

SEXUAL HEALTH PROVISION IN SUNDERLAND**REPORT of the EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND INTEGRATED COMMISSIONING and THE DIVISIONAL DIRECTOR – FAMILY CARE SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST****1. Purpose of the Report**

1.1 The purpose of the report is to provide an update on the whole systems approach to sexual health in Sunderland. The term 'sexual health services' refers to all services which are either commissioned or support in partnership the whole system approach to sexual health.

2. Context

2.1 Local Authorities are mandated to commission comprehensive open access sexual health services for everyone **present in their area**, covering:

- preventing the spread of sexually transmitted infections (STIs)
- free STI testing and treatment (excluding treatment for HIV¹)
- notification of sexual partners of infected persons
- advice on, and reasonable access to, a broad range of contraception
- advice on preventing unintended pregnancy.

2.2 The mandated responsibilities do not cover the entirety of sexual health care which local authorities have responsibility for. To improve outcomes and the health of the local population it is also important to improve the knowledge and skills of the population and the wider workforce and ensure prevention focused interventions are in place. This would include:

- sexual health promotion and HIV prevention work
- condom distribution schemes
- outreach provision
- specialist offers for young people (who are disproportionately affected by STI's and unplanned pregnancy).

2.3 Local authorities are also responsible for provision of the sexual health aspects of psychosexual counselling (Clinical Commissioning Groups (CCG) are responsible for commissioning the psychological elements of this provision).

2.4 Provision of specialist integrated sexual health services in Sunderland is provided by South Tyneside and Sunderland NHS Foundation Trust and includes the:

- provision of contraception services
- provision of screening and treatment for STIs
- sexual health advice, information and promotion.

2.5 Additional sexual health services are commissioned from the public health grant through pharmacies, GP practices and other partners to enhance access to Emergency Hormonal Contraception (EHC), Long Acting Reversible Contraception (LARC) as well as in support of sexual health prevention and promotion.

¹ HIV treatment is commissioned by NHS England

- 2.6 NHS England and CCGs also have responsibility for commissioning different elements of sexual health services (Appendix One). This illustrates the complexity of the sexual health commissioning landscape, which has many interdependencies. It is imperative that commissioners work together collaboratively to ensure a seamless patient journey and support optimum sexual health outcomes.

3. Background

- 3.1 Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to high quality sexual health services improves the health and wellbeing of both individuals and populations.
- 3.2 Whilst the Government set out its ambitions for improving sexual health in its 2013 publication A Framework for Sexual Health Improvement in England², the framework continues to be the relevant today. The framework provides the information, evidence base and support tools to enable those involved in sexual health improvement to work together effectively and improve sexual health outcomes.
- 3.3 In response to the Coronavirus Disease 2019 (COVID-19) pandemic, the UK Government implemented strict non-pharmaceutical interventions (NPIs) in the form of national and regional lockdowns, as well as social and physical distancing measures including an emphasis on staying at home.
- 3.4 Sexual health services (SHS) in England had substantially reduced capacity in the first year of the COVID-19 pandemic in response to national directive to reduce face-to-face consultations, supported by the rapid reconfiguration to increase access to STI testing via telephone or internet consultations³.
- 3.5 Public Health England surveillance data are consistent, indicating an overall decrease in sexual health consultations, testing, and diagnoses between March and May 2020, with a subsequent increase in diagnoses in June, 2020, when restrictions eased, although the number remained considerably lower than 2019 levels. The rapid shift to remote clinical consultations, testing, and management seems to have facilitated service access and aimed to prioritise in-person access for individuals and conditions most in need⁴.
- 3.6 The summary profile of local authority sexual health (SPLASH) published in January 2022 showed an increasing trend in diagnoses of chlamydia, gonorrhoea and syphilis in England from 2010 until 2019, while diagnoses of genital warts have decreased since 2013 due to the protective effect of HPV vaccination.
- 3.7 Figures published in September 2021 by Public Health England⁵ show there were 317,901 sexually transmitted infections (STIs) reported in England in 2020. This represents a 32% drop from 2019.
- 3.8 These are the first figures to show the impact of COVID-19 rules on rates of STIs, including its impact on sexual health services. We can see drops in diagnoses of new

² Department of Health (2013). A Framework for Sexual Health Improvement in England. (<http://www.dh.gov.uk/health/2013/03/sexhealth-framework/>)

³ [SPLASH Sunderland 2022-01-27 \(phe.org.uk\)](#)

⁴ The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England. Public Health England, 2020

⁵ [Sexually transmitted infections and screening for chlamydia in England, 2020 \(publishing.service.gov.uk\)](#)

infections, as well as in number of consultations and screenings – but an increase in online consultations.

3.9 The key statistics are:

- 317,901 diagnoses of STIs in England in 2020 – a 32% overall drop from 2019.
- 20% decrease in gonorrhoea compared to 2019 with 57,084 diagnoses.
- 14% decrease in syphilis compared to 2019 with 6,926 diagnoses.
- 10% decrease in consultations at sexual health services compared to 2019, but number of online consultations doubled to 1,062,157.
- 25% decrease in sexual health screens in sexual health services compared to 2019.
- 30% decrease in chlamydia tests carried out among young people (15 to 24 year olds) compared to 2019.

3.10 Despite the overall decrease in STI diagnoses, STIs continued to disproportionately impact young people aged 15 to 24 years, people of Black Caribbean ethnicity, and MSM.

4. Sexual Health Outcomes in Sunderland

4.1 The latest available sexual and reproductive health data for Sunderland covers data from 2020 and as such will reflect the pandemic and imposed restricted access to sexual health services, especially when comparing with data from pre-pandemic years.

4.2 Key outcomes for sexual health in Sunderland⁶ are:

- Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Sunderland in 2020 was 1,501. The rate was 540 per 100,000 residents, **similar** to the rate of 562 per 100,000 in England.
- Sunderland ranked 56th highest out of 149 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia among young people aged 15 to 24 years in 2020, with a rate of 529 per 100,000 residents aged 15 to 64, **better** than the rate of 619 per 100,000 for England.
- The chlamydia detection rate per 100,000 young people aged 15 to 24 years in Sunderland was 1,812 in 2020, **better** than the rate of 1,408 for England.
- The rank for gonorrhoea diagnoses (a marker of high levels of risky sexual activity) in Sunderland was 80th highest (out of 149 UTLAs/UAs) in 2020. The rate per 100,000 was 64.1, **better** than the rate of 101 in England.
- Among specialist sexual health service (SHS) patients from Sunderland who were eligible to be tested for HIV, the percentage tested in 2020 was 48.8%, **better** than the 46.0% in England.
- The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2020 was 1.0, **better** than the rate of 2.3 in England.
- In Sunderland, in the three year period between 2018 - 20, the percentage of HIV diagnoses made at a late stage of infection was 56.5%, **worse** to 42.4% in England.
- The total rate of long acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist and non-specialist SHS per 1,000 women aged 15 to 44 years living in Sunderland was 38.2 in 2020, **higher** than the rate of 34.6 per 1,000 women in England. The rate prescribed in primary care was 11.5 in

⁶ [SPLASH Sunderland 2022-01-27 \(phe.org.uk\)](https://www.phe.org.uk)

Sunderland, **lower** than the rate of 21.1 in England. The rate prescribed in the other settings was 26.8 in Sunderland, higher than the rate of 13.4 in England.

- The total abortion rate per 1,000 women aged 15 to 44 years in 2020 was 18.0 in Sunderland, **similar** to the England rate of 18.9 per 1,000. Of those women under 25 years who had an abortion in 2020, the proportion who had had a previous abortion was 28.3%, **similar** to 29.2% in England.
- In 2019, the conception rate for under-18s in Sunderland was 24.3 per 1,000 girls aged 15 to 17 years, **worse** than the rate of 15.7 in England. However, the latest rolling quarterly rate of u18 conception (September 2020) is 18.8 per 1,000 (15 to 17 years). Between 1998 and 2019 Sunderland saw a 61% reduction in the U18 conception rate, **closing the gap with England**.

5. Whole System Sexual Health in Sunderland

- 5.1 Sexual health, reproductive health and HIV services make an important contribution to the health of the individuals and communities they serve. Their success depends on the whole system - commissioners, providers and wider stakeholders - working together to make these services as responsive, relevant and as easy to use as possible and ultimately to improve the public's health⁷.
- 5.2 The following update builds on the report presented to the Health and Wellbeing Scrutiny in 2018, sharing the progress made against the proposed recommendations. The update will also share information on subsequent investment and ways of working in support of the whole systems approach to sexual health.

Sexual Health Prevention

- 5.3 A range of services are available to support an improvement in sexual health outcomes for young people in Sunderland. These services include:
- a. Relationships and Sex Education (RSE)⁸**
Public Health commission a dedicated post within Together for Children to co-ordinate school activity in support of meeting the requirements of the RSE and RSHE statutory guidance and supporting the quality assurance of delivery
 - b. Together for Children, Relationship, Sex and Health Education (RSHE)⁹**
Together for Children's RSHE service works with young people aged 8 to 18 (based on level of need) and can be offered to young people with special educational needs and disabilities up to the age of 25, to help children and young people to develop the vital skills to make informed decisions about their sexual health, wellbeing, self-esteem and relationships.
 - c. RSHE Charter Mark¹⁰**
An offer to schools to sign up to and develop an evidence based portfolio of activity within school against a range of national standards. This is part of the Healthy Schools Programme and is currently available at Bronze Level. Four of our schools have currently achieved Bronze Level.
 - d. Outreach Services – Brook¹¹**
Outreach and educational services across Sunderland for young people aged 11-18. These services promote healthy relationships and an understanding of acceptable behaviours and attitudes in relation to relationships and sexual health, alongside pregnancy choices.

⁷ [Making it work Main guide revised March 2015.pdf \(publishing.service.gov.uk\)](#)

⁸ [Relationships and sex education \(RSE\) and health education - GOV.UK \(www.gov.uk\)](#)

⁹ <https://www.togetherforchildren.org.uk/professionals/relationship-health-sex-education-rhse>

¹⁰ [RSHE Charter Mark | Together for Children](#)

¹¹ [Outreach and educational services for Sunderland – Brook](#)

e. **Mobile Prevention Bus**

Wear Here 4 You provides information, advice and support for children, young people and families in Sunderland. The service is delivered in partnership with organisations from across the City. Outreach sexual health services forms part of this offer.

f. **School drop ins**

Growing Healthy Sunderland along with partners offer a school based drop in, this supports young people with advice and support on a range of issues including access to condoms, pregnancy testing and general sexual health support. School Nurses have also recently been trained in the delivery of emergency contraception. It is hoped they will soon have their competencies signed off and can provide another opportunity for support.

5.4 Sexual Health awareness campaigns are supported by partners locally, most recently HIV testing week (February 7th) saw the promotion of testing opportunities as well as prevention messages shared jointly with partners.

Primary Care and Community Pharmacy Services

5.5 Public Health Contracts include provision for LARC in primary care and Emergency Contraception in Pharmacy.

5.6 There are opportunities to improve access to sexual health services in primary care. Building on the NHS long term plan and one of its objectives to appoint a Tackling Health Inequalities lead for each of the Primary Care Networks.

5.7 Emergency contraception and condom card schemes are delivered through participating Pharmacies in Sunderland. Recent analysis of emergency contraception data shows a high repeat use of the service which would indicate lack of awareness or access to contraception, including LARC.

5.8 An equity audit is currently underway to understand the broad picture in relation to emergency contraception provided across Sunderland.

5.9 The Statutory Pharmacy Needs Assessment is also planned and will include access to sexual health services.

Integrated Sexual Health Services

5.10 The Sunderland Integrated Sexual Health Service became operational from the 1st October 2019 and is based at a dedicated hub at Chester Lodge, Sunderland Royal Hospital. This has ensured the co-location of the STI and contraceptive provisions of the Service, which was a recommendation from previous service reviews. The Integrated service provides advice, support, screening and treatment all in one place as well as outreach clinics and appointments being available at various locations in the City, including dedicated clinics for under 25s¹².

5.11 The overall service provides confidential advice and treatment as well as a range of services including (but not exhaustive) and (please also note not all of the elements are commissioned by The Council, some are commissioned by NHSE and or CCG):

- STI screening and testing
- Contraception (including coil and implant fitting and removal)
- Emergency contraception

¹² [Home :: Sexual Health :: South Tyneside and Sunderland NHS Foundation Trust \(sunderlandsexualhealth.nhs.uk\)](http://Home::SexualHealth::SouthTynesideandSunderlandNHSFoundationTrust(sunderlandsexualhealth.nhs.uk))

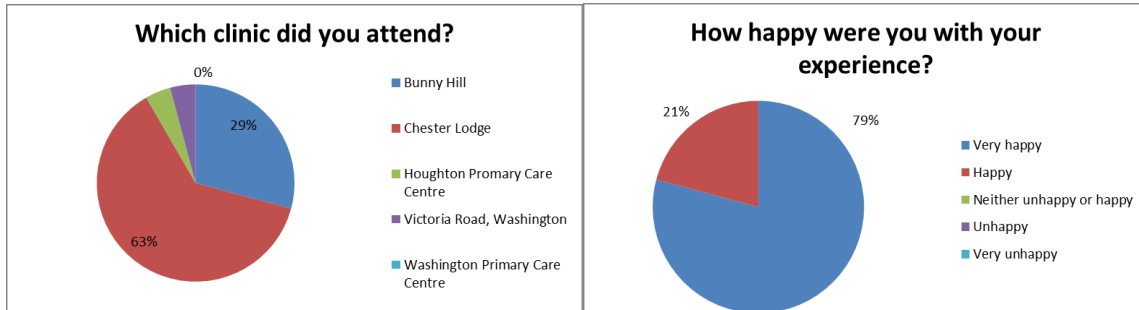
- Sterilisation consultation
- Pregnancy advice and options (including referral to the termination service commissioned by the CCG)
- Advice on safer sex, sexual risk taking, infections, sexuality and gender issues
- Support for those who have been sexually assaulted (NHSE)
- Treatment and support for people living with HIV
- Treatment for those at risk after HIV risk exposure
- Access to Psychosexual counselling
- Cervical Screening
- Provide clinical leadership, training and education to a range of professionals to increase knowledge and skills on sexual health as well as building capacity across the system.

5.12 Additionally, the service has an enhanced offer for young people which includes direct access to:

- Young Person’s Contraception Nurse (includes outreach provision)
- Outreach services including condom card scheme, access to contraception, screening. The outreach element was additional resource to strengthen the outreach and sexual health promotion and prevention offer.
- Pregnancy options advice

5.13 The Sexual Health Service contract was varied March 2021 to accommodate developments around HIV prevention (PrEP) in line with NICE Guidance¹³

5.14 A monthly service user satisfaction survey is carried out by the service, a snapshot from January 2022 is below:

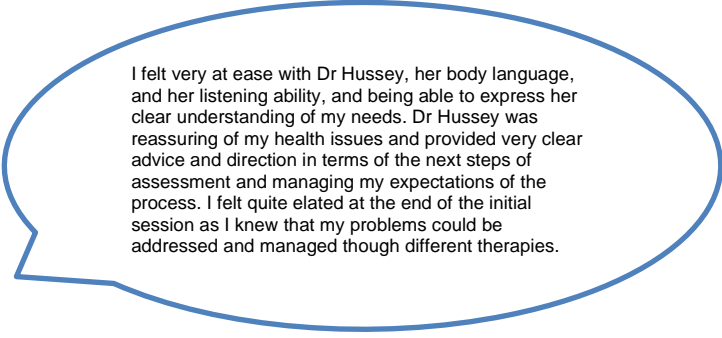


Please give us your overall impression of the service	No. of Responses	Percentage
Very satisfied	20	83.33%
Satisfied	4	16.67%
Neither satisfied or unsatisfied	0	0.00%
Not satisfied	0	0.00%
Very dissatisfied	0	0.00%
TOTAL	24	

Carly was extremely friendly, making the experience quick and easy, and was brilliant at helping calm my nerves! I could not have asked for a nicer nurse!

Quick and easy and a lot of information

¹³ <https://www.nice.org.uk/news/article/nice-recommends-offering-prep-to-people-at-high-risk-of-hiv-for-first-time>



I felt very at ease with Dr Hussey, her body language, and her listening ability, and being able to express her clear understanding of my needs. Dr Hussey was reassuring of my health issues and provided very clear advice and direction in terms of the next steps of assessment and managing my expectations of the process. I felt quite elated at the end of the initial session as I knew that my problems could be addressed and managed through different therapies.

6. Good Practice Examples

The Pause Project:

- 6.1 Pause work with women who have experienced or are at risk of repeated pregnancies that result in children needing to be removed from their care. Pause aims to break this cycle and give women the opportunity to pause and take control of their lives. A vital part of this programme is effective long acting reversible contraception (LARC). The women in this programme often have chaotic lifestyles and contraception needs to be easily accessible and a flexible approach needs to be adopted. Sunderland Sexual Health Service works collaboratively with the Pause Project to provide women with effective contraception and sexual health education to support them taking control of their situation.
- 6.2 The following feedback was provided to the Strategic Commissioning Manager for Together for Children/NHS Sunderland CCG :
- Sunderland's pathway for supporting Pause women to access sexual health services was cited as a model of best practice; Pause practitioners reported serious challenges in facilitating access to Sexual Health Services in other LAs (sadly in one case resulting in an unwanted pregnancy) so well done to those colleagues for supporting the Sunderland women so effectively.*

During Covid

- 6.3 The Young Persons Contraception Nurse (YPCN) has continued to operate throughout Covid and is starting to see an increase in referrals from a range of partners including school both direct and from the outreach element of the service, Bumps2Babies as well as self referrals.
- Themes of the referrals
 - Access to LARC
 - Advice and information
 - Pregnancy testing
 - Oral contraception
- 6.4 The YPCN works very closely with the Family Nurse Partnership and at the recent FNP Board, received valuable feedback about the work she does and how it has contributed to the reduction in second pregnancies within the FNP service. This feedback was relayed back to the YPCN and her Manager.
- 6.5 The impact of Covid has accelerated the scope of local online testing beyond the parameters of the original tender and has seen an increase in access to online testing in line with what has been seen across the rest of England.
- 6.6 However as the majority of patients requesting online testing are symptomatic they do still require a face-to-face service for testing, so online services do not always reduce the amount of people accessing the service. However, some people only use the online service.

- 6.7 The service has reported around a 47% - 50% return rate of tests ordered, similar to other areas across the Country¹⁴.
- 6.8 The HIV element involves collecting blood, but the test is difficult to perform and that may be impacting on the return rate. Another factor may be due to patients being asked to do a 3-month review test when the service recommends a 6-month review test.

7. Ongoing Challenges

HIV late diagnosis

- 7.1 Sunderland has the one of the highest late diagnosis rates in the country.
- 1 in 1000 in Sunderland have HIV infection
 - 61% in Sunderland diagnosed Late (43% England/north east average)
- 7.2 Sunderland Sexual Health service offers HIV testing to all patients and as previously stated in this report the uptake is better than the national rate. However to improve this late diagnosis rate HIV testing needs to be undertaken in other healthcare/non healthcare settings other than sexual health services.
- 7.3 To facilitate this Sunderland Sexual Health Service delivers education and training to both primary and secondary care in relation to HIV testing, who to test and when to test. The Sexual Health service will support the testing service when a result is positive and encourage referral into sexual health.

Changes to chlamydia screening programme

- 7.4 The National Chlamydia Screening Programme (NCSP) is changing to focus on reducing reproductive harm of untreated infection in young women.
- 7.5 Opportunistic screening (that is the proactive offer of a chlamydia test to young people without symptoms) should focus on women combined with:
- reducing time to test results and treatment
 - strengthening partner notification
 - re-testing after treatment
- 7.6 This means that chlamydia screening in community settings, such as GPs and pharmacies, will only be proactively offered to young women. Services provided by sexual health services remain unchanged.
- 7.7 Everyone can still get tested if they need, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.
- 7.8 This could potentially increase the footfall through sexual health services and increase online testing requests.

8. Recommendations

- 8.1 Members of the Health and Wellbeing Scrutiny Committee are asked to:

¹⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4733221/>

- Note the commissioning responsibilities of the Council for sexual health services, some of which are mandated
- Note the burden of sexual health on the population of Sunderland.

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SEXUAL HEALTH COMMISSIONING RESPONSIBILITIES SINCE 2013

Local Authorities	Clinical Commissioning Groups*	NHS England
<p>Contraception, including LARC and associated prescribing costs though excluding contraception provided as an additional service under the GP contract.</p> <p>STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing.</p> <p>Sexual health aspects of psychosexual counselling.</p> <p>Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies.</p>	<p>Termination of pregnancy services (including contraception and STI testing as an episode of care).</p> <p>Sterilisation vasectomy.</p> <p>Non-sexual health elements of psychosexual health services.</p> <p>Gynaecology, including any use of contraception for non-contraceptive purposes.</p>	<p>Contraception provided as an additional service under the GP contract.</p> <p>HIV treatment and care, including post-exposure prophylaxis and post-exposure prophylaxis after sexual exposure.</p> <p>Promotion of opportunistic testing and treatment for STIs, and patient requested testing by GPs.</p> <p>Sexual health elements of prison health services.</p> <p>Sexual Assault Referral Centres.</p> <p>Cervical screening.</p> <p>Specialist fetal medicine.</p> <p>Pre-Exposure Prophylaxis for HIV Impact Trial.</p> <p>HPV Vaccination</p>

*In Sunderland the CCG co-commissions the sexual health services provided under the GP contract on behalf of NHS England.