

Living well: Sexual Health

Why is this important to Bradford District?

Sexual health influences all aspects of a person's health and wellbeing. It requires a person to have specific knowledge regarding their relationships and their health, and the consequences of their sexual choices. It also requires a person to have the skills and confidence to apply this knowledge.

Sexual ill health can have a detrimental effect on our relationships and on our emotional and physical wellbeing. Good sexual and reproductive health is dependent on a positive and respectful attitude to sex, relationships and sexuality; pleasurable and safe sexual experiences free from coercion; as well as the absence of infection and dysfunction, and the avoidance of unintended conceptions.

Poor sexual health outcomes are also closely associated with deprivation and so improving the sexual health of people living in our most deprived areas can contribute to improvements in overall health outcomes for the District. A sexually healthy population can be a productive population, able to make good choices about their own health and relationships supporting a positive approach to the other lifestyle choices.

Sexual health services are a complex and highly confidential area of healthcare, requiring services such as contraceptive advice and sexually transmitted infection testing and treatment, and include managing chronic and complex conditions such as HIV.

This section of the JSNA should be read alongside the comprehensive sexual health needs assessment which was published in 2017 and the JSNA section on HIV.

Strategic context

National Context: It is an ambition in Department of Health's [A Framework for Sexual Health Improvement in England](#) to reduce the rate of under 18 conceptions, of which around half end in an abortion. Reducing the rate of under 18 conceptions will involve reducing both the number of abortions and the number of births.

Reducing conceptions in under 18s is a well-established global health policy, and a key part of ensuring good sexual health in a local area. Although mothers who conceive and give birth in teenage years often go on to have happy and healthy lives and children, it is recognised that poorer educational and health outcomes are associated with conception under 18; teenage mothers are more likely than older mothers to require extensive support from a range of local services (e.g. accessing supported housing or engaging in education, employment and training), and experience an economic deficit through lost access to work and education, leading to exclusion and social inequality. Public Health England note:

Children born to teenage mothers have a 45% higher risk of infant mortality and a 63% higher risk of living in poverty. Mothers under 20 have a 30% higher risk of mental illness two years after giving birth ... Twenty-one percent of the estimated number of young women aged 16-18 who are not in education, employment or training, are teenage mothers; and by the age of 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over. Young fathers are twice as likely to be unemployed aged 30, even after taking account of deprivation. (CHIMAT 2015)

Because of this there is much to be gained from investing in reducing teenage pregnancy through a sensitive multi-agency prevention approach, centring on access to contraception and education. Such an approach has been taken nationally over the last 15 years through the government's Teenage Pregnancy Strategy, leading to a reduction in under 18 conceptions. However, the UK still has more than twice the rate of teenage conceptions than many other EU countries, for example Italy, France, Germany, Holland and the Scandinavian countries.

Local context: Local authorities are responsible for commissioning most sexual health interventions and services as part of their wider public health responsibilities, with costs met from the public health grant. While they are able to make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain services, which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

The commissioning responsibilities for CCGs and NHS England are set out in the Health and Social Care Act 2012. The commissioning responsibilities for sexual health are fragmented; while the majority sit within the Local Authority, other elements are delivered by Clinical Commissioning Groups and NHS England, the details of which are summarised below:

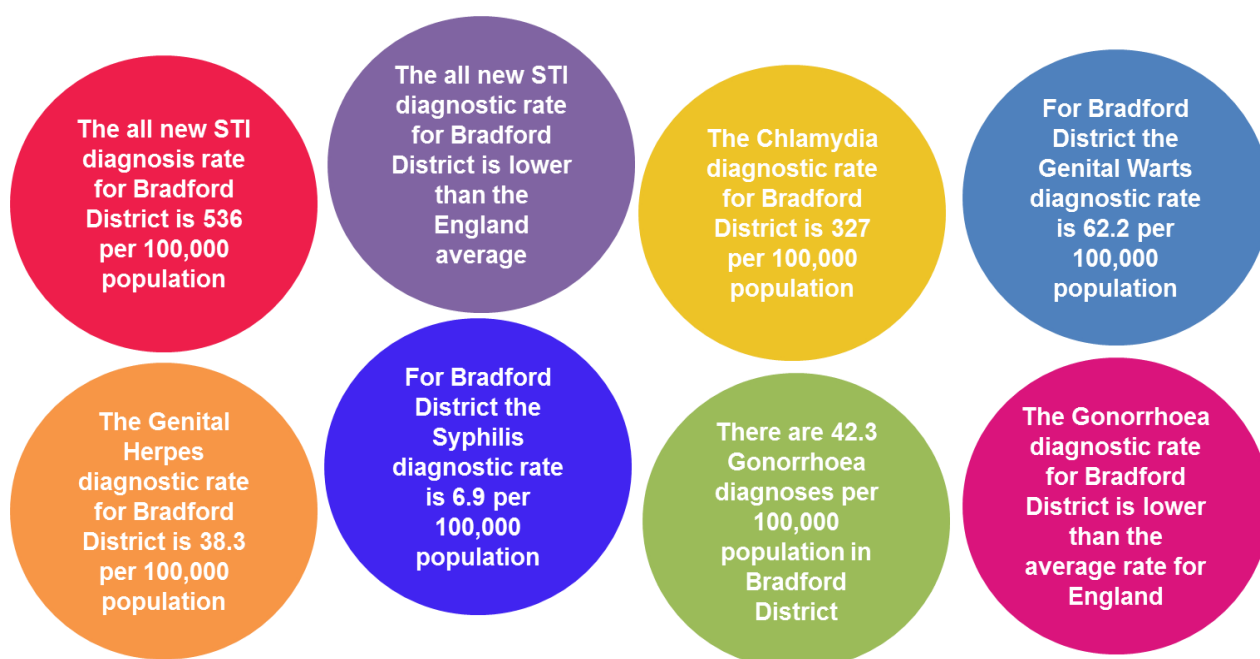
Local Authorities	Clinical Commissioning Groups	NHS England
<p>Contraception, including implants and intra-uterine contraception & all prescribing costs, but excluding contraception provided as an additional service under the GP contract.</p> <p>STI testing & treatment, chlamydia screening as part of the National Chlamydia Screening Programme & HIV testing.</p> <p>Sexual health aspects of psychosexual counselling.</p> <p>Sexual health specialist services, including young people's sexual health & teenage pregnancy services, outreach, HIV prevention and sexual health promotion, services in schools, colleges and pharmacies.</p>	<p>Most abortion services</p> <p>Sterilisation</p> <p>Vasectomy</p> <p>Non-sexual health elements of psychosexual health services</p> <p>Gynaecology, including any use of contraception for non-contraception purposes</p>	<p>Contraception provided as an additional services under the GP contract</p> <p>HIV treatment and care (including drug costs for post-exposure prophylaxis after sexual exposure)</p> <p>Promotion of opportunistic testing and treatment for STSs, and patient-requested testing by GPs</p> <p>Sexual health elements of prison health services</p> <p>Sexual Assault Referral Centres</p> <p>Cervical Screening</p> <p>Specialist foetal medicine services</p>

What do we know?

Bradford District's population is **young, multi-ethnic**, and **changing** through migration patterns. The District's wider determinants of sexual health, as defined by Public Health England, are poor, and it would be expected that higher rates of sexual health need would be seen in this kind of local area.

Overview of Sexually transmitted infections (STIs): The five STIs considered 'acute' STIs (along with HIV) are Chlamydia, Gonorrhoea, Genital Herpes, Genital Warts and Syphilis. In 2017 **2,853** people were **diagnosed** with a sexually transmitted infection. This is equivalent to 536 per 100,000 population, and represents a small increase on the previous two years. This rate is lower than the regional and national figures.

Figure 1: Sexually transmitted Infection STI statistics for Bradford District



Source: Public Health England

Although the new STI diagnosis rate for Bradford District has increased to 536 per 100,000 population in 2017, it is still below the national and regional average. This is also true for the Chlamydia diagnosis rate which has increased from 305 per 100,000 population in 2017; this however, remains below the national average (361 per 100,000 population) and the regional average (406 per 100,000 population). The genital wart diagnosis rate in Bradford District is at its lowest since records began in 2012 and remains significantly lower than the regional and national average.

In comparison with national benchmarks, Bradford District has a **lower rate of STI diagnosis** for each of the 5 STIs. Public Health England note that 'if high rates of gonorrhoea and syphilis in a population are seen, this reflects high levels of risky sexual behaviour', suggesting that sexual behaviour in Bradford District may be less risky than regional and national comparisons.

Chlamydia: Undiagnosed chlamydia poses a substantial health and infection risk. A **National Chlamydia Screening Programme** has been in operation for decade. Latest available data for

Bradford District shows that just **14%** of 15-24 year olds were screened in 2017, one of the lowest proportions in the region, and compares to 19.3% nationally. The number of people being screened each year is falling, reducing from 13,545 people in 2012 to 9,505 in 2017.

Figure 2: Proportion of people aged 15-24 who have been screened for Chlamydia

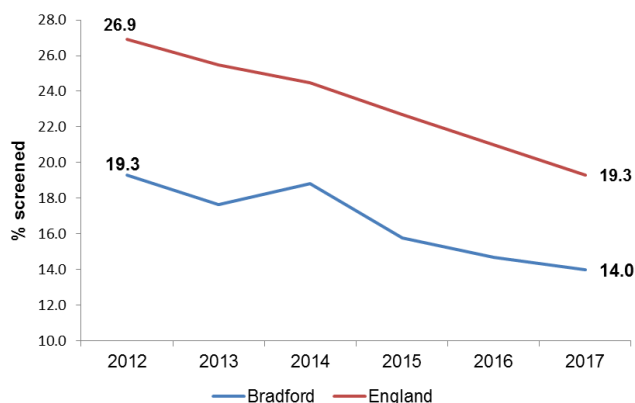
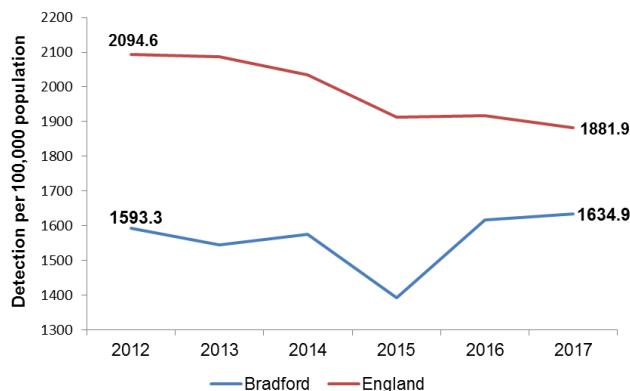


Figure 3: Chlamydia detection rate per 100,000 population aged 15-24 years.



Source: Public Health England

Our **chlamydia detection rate is relatively low**; this is influenced in part by the low number of tests carried out. The Sexual Health Needs Assessment found that the incidence of chlamydia amongst the 25 and over population was decreasing, which may also be reflected in the 15-24 year old population.

The detection rate tells us of those who have been tested, how many people are identified as having chlamydia infection. 1 in 9 people tested through the screening programme in 2017 tested positive for infection; this is equivalent to 1,635 people per 100,000 tested. This is lower than regional and national benchmarks (2,244 and 1,882 respectively).

Partner notification following chlamydia screening **is strong** in the District. Locations of tests are diverse, and are increasingly online. Given comparisons to national locations of screening, the Sexual health Needs Assessment found that there may be benefit in increasing the number of community screens in the District.

Gonorrhoea: The number of people diagnosed with gonorrhoea has remained around 200 per year for the last four years, although there is year on year fluctuation. High level azithromycin resistant (HL-AziR) gonorrhoea infections are a real risk given recent regional outbreaks, but so far none have been recorded in Bradford District.

STI testing: Excluding the National Chlamydia Screening Programme, the **number of STI tests carried out in the District is increasing**; rising from 32,583 in 2012 to 39,208 in 2017. This is equivalent to 11,659 per 100,000 population; it is, however, significantly lower than regional and national rates.

4.4% of tests carried out in 2017 (excluding the Chlamydia Screening Programme) resulted in a positive diagnosis; this is a slight increase on previous years, and is similar to the national figure. The Sexual Health Needs Assessment found that people from **Asian ethnic groups were under represented in the profile of those people tested for STIs**, suggesting that further work may be needed to engage people from all ethnic backgrounds.

Local data on rates of reinfection with an STI within 12 months are falling locally (compared to a national rise), which is a positive; **low reinfection rates** are a sign of good post-diagnostic support and information.

Figure 4: STI testing rate (excluding chlamydia in under 25 year olds) per 100,000 population aged 15 to 64

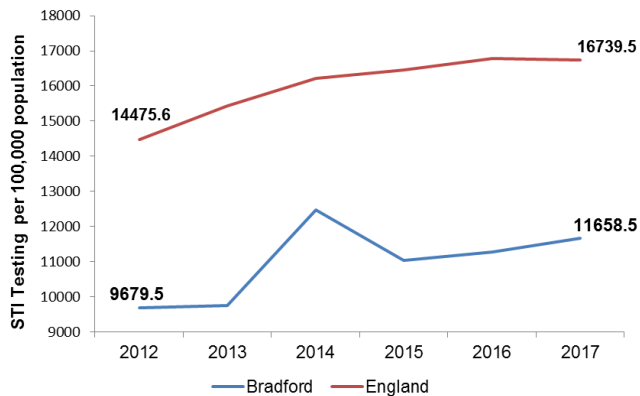
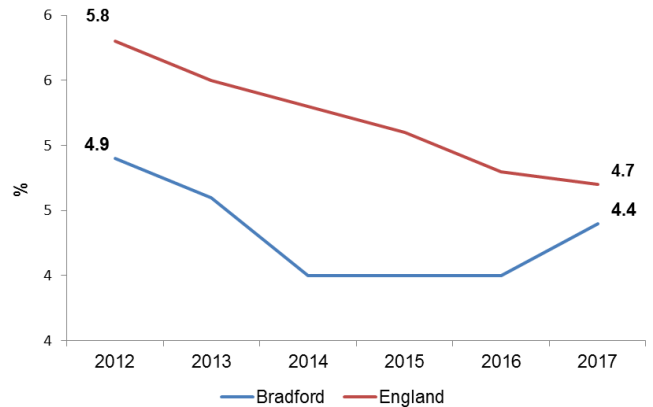


Figure 5: Percentage of positive STI tests (excluding chlamydia in under 25 year olds)



Source: Public Health England

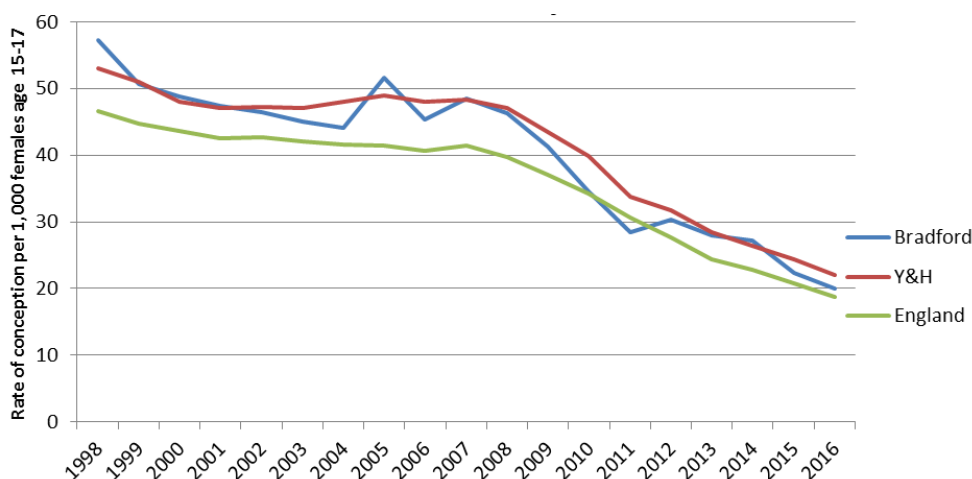
Under 18 conceptions: Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. Whilst for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child; this is in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty, and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

The **under 18 conception rate is falling**. Latest available data for Bradford District in 2016 was 20.0 per 1,000 15-17 year olds. This is the lowest rate recorded since 1998 and is slightly lower than the average for the region. It is still slightly higher than the rate for England (18.8 per 1,000), although the gap between England and Bradford District has narrowed over the last ten years.

46.8% of under 18 conceptions in Bradford District lead to an abortion, lower than the national proportion (51.8%); this proportion has been following an upward trend, much like the national picture.

Figure 6: Rate of conceptions per 1,000 females aged 15-17



Source: Public Health England

Figure 7: Percentage of conceptions to those aged under 18 years that led to an abortion



Source: Public Health England

Challenges and Opportunities

The Council continues to work in a challenging financial environment as the government reduces the Public Health Grant to local authorities. There is a need to ensure **equitable access** to sexual and reproductive health services across Bradford District, enabling people to access all methods of contraception and the full range of STI tests and treatment.

Across England there is considerable regional variation in how sexual health services are provided and commissioned. They vary from distinctly separate general practice and community-based contraceptive provision, with hospital-based abortion and genito-urinary medicine (GUM) services, to fully integrate sexual health services in the community. The variations occur because of differences in commissioning and contractual models used in local areas.

There are opportunities to work in partnership with other commissioners (from NHS England and clinical commissioning groups), and with our providers in order to achieve the best offer for local people. We need to ensure that services are equitable, accessible, appropriate and responsive to the needs of our Bradford District residents.

What are we doing about it and what does the information presented mean for commissioners?

What does the information mean to commissioners? The comprehensive sexual health needs assessment published in 2017 made a number of recommendations for commissioners and providers of sexual health services:

- To increase the number of community screens in the District.
- Information around free emergency hormonal contraception (EHC) and condoms to be more widely publicised to young people.
- The Bradford District Sexual Health and Contraception Service to continue promoting their service particularly focusing on young people.
- For all services that work with young people to be aware of choices if a young person becomes pregnant.
- More opportunities to make young people aware of the HPV vaccine and for any missed opportunities to be picked up by a GP.
- To encourage more services, schools, further education colleges to promote appropriate national and local websites to young people.
- More information on what older people need in terms of their sexual health, in particular for those who are visually impaired, physical disabilities, learning difficulties, people with dementia and carer's.
- Continue to promote appropriate national and local websites to services who work with young people and adults.

The Health and Social Care Act (2012) divided responsibilities for the commissioning and funding of sexual and reproductive health services between local authorities, NHS England and Clinical Commissioning Groups. There is a growing opportunity to look at co-commissioning across the health care setting in Bradford District, and across West Yorkshire with other commissioners of reproductive and sexual health services in the future. There are other authorities who commission the same providers across West Yorkshire; however there are differences in contract lengths and dates of retendering of services. This provides challenges in coordinating a joint commissioning approach.

In September 2015, the Public Health Department at the City of Bradford MDC commissioned a new Integrated Sexual and Reproductive Health Service. The service is based on a hub and spoke model, and delivers the sexual and reproductive health responsibilities of the council in Bradford District. The service works in a variety of settings and links into voluntary sector agencies, NHS organisations and non-NHS organisations that provide outreach, sexual health testing, and treatment.

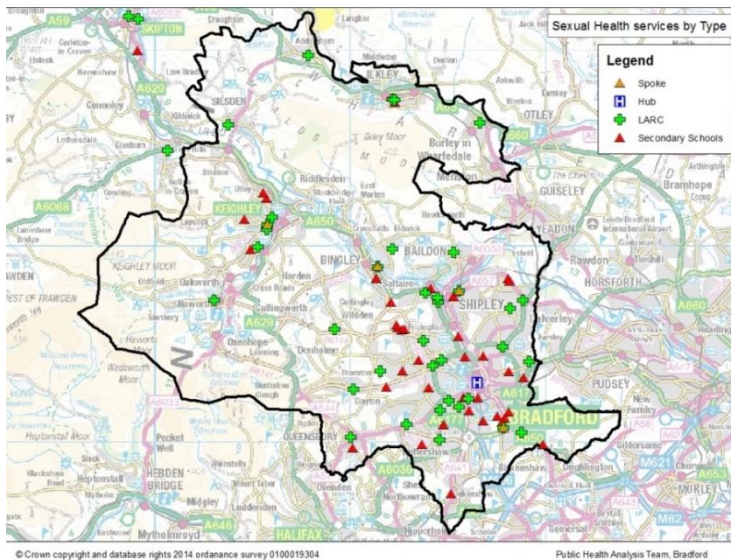
The service is inclusive for the population of the Bradford District with staff trained to ensure services are targeted and delivered to communities and individuals regardless of age, race, gender, ethnicity, disability or sexuality who might be at risk of sexual ill health because of fears about stigma or discrimination e.g. lesbian, gay, bisexual, transgender people and sex workers.

The voluntary community sector (VSC) provides sexual health provision to identified groups that are at increased risk of poor sexual health outcomes.

The HIV prevention service provides a package of support to address the health, social and economic needs for people living with HIV/AIDS. They do this through ensuring timely access to specific interventions and support for service users and timely access to community based rapid HIV testing service point of care testing (POCT). They also provide condom distribution,

information, advice and counselling and deliver training to a range of settings including schools.

Figure 8: Sexual Health Services within Bradford District



The service also provides MSM (men who have sex with men) with sexual health advice, counselling, health promotion and training in order to promote good sexual health and lifestyle choices

The map opposite shows where the Integrated Sexual and Reproductive health service hub is based at Howard House and the level 2 spokes across the district. The green cross which represents Long Acting Reversible Contraception (LARC) provided by GP's shows where LARC is offered and the red triangles represent secondary schools. This shows a distribution of LARC services and spokes across the district which are in close proximity to secondary schools.

Source: Bradford District Public Health Team

This shows a distribution of LARC services and spokes across the district which are in close proximity to secondary schools.

Supporting resources

- The Health and Social Care Act (2012) Health and Social Care Act 2012 - Legislation.gov.uk
- PHE fingertips Public Health England <https://fingertips.phe.org.uk/profile/SEXUALHEALTH>
- Integrated Sexual Health services (2018) *a suggested national service specification* PHE, DHSC <https://assets.publishing.service.gov.uk/.../integrated-sexual-health-services-specificati>;