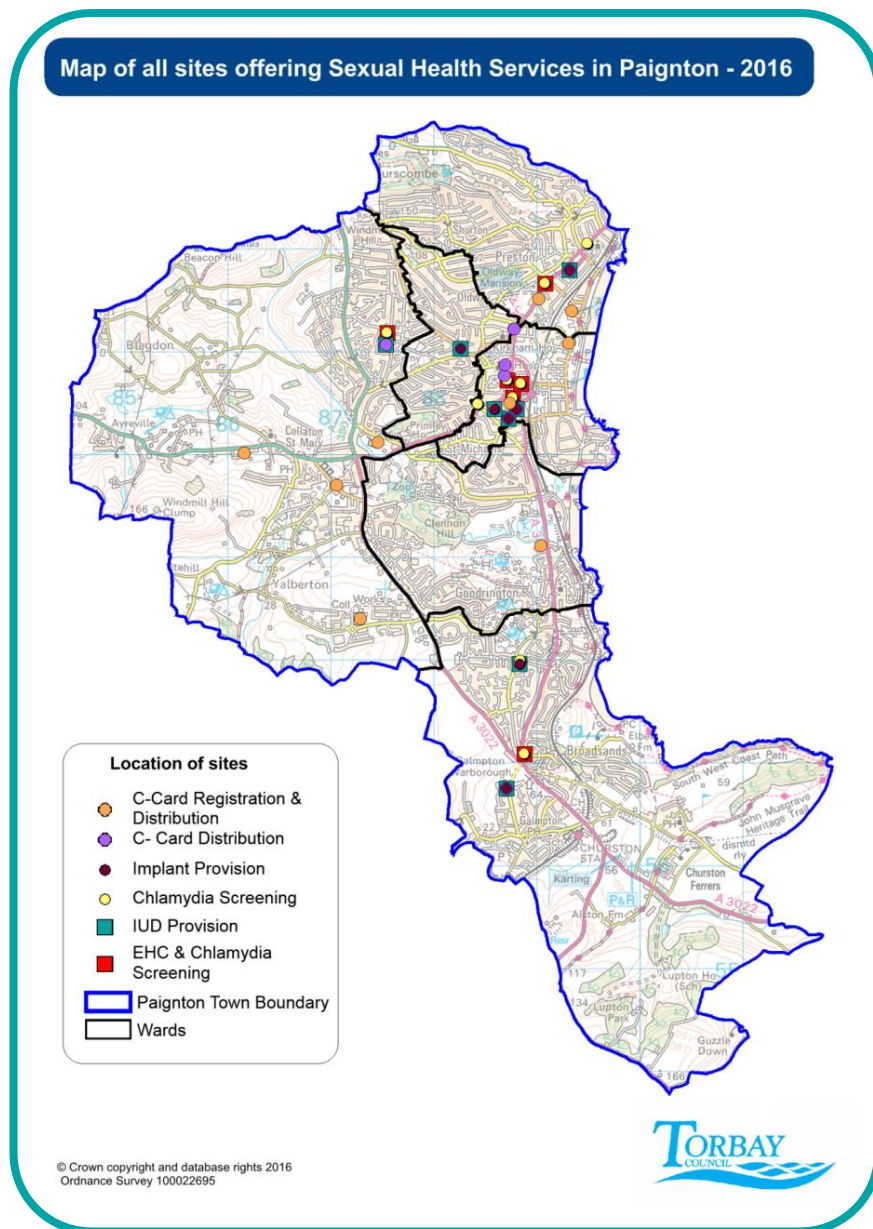


Figure 41. Map of all sites offering Sexual Health services across Paignton



Clinic attendance

The following figures explore the flow and demand of patients from Torbay. As part of the mandatory statutory duties, all clinics are open to all populations or ‘Open Access’.

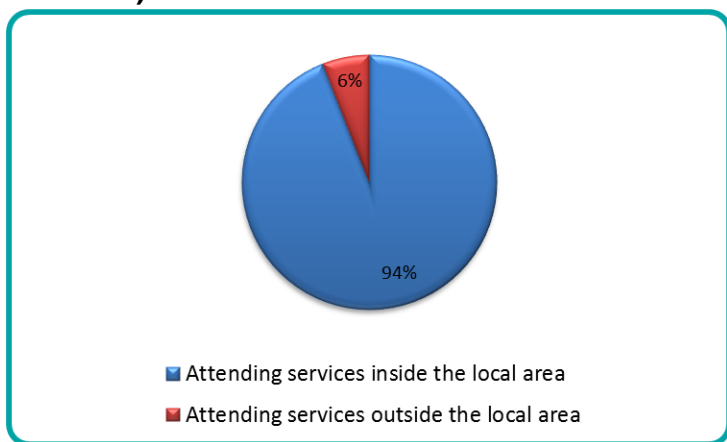
Table 3. New GUM attendances of Torbay residents by clinic location (Financial Year 2015/2016)

Service name	Torbay Hospital	Exeter GUM Clinic	Derriford Hospital, Level 5	North Devon District General Hospital	Outside Devon
Number of patients	3208	104	38	6	73
% of total patients	93.6	3.0	1.1	0.2	2.1

Source: GUMCAD HIV/STI portal

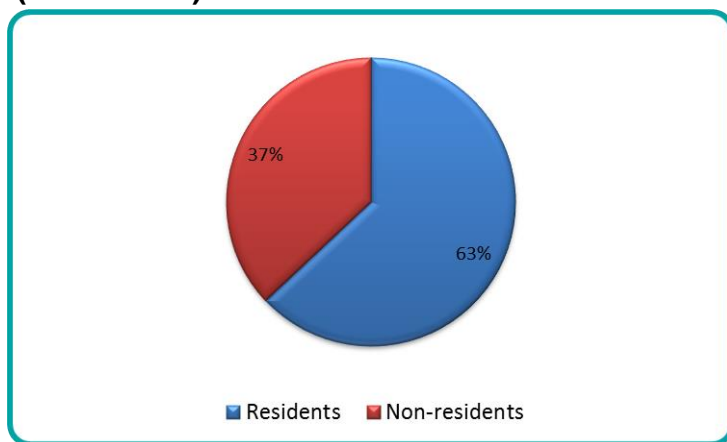
In the financial year 2015/16, 3429 patients residing in Torbay were seen Genitourinary Medicine (GUM) clinics (Table 3). 93.6% (n=3208) of those residents were seen at Torbay Hospital, 3% (n=104) were seen at Exeter GUM clinic, 1.1% (n=38) were seen at Derriford Hospital in Plymouth and 0.2% (n=6) attended North Devon District Hospital. Most people attending Plymouth and Exeter were doing so for convenience or because they work in the local area. A further 73 people (2.1%) attended clinics located across the region and elsewhere. Overall, a total of 5944 clinic attendances were recorded for Torbay residents during the period 01/04/2015 to 31/03/2016, including both new and follow up appointments.

Figure 42. Proportion of local residents attending services in or outside Torbay (FY 2015/16)



Source: GUMCAD HIV/STI portal

Figure 43. Proportion of residents and non-residents attending GUM services in Torbay (FY 2015/16)

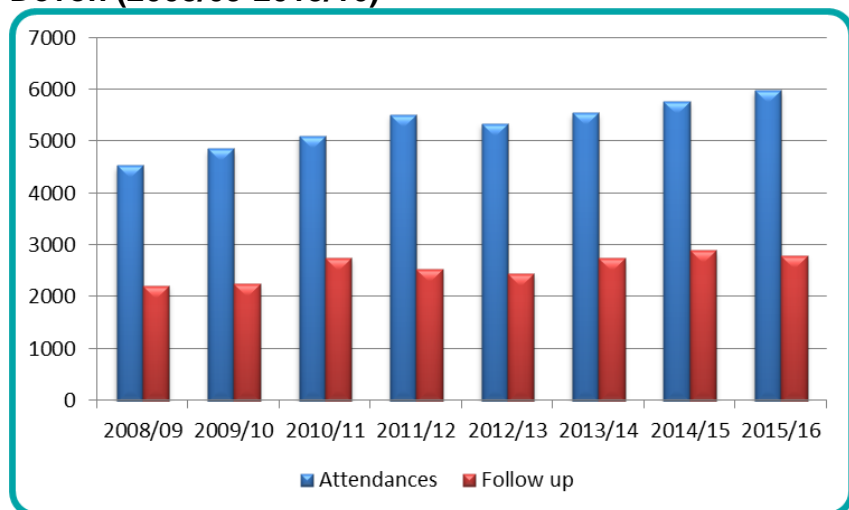


Source: GUMCAD HIV/STI portal

From figure 42 we can see that 94% of local residents attend clinics within Torbay. The GUMCAD data in figure 43 also illustrates that over one third (37%) of attendances at all GUM and non-GUM services in Torbay are by non-residents whilst 63% are residents of Torbay. This is expected as populations in the South Devon area naturally face Torbay Hospital and predominantly access the nearest services.

Since 2008/09, attendance at GUM services has been increasing from 4537 to 5994 patients attending in 2015/16 shown in figure 44. This is approximately a 4% increase in patient demand each year. A proportion of attendances require a follow up appointment, this is due to clinical factors and some treatments requiring multiple treatments or interventions. There is a local desire and contract aim to achieve a follow up rate of 45% or lower.

Figure 44. Patient attendances at all (GUM & Non-GUM) services in Torbay and South Devon (2008/09-2015/16)



Source: GUMCAD HIV/STI portal

Of patients attending over the time period 2008/09-2015/16, the proportion requiring follow up does fluctuate but is consistently higher than the target (table 4).

Table 4. Proportion of follow up appointments attended at GUM services in Torbay (2008/9-2015/16)

Financial Year	Proportion follow up
2008/09	48.8%
2009/10	46.3%
2010/11	53.9%
2011/12	45.9%
2012/13	46.0%
2013/14	49.5%
2014/15	50.2%
2015/16	46.8%

Source: Sexual and Reproductive Health Services, England - 2015-16 – NHS England report ³⁶

GUM and contraception clinic activity

From the Sexual Health Services Reporting framework, (Table 5) we can see that for GUM attendances females were the majority users accessing services with 63% of the total attendances in 2015/16 and 64% 2016/17. A higher proportion of males (56%) attended follow-up appointments across both years.

Attendance numbers have decreased from 4373 in 2015/16 to 3245 in 2016/17 for new appointments with follow-up showing the same reduction, n=1963 to n=1454, although the ratio of males and females in all age groups attending over both years has remained fairly consistent.

³⁶ <http://www.content.digital.nhs.uk/catalogue/PUB21969> (accessed Jan 2016)

Table 5. GUM clinic attendances in Torbay Hospital sites (2015/16-2016/17)

		2015/16		2016/17	
		Total	%	Total	%
New attendances GUM only (1st Appts)	Total females	2739	63%	2063	64%
	Total Males	1634	37%	1182	36%
	Total Number of under 18 year olds	328	8%	225	7%
	Total Number of 18 - 24 year olds	1753	40%	1228	38%
	Total Number of 25 - 34 year olds	1338	31%	1023	32%
	Total Number of 35+ and over	954	22%	766	24%
	Men who have sex with men (MSM)	239	5%	165	5%
	Black and minority ethnic groups	137	3%	130	4%
TOTAL NUMBER OF NEW ATTENDANCES GUM		4373	100%	3245	100%
Follow-up attendances GUM only	Total females	903	46%	672	46%
	Total Males	1060	54%	782	54%
	Total Number of under 18 year olds	90	5%	63	4%
	Total Number of 18 - 24 year olds	620	32%	411	28%
	Total Number of 25 - 34 year olds	521	27%	382	26%
	Total Number of 35+ and over	732	37%	590	41%
	Men who have sex with men (MSM)	337	17%	266	18%
	Black and minority ethnic groups	69	4%	59	4%
TOTAL NUMBER OF FOLLOW UPS GUM		1963	100%	1454	100%
Total Contraception Attendances <i>(total contraception attendances required to ensure that any attendances not covered in the LARC numbers below are included)</i>	Total females	3837	99.97%	3210	100%
	Total Males	1	0.03%	1	0%
	Total Number of under 18 year olds	534	14%	373	12%
	Total Number of 18 - 24 year olds	1556	41%	1230	38%
	Total Number of 25 - 34 year olds	1026	27%	939	29%
	Total Number of 35+ and over	722	19%	669	21%
	Black and minority ethnic groups	30	1%	31	1%
	TOTAL NUMBER OF ATTENDANCES CONTRACEPTION		3838	100%	3211
LARC	Number of contraceptive implant insertions	374	10%	275	9%
	Number of IUD/IUS insertions	173	5%	153	5%
	Number of attendances of injectable contraception	240	6%	213	7%
C-Card Contacts	Number of Males under 18 accessing C-Card	966	70%	1572	78%
	Number of Females under 18 accessing C-Card	326	24%	111	6%
	Number of Males 18-24 accessing C-Card	60	4%	308	15%
	Number of Females 18-24 accessing C-Card	34	2%	19	1%

Source: Torbay and South Devon NHS Foundation Trust Integrated Sexual Health Services Reporting Framework (Feb 2016)

Females make up 99.9% of contraception attendances over both financial years. A much higher proportion of males aged under 18 are utilising the C-card service with 70% and 78% of the total users respectively. A reason for this is the direct delivery of C-Card directly to school-aged males by the Boys and Young Men's Worker. This increased access of C-Card to young men was the intention of the role during the local Teenage Pregnancy Strategy as a method of increasing young men's sexual health and wellbeing and as a tool for preventing STI transmission and unintended pregnancy.

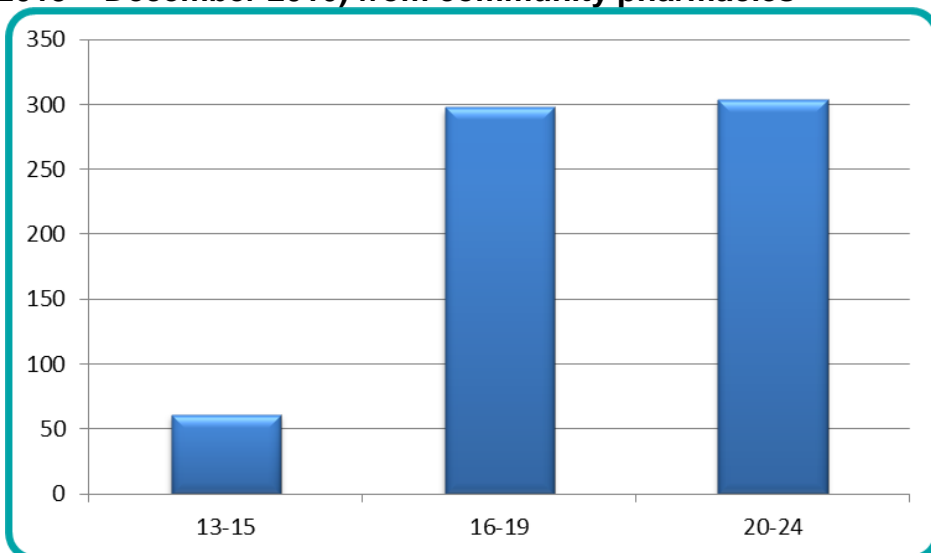
Females in both age groups are using the service much less regularly accounting for 26% and 7% of the users in the same years.

Emergency Hormonal Contraception

In order to support younger populations to prevent unplanned pregnancy, a community pharmacy scheme exists to support women aged 13-24 to have access to free Emergency Hormonal Contraception. The scheme has been running for several years in Torbay and was recommissioned in 2015 to include as standard a chlamydia screening kit offer.

There are 27 active pharmacy providers of EHC and 29 accredited providers in the Torbay area. From 01/10/15 to 31/12/16 there were 516 provisions or personal interactions made. The age break down for these interactions is as follows in chart 1. The distribution of EHC sites across Torbay is good with the majority of community pharmacies actively offering this scheme.

Chart 1. Age breakdown of patients aged 13-24 years old provided with EHC (October 2015 – December 2016) from community pharmacies



Source: Standard Report for EHC and Chlamydia screening (13-24 years) Torbay

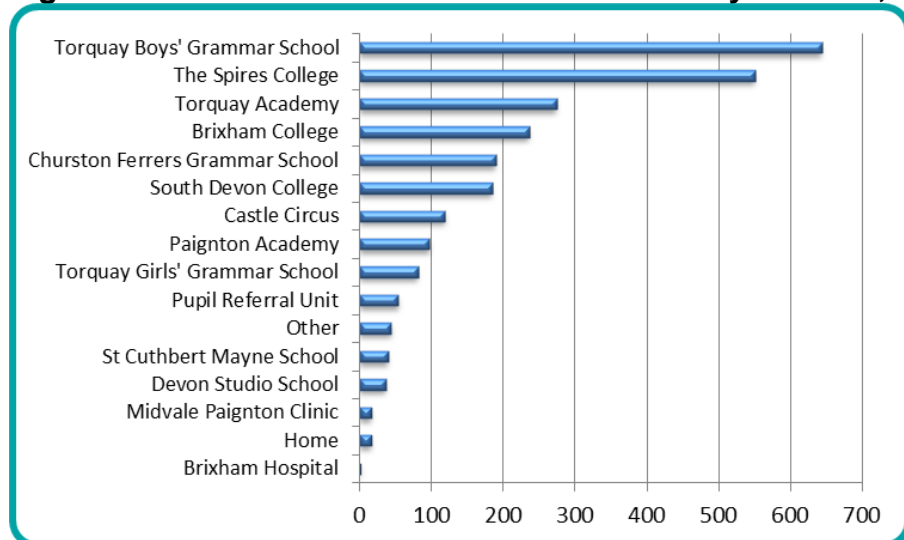
Youth Outreach Services

The youth outreach team has been in place since 2008 and is a specialist mobile delivery team of tSMS. A team of nurses and a Boys and Young Men’s worker with youth work skills makes up the activity of the overall outreach team.

The remit of the outreach team is to work with young people aged 13-24 in Torbay and to improve their Sexual Health and contribute towards reductions in the teenage conception rate and improve chlamydia screening for under 25 year olds. The team has adopted a model whereby the main focus is on school-aged children and young people. While this is positive for longer term prevention and has undoubtedly supported the local reduction in teenage

conceptions, most young people are sexually active after the age of 16. Efforts are underway to refocus activity on young people most likely to experience poor sexual and reproductive health outcomes.

Figure 45. Face to face Outreach attendances by location, 2015/16



Source: Torbay and South Devon NHS Foundation Trust data 2016: Outreach Team data

Figure 45 shows a total of 2641 face to face Outreach attendances in Torbay between April 2015 and March 2016. The majority of these were carried out at Torquay Boys Grammar School (n=644) and The Spires College, formerly Westlands School (n=550).

Regular contraceptive ‘drop in’ sessions take place in most secondary schools in Torbay. Some activity takes place on other targeted and community settings, e.g. working with Young Carers or LGBTQ Youth group. Activity is currently concentrated in educational settings. The team also deliver a range of Sex and Relationship Education input into schools and colleges. The team currently manages a safeguarding –related case load of young people with complex Sexual Health and relationship issues.

6. Service User Insight

Within the Torbay Sexual Medicine Service, feedback from patients is received through the 'Friends and Family test' mechanism and from 2012 – 2016 a regional clinic survey using a regionally agreed questionnaire. These service user insights were gleaned from what patients had already experienced, as well as what they wanted or needed in anticipation of their patient experience. Individual clinics were issued feedback. Consistent themes from all South West clinics included:

- Friendly and non-judgemental staff
- Good communication and avoidance of jargon
- The paramount importance of confidentiality
- Retaining self-referral for patients
- Easy availability of appointments / ability to be seen conveniently as soon as possible
- Waiting times in the clinic, being advised of waiting times and car parking

The following results are from the January 2016 Torbay Sexual Medicine Service questionnaire. Positive areas to particularly highlight for Torbay were; the percentage seen within 30 minutes of an appointment, health care professionals being friendly and approachable, trust and confidence in the health care professional, tests being well explained, confidential treatment rooms, privacy throughout discussions and examinations and being left with clear information. Of the 2016 patients within this questionnaire, 100% of patients would attend again, would recommend the clinic to a friend and rated the care as excellent or very good. Specific comments made included:

“I was very impressed with my appointment today - great doctors, very professional”

“Excellent - everyone was so friendly. I was really scared at first but everyone was really caring and nice. I didn't have to wait long and everywhere was clean and full of lovely helpful leaflets”

“Very friendly staff”

“Staff that greeted me and called me from reception introduced themselves - instead of me having to make a follow-up appointment staff went out of their way to enable me to receive my treatment today. This was much appreciated as I work away from the area and I would not have been able to book my follow-up for a few weeks”

This indicates a high level of overall patient satisfaction.

The friends and family test data (Table 6) provided only covered a 3 month period (Sept – Nov 2016). However the data did indicate that during that period:

Table 6. Friends and Family test data (September – November 2016)

FFT responses	Sep 16	Oct 16	Nov 16	Overall
1 Extremely likely	58%	84%	29%	67%
2. Likely	37%	12%	57%	27%
3. Neither likely nor unlikely	5%	4%	0%	4%
5 Extremely unlikely	0%	0%	14%	2%

7. Evidence on What Works

The Department of Health 'Framework for Sexual Health Improvement in England' (2013) set out the ambitions for good Sexual Health and identifies evidence based interventions to improve Sexual Health outcomes. The document states that "There is ample evidence that Sexual Health outcomes can be improved by:

- Accurate, high-quality and timely information that helps people to make informed decisions about relationships, sex and Sexual Health;
- Preventative interventions that build personal resilience and self-esteem and promote healthy choices
- Rapid access to confidential, open-access, integrated Sexual Health services in a range of settings, accessible at convenient times;
- Early, accurate and effective diagnosis and treatment of STIs, including HIV, combined with the notification of partners who may be at risk; and
- Joined-up provision that enables seamless patient journeys across a range of Sexual Health and other services – this will include community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings"

Among other national documents that contribute to the evidence base are the British HIV Association Standards of Care for people living with HIV in 2013 (BHIVA 2013); the British Association of Sexual Health and HIV Standards for the management of sexually transmitted infections (BASHH 2014); the Faculty of Sexual and Reproductive Healthcare Service Standards for Sexual and Reproductive Healthcare (FSRH 2013) and the National Institute of Clinical Excellence guidance for contraceptive services for under 25s (NICE 2014). In a recent report published by PHE South West³⁷, key recommendations on the effectiveness and return on investment of Sexual Health interventions included:

- The literature on point of care testing, postal and web based platforms may enable commissioners to increase uptake of Chlamydia screening
- The literature on partner notification may support commissioners to further target partner notification activity
- There is emerging evidence in relation to augmenting HIV screening beyond the high risk groups in low prevalence populations as a one-off activity

³⁷ Sexual and Reproductive Health in the South West: An updated review of evidence of effectiveness and return on investment in sexual and reproductive health interventions (2016)

- Achieving effectiveness in some services is dependent on hidden costs such as training and publicity. These costs have not always been included within studies

Strong links are made between Sexual Health and other key determinants of health and wellbeing, such as alcohol and drug misuse, smoking, obesity, mental health and violence (particularly violence against women and girls). It is likely that any efforts to improve the overall health and wellbeing of populations who experience the worst health outcomes will contribute to a reduction in health inequalities and subsequent improvement in sexual and reproductive health outcomes.

With regard to the evidence of what works; the Department of Health Framework for Sexual Health Improvement states that effective interventions include:

- Universal and targeted prevention support and behaviour change; condom use and condom schemes for young people and MSM
- Reduction in Sexually Transmitted Infections increasing testing and screening, STI services at risk groups, HPV vaccinations programmes
- Contraception services which are highly visible, easy access and use long acting methods
- HIV awareness, condom promotion, early testing, risk counselling, rapid access to treatment and prevention
- Unplanned conceptions contraception advice in abortion, pregnancy loss and maternity services
- Early access to abortion services; quality counselling at all stages
- Addressing wider determinants, mental health, alcohol and drug use, sexual and domestic violence, sexual exploitation

(Adapted from 'A Framework for Sexual Health Improvement in England' 2013)

8. Local Unmet Needs and Service

Sexual Health in Torbay is a mixed picture. Service levels are good, widely available and have good uptake. Torbay is not an outlier for STIs and where Torbay has previously been significantly higher for Teenage Conceptions, significant progress has been made to bring these rates down and to be more in line with the regional and England rates.

Insights and feedback from patients could be improved, not only on service experiences but also on needs and wants from the overall population but particularly amongst well defined and segmented groups. This would allow commissioners and providers to better understand and respond to needs.

Deprivation is increasing across some areas of Torbay and within this, concerns about the sexual and reproductive health of the residents of these areas remains. While services are accessible and effective, more embedding across the wider health and social care systems to support the preventative aspects of Sexual Health, including take up of consistent contraception methods or accessing early abortion could be improved.

Teenage conceptions are still high within areas of deprivation of Torbay, notably Tormouhan and Ellacombe in Torquay and Roundham–with-Hyde in Paignton. Better information about where and how populations from these location are accessing contraception, C-Card, EHC and sexual health services would allow more tailored and targeted interventions.

LARC coverage has been good, but locally there are mergers between large Primary Care practices and planned retirements which could have a significant impact on LARC coverage. Good access to a range of contraceptive methods, including LARC remains a key focus in order to maintain access.

HIV diagnosed at a late stage is at a higher than average rate in Torbay. The actual numbers are low and comparatively, Torbay is a lower prevalence area. However, late diagnosis of HIV is related to missed diagnosis opportunities in Primary Care and other health settings. HIV diagnosed late is also most likely amongst groups not traditionally associated with HIV (white heterosexual men and women). This could indicate a workforce development need to improve confidence and awareness in HIV testing. HIV testing within specialist services could be improved and work is underway locally to improve this.

The abortion and repeat abortion rates can indicate a range of met or unmet needs and will require further investigation into the norms, behaviours, attitudes and needs of women. It does emphasise the ongoing need for timely access to contraceptive services. It could also indicate a wider issue around information, knowledge, skills and motivations around the range of contraceptive methods, particularly for women aged 18-25.

7. Knowledge and Information Gaps

This Sexual Health needs assessment has been a rapid process, highlighting and reviewing currently available data and service activity. It does not offer a comprehensive insight into the whole of the needs of the population. We acknowledge the current scarce patient feedback and pathway experiences. This will be prioritised and used alongside dialogue with providers about ways to identify and improve patient experiences as well as to acknowledge good practice and areas of high satisfaction.

We specifically acknowledge the need to gain greater insights into some of the more at risk local populations, including (but not exclusively):

- Young people aged 13-16
- Young people aged 16-19
- Young adults aged 20-24
- Teenage parents in Torbay
- The impact of alcohol, substances and Sexual Health
- People most at risk of HIV transmission
- Sex workers
- Older adults aged 60+
- Psychosexual and sexual dysfunction

8. Conclusion

Sexual Health in Torbay is generally positive with good access to various levels of contraceptive and Sexual Health services. Patients are broadly satisfied and coverage across the three towns is good.

Young people have the highest burden of disease from STIs, with higher rates also seen in men who have sex with men and in populations who reside in areas of high socio-economic deprivation. Proportionate universalism principles can support the development of appropriate targeted offers amongst groups, sexual networks and communities.

The challenges arising from the changes in Sexual Health commissioning responsibilities since 2013 are important to note, and although there are good examples of systems working and clear clinical pathways, there are further opportunities to enhance this arrangement.

9. Recommendations

- Continue to embed Chlamydia screening across universal and targeted provision in community settings and in Sexual Health clinics
- Continue to deep dive to understand the locally contributing factors of late HIV diagnosis across Primary and Secondary care settings and to improve the uptake of HIV testing within Torbay Sexual Medicine Service
- A joined up approach to positive Sexual Health and negative Sexual Health (e.g. Child Sexual Exploitation / Sexually Harmful Behaviours / Sexual Offences) could benefit outcomes and interventions with target populations.
- Deeper work into understanding and segmenting the needs of specific groups could help to shape enhanced offers or pathways, for example, the needs of 16-24 year old men and women
- Improve the data reporting of the C-Card in order to better understand the needs and demands and take up amongst groups and within localities which may require additional input in order to realise better sexual and reproductive health outcomes
- Develop the sexual health offer for 17-24 year old young men and women
- Improve service user feedback mechanisms – all services and commissioners could improve the approach to service user feedback and to ensure that regular and meaningful feedback takes place
- When addressing wider determinants of health within Torbay, include efforts to improve the sexual and reproductive health and wellbeing of Torbay residents

10. Appendix

In the PHE Sexual and Reproductive Health fingertips website, seven additional Public Health wider determinant indicators have been added for their relevance in terms of influence on Sexual Health. These include Under 18 alcohol –specific hospital admissions, percentage of people living in 20% most deprived areas in England, percentage of children living in low income families, percentage of GCSEs achieved (5 A*-C including English and Maths), percentage of young people aged 16-18 not in education, employment or training.

In 2015, Torbay was ranked 46th out of 326 Local Authority Districts in England for levels of multiple deprivation (a rank of 1 being the most deprived). This puts Torbay amongst the 20% most deprived Local Authorities across the country. Patterns of deprivation are complex and are arguably worsening in Torbay since 2010 (from 49th in 2010 to 46th in 2015). Strong links between deprivation, social exclusion and poorer Sexual Health outcomes or sexual ill-health have long been identified.³⁸

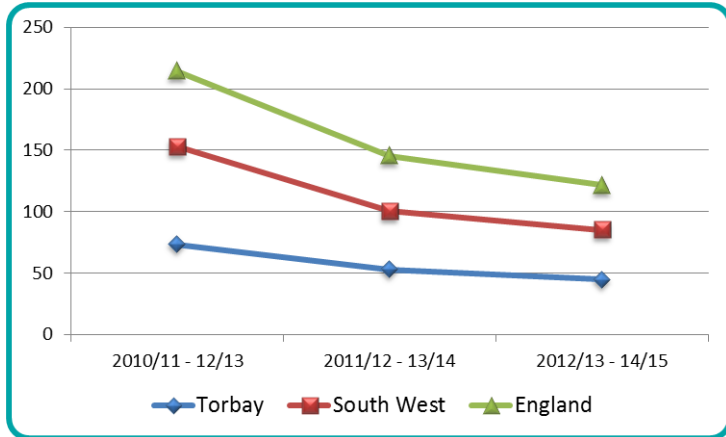
Wider determinants of health

Figure 46 shows the crude rate of under 18s alcohol-specific hospital admissions per 100,000 population. The Sexual Health Framework (2013) highlights the following research findings:

- There is an association between alcohol-attributable hospital admissions in both males and females with teenage pregnancy, even after controlling for the overriding and strong effect of deprivation, and the same is true for the more common sexually transmitted infections.
- There is evidence that alcohol consumption and being drunk can result in lower inhibitions and poor judgements regarding sexual activity, vulnerability and risky sexual behaviour, such as not using contraception or condoms.
- Alcohol consumption by young people leads to an increased likelihood that they will have sex at a younger age, and alcohol misuse is linked to a greater number of sexual partners and more regretted or coerced sex; alcohol also increases the risk of sexual aggression, sexual violence and sexual victimisation of women

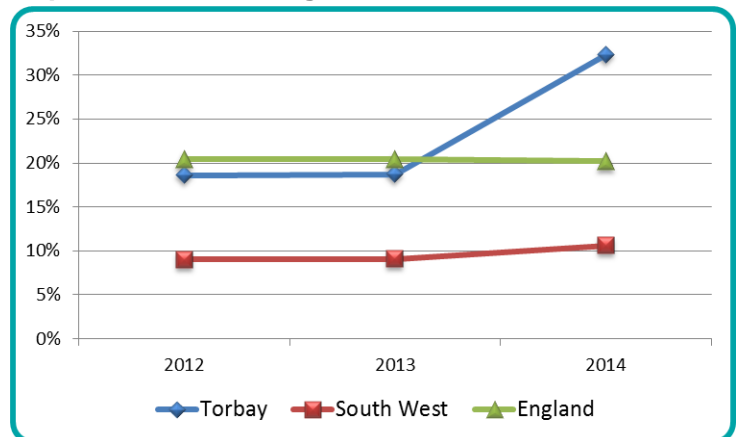
³⁸ <http://www.southdevonandtorbay.info/needs-assessment/topic-based-overviews/deprivation/> (Accessed 24/2/17)

Figure 46. Under 18s alcohol-specific hospital admissions rate / 100,000



Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates

Figure 47. Percentage people living in 20% most deprived areas in England



Source: Department for Communities and Local Government (DCLG)

Figure 47 shows the percentage of the relevant population in this area living in the 20% most deprived Lower Super Output Areas in England.

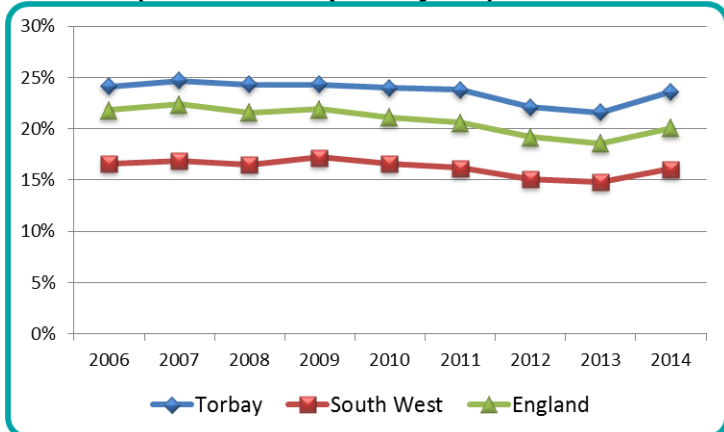
- It has been shown that teenage pregnancy is related to deprivation. The difference in deprivation between areas is a major determinant of health inequality in the United Kingdom. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation.
- For instance, all-cause mortality, smoking prevalence, self-reported long standing illness is all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also.

In figure 48 we see the percentage of children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income) for under 16s only.

- Child poverty is an important issue for public health and is associated with teenage pregnancy. Children of teenage mothers have a 63% increased risk of being born into poverty.
- The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

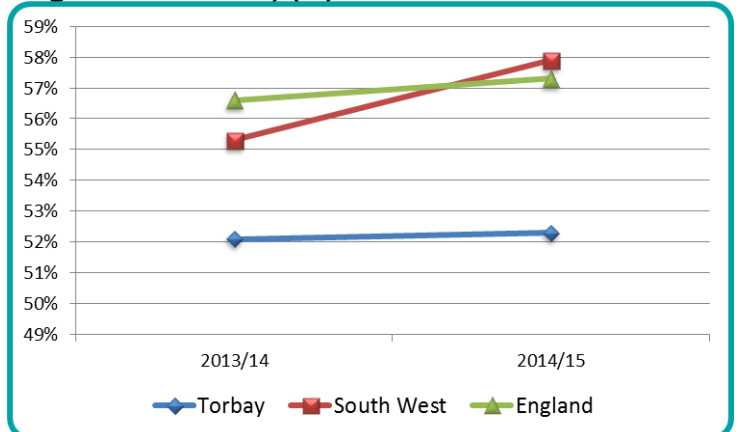
- ‘A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families’ Lives’ sets out the Government’s approach to tackling poverty for this Parliament and up to 2020. This strategy meets the requirements set out in the Child Poverty Act 2010, focuses on improving the life chances of the most disadvantaged children, and sits alongside the Government’s broader strategy to improve social mobility.

Figure 48. Percentage of children in low income families (Under 16s in poverty - %)



Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics)

Figure 49. GCSEs achieved (5 A*-C including English and maths) (%)

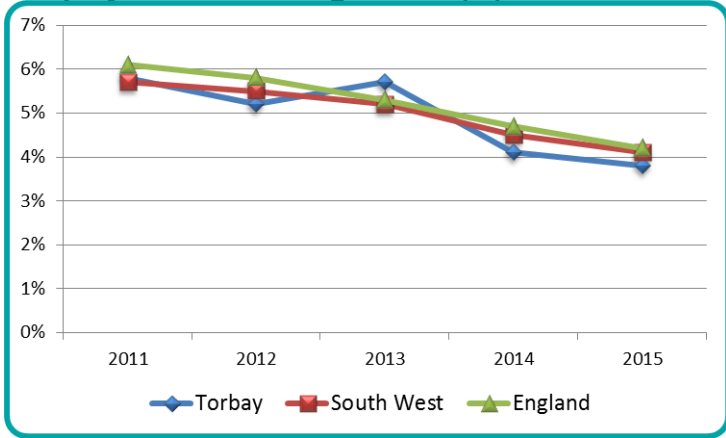


Source: Data downloaded from the Department for Education website

Figure 49 shows the percentage of pupils achieving 5 or more GCSEs at grades A*-C (including English and Maths) or equivalent, percentage of pupils at end of Key Stage 4 based on local authority of the pupil's residence, at the end of the academic year, persons.

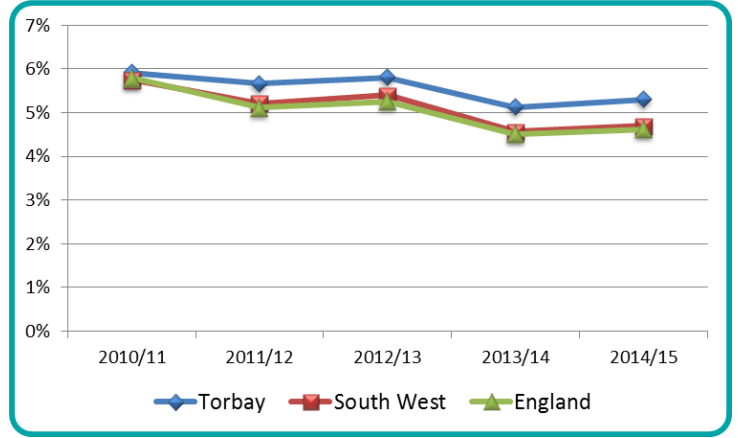
- This indicator is related to teenage pregnancy, as low educational attainment is an underlying factor that increases the risk of teenage pregnancy - see 'Teenage Pregnancy in England' published May 2013 by the Centre for Analysis of Teenage Transitions.
- Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances.
- Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities.

Figure 50. 16-18 year olds not in education employment or training - NEET (%)



Source: Department for Education

Figure 51. Pupil absence (%)



Source: The School Census.
Location: <https://www.gov.uk/government/collections/statistics-pupil-absence>

Figure 50 shows the estimated number of 16-18 year olds not in education, employment or training divided by the total number of 16-18 year olds known to the local authority whose activity is either not in education, employment or training (NEET), or in education, employment or training (EET).

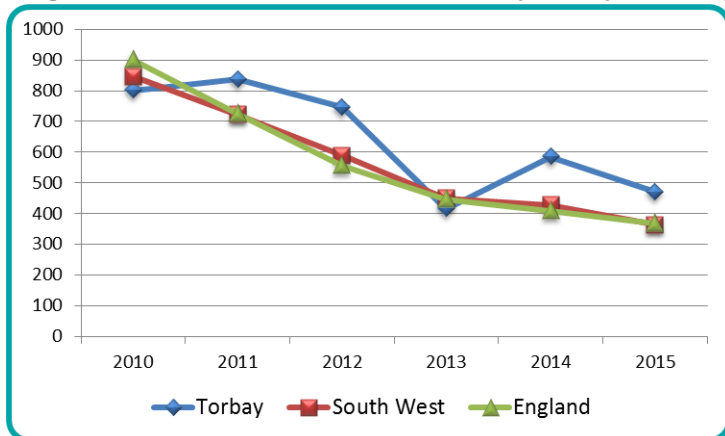
- This indicator uses the average proportion of 16-18 year olds NEET between November and January each year.
- This indicator is related to teenage pregnancy, as of all young people not in education, training or employment, 15% are teenage mothers or pregnant teenagers.
- In addition, young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The indicator is included to encourage services to work together to support young people, particularly the most vulnerable, to engage in education, training and work.

Figure 51 shows the percentage of half days missed by pupils due to overall absence (including authorised and unauthorised absence).

- This indicator is related to teenage pregnancy, as poor attendance at school is an underlying factor that increases the risk of teenage pregnancy - see 'Teenage Pregnancy in England' published May 2013 by the Centre for Analysis of Teenage Transitions.

- Parents of children of compulsory school age (aged 5 to 15 at the start of the school year) are required to ensure that they receive a suitable education by regular attendance at school or otherwise.
- Education attainment is influenced by both the quality of education they receive and their family socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities.

Figure 52. First time entrants to the youth justice system rate / 100,000



Source: Numerator - Police National Computer, Denominator - ONS population estimates

Figure 52 shows the rates of juveniles receiving their first conviction, caution or youth caution per 100,000 10-17 year old population by area of residence.

- This indicator is related to teenage pregnancy, as young offenders are a group with an increased risk of early pregnancy. Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children.
- Mapping relevant risk factors associated with youth crime can help inform LA and NHS commissioning of evidence based early intervention, therefore maximising the life chances of vulnerable children and improving outcomes for them. A lack of focus in this area could result in greater unmet health needs, increased health inequalities and potentially an increase in offending and re-offending rates, including new entrants to the system.
- The impact of incorporating these vulnerable children into mainstream commissioning also has the potential benefit of impacting on a young person's wider family now and in the future, particularly when they may already be parents themselves.