5. HEALTHY LIFESTYLES

5.9 Sexual Health

The World Health Organisation defines sexual health as 'a state of physical, emotional, mental and social well-being related to sexuality' which '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 or violence'. Good sexual health therefore encompasses freedom from sexually transmitted infections and good reproductive health, but also broader sexual health and wellbeing, healthy and safe relationships, consent and resilience.

This section presents information on the impact of sexual health and ill-health, and on what is known about the sexual health of the Buckinghamshire population. Information on teenage conceptions is in JSNA Section 6.3.

5.9.1 The impact of sexual health

Sexual health has an impact across the life course and different information, services and interventions are required at each stage. For example, children and young people need age-appropriate ways of learning about relationships, risk, and protecting themselves, so that they can make choices about when they are ready to become sexually active, about sexual behaviour and contraception, and know about when and how to access services. Needs might change through adulthood, for example, depending on patterns of relationships, and some groups of the population such as young people aged under 25, those in more deprived areas, some ethnic groups, and gay, bisexual and transgender people are at increased risk of sexual ill-health.

Sexually transmitted infections (STIs) are spread primarily through sexual contact and are among the commonest infectious illnesses, particularly, among young people. If not treated, STIs can cause acute symptoms, chronic infections and serious later consequences such as infertility, ectopic pregnancy and cervical cancer. HIV is most commonly spread by sexual contact and although effective treatments are now available, it can have significant long-term health and economic costs. Unintended pregnancy can have huge emotional and economic consequences for people at any age, but teenage parenthood can lead to health and social disadvantages for both mother and baby, as well as significant public sector costs including medical, social welfare, education and housing.

The evidence for the economic benefits of improving sexual health is extensive, for example:

- Every £1 invested in contraception saves £11[1].
- Effective contraception is estimated to deliver welfare savings more than 9 times higher than the healthcare savings[2].
- Early testing and diagnosis of HIV reduce treatment costs to £12,600 per annum per patient compared to £23,442 with a later diagnosis[3].

5.9.2 Information about sexual health in Buckinghamshire

For a full description of all the sexual health needs in Buckinghamshire please see the Buckinghamshire Sexual Health Needs Assessment (2015)[4]. Data relating to STIs and reproductive health is also available on the Public Health England Sexual and Reproductive Health Profiles[5].

5.9.2.1 Sexually Transmitted Infections (STIs)

Table 1 shows the number and rate of diagnosis of STIs (excluding chlamydia) in Buckinghamshire compared with the South East and England in 2014[5]. These data are from level three specialist services, which in Buckinghamshire are the Genito-Urinary Medicine (GUM) clinics at Wycombe Hospital and Brookside Clinic in Aylesbury[1].

There were a total of 2,706 new STI diagnoses in Buckinghamshire in 2014, a rate of 524 per 100,000 population, significantly lower than the South East rate of 627 per 100,000 and the national rate of 797 per 100,000, and a slight fall from the 2,863 new diagnoses (555 per 100,000) in 2013. The rate of testing for STIs, and the proportion of tests which were positive, were also significantly lower in Buckinghamshire and the South East than nationally. It is important to note that a lower rate of STIs is not defined as either 'better' or 'worse', as it can result from a number of factors. While it may reflect a low prevalence of STIs in the population, which would be considered a positive finding, it may also result from STIs remaining undetected, which would be a negative finding.

Figure 1 shows the new STI diagnosis rate per 100,000 in Buckinghamshire compared with its group of CIPFA peer local authorities. Buckinghamshire is 11th lowest out of the 15 peer areas and significantly lower than both the England and South East averages. As noted above, while it is likely that this reflects a lower prevalence of STIs, it is not possible to say this for certain.

[1] Note that Level 2 STI data is collected in Buckinghamshire and submitted to PHE but is not published at national level due to data quality issues in other local authority areas. This will change from 2016 and the level 2 data will be included on the commissioner's sexual health portal for the first time but not the national profiles as data is not robust for comparison.

Table 1 STI diagnoses in Buckinghamshire, South East and England, 2014

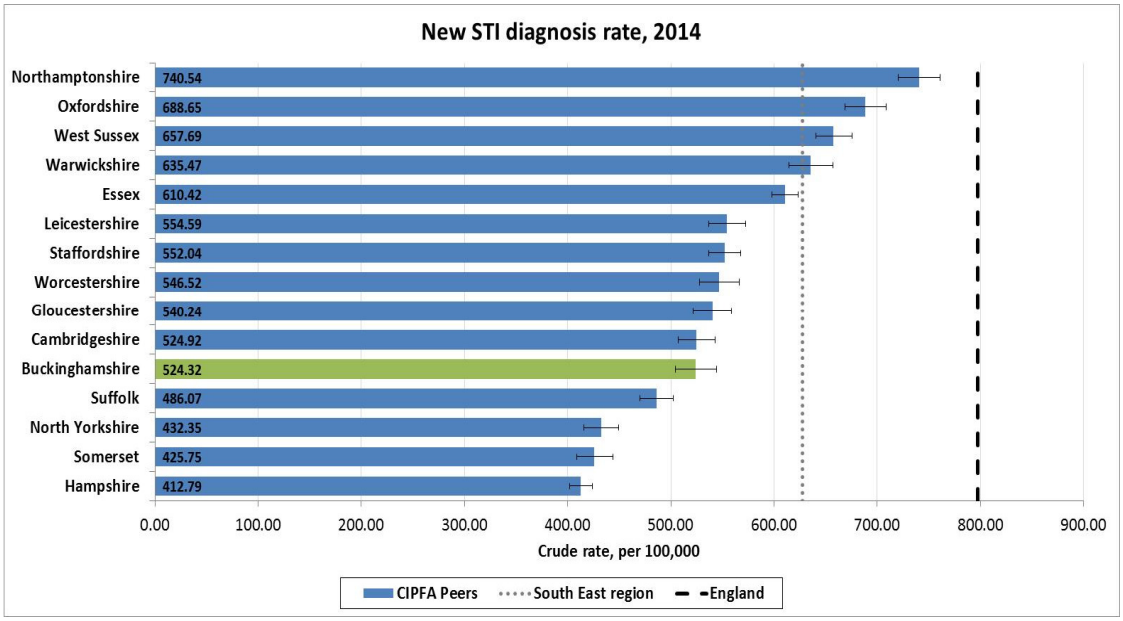
	Buckinghamshire	South East	England (benchmark)
STI testing (excluding chlamydia in under 25 years)/100,000 population aged 15 to 64	11,805	12,943	15,366
STIs testing positivity (excluding chlamydia aged <25) %	4.9	5.0	5.4
New STI diagnosis rate (all STIs excluding chlamydia aged <25)/100,000 population	524	627	797
Gonorrhoea diagnosis rate/100,000 population	25.0	36.2	63.3
Syphilis diagnosis rate/100,000 population	1.6	5.2	7.8
Genital warts diagnosis rate/100,000 population	100.8	114.7	128.4
Genital herpes diagnosis rate/100,000 population	46.5	51.1	57.8

Key

Statistically significantly lower than England (note: neither 'better' nor 'worse')	
Statistically significantly worse than England	
Statistically significantly better than England	

Source: Sexual and Reproductive Health Profiles, Public Health England

Figure 1 New STI diagnosis rate per 100,000 population, Buckinghamshire and CIPFA comparator Local Authorities, 2014



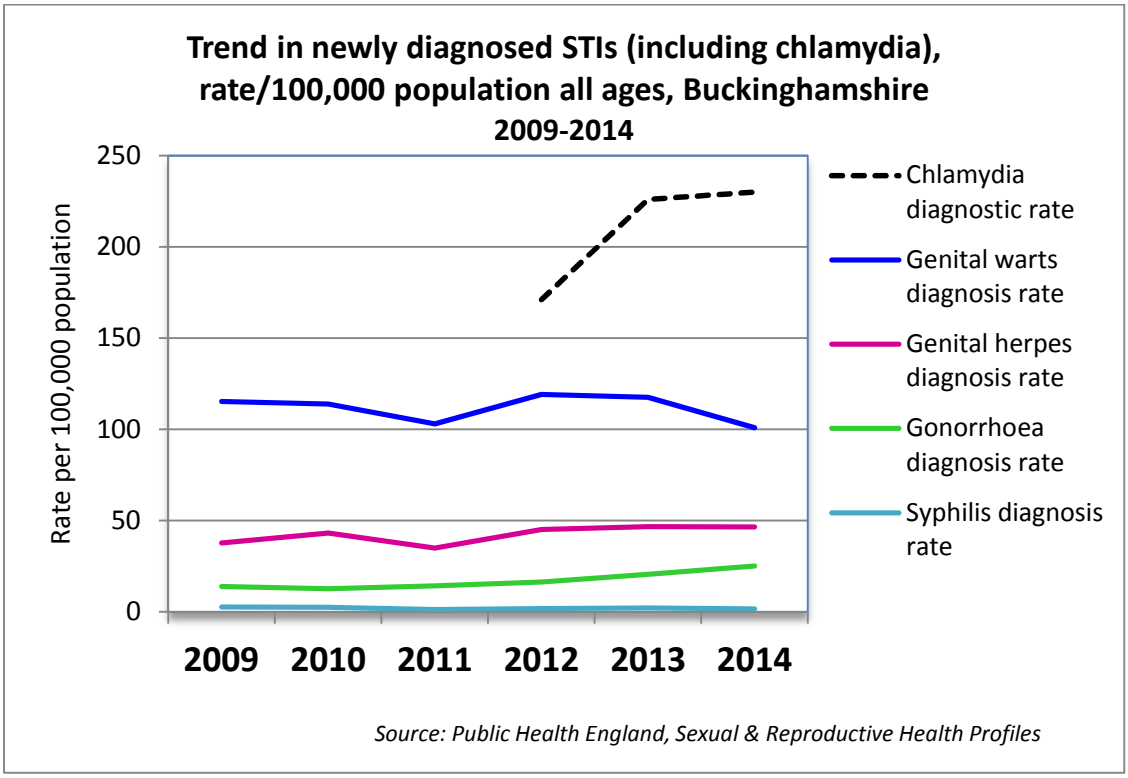
Source: Sexual and Reproductive Health Profiles Public Health England

Figure 2 shows trends in diagnosis in Buckinghamshire of the five main STIs tested for in sexual health services[5]. The rate of gonorrhoea diagnoses in Buckinghamshire has increased year on year since 2010 in line with national trends, but it is still significantly lower than the England and South East rates. Gonorrhoea is a marker for risky sexual behaviour so this increase is cause for concern, although it is likely some of the change is due to an increased number of testing sites and improved data collection systems. However, any fluctuations in gonorrhoea diagnosis should be monitored closely, as they may indicate increases in risky sexual behaviour.

The number of syphilis diagnoses in Buckinghamshire has been very small for the last five years, with only eight diagnoses in 2014, a rate of 1.6 per 100,000, significantly lower than England and the South East. Syphilis is an uncommon STI in most areas but is a marker of risky behaviour particularly among men who have sex with men (MSM). Rates in some London boroughs have been high and increasing in recent years, to over 100 per 100,000 in some areas, and this is likely to reflect changes in sexual behaviour. Proximity to London and an increase in online activity means this should be continue to be monitored in Buckinghamshire.

Rates of genital warts (100.8 per 100,000) and genital herpes (46.5 per 100,000) have remained fairly stable in Buckinghamshire and are significantly lower than the England and South East averages.

Figure 2 Newly diagnosed STIs (including chlamydia), rate per 100,000 population of all ages in Buckinghamshire 2009-2014



Note: The trend line for chlamydia starts from 2012 as the national data collection system changed in that year.

Source: Public Health England Sexual and Reproductive Health Profiles

5.9.2.2 Chlamydia and Chlamydia screening

Roll-out of the national chlamydia screening programme started in 2003, and the programme has been in place in Buckinghamshire since 2008. The programme targets young people aged 15 to 24 years who are the group most at risk of chlamydia infection. The evidence suggests that to help control chlamydia in the population, all those aged under 25 who are sexually active should be tested once every year and/or at every change of sexual partner. The chlamydia detection rate is a measure of chlamydia control activities. Buckinghamshire should be working towards achieving a chlamydia detection rate of at least 2,300 per 100,000 (the national target rate) in the eligible population.

Table 2 Chlamydia diagnoses in Buckinghamshire, South East and England, 2014

	Buckinghamshire	South East	England (benchmark)
Chlamydia diagnosis rate /100,000 all ages	230	294	375
Chlamydia detection rate /100,000 aged 15-24	1409	1682	2012
Chlamydia, proportion of 15-24 year olds screened (%)	19.1	22.1	24.3

Key

Statistically significantly lower than England (note: neither 'better' nor 'worse')	
Statistically significantly worse than England	
Statistically significantly better than England	

Source: Sexual and Reproductive Health Profiles Public Health England

The chlamydia detection rate in 15-24 year olds is derived from tests carried out both through the screening programme and within sexual health services. In 2014, the chlamydia detection rate among 15-24 year olds in Buckinghamshire was 1,409 per 100,000, significantly lower than the national (2,012 per 100,000) and South East (1,682 per 100,000) rates (table 2) [5]. In Buckinghamshire in 2014, 817 positives were identified from a total of 11,091 screens carried out. This represented a positivity rate of 7.4% compared with a national rate of 8.3%, but above the target of 5%. A higher positivity rate suggests a programme is successful in reaching those at higher risk of chlamydia.

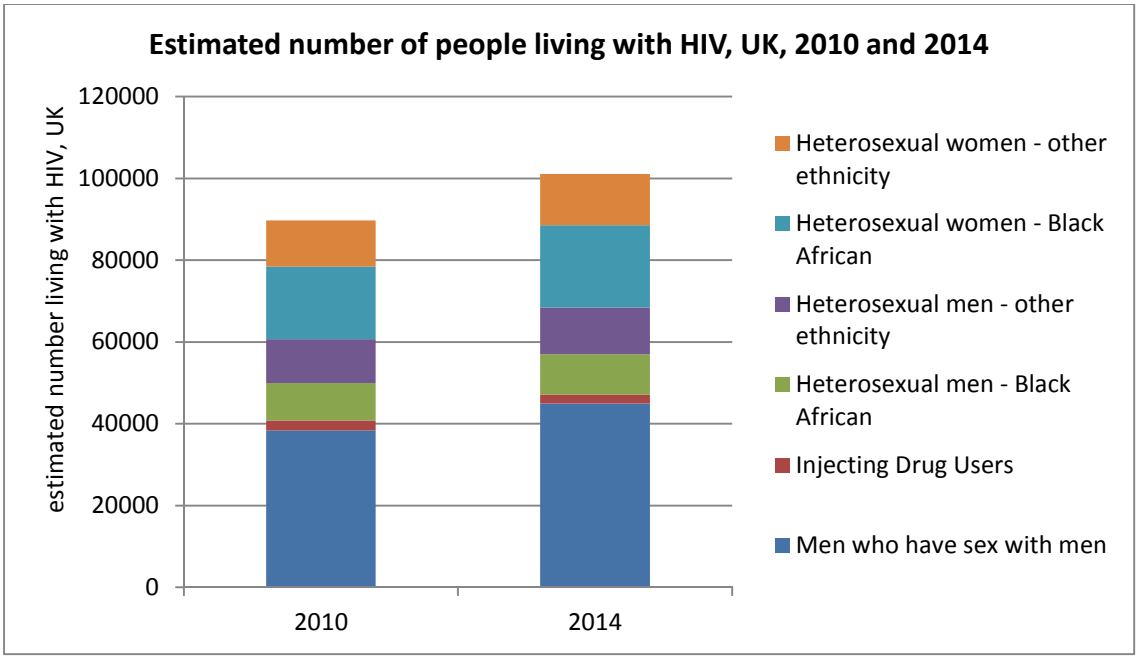
5.9.2.3 Human Immunodeficiency Virus (HIV)

In the UK in 2014[6], there were an estimated 103,700 people living with HIV, two-thirds of whom were men. Over the past decade, there has been a shift in the age distribution of those accessing HIV treatment and care, to an older age group. In 2014, almost half (48%) of all people seen for HIV care were aged 45 and over, and 15% aged over 55.

The numbers living with HIV in the UK include an estimated 18,100 people, or one in 6 of the total, who are undiagnosed and do not know about their HIV infection, and are therefore at greater risk of unknowingly passing on HIV. Certain groups experience a disproportionate burden of HIV, especially MSM and people from Black African and Black Caribbean ethnic groups. For example, Black African people make up 1.8% of the UK population but 29% of all people living with HIV, and around one in 20 MSM living in the UK has HIV.

There was estimated to be an increase between 2010 and 2014 of almost 12,000 (12.8%) in the number of people living with HIV in the UK (figure 3)[6]. The largest increases over this time were among MSM (17.3% increase), and heterosexual women, both Black African women (12.9% increase) and women from other ethnic groups (11.8% increase). The estimated proportion of people with HIV who are undiagnosed also varies with exposure category; this is estimated to be 14% of MSM with HIV, 11% of injecting drug users, 16% and 12% respectively for Black African men and women, and 31% and 29% respectively for heterosexual men and women from other ethnic groups.

Figure 3 Estimated number of people living with HIV in the UK by exposure category, 2010 and 2014*



*A small number of people who acquired HIV via mother-to-child or blood-related routes are not included in these figures

Source: HIV in the UK, Situation Report 2015. Public Health England

A total of 6,151 people were newly diagnosed with HIV nationally in 2014, but this is lower than the peak for new diagnoses in 2005 when 7,893 were recorded. The new diagnosis rate in Buckinghamshire has remained stable between 5.4 per 100,000 and 6.5 per 100,000 over the last four years, equivalent to between 20 and 30 people newly diagnosed each year, and was 5.7 per 100,000 in 2014, significantly lower than England (table 3)[5].

In Buckinghamshire, the diagnosed prevalence rate of HIV in 2014 was 1.39 per 1000 15-59 year olds, (table 3). This represents 417 people diagnosed with HIV living in the county, a 21% increase from 345 in 2011[5].

Timely diagnosis of HIV is critical to ensure people have prompt access to treatment which can significantly improve their health, quality of life and life expectancy. Late diagnosis is defined by the CD4 count which is an indicator of the effect HIV is having on the immune system. A CD4 count below 350 at or within three months of diagnosis indicates a late diagnosis. While the coverage of HIV testing among new attendees at GUM services is over 70% in Buckinghamshire, higher than the national average, around 54% of HIV diagnoses were made relatively late in the illness when treatment is less likely to be effective, significantly worse than England and the South East (table 3). The proportion diagnosed late in Buckinghamshire also increased from 47% in 2009-11, while it fell in England and the South East over the same period. Late diagnosis in the UK is more common among heterosexual groups and among people aged 55 and over.

Table 3 HIV testing and diagnoses in Buckinghamshire, South East and England, 2014

	Buckinghamshire	South East	England (benchmark)
HIV test coverage in GUM (% of new attendees)	70.4	68.1	68.9
HIV % late diagnosis (CD4 count <350/mm^3)	53.7	45.3	42.2
HIV new diagnoses, rate/100,000 aged 15+	5.7	7.5	12.3
HIV diagnosed prevalence, rate/100,000 aged 15-59	1.39	1.7	2.22

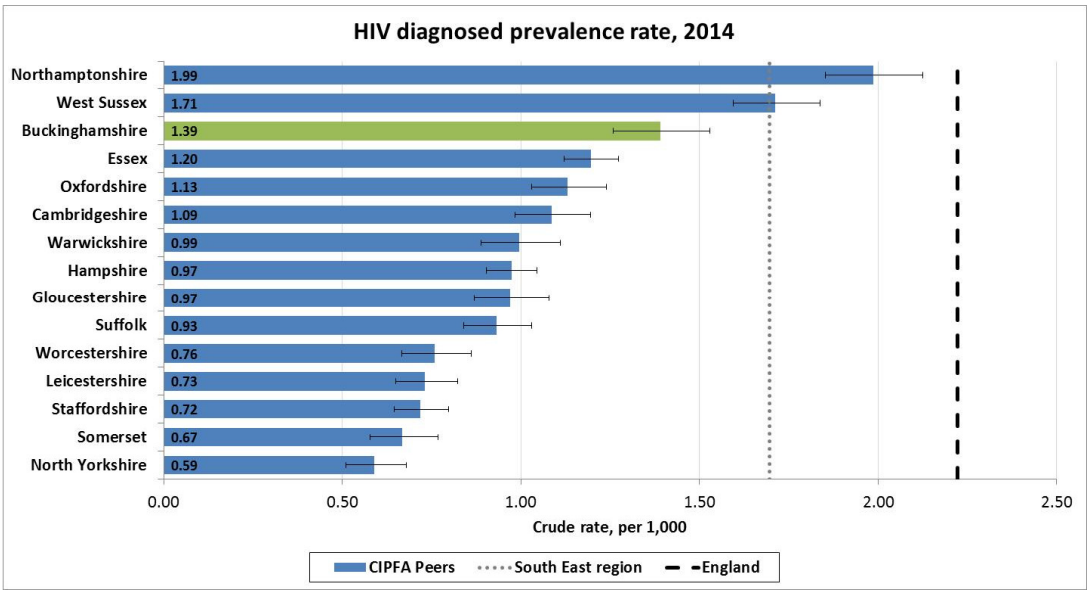
Key

Statistically similar to England	
Statistically significantly worse than England	
Statistically significantly better than England	

Source: Sexual and Reproductive Health Profiles Public Health England

Figure 4 shows HIV prevalence in Buckinghamshire and its 15 CIPFA peer comparator areas[5]. Buckinghamshire's HIV prevalence was third highest among this group, although significantly lower than the England average of 2.22 per 1,000 and the South East rate of 1.70/1000. Once a local authority area reaches a prevalence of two per 100,000, national standards recommend introducing routine HIV testing in all core services for example, general practice.

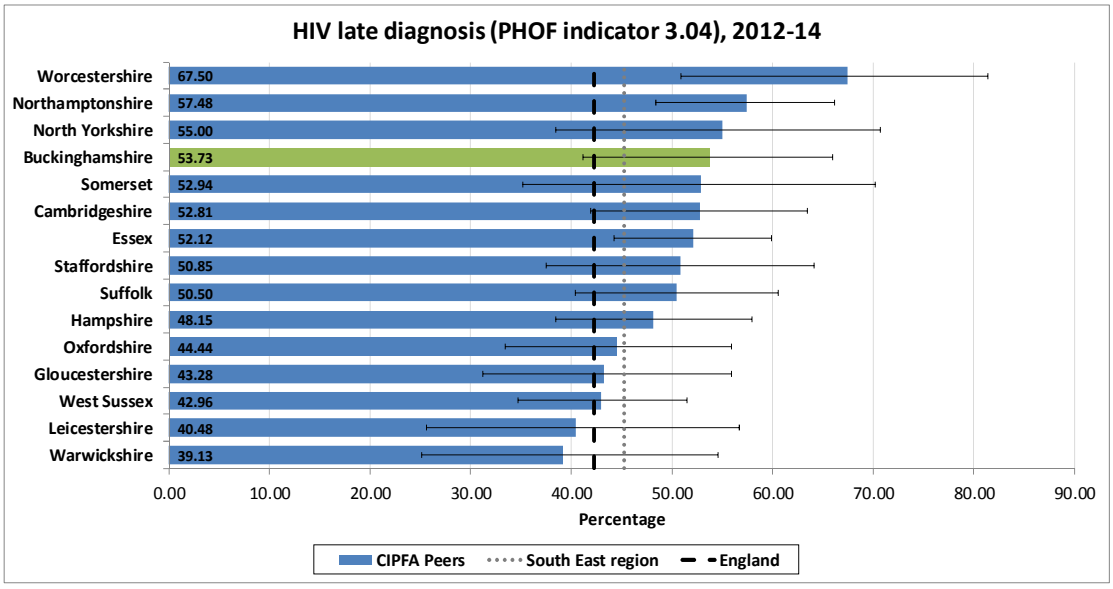
Figure 4 HIV diagnosed prevalence (crude rate/1,000 aged 15-59 years), Buckinghamshire and CIPFA comparator Local Authorities, 2014



Source: Sexual and Reproductive Profiles Public Health England

Figure 5 shows HIV late diagnosis where Buckinghamshire ranked 4th highest among (although not significantly different from) its 15 CIPFA peer comparator areas. This along with the increase in late diagnosis over the last few years, suggests that improvements could be made in access to HIV testing in Buckinghamshire.

Figure 5 HIV Late Diagnosis (%), Buckinghamshire and CIPFA comparator Local Authorities, 2012 - 2014



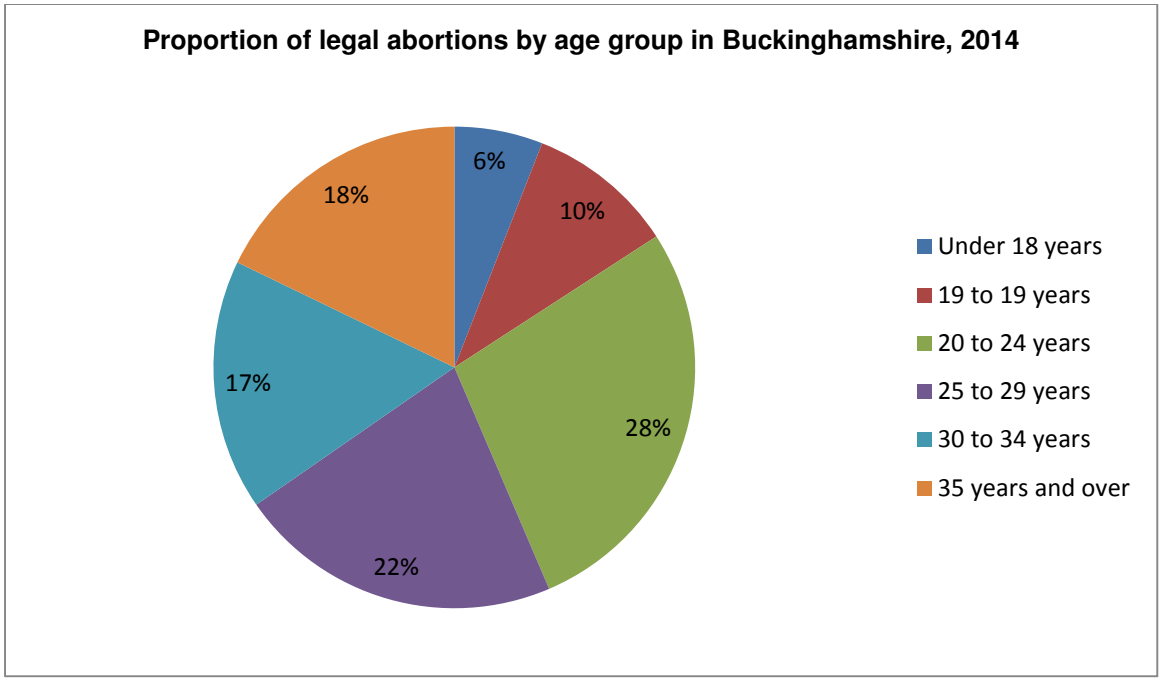
Source: Sexual and Reproductive Health Profiles Public Health England

5.9.3 Information about reproductive health in Buckinghamshire

5.9.3.1 Abortions

Abortion services in Buckinghamshire are commissioned by the Clinical Commissioning Groups (CCGs) and some abortion data are reported at commissioner level. In 2014, there were 1,320 legal NHS abortions in Buckinghamshire, with 6% of these for women aged under 18 years, 10% aged 18-19, 28% aged 20-24, 22% aged 25-29, 17% aged 30-34 and 18% aged 35 or over (Figure 6).

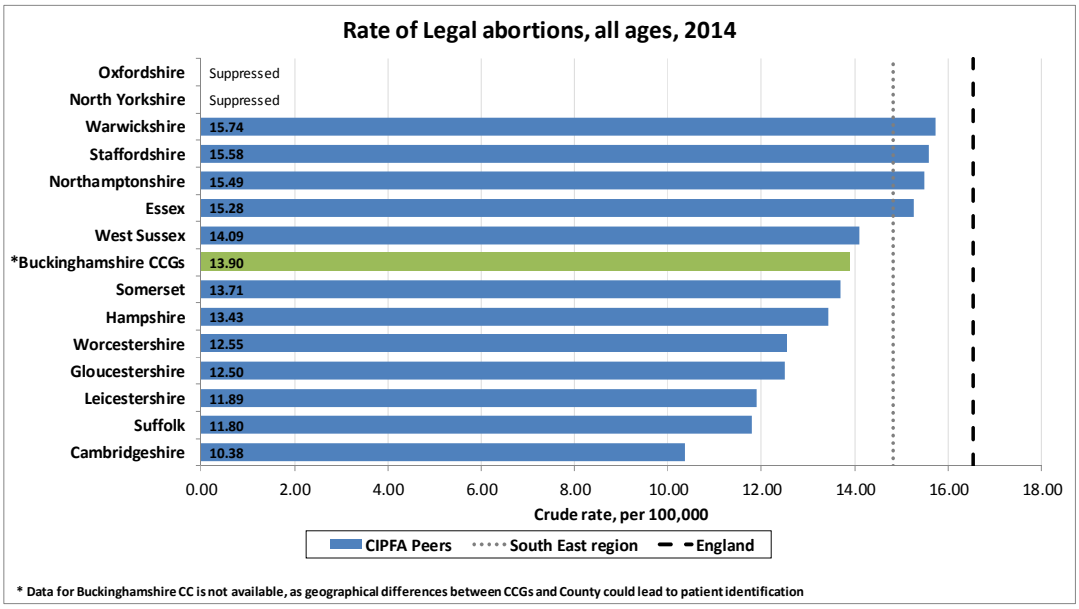
Figure 6 Proportions of Legal NHS Abortions by age group, Buckinghamshire, 2014



Source: Abortion Statistics for England, Department of Health

In 2014 Buckinghamshire had a legal abortion rate of 13.9 per 1000 women aged 15-44, lower than the England average rate of 16.5 per 1000 and the South East rate of 14.8 per 1000, and was 8th highest out 13 CIPFA comparator areas for which there were data (figure 7).

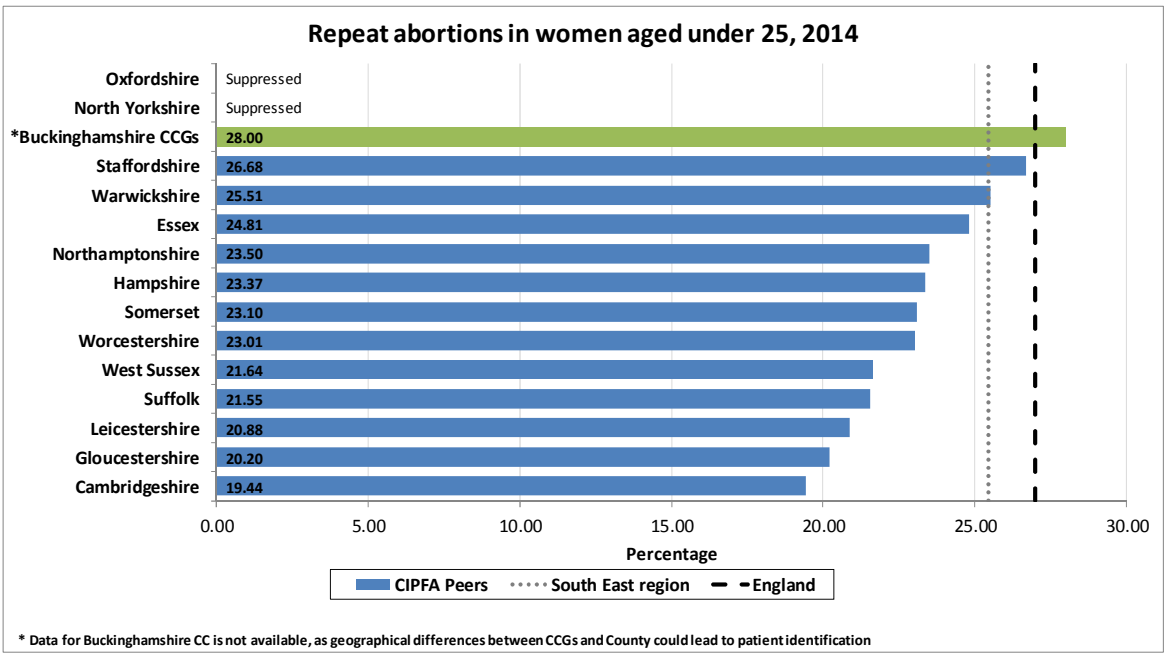
Figure 7 Rate of Legal Abortions per 1000 women for all ages, Buckinghamshire and CIPFA comparator Local Authorities, 2014



Source: Abortion Statistics for England, Department of Health

Repeat abortions in young women aged under 25 are an indicator of access to and uptake of contraception services in this age group. In Buckinghamshire CCGs in 2014, 28% of abortions in this age group were repeat abortions, (England rate 27% and South East rate 25.4%) (figure 8). Buckinghamshire had the highest proportion of repeat abortions in under 25s among the 13 CIPFA comparator areas for which there were data (figure 8 - lower % being better). This suggests that there could be improvements in access for young women to contraception provision, in particular, long acting reversible methods of contraception (LARC). It should be noted that the population used for Buckinghamshire in this analysis is the population of the CCGs as it is not possible to derive a rate for the Buckinghamshire Local Authority population from these data.

Figure 8 Proportion of abortions in women aged under 25 which are repeat abortions, Buckinghamshire CCGs and CIPFA comparator Local Authorities, 2014

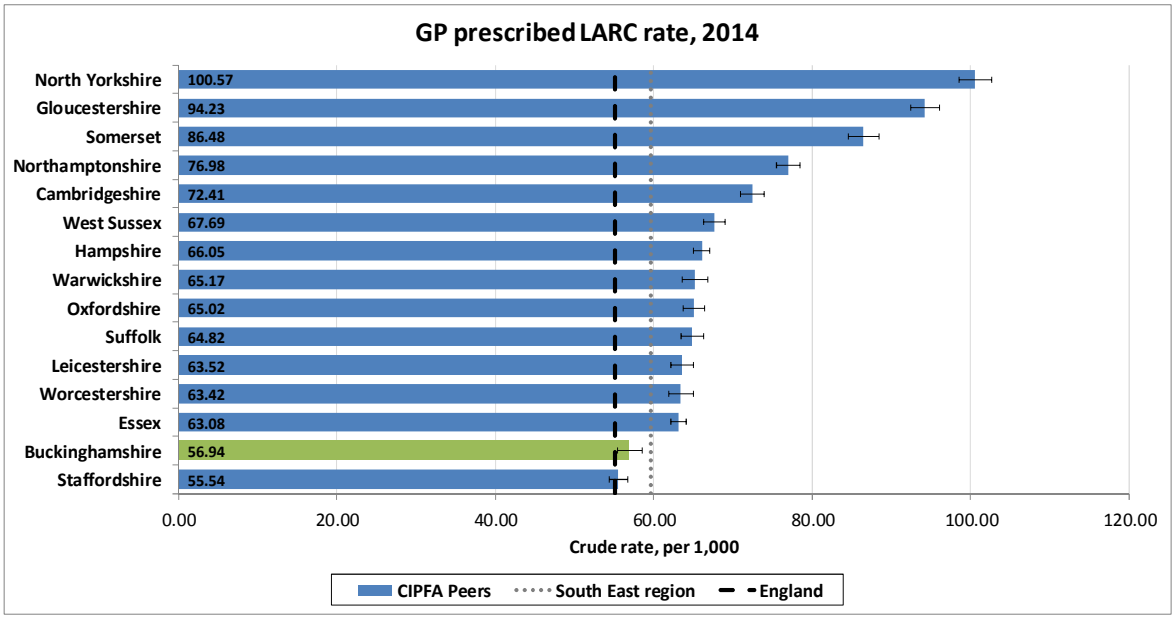


Source: Abortion Statistics for England, Department of Health

5.9.3.2 Contraception

Evidence shows that long acting reversible contraception methods (LARC), which include intra-uterine devices (IUD), intra-uterine systems (IUS), implants and injections, are the most cost effective and efficient methods of contraception. Rates of prescribing of LARC in general practice can be used to compare availability and uptake, although these data do not include the LARC supplied in other settings such as community contraception clinics or young people's services. In 2013, the rate of GP prescribing of LARC in Buckinghamshire was 56.9 per 1,000 women aged 15-44, equivalent to 5,400 women using LARC, an increase from 53.3 per 1000, (5,059 women) in 2011. This was higher than the England average rate of 55.2 per 1,000, but lower than the South East rate of 59.6 per 1,000, and Buckinghamshire ranked second lowest among its group of 15 CIPFA comparator local authorities (higher being better) (figure 9).

Figure 9 GP- prescribed LARC, crude rate/1000 women aged 15-44, 2014



Source: Sexual and Reproductive Health Profiles Public Health England

5.9.4 Sexual health in different population groups and geographical areas

As shown above, some groups are particularly affected by poor sexual and reproductive health, including men who have sex with men (MSM), younger people aged under 25 years, and some ethnic minority groups. In addition, teenage conceptions are much common among more deprived population groups (see JSNA section 6.3). Sexual and reproductive health services must be non-discriminatory and accessible to these groups to reduce the risk of worse outcomes.

Data presented in this chapter have shown that for some indicators of sexual health, the picture in Buckinghamshire compares well with that in England and the South East, and in some cases with Buckinghamshire's CIPFA comparator local authorities. However, it is clear that in some areas improvements could be made, for example in reducing late diagnoses of HIV, improving detection of Chlamydia in 15-24 year olds, and increasing access to LARC.

5.9.5 Demand

Sexual and reproductive health services are open access, like similar services in the rest of the country, with the aim of improving rapid access to reduce the risk of transmission of STIs including HIV, and of unplanned pregnancies.

With the commissioning of a new integrated model of sexual health service in Buckinghamshire from 1st April 2016, there is the potential to explore new digital and

innovative methods for promoting sexual health behaviour change to manage future demand on specialist sexual and reproductive health services.

5.9.6 Horizon scanning

- Changes in sexual behaviour patterns for individuals and communities are associated with social networking, dating websites, increasing online activity and the growing use of new substances for Chemsex particularly among MSM. This is reflected in the latest trend data for newly diagnosed gonorrhoea, and also in some areas of the country for syphilis.
- Innovative methods should be considered to reach key target groups such as young people and MSM, for example social networking sites and phone apps.
- New digital, cost efficient and evidence based means of testing for sexually transmitted infections should be explored via the new integrated sexual health service model.
- New approaches to HIV testing should be considered for example HIV home sampling, along with PReP (pre exposure prophylaxis) for MSM, and HPV vaccination.
- Child sexual exploitation is inextricably linked with sexual health services, and there should be systematic multi-agency approaches across sexual health, drugs and alcohol, safeguarding, children and young peoples, education, police and social care services.

5.9.7 User Views

Young people under 25 years in Buckinghamshire highlighted a number of issues for the provision of sexual health services and these can be viewed at https://www.youtube.com/watchv=qiPfyItRpKU&feature=youtu.be://&safe=active

Source: Brook, Youth Parliament and Aylesbury College 2013

The Buckinghamshire Sexual Health Needs Assessment (2015) explored a range of views from both professionals working in the sexual health field, users and potential users of services across a wide range of age groups, ethnic groups and geographic locations. For details link to http://www.sexualhealthbucks.nhs.uk/professionals/

Source: PHAST Sexual Health Needs Assessment 2016

5.9.8 Conclusions

Sexual health has an impact across the life course with varying needs at different ages and in different population groups. There is clear evidence that improving sexual health has economic benefits as well as benefits for individual and population health.

The rate of new diagnoses of sexually transmitted infections (STIs) in Buckinghamshire is lower than in the South East and nationally, but the rate of testing for STIs is also lower. While fewer new diagnoses may reflect a low prevalence of STIs in the Buckinghamshire population, there may also be a proportion of STIs which remain undetected. However, recent trends show increases both locally and nationally in diagnoses of gonorrhoea, which is a marker for risky sexual behaviour and may indicate changes in sexual behaviour in the population. The uptake of screening and rate of detection of chlamydia in 15-24 year olds is also low in Buckinghamshire.

It is estimated that of over 100,000 people nationally living with HIV, around one in 6 are not aware of their diagnosis so are not able to receive potentially beneficial treatment and are at increased risk of passing on the infection. HIV prevalence in Buckinghamshire is significantly lower than England and the South East, but rates of late diagnosis in Buckinghamshire are relatively high and have increased in the last few years, suggesting scope for improvement in access to HIV testing.

In Buckinghamshire CCGs in 2014, 28% of abortions to women aged under 25 were repeat abortions. This is an indicator that access to and uptake of contraception provision, particularly long acting reversible methods (LARC), could be improved. The rate of prescribing of LARC in Buckinghamshire General Practices was second lowest among its group of 15 CIPFA comparator local authorities, although it should be noted that these data do not include LARC supplied in other settings.

Some population groups are at greater risk of poor sexual and reproductive health, including men who have sex with men (MSM), younger people aged under 25 years, and some ethnic minority groups. Sexual and reproductive health services must be non-discriminatory and accessible to these groups to reduce the risk of worse outcomes. The commissioning of a new integrated model of sexual health services in Buckinghamshire provides opportunities to explore innovative approaches to improving sexual health.

Universal approaches need to be promoted alongside targeted interventions aimed at key populations. Evidence suggests that young people need a comprehensive programme of age-appropriate sex and relationships education to help them acquire knowledge, understanding and skills. There is also a strong association between poor sexual and reproductive health and other risky behaviours which should be

recognised in prevention programmes tackling other areas such as drugs and alcohol, child safeguarding, child sexual exploitation, and promoting mental health and wellbeing.

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June 2016

References

[1] Local Government Association (LGA) and King's Fund 2015
[2] Lucas, Stephen Unprotected Nation: the financial and economic impacts of restricted contraception and sexual health services (2013)
[3] Halve it Coalition Early Testing Saves Lives: HIV is a public health priority (2010)
[4] PHAST Buckinghamshire Sexual Health Needs Assessment (2015)
http://www.sexualhealthbucks.nhs.uk/professionals/ (accessed 10/3/2016)
[5] Sexual and Reproductive Health Profiles Public Health England (2016)
http://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000008/ati/102/are/E10000002 (accessed 10/3/2016)
[6] HIV in the UK 2014, Public Health England 2015