

Wandsworth Sexual Health Strategy



2019 - 2024

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Executive Summary

The 2019 - 2024 Sexual Health Strategy sets out the London Borough of Wandsworth's priorities and approach to improving sexual health locally. Poor sexual health can negatively affect the health and wellbeing of individuals and impacts on society. The effects of this are widespread and, for those directly affected, are compounded by stigma and fear.

Poor sexual health is concentrated in vulnerable population groups, such as young people, men who have sex with men (MSM) and people from black and minority ethnic populations (BME), further marginalising these groups and perpetuating existing substantial health inequalities.

This strategy identifies actions to be taken locally to improve sexual health outcomes, reduce inequalities and promote good sexual health in Wandsworth. It focuses on actions related to prevention, awareness, inequalities and primary care commissioning.

This strategy was informed by a rapid Sexual Health Needs Assessment (SHNA) undertaken in 2018. This provides an overview of sexual health in Wandsworth and an outline of current sexual health services. Overall the sexual health needs of the Wandsworth population are significantly higher when compared to London and England. Wandsworth has significantly higher rates of sexually transmitted infections (STIs) and HIV (human immunodeficiency virus). The burden of sexual ill health is disproportionate across the population, with vulnerable groups experiencing worse sexual health outcomes. Young people and MSM are the largest groups diagnosed with a new STI, and STI diagnosis is increasing amongst MSM. Within BME groups, the black population experience a significantly higher proportion of STI diagnoses compared with the proportion of the population from ethnic groups.

Although the teenage pregnancy rate has reduced substantially in the last decade and is now similar to England and London, there are other boroughs with rates that are half that of Wandsworth.

From our engagement with young people, as part of the development of this strategy, they reported that lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) issues are not addressed; that relationships and sex education (RSE) is not consistent or developed to address issues, such as consent, and some young people are not aware of trusted sources of sexual health information.

Stakeholder engagement has been vital to the development of this strategy and the associated action plan. A broad range of partners were involved including public health, commissioners, children's services, school nursing, Youth Council, service providers, and the voluntary sector. Through the workshops and surveys, the strategic priorities were agreed, and the associated actions were developed. The strategic priorities were based on the findings of the SHNA and are also in line with the National Framework for Sexual Health Improvement.

A public consultation was also carried out on the draft strategy.

The five strategic priorities are:

- **Priority 1:** Reduce STI rates with targeted interventions for at-risk groups
- **Priority 2:** Reduce unintended pregnancies
- **Priority 3:** Continue to reduce under 18 conceptions
- **Priority 4:** Working towards eliminating late diagnosis and onward transmission of HIV
- **Priority 5:** Promote healthy sexual behaviour and reduce risky behaviour

Through the five priorities, the strategy aims to improve the sexual health of the whole population, but it has been designed to have the greatest impact on vulnerable population groups, who are disproportionately experiencing health inequalities.

To achieve this, across all priorities there are seven high-level actions that must be accomplished:

- Ensure accessible sexual health services for all
- Increase sexual health knowledge across the whole population
- Improve partnership working across the sexual health system including communication and understanding of everybody's role
- All professionals working within the sexual health system receive appropriate ongoing training
- Increase sexual health knowledge among young people and improve understanding of sexual behaviour and healthy relationships
- Improve awareness of sexual health services amongst residents including young people and other vulnerable groups
- Ensure that sexual health services are accessible and meet the needs of at-risk groups

The local Sexual Health Strategic Commissioning Group will hold responsibility and oversee the implementation of the strategy.

Glossary

Glossary

A&E	Accident and Emergency
AIDS	Acquired immunodeficiency syndrome
BME	Black and minority ethnic
CCG	Clinical Commissioning Group
CLCH	Central London Community Healthcare Trust
DoH	Department of Health
EINA	Equality Impact Needs Assessment
EHC	Emergency hormonal contraception
GPs	General Practitioners
HIV	Human immunodeficiency virus
IUD	Intrauterine device
LA	Local Authority
LARC	Long acting reversible contraception
LBWSW	Lesbian and bisexual women
LGBTQI	Lesbian, gay, bisexual, transgender, questioning and intersex
LSHTP	London Sexual Health Transformation Programme
MECC	Making every contact count
MSM	Men who have sex with men
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
PHE	Public Health England
PrEP	Pre-Exposure Prophylactic
RSE	Relationships and sex education, the new name for SRE
SARCs	Sexual assault referral centres
SHNA	Sexual Health Needs Assessment
SRE	Sex and relationship education
STIs	Sexually Transmitted Infections
UDM	user dependent contraceptive methods
WHO	World Health Organisation
WSW	Women who have sex with women

1 Introduction

1.1 Why is sexual health important to public health?

Sexual health is an important area of public health as it affects many facets of life and is an integral part of overall health and wellbeing.

This is captured in the World Health Organisation's (WHO) working definition of sexual health.



Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

For sexual health to be attained and maintained, the sexual rights of all persons must be protected, respected and fulfilled. WHO, 2006



Sexual health is a broad issue which encompasses prevention (e.g. health promotion, RSE and campaigns), awareness and services around contraception, relationships, psychosexual counselling, STI testing and treatment and abortion. Provision of sexual health services is complex and there is a wide range of providers, including specialist clinical services, general practice (GPs), community pharmacies, the voluntary sector as well as some services in schools and youth services.

Poor sexual health can negatively affect individuals and society; STIs and unintended pregnancies can have long-lasting impacts on people and the local health and social care economy.

Onward transmission of STIs, and unintended pregnancies can be prevented through safer sex practices such as the use of contraception and regular testing and screening.

All age groups and individuals are affected in different ways at different stages of life by sexual health. There is also considerable geographical variability in sexual health outcomes. Nationally, there are higher rates of

STIs, teenage pregnancy and abortions in deprived areas compared with more affluent areas. The risk of poor sexual health also varies by specific population groups.

The highest burden is borne by young people, BME groups, and MSM. These at-risk groups may also face stigma and discrimination, which can impact their ability or willingness to access sexual health services, perpetuating existing substantial health inequalities.

The burden of sexual health will be explored further under the priorities in section 5 on page 12.

Poor sexual health can also result in substantial costs to society across health, housing, education and social care. It has been estimated that for every £1 spent on sexual health services, £86 could be saved across the system in the future (Lucas, 2015). It has been estimated that for every £1 spent on contraception, a saving of £12.50 is made through reduced health care costs (Lucas, 2013).

Access to sexual health information, support and services are critical to enable everyone to pursue safer, healthy sexual activity whilst avoiding unintended pregnancy and STIs.

1.2 Purpose and scope of the strategy

This sexual health strategy provides the broad direction for improving sexual health outcomes locally, reducing inequalities, and promoting good sexual health. It focuses on prevention, awareness, inequalities, and primary care commissioning.

Given that the local specialist sexual health services were recommissioned in October 2017, in line with the London Sexual Health Transformation Programme (LSHTP), this strategy will not provide commissioning recommendations on the specialist, clinical sexual health service, but does refer to access and partnership elements. The scope of this strategy includes all sexual health services and interventions commissioned by the Local Authority (LA) and some of those commissioned by the Clinical Commissioning Group (CCG).

The strategy will not provide commissioning recommendations on abortion services (which are commissioned by the CCG) as they have been recently recommissioned. In addition, female genital mutilation (FGM) and sexual violence, whilst part of sexual health and wellbeing, are separate issues in terms of commissioning, strategic responsibility, and service delivery, and are therefore not within the scope of this strategy. However, the strategy does refer to access and partnership elements. Sexual health services commissioned by NHS England (NHSE) are not included within the scope of this strategy.

1.3 The national context

Multiple stakeholders are involved in the commissioning of sexual health services. Sexual health commissioning responsibilities are split between LA, CCG, and NHS England (PHE, 2017i):

- LA is responsible for commissioning comprehensive sexual health services including most contraceptive services, and sexually transmitted infections screening including HIV (human immunodeficiency virus), STI treatment (excluding HIV) and sexual aspects of psychosexual counselling. Through commissioning responsibilities for school nursing and youth services held within the LA additional provision also exists.
- CCGs are responsible for commissioning abortion services, sterilisation and vasectomy and non-sexual aspects of psychosexual counselling. They are also instrumental in maintaining the infrastructure of primary care and providing direct lines of communication with GPs and pharmacies.
- NHSE is responsible for commissioning HIV treatment, contraception provided under the core GP contract, sexual assault referral centres (SARC), and cervical screening services.

Across England, public sector services have been under financial pressure in recent years. There have been major reductions recently to the Public Health budget, with a 6.7% reduction during 2015/2016, with further reductions planned up to 2020/21 (King's Fund, 2017). There have been new innovations in sexual health which improve access and help to achieve better value for money (see section 1.4 for further detail).

In the last 5 years, the government has published a range of guidance for sexual health improvement, maintaining the commitment to this agenda. The first of these from the Department of Health was titled “A Framework for Sexual Health Improvement in England, prioritises prevention of poor sexual health, outlines steps towards reducing sexual health inequalities and identifies priority areas for sexual health improvement (DoH, 2013). The priorities identified in this document provide the basis of this strategy. The second document, “Commissioning Sexual Health Services and Interventions - Best practice guidance for local authorities”, supports local authorities to commission sexual health services locally by providing guidance and best practice (DoH, 2013i).

More recently, Public Health England (PHE) published the National Teenage Pregnancy Prevention Framework (2018), which aims to prevent unintended pregnancies and support young people to develop healthy relationships. It helps local areas assess what is working, identify any gaps and ensure a multi-agency approach is being taken to strengthen the prevention pathway. PHE also published guidance on reproductive health and pregnancy planning (2018), which focuses on an integrated approach to pregnancy planning and reproductive health, where preconception health and contraception are two sides of the same coin. This approach ensures that individuals are healthier at an earlier stage in preparation for a planned pregnancy and avoid unintended pregnancies.

PHE has also published a document providing an overview of the evidence of health inequalities affecting lesbian, bisexual women and women who have sex with women (WSW) and highlights a range of opportunities for action to improve their health and reduce inequalities (Varney & Newton, 2018). This is the first formal Government publication referring to this vulnerable group. The Government Equalities Office published a LGBT Action Plan (2018), highlighting the difficulties faced by this vulnerable group when accessing health care services, and that health outcomes are generally worse for this group compared with the rest of the population. In response, a National Advisor will focus on reducing the health inequalities faced by the LGBTQI community and aims to improve health care received by those identifying as LGBTQI.

As part of PHE’s health promotion for sexual and reproductive health and HIV strategic action plan, 2016 to 2019, PHE has supported a number of national campaigns to promote healthy sexual health. For example, “Protect Against STIs”, a nationwide digital advertising campaign that aimed to reduce STIs among young people through condom usage was launched at the end of 2017. It included real people discussing their own experiences of having an STI (PHE, 2017ii).

Significant responsibilities will soon exist for all schools in England, from September 2020 including primary, secondary, academy, state-maintained, free and private schools, to teach relationships and sex education (RSE) following amendments made to the Children and Social Work Bill (Department of Education, 2017). The DfE will provide guidance following public consultation and the involvement of young people and parents will remain able to remove their child from lessons.

Currently, only students attending a secondary school funded directly by an LA, which represents approximately one-third of secondary schools, are guaranteed to be taught RSE (Department of Education, 2017), although schools have flexibility over how they teach this subject. Academies receive their funding directly from central government and have greater freedom in how they operate, including their curriculum. Locally, a new RSE task and finish group (with young people's participation) has been set up to support the development of the new curriculum.

1.4 The regional and local context

In recent years, the sexual health commissioning landscape and financial context have changed significantly. In response to this, LAs across London have been working proactively in partnership, under the London Sexual Health Transformation Programme under the LSHTM (now known as Sexual Health London) to significantly reshape sexual health services in London, to improve access, help to contain increasing demand and achieve better value for money. The integrated sexual health services in Wandsworth have been recently commissioned in line with both the previous sexual health strategy and the model agreed by the LSHTP. This has included a new service specification designed by the clinical advisory group, and a new tariff for sexual health services to meet increasing demand in a financially sustainable way. As part of the London programme, a new innovative e-service which enables self-management for non-complex cases has been introduced.

To reduce the rate of new HIV infections and eliminate the stigma associated with HIV, London has joined the Fast-Track Cities initiative, which aims to end new HIV infections by 2030 (Mayor of London, 2018). London's HIV response also includes 'Do It London', which is a London-wide prevention campaign promoting HIV testing and other positive approaches to improving sexual health, launched in 2015 and funded by LAs.

The Pre-Exposure Prophylactic (PrEP) Impact Trial is offered to Wandsworth residents via sexual health services. PrEP is a drug used to reduce the risk of HIV infection for people who do not have HIV but are at substantial risk of acquiring it. The PrEP Impact Trial aims to add to the existing evidence base by gathering sufficient data to ascertain the eligibility, uptake, and length of use of PrEP to inform commissioners on how to support clinical and cost-effective PrEP access in the future.

The Wandsworth Sexual Health Strategy links to a range of other areas of work locally including ongoing strategic work to tackle and prevent child sexual exploitation and knife crime. Public health will also be leading both a strategic overview of the role of schools in health and wellbeing during 2018-19 and the refresh of the substance misuse strategy.

2 How did we develop this strategy?

This strategy was informed by a rapid SHNA undertaken in 2018. This provides an overview of sexual health in Wandsworth and an outline of current sexual health services. It reviews local needs, national policy and evidence of what works to improve sexual health for the population.

The SHNA used data from services, demographics, the Wandsworth JSNA and publicly available information to identify key needs, gaps and priorities for sexual health improvement in Wandsworth.

Given the broad range of organisations involved and the complex commissioning and services environment, stakeholder engagement has been vital to the development of this strategy and the associated action plan.

Stakeholder and community engagement were carried out in the following ways:

- **Engagement with current providers and partners** took place as part of normal business, through contract management meetings and discussions at the local Sexual Health Joint Strategic meeting in the preceding months.
 - **A workshop with key stakeholders** was held in June 2018 to agree on the strategic priorities and develop the actions for the action plan. A range of partners was invited including public health, commissioners, children's services, school nursing, staff from the Youth Council, service providers, and the voluntary sector. There were 31 people attended the workshop from 15 organisations.
 - **Surveys were distributed to key clinical services in June 2018** including GPs, community pharmacists, and school nurses, to gain input on the strategy and priorities from all front-line staff. There were 21 GPs and pharmacists participated in the primary care survey, and three school nurses participated in the school nursing survey.
 - **A youth participation workshop** was held with both Wandsworth Youth Council and Children Living in Care Council in June 2018 to gain their views on the strategic priorities and actions. There were 15 young people participating in this workshop.
 - **A public consultation** was carried out in September 2018 on the draft strategy, and the draft version of the strategy was published on the local authority's consultation website.
- At every stage, feedback was taken on board and the strategy and the action plan were amended and then the strategy and action plan were discussed and signed off by the Wandsworth Health and Wellbeing Board in February 2019.
- In addition to the above, an Equality Impact Needs Assessment (EINA) was completed in line with corporate council requirements, to assess the impact of this strategy on the 9 protected characteristics laid out in the Equality Act (2010).

3 What are the principles?

Our approach to improving sexual health and the development of this strategy and action plan is guided by a set of core principles:

- **Reducing inequalities:** specific population groups are disproportionately affected by poor sexual health. This highlights the importance of targeting work to reach those groups to remove the barriers they face when attempting to access information and services
- **Effective partnership working:** Sexual health services are commissioned and delivered across a number of organisations, including both specialist and non-specialist services. Effective partnership working is imperative to ensure a whole systems approach to improve sexual health outcomes for local residents and patients.
- **Focusing on prevention:** Prevention work underpins public health and aim to help people make informed healthy choices, reduce the long-term cost of treatment and helps maintain a sustainable health service. Given the current financial environment, alongside the prevention focus for the NHS through the vision from the Five Year Forward View (2014), this is a useful principle to ensure value-for-money whilst improving sexual health outcomes
- **Making Every Contact Count (MECC):** training frontline workers in line with MECC principles, enabling them to have healthy conversations with the general public, opportunistically promote health where appropriate, and signpost to services and activities that support sexual health.
- **Reducing stigma and discrimination:** Encourage open conversations about sexual health and promote a culture that is inclusive, providing sexual health education and advice that is free from discrimination or stigma
- **Addressing the wider determinants of sexual health:** Ensure that strong links are made to the wider determinants of health e.g. alcohol and drug misuse, mental health, enabling joined-up working, and improving health outcomes



4 issues in Wandsworth?

Overall the sexual health needs of the Wandsworth population are significantly higher when compared to London and England. In particular, Wandsworth has significantly higher rates of STIs and HIV.

The burden of sexual ill health is disproportionate across the population, with vulnerable groups experiencing worse sexual health outcomes. Young people and MSM are the largest groups diagnosed with a new STI, and STI diagnosis is increasing amongst MSM. The black population experience a significantly higher proportion of STI diagnoses compared with the proportion of the population from ethnic groups. Moreover, Wandsworth is classed as a high prevalence area for HIV prevalence.

Although the teenage pregnancy rate has reduced substantially in the last decade and is now similar to England and London, there are other boroughs with rates that are half that of Wandsworth.

Most teenage conceptions are unintended and over half resulted in abortion. This suggests that there is more to be done to improve understanding of, and access to contraceptive services for young people

In Wandsworth, a lower percentage of women use long-acting reversible contraception, (LARC) which is the most effective form of contraception, compared with the England average.



5 What are the priorities?

5.1 Priority 1

Reduce STI rates with targeted interventions for at-risk groups

Why is this a priority?

- Socio-economic deprivation is a known determinant of poor sexual health and inequalities; the impact of STIs on physical and mental health can have wider social and economic effects (DoH, 2013). There is a clear association in Wandsworth between poor sexual health and deprivation in the most deprived population.
- In 2016, 5,595 Wandsworth residents were diagnosed with new sexually transmitted infections (STI), which represents a rate of 1,779 per 100,000 residents. This is significantly higher than, and more than double, the England rate of 750 per 100,000.
- Approximately a third (32% or 1,790 people) of diagnoses of new STIs in Wandsworth residents were in young people aged 15-24 years (compared to over half (51%) in England). Data shows 41% of new STIs in Wandsworth were among gay, bisexual and MSM.
- In 2016, 9% (367) of new STIs diagnosed in Wandsworth residents were in people aged between 45 and 65 years of age.
- The STI rate in the black population is higher than in the white population (2,366 per 100,000 compared with 1,569 per 100,000) despite two-thirds of diagnoses occurring in the white population (67.6%) and less a fifth in the black population (15.2%).
- Reinfection rates are a marker of persistent risky sexual behaviour. Between 2012 and 2016, the reinfection rates in Wandsworth were significantly higher than the England average.
- Genital warts are a common STI. Wandsworth had the highest rate of genital warts diagnoses in England in 2016, with a rate of 249 per 100,000, more than double England's rate (113 per 100,000). The Wandsworth rate has been consistently higher than England's between 2013 and 2016.
- The HPV vaccination, which is routinely offered to girls aged 12 to 13 years, and more recently to MSM, trans men and trans women who are eligible, helps to protect against genital warts and cervical cancer. In Wandsworth, 81.4% of 12-13-year-old girls received the HPV vaccine in 2016, which is similar to London and England.
- The vaccination prevents at least 70% and potentially more in the future. As it usually takes between 10 and 20 years for a cancer to develop after HPV infection the reduction in the number of cases of pre-cancerous changes in the cervix will only be seen in the longer term.

- There has been a concern about usage of the borough's sexual health service by young people aged under 25 years. A comparison has been undertaken between attendances at CLCH from Oct 2017 to May 2018 and those at the previous service provided by St George's Hospital (SGH) from Oct 2016 to May 2017. It appears that CLCH are seeing more young people from the youngest cohort (aged 13 - 17) than SGH did, although the numbers are small. However, attendances by those aged 16-24 have fallen by around 16%. This reduction is not distributed evenly across the borough, with several wards showing much sharper reductions. This has particularly affected Battersea, with Latchmere, Queenstown and Shaftesbury

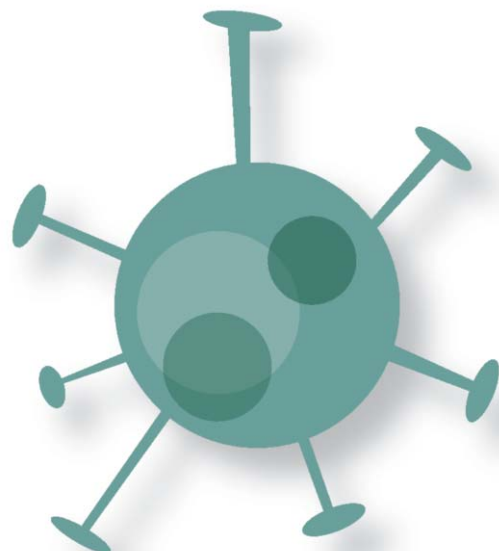
wards all seeing substantial drops in attendance.

This may reflect the fact that SGH formerly offered a specialist young people's clinic in this area, but this has not been provided within the new service. The siting of the new hub service at Clapham Junction provides the opportunity to re-engage fully with young people in the location, to deliver a highly accessible service that meets their needs.

- CLCH is developing an action plan detailing proposals for working with young people to increase awareness and improve access among this age group.

What does the evidence base tell us?

- The use of condoms, regular testing and reducing the number of sexual partners can reduce the risk of STIs.
- Comprehensive, open access sexual health services where people can be treated quickly and confidentially encourages people to attend for testing, treatment and partner notification, ensuring prompt diagnosis and treatment and preventing onward transmission (DoH, 2013).
- Partner notification is an important element of STI management. It protects patients from re-infection, partners from the consequences of untreated infection and the wider population from the onward transmission (DoH, 2013).
- The National Institute for Health and Care Excellence (NICE) recommends that free condoms are readily accessible to those most at risk, alongside information and advice to ensure correct use (2014). NICE also suggests condom schemes should be advertised in places used by those most at risk (NICE, 2014).



What do we currently offer?

Wandsworth provides a range of evidence-based sexual health services including:

- Open access integrated sexual health services.
- Dedicated clinics for young people, offering contraception and STI testing.
- Come Correct (or C-Card) Condom Distribution scheme, a regional initiative providing free condoms to young people in a variety of locations across London.
- Chlamydia screening programme for 16-24-year olds including treatment in community pharmacies (in primary care and secondary care and online).
- Online STI testing and online HIV testing.
- Workforce training – The integrated sexual health contract provides a range of workforce training opportunities including the nationally recognised STI Foundation course (STIF) for primary care professionals and a 'young people and sexual health update' annually. The integrated sexual health service also offers one intrauterine device (IUD) fitters' forum per year open to primary care. Metro holds training sessions for outlets registered on the C-Card Scheme.
- School nurse drop-in providing advice and signposting, and free condoms in some schools.
- A sexual health website which provides information, advice and service information for young people in South West London www.gettingiton.org.uk

What did people say?

Feedback from consultation has been summarised under the most appropriate priority. However, there may be a crossover with other priorities.

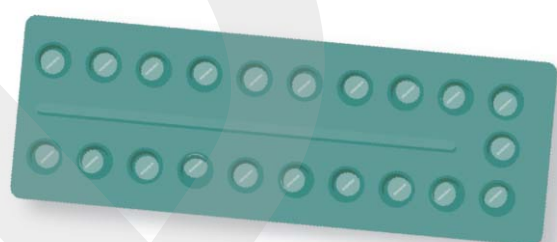
- Young people showed mixed awareness on how and where to get free condoms
- Of the school nurses participating in the school nursing survey:
 - The majority strongly agreed with the need for improved awareness and information amongst school nurses of what sexual health services are available and the role of those services
- Of the GPs and pharmacists participating in the primary care survey:
 - The majority agreed with the need for improved awareness and information amongst GPs and pharmacists of what sexual health services are available and the role of those services
 - The majority agreed with exploring direct referral to sexual health services by enabling pharmacies to book appointments on behalf of patients
 - The majority agreed to explore an increase in capacity for STI testing in primary care

5.2 Priority 2

Reduce unintended pregnancies

Why is this a priority?

- Unintended pregnancy can cause financial, housing and relationship pressures as well as the impact on existing children (DoH, 2013).
- Teenage women, women living in deprived areas and women aged 35 and over are most at risk of unintended pregnancy nationally (PHE, 2018).
- The abortion rate is used as a proxy measure for unintended pregnancies. In 2016, 23.4% of total conceptions (approximately 1,433 out of 6,125) in Wandsworth ended in abortion, which is similar to England (21.8%) and London (25.4%).
- Over three-quarters of abortions occurred in over 20 year olds. The largest number of abortions occurred in the 25-29 age group (397), which is over nine times the under 18 age group (46) and four times the 18-19 age group (67) (ONS, 2018).
- 38% of all abortions were repeat abortions, 40% of which were repeat abortions in over 25s and 34% in under 25 (ONS, 2018). The percentage of abortions in women aged under 25 years that involve a woman who has had a previous abortion in Wandsworth is higher than in England (34.4% compared with 26.7%). The count was 149.
- The percentage of teenage conceptions ending in abortion in Wandsworth is significantly higher than in England (58.4% compared with 51.8%) but lower than in London (63.7%).
- The main cause of unintended pregnancies is the incorrect and inconsistent use of contraception.
- UDMs were the most popular form of contraception used by Wandsworth residents with 70.1% of residents using them which is higher than average in England (62.1%).
- LARC is the most effective form of contraception. LARC usage in Wandsworth is lower than in England with a total prescribed LARC, excluding injections, the rate of 36.8 per 1,000 compared with 46.4 respectively. The Wandsworth rate was similar to London (36.8).



What do we currently offer?

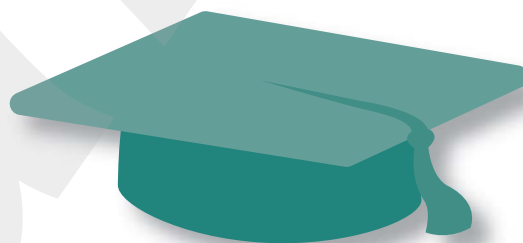
Wandsworth provides a range of evidence-based sexual health services. In addition to the services listed in Priority 1, the following services are also provided:

- Provision of LARC delivered in general practices across Wandsworth and in the integrated sexual health service
- Availability of emergency hormonal contraception (EHC) for all women (currently all ages) in community pharmacies across Wandsworth
- Access to free non-directive pregnancy counselling.



What does the evidence base tell us?

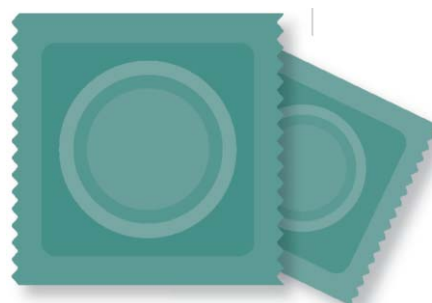
- Highly visible, comprehensive, open-access contraceptive services should be available to all women
- LARC is the most effective form of contraception
- EHC should be provided free of charge to women under 25 years of age
- Contraception advice and support should be available after pregnancy or abortion to prevent further unwanted pregnancies
- Provide school and education based contraceptive service
- Tailor services to socially disadvantaged young people helping them gain immediate access to contraceptive services and supporting them to use the services (NICE, 2014)



What did people say?

Feedback from consultation has been summarised under the most appropriate priority. However, there may be a crossover with other priorities.

- Of the GPs and pharmacists who participated in the primary care survey:
 - the majority agreed that pharmacies could potentially support women to quick start contraception after they provided EHC and signpost them to a GP

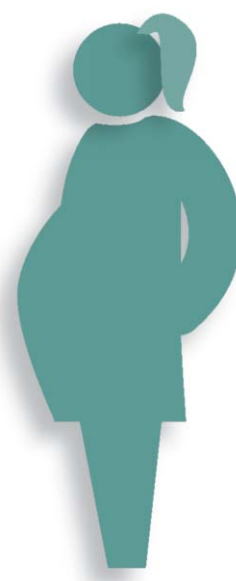


5.3 Priority 3

Continue to reduce under 18 conceptions

Why is this a priority?

- An unintended pregnancy can have long-term impacts on an individual's life. Teenage parenthood is associated with higher rates of infant mortality, poverty, lower educational attainment, unemployment and poor mental wellbeing (PHE, 2018). In addition, resulting children are at greater risk of low educational attainment, emotional and behavioural problems, accidents and injuries (NICE, 2014).
- Teenage women living in deprived areas are at higher risk of unintended pregnancy (PHE, 2018). There is a 6-fold difference in teenage conception rates between the poorest and most affluent areas in England (NICE, 2014). Wandsworth has an average level of deprivation compared to other local authority areas in England (deprivation decile 6) but has significant pockets of deprivation.
- Teenage conception rate has fallen dramatically since 1998 from 71 per 1,000 to 21 per 1,000 in 2016. In 2016, there were 77 conceptions in under 18 women in Wandsworth, which is a rate of 20 per 1,000 population. This is similar to England (18.8) and London (17.1).
- In Wandsworth, most teenage conceptions are unintended and over half (58%) resulted in abortion. This is higher than England (52%) but lower than London (64%). This high percentage of abortions suggests that there is more to be done to improve access to contraceptive services for young people (NICE, 2014).
- The percentage of abortions in women aged under 25 years that involve a woman who has had a previous abortion is higher than England (34.4% compared with 26.7%). The count was 149.
- Research shows that nationally teenage lesbian or bisexual women are at increased risk of unintended pregnancy compared to their peers. Although there is a lower rate of pregnancy in lesbians and bisexual women (LBW) than the general population (around half of LBWSW are parents), there is a statistically significant higher rate of pregnancy in adolescent LBWSW. In bisexual adolescents, the rate was twice that of a heterosexual adolescent. This may be due to the higher reported rates of forced sex amongst LBWSW compared with the general population (Hodson, Meads and Bewley, 2017).



¹ Forced sex is a type of sexual abuse, defined by ChildLine as 'being forced to have sex (intercourse), look at sexual pictures or videos, do something sexual' and it can also refer to being pressured to engage in sexual activity in return for money or drugs, often referred to as 'transactional sex'. Source <https://www.childline.org.uk/info-advice/bullying-abuse-safety/abuse-safety/sexual-abuse/>

What does the evidence base tell us?

The national Teenage Pregnancy Framework described 10 key factors for an effective strategy (PHE, 2018):

- Relationships and sex education in schools and colleges enables young people to build their sexual health knowledge, skills and resilience
- Youth-friendly contraceptive and sexual health services, and condom schemes provide easy to access and welcoming services
- Support for parents to discuss relationships and sexual health is associated with lower teenage pregnancy rates
- Targeted prevention for young people at risk
- Advice and access to contraception in non-health education and youth settings
- Training on relationships and sexual health for health and non-health professionals
- Consistent messages to young people, parents and practitioners
- Support for pregnant teenagers and young parents – including prevention of subsequent pregnancies
- Strong use of data for commissioning and monitoring of progress
- Strategic leadership and accountability
- In addition to this, the document also recommends partnership working

What do we currently offer?

Wandsworth provides a range of evidence-based sexual health services. In addition to the services listed in Priority 1, the following services are also provided:

- Dedicated clinics for young people, offering contraception and STI testing.

What did people say?

Feedback from consultation has been summarised under the most appropriate priority. However, there may be a crossover with other priorities.

- Young people felt that there should be easier access to contraception
- Young people suggested having more people come into schools to discuss teenage pregnancy, and ensure that young people understand the risks
- Young people expressed the importance of having a safe environment to discuss sex and pregnancy
- Of the school nurses participating in the survey:
 - The majority agreed with improving education and access to contraception, particularly following emergency hormonal contraception or abortion
 - The majority agreed with the provision of training for school nurses on sexual health
 - The majority agreed with exploring access to sexual health services for young people in school settings

5.4 Priority 4

Working towards eliminating late diagnosis and onward transmission of HIV

Why is this a priority?

- HIV is a STI that once contracted, lasts for life.
- The HIV prevalence is 5.5 per 1,000 in 2016. Wandsworth is classed as a high prevalence area. NICE guidance classifies between 2 and 5 cases of diagnosed HIV per 1,000 people aged 15-59 years as high prevalence. This compares with 2.3 per 1,000 nationally. Universal testing is recommended for high prevalence areas.
- The rate of new diagnosis in Wandsworth is significantly higher than in England. In 2016, 71 residents aged 15 years and above were newly diagnosed with HIV with a rate of 27.2 per 100,000 population compared to 10.3 in England.
- HIV testing coverage among sexual health service patients is higher in Wandsworth than England (77% compared with 67.7%).
- People who are diagnosed late with HIV have a tenfold increased risk of death in the year following diagnosis compared to those diagnosed promptly (Hartney et al, 2015).
- In Wandsworth, between 2014 and 2016, almost a third (32%) of people diagnosed with HIV were diagnosed late, compared with 40.1% in England.
- The lifetime cost for treating one HIV infection in the UK is estimated to be almost £380,000, based on a median life expectancy of 71.5 years for MSM diagnosed at the age of 30 (Nakagawa F et al., 2015).
- Estimates suggest approximately 181 people in Wandsworth are unaware they have HIV.

What does the evidence base tell us?

- Early diagnosis of HIV improves health outcomes by enabling early access to treatment and reducing the risk of transmitting the infection to others (PHE, 2017).
- Improving HIV test uptake will help to diagnose people before they become unwell, enable access to treatment and reduce HIV transmission. To achieve this, PHE (2016) advises:
 - Normalise testing so it is seen as routine healthy behaviour
 - Raise awareness of testing
 - Adopt innovative approaches such as self-testing
 - Reduce stigma and emphasise that testing is confidential
- Condoms used correctly and consistently can prevent the majority of HIV infections
- Everybody who is offered an HIV test is advised to take the test so that effective treatment can be started if needed
- MSM are advised to have an HIV test at least annually, and every three months if having unprotected sex with new or casual partners (PHE, 2017)
- Black African men and women are advised to have regular HIV testing if having unprotected sex with new or casual partners (PHE, 2017)

What do we currently offer?

Wandsworth provides a range of evidence-based sexual health services. In addition to the services listed in Priority 1, the following services are also provided:

- HIV support service for people living with HIV to increase knowledge and awareness and help reduce onward transmission. The service also provides HIV testing to help reduce late diagnosis.
- Online HIV testing
- PrEP Impact Trial involves a drug used to reduce the risk of HIV infection for people who do not have HIV but are at substantial risk of acquiring it.
- As a London Borough, we will support the Fast-Track Cities initiative, which aims to end new HIV infections by 2030 (Mayor of London, 2018), and associated initiatives such as 'Do It London', which is a London-wide prevention campaign promoting HIV testing and other positive approaches to improving sexual health, launched in 2015 and funded by LAs.



What did people say?

Feedback from consultation has been summarised under the most appropriate priority. However, there may be a crossover with other priorities.

- Of the GPs and pharmacists who participated in the survey:
 - The majority agreed with exploring the provision of HIV testing in pharmacies and scaling up HIV testing in GPs
 - The majority agreed with developing opt-out HIV testing in Accident and Emergency (A&E) and walk-in services
 - The majority agreed with improving primary care knowledge of HIV clinical indicator conditions for testing



5.5 Priority 5

Promote healthy sexual behaviour and reduce risky behaviour

Why is this a priority?

- The stigma associated with STIs can create a barrier to good sexual health and access to services (DoH, 2013).
- Good relationships and sex education are linked to improved sexual health outcomes (Macdowall et al, 2015).
- At risk groups, such as BME, young people and LGBTQI, are more likely to engage in risky sexual behaviour.
- Over the last 60 years, the sexual lifestyles in Britain have changed significantly especially amongst women. Sexual activity continues into later life, so a life course approach is needed (Mercer et al, 2013).
- With more older people than in previous generations becoming newly single through divorce, separation, or the death of their partners. Many older people may have incomplete or incorrect knowledge about sexual health and therefore do not use condoms to reduce the risk of contracting STIs when beginning new sexual relationships.



What does the evidence base tell us?

- Healthy sexual behaviour is affected by the following, and interventions to support healthy sexual behaviour should consider the following aspects (DoH 2013):
 - Personal beliefs - for example the perceived risk of pregnancy or catching an STI
 - Perception of risk associated with certain behaviours
 - Self-esteem and confidence can impact how people feel about their bodies. People with low confidence may be more likely to engage in risky behaviour
 - Relationships within families – more open sexual health conversations young people have with their parents, the more likely they are to make better sexual health choices
 - Stigma can prevent individuals from accessing services
 - Knowledge and education
- Religion
- Peer pressure, particularly where the relationship is between a dominant older youth and a younger individual
- MECC provides training for health and social care staff enabling them to engage in healthy conversation and signpost the public to services and activities that promote good sexual health
- Prevention should be targeted at those populations most at risk (DoH, 2013)
- High-quality information provides an understanding of how to improve sexual health but cannot improve sexual health outcomes on its own. Information should be combined with evidence-based preventative interventions that focus on beliefs, perceptions, and motivation to encourage people to change their attitudes and behaviours (DoH, 2013).

What do we currently offer?

Wandsworth provides a range of evidence-based sexual health services. In addition to the services listed in Priority 1, the following services are also provided:

- School nurse drop in providing advice and signposting, and free condoms in some schools
- Sexual health website with information, advice and service information for young people in South London
www.gettingiton.org.uk



What did people say?

Feedback from consultation has been summarised under the most appropriate priority. However, there may be a crossover with other priorities

- There is a general lack of awareness and education of LGBTQI physical health and relationship issues amongst young people
- Young people felt that better and more consistent RSE, from a younger age, is needed, including a greater focus on consent
- Young people have some awareness of trusted sources of sexual health information, but this was mixed
- Of the school nurses participating in the school nursing survey:
 - The majority agreed that those delivering RSE require consistency in training, adequate resources and good access to local sexual health services for professional support
 - The majority agreed with the provision of sexual health information to parents as well as children
 - The majority agreed with exploring ways to raise awareness of LGBTQI in schools
- The majority agreed with exploring opportunities to include relationship development and social expectations in broader service provision
- One school nurse commented that LGBTQI teachings should be incorporated into RSE within primary schools (Year 6) and secondary schools (Year 7 and 9).
- One school nurse commented on the importance of agencies understanding the cultural differences of ethnic groups to offer the best teaching to children and young people on sexual health
- One school nurse commented on the importance of more Equality and Diversity training, regarding the LGBTQI and BME communities, to ensure respect and understanding throughout all communications with children and young people accessing the sexual health system.



6 How will this strategy be delivered?

Our Governance

The local Sexual Health Strategic Commissioning Group will hold responsibility and oversee the implementation of the strategy through the delivery of the action plan, following amendments to the current Terms of Reference for this group.

Consideration will be given to expanding the Provider's Forum to become a Partnership Forum within 6-months of the strategy being signed-off and within 12-months there will be a review of how this is functioning. Actions and outcomes will be monitored as part of the strategy implementation.

An action plan was developed alongside this document in partnership with key stakeholders at the workshop and sent out as part of the public consultation process. Amendments were made following feedback, to ensure views were reflected in this plan.

Across all priorities these are the seven action areas we are focussing on:

- Improved awareness of sexual health services amongst residents including young people and other vulnerable groups
 - This will be achieved by working with communications colleagues to promote sexual health services through various mediums ensuring awareness of trusted online sexual health resources, and actively promoting the C-Card scheme.
- Increased sexual health knowledge among young people and improve understanding of sexual health behaviour
 - This will be achieved through supporting the development of the new RSE curriculum and ensuring that young people are involved in both design and delivery. In addition, will options will be explored to influence all schools to ensure equitable provision of RSE across the borough and to ensure the that LGBTQI young people are supported around sexual health.

- Increased sexual health knowledge across the whole population

- This will be achieved by engaging with key partners, elected members, professionals and residents, and promoting local and national campaigns e.g. HIV testing week and World AIDS day. In addition, establishing opportunities for a sexual health MECC training module for professionals.

- Better partnership working across the sexual health system, with improved communication and understanding of everybody's role

- This will be achieved by ensuring all professionals are aware of the different organisations involved in the sexual health system locally, have up to date information and opportunities to network through sexual health providers meetings, quarterly primary care newsletters, and a service directory of all providers.



■ Accessible sexual health services for all

- Service users will be involved in the development of the new CLCH hub, to ensure it meets their needs, and the needs of vulnerable groups. The primary care sexual health provision will be reviewed in terms of need and accessibility

■ Accessible sexual health services that meet the needs of at-risk groups

- This will be achieved by providing outreach and dedicated support for at-risk groups (e.g. young people, MSM, chemsex) who may not attend clinics, in addition to reviewing access options for condom distribution

■ All professionals working within the sexual health system receive appropriate training

- This will be informed by undertaking a Training Needs Analysis of providers delivering sexual health services in primary care, and ensuring providers are trained in communicating with and supporting more vulnerable groups

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