

## JSNA Chapter – Sexual Health and HIV

Topic information	
Topic title	Sexual Health and HIV
Topic owner	Helene Denness, Consultant in Public Health
Topic author(s)	Uzmah Bhatti – Nottingham City Council Matthew Osborne – Nottinghamshire County Council
Topic quality reviewed	9th October 2018
Topic endorsed by	Nottingham & Nottinghamshire Sexual Health Strategic Advisory Group December 2018
Current version	December 2018
Replaces version	February 2014
Linked JSNA topics	<a href="#">Reducing Unplanned Teenage Pregnancy and Supporting Teenage Parents (2017)</a> , <a href="#">Safeguarding Children (2017)</a> , <a href="#">Viral Hepatitis</a> , <a href="#">Domestic &amp; Sexual Violence and Abuse (2018)</a> , <a href="#">Female Genital Mutilation (2017)</a>

## Executive summary

### Introduction

Sexual health is defined by the World Health Organisation as: ‘a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health 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’.<sup>1</sup>

Good sexual health is an important aspect of health and wellbeing and it is vital that people have the information, confidence and the means to make choices that are right for them. It helps people to develop positive relationships and enables them to protect themselves and their partners from infections and unintended pregnancy. Sexual health services can provide cost savings to the NHS and can significantly reduce physical and emotional ill health through prevention work and early intervention. Poor sexual health can occur at any stage of life, and can have an enduring and severe impact upon people’s overall quality of life.

Nottingham City is similar to the rest of the country when considering key sexual health outcomes. In Nottingham there has been a slight increase in new diagnoses of STIs, similar to the rise seen nationally. The chlamydia detection rates have declined slightly. remains low compared to the rest of the county although improvements have been made.

Nottinghamshire is performing well in relation to the rate of Longer Action Reversible Contraception (LARC) prescribed but there are local differences in demand and provision.

This JSNA chapter was produced in collaboration with Nottinghamshire County Public Health. This chapter focuses on Nottingham City and considers the need, evidence of effective interventions and current service provision for:

- Sexually transmitted infections including HIV
- Contraception
- Terminations of pregnancy

This chapter identifies unmet needs and knowledge gaps and reflects on potential future changes in sexual health. A series of recommendations are made for stakeholders across the sexual health system to consider. This JSNA chapter has been endorsed by the Nottinghamshire/Nottingham Sexual Health Strategic Advisory Group (SHSAG). The chapter will be used to refresh the Sexual Health Framework for Action, which aims to provide a clear and ambitious plan for improving the sexual health and wellbeing of the people of Nottingham and Nottinghamshire. A summary of the responses to the preceding assessment can be found in appendix 1, some of these were fully achieved and others remain a recommendation.

Topics with direct links to sexual health such as, domestic abuse, teenage pregnancy, sexual violence or gynaecology are not the focus of this chapter. They are covered in other published documents. Further information can be found on the Nottingham Insight website.

## **Unmet needs and service gaps**

The following unmet needs and service gaps have been identified:

- National data systems alone do not always present an accurate picture of activity as an indication of need. This can be due to time lag in data recording or due to quality of data. Work often needs to be done at local level with providers to verify the understanding derived from data.
- Emerging threats such as antimicrobial resistance and mycoplasma genitalium arrive with risks around increased STIs, increased demand and increased costs in a challenging economic climate.
- Managing demand and pathways across services to ensure effective and efficient delivery of sexual health services remains a challenge
- Increasingly diverse populations and sexual lifestyles increases complexity in understanding need and planning provision that meets the needs of citizens equally.
- Access to, and effective use of contraception continues to be a priority in preventing unplanned pregnancy.

These are explored in more detail in section 8 of this JSNA chapter.

This chapter does not focus on domestic abuse, teenage pregnancy, sexual violence or gynaecology as they are covered in other published documents. Further information can be found on the Nottinghamshire Insight website.

The previous version of the sexual health JSNA was completed for Nottingham City in January 2014. Since 2014, a number of achievements have been made against the previous JSNA recommendations:

- The sexual health commissioning model has become embedded across local government, clinical commissioning groups (CCGs) and NHS England.
- Implementation of integrated pathways for sexual and reproductive health that reflect evidence based practice and deliver an improved patient journey that is equitable, accessible, high quality and reflects value for money.
- Completion of a Health Equity Audit
- High levels of satisfaction of sexual health services reported by services users

### **Recommendations for consideration by commissioners**

1. Understand and plan for issues on the horizon such as testing for Mycoplasma Genitalium (Mgen), roll of out pre-exposure prophylaxis (PrEP) and increased service demand. Explore options for funding where the impact involves increased cost to services.
2. Work with a range of partners and stakeholders from within the health care system with the aim of establishing clear pathways between primary care and integrated sexual health services, and ensuring commissioners and providers keep up with changes and pressures in the health care system in order for citizens to continue to receive the right care in the right place at the right time.
3. Work with partners to improve the quality of chlamydia testing data at testing sites to help improve the understanding of fluctuations in numbers.
4. Consider reviewing and refining service user satisfaction data collection methods to understand how people use sexual health services and what services citizens want.
5. Consider further evaluations/audits including engagement with specific sexual health needs of some at risk groups such as young offenders, sex workers, men who have sex with men (MSM) and LGBT communities.
6. Make efforts to ensure MSM are being tested for HIV and STIs regularly in line with current guidance.
7. Improve the recording and monitoring of patient ethnicity in services to obtain a better picture of the burden of STIs within ethnic groups.
8. Understand the views and barriers of citizens who do not access sexual health services on time.
9. Plan support in preparing for Relationships and Sex Education becoming a statutory subject in 2020 in order to provide quality and evidence based content.
10. Improve pathways and testing opportunities for women accessing termination of pregnancy services.
11. Understand local response to offers and uptake of HIV testing targeted at some BME groups at high risk of HIV.
12. Improve recording and monitoring of data on sexual orientation of service users to understand needs and access to services. Explore any issues around 'asking the

question' and utilise verified resources to support people, particularly young understand data collection.

13. Consider more robust planning and evaluation around communications for sexual health campaigns.
14. Develop a further understanding of factors contributing to reinfections with STIs and how behaviour change can be encouraged via sexual health services and health promotion routes.
15. Consider a service evaluation of the online chlamydia testing service to understand who is using it, the cost effectiveness of the service and anticipated future demand.