

Title: Public Health: Sexual Health Services Update

Wards Affected: All

To: Health & Wellbeing Board **On:** 19 September 2013

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1. Context

1.1 On 1 April 2013, the Public Health Commissioning function returned to local government, after 40 years with the NHS. The DH (2013) states that, *local authorities are well placed to understand all the needs of their population and to provide joined-up services which meet those needs*. Sexual health services are part of the public health function.

1.2 In addition to the Local Authority Public Health Commissioning team, certain sexual health services are also commissioned by the Clinical Commissioning Group (CCG) and NHS England (Appendix 2) and *Health and Wellbeing Boards have a duty to promote integrated working between commissioners of health and social care and will play a key role in ensuring that the sexual health services and care received by their communities is seamless* (DH, 2013).

1.3 Public Health teams reports nationally on three indicators:

- Under 18 conceptions
- Chlamydia diagnoses for 15-24 year olds
- People diagnosed with HIV at a late stage of infection.

There are also national mandatory data collections for sexual health, including:

- Genitourinary Medicine Clinical Activity Dataset (GUMCAD) for STIs
- Chlamydia Testing Activity Dataset (CTAD)
- HIV and AIDS Reporting System (HARS).

Local Sexual Health outcomes are produced in Quarterly Indicator Reports, and Torbay's report is attached at Appendix 1.

1.4 This report fits with Torbay Joint Health and Wellbeing Strategy, specifically:

- Outcome 1, Priority 3: *Reduce Teenage Pregnancy*
- Outcome 2, Priority 9: *Increase Sexual Health Screening*.

- 1.5 This report acknowledges that in the outlining of sexual health services for Members, some services were, and always have been, in the hands of the Local Authority.

2. Local Background

- 2.1 Operation Mansfield, a multi-agency operation in 2011, uncovered the sexual abuse/exploitation of a number of girls in Torbay. The subsequent Serious Case Review identified the unorganised and opportunistic abuse of vulnerable girls linked to the supply and misuse of drugs and alcohol.
- 2.2 The sexual health budget for Torbay was disaggregated on 1 April 2013 to different commissioning organisations (Appendix 2) as commissioning responsibilities were shared between Torbay Council Public Health team, NHS England and the CCG. The Torbay Council budget for 2013/14 for public health amounts to approximately £1.887m. This is broken down broadly as follows:
- STI Screening – including HIV prevention, awareness and testing, Chlamydia testing, Genitourinary Medicine Services (in and out of area), screening in pharmacies and GP surgeries - £1.162m
 - Contraception – including the provision of long acting reversible contraception methods, emergency hormonal contraception (morning-after pill), the Boys and Young Men’s worker and clinics - £0.725m.

3. Purpose of this Report

- To provide an overview of the elements of sexual health services commissioned in Torbay.
- To provide an update on national and local Sexual Health initiatives for September 2013.
- To describe the challenges for sexual health commissioning, going forward.

4 Introduction

‘Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ (WHO, 1948).

Sexual health services are defined as the provision of treatment and advice around contraception, screening for sexually transmitted infections (STIs) including HIV and Chlamydia, relationships, partner notification and abortion (DH 2013). National direction of travel is towards the commissioning of services that are integrated, and can offer a ‘one stop shop’ for service users, covering all elements of sexual health, in one appointment where possible.

The Department of Health (2013) makes the point that whilst sexual relationships are essentially a private matter, good sexual health is important to individuals and to society. Most people in the UK are sexually active and it is a stated government objective to improve the sexual health of the population (DH, 2013).

To accomplish this, Torbay Public Health team recognises that it must work with partners to reduce inequalities that exist in the Bay, by taking action to:

- build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex
- continue to tackle stigma, discrimination and prejudice
- continue to work to reduce the rate of sexually transmitted infections
- reduce unwanted pregnancies by ensuring people have access to the full range of contraception in a timely manner
- support women with unwanted pregnancies to make decisions about their options as early as possible
- continue to tackle HIV through prevention and increased access to testing
- promote integration, quality, value for money and innovation in services

(DH, 2013).

5 Description of Sexual Health Commissioned Services in Torbay

Sexual health services are commissioned and designed to meet the needs of the population.

Additionally, there are specific groups within the population that have increased levels of risk and require specific services. The Department of Health (2013) defines groups requiring the provision of specialised services as including gay and bisexual men ("MSM"), young people, people with learning disabilities and sex workers. However, the overall service offered must be 'open access' and everyone able to access the service, irrespective of age, gender or sexual orientation.

Sexual health services commissioned in Torbay are as follows:

5.1 Torbay Sexual Medicines Services (TSMS)

TSMS (part of South Devon Healthcare Foundation Trust) is the provider of Torbay's sexual health service, and is based at Castle Circus Health Centre. The aims and objectives of the service are to provide an open access (self-referral), comprehensive, integrated contraception and sexual health service.

Sexual health services are offered from Castle Circus Health Centre and also take place in satellite clinics across Torbay. They are delivered by sexual health nursing staff and health advisors, who are able to refer people onto the consultant-led service if necessary.

The consultant-led service is the specialist service and provides genitourinary (GU) and reproductive health care under the leadership of a senior clinician, Dr Phil Kell. Dr Kell also provides clinical leadership and governance to the outreach services and satellite clinics, and to external services such as those GPs and Pharmacists who provide screening, contraceptive and signposting services.

Sexual health services have traditionally been divided into two elements: STI screening and contraception. However, the national direction of travel is to integrate services and train/recruit dual trained staff, because of the benefit to patients/service users of a 'one stop shop', as well as the potential for financial savings. Work is

underway regionally to provide an Integrated Sexual Health Nurse Training Course, to support this commissioning direction.

5.2 Outreach Team

As part of TSMS, a team works across schools and colleges in Torbay to provide an sexual health outreach service for young people. The outreach service is generally nurse-led and includes:

- discussion and counselling on 'delay', safer relationships and safer sexual health
- counselling for all types of contraception
- pregnancy testing – with referral to maternity services or TOPAS as requested by the service user
- Emergency hormonal contraception – counselling for, and provision of, prescribed medication
- Registration to the C-Card and supply of condoms
- Issue of first and subsequent oral contraceptive pill and EVRA contraceptive patch
- Counselling – pre-work and appointments made (if requested) at nearest suitable clinic for Implanon (sub-dermal hormonal implant), Depo (hormonal injection) and Intrauterine System (IUS – 'coil')
- Chlamydia screening (male and female)
- Treatment following a positive Chlamydia screen (antibiotics)

Outreach services in schools and colleges are run on a drop-in basis, and available to young people at times which are convenient to them.

The outreach team is largely comprised of staff who hold a nursing registration and this allows them to deliver contraception and nursing advice. In addition to this, there are a further two roles integrated within the outreach team, the post holders of which have a social work background, allowing the team to provide a holistic service to young people:

- The first is a role is employed by Children's Services and the post holder works primarily with young people who are deemed at risk of pregnancy, experiencing relationship abuse from their partner, have low self-esteem or confidence to access services, and young people who are questioning their sexual orientation.
- The second role is the Boys and Young Men's Worker, and the post holder works primarily with boys and young men and co-ordinates the C-Card scheme.

5.3 STI Screening

The government (2013) reported nearly half a million new sexual infections nationally in 2012. Part of this rise can be explained by better sexual health reporting systems, nevertheless, it is suggested that too many people are putting themselves at risk, through unprotected sex.

The message from Public Health England continues to be that use of condoms and regular STI testing remains of the highest importance. STIs have serious consequences for the public's health, including infertility.

- Chlamydia is the most common STI in young people under 25 which, if left untreated, can lead to pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility. However, 'Chlamydia is easily diagnosed and easily treated' (Public Health England, 2013). Young people can either be tested in clinic, or by post with a 'freetestme' kit available in 'grab bins' in GP surgeries and Pharmacies, or via the Sexwize website. Individuals can choose how to receive their results, either by post, text, email or letter and treatment is a course of antibiotics.
- Gonorrhoea and syphilis are often singled out for reports from other STIs because they are important bacterial infections which need to be managed in genitourinary clinics. New diagnoses of gonorrhoea rose by 21% in 2012, which is of concern because of the growing resistance of antibiotics to this bacteria. Further, the group most at risk of acquiring this infection is MSM, for whom there was a 37% increase in diagnoses last year. Ensuring resistant strains do not persist and spread remains a Public Health England priority (Gov.UK 2013).

5.4 C-Card Scheme

The C-Card Scheme is a scheme co-ordinated by TSMS where young people aged under 25 can register and access free condoms at approximately 70 outlets across Torbay, including youth centres, GP surgeries and schools. In addition, young people can also access condoms from a vending machine, free of charge under the C-Card scheme, at South Devon College.

Over the last years, an average of 7,600 condoms are supplied to young people aged 13-17 years, free of charge, each year. Proportionately more condoms are supplied, through the C-Card scheme, to service users registered at addresses in the more deprived communities than other areas. There are known links between the more deprived communities and prevalence of teenage conceptions.

C-Card is being re-launched in Torbay during September 2013, in line with item 6.2 below.

5.5 Sexwize

Sexwize is the brand under which sexual health services for young people are delivered in Torbay. The website is known as Sexwize and is available at <http://www.s-wize.co.uk/sexwize.htm>. The site is currently being updated and refreshed, with multi media clips, photographs and 'Top Tips' for good sexual health and condom use.

The site is now hosted by Torbay Council and has been made compatible with smart phones. It provides up to date information in relation to clinic times and venues, as well as offering FAQs and advice for emergency sexual health situations.

5.6 Sexual Health Training for Professionals

Eddystone Trust is commissioned to provide sexual health training for professionals in Torbay. A number of courses and dates are available on <http://insight/shtraining.pdf>.

Courses include how to conduct sexual health interventions with young people, working with boys and young men, 'delay' courses, HIV and Sexual Health

Awareness, pregnancy testing etc, and support the C-Card distribution scheme being re-launch, September 2013.

Members of the Health and Wellbeing Board are welcome to attend these courses.

5.7 Young People Services

- Young People friendly accreditation – the criteria for this accreditation is from the Department of Health and ten topic areas are assessed for compliance. Topic areas include staff training, skills, attitudes and values, clinic environment and publicity, and confidentiality. In Torbay, we have 7 YPF accredited sexual health clinics, including 4 GP Practices in Torquay and Paignton (Parkhill Surgery, Chilcote Surgery, Sherwell Valley Medical Practice, Corner Place Surgery), TIC TAC at Paignton Community College (Borough Road site and Waterleat Road site) and Castle Circus Health Centre. Torbay had the first accredited YPF service in the south west, however, reduction in capacity and changes in personnel has made it difficult to take a more proactive role in recruiting more services and supporting them to achieve this accreditation.
- Relationships and Sex Education (“RSE”) in schools – high quality RSE, particularly where it starts in primary school, can ensure children and young people are equipped to cope with the many pressures and challenges of modern day living, and to protect them from sexual exploitation and abuse (RSE Hub, 2013). Polly Neate, Chief Executive of the charity, Women’s Aid, said on BBC News (2013) that, *all UK children should have high quality education about sex and relationships to help counter attitudes that foster domestic violence*. To ensure that children and young people across Torbay have access to high quality RSE that is carefully planned and implemented from primary through to secondary education, we will be reviewing current practice and working with the Torbay Teaching School and curriculum networks locally to develop and continue to improve education about sex and relationships.
- A secondment position with Torbay Council has been recruited to, to review all public health services for teenagers, identifying gaps and opportunities and auditing services against best practice guidance. It is felt that the outcome of this work will lead to improvements in commissioning, measured by public health outcomes relating to young people (including the under 18 conception rate and the under 25 STI new diagnosis rate).

5.8 Long Acting Reversible Contraception (LARC)

LARC methods of contraception, namely sub-dermal implants and intrauterine devices (the ‘coil’), are more cost effective than oral contraceptive methods (the pill), and usage of LARC methods has been estimated to offer potential savings in excess of £200,000 per 100,000 women (NICE, 2005).

Torbay has 90% coverage of GP surgeries that are trained and able to counsel, fit and remove LARC.

Further, £10,000 has been made available from the Network and Office of Sexual Health South West for Torbay, so that TSMS can train and accredit more primary health care professionals to fit LARC in the community.

LARC methods of contraception are recommended for young people who might otherwise be felt to be at high risk of an under 18 conception (DH, 2013). There are financial savings to be made to public health if more women use LARC methods of

contraception because once fitted, it will provide effective, consistent contraceptive cover without further action needed on the part of the woman (NICE, 2005).

5.9 The role of Pharmacies in sexual health provision

Pharmacies provide confidential sexual health services, on a drop-in basis, including the provision of emergency hormonal contraception, Chlamydia consultations, Chlamydia screening and signposting to other sexual health services.

- Emergency hormonal contraception (morning-after pill) is supplied by 32 out of 39 pharmacies in Torbay. The pharmacist undertakes a brief consultation with the woman and supply of the drug is confidential (and free of charge to women under 25 years of age).
- Chlamydia screening is also available to young people under 25 years of age, using the postal testing kits, situated in 'grab bins' in 10 out of the 39 pharmacies. Commissioned pharmacies also hold Chlamydia consultations on a drop-in basis, and as part of this consultation, young people are signposted to appropriate sexual health services (ie) C-Card Scheme etc.

5.10 Sexual Assault Referral Centres (SARC)

Post 1 April 2013, SARCs are commissioned by NHS England, rather than the Torbay Public Health Team, however, they remain an integral part of sexual health services for the people of Torbay (Appendix 2).

People who have been subject to a sexual assault in Torbay are referred to the SARC (located in Exeter) for care. The SARC offers a holistic service to the individual and also acts as advocate for the individual and co-ordinator in the legal process going forward.

People referred into SARC may be one of the following categories:

- men or women who have been the subject of a recent sexual assault and are still within the 'forensic window'. The individual is seen by a forensic medical examiner with a view to the collection of evidence for a police prosecution. They go on to receive care and emotional support for the duration of the police process from a team of specialists which may involve counselling.
- men or women who have been the subject of a historic sexual assault. The individual receives support and counselling and may – or may not – decide to give a statement to the police. However, this doesn't prejudice the care they receive under SARC.

Children who have been the subject of a sexual assault are seen by specialist paediatric medical examiners, in the same way as above.

Torbay usage of SARC services (figures apply to adults only):

Measurement of Activity – 2013		April	May	June	July	August
Number of referrals		10	22	24	22	19
of which..	Male		1	2	2	2
	Female	10	21	22	20	17
of which..	Eastern	1	11	8	6	8
	Southern	2	0	1	2	2
	North Devon	3	2	1	4	4
	Torbay	2	6	10	7	4
	Mid Devon	2	1	3	3	1
	Out of area	0	2	1	0	0

5.11 Abortion Services

Responsibility for commissioning abortion services for Torbay lies with the CCG, although links are maintained between the CCG and the Public Health team. This is because abortion provider services can play a key role in helping to reduce the risk of further unwanted pregnancy. The DH (2013) recommends that Public Health teams work with their CCG to ensure that the local abortion service provider is fully linked into wider sexual health services, so that contraception services are provided at point of termination. This is shown to prevent repeat procedures.

Just over half of all teenage conceptions in Torbay end with an abortion.

Whilst live births (to teenage conceptions) are highest in the more deprived communities, abortions are more evenly distributed across the population. The gap in the rate of abortions between the most and least deprived communities is less than that for live births.

Nationally, abortion rates for women under 30 years of age are rising (ONS, 2012). There is a link between good, accessible and comprehensive contraception advice for women of all ages, and abortion data.

In 2012, 34.6% of abortion procedures in Torbay and Southern Devon were repeat abortions (Appendix 1, p.22). Nationally, this figure is 36%, and Torbay and Southern Devon is the fourth highest of South West CCG areas for repeat procedures. Commissioners are working to reduce repeat procedures via LARC counselling and fitting at the point at which a woman is referred into the abortion service.

In Torbay, local abortion services are provided by TOPAS (Termination of Pregnancy Advisory Service).

5.12 Treatment of HIV

There are 3,500 new diagnoses of UK-acquired HIV per annum. When an individual is diagnosed as having HIV, the treatment is anti-retroviral drugs, and treatment is more effective when the virus is diagnosed early.

People diagnosed with HIV should have a near normal lifespan, as long as they have access to the appropriate healthcare at the appropriate clinical time (BBC, 2013), however the virus remains a burden for the infected individual and a major cost to the system (BHIVA, 2012).

The mean lifetime healthcare cost (based on a predicted median age at death of 75 years) for an individual with HIV has been estimated at approximately £360,000 (BHIVA, 2012).

Whilst the commissioning responsibility for HIV prevention, awareness and screening sits with the Local Authority, anti-retroviral drugs are paid for by NHS England.

Individuals who start to take anti-retroviral drugs at the appropriate clinical time, reducing the *viral load* in their blood, are shown to reduce the risk of infectiousness to sexual partners (Avert, 2013).

For those individuals who feel they may have been exposed to HIV perhaps through unprotected sex or occupational risk, treatment is available which aims to prevent the infection taking hold. This is called Post Exposure Prophylaxis (PEP) and although is prescribed via Torbay Sexual Medicines Service, is paid for by NHS England.

Most people in the UK acquire HIV through unprotected sex. 'HIV really is an infection where prevention is much easier than cure' (BBC, 2013).

6 Network and Office for Sexual Health South West

- 6.1 The Office for Sexual Health is a Directors of Public Health led network across the south west. Torbay Council hosts this network and is considered to be an example of best practice nationally.
- 6.2 The network has direct links with national leaders across Public Health England, Department of Health, NHS England, academia in general and several professional and medical journals.
- 6.3 The objective of the network is to facilitate improvements in sexual health services by:
 - networking with south west sexual health commissioners and facilitating relationships to share best practice and learning
 - supporting research that will culminate in recommendations for improvements in services
 - sharing clinical best practice nationally via journals and internet articles
 - fostering working relationships between local, regional and national organisations with a sexual health remit
 - driving innovation, by providing opportunities for organisational development.
- 6.4 The network is supported by an overarching Programme Board, who sit quarterly to oversee progress and funding of the various projects and work streams. Membership of the Board includes Directors of Public Health, Department of Health epidemiologists, senior sexual health clinicians, Public Health England nurse managers, strategic managers, business managers and sexual health consultants.

6.5 Network work streams and projects currently include:

- Research project into incidence of late diagnosis of HIV – senior clinicians, strategic managers and commissioners working in two high prevalence areas in the south west, to understand why people might be diagnosed late with HIV and thereby miss the window for effective anti-retroviral treatment. For individuals, late diagnosis of HIV is perhaps the most important factor associated with HIV related morbidity and mortality in the UK. In addition, people diagnosed late have a much higher risk of onward transmission of the infection.
- Long Acting Reversible Contraception (LARC) training – co-ordination of the Department of Health budget for Improving Access to Contraception across the region, with a particular emphasis on funding training for clinicians and nurses in primary care. Torbay has 90% coverage of professionals accredited to fit LARC across GP Practices, which is the fourth highest in the region. Torbay has been allocated £10,000 from this budget for 2013/14 to cover further training which will be carried out by TSMS and start Autumn 2013
- Relationships and Sex Education Hub (RSE Hub) – an online resource for teachers, health professionals and pastoral workers, designed to facilitate high quality delivery of RSE in schools and educational establishments. The RSE Hub's objectives are to contribute to a reduction in under 18 conceptions, abortions and repeat abortion rates, incidences of STI diagnosis, sexual exploitation and bullying, particularly in relation to homophobia. The RSE Hub publishes guidance documents and other resources and has recently provided a briefing for councillors available on http://www.rsehub.org.uk/media/7781/relationships_and_sex_education_-_a_briefing_for_councillors.pdf.
- Integrated Sexual Health Nurse Training – a course of training amounting to 60 credits at level 3 (at degree level) in integrated sexual health nursing competencies. Learning takes place on the job, as well as face to face at university and local seminars. Places have been provided free of charge to students and their organisations. Work is currently underway to develop nurse mentor support networks and to attract and enrol students for modules commencing October 2013.
- Abortion Services Quality Assurance – work is underway with CCGs, providers and public health commissioners to facilitate a peer review exercise of abortion services across the south west, with peers identifying and recommending improvements for one another.
- Research into re-testing of people previously testing positive for Chlamydia (and other STI screens), with four pilot areas including Torbay, under Dr Kell. National Chlamydia Screening Programme will publish guidance on re-testing is shortly, with regional research feeding into national guidance.

7 Current initiatives

7.1 National Sexual Health Week

National Family Planning Association Sexual Health Week is 16 – 22 September 2013, entitled, “Yes, We Can’t Go Backwards”. The focus this year will be on the

protection and promotion of contraception and other sexual health services
<http://www.fpa.org.uk/campaigns/sexual-health-week>.

7.2 Local Sexual Health Week

A local Sexual Health campaign for young people will be run alongside the national week, to promote services particularly for the under 24 population. This is planned to include:

- Refresh, update and relaunch of Sexwize, website for young people <http://www.sexwize.co.uk/>
- Media promotions (ie) Heart Radio adverts, Facebook and Twitter accounts
- Multi agency promotion of sexual health services for young people
- Media coverage on local news
- Sending of literature to parents.

Objectives of the local campaign include:

- Introducing students to Outreach and Clinic staff, at the beginning of the new academic year
- Raising awareness of the Sexwize website and TSMS service, as a centre of information for young people
- Re-launch of the C-Card Scheme
- Make in-roads into national reporting datasets, including Chlamydia testing and positivity rates, and reducing teenage conceptions
- Encourage health and social care professionals to enrol on training re the young people's sexual health agenda.

8 **Conclusion**

Achieving good sexual health is complex. In Torbay, we have a number of providers of services across Social Care, the NHS and the third sector who work collaboratively to achieve desired outcomes.

The challenges around the changed commissioning landscape of the system of 1 April 2013 mean that strong leadership between the Local Authority and its commissioning partners is essential. Partnership working has never been more important in the Public Health arena. The Local Government Association, Public Health England and the Department of Health continue, at a national and regional level, to network with Local Authorities to support them to work collaboratively with partners.

In Torbay, clinicians, consultants, commissioners and managers meet in a forum called Torbay Clinical Pathway Group. The purpose of this group is to ensure that pathways in and out of sexual health services across the Bay are robust, effectively managed and seamless. The Department of Health (2013) stipulates that although commissioning arrangements for sexual health services may have been disaggregated in the transition of 1 April, the provision of such services must appear to service users to be seamless. The Clinical Pathway Group takes a lead role in the system to ensure that this is indeed the case.

In addition, the Network and Office for Sexual Health South West works to support commissioners and organisations across the region, to ensure that local commissioning is not disadvantaged by the new commissioning arrangements.

The network works closely with Public Health England, whose remit is to facilitate local, regional and national relationships across commissioning structures, and to feed back nationally, outlining where guidance in the system is needed.

Debbie Stark (Torbay Council, 2013) stated, "Improving the health of the local population requires co-ordinated effort from everyone; the voluntary sector, the NHS and partners, and I very much feel that the right structures and positive relationships are in place in the Bay to ensure that the whole community benefits."

Joined up working between providers and their commissioners characterises sexual health services across Torbay, and must continue to do so, in order to improve outcomes for individuals.

Appendices:

Appendix 1 Torbay Sexual Health Quarterly Outcome Indicator Report – Quarter 4: 2012/13

Appendix 2 Table of Commissioning Functions

Background Papers:

Avert, 2013, <http://www.avert.org/hiv-treatment-as-prevention.htm> [accessed online 05 09 13]

BBC News, 2013, 4 March, *Analysis: A cure for HIV?* <http://www.bbc.co.uk/news/health-21653463> [accessed online 05 09 13]

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<http://www.nat.org.uk/media/Files/Publications/Oct-2012-HIV-a-strategy-for-success.pdf>
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Websites

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Gov.UK, <https://www.gov.uk/government/news/nearly-half-a-million-new-sexual-infections-in-2012> [accessed online 05 09 13]

Gov.UK, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216423/dh_132114.pdf [accessed online 06 09 13]

Office of National Statistics, <http://www.ons.gov.uk> [accessed online 04 09 13]

RSE Hub, <http://www.rsehub.org.uk/> [accessed online 04 09 13]

Sexwize, <http://www.s-wize.co.uk/> [accessed online 04 09 13]