JSNA: Sexual and Reproductive Health

Wirral Intelligence Service

April 2019 (Update)

JSNA: Sexual and Reproductive Health

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Background to JSNA – Joint Strategic Needs Assessment

What is a JSNA?

A Joint Strategic Needs Assessment, better known as a JSNA, is intended to be a systematic review of the health and wellbeing needs of the local population, informing local priorities, policies and strategies that in turn informs local commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities throughout the Borough.

Who is involved?

Information from Council, NHS and other partners is collected and collated to inform the JSNA and this reflects the important role that all organisations and sectors have (statutory, voluntary, community and faith) in improving the health and wellbeing of Wirral's residents.

About this document

This JSNA section looks to contain the most relevant information on the topic and provides an overview of those related key aspects

How can you help?

If you have ideas or any suggestions about these issues or topics then please email us at wirralintelligenceservice@wirral.gov.uk or go to https://www.wirralintelligenceservice.org/

Version Number	Date	Authors
1.0	August 2018	Deborah Williams – Hayley Clifton – Matt Ray – John Highton – Wirral Council (completing drafts)
2.0	November 2018	Hayley Clifton – Matt Ray – John Highton – Jack Font - Wirral Council (finalising document with necessary)
3.0	February 2019	Matt Ray – John Highton – Hayley Clifton (updated LASER data that required figures, tables and text updates
4.0	April 2019	Matt Ray – Hayley Clifton (final refreshed version with LASER data

Content overview

Abstract	Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) (including HIV) and abortion. Good sexual health is important to individuals and to society, but provision of sexual health services (SHSs) is complex. Wirral SHS is an integrated service so any residents can attend for advice/support for their reproductive health/contraception. Sexual lifestyles in Britain have changed substantially in recent decades, with changes in behaviour greater among women than men. This JSNA section sets out to provide most up to date local information on the key aspects of sexual and reproductive health.
Intended or potential audience	**External** • Wirral Health & Wellbeing Board. • Wirral Partnership **Internal** • Senior Leadership Teams • Colleagues in ICH Hub and other teams
Links with other topic areas	Maternity and Early Years, Maternity and Pregnancy, Maternity and Vitamin D Domestic Abuse and Domestic Violence Indices of Deprivation Population, Crime, Safety & Disorder Children & Young People: Child Sexual Exploitation

Key findings

- Sexual lifestyles in England have changed substantially in recent decades and sexual activity is continuing into later life, meaning sexual health services (SHSs) need to implement a life course approach
- The rate of sexually transmitted infection (STI) testing has been increasing in Wirral and nationally since 2012, but in 2017 the rate decreased for the first time since then. Wirral consistently remains below the national testing average
- Wirral's STI diagnosis rate has been higher than the national and regional rates until 2013 but has been decreasing since 2014. In 2017 Wirral's rate was lower than that of both England and the North West for the first time since 2012
- Diagnosis rates of genital herpes and syphilis have been increasing in Wirral. Diagnosis rates of gonorrhoea in Wirral have remained relatively stable since 2012 but in 2017 they have increased to the highest rate since 2013. Rates of genital warts have sharply decreased from 2013 to 2016 with a small increase in activity in 2017. Chlamydia detection rates increased in Wirral from 2012 to 2015, but have decreased in the last 2 reported years
- HIV prevalence in Wirral has increased since 2011, but national rates still remain twice as high as Wirral rates. Wirral has a higher proportion of late HIV diagnosis than national and regional averages
- Wirral has a higher proportion of HPV vaccination coverage and cervical cancer screening coverage than national averages
- STIs are most common among people aged 15-24 years old, the most frequent attenders of sexual health services (SHSs) in Wirral. Females are more likely to be diagnosed with an STI and are also more likely to attend SHSs in Wirral
- Men who have sex with men, non-white ethnic groups and the more deprived population are disproportionately affected by STIs in Wirral and nationally
- Wirral's general fertility rate has been similar to the national average and decreased with fluctuations over time
- Although Wirral's under 18 conception rate has roughly halved over the past two decades, it remains significantly above national and regional rates
- Wirral had a significantly higher abortion rate than national and regional rates in 2016, with females aged 18 - 19 years having the highest rate. Total abortion rates in Wirral have increased since 2012. A higher percentage of abortions in Wirral occur before the 10th week of pregnancy than national averages and more women have had repeat abortions in Wirral than nationally
- In 2017, the main contraceptive method chosen by female Wirral residents attending sexual reproductive health (SRH) services were user-dependent methods, accounting for 62.4% of all contraception, higher than national averages. The use of long-acting reversible contraceptives (LARCs) increased with age in Wirral, following national trends
- Wirral had a higher proportion of attendants of sexual reproductive health (SRH) services being provided with emergency contraceptive care than national figures, most commonly being prescribed emergency contraceptive pills. Total prescription of emergency contraception at SRH services was most frequent in the 20-24 year old age group and in the more deprived population in Wirral during 2017
- Sexual health data can sometimes be incorrectly coded or missing and this can lead to a potential misleading interpretation of data and trends. The coding of data in Wirral needs to be as efficiently and correctly inputted into systems as possible to minimise the risk of errors
- In the future, developing a greater insight from the better coded data for certain sexual health indicators could help to highlight and target at risk populations
- While we have good and improving services in Wirral to a wide variety of sexual health issues there are some areas that require continued development particularly in relation to women's reproductive health

Contents

What do we know?

Why is this important?

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) (including HIV) and abortion. Good sexual health is important to individuals and to society, but provision of sexual health services (SHSs) is complex. Sexual lifestyles in Britain have changed substantially in recent decades, with changes in behaviour greater among women than men.

Age at first heterosexual intercourse has decreased, the number of sexual partners has increased and attitudes toward same-sex partnerships have become more tolerant (Mercer et al, 2013). Sexual activity continues into later life meaning SHSs need to implement a life course approach.

Although significant progress has been made to improve sexual health in England such as a decrease in teenage pregnancy rates and better STI diagnostic tests, there are still major improvements to be made. Effective SHSs can lead to a large economic benefit, for example it has been estimated that for every £1 spent on contraception services then at least £9 is saved in other healthcare costs (Public Health England, 2018).

Over the past decade, diagnoses of gonorrhoea, syphilis and genital herpes have considerably increased in England, most notably among males, whereas diagnoses of genital warts have considerably decreased among females.

The burden of sexually transmitted infections (STIs) is greatest in young people age 15-24 years, black ethnic minorities, and men who have sex with men (MSM). National rates of sexual offences have been rapidly increasing and abortion rates have remained consistent. These patterns are also reflected in Wirral, often presenting poorer sexual health outcomes than England's average.

Facts, figures and trends (Wirral and beyond)

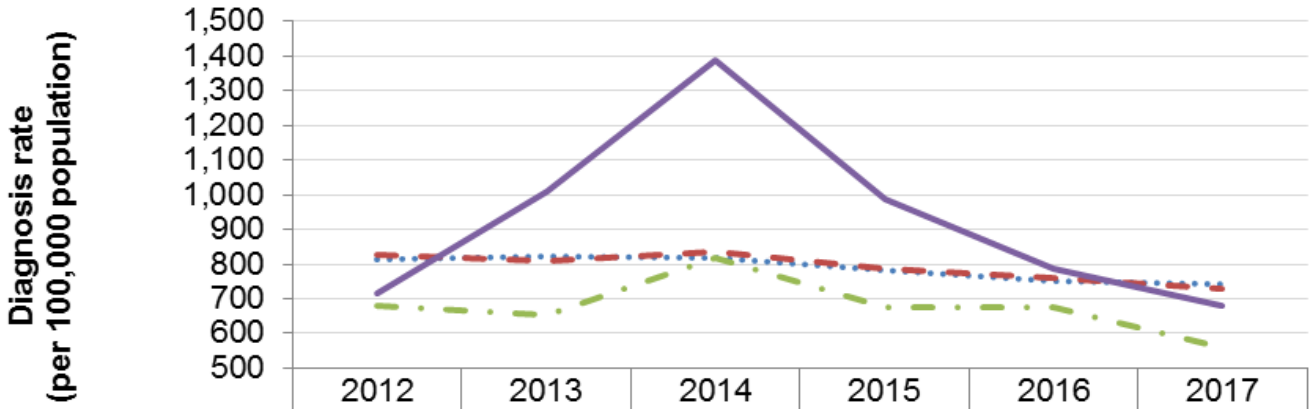
Sexually Transmitted Infections

Total number

2,198 new sexually transmitted infections (STIs) were diagnosed in Wirral residents during 2017 at a rate of 682 per 100,000 residents. This is lower than the national rate of 743 per 100,000. In previous years roughly 45% of these diagnoses were in men and 55% among women. Estimates shows 60% of new diagnoses were in young people aged 15-24 years old - greater than the previous national average of 50%.

Figure 1 shows that nationally and regionally, the rate of all new STI diagnoses have steadily decreased since 2012 yet diagnosis rates in Wirral increased sharply until 2014 (almost doubling in this time) but have since been sharply decreasing. A similar pattern was seen in Sefton, Wirral's nearest statistical neighbour, but Sefton's new STI diagnosis rates have consistently remained below or similar to national and regional averages. Note a data quality issue or coding error may have occurred in 2014 so results should be interpreted with caution.

Figure 1: All new STI diagnosis rate per 100,000 population, Wirral, persons, 2012 to 2017



	2012	2013	2014	2015	2016	2017
England	815	823	818	783	751	743
North West	825	810	836	786	758	730
Sefton	678	651	817	677	674	558
Wirral	715	1011	1390	989	786	682

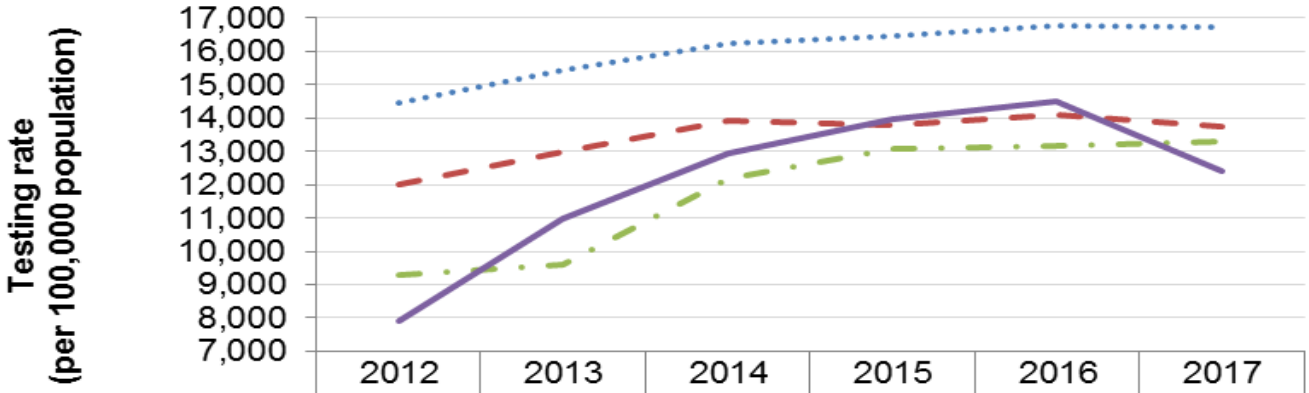
Source: Fingertips, Public Health England (PHE), 2018
Note: Interpret 2014 local authority data with caution due to potential data quality issues.

An estimated 6.4% of women and 5.5% of men in Wirral presenting with new STI's at SHSs during the 5 year period from 2012 to 2017 were infected with a new STI again within 12 months. This is lower than the national average reinfection rates of 7.0% of women and 9.4% of men during the same period were infected with a new STI again within 12 months in England.

Partner Notification of Index Cases (i.e. informing current and past partners of their potential exposure to an STI) is mandated to reduce harm reduction and to promote safer sex messages. It is a time-consuming task but with skilled advisors a reduction of re-infection and primary infection can be achieved. There is renewed emphasis to exploit and update PN patient processes within services. Social media has changed sexual behaviours with regard to 'hook-up'. Harnessing the media used to meet sexual partners to alert them that a sexual partner is infected is in development stages at a few sites in England.

The rate of STI testing has increased nationally and in Wirral since 2012, shown in Figure 2. 2017 is the first year in which Wirral has seen a decline in the number of tests completed. In 2017, the rate of STI testing (excluding chlamydia in under 25 year olds) in SHSs in Wirral was 12,417 per 100,000 population aged 15 to 64 years, a 14.3% decrease from 2016. This is below the national rate of 16,739 per 100,000 indicating that Wirral should aim to further increase targeted STI testing.

Figure 2: STI testing rate (excluding chlamydia in under 25 year olds) per 100,000 population aged 15 to 64 years, Wirral, persons, 2012 to 2017

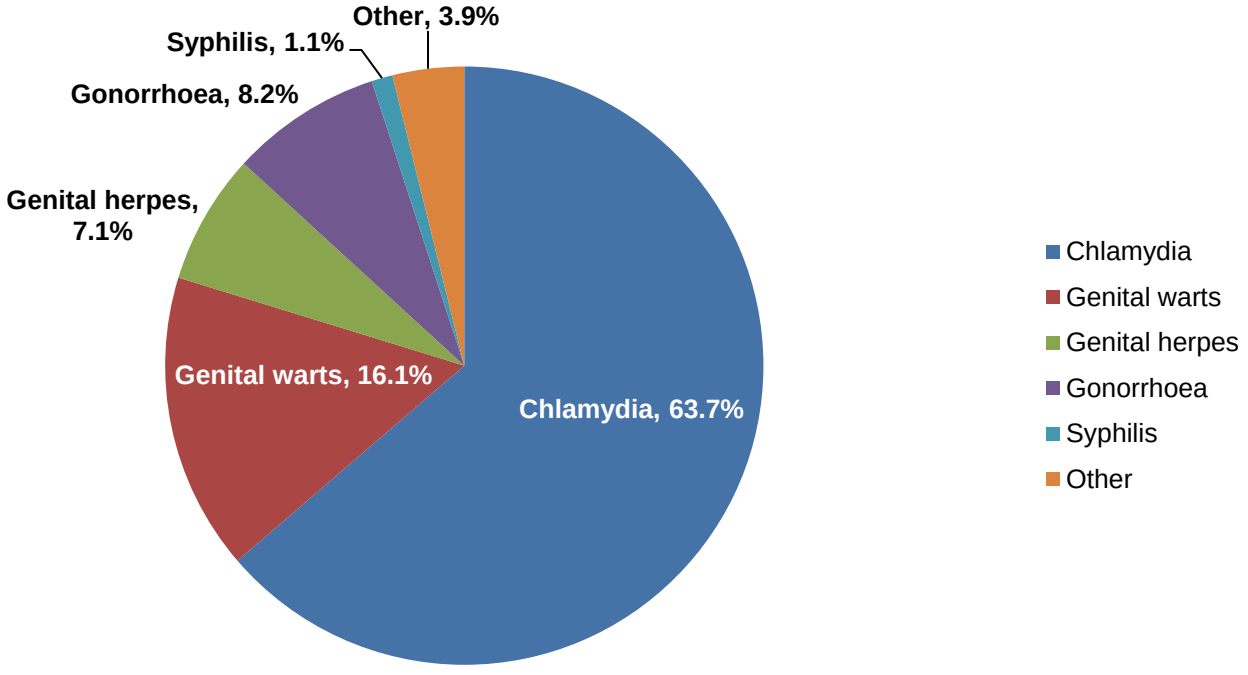


	2012	2013	2014	2015	2016	2017
England	14476	15430	16219	16452	16784	16739
North West	11990	12971	13933	13783	14104	13736
Sefton	9299	9598	12195	13090	13183	13308
Wirral	7929	10983	12920	13962	14497	12417

Source: Fingertips, Public Health England (PHE), 2018

Chlamydia was the most commonly diagnosed STI among all Wirral residents during 2017, accounting for 63.7% of all diagnoses, followed by genital warts and gonorrhoea as shown in Figure 3. There were a much higher proportion of chlamydia diagnoses in Wirral than nationally, as only 48.6% of all STI diagnoses nationally were chlamydia in 2017. This could indicate better chlamydia screening in Wirral or higher rates of infection.

Figure 3: Proportion of STIs diagnosed in Wirral, all persons, 2017



Source: Fingertips, Public Health England (PHE), 2018

Chlamydia

Chlamydia is the most commonly diagnosed bacterial STI in England (Public Health England, 2018), but is most often asymptomatic. If left untreated, it can cause acute infections and complications including pelvic inflammatory disease, ectopic pregnancy and infertility.

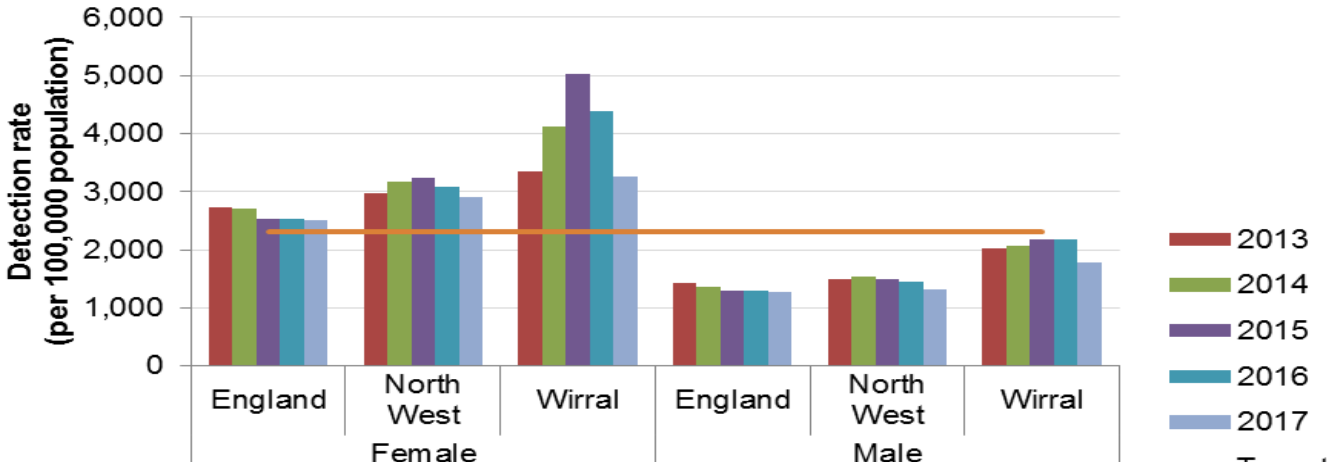
Since implementing the National Chlamydia Screening Programme (NCSP) in 2008, diagnosis rates of chlamydia have increased nationally and locally in Wirral. National rates are substantially higher in young adults than any other age group. The NCSP therefore recommends screening for all sexually active people under 25 annually or on change of partner.

Public Health England (PHE) recommends local authorities should aim for a detection rate of at least 2,300 per 100,000 population aged 15-24. Wirral exceeded the target detection rate in 2017, with a local chlamydia detection rate among young people aged 15-24 years of 2,563 per 100,000, almost 40% higher than the national rate of 1,882 per 100,000. Wirral's detection rate was the 17th highest out of 326 local authorities in England.

Just under a quarter of 15-24 year olds in Wirral were tested for chlamydia in 2017 and 10.6% of these tests were positive, slightly higher than the national rate of 9.7%.

Figure 4 shows detection rates have been decreasing over time in Wirral as have the national and regional rates, suggesting there is a possible decreased local control activity (it is not a measure of morbidity). Figure 4 also highlights that rates are almost twice as high among females compared to males aged 15-24 years.

Figure 4: Chlamydia detection rate per 100,000 population aged 15-24 years old by sex, 2012 to 2017



	Female			Male		
	England	North West	Wirral	England	North West	Wirral
2013	2737	2967	3342	1436	1499	2017
2014	2701	3179	4122	1368	1532	2071
2015	2529	3228	5028	1294	1500	2176
2016	2529	3075	4392	1290	1440	2169
2017	2502	2897	3269	1264	1323	1775
Target	2300	2300	2300	2300	2300	2300

Source: Fingertips, Public Health England (PHE), 2018

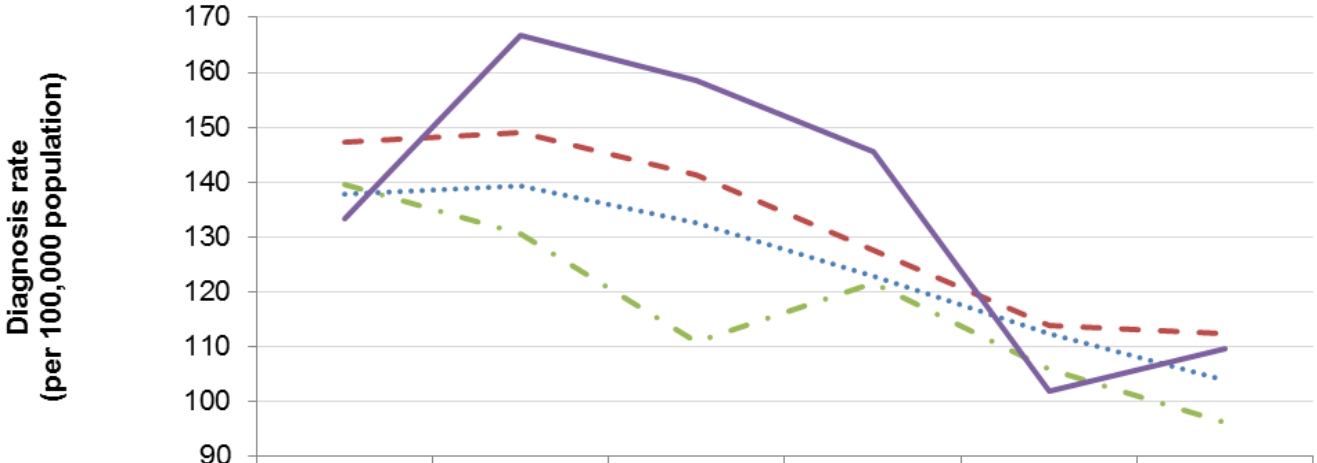
Genital warts

Genital warts are the second most commonly diagnosed STI in the UK (Public Health England, 2018), caused by infection with specific subtypes of human papillomavirus (HPV). There were 353 cases of genital warts in Wirral during 2017. Figure 5 shows that the diagnosis rate of genital warts has been sharply decreasing nationally and in Wirral since 2013, with Wirral's rates decreasing by almost 39% in this period, resulting in being below the national and regional average rates in 2016.

In 2017 Wirral's rates have increased for the first time since 2013 and are now above the national average. Diagnosis rates of genital warts in Wirral were also higher than Sefton (Wirral's nearest statistical neighbour) between 2013 and 2015. Rates were then similar in 2016 but in 2017 Wirral's rates have increased while Sefton's have continued to decrease.

This needs further exploration as the overall decrease in genital warts diagnoses nationally and locally may be due to a moderately protective effect of the HPV-16/18 vaccination which has been given to girls aged 12 to 18 years old since 2008.

Figure 5: Genital warts diagnosis rate per 100,000 population, persons, 2012 to 2017



	2012	2013	2014	2015	2016	2017
England	137.7	139.3	132.7	122.8	112.4	103.9
North West	147.3	149.1	141.4	127.7	113.8	112.4
Sefton	139.5	130.6	111.0	121.5	105.9	96.1
Wirral	133.3	166.8	158.6	145.5	101.8	109.6

Source: Fingertips, Public Health England (PHE), 2018

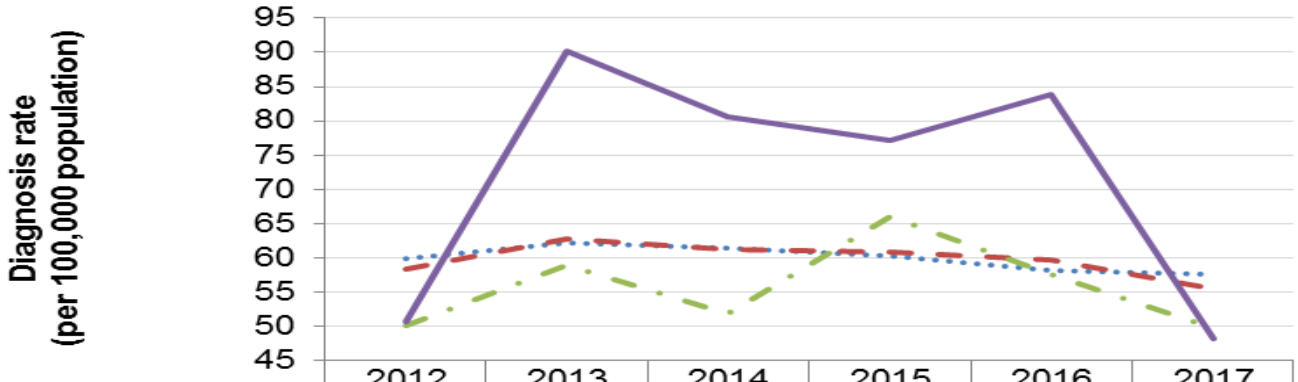
Genital herpes

Genital herpes is the most common ulcerative STI seen in England (Public Health England, 2018). Infections are frequently due to the herpes simplex virus (HSV) type 2, although HSV-1 infection is also seen to cause genital herpes too. Both variations of HSV can be dormant in the body for months or years before symptoms show, with sores returning every few months but becoming less severe and more infrequent over time.

Figure 6 shows that the diagnosis rate of genital herpes in Wirral increased by 66% from 2012, to a rate of 83.8 per 100,000 population in 2016. Any increase in genital herpes diagnoses may be due to the use of more sensitive Nucleic Acid Amplification Tests (NAATs), which may help explain the increased diagnosis rate observed in Wirral and Sefton, Wirral's nearest statistical neighbour.

However, as Figure 6 goes on to show Wirral's rate dropped in 2017 to its lowest recorded rate at 48.1 per 100,000 population. At this point Wirral's rate was lower than both national and regional rates for the first time.

Figure 6: Genital herpes diagnosis rate per 100,000 population, persons, 2012 to 2017



	2012	2013	2014	2015	2016	2017
England	59.8	62.1	61.4	60.3	58.1	57.6
North West	58.3	62.7	61.2	60.8	59.7	55.4
Sefton	50.0	58.9	51.9	66.0	57.5	49.8
Wirral	50.6	90.1	80.6	77.1	83.8	48.1

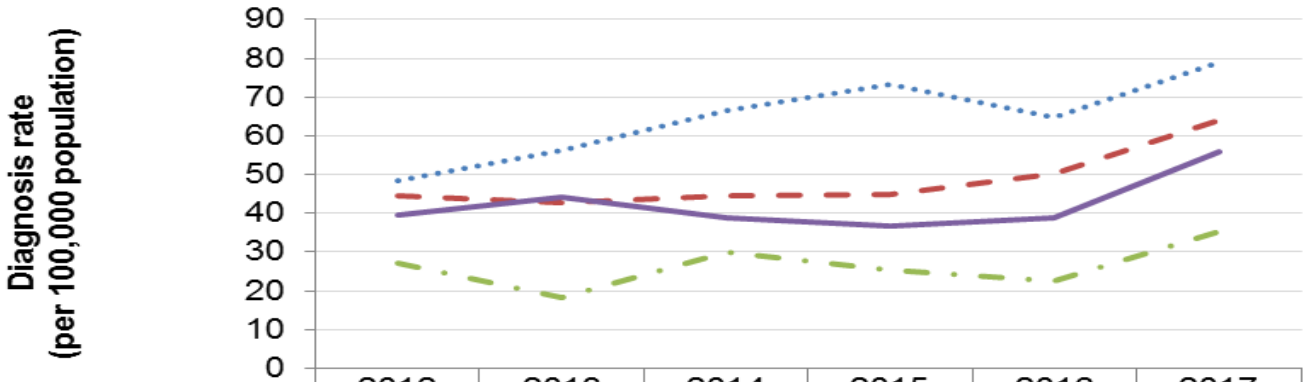
Source: Fingertips, Public Health England (PHE), 2018

Gonorrhoea

Gonorrhoea causes reproductive and sexual ill-health including infertility. It is treated with antibiotics, but treatment is becoming less effective as some strains of gonorrhoea are now drug resistant. 180 people in Wirral were diagnosed with gonorrhoea during 2017, resulting in a diagnosis rate of 55.9 per 100,000, 41% lower than the national rate of 78.8 per 100,000 (Figure 7).

Diagnosis rates of gonorrhoea in Wirral have remained relatively stable since 2012. In 2017 however, the diagnosis rate increased to the highest it's been since 2013; but this is also the case for Sefton, England and the North West. The increase in gonorrhoea diagnoses may be due to the increased use of highly sensitive Nucleic Acid Amplification Tests (NAATs) and additional screening of extra-genital sites in men who have sex with men (MSM).

Figure 7: Gonorrhoea diagnosis rate per 100,000 population, persons, 2012 to 2017



	2012	2013	2014	2015	2016	2017
England	48.6	56.2	66.5	73.2	64.8	78.8
North West	44.5	42.7	44.6	44.7	50.1	64.0
Sefton	27.0	18.3	29.9	25.2	22.6	35.3
Wirral	39.6	44.0	38.9	36.7	38.8	55.9

Source: Fingertips, Public Health England (PHE), 2018

In Wirral, an estimated 1.7% of women and 5.1% of men diagnosed with gonorrhoea at a SHS between 2013 and 2017 became infected with gonorrhoea again within 12 months.

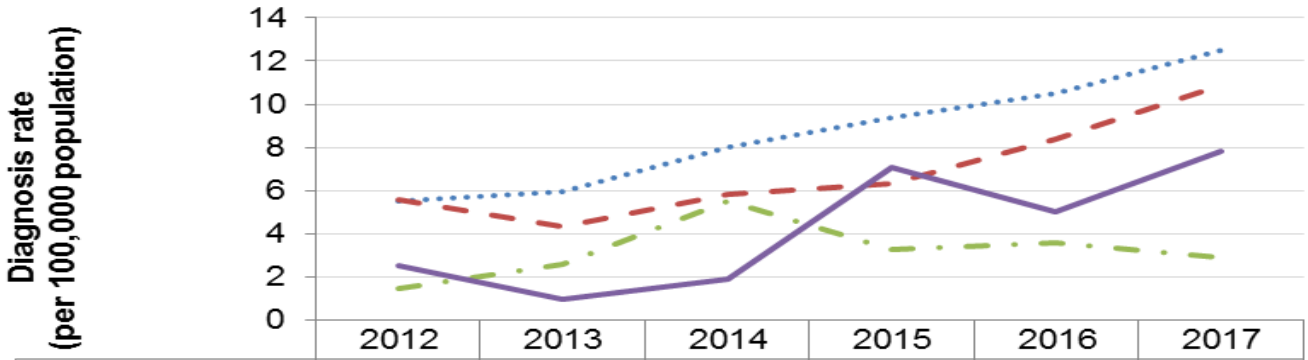
These proportions were much lower than national averages, an estimated 3.7% of women and 11.1% of men during the same time period were infected with gonorrhoea again within 12 months in England.

Syphilis

Syphilis is a bacterial infection usually treated with a short course of antibiotics. It is a particularly important public health issue among men who have sex with men (MSM) who are disproportionately affected. It does also impact heterosexuals too.

Figure 8 highlights that diagnosis rates of syphilis have been increasing nationally and locally, with Wirral's rates trebling from 2012 to 2017, reaching a diagnosis rate of 7.8 per 100,000 population due to 25 people being diagnosed. However, diagnosis rates in Wirral remain below national and North West averages. It is worth noting that rates of syphilis in 2017 were significantly higher in London (38.7 per 100,000 population) than elsewhere in the country, accounting for over half of all national diagnoses.

Figure 8: Syphilis diagnosis rate per 100,000 population, persons, 2012 to 2017



	2012	2013	2014	2015	2016	2017
England	5.5	6.0	8.0	9.4	10.5	12.5
North West	5.5	4.4	5.8	6.3	8.4	10.9
Sefton	1.5	2.6	5.5	3.3	3.6	2.9
Wirral	2.5	0.9	1.9	7.1	5.0	7.8

Source: Fingertips, Public Health England (PHE), 2018

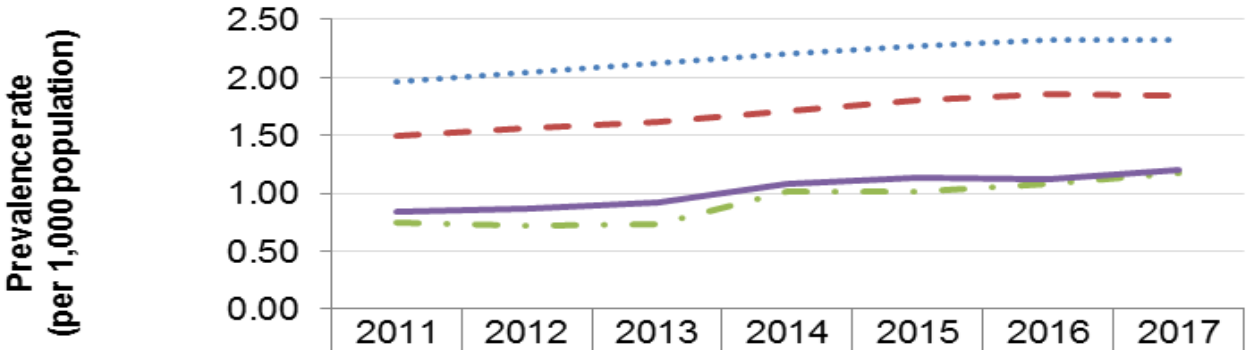
Human Immunodeficiency Virus (HIV)

Human Immunodeficiency Virus (HIV) is a virus that infects and destroys cells in the body needed for combating infections, leaving individuals susceptible to disease. It is a potentially life-threatening illness for which there is no cure. However, advancements in antiretroviral therapy (ART) have enabled HIV positive individuals in the UK to have a near normal life expectancy if HIV is diagnosed promptly and well managed.

HIV is transmitted through infected blood, semen, vaginal fluids or breast milk. The main methods of transmission are via vaginal or anal intercourse without a condom or sharing a needle with an HIV positive individual.

In 2017, 212 people in Wirral were living with a positive HIV diagnosis. Wirral had an HIV prevalence rate of 1.2 per 1,000 population aged 15-59 years in 2017. Figure 9 shows that HIV prevalence has increased in Wirral since 2011, following national and regional trends, but national rates still remain twice as high.

Figure 9: HIV diagnosed prevalence rate per 1,000 population aged 15-59 years, persons, 2011 to 2017

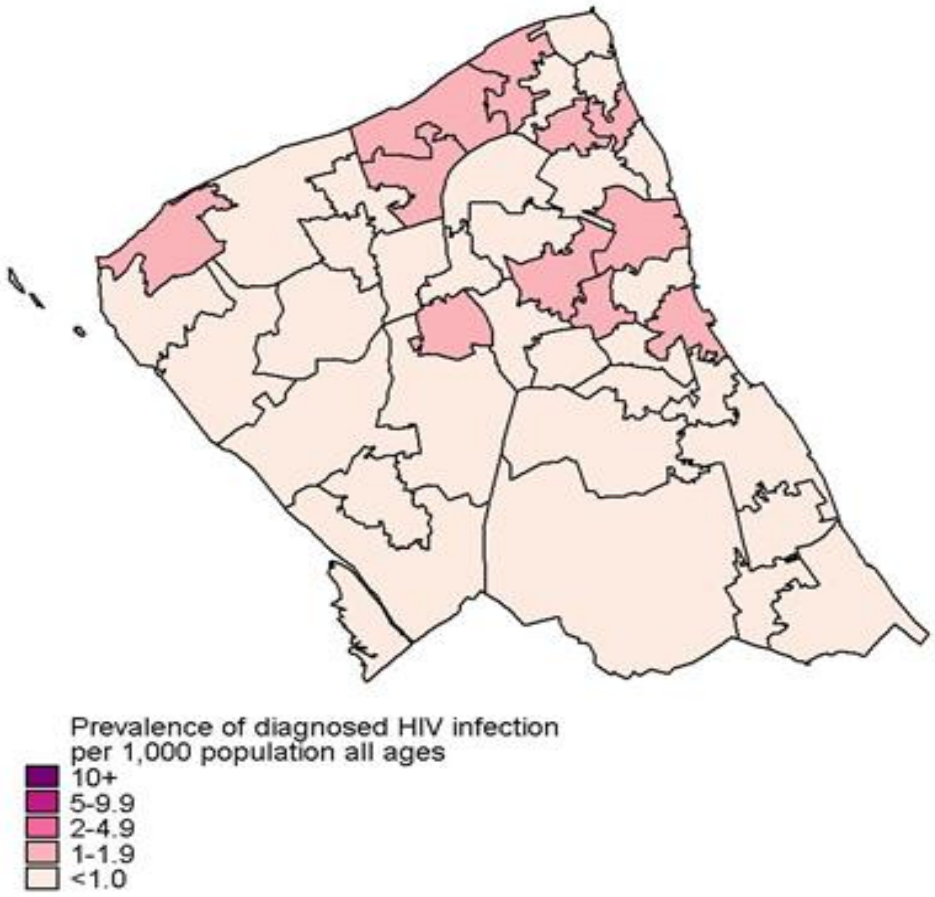


	2011	2012	2013	2014	2015	2016	2017
England	1.96	2.05	2.12	2.21	2.27	2.32	2.32
North West	1.50	1.57	1.62	1.71	1.81	1.86	1.85
Sefton	0.75	0.72	0.74	1.01	1.01	1.08	1.17
Wirral	0.84	0.87	0.92	1.08	1.14	1.12	1.20

Source: Fingertips, Public Health England (PHE), 2018

Prevalence of HIV in Wirral varies by area as shown in Figure 10, with higher prevalence rates concentrated towards the east of Wirral. This area is more deprived (also see Figure 20 as *map of new STI diagnoses per 100,000 population and deprivation by Lower Layer Super Output Area (LSOA) in Wirral, persons, 2017*), which is expected as there is a known association between deprivation and HIV (see 'risk factors' section for more information).

Figure 10: Map showing prevalence of diagnosed HIV per 1,000 population in Wirral by Middle Super Output Area (MSOA), all ages, persons, 2017



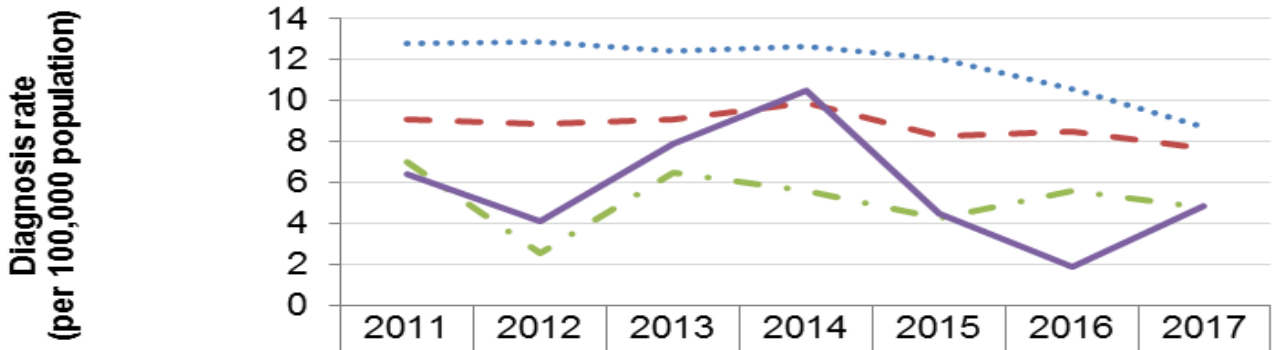
Source: LASER 2017, PHE.

Figure 11 shows that Wirral's rate of new HIV diagnosis has fluctuated since 2011, peaking in 2014, and then decreasing sharply to 1.9 per 100,000 in 2016 when only 5 people in Wirral aged 15+ were newly diagnosed with HIV. In 2017 Wirral experienced a small increase back up to 4.9 per 100,000 but this still remains below both the North West and England average. This trend was also observed in Sefton, but nationally there has been a steady decrease in the rate of new HIV diagnosis decreasing to 8.7 per 1,000 population in 2017. The national rate is still nearly two times larger than Wirral's rate.

HIV pre exposure prophylaxis (PrEP) is a recognised method of reducing the risk of acquiring HIV infection. Clinical trials suggest that if HIV negative people take PrEP before sexual activity their risk of getting HIV is greatly reduced (Terrence Higgins Trust, 2018). Clinical guidelines on the use of PrEP are now available here.

The PrEP Impact Trial is a new component of PHE's HIV Prevention Programme. The three year trial began in October 2017 and consists of 10,000 participants, addressing outstanding questions on PrEP need, uptake and duration of use in those at high risk of HIV acquisition in England. The trial is recruiting those most at risk of HIV infection and has successfully recruited large numbers of MSM across England. Wirral Sexual Health is actively recruiting into the trial; to date at risk groups other than MSM have been less likely to participate in the trial.

Figure 11: New HIV diagnosis rate per 100,000 population aged 15+ years, persons, 2011 to 2017



	2011	2012	2013	2014	2015	2016	2017
England	12.8	12.9	12.4	12.6	12.1	10.6	8.7
North West	9.1	8.9	9.1	9.9	8.3	8.5	7.7
Sefton	7.0	2.6	6.5	5.6	4.3	5.6	4.8
Wirral	6.4	4.2	7.9	10.5	4.5	1.9	4.9

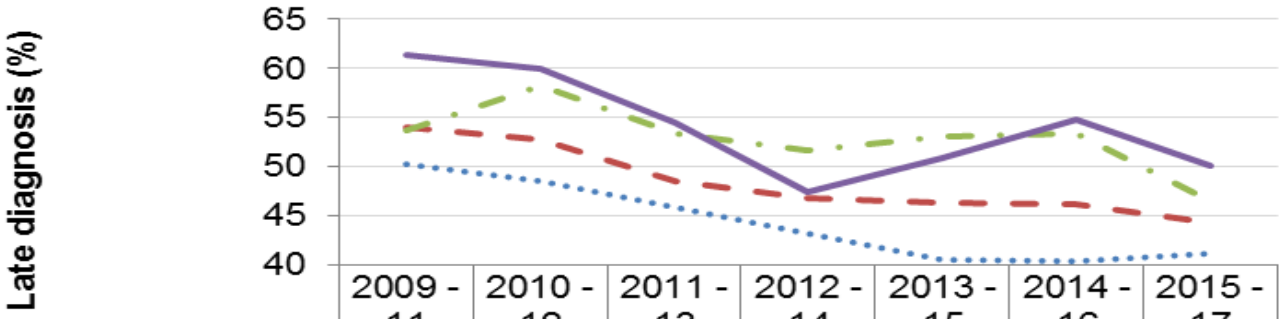
Source: Fingertips, Public Health England (PHE), 2018

Late diagnosis (CD4 cell count less than 350 cells per mm^3) is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a tenfold risk of death compared to those diagnosed promptly (Public Health England, 2018). Therefore, there is a strong emphasis on the early diagnosis of HIV as not only is it easier to treat but enables the reduction of onwards transmission.

Figure 12 shows the percentage of late HIV diagnosis has decreased nationally and locally since 2009-11, with national rates reaching the low 40's% in 2015-17. Wirral followed this decreasing trend until 2012-14, where rates began to increase and reached 58% in 2014-16- 18% more than the national average. In spite of a detailed look back at the data it has not been possible to establish the cause of the 2014 spike and the data should be viewed with caution due to possible coding issues.

Interestingly, Sefton, Wirral's nearest statistical neighbour, appeared to roughly mirror Wirral's trend.

Figure 12: Percentage of adults newly diagnosed with HIV with a CD4 count less than 350 cells per mm^3 (late diagnosis), persons, 2009-11 to 2015-17



	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17
England	50.2	48.5	45.8	43.2	40.5	40.4	41.1
North West	54.0	52.7	48.5	46.8	46.3	46.2	44.2
Sefton	53.7	58.3	53.3	51.7	53.1	53.3	46.4
Wirral	61.3	60.0	54.5	47.4	50.9	54.8	50.0

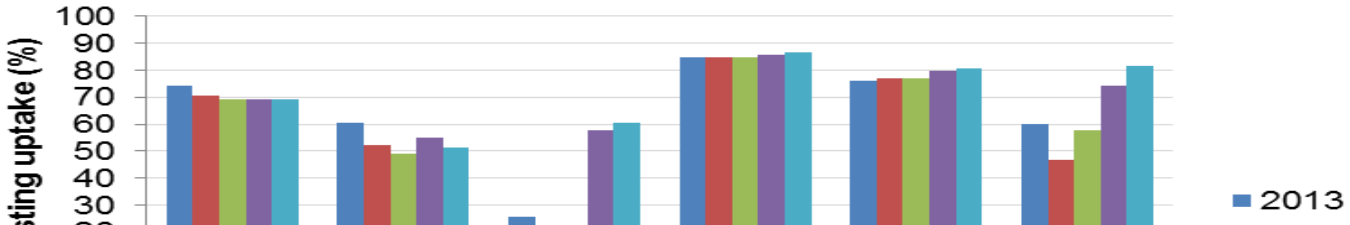
Source: Fingertips, Public Health England (PHE), 2018

It is estimated that 13% of people living with HIV in England are undiagnosed and unaware of their infection (Public Health England, 2018), equating to about 25 additional people in Wirral aged 15-59 years old. This highlights the importance of HIV testing to reduce undiagnosed infection and late diagnosis, in addition to reducing the risk of HIV transmission. In 2017, a HIV test was offered at 91.2% of eligible attendances at specialist Sexual Health Services (SHS) among residents of Wirral and, where offered, an HIV test was performed in 69.6% of these attendances. This is higher than the national average uptake of 78.50%. Among MSM in Wirral, a group disproportionately affected by HIV (see 'risk factors' section below), 92.6% who were offered a test accepted in 2017, an 7.6% increase on 2012 figures and similar to the national rate of 94.8%.

There was a gender variation in testing uptake as shown in Figure 13, with males having a higher testing uptake percentage than females nationally and in Wirral. As previously mentioned, Wirral's data should be interpreted with caution due to coding issues from 2013 to 2015.

Up until 2015 Wirral had a decreasing trend for the uptake of HIV testing, then from 2016 the uptake began to rise for both sexes. This is unlike the national and regional trend data which remained static as Wirral's testing numbers continued to increase.

Figure 13: HIV testing uptake* percentage by sex, 2012 to 2017.



	Females			Males		
	England	North West	Wirral	England	North West	Wirral
2013	74.3	60.5	25.7	84.8	76.3	60.2
2014	70.6	52.4	15.5	84.6	76.9	46.8
2015	69.0	49.0	21.1	84.8	77.2	57.8
2016	69.1	54.9	57.5	85.7	79.8	74.4
2017	69.2	51.1	60.3	86.8	80.5	81.5

Source: Fingertips, PHE, 2018.
*Defined as the number of 'Eligible new episodes' where a HIV test was accepted in a SHS clinic as a proportion of those where a HIV test was offered. Multiple episodes of HIV test offer and uptake are included per individual within a year.
Note: Data quality coding issues for Wirral data from 2013 to 2015 so interpret with caution.

The offer of online ordering of a HIV test both locally and nationally is proving increasingly popular although data is still inconclusive with regard to whether it is the 'worried well' and curious ordering a test rather than those who are seriously at risk. In Wirral there have been no reactive tests resulting from the online service. Making tests widely available supports an approach to normalise testing and reducing stigma.

Cervical cancer

The NHS cervical screening programme is available to women aged 25 to 64 in England. The aim of the NHS Cervical Screening Programme is to reduce the incidence of and mortality from, cervical cancer by delivering a systematic, quality assured population-based screening programme for eligible women. Since the screening programme was introduced in the 1980's the number of cervical cancer cases has decreased by about 7% each year.

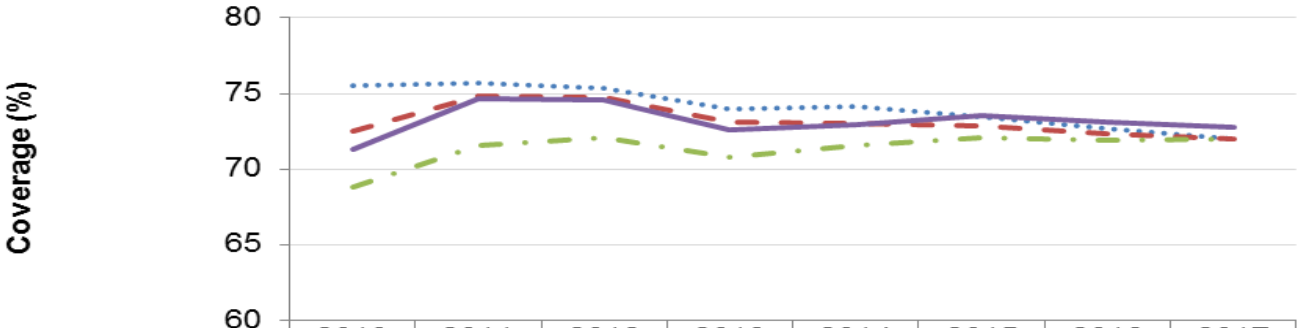
All eligible women registered with a GP automatically receive an invitation by post; women aged 25 to 49 receive invitations every three years and women aged 50 to 64 receive invitations every five years. The core cervical screening offer is in primary care but Sexual Health Wirral is commissioned by NHS England to undertake a number of screens each year to facilitate patient choice.

Almost all cancer of the cervix is linked to particular strains of the sexually transmitted human papillomavirus infection (HPV). Only about 2% of female cancers affect the cervix (Cancer Research UK, 2014) but cervical cancer can take many years to fully develop meaning screening is key to prevent and detect the cancer at earlier, more treatable stages. Risk factors for cervical cancer include: older age, pregnancy at a young age, multiple sexual partners and smoking (Cancer Research UK, 2018).

During 2011-13 in Wirral, the most up to date data available, 55 women received a cervical cancer diagnosis, leading to a registration rate of 11.2 per 100,000, slightly above England's rate of 9.6 per 100,000. The HPV immunisation programme was introduced in 2008 for secondary school year 8 females (12-13 years of age) to protect them against the main causes of cervical cancer. The HPV vaccine is administered in two doses, 6-12 months apart. Latest data for 2017/18 shows that 86.9% of girls (aged 12-13 years) received the full vaccination in Wirral, slightly higher than national and regional rates of 83.8% and 83.6% respectively.

Cervical cancer screening coverage has fluctuated nationally and locally since 2010 (Figure 14), with Wirral's coverage slightly increasing over this period, reaching 72.8% in 2017, higher than England's average coverage of 72.0%. This fluctuating pattern is also roughly mirrored regionally and in Sefton.

Figure 14: Percentage of eligible women aged 25-64 who have undergone cervical screening within the recommended time period, females, 2010 to 2017

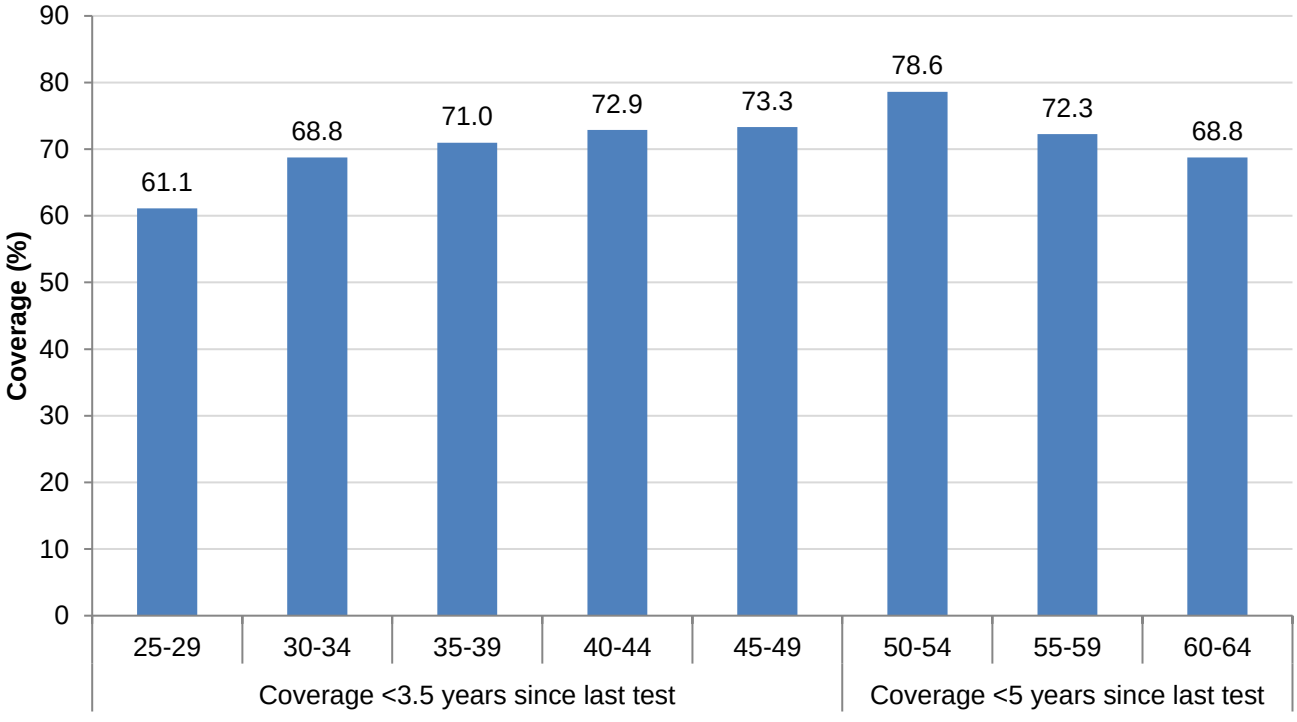


	2010	2011	2012	2013	2014	2015	2016	2017
England	75.5	75.7	75.4	73.9	74.2	73.5	72.7	72.0
North West	72.5	74.9	74.8	73.1	73.0	72.8	72.3	72.0
Sefton	68.8	71.6	72.1	70.8	71.6	72.1	71.9	72.0
Wirral	71.3	74.6	74.6	72.6	72.9	73.5	73.1	72.8

Source: Fingertips, Public Health England (PHE), 2018

Although screening can prevent up to 75% of all cervical cancer from developing, multiple barriers have been identified for attending screening such as embarrassment, discomfort, and 70% of women surveyed did not think screening reduced risk of cervical cancer (Jo's Cervical Cancer Trust, 2018). These barriers particularly affect the 25-29 age group where nationally coverage was only 61.1% in 2018, the lowest proportion out of all age groups (Figure 15). Coverage in England increased with age up to 50-54 years and then began to decline. Unfortunately, an age group breakdown is not currently available for local areas.

Figure 15: Percentage of eligible women aged 25-64 who have undergone cervical screening within the recommended time period by 5 year age group, females, England, 2018



Source: NHS Digital, 2018

Other sexually transmitted infections (STIs)

Hepatitis B is most often acquired sexually in the UK as it is spread through blood and bodily fluids. 453 acute Hepatitis B cases were recorded in England during 2017, with the most commonly reported risk factors being heterosexual exposure and sex between men (MSM). Vaccination can prevent infection and is recommended for MSM, individuals with multiple sexual partners and individuals who place themselves at risk when abroad through sexual activity. The number of people reported with Hepatitis B during 2017 was so low it is not considered a major issue locally (Public Health England, 2018).

Hepatitis C is mainly acquired through drug use in England and is spread in the blood, but also during unprotected sex, particularly anal, meaning MSM are a high risk group. There is no vaccination for Hepatitis C, but regular testing targeted towards high risk groups enables detection and prescription of anti-viral drugs. Five hepatitis C cases were detected in Wirral during 2016, but the hospital admission rate for hepatitis C related end-stage liver disease was 5.6 per 100,000 during 2012/13-14/15, over twice the national rate of 2.4 per 100,000 and higher than the regional rate, perhaps suggesting a need to increase local testing. An outbreak of hepatitis A was identified among MSM in England, continuing into 2017. Wirral providers worked with PHE on a series of control measures targeting the most at risk population and settings with the offer of Hep A vaccination. This work raised awareness of how to prevent infection through hygiene measures and vaccination of MSM attending SHSs. There is currently no cure for hepatitis A but will normally pass on its own within a couple of months.

Some infections are spread faecal-orally during sexual activity, known as sexually transmissible enteric infections (STEI) such as Hepatitis A and Shigella.

Shigella is a type of bacteria that is passed on through infected faeces. There was a previous rise in the number of Shigella cases in MSM in England, but this fell during 2017. Most MSM cases present to primary care rather than Sexual Health Services. Work to raise awareness among MSM of Shigella occurred during 2017 as only a minority of people are thought to be aware of Shigella and how to avoid it. It can be treated with antibiotics.

Hepatitis A is a liver infection caused by a virus that's spread through infected faeces. It's not common in the UK but certain groups are at increased risk; sex that involves contact with faeces is a risk. There's currently no cure for Hepatitis A; it usually gets better on its own within a couple of months.

Sexually Transmitted Infections: Key Messages

- Wirral's Sexually Transmitted Infection (STI) diagnosis rate has been higher than the national and regional rates since 2013 but has been decreasing since 2014 reaching 682 per 100,000 in 2017.
- The rate of STI testing has been increasing in Wirral and nationally since 2012 until 2017 when there has been a decrease, but Wirral has been consistently below the national average.
- Chlamydia detection rates increased in Wirral from 2012 to 2015 but have decreased in the last 2 reported years in contrast to national rates. Rates are almost twice as high among females compared to males aged 15-24 years.
- The diagnosis rate of genital warts has been sharply decreasing nationally and in Wirral since 2013. In 2017 Wirral's rates have increased for the first time since 2013 and are now reporting above the national average.
- The diagnosis rate of genital herpes in Wirral has increased by 66% from 2012 to 2017, in contrast to the national and regional decreasing trend. In 2017 Wirral's rate dropped to its lowest recorded 48.1 per 100,000. Wirral's rate is lower than national and regional averages for the first time in 2017.
- Wirral had a lower diagnosis rate of gonorrhoea than national and regional averages in 2017 of 55.9 per 100,000, but it is above Sefton's rate, Wirral's nearest statistical neighbour.
- Syphilis diagnosis rates have been increasing nationally and locally, with Wirral's rates trebling from 2012 to 2017.
- Human Immunodeficiency Virus (HIV) prevalence has increased in Wirral since 2011, following national and regional trends, and has consistently remained at least half of national rates. There are higher HIV prevalence rates towards the east of Wirral, a more deprived area. Wirral has a higher proportion of late HIV diagnoses than national and regional averages.
- Wirral has a higher proportion of human papillomavirus (HPV) vaccination coverage and cervical cancer screening coverage than national averages. Wirral's cervical cancer registration rate was 11.2 per 100,000 in 2016, higher than the national rate.
- Other STIs such as hepatitis A, B, C, and Shigella are not a large public health issue in Wirral.

Risk factors

Gender

Of those diagnosed with a new STI in Wirral during 2017, 52% were female and 47% were males (gender was unspecified or unknown for 2% of cases).

However, a factor influencing these results is that that 78% of people who attended Wirral Sexual Health Services were female so were more likely to be offered an STI test.

Sexuality

Where sexual orientation was known among men, 21.2% of new STIs in Wirral during 2017 were among gay, bisexual and other men who have sex with men (MSM). Only 2-3% of the male population are thought to identify as MSM (ONS, 2017) meaning they are disproportionately affected by STIs. The number of STI diagnoses in MSM has increased sharply in England over the past decade. This could be due to a combination of factors including condomless sex associated with HIV seroadaptive

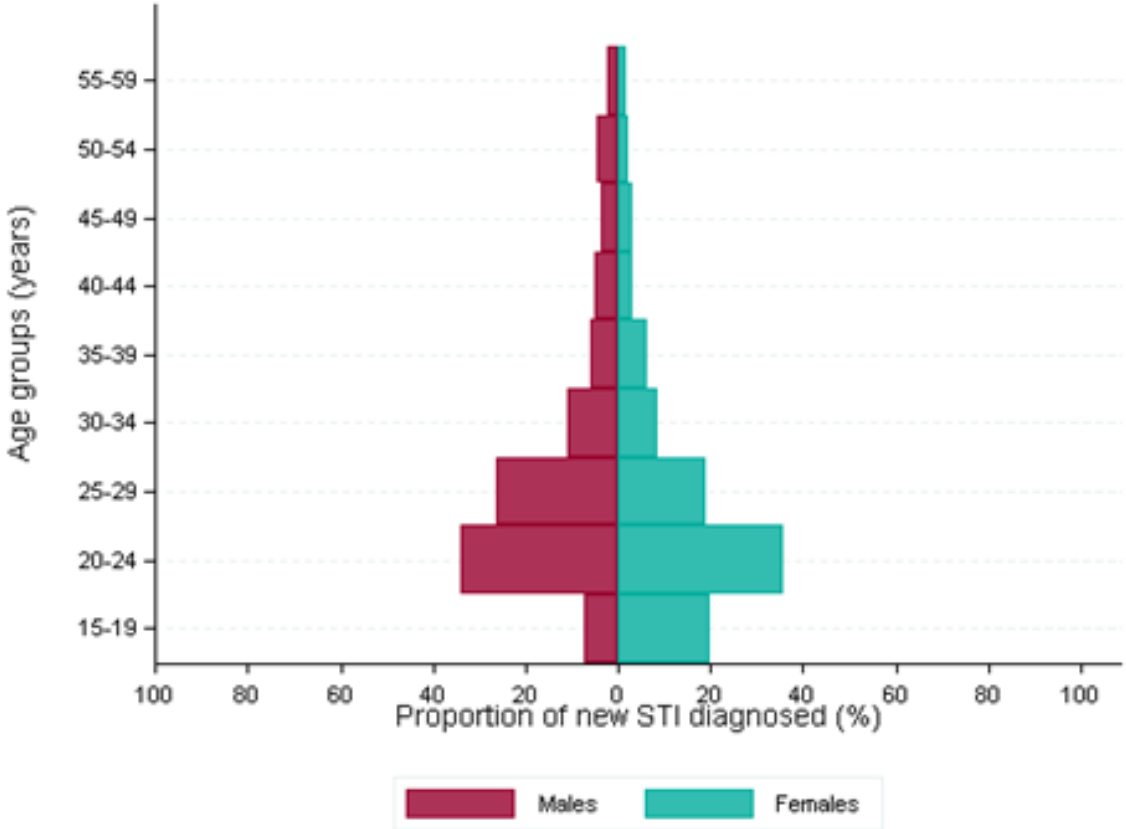
behaviours and 'chemsex' (using drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience).

Age

Nationally, young people experience the highest rates of STIs. This is reflected in Wirral where 56% of new STI diagnoses made in SHSs and non-specialist SHSs in 2017 were among people aged 15-24 years.

Figure 16 highlights that new STI diagnoses peaked at 20-24 years old for both sexes and then decreased with age. It is also known that young people are more likely to become infected again with STIs, potentially because they lack the skills and confidence to negotiate safer sex (LASER 2017, PHE).

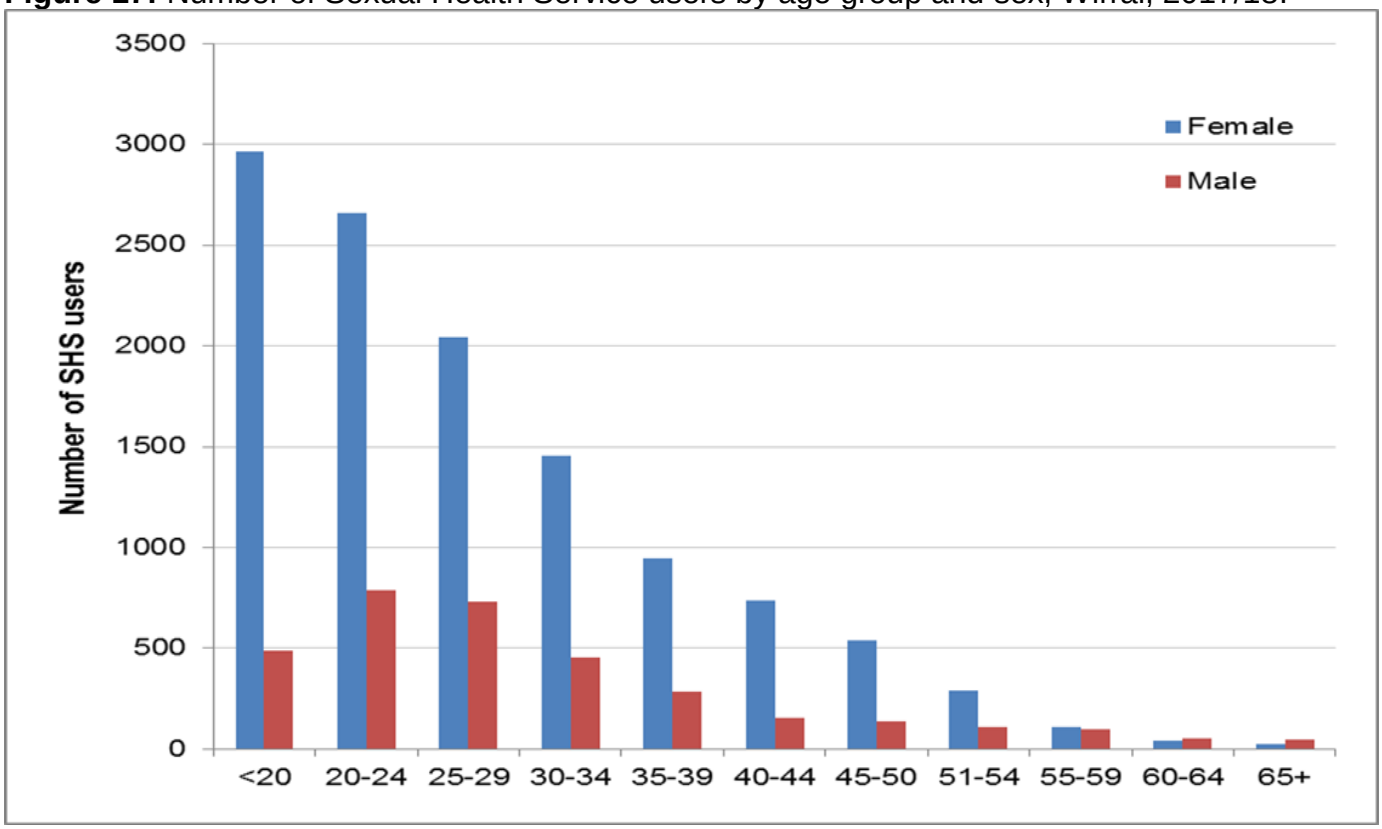
Figure 16: Proportion of new STIs diagnosed by age group and sex, Wirral, 2017



Source: LASER 2017, PHE

Figure 17 shows that in Wirral, the use of SHSs during 2017/18 peaked in the under 20 age group for females and in the 20-24 age group for males. Usage then decreased with increasing age. Almost two-thirds of service users were under 30 years old. Females attended SHSs at an earlier age than males, with 25.1% of female users aged under 20 years compared to 14.6% of males.

Figure 17: Number of Sexual Health Service users by age group and sex, Wirral, 2017/18.

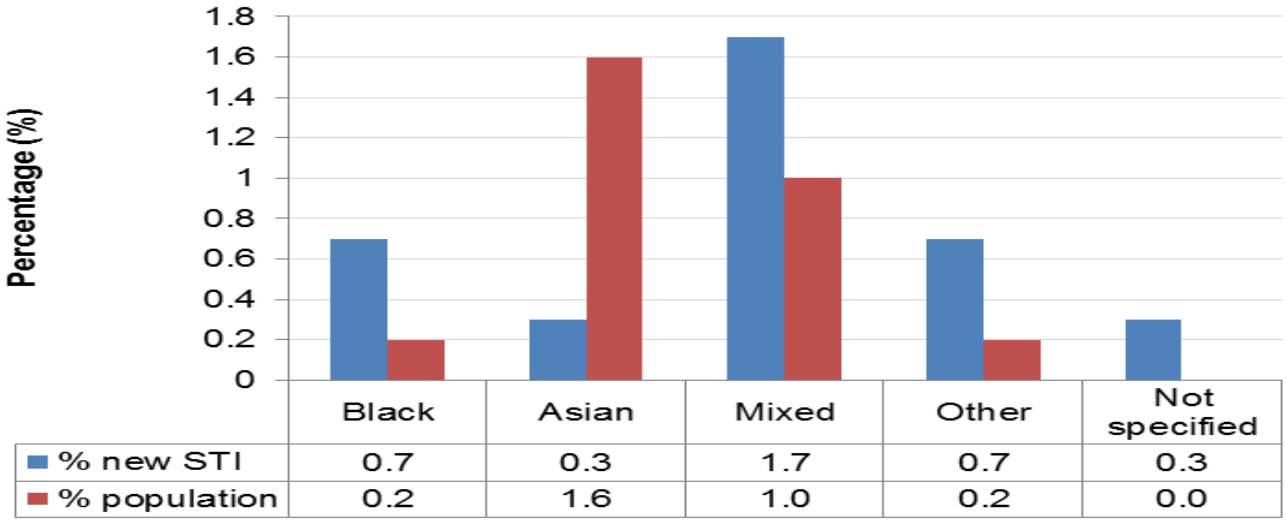


Source: Wirral Intelligence Service, 2018.

Ethnicity

In England, Black, Asian and Minority Ethnic (BAME) residents are disproportionately affected by STIs. 96.2% of new STI diagnoses in Wirral during 2016 were among people of White ethnicity. 97% of Wirral's population is White, meaning this ethnic group is slightly underrepresented. Only 0.2% of Wirral's population is of Black ethnicity, but 0.7% of new STI diagnoses in Wirral were made among Black residents, showing that they're disproportionately affected by STIs. This is also the case for other ethnic minority groups as shown in Figure 18, indicating services should do more to engage with local BAME residents to understand their needs and address concerns. 3% of SHS users in Wirral were of a non-white ethnicity during 2016/17 and about 3% of Wirral's population is non-white, indicating that a similar proportion of BAME residents attend SHSs as white residents.

Figure 18: Percentage of new STI diagnoses and percentage of population by Black, Asian and Minority Ethnic (BAME) groups, persons, Wirral, 2016.



	Black	Asian	Mixed	Other	Not specified
% new STI	0.7	0.3	1.7	0.7	0.3
% population	0.2	1.6	1.0	0.2	0.0

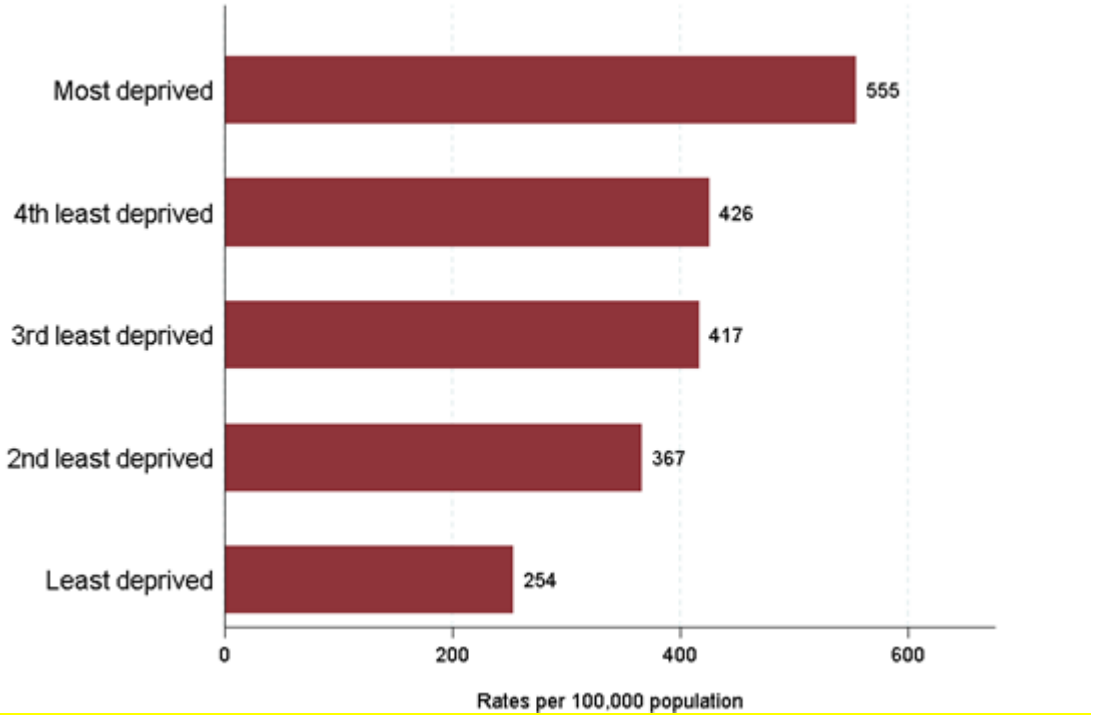
Source: Laser Report 2016, (LASER used NOMIS population data to inform figure 18 above

Deprivation

Socioeconomic deprivation is a known determinant of poor health outcomes, including sexual health.

There is a strong positive correlation between rates of new STI diagnoses and deprivation across England, and in Wirral, with rates of new STI diagnoses increasing with increasing deprivation as shown in Figure 19.

Figure 19: New STI diagnoses per 100,000 population by Index of Multiple deprivation quintile, persons, Wirral, 2017.

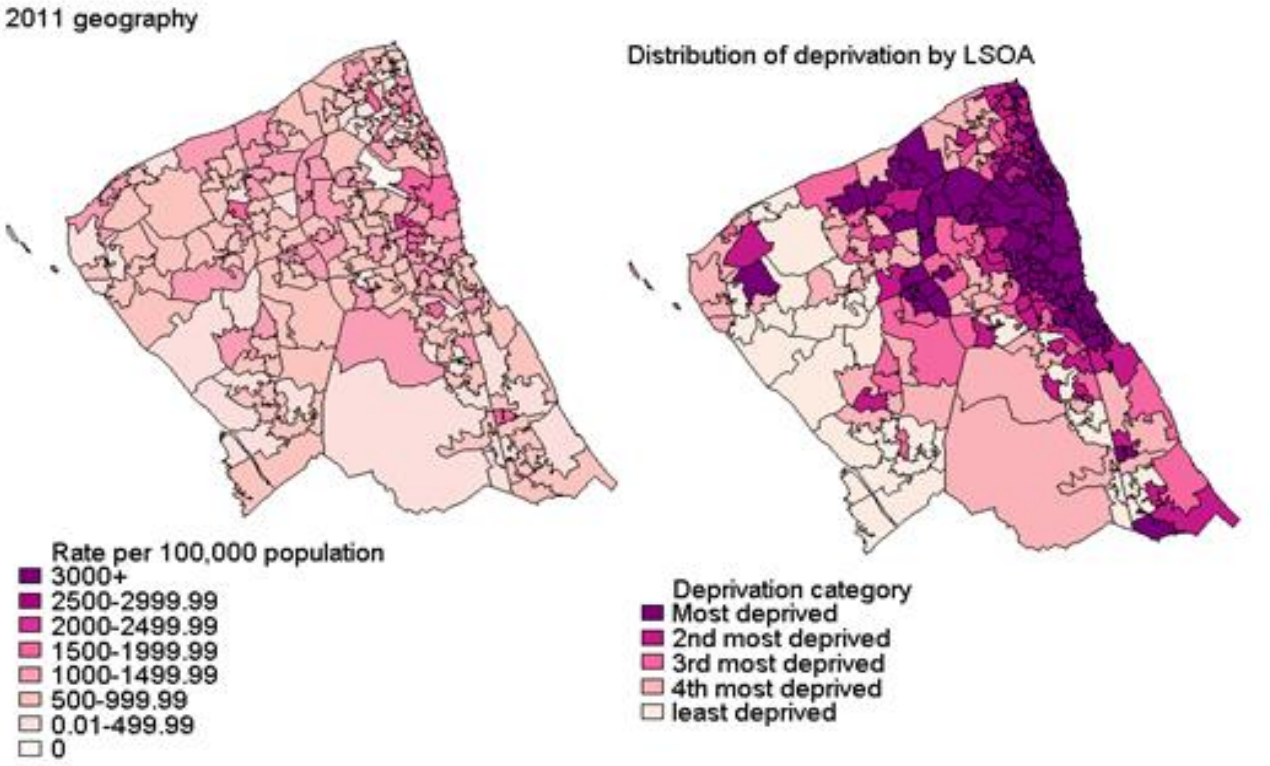


Source: LASER 2017, PHE.

Figure 20 depicts the association of STIs and deprivation, with the darker colours representing higher rates of STI diagnoses or more deprived areas, both concentrated towards the east of Wirral. This is due to a number of factors including provision of and access to health services, education, health awareness, health-care seeking behaviour and sexual behaviour.

Figure 20 also highlights the fact that sexual health services should be within easy reach in places where they are most needed and must offer support to deal with the underlying issues that lead to poor sexual health to reduce inequalities within the population.

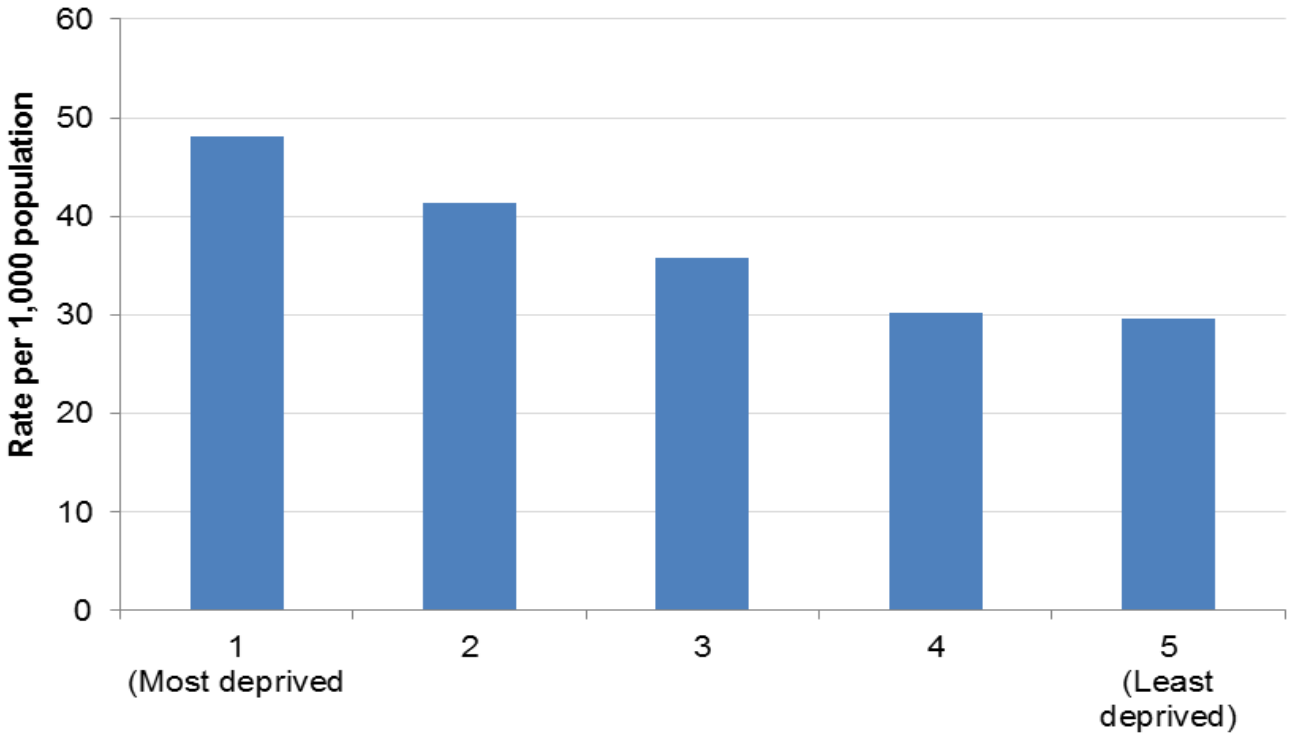
Figure 20: Maps of new STI diagnoses per 100,000 population and deprivation by Lower Layer Super Output Area (LSOA) in Wirral, persons, 2017.



Source: LASER 2017, PHE.
Note: Data from routine specialist and non-specialist sexual health services' returns to the GUMCAD STI Surveillance System. Excludes chlamydia data from routine non-specialist sexual health services' returns to the CTAD Chlamydia Surveillance system (CTAD). Rates based on the 2011 ONS population estimates. Deprivation quintiles generated from Index of Multiple Deprivation (IMD) scores 2011. Excludes chlamydia diagnoses made outside SHS.

Figure 21 shows that people in the most deprived quintile of Wirral were most likely to attend SHSs during 2017/18, and attendance decreased with decreasing deprivation. This highlights that services are targeting the more deprived local population who are in the most need of SHSs.

Figure 21: Rate of Sexual Health Service attendance per 1,000 population by IMD deprivation quintile, persons, Wirral, 2017/18.



Source: Wirral Intelligence Service, 2018 (using provider data)
Note: 12% of Sexual Health Service attendances did not have the required information to calculate deprivation quintile so have been excluded.

Risk factors: Key Messages

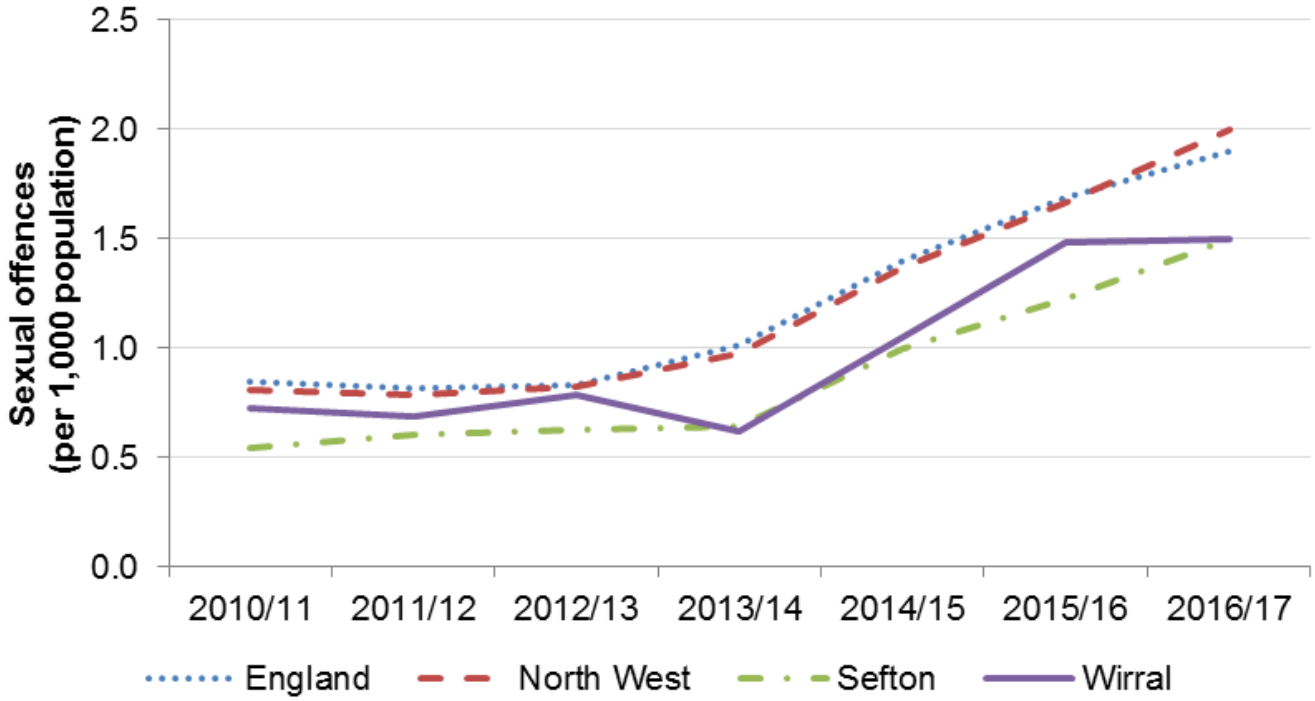
- Sexually Transmitted Infections (STIs) are most common among people aged 15-24 years old, and this is the age group most likely to become infected again. This age group is the most frequent attenders of sexual health services (SHSs) in Wirral.
- Females are more likely to be diagnosed with an STI than males and are more likely to attend sexual health services in Wirral than males. Further targeted work is needed to attract males into services for testing
- Men who have sex with men (MSM) are disproportionately affected by STIs.
- Black, Asian and Minority Ethnic (BAME) residents are disproportionately affected by STIs. Non-white ethnic groups attend SHSs in Wirral at a similar rate to White ethnic groups.
- There is a strong positive correlation between rates of new STI diagnoses and deprivation, with higher rates of STIs concentrated towards the east of Wirral, a more deprived area. Sexual health services in Wirral successfully target the more deprived population as they are the most frequent attenders.

Sexual Offences

The rate of sexual offences has been sharply increasing since 2013/14 in Wirral and nationally (Figure 22). In 2016/17, 479 sexual offences were recorded in Wirral, leading to a rate of 1.5 sexual offences per 1,000 population, slightly lower than the national and regional average rate of 1.9 per 1,000.

It is important to note that the rate of sexual offences is based on police recorded crime data, therefore only includes offences that were reported to the police meaning its accuracy can be influenced by diverse social, organisational and cultural factors.

Figure 22: Sexual offences rate per 1,000 population, persons, 2010/11 to 2016/17.



Source: Fingertips, Public Health England (PHE), 2018

RASA Merseyside is a sexual violence support service that provides support, advocacy and counselling to individuals that are affected by rape and sexual abuse.

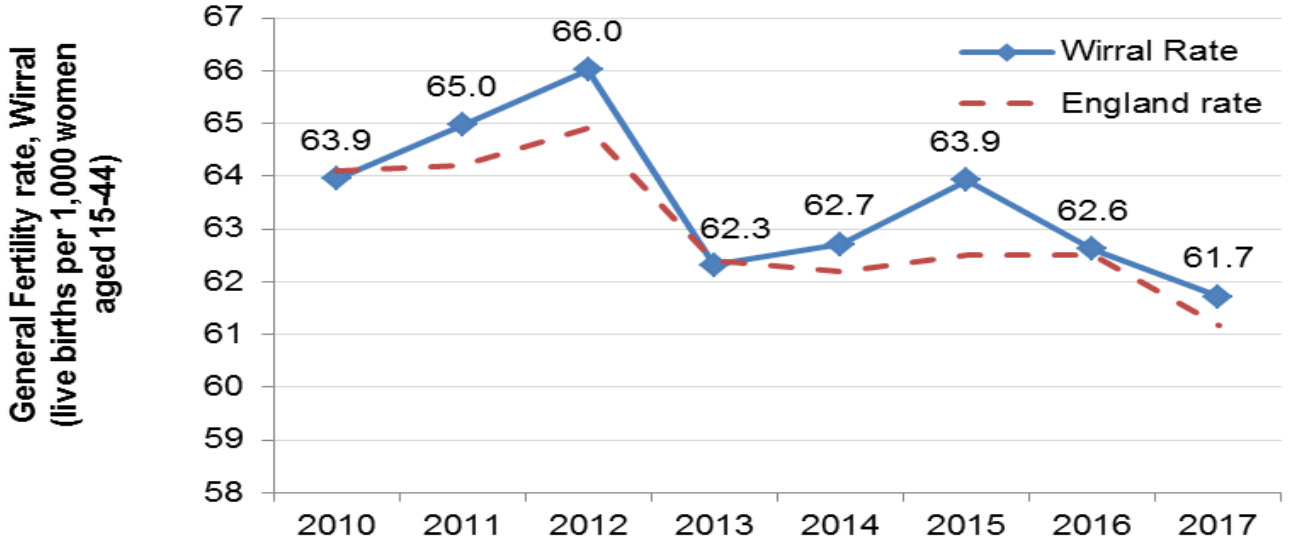
The service operates in Wirral. For more information, click here.

Fertility

There were 3,366 live births in Wirral among females aged 15-44 years in 2017, leading to a general fertility rate (GFR) of 61.7 per 1,000, similar to England's rate of 61.2 per 1,000.

Wirral's GFR has shown a similar fluctuating trend as England since 2010 (Figure 23), with the GFR decreasing over this period, peaking in 2012.

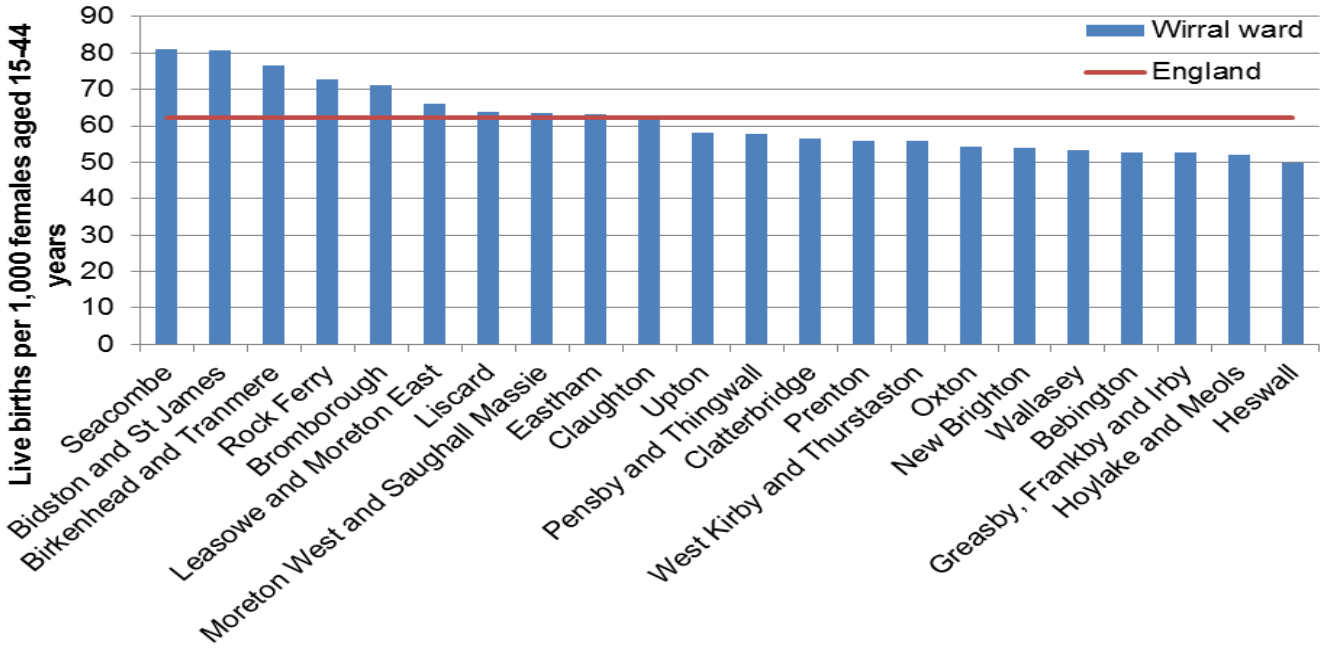
Figure 23: General fertility rate in Wirral and England, females aged 15-44 years, 2010 to 2017.



Source: Wirral Intelligence Service, 2018

Figure 24 shows that over half of Wirral's wards had a GFR below the national average in 2014-16. Seacombe and Bidston and St. James had the highest rates, 80.9 and 80.8 per 1,000 respectively, and Heswall had the lowest rate of 49.9 per 1,000. The wards with higher general fertility rates (GFRs) were mainly located in the east of Wirral, a more deprived area (also see figure 20).

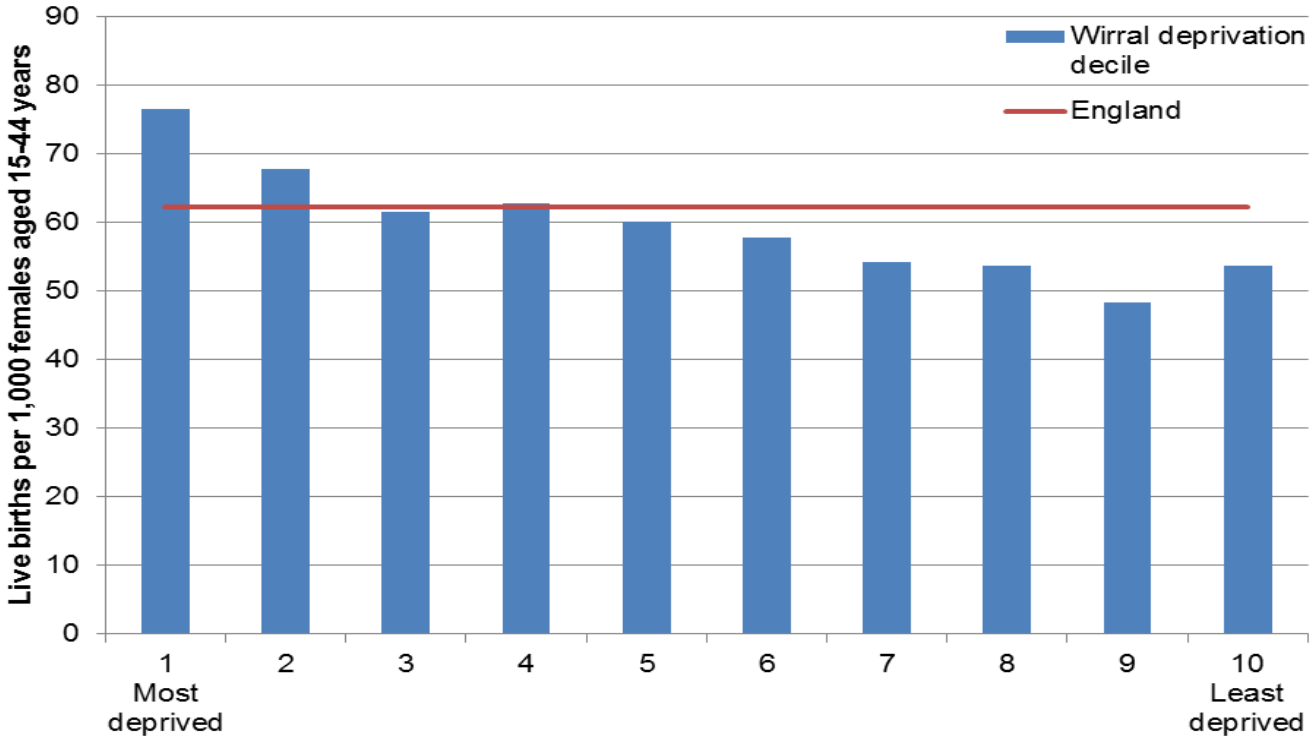
Figure 24: General fertility rate by Wirral ward, females aged 15-44 years, 2014 to 2016.



Source: Wirral Intelligence Service, 2018

The association of deprivation and general fertility rate is further highlighted by Figure 25, showing that the most deprived Index of Multiple Deprivation (IMD) decile in Wirral had the highest GFR of 76.3 per 1,000 in 2014-16, and the GFR then decreased with deprivation decile, the exceptions being decile 4 and decile 10.

Figure 25: General fertility rate by IMD deprivation decile, Wirral, females aged 15-44 years, 2014 to 2016.



Source: Wirral Intelligence Service, 2018 (using ONS Birth files and Indices of Deprivation 2015).
Note: Full birth file data to LSOA level was used to develop figure 25

Teenage conceptions

Teenage pregnancy is a cause and consequence of education and health inequalities for young parents and their children. Babies born to teenage mothers have a higher risk of poor health outcomes including a higher chance of death in infancy and behavioural problems.

Teenage mothers are more likely to remain in poverty and suffer from poor mental health (LASER 2017, PHE). Teenagers have the highest rate of unplanned pregnancy and around half of under-18s conceptions end in abortion.

Reducing the rate of teenage pregnancy in England remains a public health priority as; although the conception rate among under-18s has roughly halved over the past two decades nationally and in Wirral (Figure 26), the current national under 18 conception rate remains higher than comparable western European countries and inequalities persist between and within local areas.

International evidence identified that providing high quality, comprehensive relationships and sex education (RSE) linked to improved use of contraception is key to reducing teenage conceptions. This should be executed universally but also making sure to target those at greater risk (LASER 2017, PHE).

In 2016 there were 144 conceptions among females aged under 18 years old in Wirral, 29 of these were among females aged under 16 years.

This resulted in an under 18 conception rate of 26.2 per 1,000 in Wirral, significantly above the national rate of 18.8 per 1,000. Since 1998, Wirral's under 18 conception rate has mainly remained above the national average and similar to the North West rate (Figure 26).

Sefton has consistently had a lower under 18s conception rate than Wirral. Rates in Wirral have been decreasing with fluctuations since 1998, most sharply since 2010, following national trends.

Figure 26: Under 18 year old conception rate per 1,000 females aged under 18 years, 1998 to 2016.

Source: Fingertips, Public Health England (PHE), 2018

A figure of 51.4% of under 18 conceptions in Wirral during 2016 resulted in abortion, similar to the national and regional percentages of 51.8% and 52.7% respectively.

The percentage of teenage conceptions leading to abortion has been slowly increasing in Wirral since 1998, similar to national trends.

Termination of pregnancy

Abortion rates can provide some indication of how readily people in an area can obtain suitable contraception and how effectively it is utilised.

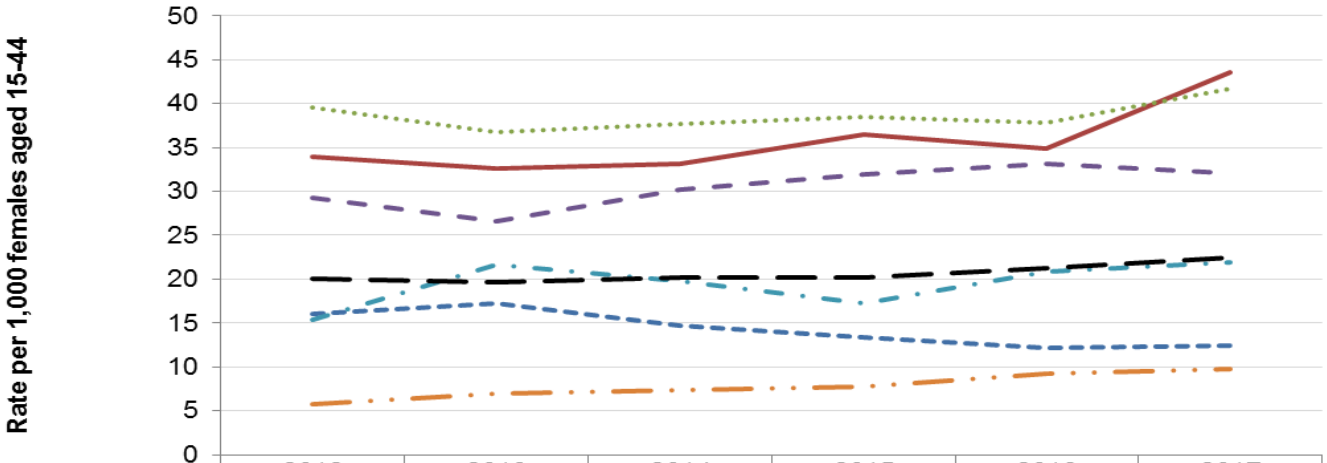
During 2017 in Wirral there were 1,236 abortions, leading to a total abortion rate of 22.5 per 1,000 female population aged 15-44 years.

This was significantly higher than the national rate of 16.5 per 1,000 and meant that Wirral was ranked 14th out of 147 Upper Tier Local Authorities (UTLAs). The national total abortion rate has remained consistent since 2012 but has slightly increased in the North West and Wirral.

Figure 27 shows that there has been a decrease in the under 18 abortion rate in Wirral since 2013, but rates among all other age groups have increased since 2013 except the 30-34 age group.

The age group with the highest rate of abortions in Wirral are those aged between 18 and 19 years old, with a rate of 43.6 per 1,000 in 2017. Females aged 35+ years in Wirral consistently had the lowest abortion rate although it has been increasing, reaching 9.7 per 1,000 in 2017.

Figure 27: Rate of legal abortions by age group and all females aged 15-44 years, Wirral, 2012 to 2017



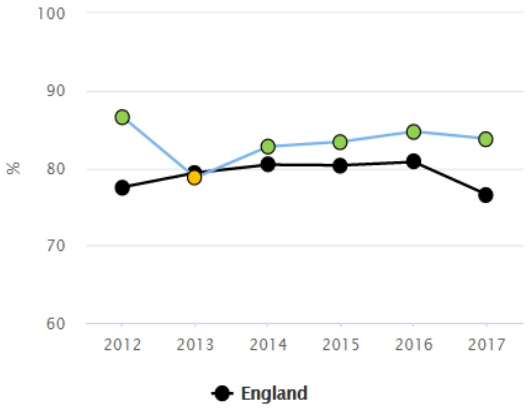
	2012	2013	2014	2015	2016	2017
Under 18	16.1	17.2	14.7	13.3	12.2	12.4
18-19	34.0	32.6	33.2	36.6	34.9	43.6
20-24	39.6	36.8	37.6	38.5	37.8	41.8
25-29	29.3	26.6	30.3	31.9	33.1	32.1
30-34	15.4	21.6	19.8	17.3	20.9	22.0
35+	5.7	7.0	7.3	7.7	9.2	9.7
All ages	20.0	19.7	20.2	20.1	21.2	22.5

Source: Department of Health and Social Care, 2018.

Termination of pregnancy (before 10th Week)

Abortion before the tenth week of pregnancy is associated with fewer complications and indicates a system that is accessible and responsive. Wirral had a higher percentage of abortions under 10 weeks than national and local figures in 2017, with 83.8% occurring in this period compared to 76.6% nationally (Figure 28). Wirral had the 5th highest percentage out of 147 Upper Tier Local Authorities (UTLAs).

Figure 28: Percentage (%) of abortions under 10 weeks for Wirral, North West and England, 2012-17



Recent trend:

Period		Count	Value	Lower CI	Upper CI	North West	England
2012		955	86.6	84.4	88.5	80.2	77.5
2013		886	78.8	76.3	81.0	81.0	79.4
2014		941	82.8	80.5	84.8	82.0	80.4
2015		943	83.4	81.1	85.4	81.6	80.3
2016		997	84.7	82.5	86.6	82.3	80.8
2017		1,028	83.8	81.6	85.7	80.5	76.6

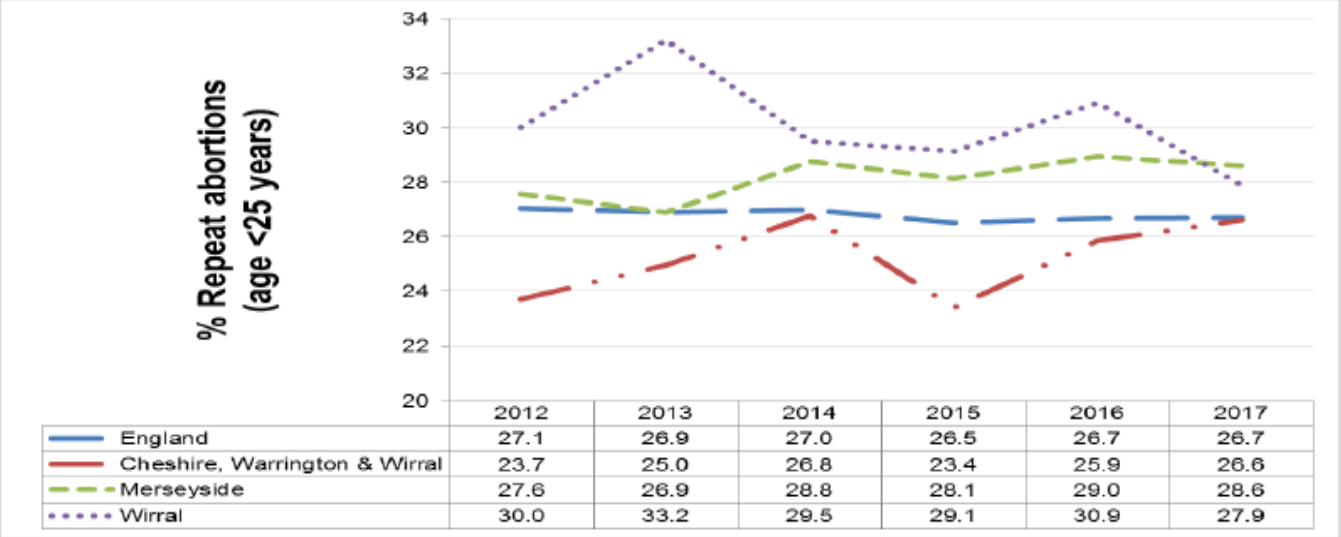
Source: Department of Health based on data from abortion clinics

Source: Fingertips Profiles at Department of Health, 2018

Termination of pregnancy (Under 25s repeats)

Among women under 25 years who had an abortion in 2017 in Wirral, 27.9% had a previous abortion, slightly higher than the England average of 26.7% and close to the sub-area of Cheshire, Warrington and Wirral at 26.6% and Merseyside at 28.6% (Figure 29).

Figure 29: Rate (%) of repeat abortions (in under 25s) Wirral, regional comparators and England, 2012-17



	2012	2013	2014	2015	2016	2017
England	27.1	26.9	27.0	26.5	26.7	26.7
Cheshire, Warrington & Wirral	23.7	25.0	26.8	23.4	25.9	26.6
Merseyside	27.6	26.9	28.8	28.1	29.0	28.6
Wirral	30.0	33.2	29.5	29.1	30.9	27.9

Source: Department of Health & Social Care, 2018
Notes: Individual age group rates are calculated as a crude rate per 1,000 females in the age bracket using ONS mid-2015 population estimates. The all age rate is an age-standardised rate per 1,000 females ages 15-44, using the European Standard Population 2013. *The Department for Health & Social Care continue to use mid 2015 population estimates to calculate the latest abortion rates. Age standardised rates are using 2013 European Standardised rates accordingly.

Figure 29 also suggests that the rate of repeat abortions in those aged under 25 years fluctuates substantially for smaller areas. However, despite this, Wirral's repeat abortion rate for this age group was consistently higher than England and Cheshire, Warrington and Wirral between 2012 and 2016. In 2017 however, for the first time since 2012, Wirral had a lower rate than Merseyside (27.9% compared to 28.6%).

Termination of pregnancy (Under 25s after a birth)

It is now possible to determine the percentage of Wirral women having an abortion after a birth, aged under 25 years (see Table 1). As Table 1 describes, Wirral at 32.2% remains above both the North West (30.2%) and England (26.7%) for those aged under the age of 25 having an abortion after a birth. Since 2014 this figure in Wirral has continued to decrease. Furthermore, England and North West figures are also decreasing too. This information can be used to help identify maternity and contraception needs within our area and work with the CCGs. Reducing unwanted pregnancies is an ambition of the Department of Health 'Framework for Sexual Health Improvement in England' (2013) and also referenced in the 'Implementing Better Births' resource pack for Local Maternity Systems (March 2017).

Table 1: Under 25s abortion after a birth (%) for Wirral and Comparators (2014-2017)

Period	Count	Value	North West	England
2014	180	33.8	32.2	29.0
2015	183	34.9	31.7	28.2
2016	168	33.9	30.6	27.4
2017	172	32.2	30.2	26.7

Source: Fingertips Profiles at Department of Health, 2018

Abortion Statistics for Wirral: Review 2012-2017 (November 2018)

This report produced by Wirral Intelligence Service presents statistics on abortion data published by the Department of Health for the period 2012 to 2017 for Wirral. The report also compares current Wirral data (2017) with regional localities such as Cheshire, Warrington and Wirral NHS Area Team and Merseyside as well as England.

Key messages:

- Under 18 abortions have increased in Wirral whereas there has been a decline in under 18 legal abortions both nationally and regionally (North West and Cheshire, Warrington and Wirral areas)
- For the year 2017 Wirral has seen the highest actual number of legal abortions since 2012
- Since 2012 those aged between 20 and 24 were the age group consisting of the highest rate of legal abortions. As of 2017, the highest age group now are those aged between 18 and 19
- Abortion methods show that medical terminations have been steadily on the increase compared to surgical since 2014 with Wirral being significantly higher than national and regional comparators

Wirral's abortion data reflects a higher proportion of women undergoing abortion than in many other areas of England, with a large percentage of these abortions occurring at an early stage of pregnancy. These relatively high levels of unplanned pregnancies suggest that contraception may be used ineffectively or not at all among many Wirral residents. Issues related to contraception are discussed in the section below.

Contraception

The knowledge, access and choice of contraception for all women and men is crucial to reduce unwanted pregnancies. Contraception is widely available in the UK from a number of sources and is provided free of charge by the NHS for women and men of all ages.

A recent cost benefit analysis undertaken by Public Health England (PHE) concluded that publicly funded contraception is highly cost effective. The analysis measured the cost savings resulting from averted pregnancies (the benefits) against the total amount of public money being spent on contraception (the costs). The Return on Investment across the public sector was estimated as £4.64 per £1 spent over five years, and £9.00 per £1 invested over ten years.

This is of significance as ongoing financial pressures on health spending over recent years has led to a reduction in sexual health budgets; any reduction in spend on publicly provided contraception could ultimately result in higher costs over the longer term. Access the full report.

It is estimated that just over half of all pregnancies in England are planned. DH estimates that the annual direct costs to the NHS of unplanned pregnancy are around £240 million, with an estimated unit cost of £1,600, which includes costs of abortions, maternity care, miscarriage and mental health problems. Not all unplanned pregnancies can be prevented, but more effective contraception services can reduce prevalence. A validated tool (London Measure of Unplanned Pregnancy) to measure pregnancy planning and intention is available.

Bexhell, Guthrie, Cleland and Trussell (2017) undertook a study to inform local service redesign that sought to assess the proportion of unplanned pregnancies among women attending antenatal clinics and those undergoing induced abortion (IA) and to assess both their previous contraceptive use and contraceptive intention. The results suggested that there missed opportunities to prevent unplanned pregnancies when staff in primary and secondary care are looking after women then do not knowledgeably inform, discuss and offer contraception in a timely manner, particularly the most effective long acting reversible contraceptive methods.

Contraceptives are grouped into two categories; long-acting reversible contraceptives (LARCs) and user-dependent methods (UDMs). LARCs include hormonal implants, long-acting injectable contraception and inter-uterine devices, sometimes referred to as 'the rod', 'depo' and 'the coil' respectively. LARCs reliably prevent conception once they are in place, with no need for the user to do anything except attend appointments for scheduled replacements.

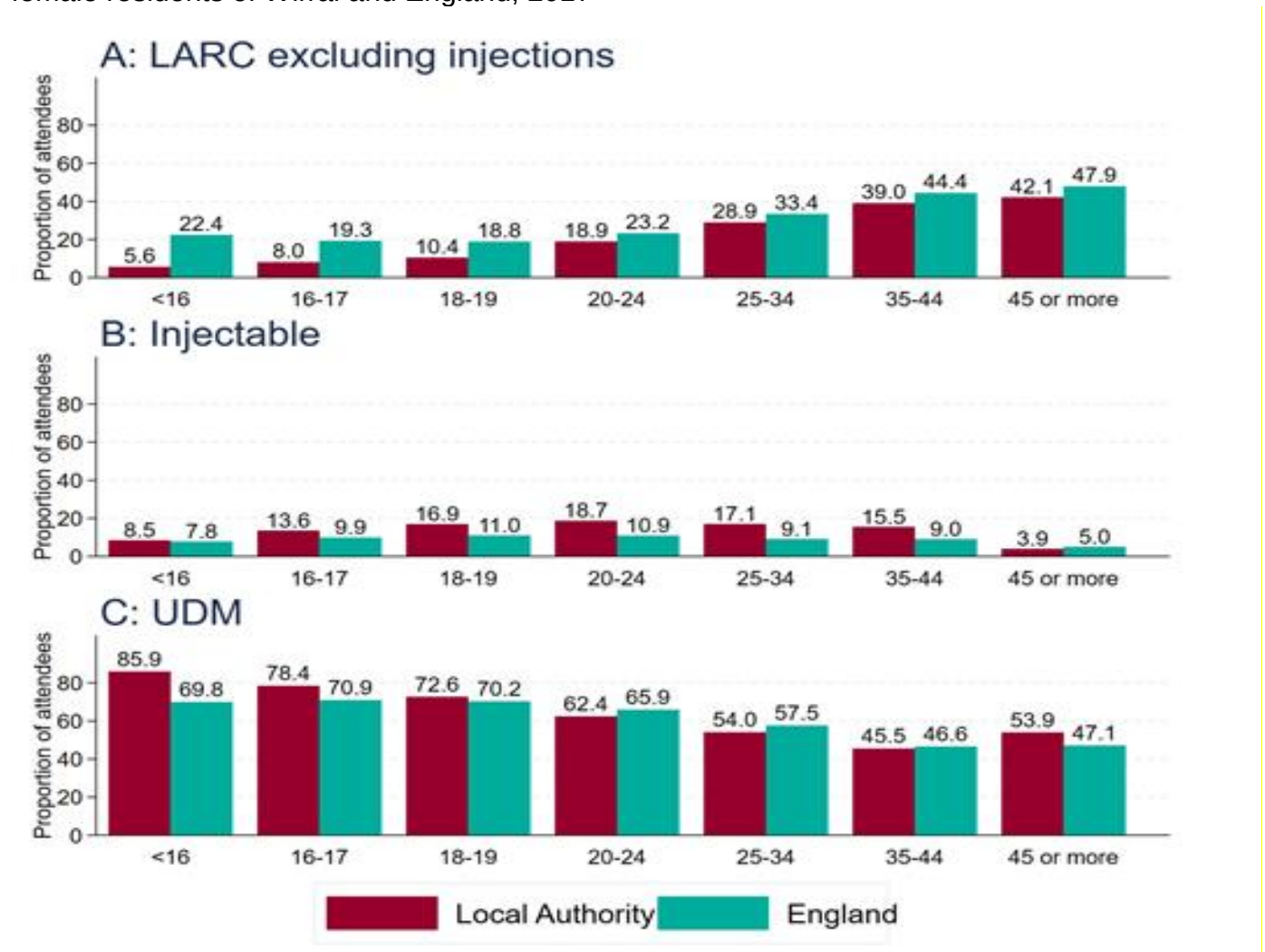
It is worthy of noting that injectable contraceptives may not be defined as a LARC in indicators as injections rely on timely repeat visits so have a higher failure rate, they are easily given thus do not require resources and training other LARCs required and injections are outside local authority contracts. UDMs include oral contraceptives ('the pill'), condoms, hormonal patches and 'natural' family planning methods.

The effectiveness of UDMs in preventing unwanted pregnancy depends on users utilising them correctly, therefore they tend to be slightly less effective overall. When it is well tolerated, LARCs are considered a good choice for women who may have difficulty using UDMs effectively.

In 2017, the main contraceptive method chosen by female Wirral residents attending sexual reproductive health (SRH) services were UDMs, accounting for 62.4% of all contraception. This is higher than the national average of 60.6%.

Figure 30 shows that use of LARCs among female residents in Wirral increased with age in Wirral and England, most popular in the 45+ age group. There's an associated decrease in UDM use with age, most popular among under 16 year old residents in Wirral, similar to the national trend. The use of injectable contraceptive methods was most popular among 25-34 year olds in Wirral, slightly different from the national trend where usage peaked in the 18-19 age group.

Figure 30: Proportion of Long Acting Reversible Contraception (LARC) (excluding injections), injectable and UDM chosen as main method of contraception method by age group among female residents of Wirral and England, 2017



Source: LASER 2017, PHE.
Note: Proportions may be distorted due to rounding

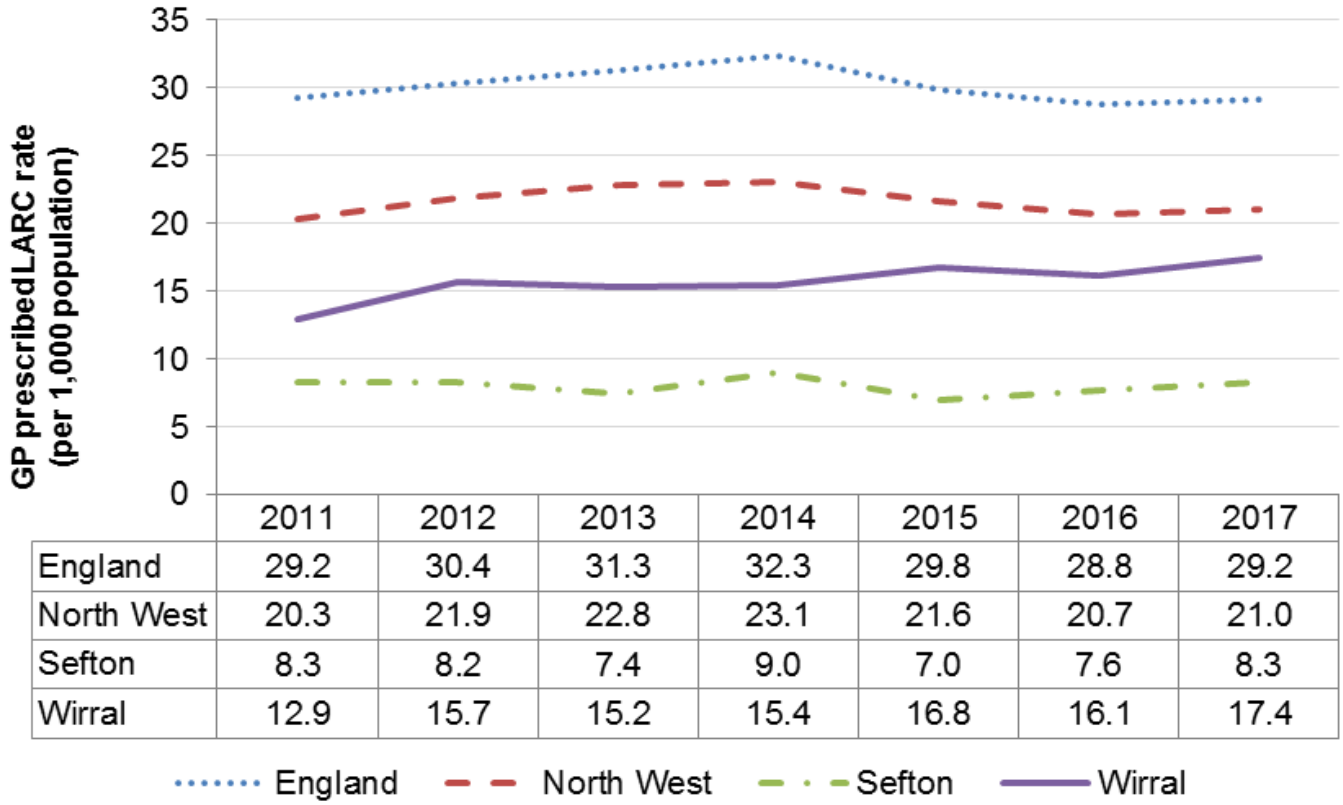
LARC methods are considered more effective and more cost effective than UDMs, and their increased uptake could further help to reduce unintended pregnancy (NICE, 2014). All currently available LARC methods are more cost effective than the combined oral contraceptive pill even at one year of use.

Wirral's rate of LARC prescription in a primary care setting has slowly increased from 2011 (Figure 31), reaching a rate of 17.4 per 1,000 women aged 15 to 44 years in 2017, ranking 278th out of 326 local authorities. Figure 31 highlights that Wirral's rate is significantly below national and regional rates, but is higher than Sefton, Wirral's nearest statistical neighbour.

This data provides a strong reason for a call to action to increase the effectiveness of female contraception methods by improving access to highly effective LARCs to reduce the number of unplanned pregnancies. In line with national and local priorities there is a need to:

- Make LARCs (excluding depo–Provera) routinely available as part of the GP contraceptive offer
- Include LARCs (including Depo-Provera in the first instance) in routine maternity and abortion pathways and where relevant
- Deliver training programmes to health care professionals to ensure they are confident to provide advice and a service.

Figure 31: Rates per 1,000 females aged 15-44 years of LARCs (excluding injections) prescribed in primary care, 2011 to 2017



	2011	2012	2013	2014	2015	2016	2017
England	29.2	30.4	31.3	32.3	29.8	28.8	29.2
North West	20.3	21.9	22.8	23.1	21.6	20.7	21.0
Sefton	8.3	8.2	7.4	9.0	7.0	7.6	8.3
Wirral	12.9	15.7	15.2	15.4	16.8	16.1	17.4

Source: Fingertips, Public Health England (PHE), 2018

The rate of LARCs (excluding injections) prescribed in sexual reproductive health (SRH) services in 2017 was 27.2 per 1,000 females aged 15 to 44 years, higher than the national rate of 18.2 per 1,000. This resulted in a total LARC (excluding injections) prescription rate of 44.6 per 1,000 females aged 15-44 years in Wirral during 2017, lower than the national and regional rates of 47.4 and 44.8 per 1,000 respectively.

Emergency Contraception

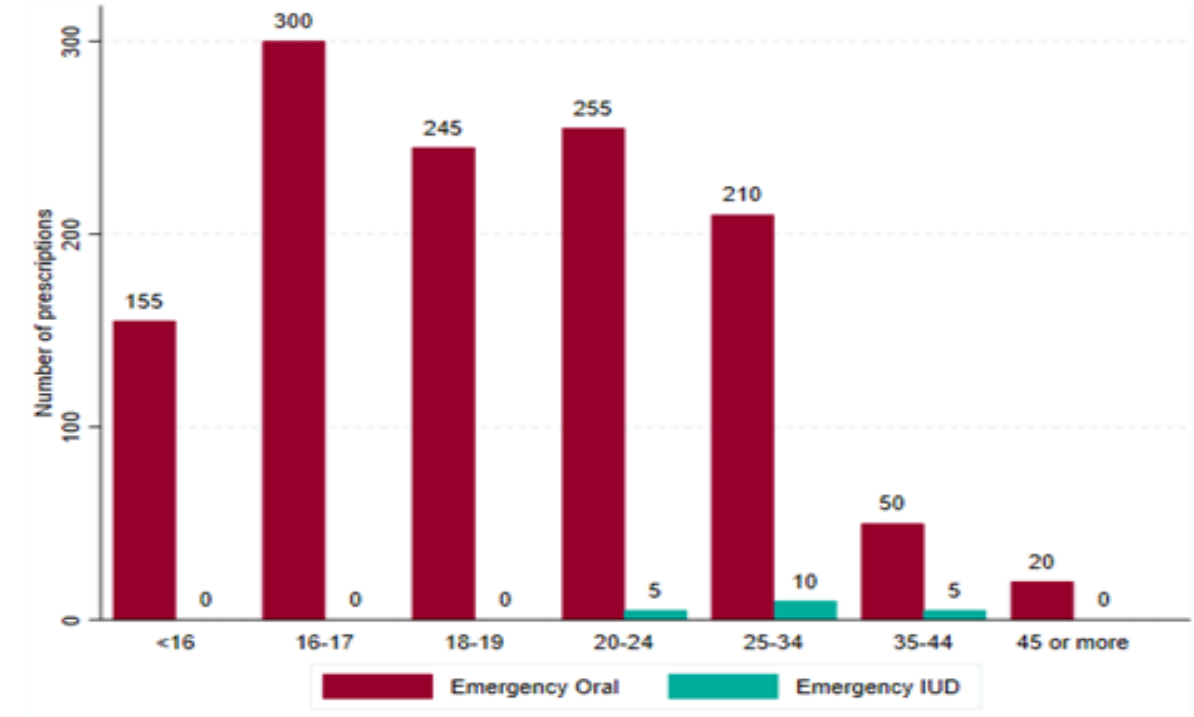
When used correctly emergency contraception may prevent a pregnancy occurring following unprotected intercourse or contraceptive failure. There are two types of emergency contraception available; hormonal contraceptive pills and non-hormonal inter-uterine device (IUD). The IUD is the most effective method (it is ten times more effective than hormonal emergency contraceptives) and therefore should be offered to all women attending for emergency contraception where indicated.

Only emergency contraceptive pills are reported in GP prescribing data, whereas both methods are reported in data from sexual reproductive health (SRH) services. Emergency contraceptive pills bought over the counter and those provided free from pharmacies are not included in this data; There are up to 50 pharmacies (over 50%) providing free access to emergency contraceptive pills in Wirral that are reasonably distributed across the local authority (see Pharmacies and Emergency Hormonal Contraception).

In Wirral during 2017, 3.7% of attendants at SRH services were provided with emergency contraceptive care, higher than the regional and national averages of 3.4% and 3.1% respectively (LASER 2017, PHE). There were 1,410 (rounded to the nearest 5) emergency contraceptive pills prescribed within General Practice in Wirral during 2017. There were 1,165 (rounded to the nearest 5) female residents in Wirral who were prescribed emergency contraception at SRH services in 2017 and less than one in thirty of them were fitted with an emergency IUD (Figure 32).

Of those 1,165 residents, 6.9% were prescribed emergency contraception more than once in 2017, compared to 8.6% in England. The highest proportion of females prescribed emergency hormonal contraception more than once were the 16-17 and 18-19 year old age groups (29.4%). Total prescription of emergency contraception at SRH services was most frequent in the 16-17 year old age group, with highest numbers of emergency IUD insertions in the 25-34 year old group.

Figure 32: Number of prescribed emergency contraception to female residents in Wirral by age group at Sexual Reproductive Health (SRH) Services, 2017

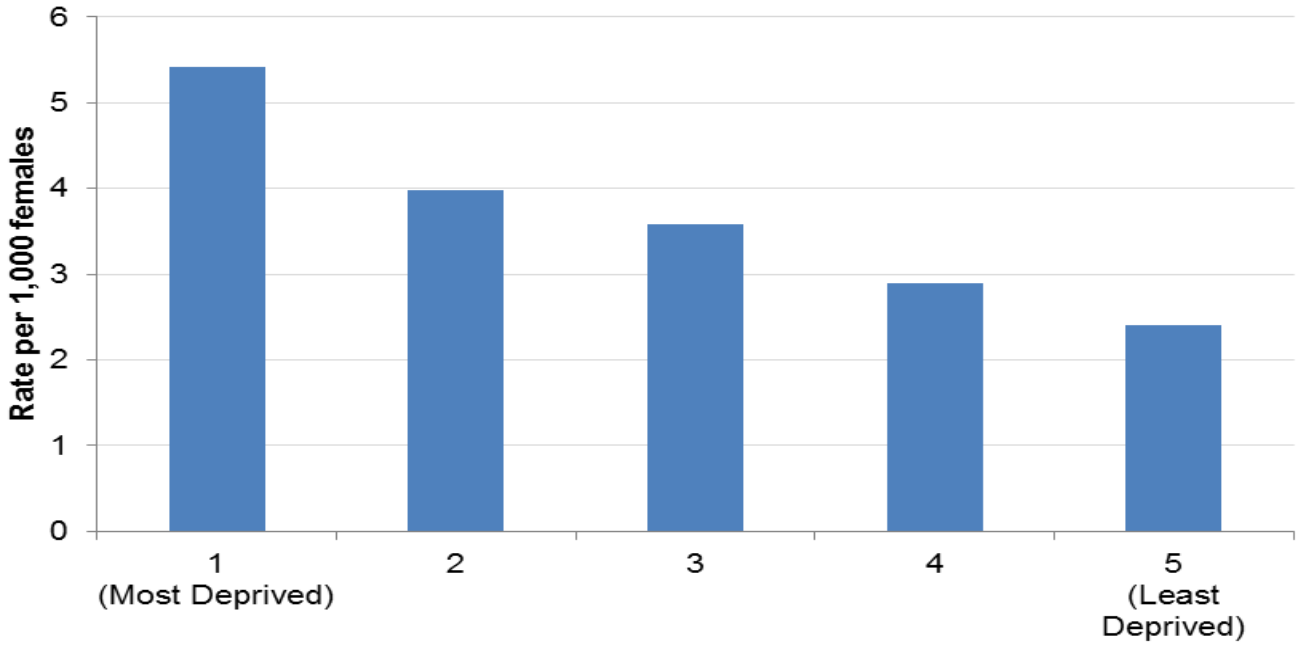


Source: LASER 2017, PHE

Note: To prevent deductive disclosure the number of emergency contraception prescribed has been rounded to the nearest 5. Age is based on the last attendance in the year. The analysis may exclude some records where it is not possible to assign age.

Figure 33 shows a clear association between emergency contraception use and deprivation in Wirral, with the most deprived quintile having a rate of emergency contraception use in 2017/18 just over double than the least deprived quintile. There was a small association between repeat emergency contraception and deprivation, with 12% of females in the most deprived quintile who visited Sexual Health Services for emergency contraception attending more than once compared to 9% in the least deprived quintile.

Figure 33: Rate of females receiving emergency contraception from Sexual Health Services per 1,000 female population by IMD deprivation quintile, Wirral, 2017/18



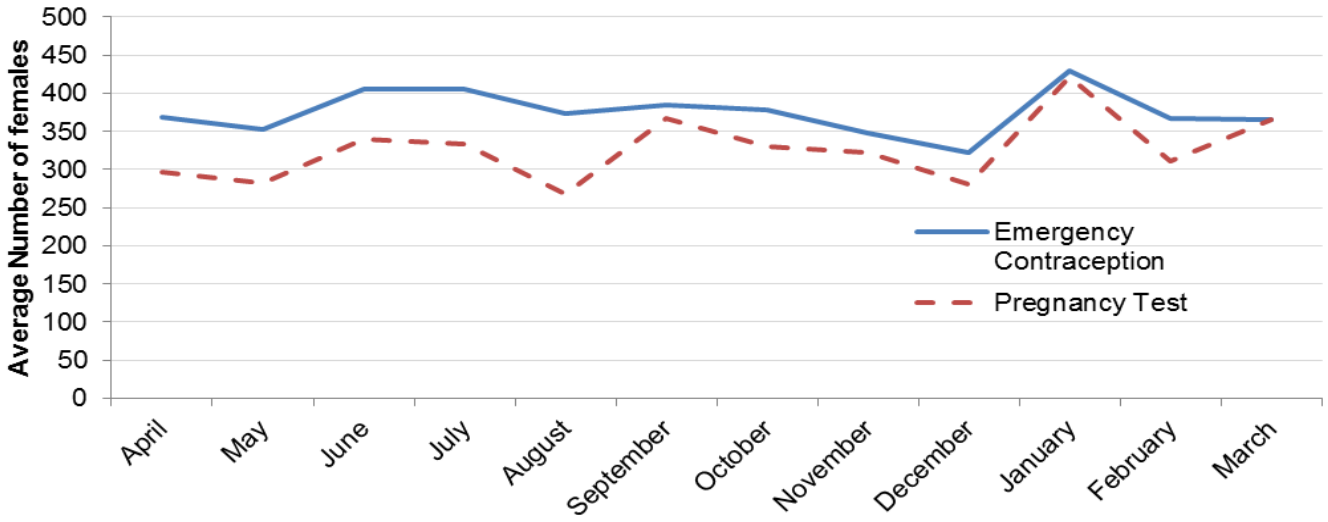
Source: Wirral Intelligence Service, 2018 (using provider data)

Monthly variation in free emergency contraception and pregnancy testing demand in Wirral appear to roughly mirror each other, although it is important to recognise that they represent separate groups of women whose patterns of sexual behaviour may be influenced by differing factors.

When analysing three years of combined data (Figure 34), demand for emergency contraception and pregnancy testing in Wirral appears to be greatest during January after reaching its minimum during December and August, perhaps due to changes in client help-seeking behaviour over the festive period and school closures in the summer.

There is another increase during the spring and early summer months, which may be associated with an increase in temperatures, further supported by the sharp increase in pregnancy testing during September.

Figure 34: Average monthly variation in emergency contraception and pregnancy testing demand, Wirral, females, three years combined (2015/16 to 2017/18)



Source: Wirral Intelligence Service, 2018 (using provider data)
Note: 3 year average taken from 2015/16 to 2017/18

Pharmacies and Emergency Hormonal Contraception

Emergency Hormonal Contraception (EHC) information is obtained from PharmOutcomes data provided by pharmacies. This data indicates that during 2017/18 there were almost 2,500 EHC pills issued for free from the pharmacy services in the community (list of participating pharmacies available on the Sexual Health Wirral website).

More residents are accessing EHC via the pharmacy service rather than in sexual health clinics.

This is except for young people (19 years and under) who were more likely to access EHC within a clinic, accounting for over half (53%) of all EHC pills issued in clinic compared to just 19.5% in pharmacy.

Of those who accessed EHC via pharmacies the most common reason for requiring EHC was 'no contraception used' (57%); this again reinforces the need for action to increase access and desirability of LARCs as an effective method of contraception that requires little effort from the user.

Reproductive health key messages

- Wirral's general fertility rate (GFR) was 61.7 per 1,000 in 2017, similar to the national average and has decreased with fluctuations over time

- Wards with higher GFRs were mainly located in the east of Wirral - the most deprived areas. GFR decreased with decreasing IMD deprivation decile

- The under 18 conception rate has roughly halved over the past two decades nationally and in Wirral. Wirral's under 18 conception rate was 26.2 per 1,000 in 2017, significantly above the national rate and higher than the regional rate and Sefton

- The proportion of teenage conceptions leading to abortion has been increasing since 1998 nationally and in Wirral. 51.4% of under 18 conceptions in Wirral during 2016 resulted in abortion, slightly higher than national averages

- Wirral had a significantly higher abortion rate than national and regional rates in 2017, with females aged 18-19 years having the highest rate. Total abortion rates in Wirral have increased since 2012, reaching 22.5 per 1,000 in 2017

- A higher percentage of abortions in Wirral occur before the 10th week of pregnancy than national averages, although more women have had repeat abortions in Wirral than nationally

- In 2017 the main contraceptive method chosen by female Wirral residents attending sexual reproductive health (SRH) services were user-dependent methods, accounting for 62.4% of all contraception, higher than national averages

- The use of long-acting reversible contraceptives (LARC) increased with age in Wirral, following national trends. Wirral's rate of LARC prescription in a primary care setting has slowly increased from 2011, reaching a rate of 17.4 per 1,000 women aged 15 to 44 years in 2017, still significantly below national and regional rates, but higher than Sefton

- Wirral had a higher proportion of attendants of SRH services being provided with emergency contraceptive care than national figures, most commonly being prescribed emergency contraceptive pills. 6.9% women residents attending SRH services for emergency contraception were prescribed emergency contraception more than once in 2017, compared to 8.6% in England

- Total prescription of emergency contraception at SRH services was most frequent in the 16-17 year old age group and in the more deprived population in Wirral during 2017

Local, Community and Stakeholder views

Wirral Sexual Health Needs Assessment

This was produced in 2014/15 to explore patterns of behaviour, beliefs and social factors relating to sexual health in order to highlight where change is needed to improve the sexual and reproductive health of local people. Multiple surveys and reports were completed including: a service user survey; views of sexual health service professionals; views of LARC among local women; and evidence reviews on trends in sexual health behaviour, emerging issues and effectiveness of new ways to deliver sexual healthcare. Access executive summary of the needs assessment

Public Health England Insight

'*What do women say? Reproductive health is a public health issue'* is a report that summarises the findings of a large survey of more than 7,000 women and focus groups around the country. The findings will be used to inform the development of a national action plan on reproductive health. Findings include:

- Many women that experience problems in relation to their reproductive health do not seek care for their symptoms. Care-seeking was not necessarily related to the perceived severity of symptoms. Embarrassment, fear of being judged and the stigma that surrounds reproductive health issues were all barriers to seeking care.

- A total of 80% of women in the survey described experiencing unwanted reproductive health symptoms such as heavy menstrual bleeding, severe menopausal symptoms or postnatal symptoms. Menstrual problems were particularly common in women under 25. Only around half of women with symptoms sought help for them.

- More than 80% of women experienced difficulties postnatally but less than a third of these women sought support for their symptoms. Women under 25 in the postnatal period were least likely to seek help in spite of being most likely to experience symptoms.

- Knowledge around reproductive health was considered to be of central importance. Women of all ages cited school as the place where they had gained most of their knowledge but often this information had been basic and out of touch with their lived experience. Women frequently remained unaware of how to manage their reproductive health needs throughout their lives.

- Much of the discussion about reproductive health centres on achieving or preventing pregnancy. Preventing pregnancy was the most important reproductive issue for most women; this priority was most marked for younger women who were also most likely to use the least reliable contraceptive methods such as pills and condoms. One in 4 women who used condoms for contraception admitted that they did not use them regularly.

Full Report: '*What do women say? Reproductive health is a public health issue'*

Also see - *What does the data tell us?* This resource provides a range of PowerPoint slides that describe a national overview of the current status of reproductive health based on routine and survey data.

What are we expecting to achieve? (Targets)

Sexual Health Improvement Framework

The framework was developed by the Department of Health in 2013 with the ambition to improve sexual health of the whole population. Its key objectives are:

- To reduce inequalities and improve sexual health outcomes
- To build an open and honest culture where everyone can make informed and responsible choices about relationships and sex
- To recognise that ill sexual health can affect all parts of society, often when it is least expected

They emphasise that collaboration and integration between a broad range of organisations is essential in order to achieve good sexual health, with health and wellbeing boards playing a key role. They also highlight that a life course approach to improving sexual health is required and prevention should be prioritised.

Access Sexual Health Improvement Framework

Public Health Outcomes Framework (PHOF) sexual health indicators

The Public Health Outcomes Framework (PHOF) sets out a high-level overview of public health outcomes, at national and local level, supported by a broad set of indicators.

Indicators in the 2016-19 PHOF related to sexual health include:
1.12iii – Sexual offences rate / 1,000
2.04 – Under 18s and under 16s conception rates / 1,000
2.20vii – Antenatal infectious disease screening – HIV coverage (region only)
3.02 – Chlamydia detection rate / 100,000 aged 15-24
3.03xii – Population HPV vaccination coverage for one dose (females 12-13 years old)
3.04 – HIV late diagnosis (%)

Access Public Health Outcomes Framework

Sexual and reproductive health and HIV: strategic action plan

This strategic action plan has been created by Public Health England in 2015 sets out its approach to improving the public's sexual and reproductive health and reversing the HIV epidemic during 2016-2019. The plan focusses on four key areas for action, to reduce:

- Incidence of HIV
- Rates of sexually transmitted infections
- Unplanned pregnancies
- Rates of under 16 and under 18 conceptions

Access sexual and reproductive health and HIV: strategic action plan

Teenage Pregnancy Prevention Framework

The Teenage Pregnancy Prevention Framework was published in January 2018. It aims to help local areas assess their teenage pregnancy prevention programmes to prevent unplanned pregnancies and support young people to develop healthy relationships.

A copy of the framework can be found here.

What are we achieving? (Performance)

Performance against Public Health Outcomes Framework (PHOF) indicators

Table 2 provides an overview of how Wirral is performing overall when compared across a range of sexual and reproductive health Public Health Outcomes Framework (PHOF) indicators. This provides a very mixed picture.

Although detection rate of certain STIs such as Chlamydia are above set targets in Wirral, there is a high percentage of late diagnosis of HIV, significantly below targets.

Teenage conceptions are highlighted as an issue in Wirral as they are above national and local rates.

The prevention of STIs such as those resulting from HPV can also be increased in Wirral via wider vaccination coverage.

Table 2: Comparison of sexual health related PHOF indicators, multiple comparators, 2016/17

PHOF Indicator	Period	Wirral	England	North West	Sefton
Sexual offences rate / 1,000	2017/18	2.1	2.4	2.7	1.7
Under 18s conception rates / 1,000	2016	26.2	18.8	22.3	20.9
Under 16s conception rates / 1,000	2016	5.6	3.0	3.8	5.4
Chlamydia detection rate / 100,000 aged 15-24	2017	2,563	1,882	2,120	1,638
Population HPV vaccination coverage for one dose (females 12-13 years old)	2016/17	89.0	86.9	87.2	88.7
HIV late diagnosis (%)	2015-17	50.0	41.1	44.2	46.4

Source: Fingertips, Public Health England (PHE), 2018
Notes: see Public Health Outcomes Framework (PHOF) sexual health indicators for breakdown
Key: Red – worse than benchmark; Amber – similar to benchmark; Green – better than benchmark; White – not compared

It is important to note that these indicators are regularly updated, so please see the PHOF Fingertips website for the most current data.

Care Quality Commission (CQC) Reporting

Wirral Community Trust (WCT) was inspected by the CQC in March 2018. This WCT Inspection Report produced as a consequence of the visit can be seen on the CQC website.

What is this telling us?

Sexually Transmitted Infections (STI)

Overall STI rates of detection and treatment are improving in Wirral. It is yet to be established the reasons for this; whether this is because of better data coding, improved self-care and/or behavioural changes.

There is still an issue with the late diagnosis of HIV predominantly in the older male white population, however additional training and interest from GPs will support moves towards earlier identification of risk factors and possible identification.

Reproductive health

The fertility rate in Wirral is similar to the national average but the rates of teen conceptions and teen conceptions leading to a Termination of Pregnancy (ToP) are higher than average. The overall abortion rate was higher than both national and regional rates and is a concern.

The main type of contraceptives used by Wirral women were user dependant methods (UDM) accounting for 67% of all usage. LARC usage increases with age and this is in line with national trends. The use of Emergency Hormonal Contraception (EHC) to prevent a pregnancy is more frequent in Wirral when compared to other areas and nationally.

Groups most at risk

Risk factors

Poor sexual health varies by age, gender, deprivation, sexuality and ethnicity nationally and in Wirral. See 'Facts, Figures and Trends' section. The groups most at risk are:

- Young people
- Women of reproductive age
- Men who have sex with men
- Black and minority ethnic populations
- Deprived populations

Nationally there is an increase in the rate of some Sexually Transmitted Infections (STIs) emerging in older people who feel they are not at risk but are embarking on sexual relationships without knowing that they are still at risk as a result of unprotected sex.

Social determinants

The Department of Health's Sexual Health Framework outlines some factors that can influence sexual health, behaviour and unplanned pregnancy at an individual and community level. These include:

Personal

- Personal attitudes and beliefs
- Peer pressure
- Confidence and self-esteem
- Misuse of drugs and alcohol
- Smoking
- Coercion and abuse
- Depression
- Sex education (mostly from a source other than school)
- Early initiation of sexual activity
- Higher frequency of recent sex
- Having more than one partner in the past year

Community

- Social norms
- Religious beliefs
- Culture
- Low educational attainment

Being sexually active in an area where these behaviours and beliefs are more common can negatively impact sexual health and tend to be unequally distributed, often associated with more deprived areas (Figure 20 on page 23).

Current figures from Public Health England show that Wirral has high rates of 'hard' drug use, alcohol-related harm and depression in adults compared to many other areas in England. Wirral has more typical rates of smoking, 16-18 year olds not in education, employment or training, and higher than average levels of attainment at GCSE.

Child Sexual Exploitation (CSE) is recognised nationally as one of the most important challenges facing agencies today. There is currently no national dataset available, so it is not possible at present to assess whether it is more of a problem in Wirral than in other areas across the country. Further info about Wirral CSE can be found here.

Sexual Health Services in Wirral should always be targeted towards and within easy reach of people who are living with the 'vulnerabilities' listed above in order to strengthen preventative and reactive care.

What are we doing and why?

In Wirral there is a focus to support people to not only practice safer sex but to take responsibility for their sexual health through the availability of free and confidential on-line advice and services;

This reflects the growing behaviour and confidence of a (young) population content to consult, to order and to receive goods and services on the move. A pre-requisite of this behaviour is concurrent knowledge and approach to relationships and consent.

A face–to-face and clinic consultation will only be required should there be a positive test result. The same cannot be said for reproductive health where all requests for contraception pills and devices have to be assessed by a health professional.

Current activity and services

Sexual Health Commissioning arrangements

The commissioning responsibilities of local government, CCGs and NHS England are set out in the Health and Social Care Act 2012. Local government responsibilities for commissioning sexual health services are further outlined in The Local Authorities Regulations 2013.

Local authorities commission:

Comprehensive sexual health services. These include:

1. **Contraception** (including the costs of LARC devices and other methods such as condoms) and advice on preventing unintended pregnancy – in specialist services and those commissioned from primary care (GP/community pharmacy).
2. **STI testing** and treatment in specialist services and primary care, chlamydia screening as part of the National Chlamydia Screening Programme (NCSP), HIV testing including population screening in primary care and general medical settings and partner notification for STIs and HIV.
3. **Sexual health** aspects of psychosexual counselling.
4. **Any sexual health specialist services**, including young people's sexual health services, outreach, HIV prevention and sexual health promotion, service publicity, services in schools' colleges and pharmacies.

Social care services (which sit outside the Public Health ring fenced grant), including:

1. **HIV social care**.
2. **Wider support for teenage parents**.

Clinical Commissioning Groups commission:

1. **Abortion services**, including STI and HIV testing and contraception provided as part of this abortion pathway (except abortion for fetal anomaly by specialist fetal medicine services – see NHS England commissions).
2. **Female sterilisation**.
3. **Vasectomy.**
4. **Non-sexual health elements of pyschosexual** health services.
5. **Contraception** primarily for gynaecological (non-contraceptive) purposes.
6. **HIV testing** when clinically indicated in CCG-commissioned services (including A&E and other hospital departments).

NHS England commission:

1. **Contraceptive services** provided as an additional service under the GP contract
2. **HIV treatment** and care services for adults and children, and cost of all antiretroviral treatment
3. **Testing and treatment for STIs** (including HIV testing) in general practice when clinically indicated or requested by individual patients, where provided as part of 'essential services' under the GP contract (i.e. not public health commissioned services but relating to the individual's care).
4. **HIV testing** when clinically indicated in other NHS England-commissioned services.
5. **All sexual health elements of healthcare in secure and detained settings**.
6. **Sexual assault referral centres**.
7. **Cervical screening** in a range of settings.
8. **HPV immunisation programme**.
9. **Specialist fetal medicine services**, including late surgical termination of pregnancy for fetal anomaly between 13-24 gestational weeks.
10. **NHS Infectious Diseases** in Pregnancy Screening Programme including antenatal screening for HIV, syphilis, hepatitis B

Source: Sexual Health commissioning arrangements from April 2013 at https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services

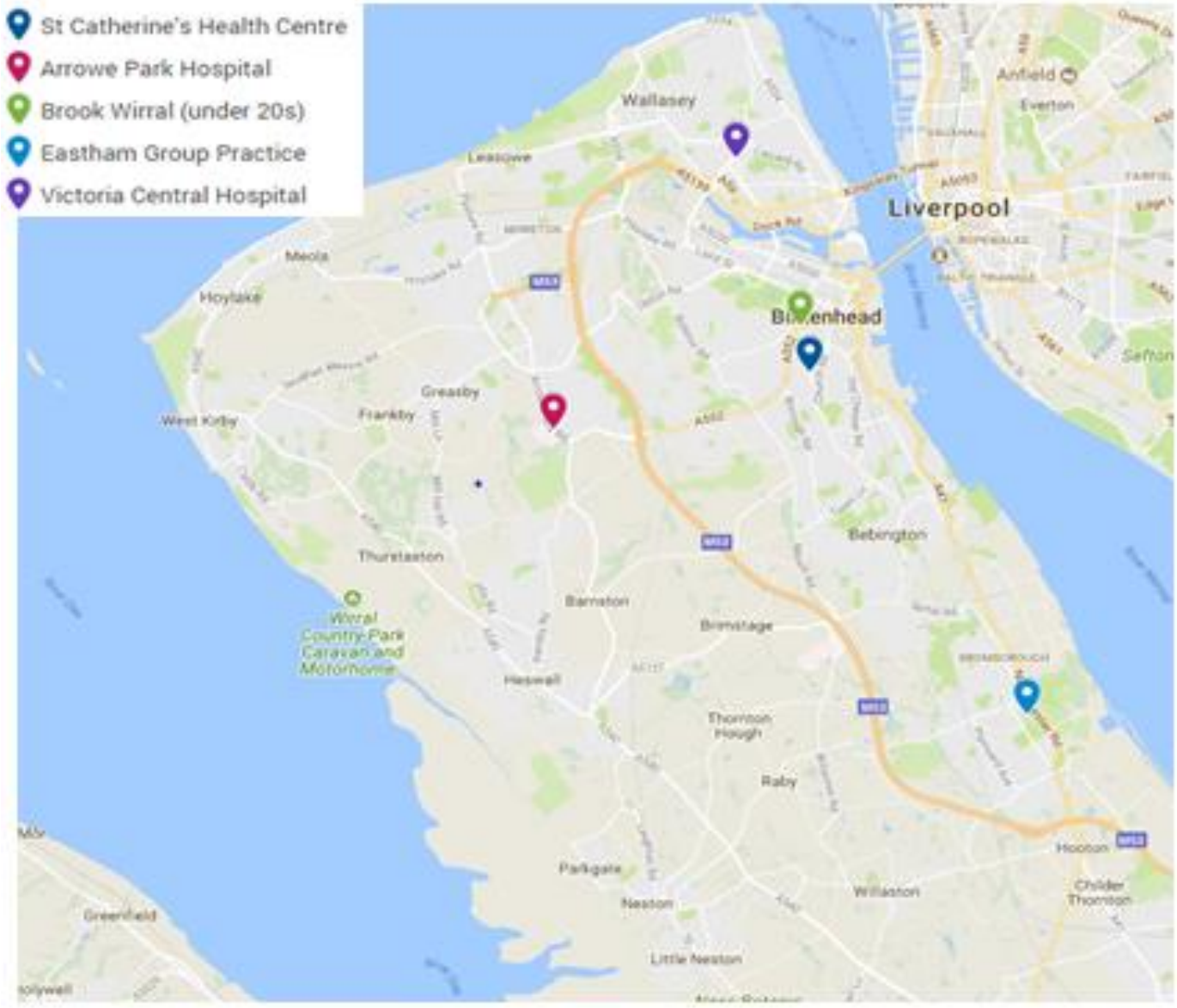
Sexual Health Wirral

Wirral's sexual health service branded 'Sexual Health Wirral' is delivered by Wirral Community NHS Foundation Trust (WCT), in partnership with Wirral University Teaching Hospital NHS Foundation Trust, The Royal Liverpool and Broadgreen University Hospitals NHS Trust and Brook.

The service provides free and confidential information, advice and treatments to all residents in Wirral. They offer sexual health screenings, treatment, advice and contraception to men and women of all ages, and support people who are having problems with their sexual health including psychosexual therapy.

The service is delivered by a team of professionals including doctors, nurses, therapists and administrators across five venues in Wirral. There is a specific young peoples' service available for young people under the age of 19 years. See Figure 35 for geographic coverage of local sexual health services.

Figure 35: Map showing the main sexual health service clinic locations in Wirral (2018/19)

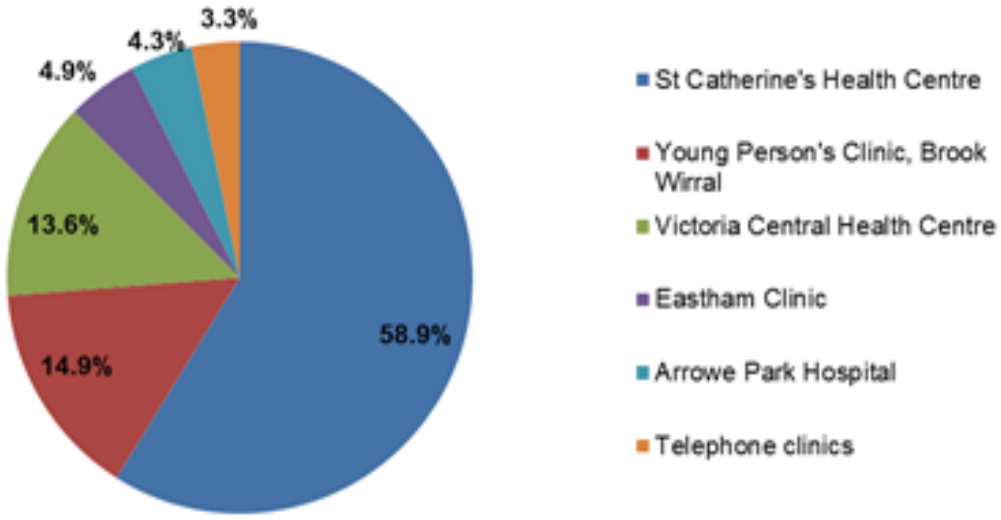


Source: Google Maps, 2018

Service Activity

During 2017/18 there were almost 23,500 attendances at Wirral sexual health clinics. Figure 36 shows that St Catherine's Health Centre was the most frequently attended clinic by Wirral residents for SHSs, accounting for 58.9% of all attendances in 2017/18, followed by Brook Young Person's clinic and Victoria Central Health Centre

Figure 36: Proportion of attendances at Wirral Sexual Health Service clinics, persons, Wirral, 2017/18



Source: Wirral Intelligence Service, 2018 (using provider dataset)

Wirral Community NHS Foundation Trust (WCT), who lead for the delivery of sexual health service clinics across Wirral are currently reviewing elements of 2016/17 data set that suggest some recording issues at client presentation with the service. This section will be updated when these issues are better understood and can be clarified.

Range of other activity and support services

Digital Offer

Following a sexual health needs assessment in 2015 it became clear that Wirral residents wanted to take more control of their sexual health through remote access of testing kits. The service has subsequently been redesigned to focus on triaging service users and providing lower risk individuals with the option to use remote (home-based) STI testing kits.

Wirral residents aged 16 years or over can access these kits on-line via the service website. The kits can test for chlamydia, gonorrhoea, syphilis and HIV infection; the service will provide further information and advice where necessary including any urgent action that may need to be taken and access to treatment.

The digital offer also allows service users to book appointments online including telephone consultations. Visit the service website here to find out more.

Pharmacy Services in the Community

Sexual Health Wirral works in close partnership with local pharmacies to offer free emergency contraception. A list of participating pharmacies is available on the Sexual Health Wirral website

GP Services in the Community

Sexual Health Wirral also works in close partnership with local GPs to provide specialised methods of contraception such as coils or implants. A list of participating GP Practices is available on the Sexual Health Wirral website

A key member of the Sexual Health Wirral team is the GP champion whose role is to develop the working relationship between the service and local GPs and ensure general practice is an integral part of local action to address sexual and reproductive health needs.

Psychosexual Therapy

Wirral's psychosexual service is fortunate to have an experienced psychosexual therapist to provide help and support around sexual, relational, gender and sexual diversity issues in a confidential environment. **Access to the service is via GP referral only**.

Human Papillomavirus (HPV) vaccination for men who have sex with men (MSM)

In early 2018 the Department of Health announced a plan to extend human papillomavirus (HPV) vaccination to MSM under the age of 45 years to reduce the burden of HPV-related disease including ano-genital cancers, oral cancers and genital warts. This announcement came after a successful vaccination pilot programme in 42 sexual health clinics during 2016/17. An evaluation of the pilot programme can be found here. The extended programme is being delivered in Wirral Sexual Health services to MSM aged 45 or under. More information about the vaccination programme can be found here.

HIV Prevention and Support Service

Sahir House is the local provider commissioned to deliver services around HIV prevention and support. The service works innovatively taking a risk reduction approach to target high risk individuals, in particularly men that have sex with men (MSM). The service works closely with the staff of the HIV treatment service and Sexual Health Wirral to facilitate service user access to sexual health testing and treatment services.

The service also acts in an advisory capacity on LGBT sexual health and related issues across the health and social care economy.

The service also offers a non-clinical support service to Wirral residents living with HIV to address health and social issues that impact on their health and wellbeing. The service offers time bound counselling and promotes a model of positive prevention and self-management.

Specialised HIV service

HIV treatment and care are provided by the specialised service based at Arrowe Park Hospital. The service provides specialist assessment and ongoing management of HIV and associated conditions to support patients to stay well following a positive HIV diagnosis and to reduce the risk of onward transmission.

What are the challenges?

Key issues (knowledge and services)

Improving services but work still to do in others

While we have good and improving services in Wirral to detect and treat Sexually Transmitted Infections (STIs), support people living with HIV, support victims of sexual assault and to provide the full range of contraceptives, there are some areas that require development particularly in relation to women's reproductive health.

Continuing to develop collaborative working

Current provision of intra-uterine contraception overlaps with provision of the same procedure for gynaecology indications, for example hormonal intra-uterine systems are used to treat heavy menstrual bleeding and as part of Hormone Replacement Therapy as well as for contraception. Considering the patient journey and efficiency of provision has led to collaborative work amongst commissioners (Public Health and Wirral CCG) which will be further progressed.

Improving options for Post-Pregnancy Contraception

A further area requiring significant collaborative work and co-commissioning is regarding post-pregnancy contraception. Faculty Sexual Reproductive Health (FSRH) guidelines on contraception after pregnancy suggest that easier access to contraception, and particularly long acting reversible contraception, following pregnancy (livebirth, miscarriage, ectopic or termination of pregnancy) is a necessity and required at a national level and with local knowledge equally importantly within our local area (see Termination of Pregnancy).

Progress in this area in Wirral is likely to reduce key target areas for example repeat termination of pregnancy (ToP) rates and to help women and families to plan pregnancies avoiding shorter inter-pregnancy intervals known to be associated with worse outcomes. Collaborative work between the CCG who commissions Maternity, Gynaecology and Abortion care and Sexual Health services /Primary Care providers of contraception will be required with financial support.

Supporting women before, during and after menopause

In addition, a recent focus on menopause transition and its impact on women both personally, in their workplaces and as carers is long overdue. The issue has been raised by the Clinical Medical Officer in her annual report of 2014 which prompted the Faculty of Occupational Health Medicine to produce guidance for employers on how to support women during their menopause. PHE have produced a range of resources on reproductive health and pregnancy planning.

Data quality

Sexual health data can sometimes be incorrectly coded or missing and this can lead to a potential misleading interpretation of public health data and trends. The coding of data in Wirral needs to be efficiently and correctly as possible be inputted into systems to minimise this risk.

Developing greater insight from data

Further breakdowns of certain sexual health indicators would be useful to highlight and target at risk populations such as an age breakdown of cervical cancer screening. It would also be beneficial to acquire sexual health data from additional services such as pharmacies.

Future teaching of Relationship and Sex Education (RSE) in schools

There is currently a consultation on the Department for Education (DfE) proposal that schools will be required to teach relationships education at primary school; relationships and sex education at secondary school and health education at all state-funded schools.

The draft regulations and associated statutory guidance build on the findings from the call for evidence and DfE's engagement with a wide range of expert organisations and interested parties.

The responses to the consultation will help inform any further refining of the draft regulations and statutory guidance before the regulations are put before Parliament and the guidance finally published. The consultation closed on 7th November 2018. The challenge will then be to implement the regulations/guidance for the suggested date of September 2019

Behavioural Changes in society

The National Survey of Sexual Attitudes and Lifestyles was one of the largest and most comprehensive studies of sexual behaviour and lifestyles in the world and a major source of data informing sexual and reproductive health policy in Britain.

The 2010/2012 study suggested an increasing diversity in young people's heterosexual practice, helping to develop understanding of current sexual trends which could help guide education policy and safe-guard young people's health and well-being. From a local perspective it highlights that staff delivering RSE as part of the PSHE curriculum have to be confident, well trained and committed.

What is coming on the horizon?

Mycoplasma Genitalium (M.gen)

M.gen is thought to infect 1-2% of the general population, with an estimated prevalence of 4-38% in sexual health service users. Risk factors for M.gen infection is similar to those for Chlamydia. Most people infected with M.gen have no symptoms and do not develop disease. In those with symptoms M.gen infection is frequently associated with persistent or recurrent urethritis symptoms in men and has been associated with post coital bleeding and pelvic inflammatory disease in women. Asymptomatic screening is not recommended. British Association for Sexual Health and HIV (BASHH) (draft guideline) recommend testing for M.gen in those with specific symptoms.

In Wirral testing is currently only available via Public Health England reference laboratories, which also have the ability to assess antibiotic resistant strains. The financial burden of M.gen testing and treatment in Wirral is unknown. The BASHH guideline can be accessed here.

Other Sexually Transmitted Infection (STIs)

Antibiotic resistance for all infections including STIs is a significant problem. Recent changes to Chlamydia and Gonorrhoea treatment regimens are likely to increase the therapeutic costs of treating STIs.

Partner Notification

Many specialist sexual health services including Wirral now offer access to Sexually Transmitted Infection (STI) testing and advice through digital pathways. In keeping with this, preferred methods of partner notification by people diagnosed with an STI include contacting current or previous sexual partners by text or social media rather than traditional paper based methods.

The impact of this shift has made the verification of sexual partners' attendance at any other STI testing service problematic.
Methods of partner notification by electronic methods have been developed in partnership with PHE and are likely to become more accessible as providers of electronic patient records develop similar systems according to demand.

In particular electronic methods of partner notification may significantly benefit those working in remote or primary care settings where access to specialist sexual health teams could be more challenging.

Human Papillomavirus (HPV) vaccination for Boys

In July 2018 the government announced that adolescent boys (aged between 12-13years) will also be offered the HPV vaccine. This is an extension of the HPV vaccination programme currently in place for girls and men who have sex with men (MSM). There is not confirmed date yet when this will be rolled out across England.

Contraception
The Faculty of Sexual and Reproductive Health (FSRH) released guidance for consultation on the use of Combined Hormonal Contraception. The new guidance is likely to advocate the continuous use of combined methods (e.g. pills) as an alternative to the traditional use of taking for three weeks with one week hormone free interval. Using combined methods in a continuous way should reduce the chance of ovulation and therefore reduce the risk of an unplanned pregnancy. For women who choose to switch to continuous use prescribing costs are likely to increase by approximately 20 percent.

Early medical abortion pills
The Government plans to legalise the home-use of an early abortion pill in England by the end of 2018. Currently women must take two pills 24-48 hours apart within the clinic to end an early pregnancy. The Government will approve plans to allow the second pill to be taken within the home, which means for many women they will start to miscarry in an environment where they feel more safe and comfortable.

Future Public Health budgets
Current funding policy for the Public Health grant runs until 2020-21 when there is the intention that Public Health activity and commissioning will be funded from local Business Rates. This is a step change into the unknown and creates a potential level of uncertainty as to how budgets will be allocated and in turn local commissioning in the future. This may or may not affect future delivery of sexual health services commissioned by Public Health.

What does the research suggest as further actions?

Open access sexual health services that focus on groups most at risk
Public Health England (PHE) recommends that local authorities are responsible for providing comprehensive, open access sexual health services. The prioritisation and provision of these services can be shaped via local Joint Strategic Needs Assessments and guided by the Public Health Outcomes Framework and Framework for Sexual Health Improvement. Prevention activities need to focus on groups most at risk, including young adults, black ethnic minorities and MSM.

Comprehensive sexual health that reduce demand on health services
The National Institute for Health & Clinical Excellence (NICE) state, in its sexual health guidance, those local authorities must commission comprehensive sexual health services. Local authorities should provide open access contraceptive services, including advice and access to a broad range of contraception methods, and advice on preventing unintended pregnancy. STI testing should be available in primary and secondary care, key to preventing further transmission and better management of the condition, reducing demand on health services

High-quality relationship and sex education in secondary schools
Public Health England (PHE) also recommends that statutory, high-quality relationship and sex education in secondary schools will equip young people with skills to improve their sexual health and overall wellbeing. Sex and relationship education needs to include non-judgmental discussion of same-sex relationships. Personal, social and health education that addresses self-esteem is also crucial to all children's confidence and in building confident adults who take fewer risks (including sex, drugs and alcohol). Education should include information on how alcohol and drug use impacts on decisions about sex, including negotiation of safer sex.

Accountable and integrated local sexual health, reproductive health and HIV services

These views were also supported by the All-Party Parliamentary Group on Sexual and Reproductive Health in the UK, who wrote a report in 2015 highlighting the need for accountability and integration in sexual health, reproductive health and HIV services in England. They also recommend that commissioners must work effectively to avoid fragmentation of services, and robust data and monitoring indicators should be used to inform and stimulate best practice commissioning, including public and patient opinions.

Key content

Relevant and related National and local strategies

Please see section what are we expecting to achieve? (Targets) above for list of key and main national and local strategies covering this topic area

Clinical Guidelines from

- The British Association for Sexual Health and HIV (BASHH) https://www.bashh.org/
- Faculty of Sexual and Reproductive Healthcare (FSRH) https://www.fsrh.org/home/
- British HIV Association (BHIVA) https://www.bhiva.org/guidelines
- National Institute for Health and Care Excellence (NICE) https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/sexual-health

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