WORCESTERSHIRE COUNTY COUNCIL SEXUAL AND REPRODUCTIVE HEALTH NEEDS ASSESSMENT

July 2023

V3.1

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EXECUTIVE SUMMARY

Introduction

The aim of the needs assessment is to offer a strategic review of the sexual and reproductive health needs of the Worcestershire population through a review of current sexual health outcomes, service delivery data, views of users and stakeholders and evidence of best practice. The needs assessment provides recommendations for improving sexual health across the county and for reducing sexual health inequalities. The findings will be used to inform commissioning decisions, and to influence future service configuration and development.

Key objectives

The key objectives of this sexual health needs assessment are to:

- **Outline the current service provision** of sexual health services in Worcestershire; the services which are available to Worcestershire residents and how they are used.
- **Undertake an epidemiological needs assessment** to review the data for sexual health, providing an overview of the current sexual health outcomes for the population of Worcestershire.
- **Undertake public engagement** to establish what local people think of sexual health in general and local sexual health services.
- **To incorporate national guidance, priorities and strategies** whilst meeting the needs of the local population.
- **To present an overall picture of the sexual health needs** of the Worcestershire population and **identify any gaps** in provision.
- And **to make any recommendations** that could support the improvement in sexual health services in Worcestershire which would help improve sexual health outcomes for the local population.

Background

While sexual relationships are essentially private matters, good sexual health is important to individuals and to society. It is therefore important to have the right support and services to promote good sexual health. Sexual and reproductive health covers the provision of advice and services around contraception, sexually transmitted infections (including HIV) and abortions to prevent and reduce STIs and unintended pregnancies.

In 2013, The Department of Health published A Framework for Sexual Health Improvement in England. This is the latest strategy for sexual health (with a new strategy due in 2023) and acknowledges that good sexual health is dependent on a number of different factors across the life course. These include building resilience, effective education and awareness, and access to high quality information and services.

Achieving good sexual health is complex, and there are variations in the need for services and interventions for different individuals and groups. It is essential that there is collaboration and

integration between a broad range of organisations, including commissioning organisations, to achieve desired outcomes.

The impact of Covid-19

From March 2020, in response to the Coronavirus Disease (COVID-19) pandemic, the UK Government implemented strict non-pharmaceutical interventions (NPIs) in the form of national and regional lockdowns, as well as social and physical distancing measures which included an emphasis on staying at home. These measures caused a significant impact to people's ability to access sexual and reproductive health services. A number of organisations were either not able to function or had to make significant adaptations to the way they worked. Sexual health services across Worcestershire were no different and made significant changes to the way that they operate, undergoing rapid reconfiguration to increase access. Telephone consultations and home delivery of contraception, STI testing, treatment and pregnancy tests were all used to support the local population.

During the pandemic, there were larger decreases for sexually transmitted infections (STIs) that are usually diagnosed clinically at a face-to-face consultation, such as genital warts or genital herpes, when compared to those that could be diagnosed using remote self-sampling kits such as chlamydia and gonorrhoea. Data from the Department of Health and Social Care (DHSC) funded sexual health helpline, indicated that women, particularly in rural areas, experienced difficulties in accessing contraception, especially long acting reversible contraception (LARC), from their normal sexual health providers. Lockdown initially greatly restricted the provision of LARC methods with those methods requiring fitting (implant and intrauterine contraception) most affected**Error! Bookmark not defined.**. Primary care LARC prescriptions in May 2020 were 85% lower than in May 2019[1]. By June 2020 the supply of the implant, IUS and IUD had recovered to only a third of levels in the previous year. This may have led to increases in unintended pregnancies and abortions. There were also disruptions to elective health services related to cervical screening and the management of abnormal screening test results.

DEMOGRAPHICS

Overview

Maintaining good sexual health is relevant to everyone. Sexual health issues and STIs can affect anyone, however, there are some groups within society who are disproportionately affected. These groups include young people, people living with HIV, Gay, Bisexual, and other Men who have Sex with Men (GBMSM) and specific ethnic minority communities.

Worcestershire population and demographics

Worcestershire is a county in the West Midlands made up of six districts: Bromsgrove, Malvern Hills, Redditch, Worcester City, Wychavon, and Wyre Forest. It is a predominantly rural county particularly

[1] UKHSA (formally PHE) (2021) Women's reproductive health programme: progress, products and next steps - GOV.UK (www.gov.uk)

in Wychavon and Malvern Hills. Redditch, Worcester, and parts of Wyre Forest in particular are some of the more densely populated urban areas across Worcestershire. Bromsgrove and Redditch in the north of the county are close to the borders of Birmingham and Solihull.

The current population of Worcestershire is estimated to be around 600,320. Overall, the population growth has slowed compared to the previous year. Wychavon district has the largest proportion of the total population in the county (132,459), Redditch and Malvern Hills have the smallest (87,034 and 79,487 respectively). Wyre Forest and Worcester City have similar populations (101,609 and 103,869 respectively).

Table 1 provides population projections over the next 10-15 years for Worcestershire by age band. Young adults have a greater need for sexual health services and have the highest access rates, particularly the 20-29 age group. The population within this age group is expected to increase by nearly 10% over the next 10 to 15 years and the population aged 45 years and over is projected to increase by 13%. Sexual health services will need to ensure they are prepared for the increase in younger people accessing services whilst also meeting the particular sexual health needs of an ageing population.

Table 1: Population projections over the next 10-15 years for Worcestershire by age band

					Change	Change	Change
Age band	**2022**	**2027**	**2032**	**2037**	**2022-27**	**2027-32**	**2032-37**
15-19	32265	35821	36323	34287	11%	1.4%	-5.7%
20-24	28362	28961	32191	32469	2.1%	11.1%	0.8%
25-29	33297	30954	31764	35246	-7.1%	2.6%	10.9%
30-34	35873	35389	33129	33983	-1.4%	-6.4%	2.6%
35-39	35425	38594	38025	35730	8.9%	-1.5%	-6.1%
40-44	35860	37814	40954	40325	5.4%	8.3%	-1.5%
Age 15-44	**201,082**	**207,533**	**212,386**	**212,040**	**3.2%**	**2.3%**	**-0.2%**
45-49	36322	37430	39428	42549	3.0%	5.3%	7.7%
50-54	43554	37548	38834	40872	-13.8%	3.4%	5.2%
55-59	45115	44418	38472	39936	-1.5%	-13.4%	3.8%
60-64	39959	45654	45039	39200	14.3%	-1.3%	-13%
65-69	36116	39799	45430	44935	10.2%	14.1%	-1.1%
70-74	36246	34905	38719	44234	-3.7%	10.9%	14.2%
75-79	31557	32995	32069	35859	4.6%	-2.8%	11.8%
80-84	19398	26378	27724	27319	36%	5.1%	-1.5%
85+	19420	21991	28448	32971	13.2%	29.3%	15.9%
Age 45+	**307,687**	**321,118**	**334,163**	**347,875**	**4.4%**	**4.1%**	**4.1%**
15-85+	**508,769**	**528,651**	**546,549**	**559,915**	**3.9%**	**3.4%**	**4.1%**

Sexual Health across the Life Course

Sexual health need for information, services and interventions, changes as people move through their lives. For under 16s there is a need to build knowledge and resilience through good quality relationships & sex education (RSE) at home, at school and in the community. Most people become sexually active and start forming relationships between the ages of 16 and 24. Young people have

significantly higher rates of poor sexual health, including STIs and abortions. Those aged between 15 and 24 years accounted for 53% of all new STI diagnoses in 2020.[2]

Adults aged 25-49 may be forming long-term relationships and planning families so there is a need for individuals to understand the range of choices of contraception, know where to access them and to have information and support to access testing, and earlier diagnosis, to prevent the transmission of HIV and STIs. As people get older, their need for sexual health services and interventions may reduce. However, older people's needs should not be overlooked, although STI rates for over 50s are low, they have risen by a third in recent years. This may be due to changes in relationship structures, including relationship breakdown or divorce. It has also been shown that there is a low uptake of sexual protection such as condoms for this age group.

Ethnicity

Black Minority Ethnic (BME) populations are disproportionately affected by STIs. In 2020, in the West Midlands, the population rates of STI diagnoses remained the highest among people of Black ethnicity, but this varied across Black ethnic groups. The white ethnic group has the highest number of new STI diagnoses In the West Midlands at over 15,700 (71%). Although only 7% of new STIs are for Black Caribbeans, they have the highest rate per 100,000 at 1,895, this is 6 times the rate seen in the white ethnic group.

Ethnicity: Census Data 2021

Worcestershire has a lower percentage of the population who are of an ethnicity other than White British compared with England as a whole. According to the 2021 Census of Population, 11.3% of Worcestershire's population are of an ethnicity other than White British, in comparison to 25.6% of England's population. This comprises 5.1% who are in the 'Other White' groups and 6.2% in Asian, Black, Mixed or Other Ethnic groups.

Table 2: Ethnicity Breakdown by Broad Ethnic Groups in Worcestershire and England (Office for National Statistics, Census 2021)

Ethnic Group	Worcs %	Worcs Number	England %	England Number
White: English/ Welsh/ Scottish/ Northern Irish/ British	88.7%	535, 492	74.4%	44,355,038
All other White groups	5.1%	30, 992	7.3%	4,344,211
White: Total	**93.8%**	**566, 484**	**81.7%**	**48,699,249**
Mixed/ Multiple Ethnic group: Total	1.9%	11, 173	2.9%	1,717,976
Asian/ Asian British: Total	3.1%	18, 511	9.3%	5,515,420
Black/ African/ Caribbean/ Black British: Total	0.7%	4, 151	4.0%	2,409,278
Other Ethnic Group: Total	0.6%	3, 357	2.1%	1,255,619
All Ethnic Minorities: Total	**6.2%**	**37,192**	**18.3%**	**10,898,293**
All categories: Ethnic Group	**100%**	**603, 676**	**100%**	**59,597,542**

[2] UKHSA (2022) WM_STI_Spotlight_2020_data

Sexual Orientation

There are some disparities for sexual health regarding sexual orientation. Men who have sex with men (MSM) are disproportionately affected by sexually transmitted infections. In 2019 national surveillance showed that gay, bisexual, and other men who have sex with men (MSM) are more likely to be diagnosed with bacterial STIs than other men. The majority of syphilis and gonorrhoea diagnoses in men were in the MSM group; 81% of syphilis and 66% of gonorrhoea. In addition, HIV–diagnosed MSM are three times more likely to be diagnosed with an acute bacterial STI than those that are HIV–negative or of unknown HIV status[3].

A report by Healthwatch estimates that there are approximately 7,500 people in Worcestershire who are identified as gay, lesbian, or other sexual orientation. However, Healthwatch state that the actual figure is likely to be higher than this.

Table 3: Breakdown of Sexual Orientation in Worcestershire (2021 Census)[4]

Hetero sexual	Gay or Lesbian	Bisexual	Pansexual	Asexual	Other	Not known
91.0%	1.2%	1.0%	0.1%	0.05%	0.02%	6.6%

Deprivation

Sexual health and deprivation are intricately linked. Individuals in more deprived areas often have poorer sexual health than those who live in more affluent areas. Rates of STIs, teenage pregnancy, emergency contraception and abortion are all consistently higher in more deprived populations. In addition, access to services can vary according to the levels of deprivation where people live[5]. If you are more deprived, you are less likely to have a means of transportation, and less inclined to spend disposable income on public transport to be able to travel to a sexual health clinic that may be far away. Such inequalities can often lead to the practice of unsafe sex.

Overall, Worcestershire is not seen as a deprived area compared to England as a whole. However, there are still almost 28,000 residents who live in one of the top 10% of deprived areas in the country.

There are 18 Lower Super Output Areas (LSOAs) out of 364 in Worcestershire that are in the top 10% most deprived areas in England. There are 74 LSOAs in the county within the top 30% most deprived areas in England. Almost 5% of the Worcestershire population are living in LSOAs that are within the top 10% most deprived areas in England, whilst just over 20% are living in places categorised as being within the top 30% most deprived areas in England.

[3] UKHSA (2021) Variation in outcomes in sexual and reproductive health in England 2021

[4] ONS 2021, Sexual Orientation, UK: 2021 [Online] Available from: Sexual orientation, England and Wales - Office for National Statistics (ons.gov.uk)

[5] DHSC (2022) Women's Health Strategy for England - GOV.UK (www.gov.uk)

At the district level Wyre Forest and Redditch are very close in terms of overall level of deprivation and are the most deprived districts in the county. Worcester City has the most LSOAs within the top 10% most deprived areas (8), whilst Redditch and Wyre Forest have the most LSOAs within the top 30% most deprived areas (21 and 20 respectively).

Inclusion Health Groups

Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence, and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.

People belonging to inclusion groups, tend to have very poor health outcomes, often much worse than the general population and a lower average age of death. This contributes considerably to increasing health inequalities. Poor access to health and care services and negative experiences can also be commonplace for inclusion health groups due to multiple barriers, often related to the way healthcare services are delivered.

Prisoners

Prisons and other places of detention pose particular risks for the causes and transmission of infection. It is increasingly being recognised that there are high prevalence rates of STIs (especially blood-borne viruses) in the male prison population[6]. Numerous characteristics of male prisoners (for example, social disadvantage, drug dependency, younger age, black ethnic origin, on remand), their offences (drug, sex, violent) and overcrowded prisons (for example, sharing cells, staff shortages, enforced idleness, transfers) are also considered 'high risk' from a sexual health perspective, especially the spread of STIs between prisoners and into the wider population when they are released.

NICE guidelines recommend that professionals should offer people in prison information about sexually transmitted infections and available sexual health services and ensure that people in prison have discreet access to condoms, dental dams, and water-based lubricants without the need to ask for them[7].

SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES FOR WORCESTERSHIRE

The Public Health Outcomes Framework (Figure 1) provides a snapshot on how Worcestershire is performing in relation to reproductive and sexual health compared to regional and England rates identifying whether better, worse, or similar using a RAG rating. The sexual and reproductive health outcomes for Worcestershire are generally good with further detail provided in the following sections.

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[6] Elaine C. Stewart (2007), The Sexual Health and Behaviour of Male Prisoners: The Need for Research. Howard Journal Vol 46 No 1. February 2007

[7] Overview | Physical health of people in prison | Guidance | NICE

Figure 1: Public Health Outcomes Framework for Worcestershire- 2022[8]

Indicator	Period	Worcs		Region	England			
		Recent Trend	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
All new STI diagnosis rate per 100,000	2022	↓	368	502	694	220		3655
New STI diagnosis rate (excluding Chlamydia aged under 25) per 100,000 (all ages)	2022	↓	239	340	496	3214		161
STI testing rate (excluding Chlamydia aged under 25) per 100,000 (all ages)	2022	↑	2685.5	2954.5	3856.1	647		20091.2
STI testing positivity (excluding Chlamydia aged under 25)	2022	↓	4.8%	6.9%	7.6%	0.0%		16.8%
Pelvic Inflammatory Disease (PID) admissions rate per 100,000	2021/ 2022	-	238.9	252.1	224.4	580.9		95.4
Ectopic pregnancy admissions rate per 100,000	2021/ 2022	-	97.5	93.9	90.6	204.6		40.7
HIV testing coverage, gay, bisexual, and other MSM	2021	↓	81.0%	80.0%	77.8%	0.0%		92.1%
HIV testing coverage, women	2021	↓	28.6%	45.7%	36.6%	0.0%		81.8%
HIV testing coverage, men	2021	↓	61.8%	68.6%	62.8%	0.0%		84.5%
HIV late diagnosis in gay, bisexual, and other MSM first diagnosed with HIV in the UK	2019-2021	-	33.3%	29.0%	31.4%	100%		0.0%
HIV late diagnosis in heterosexual men first diagnosed with HIV in the UK	2019-2021	-	75.0%	55.8%	58.1%	100%		0.0%
HIV late diagnosis in heterosexual and bisexual women first diagnosed with HIV in the UK	2019-2021	-	28.6%	43.5%	49.5%	100%		0.0%
New HIV diagnosis rate per 100,000	2021	→	1.8	4.2	4.8	22.2		0.0
Prompt Antiretroviral therapy (ART) initiation in people newly diagnosed with HIV (all ages)	2019–2021	-	75.7%	85.7%	83.5%	0.0%		100%
Virological success in adults accessing HIV care (all ages)	2021	-	98.8%	97.8%	97.8%	91.8%		100%
Initiation or continuation of PrEP among those with PrEP need	2021	-	56.2%	46.6%	69.6%	0.0%		86.6%
Determining PrEP need	2021	-	2.3%	3.9%	7.4%	0.0%		32.1%
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (female)	2021/ 2022	↓	81.1%	66.9%	69.6%	34.3%		93.2%
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (male)	2021/ 2022	-	78.0%	59.6%	62.4%	27.8%		92.3%
Under 18s conception rate per 1,000	2021	-	11.7	15.2	13.1	31.5		2.7
Under 16s conception rate per 1,000	2021	-	1.9	2.4	2.1	7.0		0.6
Under 18s conceptions leading to abortion (%)	2021	→	45.7%	51.4%	53.4%	26.0%		87.5%
Total abortion rate per 1,000 (all ages)	2021		16.6	21.9	19.2	32.2		11.3
Under 25s repeat abortions (%)	2021	→	26.8		29.7	39.8		17.3
Abortions under 10 weeks (%)	2021	↑	89.1		88.6	79.9		96.2

SEXUALLY TRANSMITTED INFECTIONS (STIs)

As STIs are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important and should be conducted in line with national guidelines. Early detection and treatment can reduce important long-term consequences, such as infertility and ectopic pregnancy. Vaccination is an intervention that can be used to control genital warts, hepatitis A and hepatitis B, however, control of other STIs relies on consistent and correct condom use, behaviour change to decrease overlapping and multiple partners, ensuring prompt access to testing and treatment, and ensuring partners of cases are notified and tested[9].

[8] OHID Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

[9] UKHSA (2023) SPLASH Worcestershire [Online]

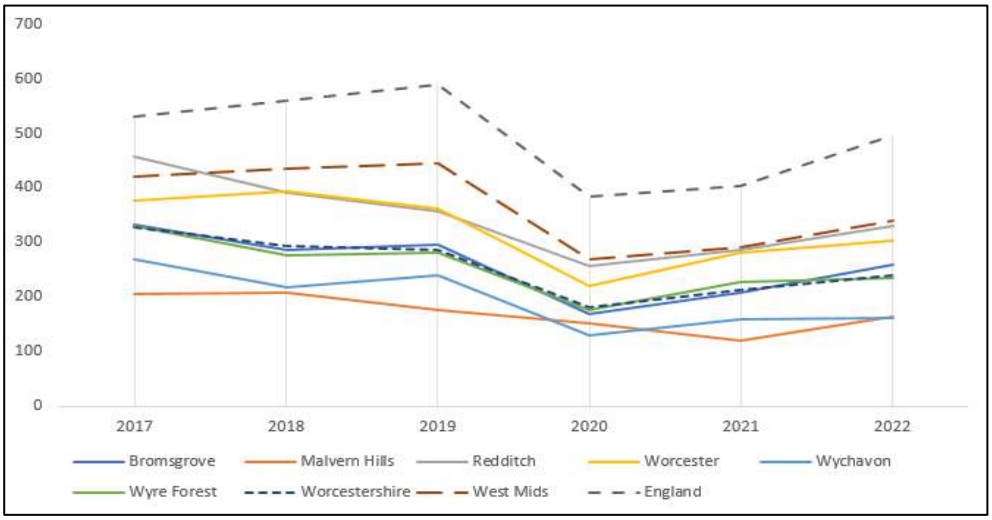
- Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Worcestershire in 2022 was 2,225. The rate was 368 per 100,000 residents, lower than the rate of 694 per 100,000 in England, and lower than the average of 502 per 100,000 among neighbouring local authority areas. The highest rate of diagnosis of new STIs were in young people aged between 15 and 24 years at 50.6% which is higher than the England rate of 44.4% for this age group.

- In 2022 the rate of STI testing (excluding chlamydia in under 25 year individuals) in sexual health services (SHS) in Worcestershire was 2,685 per 100,000, a 31% increase compared to 2019. This is lower than the rate of 3,856 per 100,000 in England in 2022. Care should be taken with testing rates as lower rates may mean that people are not getting tested for STIs but can also reflect lower rates of STI transmission meaning not as many people require testing.

- The positivity rate in Worcestershire was 4.8% in 2022, lower than 7.6% in England. Positivity rates depend both on the number of diagnoses and the offer of testing: higher positivity rates compared with previous years can represent increased burden of infection, decreases in the number of tests, or both.

- Overall, of those diagnosed with a new STI in 2022 in Worcestershire, 49.5% were men and 50.5% were women. For cases in men where sexual orientation was known, 30.8% of new STIs in Worcestershire were among gay, bisexual, and other GBMSM. This has increased since 2021 however remains lower than the England rate of 45.1%.

Figure 2: New STI Diagnosis Rates per 100,000 population by district compared to rates in the West Midlands Region and England: 2017 to 2022



Chlamydia

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

National Chlamydia Screening Programme (NCSP)

The National Chlamydia Screening Programme (NCSP) was introduced in 2003 and aimed to prevent and control chlamydia through early detection and treatment of asymptomatic infection, reduce onward transmission to sexual partners, and prevent the consequences of untreated infection. In 2021, there were changes made to the NCSP including new thresholds for screening. The focus on opportunistic screening is now offered to sexually active women and other people with a womb or ovaries since the harmful effects of chlamydia predominantly affect these individuals. There is a focus on the following three areas to maximise health benefits.

- reducing time to test results and treatment
- strengthening partner notification
- re-testing after treatment

Table 4: Changes to NCSP Methodology: Current to January 2022

<table>
<tr><th>Current Methodology</th><th>From January 2022</th></tr>
<tr><td>All chlamydia diagnoses in 15 to 24 year olds attending sexual health services (SHSs) and community-based settings, who are residents in England, expressed as a rate per 100,000 population.</td><td>All chlamydia diagnoses in 15 to 24 year olds FEMALES attending sexual health services (SHSs) and community-based settings, who are residents in England, expressed as a rate per 100,000 population.</td></tr>
<tr><td>Detection rate of at least 2,300 per 100,000 population aged 15 to 24
<table>
<tr><th>Threshold</th><th>RAG Rating</th></tr>
<tr><td>>2,300</td><td>GREEN</td></tr>
<tr><td>1,900 - <2,300</td><td>AMBER</td></tr>
<tr><td><1,900</td><td>RED</td></tr>
</table></td><td>Detection rate of at least 3,250 per 100,000 aged 15 to 24 (Females ONLY)
<table>
<tr><th>Threshold</th><th>RAG Rating</th></tr>
<tr><td>>3,250</td><td>GREEN</td></tr>
<tr><td>2,400 - <3,250</td><td>AMBER</td></tr>
<tr><td><2,400</td><td>RED</td></tr>
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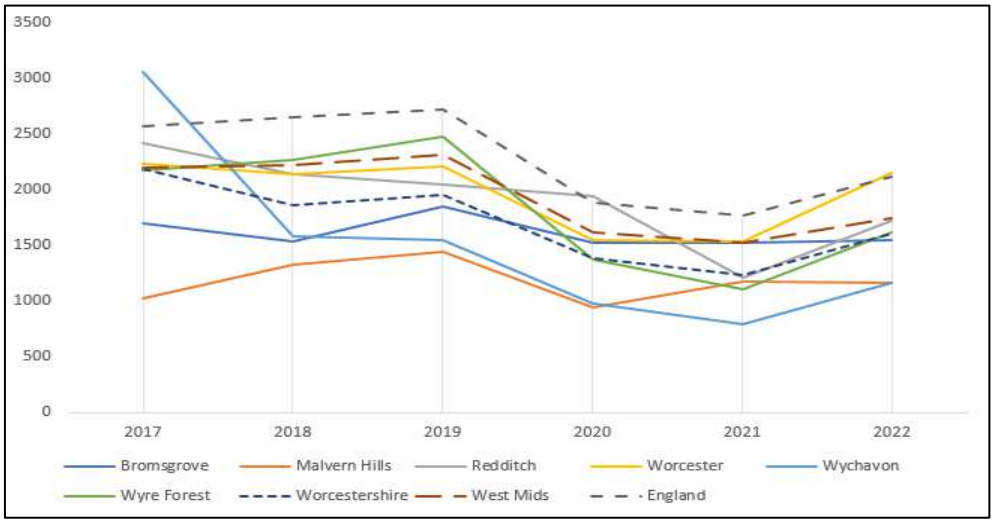
Figure 3: Chlamydia Diagnosis Rates per 100,000 females aged 15-24 by district compared to rates in the West Midlands Region and England: 2017 to 2022



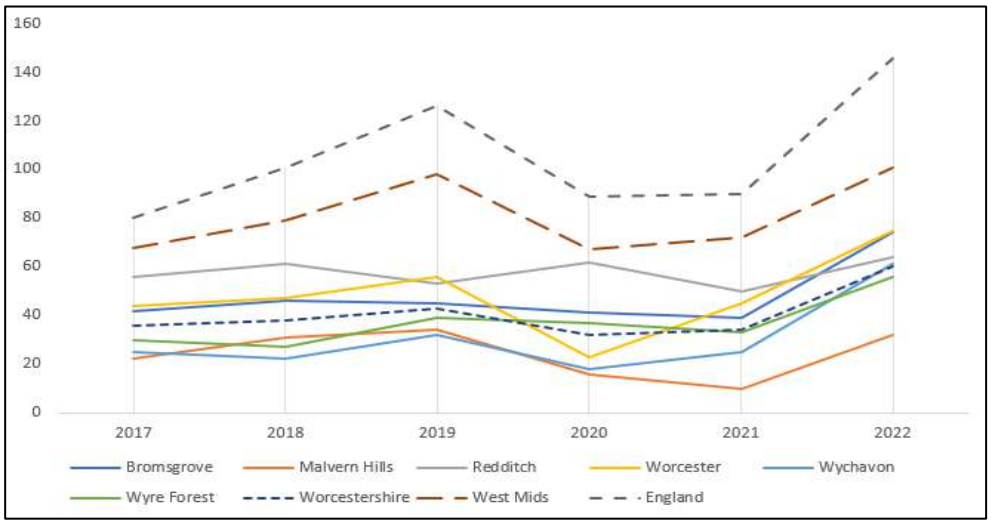
The current Chlamydia diagnosis rate in Worcestershire is 1,600 per 100,000 females aged 15-24, this is an increase of 30% over 2021 but falls below the targets set under the NCSP and below the regional rate of 1745 per 100,000 females aged 15-24. In 2022, the highest rates of diagnosis for Chlamydia per 100,000 females aged 15-24 were in Worcester City (2,151) and Redditch (1,720) and the lowest rate of diagnosis was in Malvern Hills (1,158). Wychavon have seen the largest decline in Chlamydia diagnosis rates since 2017.

Gonorrhoea

Gonorrhoea is more likely than chlamydia to result in symptoms. Treating gonorrhoea as soon as possible is very important as it can lead to serious long-term health problems, Gonorrhoea and syphilis have re-emerged as major public health concerns, especially among gay, bisexual, and other men who have sex with men. Since 2009, gonorrhoea and syphilis diagnoses have risen nationally by 249% and 165%, respectively overall, and by 643% and 236% among MSM. Higher risk behavioural changes, including more condomless sex with new or casual partners, likely contribute to these trends[10].

Worcestershire has a significantly lower proportion of Gonorrhoea in comparison to the West Midlands region and England average. It ranks 9th out of 16 similar local authority areas. Rates have remained relatively constant for the last 5 years. The highest rates are seen in the 20-24 age group (33.2%) followed by the 25-34 age group (27.1%). Diagnoses for Gonorrhoea in males (63.7%) was nearly double that compared to females (36.3%). However, the rate of increase is higher for females in comparison to males. For cases where sexual orientation was known, MSM account for 52.5% of Gonorrhoea diagnoses across all males. For females 90.5% of cases were in heterosexual or straight women. In 2022, the highest rates of diagnosis for Gonorrhoea per 100,000 population were in Worcester City (75) and Bromsgrove (74) and the lowest rates of diagnosis were in Malvern Hills (32).

Figure 4: Gonorrhoea Diagnosis Rates per 100,000 population by district compared to rates in the West Midlands Region and England: 2017 to 2022



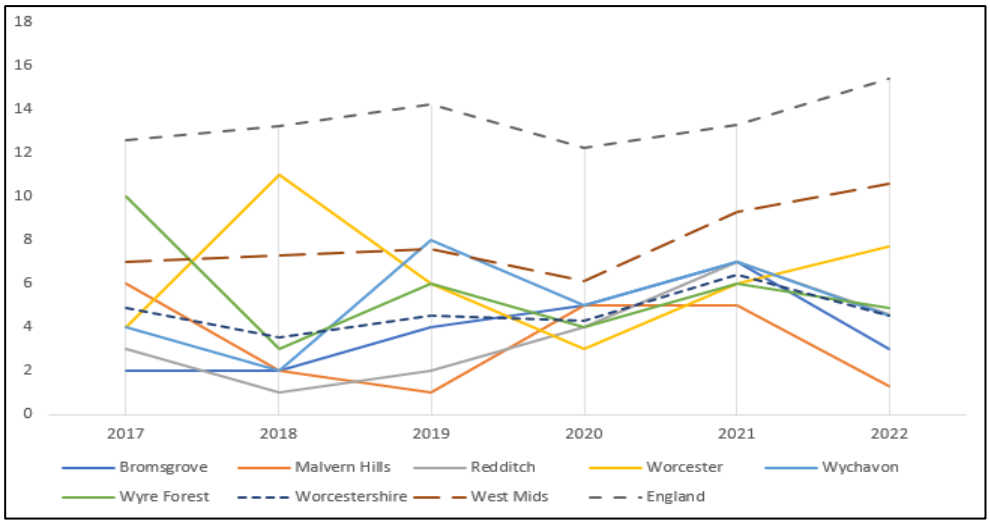
[10] UK Health Security Agency (2021) Health Matters: Preventing STIs, [Online], Available from: https://ukhsa.blog.gov.uk/

Syphilis

Syphilis is a bacterial infection that causes avoidable sexual and reproductive ill-health. It can be spread through sexual contact, including oral sex, and is treated with antibiotics. Left untreated it can, over time, have potentially serious health implications.

The Syphilis diagnoses rate per 100,000 for Worcestershire (4.5 per 100,000 population) is significantly lower than the England average (15.4 per 100,000) and ranks 6th out of 16 similar local authority areas (CIPFA nearest neighbours). The highest rates of diagnosis are in the 35-44 year old age group (33.3%). Males account for 84% of cases. For cases where sexual orientation was known, 76.2% of syphilis diagnoses for men in Worcestershire were among gay, bisexual, and other GBMSM. This compares to 80.9% in England. In 2022, the highest rates of diagnosis for Syphilis per 100,000 population were in Worcester City (7.7), and the lowest rate of diagnosis was in Malvern Hills (1.3).

Figure 5: Syphilis Diagnosis Rates per 100,000 population by district compared to rates in the West Midlands Region and England: 2017 to 2022

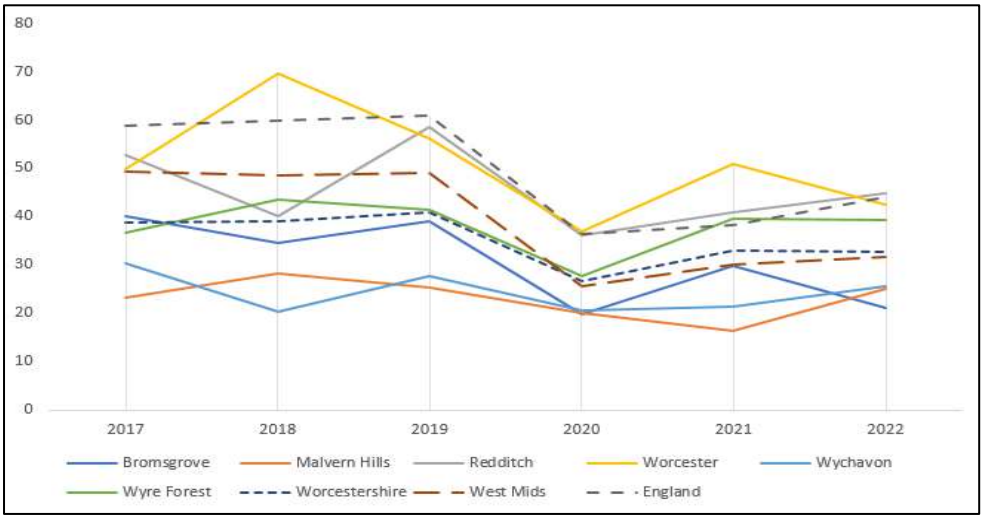


Genital Herpes

Genital herpes is an infection by the herpes simplex virus (HSV) of the genitals. Most people either have no or mild symptoms and thus do not know they are infected. When symptoms do occur, they typically include small blisters that break open to form painful ulcers.

The Genital herpes diagnostic rate per 100,000 for Worcestershire (32.7) is better than the England average (44.1) and ranks 9th out of 16 similar local authority areas (CIPFA nearest neighbours). The highest rates of diagnosis are in the 16-24 year old age group (38.9%) and 25-34 year old age group (33.3%). The rate of diagnoses for herpes in males (33.5%) was lower when compared to females (66.5%). For cases where sexual orientation was known, diagnoses for Herpes were highest for heterosexual males and females and accounted for 88.9% of all cases. In 2022, the highest rates of diagnosis for Herpes per 100,000 population were in Redditch (44.8) and Worcester City (42.5) and the lowest rates of diagnosis were in Bromsgrove (21.1).

Figure 6: Genital Herpes Diagnosis Rates per 100,000 population by district compared to rates in the West Midlands Region and England: 2017 to 2022

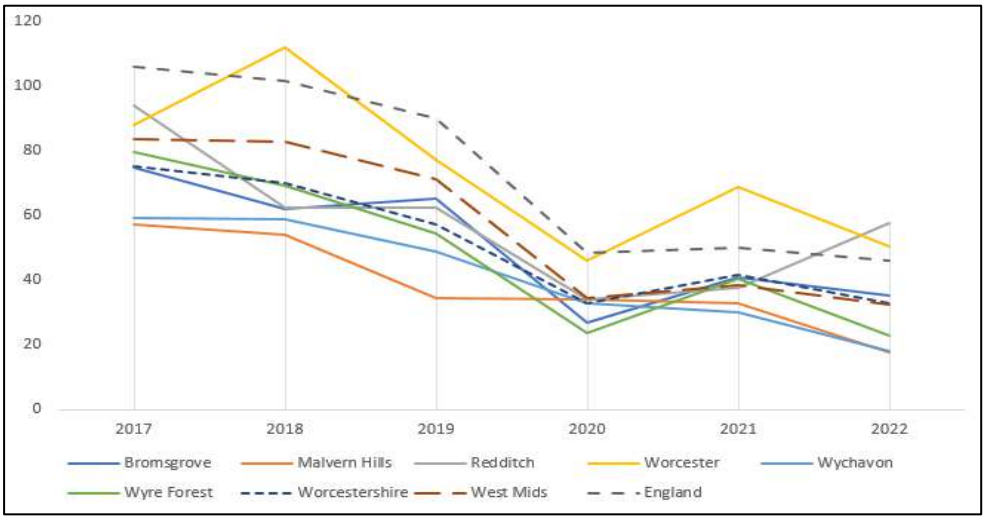


Genital Warts

Genital warts are the second most diagnosed sexually transmitted infection (STI) in the UK and are caused by infection with specific subtypes of human papillomavirus (HPV). Recurrent infections are common with patients returning for treatment. Nationally, Genital warts diagnoses decreased significantly between 2017 and 2022 (a 57% decrease from 58,926 to 25,385).

Since 2008, HPV vaccination has been provided as part of a national vaccination programme for girls aged 12 to 13. From September 2019 the vaccination programme became universal with 12- to 13-year-old males becoming eligible alongside females. There is also a HPV vaccination programme for gay and bisexual men and other men who have sex with men (GBMSM) up to 45 years of age, who attend sexual health or HIV clinics. The HPV vaccine helps to protect against cancers such as cervical cancer, some mouth and throat cancers and some cancers of the anal and genital areas. The vaccine also helps to protect against genital warts.

Figure 7: Genital Warts Diagnosis Rates per 100,000 population by district compared to rates in the West Midlands Region and England: 2017 to 2022



The genital warts diagnostic rate per 100,000 for Worcestershire (32.7) is better than the England average (46.1) and ranks 11th out of 16 similar local authority areas (CIPFA nearest neighbours). The highest rates of diagnosis are in the 25–34-year-old age group (40.9%). For cases where sexual orientation was known diagnoses for genital warts were highest for heterosexual males and females and accounted for 86.9% of all cases. In 2022, the highest rates of diagnosis for Genital Warts per 100,000 population were in Redditch (57.5) and Worcester City (50.2) and the lowest rates of diagnosis were in Malvern Hills (17.5).

Other STIs

Some bloodborne viruses can be spread through sex as well as by other routes, e.g. hepatitis B, and hepatitis C. Some gastro-intestinal infections, typically linked to contaminated food or water can also be spread faecal-orally during sexual activity: these are called sexually transmissible enteric infections (STEIs) e.g. hepatitis A and Shigella.

Shigella

Over the last decade, the number of cases of sexually transmitted Shigella among MSM in England has increased[11], with concerning increases in antimicrobial resistance. Cases of shigellosis can be severe, leading to dehydration and sepsis. Due to its presentation as an enteric illness, most symptomatic cases present to primary care (GPs, A&E) rather than SHS. Surveillance shows transmission of these infections is commonly associated with high-risk behaviours such as sexualised drug-use (including 'chemsex') and multiple casual sex partners. There were no cases of Shigella recorded through sexual health services in Worcestershire in 2022.

Lymphogranuloma venereum (LGV)

Lymphogranuloma venereum (LGV), an invasive form of chlamydia, it is a sexually transmitted infection which disproportionately affects MSM. In the past decade, the number of LGV diagnoses has increased substantially in England. Historically, LGV was mainly concentrated among MSM living with HIV. However, in recent years, a greater proportion of cases have been among MSM who are HIV negative[12]. There were 5 cases of LGV recorded through sexual health services in Worcestershire in 2022.

Hepatitis A

Hepatitis A vaccination is available for MSM in SHS. In 2016 an outbreak of hepatitis A was identified among MSM in England and across Europe. Between July 2016 and April 2017 266 cases associated with the outbreak had been identified in England, 74% of these among MSM[13]. This outbreak

[11] Charles H, Prochazka M, Godbole G, Jenkins C, Sinka K, and contributors. Sexually transmitted Shigella spp. in England: 2016 to 2020. March 2021, PHE, London
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/982595/SP_hpr0721_shgll20.pdf
[12] Charles H, Prochazka M, Sinka K, and contributors. Trends of Lymphogranuloma venereum in England: 2019. December 2020, PHE
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011030/hpr2320_LGV-11.pdf
[13] Health Protection Report (publishing.service.gov.uk)

highlights how quickly and widely an infection can become established in key populations if prevention measures such as vaccination are not undertaken.

Hepatitis B

In England, hepatitis B is most often acquired sexually. Where information on risk exposures was recorded on acute and probable acute cases of hepatitis B, the most commonly reported risk was heterosexual exposure (50%), followed by sex between men (17%)[14]. Vaccination can prevent infection and is recommended for MSM, for individuals with multiple sexual partners and for individuals who place themselves at risk through sexual activity when travelling to high prevalence countries.

Hepatitis C

Most people in England acquire hepatitis C through injecting drug use[15]. However, MSM are also a risk group for hepatitis C transmission. MSM living with diagnosed HIV, especially those reporting high risk sexual practices, are disproportionately affected by hepatitis C compared to HIV-negative MSM; therefore guidance for hepatitis C testing in SHS has been targeted towards this group.

Mpox (formally Monkeypox)

In May 2022, an international outbreak of mpox was detected with cases reported concurrently from many countries where the disease is not endemic. To date, most reported cases in the outbreak have involved mainly, but not exclusively, men who have sex with men. Over 3,500 individuals were diagnosed in England during the outbreak. Vaccines developed to protect against smallpox have been approved and used for prevention of mpox and were used as part of the response. Numbers of new cases fell to very low levels by the end of 2022.

Trichomoniasis

Trichomoniasis is a sexually transmitted infection (STI) caused by a parasite called Trichomonas vaginalis. Symptoms of trichomoniasis usually develop within a month of infection but up to half of all people will not develop any symptoms (though they can still pass the infection on to others). The symptoms of trichomoniasis are similar to those of many other STIs so it can sometimes be difficult to diagnose[16]. There were 27 cases of trichomoniasis recorded through sexual health services in Worcestershire in 2022 with the highest number of cases in Redditch (9).

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[14] Acute hepatitis B (England): annual report for 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877344/hpr3019_ct-hbv18_V3.pdf

[15] Hepatitis C in the UK: 2020 report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943154/HCV_in_the_UK_2020.pdf

[16] Trichomoniasis - NHS (www.nhs.uk)

Mycoplasma genitalium (Mgen)

Mycoplasma genitalium (Mgen) is a sexually transmitted infection which infects the urinary and genital tracts of men and women. Mgen transmission can occur by having sex with a person who already has the infection. Mgen is more common in young people and in people who do not use condoms during sex. There are concerns that Mgen has the potential to become a 'superbug', which means a bacterium which is resistant to available antibiotic treatments[17]. There were 17 cases of Mgen recorded through sexual health services in Worcestershire in 2022 with the highest number of cases in Bromsgrove (5).

HIV

HIV (Human Immunodeficiency Virus) is a virus that attacks the immune system - the body's defence against diseases. HIV stays in the body for life, but treatment can keep the virus under control and the immune system healthy. Free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic but manageable condition. People living with HIV in the UK can now expect to have a near normal life expectancy if diagnosed promptly and they adhere to treatment. Without medication, people with HIV can develop AIDS. AIDS (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged by the HIV virus. While AIDS cannot be transmitted from one person to another, the HIV virus can.

There are different types of treatment that can be used to control HIV and prevent the onward transmission.

- Pre Exposure Prophylaxis (PrEP) is an anti-retroviral medication which is taken by HIV negative individuals to reduce the risk of acquiring HIV. PrEP is taken prior to, or after, an exposure to prevent an individual becoming infected. PrEP is usually taken in tablet form.
- Post Exposure Prophylaxis (PEP) is an anti-retroviral that can stop a HIV infection after the virus has entered an individual's body. The treatment must be taken within 72 hours of exposure.
- HIV medication (antiretroviral treatment, or ART) works by reducing the amount of the virus in the blood to undetectable levels (U=U). This means the levels of HIV are so low that the virus cannot be passed on. This is called having an undetectable viral load or being undetectable[18].
- Over 95% of people diagnosed with HIV in the UK are on effective treatment and undetectable, and therefore are not infectious (U=U)[19]

All individuals who are identified as being at high risk for HIV are offered testing within clinics.

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[17] Mycoplasma Genitalium (Mgen) Infection | STIs | Testing, Symptoms & Treatment | Patient

[18] UKHSA (2022) Standards: English National Chlamydia Screening Programme, [Online], Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1058780/NCSP_Standards_Eighth_Edition_March_2022.pdf

[19] Terence Higgins Trust (2022) About HIV | Terrence Higgins Trust (tht.org.uk)

National Strategy for HIV: Towards Zero

In 2014, UNAIDS set a global target called 90-90-90 which aimed for 90% of all people living with HIV to be diagnosed, 90% of those diagnosed to receive HIV treatment and 90% of those receiving treatment to achieve viral suppression by 2020. The UK was successful in achieving the UNAIDS target which have since been increased to 95-95-95. In 2021 England again achieved these targets with 95% of people living with HIV being diagnosed, 99% of those diagnosed being on treatment and 98% of those on treatment having an undetectable viral load.

In January 2019 the government committed to a new ambition to end HIV transmission, AIDS, and HIV-related deaths by 2030. A new national strategy was released in December 2021 called **Towards Zero: the HIV Action Plan 2022-2025**Error! Bookmark not defined.. The action plan sets out intermediate commitments for the next 4 years to achieve the 2030 ambition, including how HIV transmission will be reduced by 80% by 2025. The Action Plan outlines for key objectives shown below

- **Prevent** – Ensure equitable access and uptake of HIV prevention programmes
- **Test** - Scale-up HIV testing in line with national guidelines
- **Treat and Retain** - Optimise rapid access to treatment and retention in care
- **Empowerment & Wellbeing** - Improving the quality of life for people living with HIV and addressing the stigma

How are we doing in Worcestershire?

Table 5: Indicators for HIV compared to England average (2021)

Better	Same	Worse
HIV diagnosed prevalence rate per 1,000 population aged 15 to 59 (0.9 vs 2.3) **HIV diagnosed prevalence rate per 1,000 population over 15** (0.6 vs 1.6) **Antiretroviral therapy (ART) coverage in people accessing HIV care (%)** (100.0 vs 98.4) **New HIV Diagnoses rate among persons first diagnosed in the UK per 100,000 residents** (1.7 vs 3.6)	**Prompt antiretroviral therapy (ART) initiation in people newly diagnosed HIV (%)** (75.7 vs 83.5) **Virological success in adults accessing HIV care (%)** (98.8 vs 97.8) **HIV late diagnosis** (9) **HIV Testing Coverage gay, bisexual, and other MSM (%)** (81.0 vs 77.8) **HIV Testing Coverage (men) (%)** (61.8 vs 62.8) **Repeat HIV testing in gay, bisexual, and other MSM (%)** (50.6 vs 45.3)	**HIV Testing Coverage (all) (%)** (26.3 vs 45.8) **HIV Testing Coverage (women) (%)** (28.6 vs 36.6)

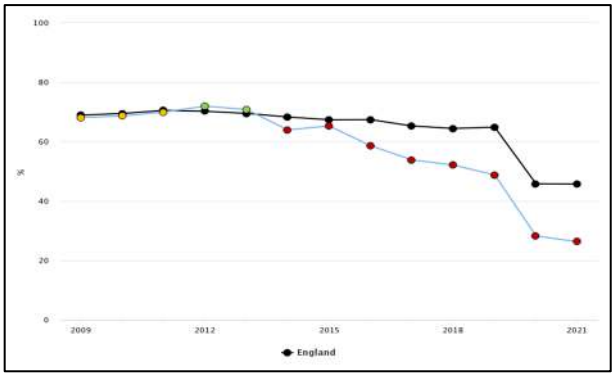
Coverage

HIV testing coverage is the number of individuals who are considered eligible for, and accepted, a HIV test, when attending specialist sexual health services. Testing is an integral part of the control and prevention of the transmission of HIV. It ensures that individuals are identified rapidly and receive access to support, treatments, and knowledge of their status in order for them to reduce the risk of onward transmission.

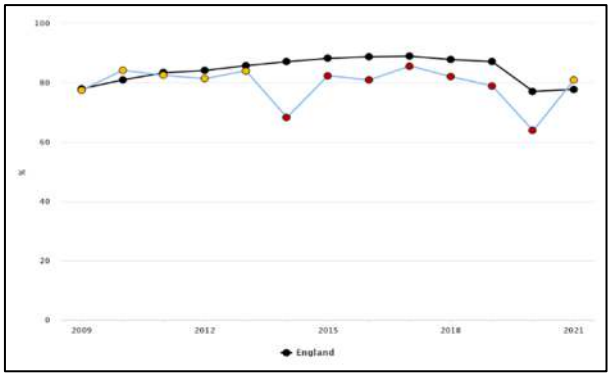
In 2021, among Worcestershire residents, the percentage of eligible SHS attendees who received an HIV test was 26.3%, worse than 45.8% for England. This represents a 7% decrease since 2020, and a 55% decrease since 2016. For 2021, the percentage of MSM in Worcestershire who had tested more than once in the previous year was 50.6%, similar to 45.3% in England. Across Worcestershire, testing coverage has been significantly lower in comparison to the England average and has consistently fallen year on year since 2014. In comparison to our 15 nearest CIPFA neighbours, Worcestershire is the lowest local authority area. The largest reduction has been seen in HIV testing coverage for women.

Figure 8: HIV Testing Coverage by group (2009-2021)

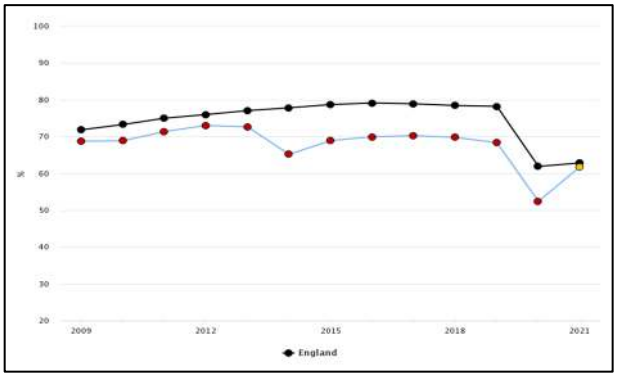
HIV testing coverage, total (%)



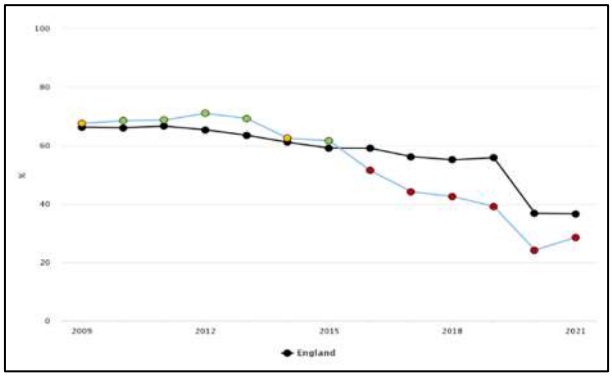
HIV testing coverage, gay, bisexual, and other MSM (%)



HIV testing coverage, men (%)



HIV testing coverage, women (%)



Estimated Prevalence

Worcestershire is a low prevalence area for HIV. High prevalence is defined as local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 and extremely high prevalence as those with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years.

The HIV diagnosed prevalence rate per 1,000 population aged 15 to 59 in Worcestershire is 0.87 which is better than the England rate of 2.34 per 1,000 population. The rank of Worcestershire was 135th highest (out of 150 UTLAs/UAs). The overall trend is fairly static with negligible increases in the rate of prevalence across Worcestershire and ranks 4th out of 16 comparator local authority areas.

Rates of new diagnosis

New HIV diagnoses rates are an indicator to onward HIV transmission and therefore is a useful measure to monitor efforts to reduce transmission.

In 2021, the number of Worcestershire residents aged 15 years and older who were newly diagnosed with HIV in the UK was 10. The rate of new diagnoses per 100,000 residents was 1.7, better than the rate of 3.6 per 100,000 in England. This represented a 11% decrease in the 5 years since 2016. The rank of Worcestershire for the rate of new HIV diagnoses was 115th highest (out of 150 UTLAs/UAs).

Late diagnosis

Early diagnosis of HIV at the earliest stage of infection is a national strategic priority to reduce HIV related mortality and morbidity. Individuals who are diagnosed at a late stage of infection are estimated to have a 10 fold risk of death in comparison to individuals receiving treatment quickly. Late diagnosis is defined here as having a CD4 count <350 cells/mm^3 within 91 days of first HIV diagnosis in the UK. In Worcestershire, the percentage of HIV diagnoses made at a late stage of infection in the three-year period between 2019 - 21 was 37.5% (9 individuals over 3 years), similar to 43.4% in England. The numbers of late diagnoses for individual risk groups are all low and similar to England rates.

HIV Treatment and Care

In 2021, there were 351 residents aged 15 years and over who were seen at HIV services. The diagnosed prevalence per 1,000 residents aged 15 to 59 years was 0.9, better than the rate of 2.3 per 1,000 in England. The rank of Worcestershire was 135th highest (out of 150 UTLAs/UAs). In the 5 years since 2016 the increase in this area has been 14%.

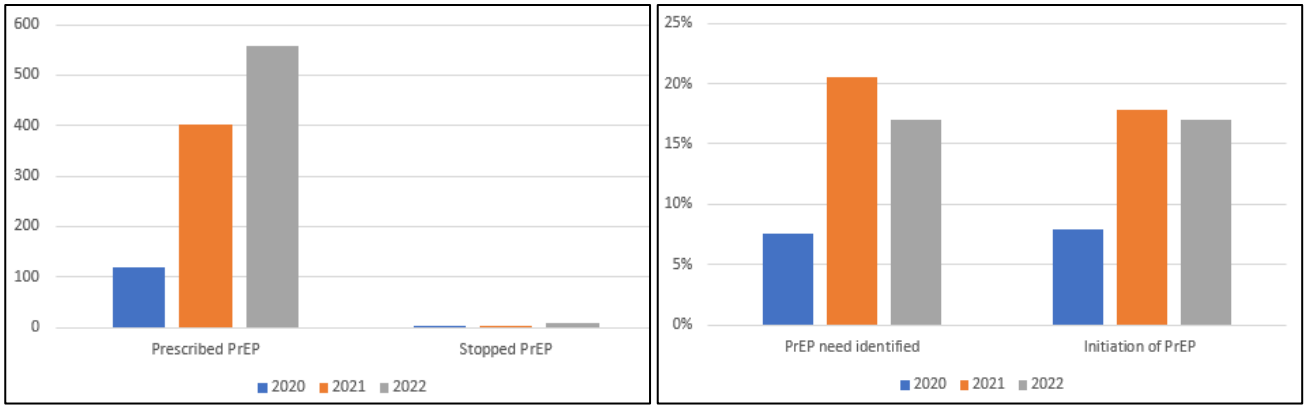
The percentage of people (aged 15 years and over) in Worcestershire accessing HIV care who were prescribed ART in 2021 was 100% which is better than 98.4% in England. The percentage of people in Worcestershire newly diagnosed with HIV in the three-year period between 2019 - 21 who started antiretroviral therapy (ART) promptly (within 91 days of their diagnosis) was 75.7%, similar to 83.5% in England. The percentage of adults in Worcestershire accessing HIV care in 2021 who were virally suppressed (undetectable viral load) was 98.8%, similar to 97.8% in England.

PrEP in Worcestershire

Pre Exposure Prophylaxis (PrEP) is the provision of anti-retroviral medicines to individuals who are HIV negative to reduce the risk of acquiring HIV. Since April 2020, Worcestershire has provided PrEP as part of the offer of Sexual Health services. In Worcestershire there has been an increase in many areas since April 2020 however, some areas have reduced between 2021 and 2022. Overall we have seen the following trends

- An increase in number of individuals attending Sexual Health Services who have a PrEP need.
- An increase in the proportion of individuals who had this need identified (from 7.5% in 2020 to 17% in 2022).
- An increase in individuals who needed PrEP starting or continuing treatment (from 7.9% in 2020 to 17% in 2022).
- An increase in number of individuals receiving PrEP (from 119 in 2020 to 557 in 2022).
- An increase in the number of individuals who stopped taking PrEP (from 2 in 2021 to 9 in 2022).
- To date, no seroconversion to HIV in individuals who have received PrEP.

Figures 9 and 10 – PrEP indicators for Worcestershire for 2020 -2022



Emergency Department HIV Opt-out testing

ED opt-out testing has now been rolled out across a number of high prevalence areas across England including London, Manchester, and Brighton. As part of this programme individuals over 18 attending ED who receive a blood test will automatically be tested for HIV unless they opt-out. This testing is not currently completed within Worcestershire.

REPRODUCTIVE AND WOMEN'S HEALTH

Reproductive Health

Good reproductive health is important for both men and women for their own health in the future but also for the health of any future children. It is important that women have choice and control over their reproductive health throughout the life course. It is understood that up to 50% of pregnancies are unplanned. Improving knowledge, access and choice for all women and men to all methods of contraception can reduce unintended pregnancies. LARC methods such as contraceptive injections, implants, intrauterine systems (IUS) or intrauterine devices (IUD) are more effective and cost-effective in reducing unintended pregnancies.

In August 2022 the Department of Health and Social Care published the latest 'Women's Health Strategy for England'. The 10 year strategy builds on the 'Our Vision for the Women's Health Strategy for England', which was published in December 2021. The strategy sets out ambitions for improving the health and wellbeing of women and girls in England based on the life course approach and resetting how the health and care system listens to women. There is a central role for Sexual Health Services in supporting women across many areas within the strategy.

Priority	Description	Ambition
1.	Menstrual health and gynaecological conditions	all women and girls can access high-quality, personalised care within primary and community care, including access to contraception for the management of menstrual problems and gynaecological conditions. Where more specialist care is needed, women and girls can access diagnostic and treatment procedures in a timely manner.
2.	Fertility, pregnancy, pregnancy loss and post-natal support	women are supported through high-quality information and education to make informed decisions about their reproductive health, including if and when to have a child.
3.	The Menopause	women can access high-quality, personalised menopause care within primary care and, if needed, specialist care in a timely manner, and disparities in access to menopause treatment are reduced.
4.	Healthy ageing and long-term conditions	women are better supported to maintain good health throughout their lives and have the information and support they need to make healthier choices. Women are well informed on potential health risks in later life including long term conditions, as well as women's health issues such as breast cancer and menopause.
5.	Mental Health and wellbeing	preventing the onset of mental health conditions wherever possible, addressing disparities in outcomes, and ensuring equitable and timely access to specialist support for those who are struggling with their mental health. Our plans must take account of differential experiences of women if we are to successfully reduce disparities in mental health outcomes.
6.	The health impacts of violence against women and girls (VAWG)	women and girls who are victims of violence and abuse are supported by the healthcare system and in the workplace, and the healthcare system takes an increased role in prevention, early identification, and provision of support for victims. There is a wider acknowledgement and understanding that violence and abuse is a public health issue, as well as a criminal justice issue.

Teenage Pregnancies

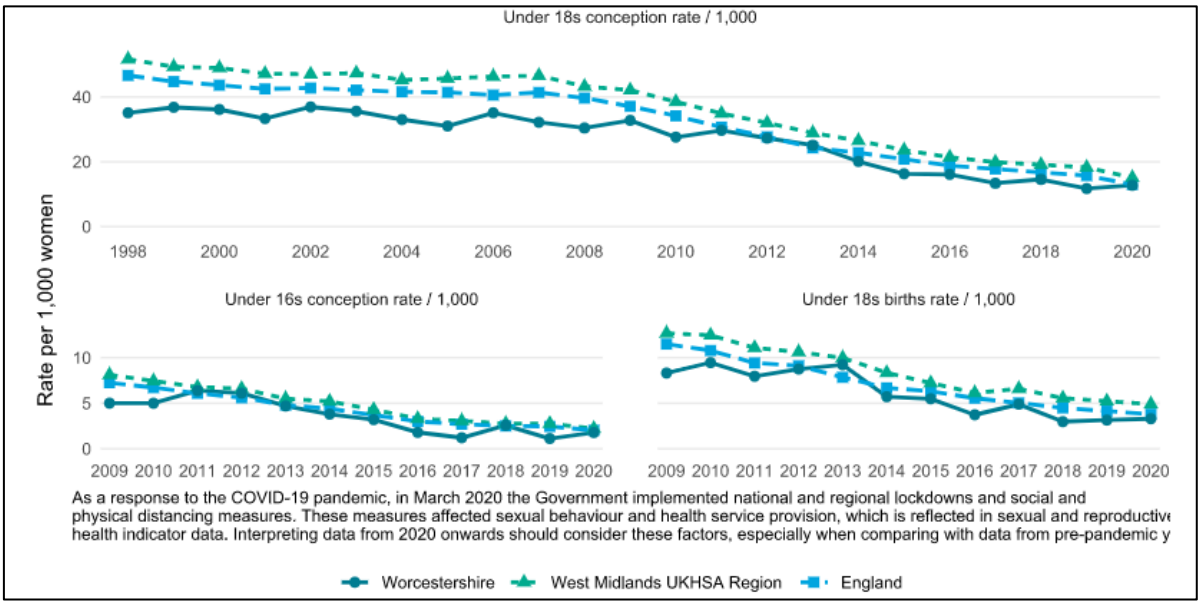
Overview

Over the last 18 years there has been significant progress on teenage pregnancy. The under-18 conception rate has fallen by 62% and the under-16 conception rate by over 65%, both of these areas are now at the lowest level since 1998. Teenagers remain at the highest risk of unplanned pregnancy

and are more likely to present late for abortion and to book late for antenatal care. Maintaining the downward trend is a priority in the Department of Health Framework for Sexual Health Improvement in England and addresses a number of key public health priorities including reducing health inequalities, ensuring every child gets the best start in life, and improving sexual and reproductive health. This requires a "whole system approach" to achieve the best possible outcomes for young people.

In 2021, the under-18s conception rate per 1,000 females aged 15 to 17 in Worcestershire was 11.7, which is similar to the rate of 13.1 per 1,000 in England. This was an increase of 9% from 2019. The rank within England for the under-18s conception rate was 88th highest (out of 150 UTLAs/UAs). Between 1998 and 2021 the decrease in the under-18s conception rate in Worcestershire was 65%.

Figure 11: Rates of under-18's conception and births over time in Worcestershire compared to the West Midlands UKHSA Centre and England



Teenage pregnancies by district

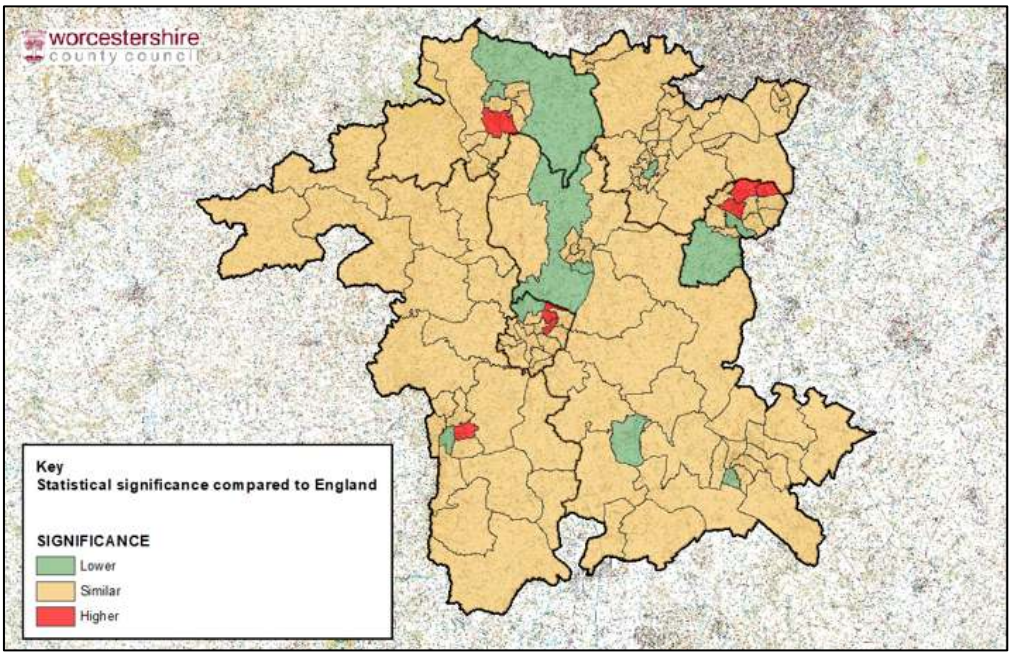
At a district level, Wyre Forest have the highest rates of teenage pregnancies in 2021 with a rate of 14.8 per 1,000 females. This is followed by Redditch with a rate of 14.0 and Worcester City and Wychavon who both have rates of 13.4. These are all higher than the England average, which is currently 13.1, but none of these are statistically significantly higher. Bromsgrove, and Malvern Hills all have rates below the England average (6.3 and 7.9, respectively).

Teenage pregnancies by ward

Figure 12 shows teenage conceptions by ward in Worcestershire for the three years 2018-2020, mapped as to whether the ward has a rate which is statistically different to England. National conception rates for women under 18 years remain more than twice as high in the most deprived areas. In 2018, there were 23.6 conceptions per 1,000 women aged 15 to 17 years usually resident in

the most deprived areas of England, whereas there were 9.5 conceptions per 1,000 women aged 15 to 17 years in the least deprived areas of England[20].

Figure 12: Worcestershire Under 18 conception rate by electoral ward for 2018-2020



Unplanned Pregnancy

Unplanned pregnancies can end in maternity, miscarriage, or abortion. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures, negative health impacts and have impacts on existing children. Restricting access to contraceptive provision can therefore be counterproductive and ultimately increase costs.

The Third National Survey of Sexual Attitudes and Lifestyles (NATSAL-3), which was carried out in Britain in 2010-12, found that 16.2% of all pregnancies in the year before the study interview were unplanned. This survey found that:

- Pregnancies among 16 to 19 year old individuals accounted for 7.5% of the total number of pregnancies, but 21.2% of the total number that were unplanned.
- The highest numbers of unplanned pregnancies occur in the 20 to 34 year age group.

Unplanned pregnancy is also strongly associated with lower educational attainment, current smoking, recent drug use, lack of sexual competence at first sex and receiving sex education mainly from sources other than school, supporting the importance of the recent statutory RSHE requirement for all schools in England.

[20] Conceptions in England and Wales - Office for National Statistics

Termination of Pregnancy

The total abortion rate, under 25 years repeat abortion rate, under 25 years abortions after a birth, and over 25 years abortion rates may be indicators of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method. In Worcestershire the total number of abortions in 2021 was 1,636. The total abortion rate per 1,000 female population aged 15 to 44 years was 16.6, lower than the rate in England of 19.2 per 1,000. The rank (out of 150 UTLAs/UAs) within England for the total abortion rate was 109th highest.

Table 6: Indicators for Termination of Pregnancy in Worcestershire compared to England average

Better	Same	Worse
Total abortion rate per 1,000 females (16.6 vs 19.2) **Under 18's abortions rate per 1,000 females** (5.0 vs 6.5) **Over 25's abortion rate per 1,000 females** (14.8 vs 17.9) **Under 25's repeat abortions (%)** (26.8 vs 29.7) **Abortions Under 10wks that are medical (%)** (98.3 vs 95.5)	**Under 25's abortion after birth (%)** (25.8 vs 26.0) **Abortions under 10 weeks (%)** (89.1 vs 88.6)	**No areas**

Figure 13: Abortion rates per 1,000 women by age in Worcestershire compared to the West Midlands Region and England: 2012 to 2021

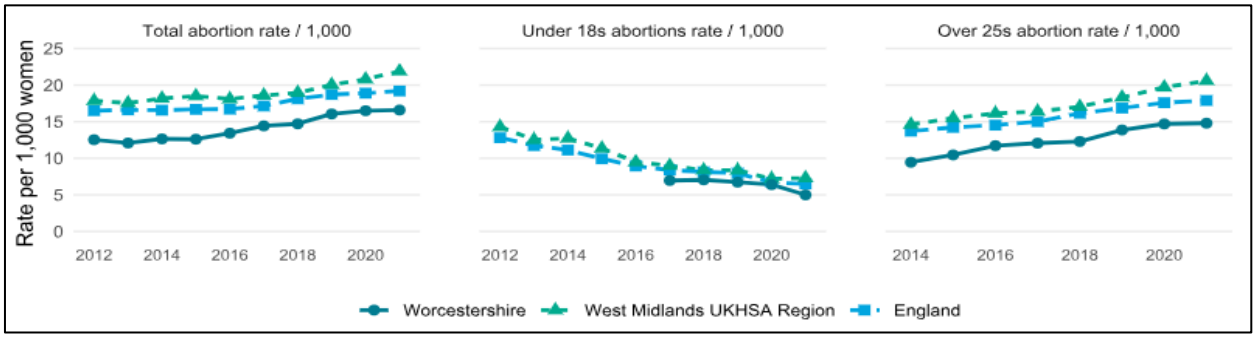
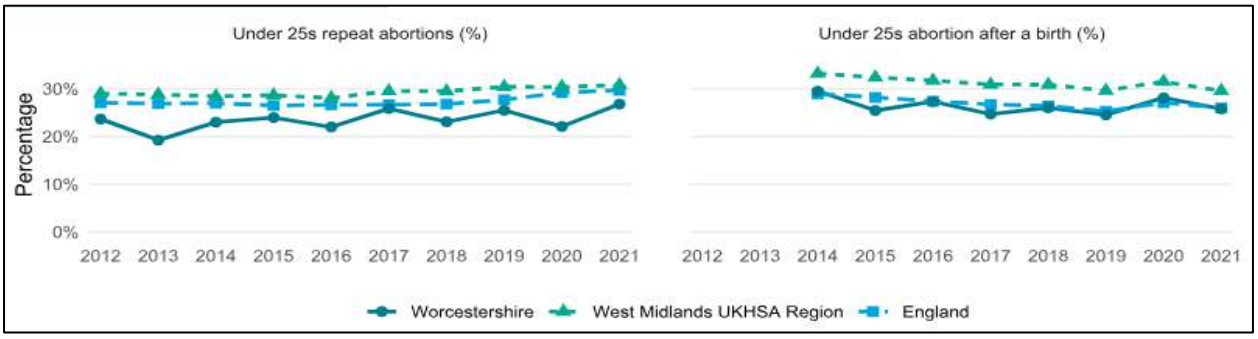


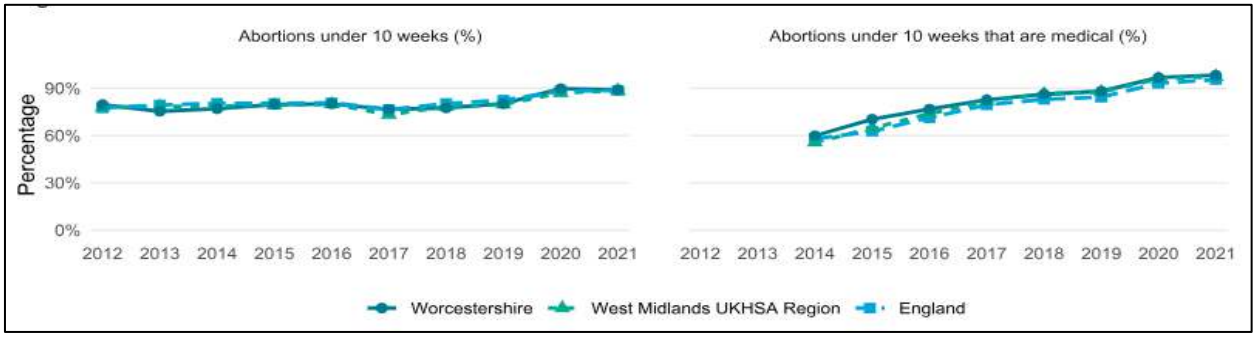
Figure 14: Characteristics of abortions over time in Worcestershire compared to the West Midlands UKHSA Region and England: 2012 to 2021



The earlier abortions are performed, the lower the risk of complications. Prompt access to abortion is also cost-effective and an indicator of service quality. In Worcestershire, the percentage of NHS-funded abortions that were under 10 weeks was 89.1% in 2021, similar to the percentage in England of 88.6. The rank within England for this indicator was 62nd highest (out of 150 UTLAs/UAs). Over the last ten years, there has been an increase in the overall percentage of abortions performed at under 10 weeks gestation in England. Early medical abortion is less invasive than a surgical procedure as it does not involve instrumentation or the use of anaesthetics. However, women may prefer a surgical abortion under local or general anaesthesia/conscious sedation for a variety of reasons, including wishing to avoid the experience of going through an induced pregnancy loss and wanting to have the procedure carried out during a single visit.

Ensuring women have access to a method of contraception of their choice after an abortion is recommended practice. Provision of LARC methods post-abortion has been shown to lower subsequent unintended pregnancy rates. Among NHS-funded abortions in Worcestershire, the percentage of those under 10 weeks gestation that were performed using a medical procedure in 2021 was 98.3%, higher than the percentage in England of 95.5%. The rank within England for this indicator was 18th highest (out of 150 UTLAs/UAs).

Figure 15: Early abortion over time in Worcestershire compared to the West Midlands UKHSA Region and England: 2012 to 2021



In April 2022, Parliament made the decision to legislate to allow the remote delivery of early medical abortion (EMA) services in England and Wales. This was in line with the temporary arrangements introduced at the start of the COVID-19 pandemic to reduce the risk of transmission and ensure continued access to abortion services. The Abortion Act has been amended to allow eligible girls and women in the first 10 weeks of pregnancy (9 weeks and 6 days) to take both pills required to induce an abortion at home, without the need to first attend a hospital or clinic.

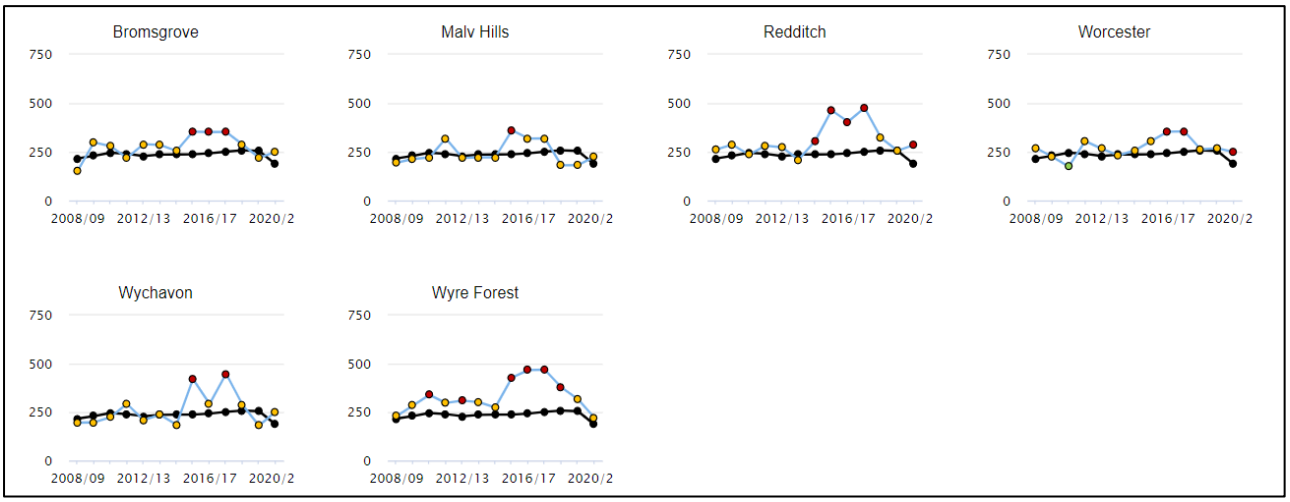
Pelvic Inflammatory Disease

Pelvic Inflammatory Disease is a clinical syndrome referring to infection and inflammation of the upper female genital tract which may lead to serious complications such as ectopic pregnancy, tubal factor infertility and chronic pelvic pain. Chlamydial infection and other sexually transmitted infections are considered to be major causes of PID. This indicator should be examined alongside the chlamydia screening and chlamydia diagnoses indicators. It is anticipated that high chlamydia screening coverage

should lead to increased chlamydia diagnoses which, assuming successfully treated, should lead to a decrease in PID.

The Pelvic Inflammatory Disease admissions rate is significantly higher in Worcestershire than England, however, there has been a year on year decrease over time from when rates were highest in 2015-16 at 392.1 per 100,000 to 248.4 per 100,000 in 2020-21. Rates are particularly high in Redditch and Worcester but both areas showing a downward trend since 2017-18. An investigation into Worcestershire rates was completed in 2020. This showed that a high number of cases had been incorrectly coded and that the rates could not be linked to a high prevalence of Chlamydia. Partner notification was identified as an area which needed more focus.

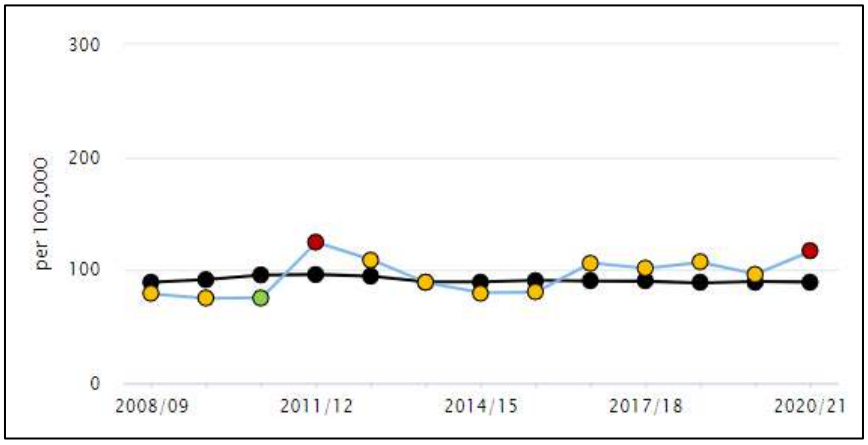
Figure 16: Pelvic inflammatory disease (PID) admissions rate per 100,000 population in Worcestershire (2008-9 to 2020-21)



Ectopic Pregnancy

Ectopic pregnancy is a serious condition that usually results in hospital admission. In Worcestershire the rate of ectopic pregnancy in 2020-21 was significantly higher (116.6 per 100,000 population) when compared to the England average (89.5 per 100,000 population. Worcestershire has the highest rates of ectopic pregnancies, when compared to other similar geographical (CIPFA) areas.

Figure 17: Ectopic Pregnancy admissions rate per 100,000 population in Worcestershire (2008-9 to 2020-21)



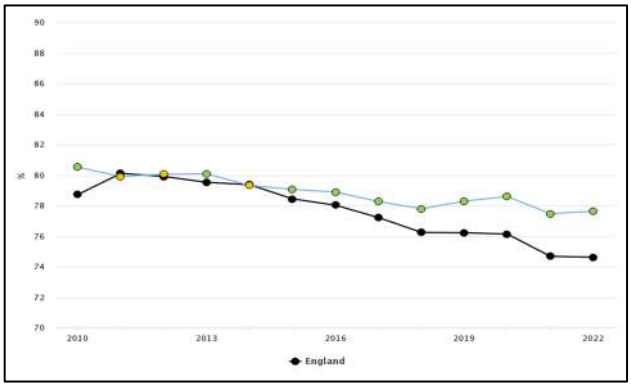
Cervical Cancer Screening

In the UK, cervical cancer is the second most common cancer in women under 35 (after breast cancer). About 2,800 women a year are diagnosed with cervical cancer. The NHS Cervical Screening Programme aims to reduce the number of women who develop cervical cancer and the number of women who die from the disease. All women aged between 25 and 64 are invited for cervical screening. Being screened regularly means that any abnormal changes in the cervix can be identified early on and, if necessary, treated to stop cancer developing. It is estimated that early detection and treatment can prevent up to 75% of cervical cancers from developing.

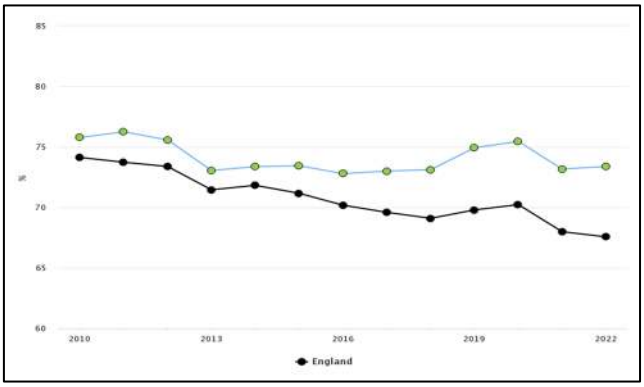
How are we doing in Worcestershire?

Figures for cervical cancer screening are broken down into two age brackets, 25-49 and 50-64. Across Worcestershire the proportion of women aged 20-49 who were screened in 2022 was higher than both the England and Regional average at 73.4%. The figure was also higher for women in the 50-64 age group at 77.6%.

Cervical cancer screening, aged 25-49 (%)



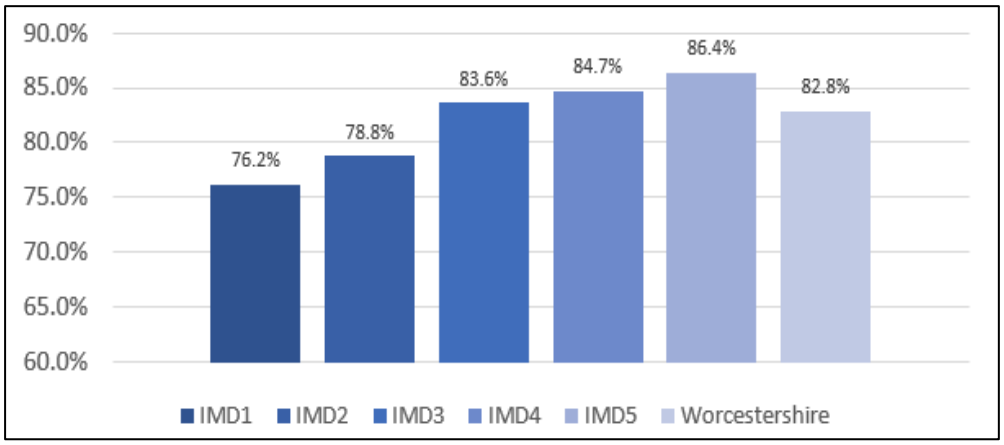
Cervical cancer screening, aged 50-64 (%)



Deprivation

There is an evident relationship between deprivation and cervical screening uptake across Worcestershire. 76% of those living in IMD 1 areas accessed cervical screening whereas this figure increased to 86% for IMD 5 residents. This pattern was weaker in PCN's that had lower levels of IMD 1 patients (Pershore and Upton).

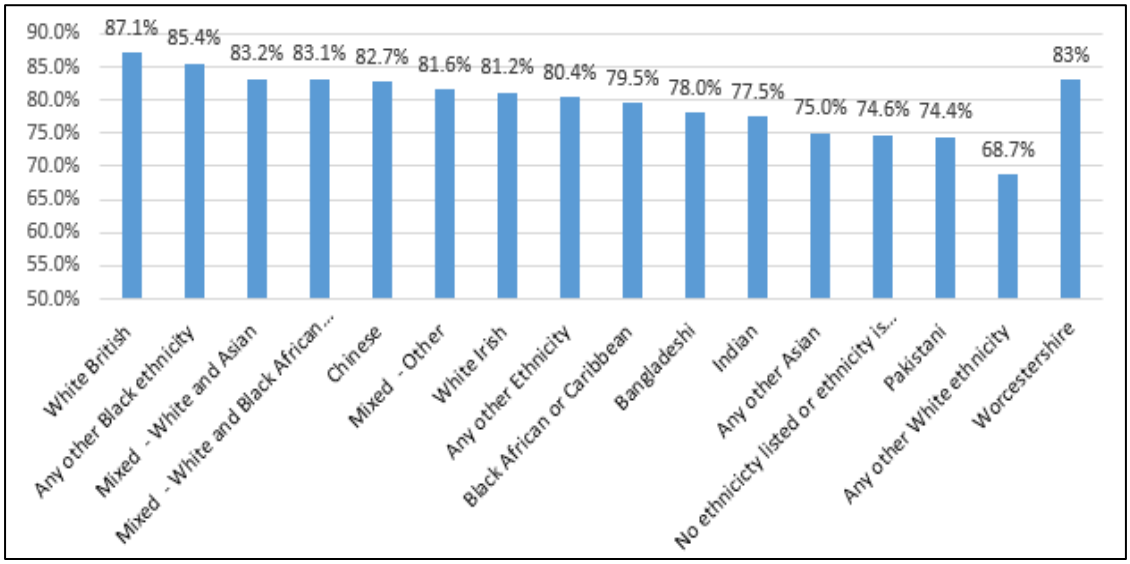
Figure 18: Worcestershire Cervical Screening Uptake by IMD group



Ethnicity

There are considerable differences between ethnicity groups and cervical screening uptake. 'White British' populations were the most likely to attend screening (87.1%). The 'Any other White' group were the least likely to attend screening (68.7%). There was a 5.7% difference between this population group and the group with the next lowest attendance for screening (Pakistani, 74.4%). This is a considerable difference and focus is required to understand and address the low uptake within the 'Any other White' population group. All Asian groups (Bangladeshi, Indian, Any other Asian, and Pakistani) are also showing low levels of uptake locally in addition to the 'any other White' group. Wider evidence suggests that Indian and Bangladeshi women are less likely to attend screening, however low uptake of 'Any other White' groups is less evident in literature.

Figure 19: Worcestershire Cervical Screening Uptake by Ethnicity



Learning Disabilities

Across Worcestershire, data indicates those with a learning disability are less likely to participate in cervical cancer screening. Uptake was only 63% for those with a learning disability, but just under 83% for those without, a variance of 20%.

THE CURRENT SERVICE PROVISION

The overarching aim of an Integrated Sexual Health Service is to encourage the resident population to achieve and maintain positive health and wellbeing as a result of safe and appropriate sexual health behaviour. The service will have a major focus on prevention, health improvement and self-management, and should be structured towards influencing and enabling service users and the wider population to make safe and healthy lifestyle choices in relation to their sexual health, as well as providing them with easy community based (both urban and rural) access to key services such as contraception and reproductive health and testing and treatment for STIs.

Worcestershire Integrated Sexual Health Service (WISH)

The Worcestershire Integrated Sexual Health Service (WISH) provides Sexual and Reproductive Health Services across Worcestershire. This is provided through a Hub and Spoke model.

There are three Hub sites (integrated sexual health clinics) based at:

- Aconbury North at Worcestershire Royal Hospital.
- Arrowside Centre at The Alexandra Hospital, Redditch.
- Kidderminster Health Centre, Kidderminster.

A further four Spoke sites provide additional services:

- Droitwich Medical Centre, Droitwich (Following telephone triage only).
- Princess of Wales Community Hospital (POWCH), Bromsgrove.
- Orchard Place, Redditch.
- Moor Street Clinic, Worcester.

Worcestershire Integrated Sexual Health (WISH) provides free and confidential county-wide services. The specialist Sexual Health Service provides clinics delivering;

- The diagnosis and management of sexually transmitted infections, genital infections, and conditions, as well as the complications of infection (Genitourinary Medicine (GUM)).
- Routine and specialist contraception which includes fitting Long-Acting Reversible Contraception (LARC) methods e.g. implants and coils.
- Online sexually transmitted infection (STI) testing through SH:24
- An outreach service dedicated to engaging and supporting people who are young, vulnerable, or from hard to reach communities, and provide them with a quality service out of a clinic environment. For example, looked after children or young parents will be seen in community settings like schools, colleges or in their own home.
- Pregnancy advice and support including Early Medical Abortion (EMA) (commissioned via ICB).
- Vasectomy services (commissioned via ICB).

SH:24

SH:24 is a recommended provider for the delivery of online sexual health services by The UK Health & Security Agency. Working in partnership with the NHS, they provide HIV and STI testing, diagnosis and treatment, oral contraception, the morning after pill and specialist remote clinical support.

In 2022 there were a total of 11,347 test kits ordered through SH:24. Of those test kits ordered a total of 7,693 test kits were returned (67.8%). The positivity rate of the returned tests was 9.2%. Of the positive results found the highest number of these were for Chlamydia (68.9%) followed by Gonorrhoea (15.0%).

How are we doing in Worcestershire?

- There has been a significant increase in telephone/virtual appointments and access to online services, driven largely by the need for rapid service redesign during the Covid-19 pandemic.

- There has been a reduction in the proportion of 16-19 year olds attending for first sexual health screens for both females and males when compared to 2019 and 2020 levels. Falling from 13.5% to 10.8% in 2022. This trend has also been reported by other sexual health services across the West Midlands region.

- There has been a significant increase in referrals to the outreach team from 1642 in 2019 to 2756 in 2021. This represents a 40% increase during this time period.

- Drop in access to U21 clinics: There has been a reduction in young people utilising Under 21 clinics across the county. It is thought that this is due to the change in the way sexual health services have been delivered in Worcestershire as a result of the pandemic, with young people accessing clinic provision and utilising the online offer via SH:24.

Attendances

Data on Sexual Health Services are reported quarterly. This includes monitoring of contacts made face to face in sexual health clinics, by telephone consultation and through the online provision of SH:24. Figure 20 below shows a breakdown of these contacts since 2017.

Figure 20: WISH (Face to Face/Virtual) and SH:24 Contacts (2017-2022)

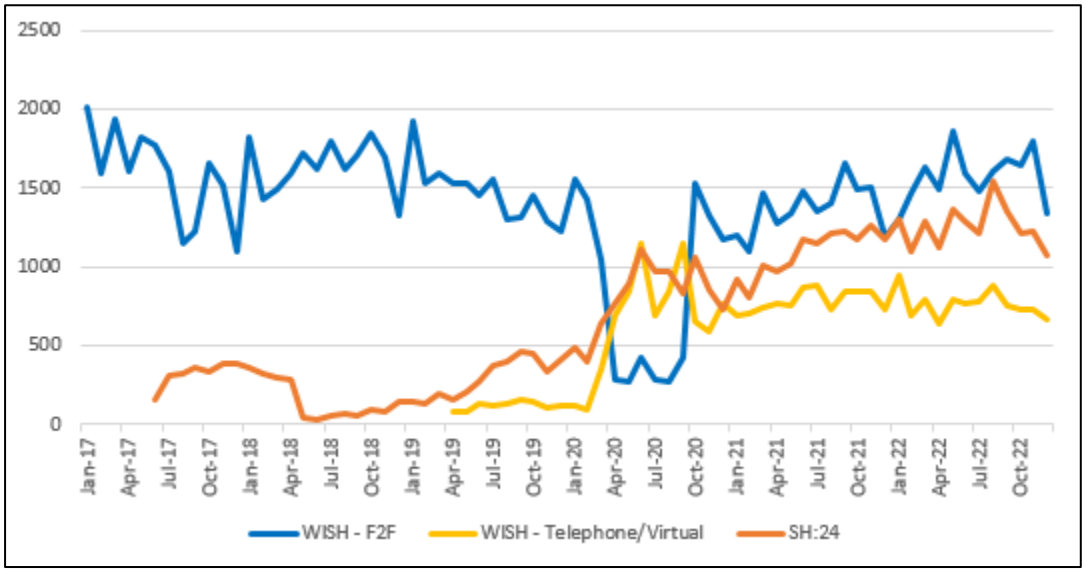
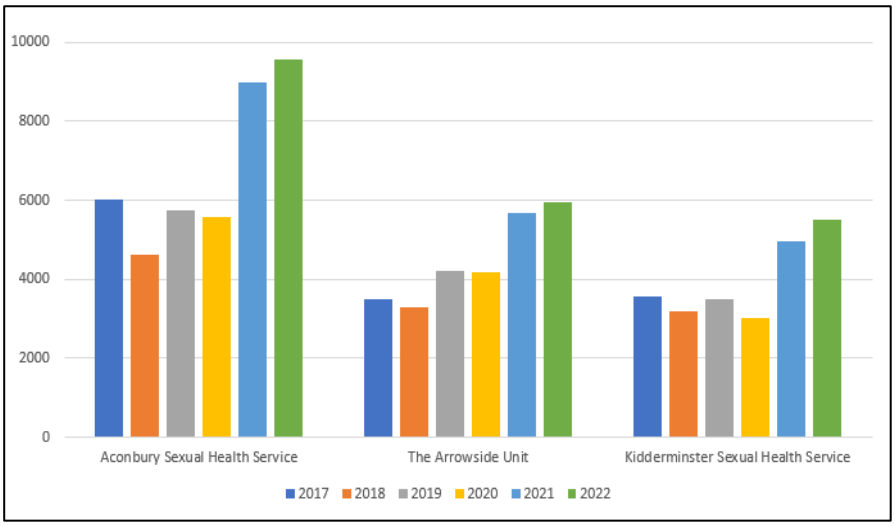


Figure 21: Consultations by HUB site vs SH:24 (2017 to 2022)

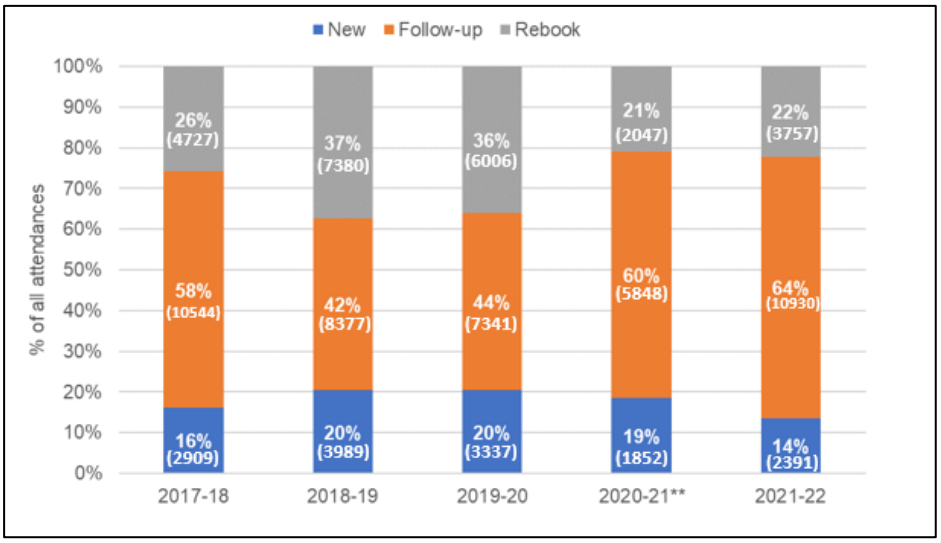


New, Follow up and Rebooks

In the previous Sexual Health Needs Assessment in 2015, it was highlighted that there were a high proportion of rebook appointments. This is where people return six months after a previous episode of care. This was a concern as it was suspected that this indicated a lack of sexual behaviour change and a potential dependency upon service provision.

Figure 22 shows the trend in in attendance types at WISH since 2017. The proportion of rebooks for 2021-22 was 22% compared to 2018-19 and 2019-20 where the proportion was 37% and 36% respectively. Whilst there has been a decrease in rebook appointments, the number of follow up appointments has increased to 64% in 2021/22.

Figure 22: New, Follow up and Rebook Attendances at WISH from 2017- 2022



Type of Attendance	
New	Patient is New to the WISH. This opens an episode of care on the EPR (electronic patient record).
Follow Up	Any visit following the New Episode and can be used as long as it is less than 180 days/6 months since the last visit. This does not open a new episode of care but attaches the activity to the open episode.
Re-book	A patient who has accessed service previously, but the last attendance was more than 180 days/6 months ago. This also opens a new episode on our EPR.

Attendances by Demographics

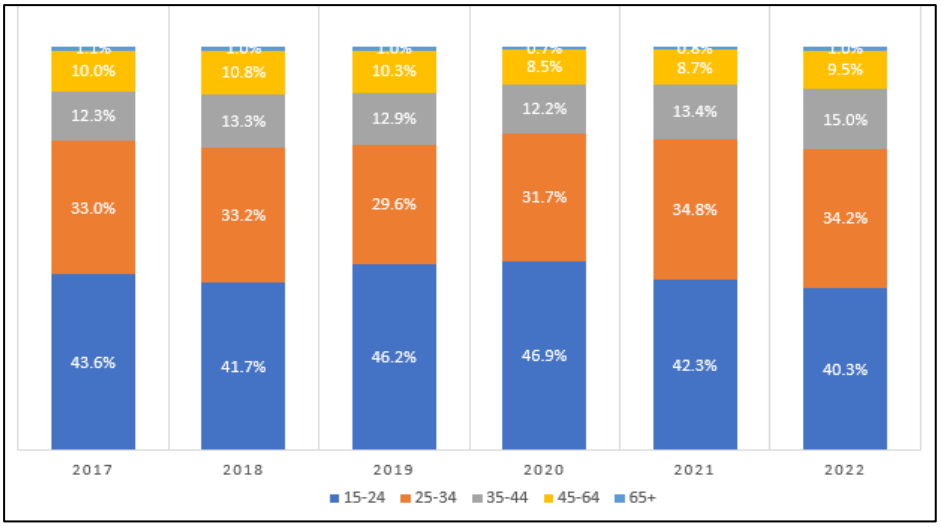
Attendances by Age Group and Service

Table 7 shows a breakdown of the age groups who access different services during 2022. As outreach and U21 programmes are designed to support young people it is expected to see attendances for these services within the lower ages. The largest proportion accessing WISH services are the 15-24 age group (11,332) followed by the 25-34 age group (8,206). This trend is also seen in online access through SH:24 with 5,234 service users in the 15-24 age range and 3,981 in the 25-34 age range. Figure 23 shows the proportion of new attendances at sexual health services by age group from 2017.

Table 7: Breakdown of Number of Attendances by Service and Age (2022)

Age Group	WISH	Outreach	U21 Clinics	SH:24
<15	744	600	0	0
15-24	11322	2709	22	5234
25-34	8206	164	2	3981
35-44	4513	79	0	1427
45-54	2037	12	0	492
55-64	943	3	0	176
65+	319	0	0	37

Figure 23: Proportion of new attendances at sexual health services by age group (2017-2022)



Attendances by Gender and Service (2022)

There are differences in the demographic profile by gender as demonstrated in table 8. Females are more likely to use WISH clinics (74%) compared to males (26%). Outreach and Under 21 attendances are predominantly by females at 95% and 96% respectively. Although still lower than females, a higher percentage of males will use online services through SH:24 (36%).

Table 8: Breakdown of Number of Attendances by Service and Gender (2022)

	No.				%			
Gender	**WISH**	**Outreach**	**U21 Clinics**	**SH:24**	**WISH**	**Outreach**	**U21 Clinics**	**SH:24**
Male	7204	183	1	4049	25.8%	5.2%	4.2%	35.7%
Female	20732	3303	23	7298	74.2%	94.8%	95.8%	64.3%

Attendances by Ethnic Minorities and service:

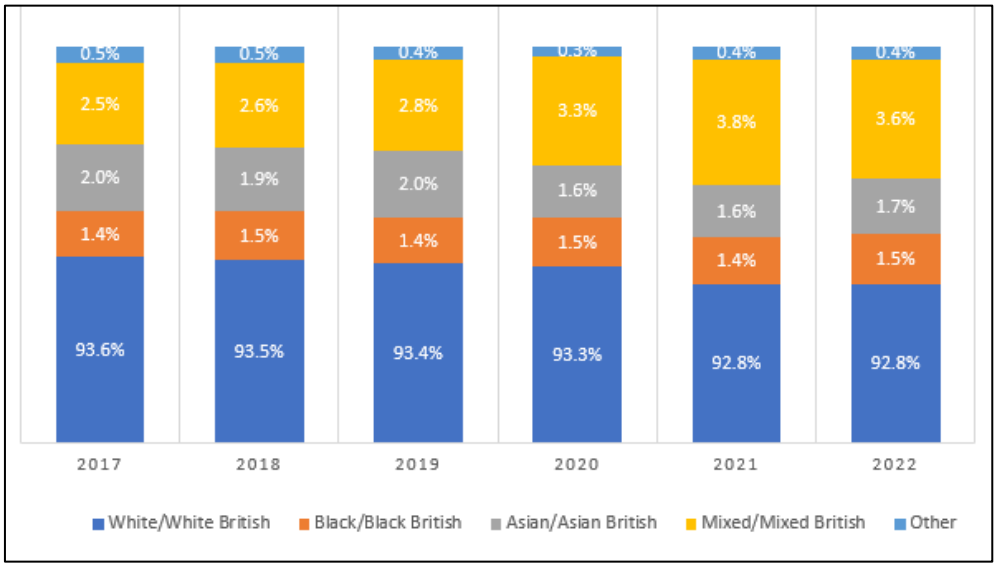
There are similar proportions of individuals who identify as White or White British, when compared to census data. There are lower proportions of individuals who identify as Asian or Asian British across WISH clinics and SH:24.

Table 9: Breakdown of Number of Attendances by Service and Ethnicity (2022)

	Attendances (2022)				
Ethnic Group (Broad)	**WISH**	**Outreach**	**U21 Clinics**	**SH:24**	**Census 2021**
White/White British	93.0%	93.0%	Low attendance	92.2%	93.8%
Black/Black British	1.6%	0.2%	across all groups	1.5%	0.7%
Asian/Asian British	1.4%	2.0%	other than	1.6%	3.1%
Mixed/Mixed British	3.7%	1.4%	White/White	3.9%	1.9%
Other ethnicity	0.4%	0.3%	British	0.4%	0.6%

Understanding access to services by ethnic minorities is complicated. Ethnicity data from the 2021 national census as a proxy measure to understand whether a higher or lower proportion of individuals from ethnic minorities are accessing services is shown in table 9. Figure 24 shows the proportion of new attendances at sexual health services by ethnicity from 2017.

Figure 24: Proportion of new attendances at sexual health services by ethnicity (2017-2022)



Attendances by Sexual Orientation

Between 2019 and 2022, there has been an increase in new consultations by males who identify as Heterosexual or Straight from 3786 in 2019 to 4022 in 2022. There have also been increases in the number of new consultations by males who identify as Gay from 804 in 2019 to 1685 in 2022. There was an increase in the proportion of all males from 16.3% in 2019 to 26.1% in 2022. Between 2019 and 2022 there have also been increases in the new consultations for males who identify as bisexual from 179 in 2019 to 500 in 2022.

There has been an increase in number of new consultations for females in Worcestershire from 8425 in 2019 to 10128 in 2022. There has also been an increase in females who identify as bisexual from 153 in 2019 to 657 in 2022. The number of new consultations for females who identify as Lesbian has remained relatively steady from 75 in 2019 to 73 in 2022.

Country of Birth

Worcestershire has a large migrant agricultural workforce within Wychavon, particularly in Evesham. During the COVID-19 pandemic a significant amount of work was done with this group of individuals to engage them with health services. This included the availability of information in different languages and signposting to key services. Sexual Health Services will provide an interpreting service for anyone who requires this and can also provide information in many different languages.

Referrals to Sexual Health Services

Between 2017 and 2022 most referrals for WISH, Outreach and Under 21s services came from Self referrals, GPs, and safeguarding. It is noted that referrals from the pregnancy advisory service, sexual assault referral centres and social workers have increased since 2021.

Table 10: Breakdown of WISH referral sources (2017-2022)

Source	2017	2018	2019	2020	2021	2022
GP/Doctor/Consultant	1.5%	2.1%	2.0%	1.9%	3.0%	3.9%
Outreach					0.5%	0.3%
Pregnancy services					0.5%	0.9%
Safeguarding				0.3%	1.2%	2.3%
Self-referral	96.6%	94.6%	95.2%	95.0%	92.4%	90.0%
Sexual assault referral				0.5%	0.6%	0.7%
Social Worker					0.2%	0.8%
Other	1.9%	3.3%	2.8%	2.3%	1.6%	1.1%

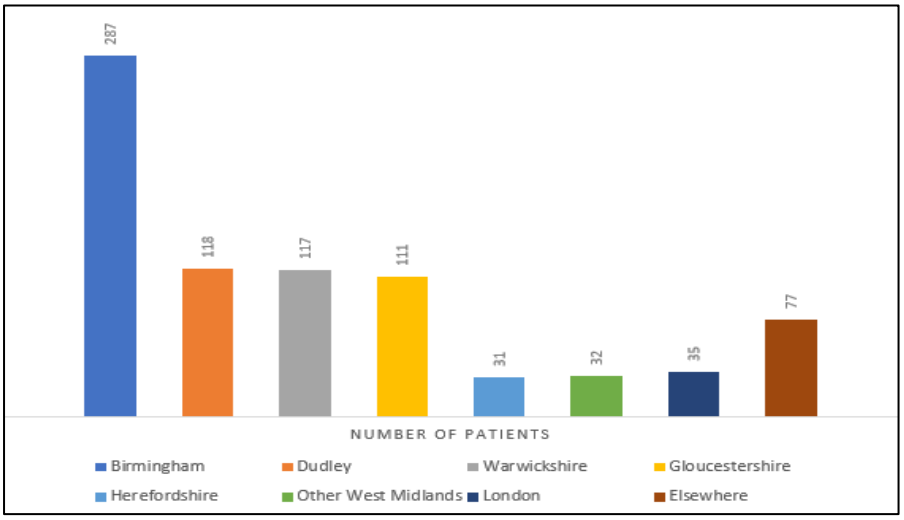
Table 11: Breakdown of Outreach referral sources (2017-2022)

Source	2017	2018	2019	2020	2021	2022
GP/Doctor/Consultant	0.2%	0.1%	0.2%	0.5%	1.8%	3.6%
Sexual health service				0.1%	0.3%	1.5%
Pregnancy services				2.0%	2.0%	1.9%
Safeguarding				1.5%	6.2%	7.0%
Self-referral	91.0%	90.0%	92.6%	87.5%	82.3%	80.2%
Social Worker				0.4%	0.9%	2.7%
Sexual assault referral				0.8%	1.2%	1.2%
Other	8.8%	9.9%	7.2%	9.1%	5.3%	1.9%

Out of Area Attendances

Local authorities have a legal duty to provide STI testing and treatment, and contraception services, to someone whether or not they are a resident of the local authority. Patients may choose to use services outside the county where they live as they may be nearer to a sexual health service in a neighbouring county or if they have work or education commitments away from home. In 2022 there were 808 Worcestershire residents who attended Sexual Health services in other areas. The majority of these attended services in neighbouring authorities (figure 25) and accounted for 4% of Worcestershire residents who accessed sexual health services. Similar patient flows are seen for patients who attend Worcestershire services from other areas. A total of 8% of patients who were seen in Worcestershire sexual health services in 2022 were non-residents.

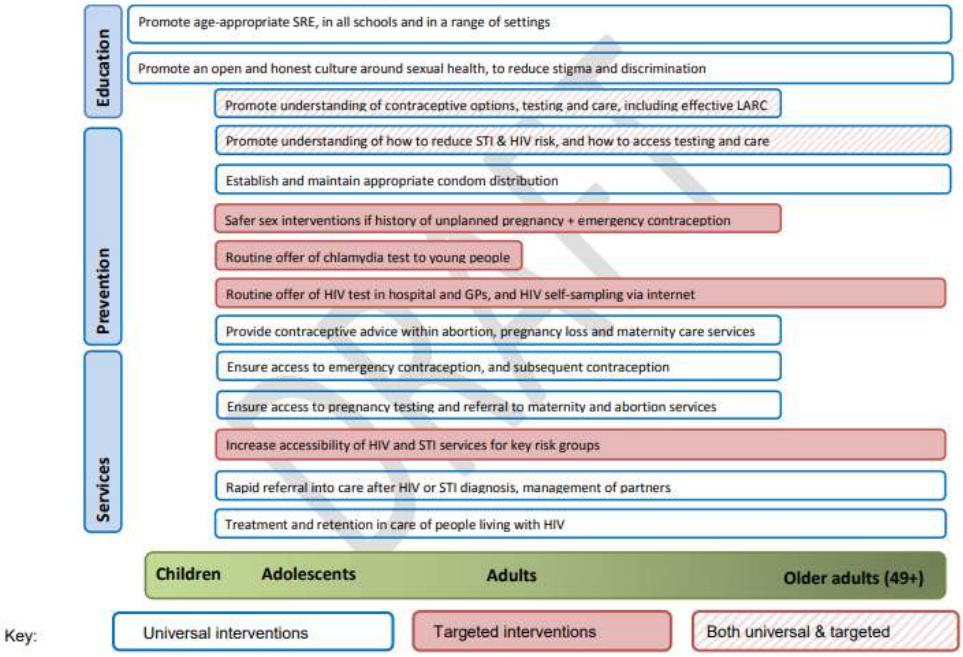
Figure 25: Out of Area attendances for Worcestershire residents by area (2022)



Sexual and Reproductive Health Promotion

The promotion of sexual and reproductive health requires a system wide approach. Local partners need to work together to identify and address both national and local trends. Education, training, signposting, and support for vulnerable groups whilst raising awareness of available services is key to helping improve the sexual and reproductive health of the population. Figure 26 describes the key universal and targeted health promotion approaches for sexual and reproductive health across different life stages, and across a range of services.

Figure 26: Key targeted and universal health promotion approaches[21]



[21] Health Promotion Strategy for Sexual and Reproductive Health and HIV (publishing.service.gov.uk)

C-Card Scheme

The C-card scheme provides an opportunity for young people to get free condoms from trained staff. This is to help young people keep safe and reduce teenage pregnancy and STIs. Throughout the pandemic training continued to be offered to organisations who wanted to be registered as part of the scheme, this included refresher training for organisations. Organisations are required to submit quarterly data in order to remain part of the scheme. A new postal service for condoms has been introduced and extended to include pregnancy tests when necessary. This new service has proved to be popular with service users and continues to be part of the offer. Any individual aged Under 18 who requests postal condoms will go through a safeguarding assessment before being sent supplies.

Training & Workforce Development

WISH offers a variety of training for both medical professionals and the wider health and social care workforce. This includes:

- Training medical students (University of Birmingham), Physician Associates (University of Worcester), nursing students and midwifery students during their undergraduate training.
- Training for Faculty of Sexual and Reproductive Healthcare qualifications : Diploma, Letters of Competence in Subdermal Implants, and Intrauterine Contraception.
- Training GP registrars from December 2022 for innovative sexual health posts.
- Regular updates for primary care in sexual health and in LARC.
- Professional training for wider health and social care workforce on topics relating to relationships and sexual heath for example, C-Card scheme, CSE.

Eddystone Project

The Eddystone Project is commissioned by WISH to help engagement with the GBMSM community in Worcestershire. The main focus of Eddystone is preventative outreach and health promotion. Online outreach takes places on MSM smartphone applications which now form one of the most important spaces for MSM internationally. Online communication provides an effective way to reach these communities directly and is often more efficient than traditional club or bar based outreach. An outreach worker will message people around them, letting them know about the outreach service, which offers one-to-one advice and information and can refer into local GUM, online websites, or postal testing services. In addition, Outreach workers can signpost app users to local PrEP services.

Services for Young People

Time 4 U

Time 4U is a free, confidential, and non-judgmental service offering advice and support to young people in a relaxed and friendly environment. The service aims to support young people with relationships, stress, bullying, smoking cessation, healthy lifestyles, drugs, contraception, pregnancy, and chlamydia testing. The service is easily accessible and available via drop-in clinics around the county, for example in schools, FE Colleges, short stay schools or through an outreach service. Time 4U provides Level 1 and Level 2 services. Level 1 includes the provision of condoms, chlamydia testing, pregnancy testing, and emergency contraception and Level 2 is specialist sexual health and long acting contraception (LARC). School nurses also offer confidential age appropriate support and advice to pupils concerned with issues of body change, sexual identity, relationships, sex, pregnancy, and risk taking behaviour.

Chathealth

ChatHealth is a free, secure, and confidential text messaging service that enables children and young people (aged 11-19) to contact their local school nursing team for confidential advice and support. The service offers support for a variety of issues including relationships and sexual health.

Outreach

The outreach team is a team of Sexual Health Outreach Nurses who see anyone in Worcestershire who may struggle to access mainstream sexual health or healthcare services. Referrals are accepted from professionals only, such as: school health nurses, teachers, youth workers, social workers, family support workers, family nurse or CAMHS worker. The outreach team are responsible for

- Providing 1:1 support information and guidance for contraception, screening, and treatment of STIs, as well as advice and guidance around sexual health and relationships.
- Supporting vulnerable individuals to improve access to sexual health care. They engage with young people who are hard to reach within the community e.g. schools community hubs, homeless foyers, residential units and in patients homes.
- Assessment of young people under 18 for signs of child exploitation.
- Attend wider safeguarding meetings including strategy meetings, child protection conferences and reviews, core groups, professional meetings, and multi-agency child exploitation meetings (MACE).

A Saturday service is provided for young people UNDER 21 via telephone triage, a face-to-face appointment is then offered to anyone who requires it. These clinics are held at various sites throughout the County including Worcester, Redditch, Kidderminster, and Evesham.

Rape and Sexual Violence

Sexual violence, including childhood sexual abuse, negatively impacts on physical health, reproductive health, sexual health, and mental health. It can cause anxiety and depression, sleep problems, nightmares and flashbacks, low self-esteem and lack of confidence, self-harm including drug and alcohol abuse and dependence, self-injury and eating disorders, suicide, chronic physical pain, sexually transmitted infections, unwanted pregnancy, and medical problems.

The Glade

The Glade Sexual Assault Referral Centre (SARC) is a specialist facility where people who have experience rape and sexual assault can receive immediate help and support. They provide specialist forensic intervention and aftercare services to men and women living in West Mercia who have experienced rape or sexual assault, recent or non-recent. The Glade aim to provide all clients with information, support, and referrals to assist in their recovery, in a safe and welcoming environment. The Glade is a dedicated service available to anyone living in the West Mercia area including Worcestershire. All services are free and confidential.

West Mercia Rape and Sexual Abuse Support Centre

WMRSASC offers specialist support to the victims of rape and sexual violence. Services are free, confidential, and non-judgemental and available to survivors who have experienced any form of sexual violence at any time in their lives.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) refers to all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons. The World Health Organization (WHO) estimates that over 200 million girls and women worldwide have been affected by FGM. An additional 3 million are at risk of FGM every year. FGM is commonly practiced in 30 countries in Africa, the Middle East and Asia. It is mostly carried out on young girls under 16 years. FGM has no medical justification or health benefits. It has long term consequences for physical, sexual, and psychological health. FGM is illegal in the UK. It is also illegal to take girls who are UK nationals or UK residents abroad for FGM whether or not it is lawful in that country. There have been no cases of FGM identified through Sexual Health Services in Worcestershire.

CONTRACEPTION

Numerous studies have shown that an increased use of contraception can lead to a decrease in the number of unintended pregnancies. Contraception provision also has major economic and public health benefits: UKHSA (formally Public Health England) estimates that for every £1 spent on contraception there is a £9 saving over 10 years for the public sector. This makes contraception one of the most cost-effective public health interventions. There are a range of different forms of contraception which offer individuals choice to suit their life stage and preferences. Longer acting methods - implants and Intra-Uterine Devices (IUDs) are more effective and cost-effective than others and women should be informed of this.

Contraception is available free of charge from a number of services. As condoms can also be purchased from pharmacies and other retailers, and Emergency hormonal contraception can also be bought over the counter at some pharmacies and private clinics, it is difficult to identify contraceptive uptake at a population level. There are no national indicators for prescribed contraception. Data on contraception is only collected from attendances at SRH services and young person's clinics and from NHS prescription forms within primary care. Data from other providers is not available.

How are we doing in Worcestershire?

Figure 27: GP Prescribed contraception by Worcestershire PCN 2021/22 per 1,000 females aged 15-49

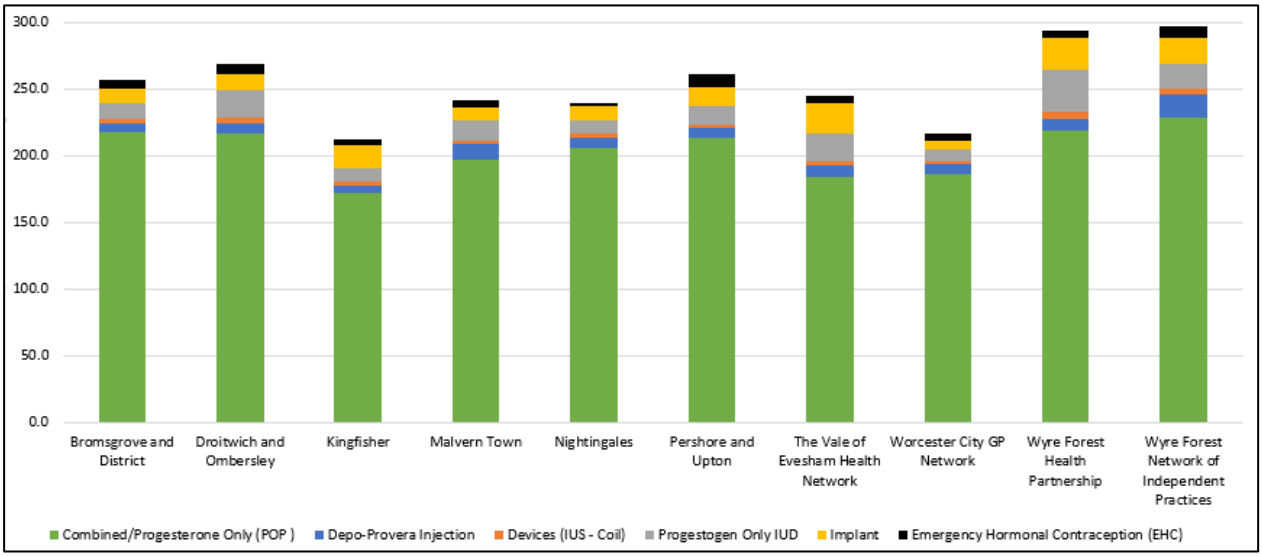


Table 12: Key contraception indicators in Worcestershire compared to England average

Higher	Similar	Lower
Under 25's individuals attend specialist contraceptive services per 1,000 males (14.7 vs 11.5) **Women choose injections at SRH Services (%)** (12.8 vs 8.1) **Women choose user dependent methods at SRH Services (%)** (60.5 vs 54.9) **Women choose hormonal short-acting contraceptives at SRH Services (%)** (56.9 vs 41.7) **Total prescribed LARC excluding injections per 1,000 females** (54.9 vs 41.8) **GP prescribed LARC injections per 1,000 females** (43.0 vs 25.7)		**Under 25's choose LARC excluding injections at SRH Services (%)** (29.4 vs 37.3) **Over 25's choose LARC excluding injections at SRH Services (%)** (47.4 vs 53.4) **SRH Services prescribed LARC excluding injections per 1,000 females** (11.9 vs 16.1) **Under 25's individuals attend specialist contraceptive services per 1,000 females** (76.1 vs 82.6)

Long Acting Reversible Contraception (LARC)

The National Institute for Health and Clinical Excellence (NICE) Clinical Guideline G30[22] advises that long-acting reversible contraceptive (LARC) methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill.

LARC Prescribing

Accredited GP practices currently offer an enhanced service for long acting reversible contraception (LARC). This includes the assessment, fitting, and removal of forms of LARC (IUD/IUS and implants). GPs are also contracted via the Standard Medical Service Contract to offer certain sexual health services. These include assessment and referral for STI, oral hormonal contraception, cervical cytology, pregnancy testing, and advice and information about sexual health and STIs. There are currently 59 out of 62 GP practices providing LARC services across the county.

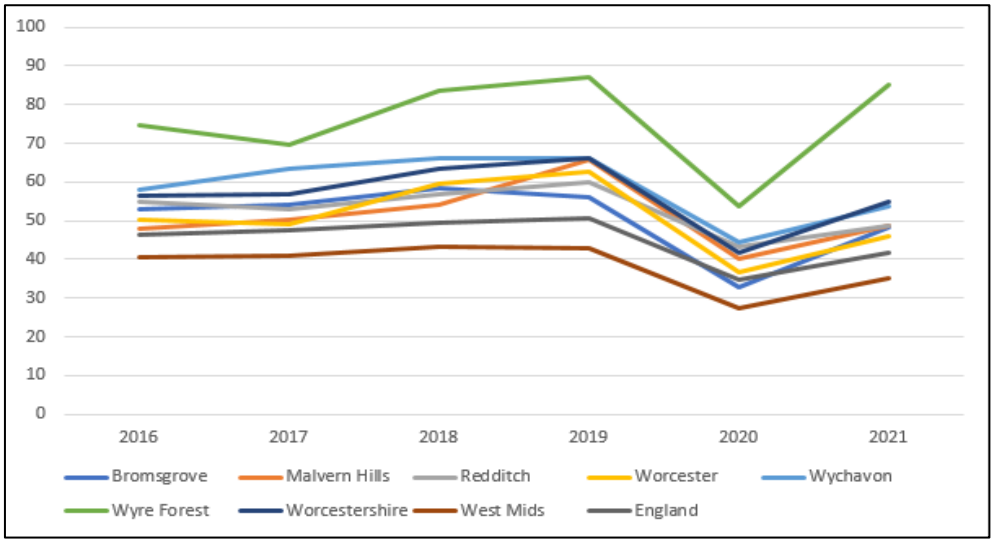
[22] NICE (2019) Long-acting reversible contraception

Total LARC Prescribing

In 2021, the total prescribed LARC rate (excluding injections) per 1,000 was 54.9 for Worcestershire, this compares to 35.1 for the West Midlands region and 41.8 for England. The rates of total prescribed LARC (excluding injections) rate per 1,000 varied by district from the highest rate of 85.3 in Wyre Forest to the lowest rate in Worcester City at 45.9.

The general trend for total LARC prescribing rates has been increasing for each district since 2017, however, the 2020 rates were hugely affected by the Covid-19 pandemic. Rates decreased for all Worcestershire districts, as did the regional and national rates. 2021 saw the rates increase from the drop caused by the pandemic. Figure 28 shows the differences in total LARC prescribing rates since 2017.

Figure 28: Total prescribed LARC rates (excluding injections) per 1,000 for Worcestershire districts, County, West Midlands region and England 2016- 2021



GP Prescribed LARC

The rates of GP Prescribed LARC are higher in Worcestershire than the England average (and have been gradually increasing over time). In 2021, the highest rates of GP prescribed LARC (excluding injections) rate per 1,000 was in Wyre Forest (78.4) and the lowest in Worcester City (27.5). The Covid-19 pandemic greatly affected provision of services in primary care, so consequently the prescribed rates of LARC by GPs was also affected. Figure 29 shows the prescribing rates since 2016 of GP prescribed LARC (excluding injections).

Investment in the provision of additional LARC by GPs has even greater potential cost savings, with a return on investment of £48 for every £1 invested[23].

[23] Department for Health and Social Care (2018) Sexual Health Services: Updated Guidance on Key Principles for Cross-Charging for Commissioners and Providers of Sexual and Reproductive Health Services in England, [Online], Available from: https://assets.publishing.service.gov.uk/

Figure 29: GP prescribed LARC (excluding injections) rate per 1,000 for Worcestershire districts, County, West Midlands region and England, 2016- 2021

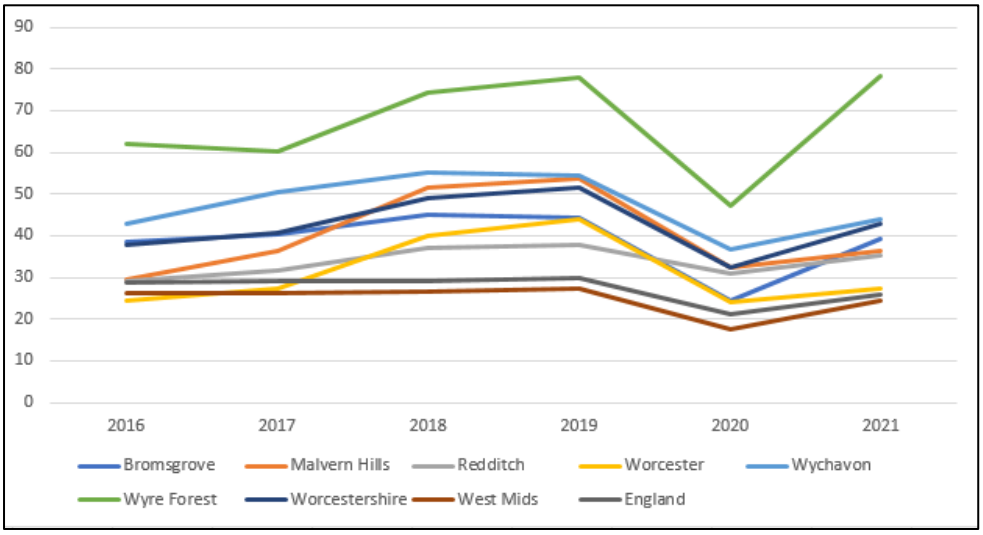
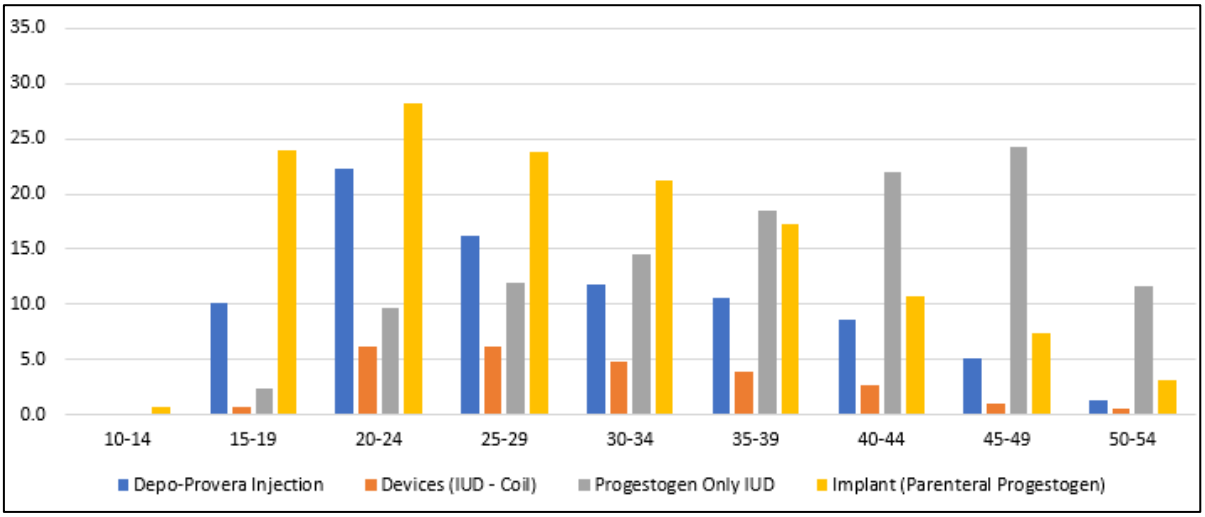


Figure 30: GP prescribed LARC rate for Worcestershire by type per 1,000 females 2021/22

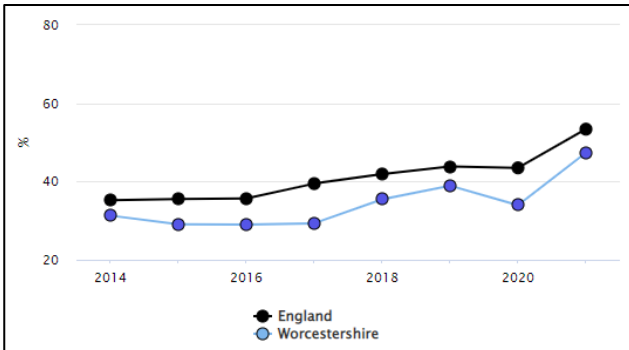


SRH Prescribed LARC

Worcestershire has a lower rate of SRH prescribed LARC in comparison to the England average, a rate of 11.9 compared to 16.1 for England. However, LARC is predominantly GP delivered in Worcestershire.

Over recent years, the percentage of individuals choosing LARC in SRH services in both the under 25 and over 25 age groups has been increasing. In 2021 both age groups saw an increase to levels which were higher than pre covid, however the percentages for Worcestershire have remained lower than the England average. For under 25s choosing LARC, Worcestershire has the lowest rate compared to the CIPFA nearest neighbours. Figures 31 and 32 show the trends over time for individuals choosing LARC via sexual health services.

Figure 31: Over 25s choose LARC (excluding injections) at SRH services (%), 2014-2021 for Worcestershire* and England

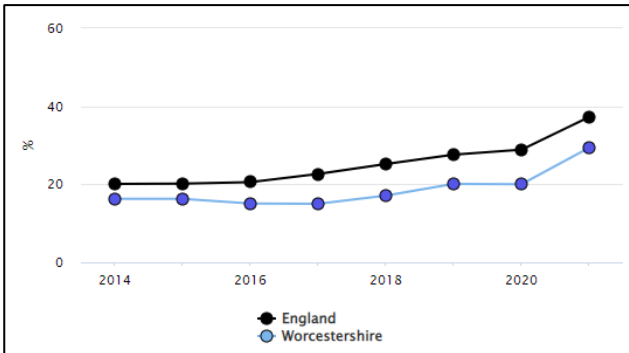


Recent trend: Increasing

Period		Worcestershire Count	Value	95% Lower CI	95% Upper CI	Neighbrs average	England
2014		1,452	31.3%	30.0%	32.6%	-	35.2%
2015		1,396	29.1%	27.8%	30.4%	-	35.5%
2016		1,404	29.0%	27.7%	30.3%	-	35.7%
2017		1,139	29.3%	27.9%	30.8%	-	39.5%
2018		1,006	35.5%	33.7%	37.2%	-	41.9%
2019		950	38.9%	37.1%	41.0%	-	43.8%
2020		625	34.0%	31.9%	36.2%	-	43.5%
2021		820	47.4%	45.0%	49.8%	-	53.4%

Source: OHID based on NHS Digital SRHAD data

Figure 32: Under 25s choose LARC (excluding injections) at SRH services (%), 2014-2021 for Worcestershire* and England



Recent trend: Increasing

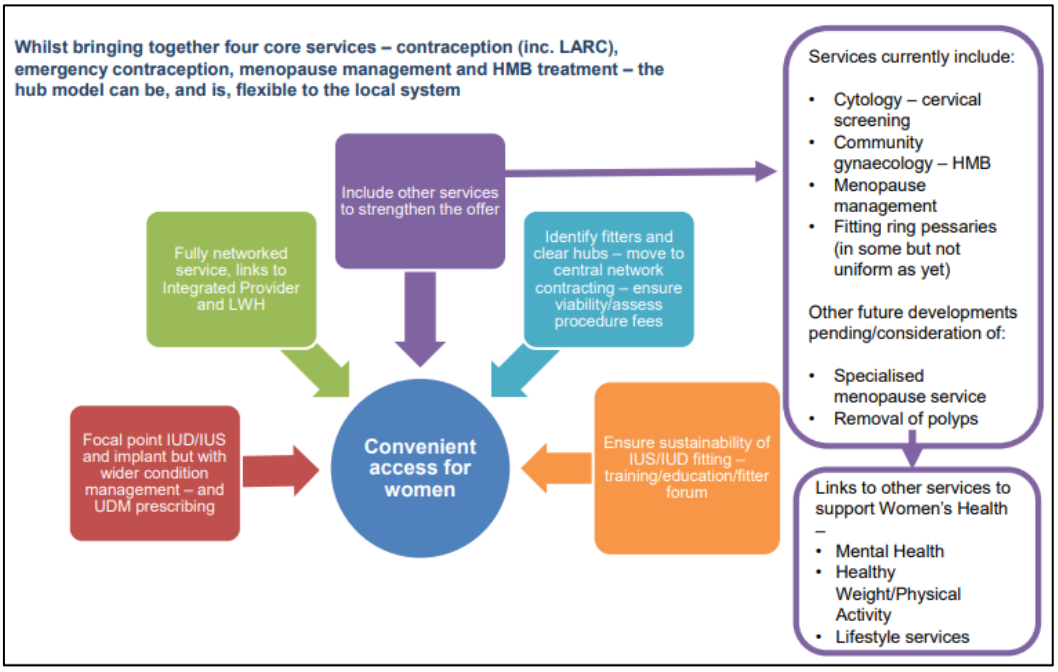
Period		Worcestershire Count	Value	95% Lower CI	95% Upper CI	Neighbrs average	England
2014		933	16.3%	15.3%	17.2%	-	20.1%
2015		949	16.3%	15.4%	17.3%	-	20.2%
2016		851	15.0%	14.1%	16.0%	-	20.6%
2017		724	15.0%	14.0%	16.0%	-	22.6%
2018		575	17.1%	15.8%	18.4%	-	25.2%
2019		560	20.1%	18.6%	21.5%	-	27.6%
2020		400	20.0%	18.2%	21.7%	-	28.8%
2021		445	29.4%	27.1%	31.7%	-	37.3%

Source: OHID based on NHS Digital SRHAD data

Increase in LARC uptake

At the **All Party Parliamentary Group** (APPG) in February 2022 Liverpool City Council presented their model for Women's Health Hubs. The creation of Women's Health Hubs within Liverpool has seen a 150% increase in the uptake of LARC within the area.

Figure 33: Reproductive/Women's Health Hub Approach



Emergency Hormonal Contraception (EHC)

Emergency contraception can prevent pregnancy after unprotected sex or if the contraception which has been used has failed. The EHC service within local pharmacies aims to reduce the number of unwanted pregnancies and terminations for eligible women aged 13 years and over, whilst also providing advice on STIs and contraception and signposting to other sexual health services. Across Worcestershire there are 55 active providers and 83 accredited providers who can deliver EHC in the community. Between April 2021 to March 2022 there were 2833 provisions made for EHC which were predominantly in 16-19 year old age group (n.639) and the 20-24 year old age group (n.739). The most commonly reported reasons for obtaining EHC were unprotected sex (61%) and failed condom (31%). A review of pharmacies offering EHC found that around 25% of EHC consultations did not include discussions around STIs or LARC.

Figure 34: Pharmacies providing Emergency Hormonal Contraception in Worcestershire

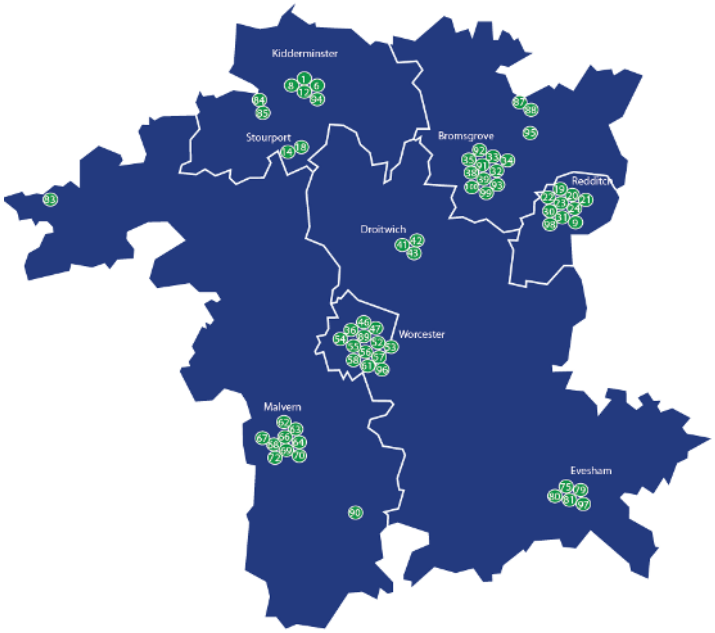
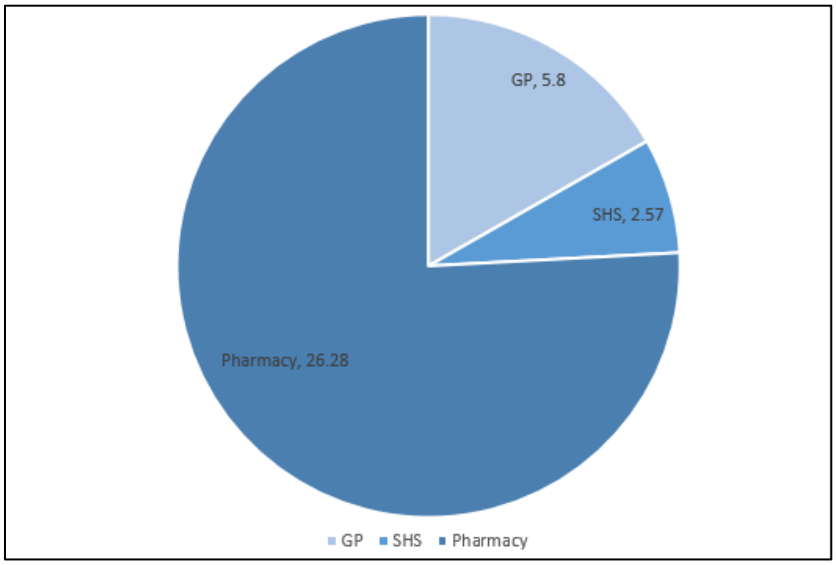


Figure 35: EHC provision by location (GP/Sexual Health Services/Pharmacies) per 1,000 females within Worcestershire 2021/22



Vasectomies and Sterilisations

Worcestershire Acute Hospital Trust provides female and male sterilisation services. In addition to this there is a community vasectomy service for men, which is provided by the Herefordshire & Worcestershire Health & Care NHS Trust. Figure 36 below shows the number of vasectomies carried out in Worcestershire during the last ten years. The reduction in rates in 2020 was due to the pandemic however, we have not seen the return to pre-pandemic rates as we would expect. Table 13 shows the breakdown of vasectomies by age group for the last 5 years which shows that the highest number of vasectomies are carried out in the 35-39 age group. Prior to 2022/23 this was followed by the 40-44 age group and 45-49 age group however in 2022/23 numbers within these groups were too low to be recorded.

Figure 36: Total number of vasectomies for Worcestershire residents 2013-2023

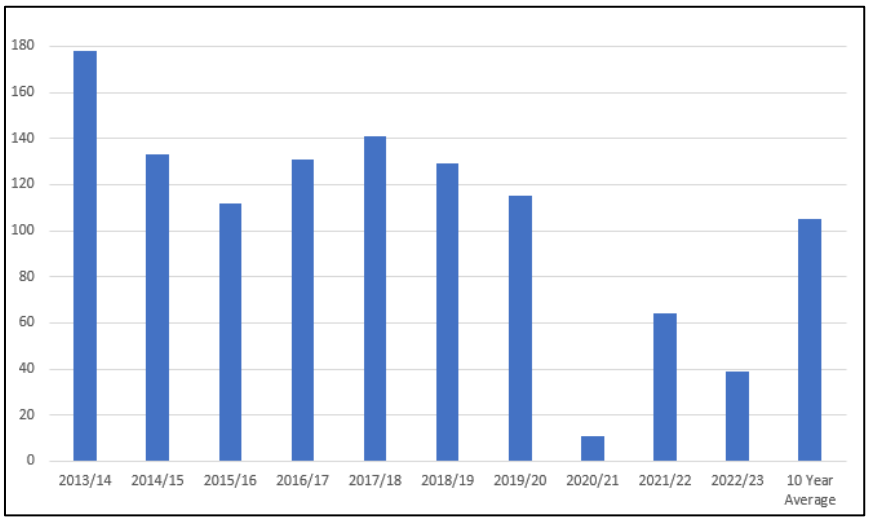


Table 13: Number of vasectomies for Worcestershire residents by age 2018-2023

Age Group	2018/19	2019/20	2020/21	2021/22	2022/23	5 year total	Per 1,000 population
25-29	s	s	s	s	s	13	0.79
30-34	25	31	s	14	6	76	4.25
35-39	40	31	5	16	17	109	6.24
40-44	28	24	s	15	s	76	4.4
45-49	21	15	s	13	s	57	3.08
50 and over	s	s	s	s	s	27	0.62
Total	129	115	11	64	39	358	2.73

- **S = supressed due to small numbers**

Figure 37 below shows the number of female sterilisations carried out in Worcestershire during the last ten years. The reduction in rates in 2020 were due to the pandemic however, unlike vasectomies, we have seen numbers increase back toward pre-pandemic levels. Table 14 shows the breakdown of sterilisations by age group for the last 5 years which shows that the highest number of sterilisations are carried out in the 30-34 age group followed by the 35-39 age group.

Figure 37: Total number of female sterilisations for Worcestershire residents 2013-2023

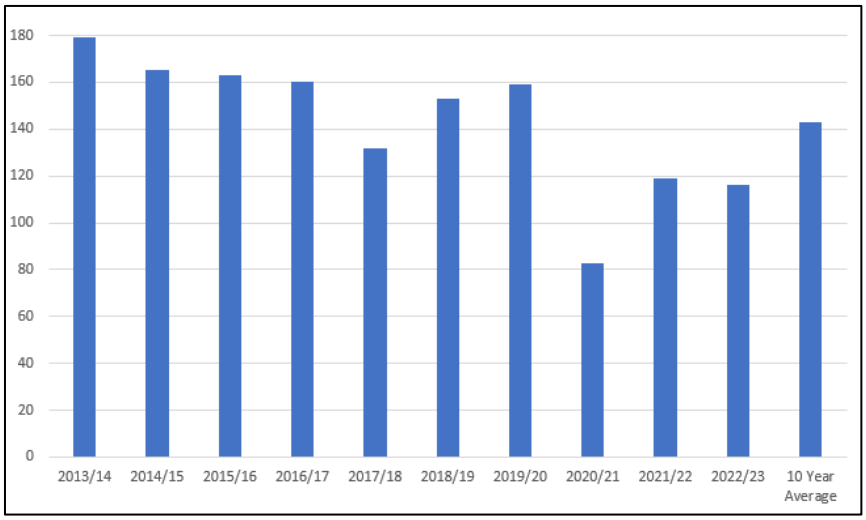


Table 14: Number of female sterilisations for Worcestershire residents by age 2018-2023

Age Group	2018/19	2019/20	2020/21	2021/22	2022/23	5 year total	Per 1,000 population
25-29	s	s	s	s	s	12	0.80
30-34	22	26	16	16	15	95	5.66
35-39	54	52	34	51	41	232	12.37
40-44	42	48	20	38	33	181	9.98
45-49	26	27	9	11	20	93	5.14
50 and over	s	s	s	s	s	17	0.41
Total	153	159	83	119	116	630	4.90

- **S = supressed due to small numbers**

Additional Contraception Services and Projects

Postnatal Contraception

Worcestershire Sexual Health services are working with obstetric colleagues at the Acute Hospital Trust with the aim to improve the uptake of postnatal contraception. There is a desire to develop the knowledge and skills of midwives at the Acute Trust to receive additional training, so they are able to distribute and fit contraception, including LARC. Secondly, there is the aim to improve pathways for women to be referred directly from the postnatal ward to services at the Worcester clinic for LARC.

The Pause Project

The Pause project works with women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care. Women are allocated a support worker and are supported in many areas of their life enabling them to take control. They can be referred to sexual health services for LARC to help prevent any unplanned pregnancies.

NHS Pharmacy Contraception Service

Last year, the NHS community pharmacy contraception management service was piloted. This service is designed to give people a greater choice of where to access contraception services. Following a

successful pilot the service is now due to be offered nationally with a phased rollout. The service is an integrated pathway between existing services and community pharmacies to enable greater choice and to widen access to services and support for high-risk communities and vulnerable patients. This is an NHS service and so the supply of oral contraception will be exempt from any prescription charges.

At the same time as the national pilot Worcestershire County Council and WISH conducted a similar 12 month pilot with pharmacies across the region. This pilot will now be replaced by the NHS community pharmacy contraception management service

PREVENTION

What should our Sexual and Reproductive Health System look like in Worcestershire?

Local authorities are required to commission open access sexual health services (contraception and STI provision) for the needs of their local population funded from the Public Health Ringfenced Grant. The NHS is funded to commission other aspects of sexual and reproductive health. Table 15 summarises the commissioning responsibilities for local authorities, Integrated Care Systems (ICSs) and NHS England.

Table 15: Sexual health commissioning responsibilities

Local Authority	Integrated Care Systems (ICSs)	NHS England
Local authorities commission: • comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally provided contraception • STI testing and treatment, chlamydia screening and HIV testing • specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college, and pharmacies	• Termination of pregnancy services • Sterilisation • Vasectomy • Non-sexual-health elements of psychosexual health services • Gynaecology including use of contraception for non-contraceptive purposes (e.g. menorrhagia, hormone replacement therapy)	• contraception provided as an additional service under the GP contract • HIV treatment and care (including drug costs for post-exposure prophylaxis following sexual exposure (PEPSE)) • promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs • sexual health elements of prison health services • sexual assault referral centres • cervical screening • specialist foetal medicine service

The European Centre for Disease Prevention and Control's technical report 'Developing a national strategy for the prevention and control of sexually transmitted infections' (2019) aims to support the development of national prevention and control strategies for sexually transmitted infections (STIs) in the EU/EEA. It details prevention and control activities at a primary, secondary, and tertiary level, as below [24].

Table 16: Prevention and control of sexually transmitted infections[25]

Primary Prevention Prevent the acquisition of infection	**Secondary Prevention** Prompt treatment of infections to prevent complications and reduce, interrupt any further transmission	**Tertiary Prevention** reducing the long-term effects of a disease by helping patients manage their conditions and chronic symptoms
Education on sexual and reproductive health including school educational programmes, public campaigns and/or campaigns targeted to risk groups. Promotion and use of safer sex practices that reduce exposure (e.g. use of condoms and spermicides, reduction of the number of sex partners and concurrent partnerships).	Healthcare-seeking behaviour (in case of exposure, occurrence of STI symptoms). Access to STI testing and treatment services (to ensure early diagnosis and effective treatment). Partner management services, screening for asymptomatic infections . Outreach programmes for hard-to-reach populations and linking to appropriate treatment.	Reducing the long term effects and supporting the management of chronic symptoms of life-long genital herpes, HIV infection, congenital syphilis, pelvic inflammatory disease, infertility.

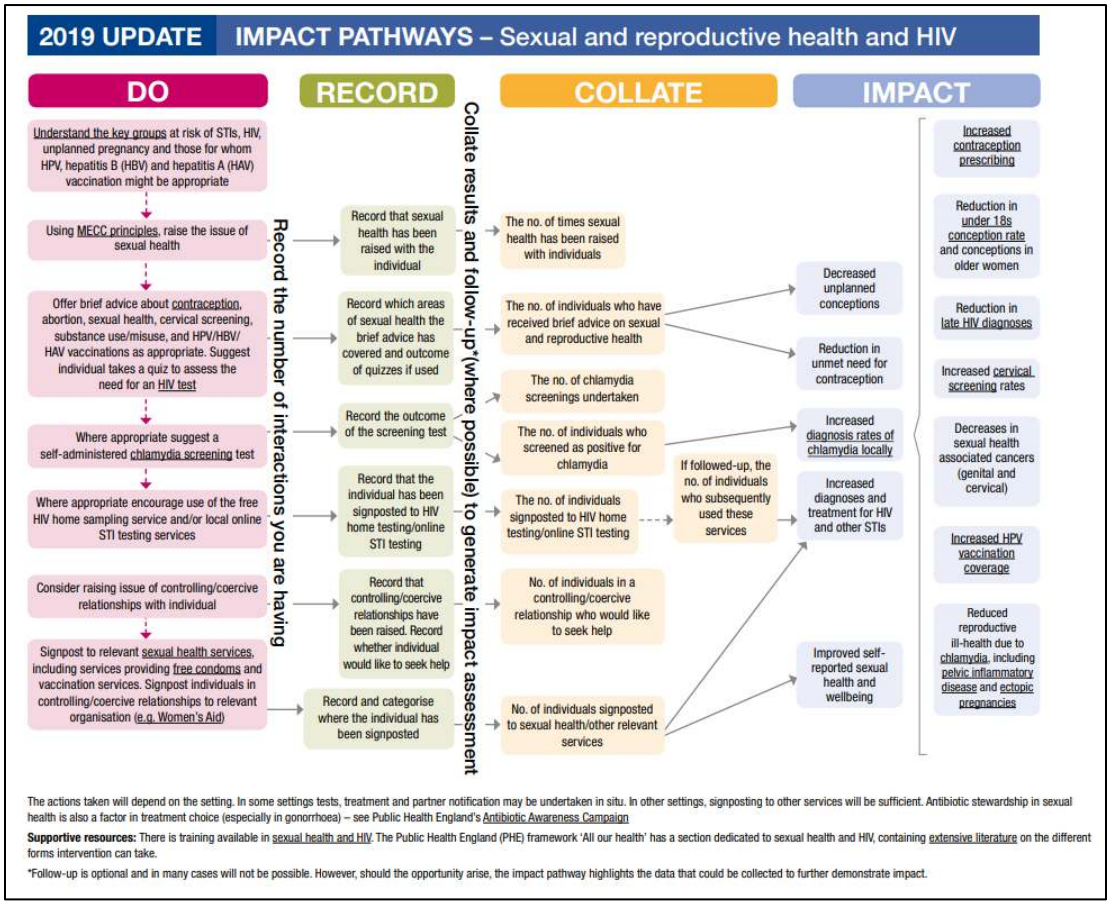
Everyday Interactions

In 2017 the Royal Society of Public Health and PHE (now OHID) have produced a resource called Everyday Interactions. The report aims to help healthcare professionals record and measure their efforts, so their work makes an even greater impact. First published in 2017, the Everyday Interactions toolkit was launched to support healthcare professionals to record their interactions with people. Working within the Make Every Contact Count (MECC) agenda, Everyday Interactions aims to further the effect that preventative measures have on improving the public's health. Figure 38 shows the different ways health professionals can have impact within everyday interactions.

[24] Developing a national strategy for the prevention and control of sexually transmitted infections (europa.eu)

[25] European Centres for Disease Control (2019) Technical Report: Developing an national strategy for the prevention and control of sexually transmitted infections, [Online], Available from: https://www.ecdc.europa.eu/sites/default/files/documents/strategies-to-control-STIs.pdf

Figure 38: Public Health Impact Pathways for Sexual and reproductive health and HIV (2019)



What Good Looks Like: Sexual Health Service Self-Assessment

The **English HIV and Sexual Health Commissioners' Group (EHSHCG)** SLI tool was completed as part of this Needs Assessment to self-assess sexual health, reproductive health, and HIV service provision across Worcestershire to help identify areas for future focus and to understand what is working well and what could be strengthened. The tool assesses 4 key feature areas of what a good sexual health service looks like by asking a series of questions, which are then scored accordingly.

The tool categorises each area with a score of achievement as follows: 0-25% is early achievement, 25-50% developing achievement, 50-75% Mature achievement and 75% is an Outstanding achievement. The tool showed that services in Worcestershire achieved a score of 57% which indicates a mature achievement overall. The Worcestershire Integrated Sexual Health Service scored the following across the four areas:

System Partnership: 36%	Building Resilience:40%
Safe and Effective Services: 93%	Promoting Equity: 40%

Completion of the SLI tool showed that we have consistently strong and effective sexual health services who meet the needs of patients. The tool also highlighted that more work is needed to address sexual health needs for Worcestershire at a systemwide level and, that the adequate and sustained promotion of sexual health services is required in order to ensure the population are fully aware of available services which meet their needs.

Stakeholder Feedback

The Love Your Sexual Health Survey was launched in January 2023. The survey gave local residents, professionals, and vulnerable groups the chance to have their say about the sexual health services available to them in the County. The purpose of the survey is to understand what people need and their experiences of our sexual health service.

Summary of Findings

- **Accessibility of sexual health services** – being able to access services at different times, ease of bookings and the ability to order online all featured as high priorities.
- **Information and services tailored to specific groups** – ensuring services are focused in giving the best possible advice to all groups.
- **Outreach services are effective** – there was lots of good feedback for the current outreach service for young and vulnerable people.
- **Promotion of sexual health services** – ensuring people are made aware of the sexual health services available through advertising, promotion and an up to date, informative website.
- **Updated and regular training for professionals was requested**
- **It was felt that there is a lack of consistent sexual health education** – including education focussed around consent, healthy relationships, and sexual violence.

Health Related Behaviour Questionnaire: Growing up in Worcestershire 2021 (SHEU)

A Health Related Behaviour Questionnaire was undertaken by the School Health Education Unit in 2021 and asked a series of questions to Year 8 and Year 10 pupils across Worcestershire.

Summary of Findings

- **37% of young people** reported that they have had a **negative experience** in a relationships.
- **37% of young people** reported that they always **used contraception** if they had sex.
- **83% of young people** reported that they **'know nothing' about the C-Card scheme.**
- **63% of boys** and **58% of girls** reported that they **knew nothing about the sexual health and advice service for young people.**

NICE Guidelines NG183: Internet based interventions

In October 2020 NICE published guidelines NG183 which covers digital interventions to help people eat more healthy, become more active, stop smoking, reduce their alcohol intake, or practise safer sex. The interventions include those delivered by text message, apps, wearable devices, or the internet. Evidence showed that interactive videos can help people change their sexual behaviour. These are scripted scenarios that need the person to take part in the story. Dramatisations, with the person just watching the story, are also effective. The committee agreed that people putting themselves in these 'virtual' situations allows them to experience difficult sexual situations and develop healthy response mechanisms that can be applied in real life.

Relationships Education, Relationships and Sex Education (RSE)

The **Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019** require that Relationships Education is compulsory for all pupils receiving primary education and Relationships and Sex Education (RSE) is compulsory for all pupils receiving secondary education.

It is important to note that the quality of RSE is not the same across all educational settings. A survey carried out by the Sex Education Forum in 2021 reported that RSE lessons are being inconsistently delivered, often with few opportunities for pupils to ask questions or influence how RSE lessons can be improved. Around one in four children did not have RSE from parent's or carers and one in six reporting that they had regular discussions with parents and carers around RSE[26]. The Department for Education are monitoring RSE implementation and findings from their research will be published in early 2024. The evaluation will look at how schools have implemented the curriculum, while understanding barriers to implementation.

Psychosexual Services

Psychosexual Counselling is a specialist service which helps individuals, and couples address their sexual concerns. Sexual problems are worrying and causes of these can often be psychological and linked to depression, stress, or intimacy issues. Psychosexual counselling looks to address and overcome these underlying causes. The issues covered by these service can be wide ranging but include erectile dysfunction, loss of sexual interest and pain during sex. Where a need is identified patients should be signposted to suitable counselling services.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

In Worcestershire poorer sexual health is more common amongst young people aged 15-24, men who have sex with men (MSM) black and ethnic minority (BME) populations and in areas of greater deprivation. With increases expected in the both the population of reproductive age 15-44 years and the population aged 45+ sexual health services will need to ensure they are prepared for the increase in younger people accessing services whilst also meeting the particular sexual health needs of an ageing population.

The sexual health needs of inclusion health groups such as people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery need to all be considered. Worcestershire has recently seen an increase in its migrant population, close support with these groups is needed.

Sexual health outcomes in Worcestershire are better than the national average with lower rates of sexually transmitted infections (STI's) including HIV, abortions, and high rates in the prescribing of all methods of contraception. However, of concern are persistent teenage pregnancy rates in some parts of the county, low chlamydia screening and detection rates amongst young people and the variability of relationships and sex education (RSE). Worcestershire has high rates of Pelvic Inflammatory Disease (PID) and Ectopic Pregnancies.

[26] Sex Education Forum (2022) Young Peoples RSE Poll 2021, [Online], Available from: https://www.sexeducationforum.org.uk/

During completion of the last needs assessment in 2016, Worcester and Redditch districts both had poorer sexual health outcomes with higher STI rates. This has remained the same but now also includes the Bromsgrove district. Worcester and Redditch both also have higher teenage conception rates and lower rates of contraceptive prescribing including LARC. In comparison Wyre Forest, which is also an area of deprivation, has similar STI and teenage conception rates as the rest of the county and has high rates of contraception and LARC prescribing.

In January 2019 the government committed to a new ambition to end HIV transmission, AIDS, and HIV-related deaths by 2030, this included a new national strategy released in January 2021. Worcestershire is a low prevalence area for HIV. The overall trend is fairly static with negligible increases in the rate of prevalence across Worcestershire. Testing coverage within sexual health services in Worcestershire is lower than regional and national rates and has decreased since 2016 with the largest reduction seen in HIV testing coverage for women. Early diagnosis of HIV is a national strategic priority to reduce HIV related mortality and morbidity. As such, there must be a focus on systemwide strategic working to ensure that late diagnosis of HIV is reduced. Emergency Department opt-out testing has now been rolled out across a number of high prevalence areas across England. This testing has been successful in identifying cases of HIV that otherwise may not have been picked up and should be considered within other areas based on HIV prevalence.

The majority of spend and sexual health provision is predominantly focused on clinical activity and treatment generated through the use of clinical sexual health services. Much of this activity relates to secondary prevention, for example treating infections to reduce onwards transmission. Continued work is needed on primary prevention to prevent the acquisition of STI's.

During the completion of the 2016 Sexual Health Needs Assessment, it was noted that there was a high and rising proportion of rebook appointments which were at around 50%. This is where patients return to GUM for new episodes of care after 180 days indicating a lack of sexual behaviour change and potentially a dependency on service provision. By 2017 this had reduced to 26% but then did increase back to around 37% between 2018 and 2020. Since 2020 rebooks have reduced to lower levels at around 21%. Although we have seen a decline in rebook appointments there is now an increase in the number of follow up appointments. This is where a patient revisits the service within 180 days of a new episode. Although this may be due to follow up from their initial visit it may also show that patients sexual behaviour has not changed, and they are using the service more frequently.

Feedback from users and stakeholders in 2023 identified there is a need for better accessibility to services which include access outside of working hours, ease of bookings and the ability to order online. Service users expressed a requirement that information and services are tailored towards specific groups in order to access the best advice possible. They felt services were poorly marketed, online information was difficult to find, and websites were hard to navigate. There was a number of people who did not know where to locate sexual health information and services. Updated and more regular training for professionals was requested. It was also felt that there is a lack of consistency

around sexual health education including education around consent, healthy relationships, and sexual violence.

The feedback from service users also showed that outreach services were highly effective with lots of good comments for the current outreach service for young and vulnerable people. Outreach is seen as a key resource to improve sexual health and healthy relationship education for young and vulnerable groups; and to be able to focus on support for more deprived areas. The outreach team also cover child exploitation, domestic abuse, and mental capacity assessments and attend wider safeguarding meetings to help protect children across the county.

Regional and National lockdowns during the COVID-19 pandemic led to a significant increase in the number of people accessing STI testing through the online testing service. This increase has continued past lockdown and is seen as a key element of local open access sexual health provision. Work is needed to understand the profiles of those accessing the service and potential reasons why almost 1/3rd of test kits ordered are failing to be returned.

In a review of consultations whilst prescribing EHC it was found that LARC and STI's were not discussed with around 25% of those attending. There are currently 55 active providers out of 83 accredited providers, meaning that 28 of those accredited are not currently providing the service. In a bid to increase better access to contraceptive services, a national contraception pilot scheme has been rolled out. The service is an integrated pathway between existing services and community pharmacies to enable greater choice and to widen access to services and support for high risk and vulnerable patients. We would want to encourage the rollout of these services with pharmacies across the community.

Although better than the regional and national average, the numbers of women attending cervical cancer screenings has dropped over the last ten years. COVID-19 has also impacted cervical cancer screening uptake – as such woman who have missed screening as a result of the pandemic must be prioritised rather than waiting 3-5 years for the next scheduled appointment. There are also clear gaps in the numbers of women attending cervical screenings based on deprivation, ethnicity and learning disabilities.

Post-natal contraception is seen as a key part of sexual health to prevent unwanted pregnancies, and as such must be considered as vital in order to continue. There is a desire to continue to develop the knowledge and skills of midwives at the acute trust to receive additional training, so they are able to distribute and fit contraception, including LARC.

A number of areas across the country have introduced, or are looking to introduce, Women's Health Hubs. Health hubs are designed to bring together 4 key services, namely, contraception (including LARC), emergency contraception, menopause management and Heavy Menstrual Bleeding (HMB) treatment. Areas that have implemented women's health hubs have seen increases in both engagement and numbers of women accessing services. These health hubs are able to link to other services such as mental health, healthy weight and physical activity programs and lifestyle services.

The expansion of Women's Health Hubs is a key priority for the Department of Health & Social Care (DHSC) and NHS England (NHSE). Funding of £25million (which will be distributed equally across all ICBs) was announced in March 2023 to support the establishment of these hubs. The DHSC and NHSE are working together to develop further resources to support the wider expansion of Women's Health Hubs. In the Autumn 2023, they will publish a commissioning specification for hubs and a toolkit for virtual group consultations and virtual engagement events.

A range of primary interventions have been identified that can impact on sexual health behaviours and improve sexual health outcomes across the life course. Increased community development activities such as community champions and peer educators can influence sexual behaviours and increase safe sex practices. Condom distribution interventions can increase the availability, accessibility, and acceptability of condoms in clinical, social, and commercial venues to increase condom use. Provision of high quality RSE can result in young people being more likely to delay having sex until they are older, use contraception and have fewer sexual partners. Improving service provision in terms of acceptability, accessibility and quality improvement and increasing the extent of community outreach of those at greater risk are effective in changing behaviour, in improving outcomes and encouraging appropriate use of mainstream services. In addition, social marketing methods and digital interventions can influence behaviour change.

Recommendations

Ensure sexual health needs of inclusion health groups such as people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery are all addressed. Part of the sexual health provision will be to ensure that we promote good sexual health through primary prevention activities including condom use, vaccination, HIV PrEP, partner notification, behaviour change and activities which aim to reduce the stigma associated with STIs, HIV and unplanned pregnancy.

Review local arrangements to increase the coverage of chlamydia testing amongst 15–24 year-old females. This should be through increased testing in primary care, pharmacies, through targeted outreach and through retesting of confirmed cases. Maximise screening through contacts at sexual and other health services. Ensure that all risks of chlamydia and the internet testing services are better promoted and more accessible to young people through social marketing techniques. We need to work as a system to ensure that all PID diagnoses are correctly coded, and that partner notification takes place.

Tackle the inequalities in teenage conception rates, particularly in areas within Redditch and Worcester. Following the Department of Education publishing the RSE report in January 2024, actions will need to be taken to help improve the mandatory RSE learning. Increase knowledge and awareness of safe sex and contraception options, including LARC and emergency contraception to young people through social marketing. Provide comprehensive outreach to young people and vulnerable groups and continue to promote and support Time4U.

Review and expand levels of HIV testing in GUM and community sexual health and outreach settings. Ensure accessibility of HIV services for at risk groups such as women. There must be a focus on systemwide strategic working together to ensure that late diagnosis of HIV is reduced. Review and implement recommendations from the West Midlands regional sexual health commissioners group who have outlined key actions for the next three years.

Use social and digital marketing in order to promote safer sex, use of LARC, open access services including online and in person. Findings suggest that there is a need for better accessibility to services. Services must also make online information easier to find, and signpost as to how to access sexual health information and services. Ensure woman have access to contraception services and LARC in post-natal services with additional training offered for midwives, so they are able to distribute and fit contraception, including LARC. Continue to utilise voluntary organisations to promote sexual health testing and services to the MSM community.

Redesign the model of sexual health towards a joined up approach, including the offer of Women's Health Hubs and regular stakeholder meetings. Ensure activities predominantly focus on the promotion of good sexual health behaviour through the use of safer sex, and the appropriate planned use of long-acting reversible contraception to reduce the need for treatment.

Sexual health services to continue to be fully integrated as a hub and spoke model, ensuring adequate spokes within the community to meet health and access need. Enhance outreach activities to target all high risk and vulnerable groups. Review and improve pathways across the system to ensure sexual health outcomes becomes everybody's business. The sexual health system to focus on sexual behaviour change within service provision, sexual health promotion activities and training and upskilling of front-line staff. Ensure prompt referrals and signposting to the sexual assault referral centre, drug and alcohol services and other services relevant to their individual needs.

More work needs to be done in order to understand why 1/3rd of STI testing kits are failing to be returned and to understand the profiles of those accessing the service. Regular monitoring and review should be undertaken to understand trends in online testing to streamline the service provided.

Review the provision of contraception within pharmacies across the county to enhance accessibility for the population. Encouraging further accreditation, and for those who are accredited to offer the service. Encourage participation in the national scheme for combined oral contraception. Continue to monitor discussion at consultations and support pharmacies to discuss LARC and STIs, utilising MECC principles.

To ensure that women who may have missed cervical cancer screening due to the COVID-19 pandemic are offered an appointment rather than waiting 3-5 years for the next scheduled appointment. Furthermore, cervical cancer screening has seen a drop in the last ten years. Further investigation to examine why this has happened and how we can prevent a further drop in screening rates whilst also looking to increase the uptake for women from deprived areas, from ethnic groups with lower uptake rates and women with learning disabilities is needed. Interventions should be targeted at specific populations to increase participation levels with pathways which are designed to take account of the needs of people less likely to engage in screening.

ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome	APPG	All Party Parliamentary Group
ART	anti-retroviral therapy	BASHH	British Association for Sexual Health and HIV
BBV	blood borne virus	BME	Black & Minority Ethnic
CAMHS	CAMHS - Children and Adolescent Mental Health Services	CIPFA	Chartered Institute of Public Finance and Accountancy
COCP	combined oral contraception pill	CSE	child sexual exploitation
DHSC	Department of Health and Social Care	ED	Emergency Department
EEA	European Economic Area	EHC	emergency hormonal contraception
EMA	early medical abortion	EPR	electronic patient record
EU	European Union	FE	Further Education
FGM	female genital mutilation	GBMSM	Gay, Bisexual, and other Men who have Sex with Men
GP	General Practitioner	GUM	genitourinary medicine
GUMCAD	Genitourinary Medicine Clinic Activity Dataset	HBV	Hepatitis B virus
HCV	Hepatitis C virus	HIV	human immunodeficiency virus
HPV	human papillomavirus	HSV	herpes simplex virus
ICB	Integrated Care Board	ICS	Integrated Care System
IMD	Index of Multiple Deprivation	IUD	intra uterine device
IUS	intra uterine system	LA	Local Authority
LARC	long acting reversible contraception	LES	Local Enhanced Service
LGBTQ+	lesbian, gay, bisexual, transgender and queer or questioning	LGV	Lymphogranuloma venereum
LSOA	lower layer super output area	MACE	Multi-Agency Child Exploitation Group
MECC	Making Every Contact Count	MSM	men who have sex with men
MSOA	middle layer super output area	NCSP	National Chlamydia Screening Programme
NHS	National Health Service	NICE	National Institute for Health & Care Excellence
OHID	Office for Health Improvement and Disparities	ONS	Office for National Statistics
OOA	out of area	PCN	Primary Care Network
PEP	Post-Exposure Prophylaxis	PEPSE	Post-Exposure Prophylaxis Following Sexual Exposure
PHE	Public Health England	PHOF	Public Health Outcome Framework
PID	Pelvic Inflammatory Disease	POP	Progestogen Only Pill
PrEP	Pre – exposure Prophylaxis	RSE	Relationships & Sex Education
SED	Socio Economic Determinants	SEND	special educational needs and disabilities
SH	sexual health	SHEU	School Health Education Unit
SHS	Sexual Health Services	SIR	serious incident reporting
SRH	Sexual & Reproductive Health services	STI	sexually transmitted infection
UKHSA	UK Health and Security Agency	VAWG	violence against women and girls
WHO	World Health Organisation	WISH	Worcestershire Integrated Sexual Health