Sexual Health Needs Assessment

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Wiltshire Council
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Summary

Tackling sexual and reproductive health inequality has been a priority both nationally and locally for many years. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STIs) or an unplanned pregnancy.

There is considerable inequality in the distribution of STIs and unplanned pregnancies across the population. The Framework for Sexual Health Improvement (2013)[26] placed health promotion and education as the cornerstones of STI and pregnancy prevention by improving knowledge of risk awareness and encouraging safer sexual behaviour. Prevention efforts should include ensuring open access to sexual health and contraceptive services should focus on groups at highest risk of sexual health inequality such as young people, black ethnic minorities and men who have sex with men.

The Health and Social Care Act 2012 brought about a significant change in the commissioning landscape across England. The impact of this transition saw the responsibility for the commissioning of sexual health and contraceptive service move from a single commissioning body to three separate organisations. Locally these organisations are Wiltshire County Council; NHS Wiltshire Clinical Commissioning Group (CCG) and NHS England.

Reviewing the data for this HNA has enabled us to understand the prevalence of STIs and unintended pregnancy within Wiltshire. It has shown us that although Wiltshire has lower levels of infection compared to the South West and England averages, infection rates are continuing to increase. The data also shows that women are accessing effective contraceptive methods to reduce their risks unintended pregnancy.

This health needs assessment (HNA) has been produced in order to gain an understanding of the sexual health needs of the population of Wiltshire and to inform the way services are developed and delivered. This document explores the national policy context and local application; it identifies groups that are most at risk of poor sexual health and examines some of the wider context to sexual health including sexual violence, child sexual exploitation and abuse. The HNA has also been informed by service user and service provider feedback.

Overall the HNA identified that there are a broad range of sexual health and contraceptive services although we know that the rurality of Wiltshire poses some challenges to accessing appropriate services. In the development of the HNA it is recognised that there is a gap in the sharing of information across service commissioners which suggests that partnership working in relation to commissioning decisions may not be as effective as it could be to drive sexual health forward in Wiltshire. This has been reflected in the recommendations at the end of this document.

Contents

Background

Local Context

There are an estimated 488,409 [31] people living in the Wiltshire Local Authority area of which 51% of the population is female. Wiltshire is predominantly White British (93%). In 2016 ONS published population projections [32] which estimated Wiltshire's population will steadily grow to 516,000 by 2026. The age structure of Wiltshire is similar to the South West region. However, Wiltshire has a slightly smaller proportion of 20 to 24 year olds which might be a reflection of a lack of a University. Wiltshire will develop a larger proportion of older people and by 2026 the number of people over the age of 65 will for the first time outnumber those under the age of 20. This will impact on how sexual health and contraceptive services are provided to ensure they remain appropriate for the population, especially those most at risk of poor sexual health and wellbeing in comparison to the general population.

The last sexual health needs assessment was undertaken in 2013 to reflect the actions from the Sexual Health South West Quality Assurance Peer Review (2011) and also introduced the then new Public Health Outcomes Framework relating to sexual health at county level.

The Health and Social Care Act 2012 brought about a significant change in the commissioning landscape across England. The impact of this transition saw the responsibility for the commissioning of sexual health and contraceptive service move from a single commissioning body to three separate organisations. Locally these organisations are Wiltshire County Council; NHS Wiltshire Clinical Commissioning Group (CCG) and NHS England.

Wiltshire Council commissions:

- A comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- Sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
- Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

NHS Wiltshire CCG commissions:

- most abortion services
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynaecology including any use of contraception for non-contraceptive purposes

NHS England commissions:

- contraception provided as an additional service under the GP contract
- HIV treatment and care (including drug costs for PEPSE)
- promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
- sexual health elements of prison health services
- sexual assault referral centres
- cervical screening
- specialist fetal medicine services

The purpose of this HNA is to provide an understanding of the sexual health needs of the population of Wiltshire. The HNA highlights populations at greatest risk of poor sexual health outcomes to enable a greater understanding of need and demand for sexual health services and identify barriers to accessing services and identify opportunities for overcoming them. Finally the HNA should assist in promoting better working between service commissioner's service providers and related services including primary care, drugs and alcohol services and education providers. A gap analysis and recommendations can be found towards the back of this document and will be used to inform a sexual health strategy for Wiltshire.

This report is based upon data that is readily available. In the development of the HNA it is recognised that there is a gap in the sharing of information across service commissioners which suggests that partnership working in relation to commissioning decisions may not be as effective as it could be to drive sexual health forward in Wiltshire. This has been reflected in the recommendations at the end of this document.

It is important to recognise that sexual health is not just the prevention and treatment of sexual ill health but also supporting the provision of reproductive health service and also plays a key role in safeguarding those vulnerable in our communities. This includes the work to increase the uptake of LARC which has been shown to reduce the levels of unintended conception significantly.

National policy

There are several policy documents that support the agenda around sexual health. *A Framework for Sexual Health Improvement (2013)* [26], set the ambition to improve the sexual health and wellbeing of the population. The framework stated that we must recognise that sexual ill health can affect all parts of society. We need to build an honest and open culture to allow everyone to make informed choices around sex and relationships and ultimately reduce inequalities and improve sexual health outcomes.

In Wiltshire we have aspired to achieve the ambitions of the framework by ensuring we undertake a range of health promotion activities through the commissioning of evidence-based services. With these ambitions in mind, locally we have striven to ensure that we prioritised prevention to support the population (both professionals and general public) to build their knowledge around sexual health. We have either delivered or commissioned effective, evidence-based, high quality services that provide timely access to sexual health and contraceptive services. We have worked

to drive down the rates of STI amongst the population and reduce rates of unintended pregnancy.

Public Health England (PHE) published 'Making It Work', a guide to whole system commissioning for sexual health, reproductive health and HIV (2015) intended to safeguard the collaboration between commissioners to ensure that services were developed and delivered efficiently and effectively [27]. In Wiltshire, we have implemented this guidance by ensuring that we put people at the centre of commissioning, and base decisions on assessed needs, hence this HNA. We are committed to continually reviewing existing service provision and developing services to best meet identified needs for Wiltshire communities. We draw on the expertise of clinicians and service users, and the public's views to inform commissioning as is evidenced within this document. As commissioners and service providers we acknowledge that the economic climate requires new thinking and innovation.

It is recognised that there is a need to build relationships across commissioning organisations; by developing strong relationships and dialogue with counterparts to develop local solutions and ultimately understand that there is no one right way – Wiltshire Council is very much the facilitator at local level to make collaborative commissioning for sexual health and reproductive health a reality.

Supporting the delivery of effective, high-quality services is a suite of guidance documents produced by NICE on a range of sexual health topics. This suite of guidance provides evidence-based and best practice recommendations on contraception including the use of LARC methods [15]; HIV testing and how to increase testing uptake by individuals with undiagnosed HIV [28]; and guidance on the prevention of STI infections [29]. In Wiltshire this guidance has been used to ensure that services are designed and delivered using the latest evidence of best practice and that service developments are continually focussed on overall service improvement.

2013 saw the introduction of the national Public Health Outcomes Framework which defined three key sexual health indicators [30]: Under 18s conception rate per 1,000 women (PHOF 2.04); Chlamydia detection rate per 100,000 young people aged 15-24 (PHOF 3.02) and HIV late diagnosis percentage (PHOF 3.04). Wiltshire's performance against these targets is discussed in the chapters to follow.

Sexually Transmitted Infections

Over recent years, the rates of STIs within Wiltshire have been steadily increasing in line with national trend [1]. STIs are transmitted through unprotected sexual

intercourse, other genital contact or via the exchange of bodily fluids (including blood). There are many STIs, which include Chlamydia, Gonorrhoea, Herpes, HIV, Human Papilloma Virus (HPV) and Syphilis. Some STIs are becoming resistant to current antibiotics, therefore prompt and effective treatment is a public health priority

Chlamydia

Chlamydia is the most common bacterial sexually transmitted infection in England with up to 70% of women and 50% of men having no symptoms despite being infected [9]. It can affect everyone but is most common in young people aged under 25 and men who have sex with men. If the infection remains undiagnosed and untreated complications for women include pelvic inflammatory disease, ectopic pregnancy and possible tubal factor infertility; in men Chlamydia can cause infertility, urethritis or epididymitis. Rarely, Chlamydia is a cause of sexually acquired reactive arthritis and Fitz-Hughes Curtis syndrome (a rare type of liver infection).

In 2016 the diagnosis rate for Chlamydia in Wiltshire was lower than in previous years at 1,697 per 100,000 individuals [1]. There has been a gradual decline in the numbers of young people being tested over the past few years and between 2012 and 2016 rates have decreased in England from 26.9 to 20.7%, in the South West from 25.4% to 21.6% and in Wiltshire from 20.5% to 18.3% [1].

Despite Wiltshire consistently having a lower detection rate than both the South West and England averages, this provides the evidence that the screening programme we deliver is appropriately targeting those at risker risk of infection. At the end of 2016 the Wiltshire chlamydia positivity rate was 9.3% against a South West rate of 8.2% [2]. Wiltshire has had a consistently lower Diagnosis Rate Indicator than either the regional or England averages, however a consistently higher rate of positivity indicates that in Wiltshire we are screening those most at risk.

Gonorrhoea

Gonorrhoea is the second most commonly contracted bacterial sexually transmitted infection in the UK [1]. Gonorrhoea is more prevalent in MSM, young adults, and black and minority ethnic populations [1]. Since 2009 the diagnosis of Gonorrhoea has been increasing steadily in England with Wiltshire also seeing an increase [1]. Between 2014 and 2016 Wiltshire saw a substantial decrease in the levels of diagnosis within women, however this was offset by an increase in the levels of Gonorrhoea in men, and in particular within MSM in which there was a 42% increase [4]. In 2016, the diagnosis rate of Gonorrhoea in Wiltshire was 14.6 per 100,000 individuals compared to an England rate of 64.9 [4].

Syphilis

The number of cases of Syphilis has been continuing to rise in the UK over the last decade, although Wiltshire has a relatively low level of syphilis diagnosis each year

and consequently even minor fluctuations in the figures can have a large impact on our disease profile [1].

In 2016 the Syphilis diagnosis rate in Wiltshire was 1.9 per 100,000 individuals compared to an England rate of 10.6 [4]. The 2015 rate in Wiltshire of 2.1 per 100,000 was a significant increase from the 2014 rate which was 1.4 per 100,000 so although this reduction is welcomed there remains concerns about a future increase in infection rates [4].

Herpes

Genital Herpes is caused by the herpes simplex virus (HSV). It is the most common ulcerative STI in the UK and is associated with physical and psychological morbidity. There are two types of HSV infection [11], HSV-1 is a condition of which the majority of people are aware and when an outbreak occurs is commonly referred to as having a 'cold sore', HSV-2 is the form of the virus which is usually referred to as genital herpes, however HSV-1 can also be spread to the genital area [11].

The rate of diagnosis have remained stable over the past 8 years with the exception of 2014 [4] in which there was a large increase in the number of men who were diagnosed following a recurrent outbreak, however this rate fell again in 2015 and in comparison with the South West average as well as the England average, Wiltshire has relatively low levels of Herpes infection [4]. In 2016, the local diagnosis rate was 32.7 per 100,000 compared to the England rate of 57.2 and the South West rate of 49.0 [4].

Genital Warts

Genital Warts are caused by the most common viral STI in the UK, the Human Papilloma Virus (HPV) [1]. Human Papilloma Virus is the name given to a group of viruses that affect the skin and the moist membranes lining the body, such as the cervix. It is a common and highly contagious infection, with over three quarters of sexually active women becoming infected with it at some time in their lifetime. There are more than 100 types of HPV virus and around 40 of these types can affect the genital area [12].

The rate of genital warts in Wiltshire fluctuates each year, however these fluctuations have remained fairly stable over the past five years [1]. In 2016 the rate in Wiltshire was 94.8 per 100,000 which was a marginal increase from the previous year which stood at 94.4 per 100,000 [4].

Human Immunodeficiency Virus (HIV)

HIV is associated with high levels of morbidity, expensive treatment costs, the potential for years of life lost, and has high levels of stigma and discrimination associated with those living with the condition. Diagnosed HIV prevalence (those living with HIV) in the UK has been increasing steadily since the introduction of highly active antiretroviral drugs (HAART) in the mid-1990s due in the main to the success of the treatment leading to longer life expectation and also improvements to quality of life.

The number of new diagnoses both in Wiltshire and the South West are relatively low and in 2015 the total number of people living with HIV receiving treatment and care locally was 221[4]. The 2015 prevalence rate in Wiltshire was 0.72 per 1,000 individuals [1] which is lower than the South West rate of 1.13 and an England rate of 2.26 [1] . In addition, by using national modelling it is considered that a further 40 individuals are infected with the virus but have not been diagnosed.

The profile of infection within Wiltshire is changing over time and can be seen as quite surprising when the majority of health promotion and awareness campaigns have in the past targeted men who have sex with men (MSM) and members of Black African communities. Within Wiltshire the largest ethnic group affected is White individuals and the probable route of infection for the majority of individuals is through heterosexual contact.

The prompt diagnosis of HIV infection is crucial to reduce onward transmission and to avoid damage to the immune system which will occur if treatment is not instituted.

Hepatitis

Hepatitis B and Hepatitis C can both be transmitted through sexual contact although are primarily considered to be Blood Borne Viruses [7] [8]. Hepatitis is inflammation of the liver and over time can cause scarring (cirrhosis) and lead to liver failure and/or cancer. There are two main stages of Hepatitis: first is the acute stage which usually occurs shortly after infection and for the majority of individuals this can lead to the second, chronic stage. Treatment is available for those individuals who become infected with Hepatitis C. A vaccination is available to prevent infection by the Hepatitis B virus.

There is little local data available regarding prevalence rates of Hepatitis, however modelled data suggests that in 2015 there were 1,958 people living with Hepatitis B in Wiltshire and 1,952 people living with Hepatitis C [7] [8]. For more information on Hepatitis, please refer to the Blood Borne Virus Health Needs Assessment.

Reproductive Health

There are approximately 15 different types of contraceptive methods which reduce the risk of unintended conceptions when used correctly. These contraceptive methods can be differentiated depending on how they work. There are barrier methods (e.g. condoms, cervical cap), hormonal methods (e.g. the pill, patch, vaginal ring and sub-dermal implant), intrauterine devices (e.g. IUS or IUD) and sterilization. No contraceptive method offers 100% protection against pregnancy or STIs [13].

On average, hormonal contraception methods are approximately 90% effective [13], and the condom is about 83% effective [13], other barrier methods such as the diaphragm offer a protection rate between 80% and 85% [13]. Currently the most effective methods are the hormonal Implant at 99.9% effective and IUCDs which are 99% effective [13]. These types are known as long acting reversible contraceptive (LARC) methods as they are effective for a minimum of 3 years without needing to be replaced.

Increasing access to LARC for women of all ages is one of the priorities identified in the 2013 'Framework for Sexual Health Improvement in England' and is supported within Wiltshire [14]. The National Institute for Clinical Excellence (NICE) has issued guidance which states that the use of LARCs is a cost effective method of contraception and increasing its uptake will reduce unintended pregnancies [15]. LARC methods are available at all specialist contraception and sexual health clinics in Wiltshire. it should be noted that condoms are the only contraceptive method that also protect against STIs.

Following the Increasing Access to Contraception Programme instituted in Wiltshire in 2013, the prescribing rate of LARC methods is much higher in the county than either the regional or England rates; In 2015 the county rate was 56.1 per 1,000 women compared with 29.8 per 1,000 women for England as a whole. This has been a major contributory factor in reducing unintended conceptions for woman of all ages in Wiltshire.

It is estimated that in 2014 there were 302 unplanned pregnancies in Wiltshire [16] which continued to full term. Reducing this number by 5% by increasing the use of effective contraception, could result in a saving of £46,950 in reductions to education, housing and social service expenditure [16]. A 5% reduction would mean 15 fewer unplanned pregnancies per year and the costs involved through the use of LARC methods would be less than £1,000 [16].

In addition to contraception being used on an ongoing basis, women are also able to access emergency contraception through their GP, sexual health service or pharmacy. A copper intrauterine device (Cu-IUD) is considered by the Faculty of Sexual and Reproductive HealthCare as the preferred method of emergency contraception, however, given choice, the time frame involved and the clinical requirements to provide a Cu-IUD, two oral (tablet) forms of emergency hormonal contraception (EHC) are also available. These are:

- Levonorgestrel - an emergency contraceptive pill which can be taken within 72 hours (three days) of having unprotected sex.
- Ulipristal acetate – an emergency contraceptive pill which can be taken within 120 hours (five days) of having unprotected sex.

These two oral forms of emergency hormonal contraception (EHC) work by stopping or delaying ovulation. EHC be obtained from certain community pharmacies who are participating in the No Worries program, all GP Practices and all sexual health services across Wiltshire. The Cu-IUD devices are generally available at those surgeries who also offer LARC fitting and Sexual Health Services.

As of May 2017 there are 22 community pharmacies commissioned to provide EHC in Wiltshire. This service enables young women who wish to avoid an unintended pregnancy the opportunity to obtain medication in a secure and confidential community setting.

Reducing Teenage Pregnancy

Teenage pregnancy is an important focus both locally and nationally and is one of the three main sexual and reproductive health measures in the Public Health Outcomes Framework [30]. There are both health and social reasons why reducing levels of teenage pregnancy is so important. They include [17]:

- Young mothers under the age of 18 are 22% more likely to be living in poverty at age 30 and much less likely to be employed
- Young fathers are twice as likely to be unemployed aged 30, independent of other deprivation factors
- Children of teenage mothers have a 63% increased risk of experiencing child poverty
- There is a six fold difference in teenage conception and birth rates between the poorest and most affluent communities
- Mothers aged under 18 are at high risk of poor mental health and 3 times more likely to be affected by post-natal depression
- Teenage mothers are 3 times more likely to smoke during pregnancy and have 50% lower rates of breastfeeding
- Children of teenage mothers have higher rates of accidents and behavioural problems; and have an increased risk of adopting risk taking behaviours, including the misuse of drugs and alcohol
- The infant mortality rate of babies born to young mothers is 60% higher than babies born to older mothers.

Since the Government launched its teenage pregnancy prevention strategy for England in 1998[18], there has been a steady reduction in teenage pregnancy across Wiltshire. At the beginning of the strategy the rate of under-18 conceptions was 32.1 per 1,000 women and the under 16 conception rate was 6.0 per 1,000 young women [18]. Effective partnership working has resulted in a 50% decrease in baseline figures. At the end of 2015 Wiltshire's under 18 conception rate was 14.0 per 1,000 young women and our under 16 rate was 3.0 per 1,000 young women [19].

Across Wiltshire there are several community areas where rates of teenage pregnancy are surpassed. Targeted services in Calne, Melksham, Salisbury, Tidworth, Trowbridge and Warminster community areas aim to increase the reduction rates of TP in these areas.

Sexual Violence, Child Sexual Exploitation and Abuse

The term 'Sexual Violence' covers a wide range of issues, including wider domestic abuse issues, sexual abuse, sexual assault and female genital mutilation (FGM). Every form of sexual violence requires special management to ensure that both victims and perpetrators are dealt with in the most appropriate way. Issues of sexual violence as part of a wider domestic abuse agenda are dealt with in the Domestic Abuse Needs Assessment.

Sexual assault and sexual abuse support services are provided via the Sexual Assault Referral Centre (SARC) which for Wiltshire residents is based in Swindon. The aim of a SARC is to provide a service ensuring that victims of serious sexual assault, including rape, receive appropriate urgent medical care and access to counselling, and if they choose, forensic examination to provide evidence to assist police in a criminal investigation. The SARC for Wiltshire is funded primarily from NHS England, the Home Office and the Office of the Police and Crime Commissioner. Smaller amounts of funding are provided by Wiltshire Council and Swindon Borough Council to commission additional emotional support services to young people. Effective partnership working relationships are essential to ensure that this service is able to support victims in the most effective manner possible.

The health needs of sexual assault victims include the physical health consequences of sexual violence, and for rape a risk of pregnancy, contraction of sexually transmitted infections and HIV and, for all victims, longer-term health issues such as increased rates of chronic illnesses, poor perceived health and increased use of medical services. The psychological consequences are linked to profound long-term health issues with one third of rape survivors going on to develop post-traumatic stress disorder, relationship problems and longer term psychological needs, mental illness and an increased risk of suicide for abused children when they reach their mid-twenties.

Overall the sexual offences rate across England is increasing each year with a growing percentage increase each year since 2013. A proportion of this increase is due to individuals being able and willing to report historical offences but there also a growing acceptance and ability of people to report incidents when they happen to ensure that support can be received. The 2015/16 rate for Wiltshire was 1.40 per 1,000 individuals which is a substantial increase from the 2010/11 rate which was only 0.70 [1].

The SARC in Swindon has received an increasing number of referrals each year. Estimates from the local police suggest that numbers will continue to increase by up to 20% over the next five years. Referrals can take many forms although they are initially categorised as either requiring a Forensic Medical Examination or are of a non-medical need. Invariably it is individuals who may have been the victims of more recent incidents that are offered a medical examination as this is the opportunity to collect DNA samples as well as other evidence which may be used in a future police investigation or court proceeding. Although not exclusively, increasing levels in the reporting of cases of historic sexual violence are being attributed to the increase in the number of non-medical referrals which the service has seen since 2013. In 2014/15 the Swindon SARC received 148 referrals requiring forensic medical examinations; a further 360 received a non-medical service [21].

The percentage of under 18 year olds who are accessing the SARC for support has remained relatively stable over the past three years with 36% of all attendees receiving a forensic medical examination in 2012/13 compared to 34% in 2014/15 [21]. For the same time periods the percentage of those receiving non-medical support was 26% in 2012/13 compared to 28% in 2014/15 [21]. These figures are important as the type and availability of emotional support for these young people is different from that provided for adults. For children and young people there is a need to provide age appropriate support which considers both their actual age and their stage of emotional development which may be very different. For younger people the most appropriate way to engage them may be through art or play therapy, whereas for an older young person it may be talking therapies.

While there is no statistically significant difference in terms of ethnicity for those at risk of Domestic Abuse and Sexual Violence, FGM, forced marriage and so called 'honour' based violence are more prevalent in black and minority ethnic communities.

Female Genital Mutilation (FGM)

The World Health Organisation definition of FGM is: 'all procedure that involves partial or total removal of the external genitalia, or other injury to the female genital organs for non-medical reasons'.

FGM has serious health consequences, both at the time of the procedure and into adulthood. There are also long-term emotional and psychological effects from the lasting damage caused by FGM. FGM is under-reported in the Wiltshire area with only 4 cases reported to the Multi Agency Safeguarding Hub (MASH) team. Statistics from the NHS show that nationally 5,700 recorded cases of FGM were made during 2015-16 across the UK [23].

The FGM Act 2003 introduced a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18's which they identify in the course of their professional work to the police [22]. This duty came into force from 31st October 2015. Women and girls born in Somalia accounted for more than one third (37%) of newly recorded cases of FGM [23]. Of this total number of newly recorded cases 43 involved women and girls who self-reported to have been born in the UK [23].

In 18 cases the FGM was undertaken in the UK, including 11 women and girls who were born in the UK [23]. Where the nature of the UK procedure was known, around 10 were genital piercings [23]. The 5 to 9 year old age group was the most common age range at which FGM was undertaken [23].

Child Sexual Exploitation / Abuse

Child sexual exploitation (CSE) of young people under 18 is defined as: Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status

of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology [24].

A child under 13 is not legally capable of consenting to sexual activity. Any offence covered under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate that the child is suffering, or is likely to suffer, significant harm. Sexual activity with a child under 16 is also an offence. Where it is consensual sexual activity it may be less serious than if the child were under 13 years, but may nevertheless, have serious consequences for the welfare of the young person. Consideration should be given in every case of sexual activity involving a child aged 13-15 as to whether there should be a discussion with other agencies and a referral to children's social care to investigate whether there is the potential for child sexual exploitation or abuse.

The Wiltshire Safeguarding Children's Board (WSCB) has a role in setting out the expectations of all agencies in relation to identifying and responding to children who are vulnerable to, and at risk of, sexual exploitation and abuse, as well as responding when sexually exploitation is identified. All agencies have a role in identifying and safeguarding children at risk of or experiencing sexual exploitation and abuse. The WSCB has a specific sub group which considers issues of CSE which meets regularly to review information and ensures processes and procedures and being effectively used to support young people. A key recent development has been the launch of Project Gemstone by Wiltshire Police. This is a specialist team dedicated to working with and supporting victims and those at risk of sexual exploitation. The team is staffed by Police and Social Care staff with additional support from health professionals, including CAMHS. In addition a Missing and Child Sexual Exploitation meeting (MACSE) has been established to focus on CSE perpetrators; previously the CSE business was victim focussed and therefore missed opportunities to disrupt offenders.

Levels of Child Sexual Exploitation within Wiltshire are relatively low compared to some areas of England, although there have been multiple occasions where instances of exploitation have been identified and appropriate action taken. During 2015 63 cases of CSE were investigated with the average age of the victim being between 14 and 16 [25]. The average age of offenders was 17 and the most prevalent model of exploitation is lone offender rather than gang exploitation [25].

Priority Groups

The sexual health and wellbeing of the general population is a priority but there are certain groups which are considered to be at higher risk of infection and unintended pregnancy. Individuals in these vulnerable groups are often indirectly excluded from mainstream services.

Those in vulnerable groups are more likely to experience poor sexual health due to socioeconomic inequalities, meaning those living in deprived areas often are more at risk of negative health outcomes, such as STIs and unintended pregnancies. In addition, there is considerable inequality in the distribution of STIs across the population with particular groups at higher risk such as lesbian and gay communities, black and minority ethnic communities and young people. Tackling these inequalities requires a variety of interventions and approaches such as ensuring open access to services, and health promotion and education to raise awareness of safer sexual behaviours to enable young people to negotiate a safer sex life.

Lesbian, Gay, Bisexual and Transgender Individuals (LGBT)

Men who have Sex with Men, (MSM) is the term used to define men who have sex with other men but who may not necessarily identify themselves as gay or bisexual. MSM are at higher risk of infection and are regularly reported as having higher levels of sexually transmitted infections, including HIV. In Wiltshire 43% of people living with HIV are MSM [3]. Research also shows that those from LGBT backgrounds are less likely to have routine health screening tests than heterosexuals and that less than half of LGBT people make their GP aware of their sexual orientation.

Black and Minority Ethnic Communities (BME)

Sexual health within this group is often perceived to be worse compared to the general population. Examining this issue identified accessing services as a major barrier for those from the BME community. In 2015, 27% of those living with HIV in Wiltshire were from Black and Minority Ethnic Communities [3].

Young People

Young people experience a higher burden of STIs and are more likely to have poorer sexual health outcomes than those aged over 25. In 2016, young people accounted for 43% of all new STI diagnosis in Wiltshire [1] with the most common of these infections being Chlamydia. In addition, the UK has one of the highest teenage pregnancy rates across Western Europe [19] although this figure is reducing the long term impact of pregnancy for young people can be considerable.

Young people within the care system often enter care with poorer health and wellbeing in part due to the impact of poverty, abuse and neglect to which they may have been exposed. This is also likely to be due to lower levels of health awareness and health literacy as educational attendance is often lower. Young people in care share many of the same health risks and problems as their peers but often to a greater degree. [5]

Support, including advice and information on sexual health, Chlamydia screening and contraception is available to young people in care or who are care leavers but there is no data on the provision levels for young people in care requesting this level of support.

Older people

People continue to engage in sexual activity throughout their lives and although risk of pregnancy decreases with age, the risk of STIs occurs at all ages. The 2014 National Survey of Sexual Attitudes and Lifestyles (NATSAL) collected information from individuals up to aged 75. The survey results indicate that 75% of men and 59% of women aged between 55 and 64 report regular sexual activity with these percentages being 57% men and 37% women aged between 65 and 74 [6].

In 2016, 11% of all STIs in Wiltshire were diagnosed in the over 50's [1] and therefore going forward we need to ensure that health promotion messages are also targeted at this age group. The perception of sexual health and contraceptive services focussed on young people can be seen as stigmatising and a barrier to access for older people.

Substance misuse (including injecting drug users)

Drug and alcohol use can influence decision making and contribute to risk taking behaviour, increasing the risk of contracting a sexually transmitted infection or having an unintended pregnancy. The use of recreational drugs carries a risk of contracting Hepatitis B and C as well as HIV (if sharing injecting equipment). The exact prevalence of Hepatitis C Virus (HCV) infection within Wiltshire is unknown due to the levels of undiagnosed individuals within the county, however modelled data suggests that there are approximately 1,952 people living with hepatitis C [8] and 1,958 people living with hepatitis B in Wiltshire [7].

Military Personnel

Serving personnel have access to Military of Defence (MoD) medical services. However, due to the sensitive nature of an individual's sexual health they often choose to attend services outside of the MoD and this can have an impact on local service provision for other residents.

Education on how to prevent the transmission of STIs is essential for all groups, however with military personnel being deployed across the globe to countries with higher levels of HIV and STI infections it is especially important that this is emphasised as part of pre and post deployment discussions. In addition, to working with military personnel it is also important to consider the families and their sexual health as often this can be overlooked.

Prison Population

Wiltshire's HMP Erlestoke is a category 'C' establishment with capacity to house 524 prisoners. When individuals first arrive at the prison they are offered health screening for blood borne virus's including HIV and if under 25 they are also offered screening for chlamydia. Whilst living in the prison, if they wish to discuss their sexual health or

be screened for possible infection they can request an appointment with healthcare staff and the necessary testing will be provided.

At present there is little information in relation to the number of individuals who are requesting support regarding their sexual health as the traditional reporting route of uploading data into the PHE GUMCAD system is not routinely taking place [2].

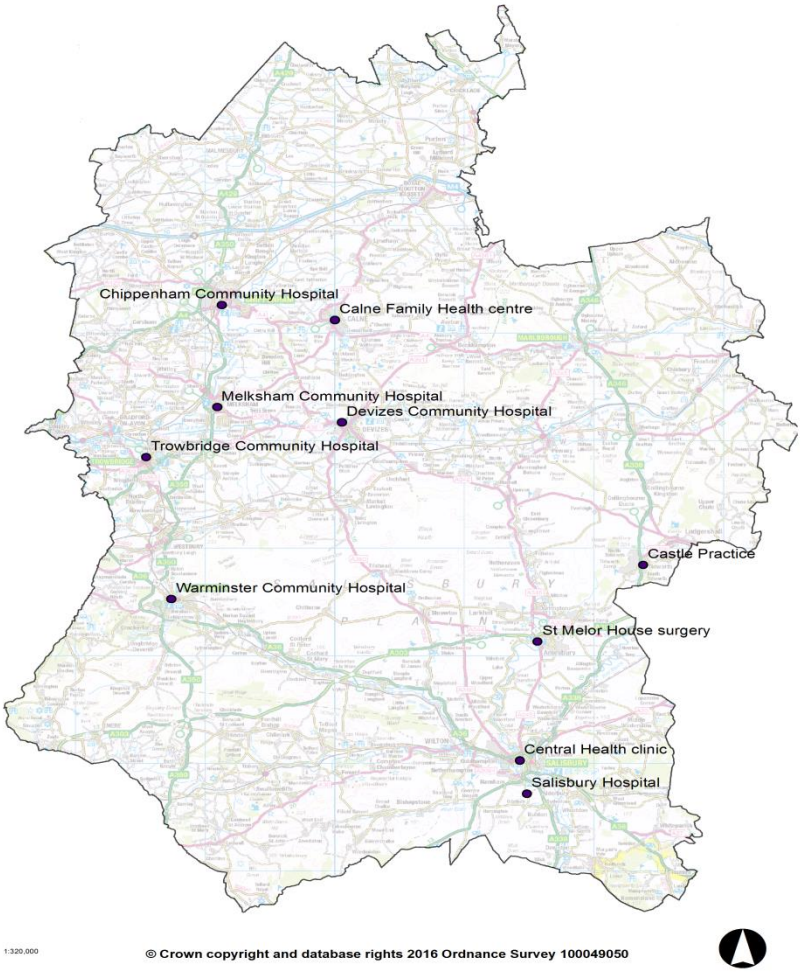
Local Contraceptive & Sexual Health Services

A range of providers within Wiltshire deliver face to face and online services.

Department of Sexual Health – Salisbury Foundation Trust

The majority of services are provided through the Sexual Health department at Salisbury Foundation NHS Trust which is contracted to provide sexual health and contraception services. These services are delivered through a 'hub and spoke' model, with the hub being in Salisbury and spokes being provided in Calne, Chippenham, Devizes, Melksham, Salisbury (2nd site), Tidworth, Trowbridge and Warminster.

Location of Main Sexual Health Services



In addition to face to face services provided by Salisbury Foundation Trust, there is a range of provision offered by other community sites, including: primary care venues; community pharmacies; school health nurses, military healthcare and termination services. Referral pathways between all services exist with signposting encouraged to ensure that individuals receive the most appropriate service possible for their individual needs.

Since 2012 there has been a consistent increase in the numbers of patients accessing Wiltshire based sexual health services and in particular services for testing and treating for STI infections [2]. In 2012 services were used by 4,218 individual patients but by 2015 this had increased to 6,615 (an increase of 37%) [2]. This increase is partly due to improvements in patient flow within services and the availability of services for patients to access. However, this is not a true reflection of the number of appointments which patients are utilising.

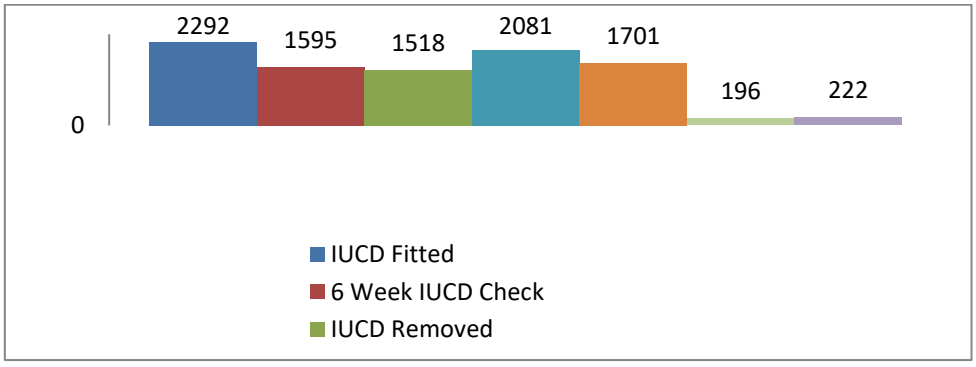
Many sexual health services are open access and therefore individuals have the option to attend any sexual health service of their choice. Residents have the option to access services outside of the county. In 2015 only 61% of Wiltshire patients who accessed a GUM clinic chose to do so using Wiltshire based services, the remaining 39% used a total of 132 different clinical settings across the UK [2].

The services provided by Salisbury Foundation Trust are primarily contraception and sexual health services (CaSH) clinics. The main focus of these clinics is ensuring that women are able to effectively access the various methods of contraception available to them and that any member of the community is able to access testing and treatment for sexually transmitted infections. During 2015/16 they provided 4,105 appointments within the community based clinics in addition to the 1,224 contraception appointments within the main hospital site in Salisbury [2].

Primary Care

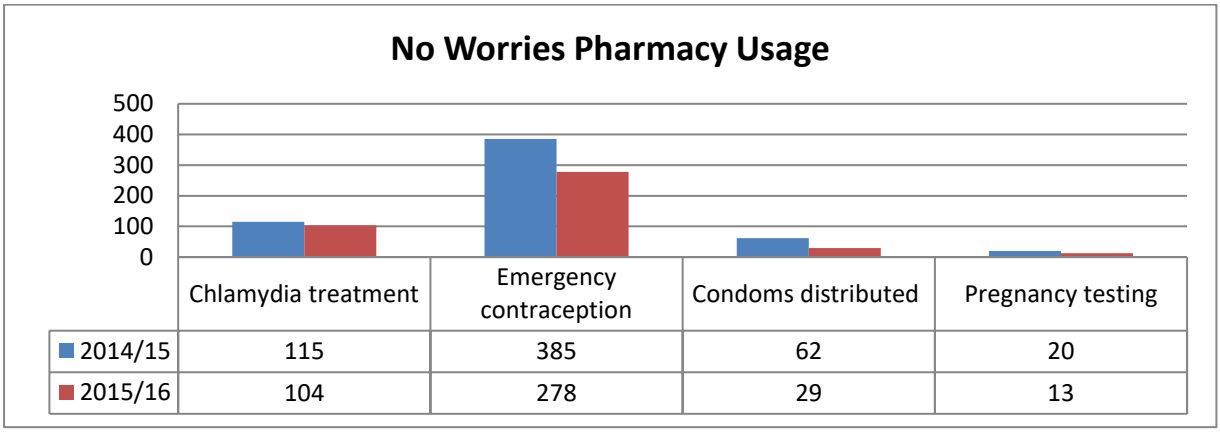
Primary Care within Wiltshire is a key provider of sexual health services and contraception services such as the supply and fitting of LARC methods. In addition to the provision of services within the standard General Medical Services (GMS) contract that GP's sign up to, several them have also chosen to provide additional services through the Wiltshire 'No Worries' service. This is a program of work which enables young people (under 25 years of age) to access Chlamydia testing and treatment, free condoms, emergency hormonal contraception and free pregnancy testing through their own GP surgery or another practice signed up to the scheme without having to make a standard appointment. This has proven to be a well-used service and has contributed significantly to reducing the levels of unintended teenage conception.

During 2015-16 GP surgeries across Wiltshire undertook a wide range of services as part of enhanced provision in relation to sexual health. The below figure shows the level of patient appointments provided for this.



Community Pharmacies

Community Pharmacies can also contract to provide No Worries services: 21 pharmacies across Wiltshire are currently delivering these services. Community pharmacies are often used by young people who may be too embarrassed to use their GP surgery. Data regarding the number of YP using NW services via community pharmacies is given in the table below. There has been a reduction in 2015/16 and this is in part down to the movement of individual pharmacists who have changed locations and may either be working in another county or in a pharmacy which is not part of the No Worries scheme.



	Chlamydia treatment	Emergency contraception	Condoms distributed	Pregnancy testing
2014/15	115	385	62	20
2015/16	104	278	29	13

School Health Nurses

School Nurses are integral to raising awareness of services. Each school may choose whether school nurses are able to offer chlamydia testing, pregnancy testing, condoms and emergency hormonal contraception provision but all school nurses are able to provide information, advice and guidance to a young person who comes to them for support. This ability to raise awareness and demystify sexual health matters facilitates improved access to services and reduces the fear and stigma which sexual health can have for young people.

Military

Military personnel are able to access the medical centres within their bases for sexual health testing and treatment and it is important that these services are promoted to enable and encourage individuals to access them. There is concern amongst some military staff to access services who may know them to discuss a potential sexually transmitted infection and in these cases they are able to access civilian services in the same manner as any other resident of Wiltshire. There is a specialist sexual health unit for military personnel but this is based in Birmingham and tends to only deal with complex sexual health issues rather than standard testing and treatment.

Online Services

The provision of services via the internet has been a major part of our chlamydia screening program since 2009. The numbers of those requesting a test is increasing year on year with over 24,000 tests being taken by young people using the service by the end of August 2016. It enables an individual to order a test kit online, taking the necessary sample at home before mailing it directly to the laboratory for testing. Results are then provided via a text message or via a telephone conversation depending on the test result. Since 2013 we have been providing an online sexual health service to over 5,600 young people each year.

In November 2015 provision of HIV screening via home sampling commenced in Wiltshire. The system uses the same method of ordering and results as the chlamydia screening service with testing kits being ordered online for home delivery and results provided by text or telephone conversation. The provision of an online HIV testing services contrasts markedly with the perception that HIV testing can only be offered and performed within a specialist setting. Each month approximately 30 kits are requested by residents which evidences the acceptability and confidence that this form of testing has with patients. The number of kits ordered fluctuates throughout the year with screening increasing around National HIV Testing Week in November and World AIDS Day in December.

Termination of Pregnancy (Abortion) Services

In England termination is legal for pregnancies up to 24 weeks in gestation although the sooner an abortion is carried out the lower the risk of complications for women. Services across England and Wales have striven to maximise the number of procedures performed within 10 weeks of gestation. Termination services are funded by NHS Wiltshire CCG which commissions both NHS providers and non-NHS providers, with 91% of all terminations for Wiltshire residents being carried out by non-NHS providers in 2016 [20]. This is higher than the England average of 70.4% and substantially higher than the South of England average of 79% [20]. This may be due in part to the rurality of the county and the lack of availability of NHS providers.

In 2016, the Wiltshire rate for completing terminations within 10 weeks gestation was 81.9%, slightly higher than the rate in 2015 which was 79.9% [20]. The under-18 termination rate in Wiltshire has been reducing over time, which is partly explained by the reduction in actual conceptions but may also be due to the choice of some young women to continue with the pregnancy. In 2016, the rate was 7 per 1,000 compared to an England rate of 9 per 1,000 [20].

Service Feedback

Service Users Feedback

In order to gauge the viewpoints of local service users a survey was developed and distributed via a range of agencies including sexual health clinics, youth groups, drug and alcohol agencies. The survey remained open for six weeks and during that time 84 responses were received. The majority of respondents (53) were female which reflects the usage of services in terms of both sexual health and contraception services. This is also the case for sexual orientation where the majority of respondents (65) were heterosexual.

Young people are more at risk of STIs than other age groups and this was reflected in the respondents to the survey. The highest number of respondents were from the 16-25 age group followed by those aged 26-35 who may well be utilising services for contraceptive as well as sexual health purposes. 98% of respondents identified themselves as white and only one person identified as having a physical disability. A further 9 individuals identified as having a learning disability. Although the majority of responses came from the Salisbury area, every community area in Wiltshire was represented in responses.

67% of respondents stated that they have had a sexual health check-up, of which 33% were within the preceding year with 25% having had a check-up within the last 3 years. This suggests that although some Wiltshire residents are accessing local services and taking responsibility for their contraceptive and sexual health needs, work does need to take place to reach those are not accessing services.

Questions regarding where the respondent had accessed services were interesting as they indicated not only the acceptability of the current main provider but also that Wiltshire residents were willing and able to access the community based clinics which are located across the area. Some individuals choose to access services away from where they live or work and it is a recommendation that a review of where individuals are choosing to attend which could then lead to targeted work taking place to reduce this number.

When asked about the information they received from the service they used, 98% were either satisfied or very satisfied with 98% also rating the way they were treated as either satisfactory or very satisfactory. 57% indicated they were very satisfied with the timeliness of service provision with a further 33% indicating they were satisfied. The service provider may wish to consider giving more information to patients on waiting times and clinic availability to moderate patient expectations.

The potential for providing services via online platforms was asked; however the initial question regarding how many respondents had already used this type of service showed only 12% had used online services. This could have been due to the fact that currently the main focus of this service is chlamydia screening which is only open to those under 25 but nevertheless this figure was lower than anticipated. It was encouraging that 76% of respondents would use online screening if it were available

The Public Health team within Wiltshire Council commission a number of primary care and pharmacy venues to provide a range of sexual health services to young people, including chlamydia treatment, emergency hormonal contraception, condom distribution and pregnancy testing; with the service branded as 'No Worries'. Responses received in relation to knowledge of the No Worries service may share the same difficulty as the question about accessing online services as this service is targeted at the under 25 year olds. 59% of respondents had never heard of 'No Worries' but this may in part be down to age. This may again be because the service is targeted at those aged under 25 years

Although many respondents will have used services delivered by the main Sexual Health provider through CaSH clinics, many could have obtained the same advice and treatment through their GP or community pharmacy. 42% of respondents had sought information or advice from their GP on sexual health the majority for emergency contraception, however 74% of respondents had never had a sexual health consultation with a pharmacist.

The survey provided an insight into the locations that respondents would look for information or advice on sexual health issues if they needed it. The three highest places were identified as: from a sexual health clinic (60%); from the internet (55%) or from my GP surgery (43%). When asked where on the internet they would be likely to look for the information they needed the majority of them stated an NHS website which is evidence that there is confidence in the quality and relevance of the information provided.

In terms of service developments the final questions were the most important and when asked how they would rate sexual health services overall, 71% stated they were either good or very good.

Service Provider Feedback

A separate provider survey was developed to explore the views of professionals of which 60 responses were received representing a range of organisations including primary care, education, youth services, healthcare, sexual health services, homelessness and substance misuse services.

The majority of respondents (86%) feel that Wiltshire provides an effective sexual health service to its population; however, 63% felt that it is only partially effective rather than highly effective. When asked what prevents people from accessing sexual health services the two highest responses were that services were not well advertised (65%) and patients are unaware of the range of services they can access (81%). This indicates a need for better publicity and advertising of the locations and availability of these services. This may also address the level of out of county provision if people were more aware of the services available to them locally.

When considering if there were any particularly under-served groups within the county, age groupings appeared to be the area of biggest concern. Respondents could identify more than one group and as such 69% of respondents felt the under 18's needed additional support, 40% felt those 18-25 needed to be catered for more, and

25% of respondents felt those over 40 years of age would benefit from an increase in targeted services. The other group identified as needing additional focus was people with a physical and/or learning difficulty.

Questions around publicity and campaign materials elicited mainly negative responses; 19% felt the amount of campaigning was good or very good and only 20% indicated the range of materials used was good or very good. 32% identified that the clarity of message was good or very good and 30% felt the materials were of relevance to the Wiltshire Population. While this is very concerning, it may be related to the fact that these materials are predominantly distributed to GP surgeries and community pharmacies and many of the respondents had not attended these venues for sexual health services.

Partnership working is a key element to the successful delivery of services, evidenced by the dramatic reduction in the level of teenage conceptions due in the main to organisations working together to ensure information and support is provided at every opportunity. However, when stakeholders were asked whether there was sufficient and appropriate partnership working between services only 51% felt that there was.

There were four main types of partner organisation who felt that additional joint working would help in the provision of services, these were homelessness organisations, substance misuse organisations, schools and midwifery and maternity services.

There was recognition within responses that due to reductions in funding and available time for partnership developments, improvements were taking place but there is still further work is needed.

A large amount of our chlamydia screening and more recently HIV testing is now delivered via online platforms and stakeholders were asked how effective they felt these services were. 77% of respondents identified them to be effective; although as with previous responses 51% felt they were only partially effective which indicates that additional programme support needs to take place to improve this area further.

Survey respondents were finally asked what one thing they would like to see happen to improve services, and this received a wide range of suggestions. They can primarily be clustered into four key areas of development:

- Increased provision of clinical time, particularly in rural areas of the county
- Increased information and awareness raising of available services
- Increased partnership working with organisations working with specific target populations e.g. homelessness, drug and alcohol clients
- Additional support for schools

Overall, the feedback from stakeholders was fairly consistent in its responses. There needs to be improvements in the level of partnership working and an improvement in the level of information being circulated about service availability and what they can be used for.

Identification of Gaps

During the preparation of this HNA consideration has been given to the needs of residents and how those needs are currently being met; or if not what the gaps are in service provision. Below are details of the gaps identified:

Need identified	Demand requested	Current supply	Gaps
Older people are increasingly at risk of STI infection and are not accessing services	Services are more aware of the needs of older people.	Services are open access and can be utilised by older people	Older people are not aware of the risks being taken in their sexual wellbeing.
Commercial sex workers have no services which target their needs	Services are more aware of the additional needs of commercial sex workers	Generic services are provided which can be accessed for support	Commercial sex workers may have additional complex needs which are not able to be catered for by generic service provision
Public Health Outcomes Framework target for Chlamydia screening needs to be achieved	Provision of additional chlamydia testing opportunities	Chlamydia testing kits are available across the county in a wide range of venues	Targeted opportunities need to be developed, particularly for young men who are currently under-represented
Residents are choosing not to access local GUM services	Raise awareness of opportunities to test for STIs within Wiltshire.	Clinical sessions are held across the county and can also be accessed via primary care.	Lack of awareness of community clinics offering sexual health advice and testing
Women not able to access all contraception options via primary care	Women are requesting the full range of contraception to be available at their own primary care venue	All primary care venues offer contraception services or signposting to alternate provision.	Not all primary care venues have trained staff able to provide all forms of LARC contraception.
Better understanding of sexual health services on offer in	A clear understanding of what sexual health services are	All primary care venues will provide a basic level of support and will	Lack of of what sexual health services are being offered

Primary Care venues. **Need identified** Greater awareness of the HIV home sampling project	provided in each primary care venue **Demand requested** Increased awareness of who can access the service and how to access it.	signpost for specialist services **Current supply** Publicity materials have been circulated and media interviews given at start of project	through primary care. **Gaps** Regular awareness raising materials need to be circulated. Professionals need to encourage service uptake by clients
Increased sexual health testing and reporting within HMP Erlestoke	Data needs to be available on the scale and uptake of sexual health services within the prison setting to ensure equity of provision with other Wiltshire residents.	Healthcare will provide sexual health screening for prisoners who request it.	No data is uploaded into the PHE GUMCAD system to monitor level of testing Lack of proactive encouragement of testing opportunities.
Regular data available to commissioners from main sexual health provider to enable service planning and development	Clear data on services provided and geographical location of patients to ensure effectiveness of service offer to meet demands of all Wiltshire residents	Specialist clinical services are provided across the county and also though primary care venues	Ad hoc reports are received by commissioners which does not facilitate service planning and development
Regular reviews of service locations needs to take place to ensure they remain the most appropriate	Services need to regularly review the locations from which their patients are coming from to ensure they are appropriate	9 community based specialist clinics are provided across Wiltshire with additional provision via primary care venues	Ad hoc data is received by commissioners on where patients are travelling from to attend specialist services which does not enable effective review and service development
LARC methods of contraception should be encouraged for all women via primary care venues	Levels of LARC uptake need to be increased to reduce rates of unintended conception	All primary care venues either have trained staff who can fit LARC methods of contraception or referral pathways to other providers	Primary care venues need to increase the number of LARC fitters. Improved discussions need to take place on the benefits of

			LARC methods prior to prescribing other methods
Need identified Little information is shared between Wiltshire Council and Wiltshire CCG regarding sexual health services including abortion services	**Demand requested** Greater partnership working would enable the sharing of information and improvements to services	**Current supply**	**Gaps** Services are operating in isolation as there is no regular sharing of information which could make services more effective and cost efficient
Levels of HIV late diagnosis are too high	Rates of HIV late diagnosis need to be reduced and eventually eliminated	Testing for HIV is available via GUM services, primary care and HIV home sampling for anyone who requests it.	Individuals at risk of HIV infection are not being identified and tested. Individuals do not think they have been at risk and therefore choosing not to access testing opportunities
Lack of community pharmacy provision in all parts of Wiltshire	Community pharmacies in all areas of Wiltshire should be encouraged to offer the No Worries service.	More than 20 community pharmacies across Wiltshire are offering No Worries services.	Certain geographical areas of Wiltshire do not have community pharmacy's willing to operate the No Worries service.
Gaps in sexual health knowledge and awareness exists which can put individuals at risk of poor sexual health outcomes	Effective awareness raising campaigns to increase the knowledge of local residents need to take place	Regular campaigns take place to ensure information is disseminated across locations on a monthly basis	Additional numbers of locations (such as libraries and leisure centres) for information posters and leaflets to be circulated to would enhance opportunities for learning
Lack of regular partnership working amongst service providers	Increased partnership working would enable increases to client knowledge and opportunities for reductions in sexual ill health	A Sexual Health Partnership Board exists to share information and all providers are encouraged to work collaboratively with each other to	More strategic partnership working needs to be encouraged between organisations.

		improve client outcomes	
Need identified	**Demand requested**	**Current supply**	**Gaps**
Lack of emotional support services for young people who have been the victim of sexual assault	Long term psychological damage could be avoided by the early availability of emotional wellbeing and mental health support	Support is available to young people via the CAMHS service once the threshold for support is reached.	Few young people meet the minimum threshold for CAMHS support Support is rare in geographical locations to suit the needs of young people who may have difficulty in travelling.
New technologies are enabling service developments to take place to reduce the need for direct clinician input to diagnostic services	Implementing new services would reduce the need for patients to attend a clinical setting for testing, reducing costs and increasing patient numbers	New partner notification services have been implemented to enable online provision. The chlamydia and HIV home sampling services enables patients to take samples at home and removes the need to access a clinician for testing.	Chlamydia and HIV are the only tests which can be self-taken by Wiltshire residents despite services being available which would enable sampling for other sexually transmitted infections being available.
Additional knowledge and awareness raising is needed for staff who may encounter FGM or honour based violence with their clients	Staff can fell unskilled in how to recognise and respond to possible evidence of FGM or honour based violence	Staff training is available to raise levels of knowledge of FGM and honour based violence	Staff may not recognise the potential opportunities for FGM or honour based violence to become known and have therefore not received training in advance. Basic training needs to be made mandatory with additional opportunities for more in-depth training made available.

Recommendations

The following recommendations have been developed in response to this health needs assessment:

1. A review of service provision including identifying access barriers for specific groups such as older people, commercial sex workers, and people who have been trafficked should be undertaken due to higher rates of sexually transmitted infections within these groups.
2. Public Health in Wiltshire to review the current approach to Chlamydia Screening across the county with a view to the achievement of the Public Health Outcome Framework requirements.
3. Review out of county attendances at GUM clinics in line with access to current service sites to reduce the numbers of residents choosing to access services out of Wiltshire.
4. Review access to LARC within primary care to ensure there is an adequate spread of provision across the county.
5. Develop process to accurately determine the level of sexual health activity undertaken within GP Practices and Community Pharmacy.
6. Increase uptake of online HIV home testing.
7. Improvements in the reporting of attendance for sexual health issues within HMP Erlestoke to ensure a clearer understanding of the level of need.
8. More regular and accurate reports need to be produced by the main sexual health providers to ensure commissioners are able to effectively map what services are being utilised and from where in the county individuals are coming.
9. Commissioners and general practices should examine strategies to ensure that promotion and acceptance of LARC provision in general practice is increased and consistently offered, particularly in those practices where the patient catchment area covers those at highest risk of unintended conception, and / or the most deprived estates and neighbourhoods in the county.
10. Develop partnership arrangements between the local authority and NHS Wiltshire CCG in relation to termination services to ensure that every opportunity is maximised in terms of ongoing contraception usage.
11. Establish a work plan to reduce the levels of late HIV diagnosis.
12. Recruit pharmacies to participate in the No Worries service to ensure there is an effective service across the whole of Wiltshire.
13. Develop and implement effective awareness campaigns to ensure the levels of knowledge and awareness of sexual health and sexual health services are maintained and improved

14. Develop opportunities for better partnership working between commissioners and service providers, in particular the main sexual health provider and specialist agencies such as homelessness and drug & alcohol agencies.

15. Service Providers should consider the use of new technologies such as home testing/screening, online booking systems and online partner notification systems in order to increase the numbers of individuals using services without the need for additional investment in face to face delivery.

16. Provide a specialist emotional support service for young people who have been the victim of sexual violence or abuse.

17. Develop and deliver training sessions regarding FGM and honour based violence to enable staff to feel confident in raising concerns fulfilling their legal responsibilities to report concerns.

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