



# **Sexual Health Needs Assessment – context and introduction**

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## Context

The commissioning of comprehensive open-access sexual health services is the responsibility for local authorities. This responsibility is mandated; it is a 'must do' for Lancashire County Council.

Lancashire's Health and Wellbeing board has a duty to promote integrated working between commissioners of health and social care and play a key role in ensuring that the sexual health services and care received by the communities in Lancashire are seamless. Through the joint strategic needs assessment (JSNA) and the joint health and wellbeing strategy (JHWS), the health and social care needs of the local community are identified and joint priorities for local action are agreed.

A number of different organisations are involved in commissioning sexual health services across Lancashire, including the clinical commissioning groups, NHS England and local authorities.

The investment in sexual health across Lancashire varies and there is limited evidence of need in relation to this investment, with differing levels of access arrangements, service provision and health outcomes.\* It is of particular note that the investment in sexual health prevention is limited when contrasted with investment in clinical treatment services. It is therefore particularly important that this health needs assessment supports the commissioning of these mandated services.

Across the county of Lancashire the commissioning spend on sexual health services is in the region of £11 million, representing almost 20% of the total public health budget. There are a number of separate contracts and these are commissioned through a mix of block for contraception and some genitourinary medicine (GUM) services, in addition to payment by results (PBR) tariff arrangements for some GUM services. Generally contracts don't indicate activity levels as they are commissioned to be open access services. All providers work to different service specifications, though with similar performance measures.

There are five main sexual health service some of which are NHS providers across Lancashire. These providers are also commissioned from the two unitary organisations and NHS England. There are five GUM sites, numerous adult community contraception services, and four chlamydia screening programmes. In addition we have varied provision for young people, with some areas having designated young people's provision and others

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\* Lancashire refers to the 12 districts in the Lancashire County Council area. Lancashire-14 refers to the 12 districts and the two unitary authorities of Blackburn with Darwen and Blackpool.

with very little. Young people access adult services and comprise 40% of all attendances in some instances.

Not all services are integrated – that is provide sexual health screening and contraception – nor do all make the full contraception offer. Lancashire also has limited and varied psychosexual services. In some areas we have additional outreach services, bespoke education and training packages built into the provider contractual agreement, as well as condom schemes. However, these are not universal and not standardised.

## Methodology

The sexual health needs assessment (SHNA) followed a recognised structure, which included the following processes:

- A literature review focusing on national guidance and best practice ensuring that any recommendations and proposals are made in light of these practices.
- An epidemiological assessment looking at the Lancashire profile in terms of time, person, place, and incidence of sexual health issues.
- A comparison of Lancashire data internally between local authority areas, and compared to the North West and England as a whole.
- A review of whether existing service provision and configuration best meet identified needs for the area.
- A consultation ensuring key stakeholders, including sexual health service providers and clinicians, were involved in order to determine their ideas on how services can be improved.
- Engagement – gaining service users' and the public's views on future service provision.

Recommendations have been made based on these processes, in line with the data analysed (quantitative approach) and other available intelligence, such as population estimates, the ethnic make-up of Lancashire, and deprivation levels across the county.

## Introduction

This SHNA has been written as part of the development of an overarching sexual health commissioning strategy for 2014-2016, by Lancashire County Council.

The majority of women and a large population of men will need to access sexual health services at some point in their life and this sexual health needs assessment has reviewed the sexual health services provision across Lancashire-14. This has been done in line with the health and wellbeing strategy and identified national priorities, including the [National Framework for Sexual Health Improvement](#) published by the Department of Health in

2013, and the [Sexual and Reproductive Health Profiles](#) (part of the Public Health Outcomes Framework). The aims of the SHNA are:

- to gain an understanding of the sexual health needs of the population and establish whether the current services meet those needs;
- inform commissioning and service design and models of provision; and
- provide a model of effective and value for money interventions and services based on the needs of the population, available evidence base, national best practice and guidance.

In addition to these aims Lancashire County Council has the following commissioning intentions:

- ensure choice and timely access to friendly reproductive health services and all methods of contraception for young people; and
- encourage uptake of chlamydia screening and testing for under-25 year olds.

There are various sexual health services and issues which are outside the scope of this needs assessment and whilst mention has been made they have not been subject to detailed analysis. These include:

- sex and relationship education;
- child sexual exploitation;
- sexual assault referral centres (SARC)

## **An overview of Lancashire**

### **Population**

The 2013 mid-year population estimate for Lancashire-14 was 1,468,850 – a small increase of 0.2% from 2012. Future population projections reveal the growth in Lancashire-14 is considerably lower than for England. There are predicted decreases in the younger age groups (15 to 24 years) in almost all districts, with exceptions for those aged 15-19 in Lancaster (+1.8%), Pendle (+1.9%), and Rossendale (+4.8%). England overall is predicted to see a 9.1% increase in those aged 15-19 and 5.0% in those aged 20-24. Population changes at the very small area level show the wide disparities in population changes across the county, whilst the [total fertility rate](#) in the county remains on par with the national average. Further details on population projections are available from the [Office for National Statistics](#).

### **Ethnicity**

At the time of the 2011 Census the largest [ethnic](#) group in Lancashire-14 was white (90%) with the remaining 10% from black and minority ethnic (BME) groups, with the majority (8%) being Asian/Asian British. In Lancashire-14, Blackburn with Darwen (30.8%), Pendle

(20.1%) and Preston (19.8%) have higher percentages of BME populations, compared to England and Wales (14.0%).

### **Deprivation**

There is a direct correlation between disadvantage and poor sexual health. According to the 2010 [Index of Multiple Deprivation](#), Burnley, Pendle, Hyndburn, and Preston are the four most deprived districts in Lancashire, and are in the most 50 deprived local authorities in England (out of 326 authorities). In contrast, Ribble Valley, Fylde and South Ribble are the three least deprived districts in the county.

There is also a strong link between deprivation and [teenage pregnancy](#): under-16 conceptions are the highest in Burnley, Preston and Hyndburn. For under-18 conceptions Burnley, Hyndburn and Rossendale have the highest rates.

### **Key statistics**

The Sexual and Reproductive Health Profiles have been developed by Public Health England (PHE) to support local authorities, public health leads and other interested parties to monitor the sexual and reproductive health of their population and the contribution of local public health related systems.

The profile indicators give an overall summary of sexual and reproductive health across Lancashire and are presented as tables (see below) comparing the districts in Lancashire to the England averages and indicating (where possible) the direction of change from the previous year. The tables provide a snapshot of sexual and reproductive health across a range of topics including teenage pregnancy, abortion, contraception, HIV, sexually transmitted infections and sexual offences. Wider influences on sexual health such as alcohol use, and other topics particularly relating to teenage conceptions such as education and deprivation level, are also included.

The SHNA is undertaken with the acknowledgement that the economic climate requires new thinking and innovation, and carrying on doing more or less of the same may not radically change outcomes or provide better value.

## Sexual health summary – east locality

		England	Lancashire	Burnley	Hyndburn	Pendle	Ribble Valley	Rossendale
16-18 year olds NEET (%)	2012	5.8 ↓	5.5 ↓					
Pupil absence (%)	2011/12	5.11 ↓	4.6 ↓	5.1 *	4.8 *	4.7 *	3.9 *	4.6 *
First time entrants to the youth justice system (No.)	2012	537 ↓	701 ↓					
GCSE achieved 5A*-C inc. Eng & Maths (%)	2011/12	59.0 ↑	60.1 -	45.7 ↑	56.2 ↑	48.3 ↓	66.6 ↓	64.9 ↑
People living in 20% most deprived areas in England (%)	2010	20.32 -	22.7 -	49.3 -	41.3 -	38.2 -	0.0 -	19.2 -
Under 16s in poverty (%)	2011	20.60 ↓	18.2 ↓	26.9 ↑	22.5 ↓	21.3 ↓	6.6 ↑	19.4 ↑
Under 18s alcohol-specific hospital stays (per 100,000)	08/09-10/11	55.79 ↓	91.69 ↓	136.22 ↑	96.23 ↑	112.34 ↓	50.99 ↑	108.67 ↑
Chlamydia screen, measured separately in GUM/non-GUM settings (15-24) (%)	2012	25.80 ↓	30.5 -	30.4 -	17.6 ↓	15.1 ↓	18.5 ↓	18.8 ↓
Population vaccination coverage - HPV (%)	2012/13	86.80 ↓	91.4 ↓					
Rate of chlamydia diagnoses young people (15-24) (per 100,000)	2012	1979.1 ↓	2226.1 ↓	2436.6 -	1602.8 ↓	1373.8 ↓	1591.3 ↓	1696.6 ↓
Cervical cancer registrations (per 100,000 females)	2009-11	8.79 ↑	17.36 ↓	14.61 ↑	16.68 ↑	5.71 ↓	12.06 ↑	11.43 ↑
Ectopic pregnancy admissions (per 100,000 females)	2012/13	94.69 ↓	127.91 ↑	184.27 ↑	90.09 ↑	190.76 ↑	117.58 *	107.06 ↓
Pelvic inflammatory disease admissions (per 100,000 females)	2012/13	228.32 ↓	219.66 ↓	267.49 ↓	250.97 ↓	254.35 ↓	160.34 ↓	275.29 ↓
GP prescribed LARC, age 15-44 (per 1,000 females)	2012/13	49.00 *	45.93 *					
Total abortion rate, age 15-44 (per 1,000 females)	2012	16.60 ↓	15.40 ↓					
Abortions under 10 weeks (%)	2012	77.50 ↓	81.1 ↑					
Under 25s repeat abortions (%)	2012	27.10 ↑	26.5 ↑					
Under 18 conceptions (per 1,000)	2012	27.75 ↓	28.7 ↓	50.1 ↓	38.5 ↑	23.0 ↓	23.4 ↑	28.7 ↓
Under 18s birth rate (per 1,000)	2012	14.13 ↓	15.5 ↓	33.6 ↑	22.5 ↑	13.3 ↓	9.0 ↑	13.6 ↓
Under 18s abortion rate (per 1,000)	2012	13.62 ↓	13.3 ↓	16.5 ↓	16.1 ↑	9.7 ↓	14.4 ↑	15.1 ↓
Under 18s conceptions leading to abortion (%)	2012	49.08 ↓	46.1 ↓	32.9 ↓	41.7 ↓	42.1 ↓	61.5 ↑	52.6 ↑
Under 16s conception rate (per 1,000)	2010-12	6.1 ↓	6.7 ↓	13.8 ↑	7.4 ↓	5.9 ↓	3.3 ↑	6.9 ↓
Under 16s conceptions leading to abortion (%)	2010-12	61.2 ↑	62.9 ↑	51.6 ↓	48.6 ↓	89.3 ↑	*	70.4 ↑
First episode genital warts diagnoses (per 100,000)	2012	134.59 ↓	143.14 ↓	149.37 ↓	140.29 ↓	122.80 ↑	127.42 ↑	163.11 ↑
Gonorrhoea diagnoses (per 100,000)	2012	45.94 ↑	26.63 ↑	10.34 -	32.28 ↑	31.26 ↑	12.22 ↑	19.10 -
Syphilis diagnoses (per 100,000)	2012	5.39 ↑	3.93 ↑	4.60 ↓	3.72 ↑	5.58 ↑	5.24 ↑	4.41 ↑
Uptake HIV testing among men measured in GUM (%)	2012	84.7 ↑	75.9 ↑	63.0 ↑	66.5 ↑	66.3 ↑	73.9 ↑	72.7 ↑
Uptake HIV testing among MSM measured in GUM (%)	2012	93.6 ↑	92.7 ↑	91.4 ↑	89.6 ↑	87.5 ↑	91.2 ↑	92.2 ↑
Uptake HIV testing among women measured in GUM (%)	2012	77.8 ↑	70.9 ↑	52.7 ↑	63.8 ↑	60.1 ↑	60.6 ↓	62.5 ↑
Prevalence of diagnosed HIV infection (15-59) (per 1,000)	2012	2.1 ↑	0.7 ↑	0.7 ↑	0.6 ↑	0.5 -	0.5 -	0.9 -
Adults newly diagnosed with CD4 count <350 cells mm <sup>3</sup> (%)	2010-12	48.3 *	47.7 *	50.0 *	33.3 *	55.6 *	*	66.7 *
Sexual offences (per 1,000)	2012/13	0.8 ↑	0.9 ↑	1.1 ↓	1.0 ↑	1.1 ↑	0.5 ↑	1.0 ↑
		 	Significantly BETTER / WORSE than the national average		↓ decrease from previous year / ↑ increase from previous year			
		 	Significantly HIGHER / LOWER than the national average		- no change from previous year			
					* no data/data suppressed			
Source: Sexual & Reproductive Health Profile, Public Health England, April 2014		<a href="http://fingertips.phe.org.uk/profile/sexualhealth">http://fingertips.phe.org.uk/profile/sexualhealth</a>						



