Appendix A

Summary of health needs, service provision locally and gaps in services

Sexually transmitted infections (STIs) in Nottinghamshire County

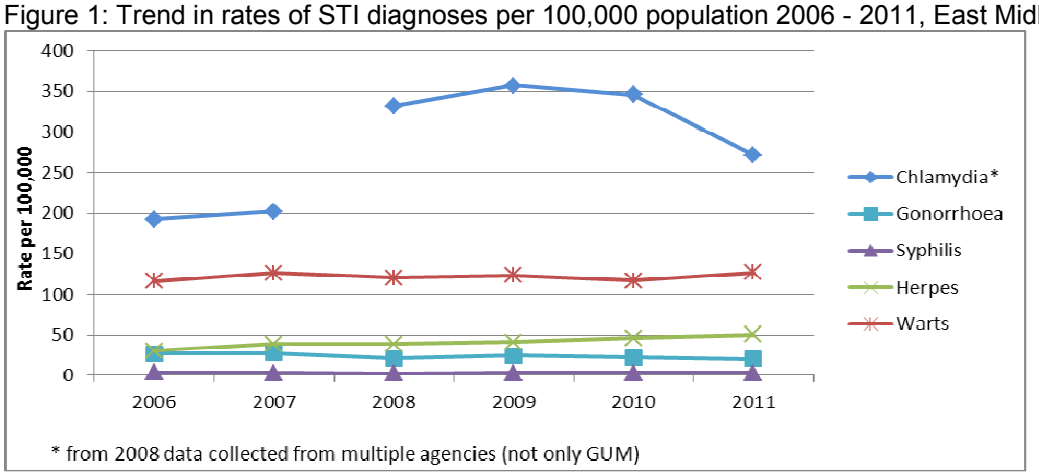
The main STIs are Chlamydia, Gonorrhoea, Syphilis, Human Immunodeficiency Virus (HIV), Genital Herpes and Genital Warts. HIV and other STIs are a major concern in the UK. In 2009, it is estimated 86,500 people were living with diagnosed HIV infection representing a threefold increase since 1999. A quarter of these people were unaware of their infection. Of the newly diagnosed HIV cases in 2009, 1,130 probably acquired their infection heterosexually within the UK; accounting for a third of heterosexuals diagnosed. Uptake of HIV testing was 77% among STI clinic attendees in England and the East Midlands.
The East Midlands rates for the main STIs have continued to be lower than the national rates and have followed a similar pattern for the last three years.

Who is at Risk?

There is a clear relationship between sexual ill health, poverty and social exclusion. Groups who are most at risk of poor sexual health and may experience barriers to accessing services include women; young people; asylum seekers and refugees; black and minority ethnic groups; single homeless people; gay and bisexual men; sex workers; looked after young people; drug injecting users; people with learning difficulties; people in prisons and youth offending institutions; young people not in education, training or employment.

Figure 1 shows the rates of new diagnosis of the most common STIs at a regional level. These changes are reflected at a national level where rates of Chlamydia, have notably increased over the last 4 years. This is also due to the increased testing that has taken place nationally and locally. However, rates of STIs in the East Midlands are generally lower than in England. Across England, in both men and women Chlamydia is the commonest STI diagnosed followed by Genital Warts, and then Herpes.

Figure 1: Trend in rates of STI diagnoses per 100,000 population 2006 - 2011, East Midlands



Source HPA:GUMCAD

Figure 2a highlights which districts within Nottinghamshire County are within the highest 25% nationally for diagnosis of Sexually Transmitted diseases. For Genital Warts Mansfield and Bassetlaw are within the top 25% nationally for diagnosis, for diagnosis of Herpes Bassetlaw, Gedling, Ashfield and Mansfield are in the top 25% nationally for diagnosis and for Gonorrhoea Ashfield , Mansfield and Gedling are in the top 25% nationally.

From 2008-2011 the trend in rates of STI diagnosis across Nottinghamshire County have remained fairly static. Chlamydia diagnosis has reduced in line with a decrease in testing and therefore should be interpreted with caution (Figure 2b).

Figure 2a: Rates of STI diagnosis per 100,000 population by local authority 2010

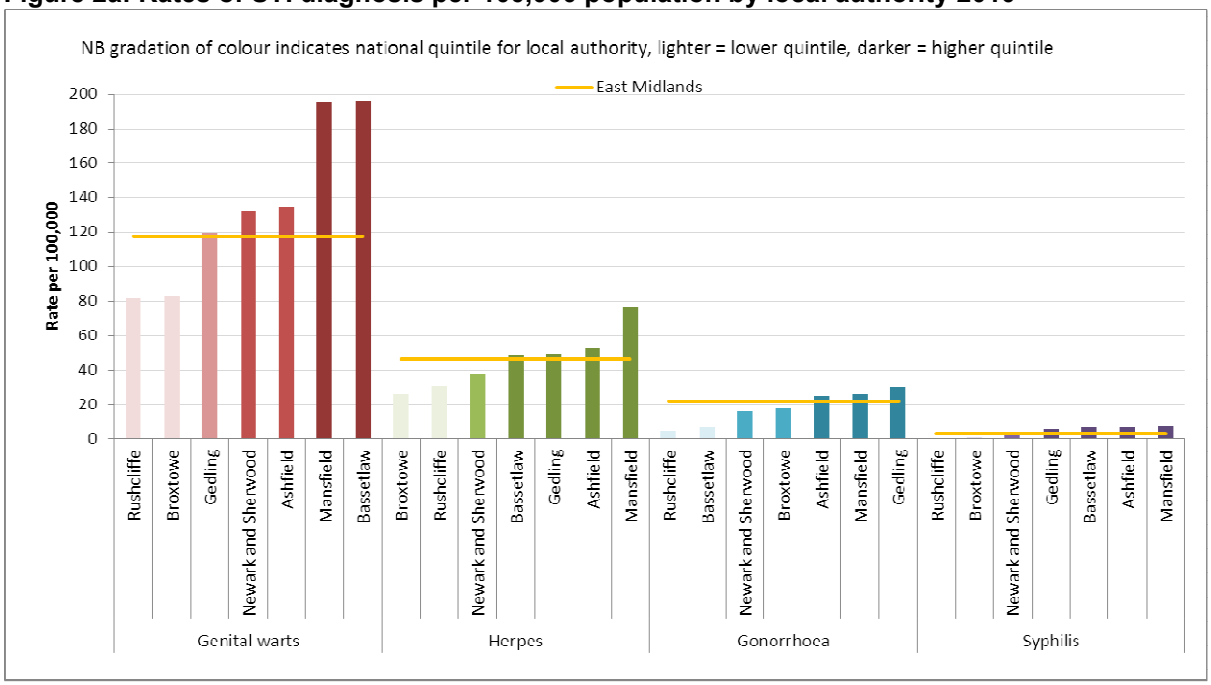
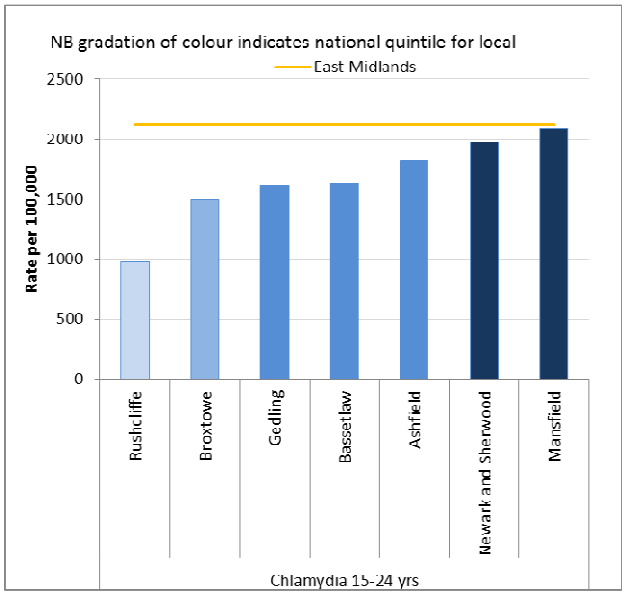


Figure 2b Rates of Chlamydia diagnosis per 1,000 population by local authority



Source: Health Protection Agency

Chlamydia

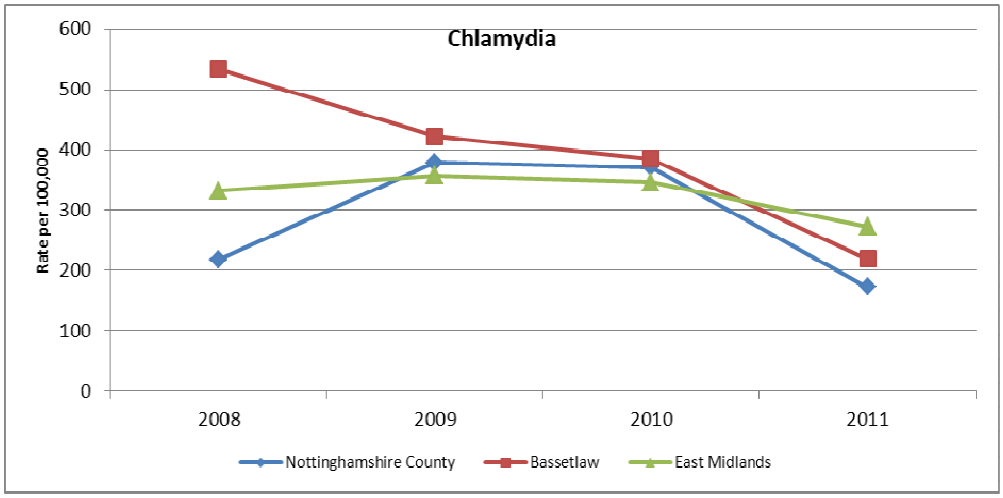
Of the five main STIs, the incidence of Chlamydia is the highest amongst men and women nationally and regionally, affecting approximately one in ten of sexually active young people, with rates rising:

- It is asymptomatic in 75% of women and 50% of men
- Untreated infection can lead to serious health problems, particularly for women

- It may cause pelvic inflammatory disease (PID), ectopic pregnancy and infertility
- In men it can cause Urethritis, Epididymitis and Reiter's Syndrome (arthritis)

Figure 3 shows the trends in the rate of chlamydia diagnosis over time. Both Nottinghamshire County and Bassetlaw overall have rates lower than the East Midlands rate, however this masks the rates at district level which can be seen in Figure 4.

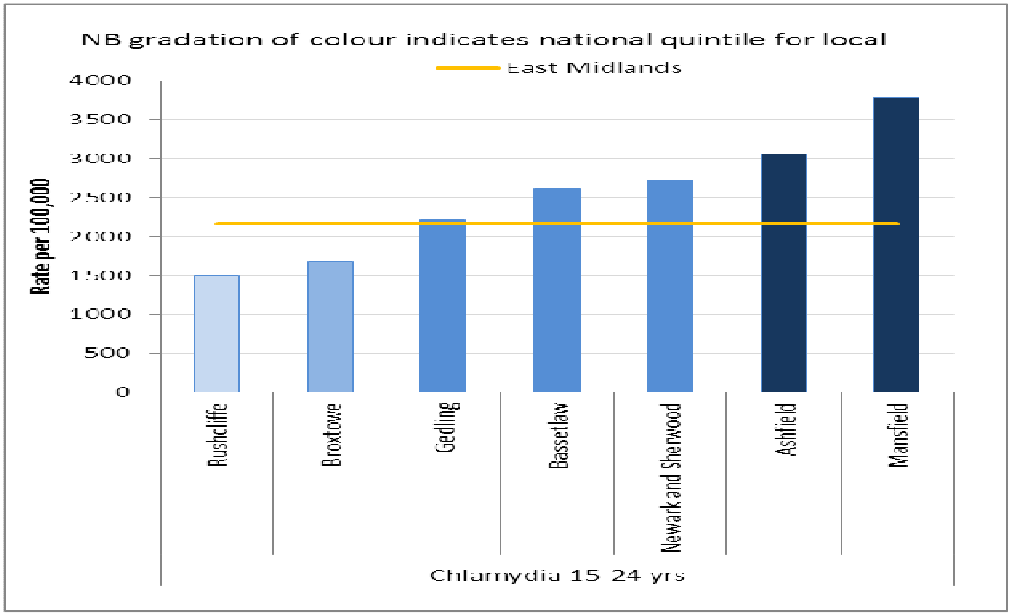
Figure 3 Trend in rates of STI diagnoses per 100,000 population 2008 – 2011, Chlamydia



Source HPA:GUMCAD

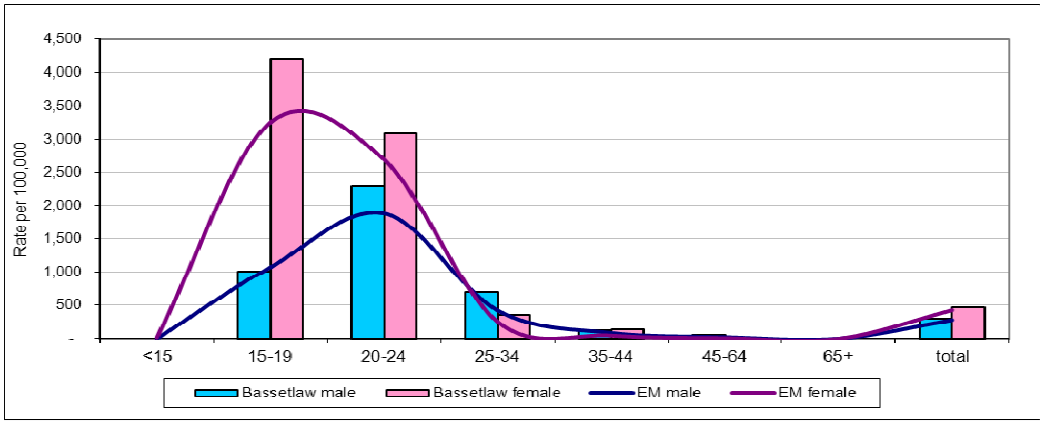
Figure 4 shows Mansfield, Ashfield, Newark and Sherwood, Bassetlaw and Gedling all have rates of Chlamydia diagnoses per 100,000 in the 15-24 year age group higher than the East Midlands with Mansfield and Ashfield districts significantly higher rates per 100,000 population in the 15-24 year olds. The prevalence is highest in young sexually active adults especially women aged 15-19 years and men 20-24 years in both Nottinghamshire County and Bassetlaw (Figure 5 and 6).

Figure 4: Rates of Chlamydia diagnosis per 100,000 population by local authority in 2010



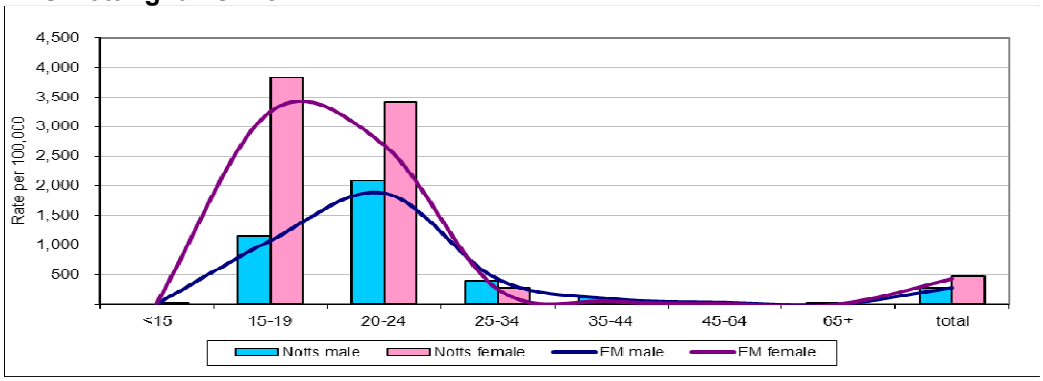
Source: Health Protection Agency

Figure 5 Rates of STI diagnoses per 100,000 population by age and gender 2011, Chlamydia – NHS **Bassetlaw**



Source HPA:GUMCAD

Figure 6 Rates of STI diagnoses per 100,000 population by age and gender 2011, Chlamydia - NHS Nottinghamshire PCT

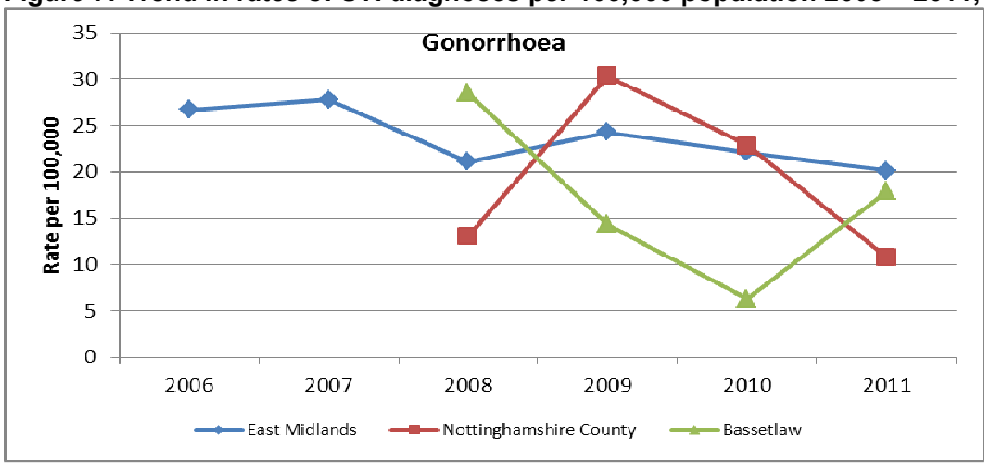


Source HPA:GUMCAD

Gonorrhoea

Nationally, Gonococcus infection has a highly unequal distribution within the population. It is concentrated in urban areas, among young people, men who sleep with men and minority ethnic groups, the Black/Black British ethnic group in particular. Figure 7 demonstrates that Bassetlaw and Nottinghamshire County have rates lower than the East Midlands for Gonorrhoea infection.

Figure 7: Trend in rates of STI diagnoses per 100,000 population 2008 – 2011, Gonorrhoea

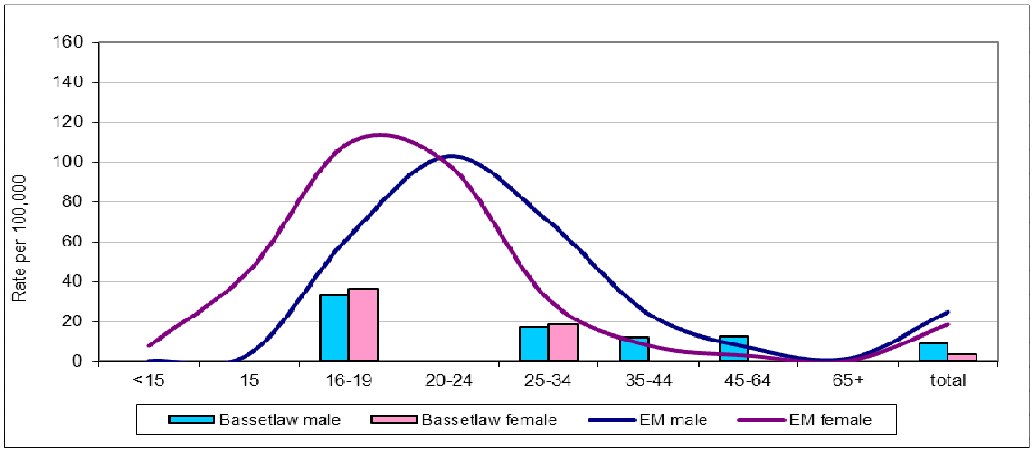


Source HPA:GUMCAD

Figure 8 and 9 show the peak age group nationally for Nottinghamshire County and Bassetlaw is 20-24 and 25-34 year old males and 15-19 year olds and 20-24 year old females

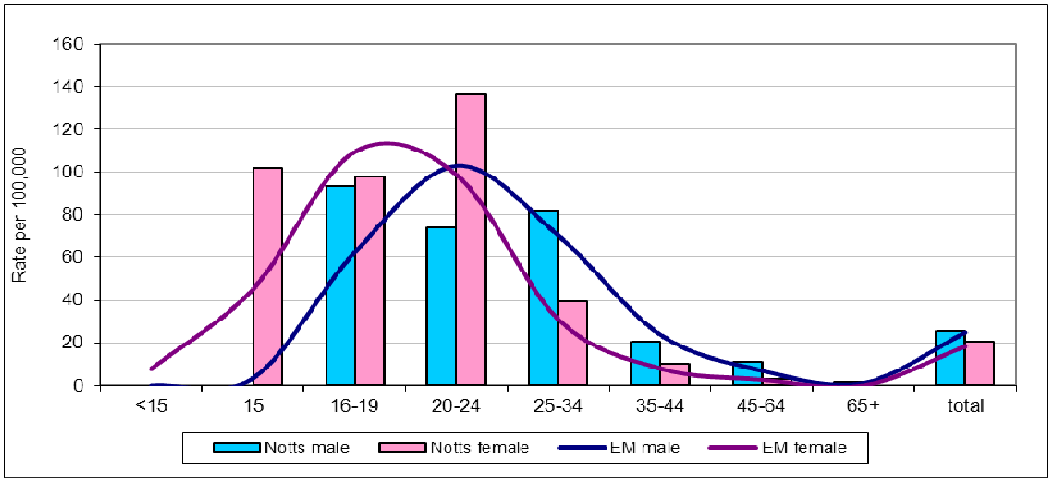
Figure 8 Rates of STI diagnoses per 100,000 population 2011 by Age and Gender,

Gonorrhoea Bassetlaw PCT



Source HPA:GUMCAD

Figure 9 Rates of STI diagnoses per 100,000 population 2011 by Age and Gender, Gonorrhoea NHS Nottinghamshire PCT

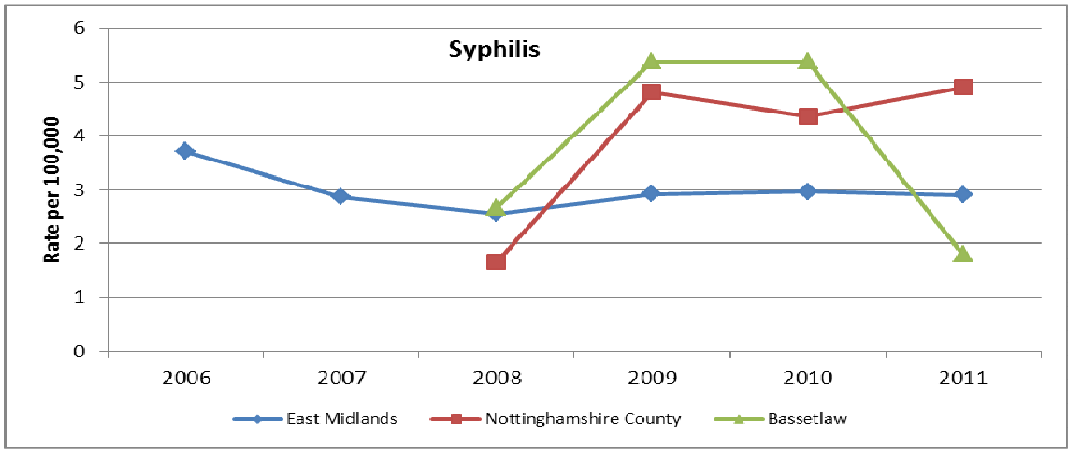


Source HPA:GUMCAD

Syphilis

The rate of increase over the last ten years in the new diagnosis of Syphilis has been high, with the East Midlands having a higher than national rate of change. However whilst the rate of change has been large, the total numbers are small with Syphilis only representing 2% of all new diagnosis of all the main STIs (Figure 10).

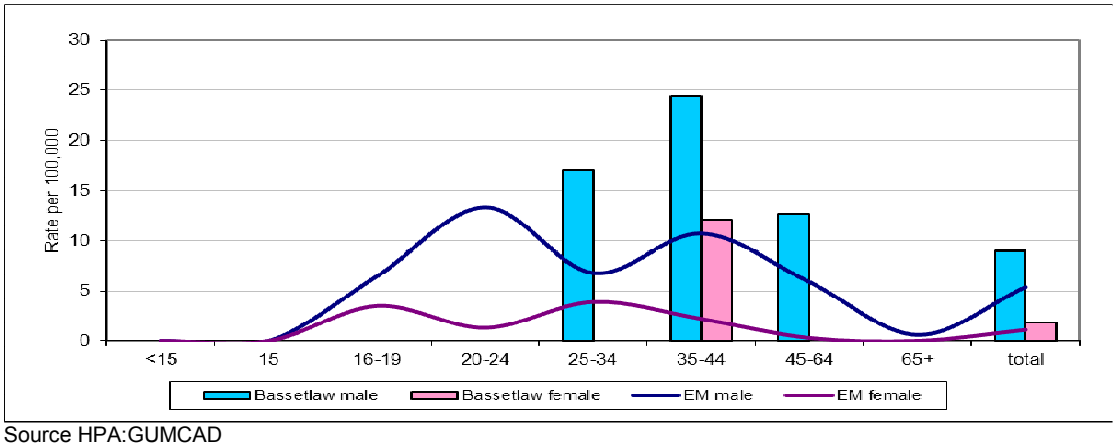
Figure 10: Trend in rates of STI diagnoses per 100,000 population 2008 – 2011, Syphilis



Source HPA:GUMCAD

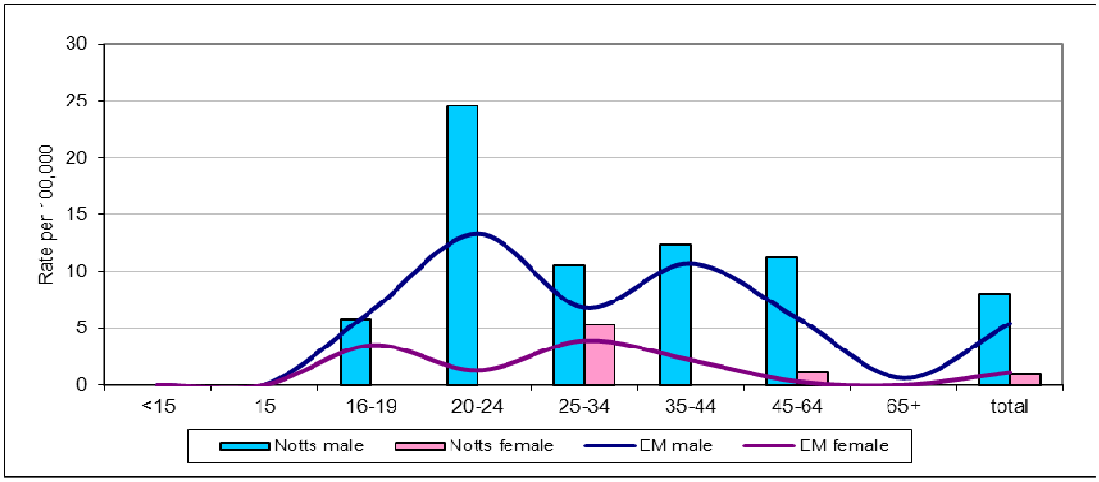
In 2011 the Syphilis was the highest in men, which is mirrored across the East Midlands, particularly the within the subgroup of men who have sex with men. This is a particular vulnerable group and usually relates to sexual practices. Figure 11 and 12 shows the gender and age groups most affected.

Figure 11 Rates of STI diagnoses per 100,000 population by Age and Gender 2011, Syphilis Bassetlaw PCT



Source HPA:GUMCAD

Figure 12 Rates of STI diagnoses per 100,000 population by Age and Gender 2011, Syphilis NHS Nottinghamshire County

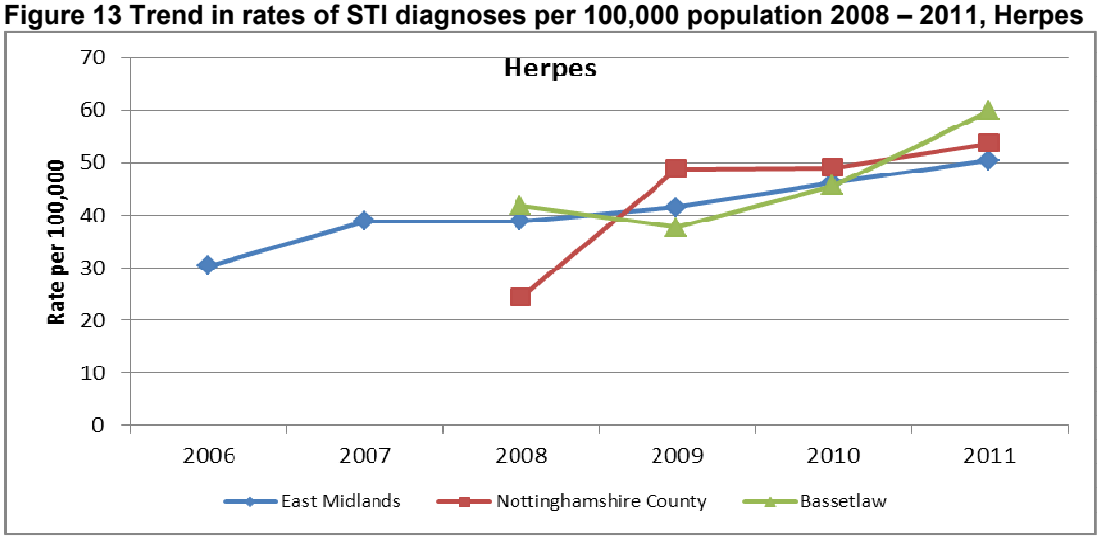


Source HPA:GUMCAD

Herpes

Figure 13 shows that Herpes diagnosis in Bassetlaw and Nottinghamshire County has steadily increase over the last 5 years, however although the rates are increasing steadily the numbers are relatively low. The same picture can also be seen nationally.

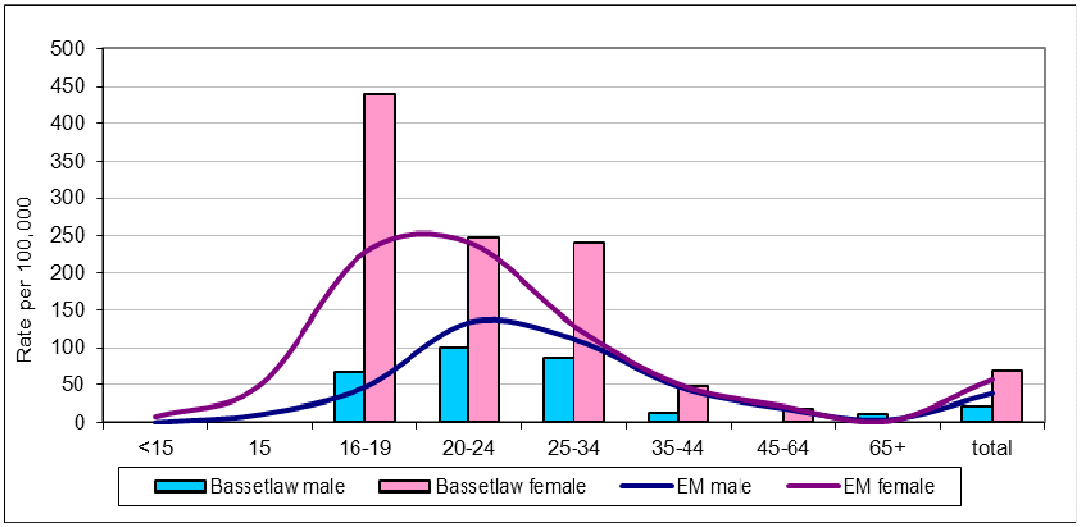
Figure 13 Trend in rates of STI diagnoses per 100,000 population 2008 – 2011, Herpes



Source HPA:GUMCAD

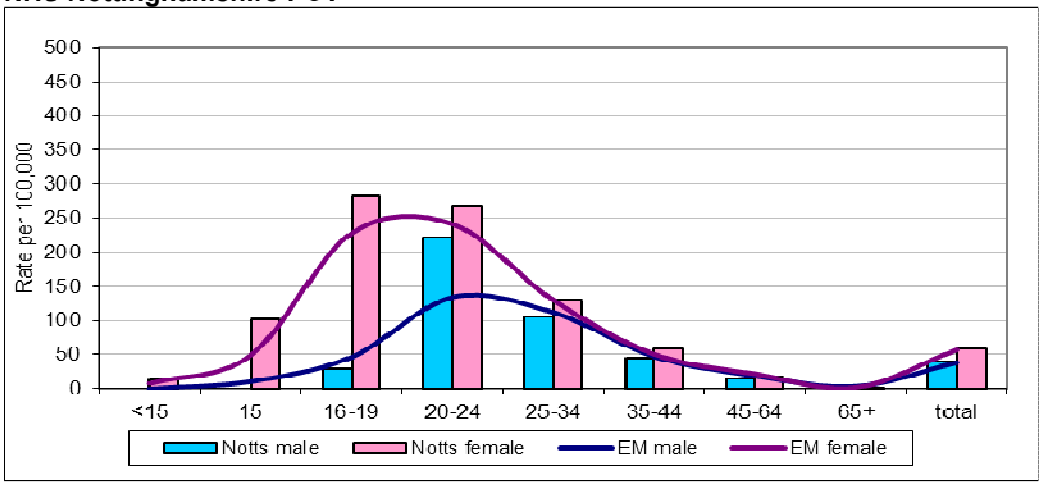
The highest rates in males occur in the 20-24 year olds, the pattern in females is more variable with higher rates being divided between the 16-19 years and 20-24 years (Figure 14 add 15). Heterosexual are the group most at risk. The rate in females in Bassetlaw in 16-19 is nearly double that for the 20-24 and 25-34, this may be due to those accessing services.

Figure 14 Rates of STI diagnoses per 100,000 population by Age and Gender 2011, Herpes Bassetlaw PCT



Source HPA:GUMCAD

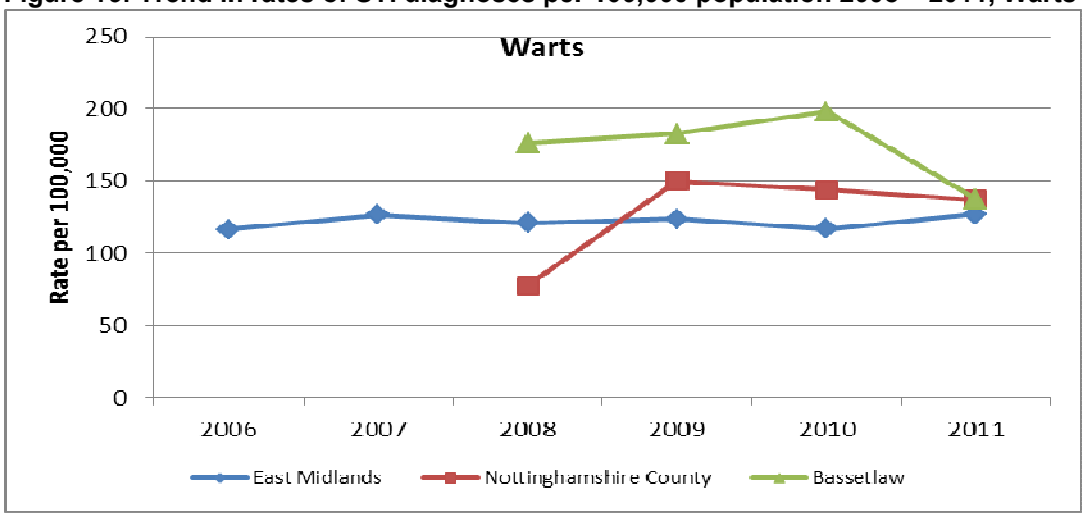
Figure 15 Rates of STI diagnoses per 100,000 population by Age and Gender 2011, Herpes NHS Nottinghamshire PCT



Source HPA:GUMCAD

WartsThe number of new infections for Genital Warts within Nottinghamshire County has remained static. Bassetlaw in 2011 saw a reduction in the rate of Warts diagnosed (Figure 16). The highest proportion of occurs in heterosexuals, however it must be noted that not all clients disclose their sexual orientation.

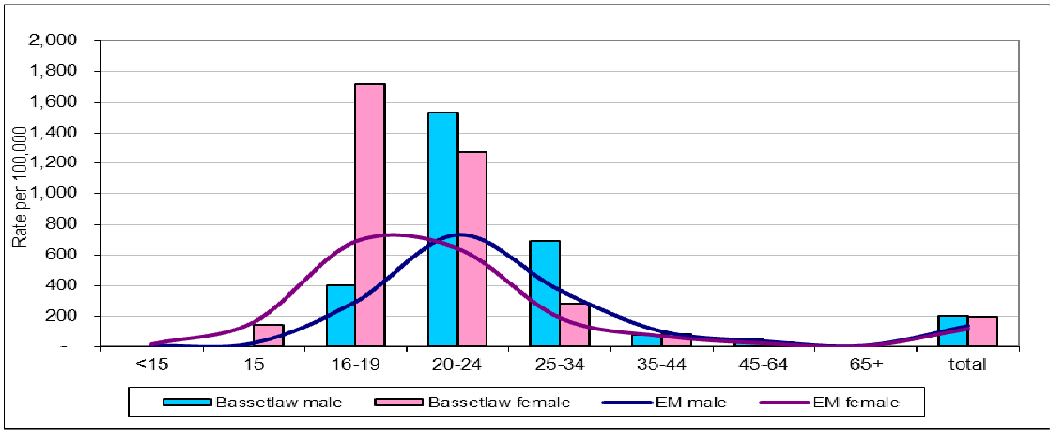
Figure 16: Trend in rates of STI diagnoses per 100,000 population 2008 – 2011, Warts



Source HPA:GUMCAD

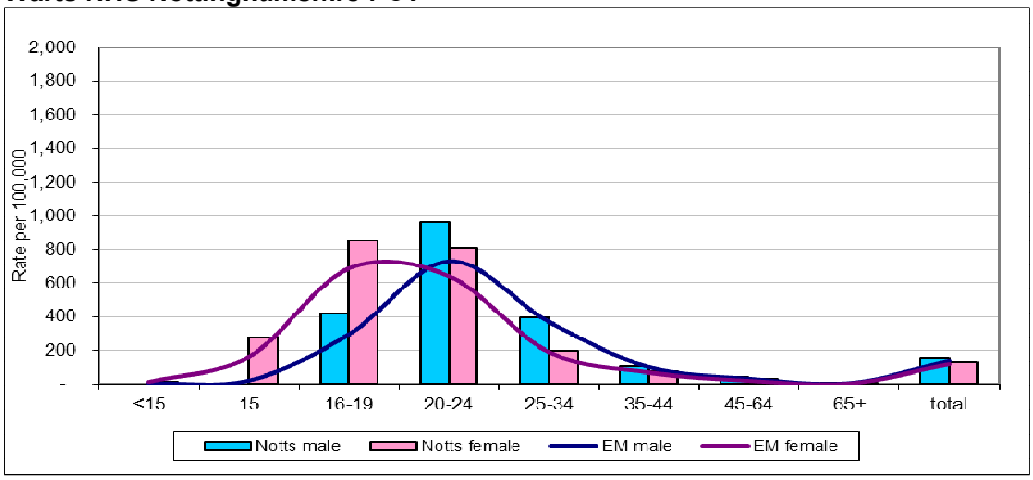
Figure 17 and 18 demonstrate that rates in Bassetlaw are highest for Genital Warts in females in 16-24 year olds but for males the rate is much higher in the 20-24 year olds. The picture in Nottinghamshire is similar but rates are much lower

Figure 17 Rates of STI diagnoses per 100,000 population 2011 by Age and Gender, Warts Bassetlaw PCT



Source HPA:GUMCAD

Figure 18 Rates of STI diagnoses per 100,000 population 2011 by Age and Gender, Warts NHS Nottinghamshire PCT



Source HPA:GUMCAD

Discussion on Sexually Transmitted Infections (STI) and summary

There is a strong positive correlation between the rates of STI's and socio-economic deprivation and this is evident in Nottinghamshire. . Mansfield is the most deprived district in Nottinghamshire County and it has the highest number of diagnosed acute STIs a rate of 870.2 per 100,000 residents. In contrast, Rushcliffe which is the least deprived district in Nottinghamshire County also has the lowest rates of STI diagnosis. There are a number of factors which may influence the relationship between STIs and deprivation including access to and uptake of sexual health services, education, life skills, sexual health awareness, and sexual attitudes and behaviour.

Preventing the reinfection of STI's continues to be a priority. Nationally in 2011, 7.1% of women and 9.1% of men presenting with an acute STI at a GUM clinic became re-infected with an acute STI within twelve months. An estimated 3.8% of women and 6.7% of men presenting with gonorrhoea became re-infected with gonorrhoea within twelve months. Within Nottinghamshire County, Mansfield has the highest re-infection rates, an estimated 8.2% of women and 9.7% of men presenting with an acute STI at a GUM clinic during the three year period from 2009 to 2011 became re-infected with an acute STI within twelve months. An estimated 2.2% of women and 6.3% of men presenting with gonorrhoea became re-infected with gonorrhoea within twelve months. Young people are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In Mansfield, an estimated 8.8% of 16 to 19 year old women and 15% of 16 to 19 year old men presenting with an acute STI at a GUM clinic during the three year period from 2009 to 2011 became re-infected with an STI within twelve months. Teenagers may be at risk of re-infection because they lack the skills and confidence to negotiate safer sex.

Easy access to services, that are timely and welcoming are vital to ensure clients feel able to access services that historically, and remain, with a high stigma of having or have had a sexually transmitted infection. Areas across the county with high diagnosis rates are those that are densely populated as well as some rural parts. Sexual Health services are open access services, which is imperative to ensure clients feel confident to be able to access these services.

Areas with higher rates of STI diagnosis also have pockets of higher rates. We have data to inform where these pockets of higher rates of STI diagnosis are within our populations across Nottinghamshire County but due to the sensitivity of the data cannot be made

publically available. This data will be used to shape and inform the more detailed Health Needs Assessment due late 2013.

Human Immunodeficiency Virus

Human Immunodeficiency Virus (HIV) continues to be one of the most important communicable diseases in the UK. It is an infection associated with serious morbidity, high costs of treatment and care, significant mortality and high number of potential years of life lost if the client presents late. Each year, many thousands of individuals are diagnosed with HIV for the first time. The infection is still frequently regarded as stigmatising and has a prolonged 'silent' period during which it often remains undiagnosed. Highly active antiretroviral therapies have resulted in substantial reductions in AIDS incidence and deaths in the UK. The HIV annual report estimates that across England between 19% and 30% of those with HIV are unaware (undiagnosed) (HPA 2012), for Nottinghamshire this equates to between 73 and 115 people. Since 1999 the number of new HIV diagnoses acquired heterosexually has been higher than the number of people diagnosed through sex between men.

Data presented in this section is for diagnosed patients only, which are those patients accessing care. Across Nottinghamshire 310 people were diagnosed with HIV in 2011.

There has been an increase in prevalence over the past four years for Nottinghamshire County compared with the East Midlands and England. Nottinghamshire County's prevalence rate of 0.68 per 100,000 population aged 15-59 is below the East Midlands and England and falls outside of the 2 per 1000 threshold where extended routine testing is required (NICE 2010).

In 2011, 310 people diagnosed with HIV who are resident in Nottinghamshire accessed HIV related care, compared to 279 in 2010. The increase in the number of people diagnosed with HIV and seen in 2011 could be due to an increase in the number of newly diagnosed people (data not available), migration of people into Nottinghamshire, uptake of treatment from those not previously known to services or a decrease in the numbers dying.

The diagnosed prevalence varies across Nottinghamshire in 2010. . The geographical spread of the 279 people diagnosed with HIV infection across Nottinghamshire shows 45% of people are resident in South Nottinghamshire, a further 43 % are resident in Central Nottinghamshire and the remaining 12% of people accessing care are in Bassetlaw. Gedling district has the highest numbers within Nottinghamshire, although remains lower than the England average.

The main route of infection in both males and females is sexual contact. For males, the main route of infection is via sex between men (66%), whereas for women the main route of infection is via sex between men and women (86%).

The demographic profile (age, gender, ethnicity, deprivation) of patients diagnosed with HIV has not changed notably over the past five years. The demographic profile (age, gender, ethnicity, deprivation) of patients diagnosed with HIV has not changed notably over the past five years. The majority of people diagnosed with HIV infection who are resident in Nottinghamshire are aged between 25 -55 years. There has been a slight increase in the age group 55+years. This could be due to more effective treatment. The majority of people diagnosed with HIV infection who are resident in Nottinghamshire categorise their ethnic origin as white 73% with a further 22% categorised as black African.

Those diagnosed with HIV are more likely to live in deprived areas compared with the overall population of Nottinghamshire aged 25-65years.

Teenage conception and termination of pregnancy in Nottinghamshire

Teenage pregnancy is a well-established and evidence based indicator of inequality. The UK has one of the highest rates of teenage pregnancy in Western Europe. In practice, this is

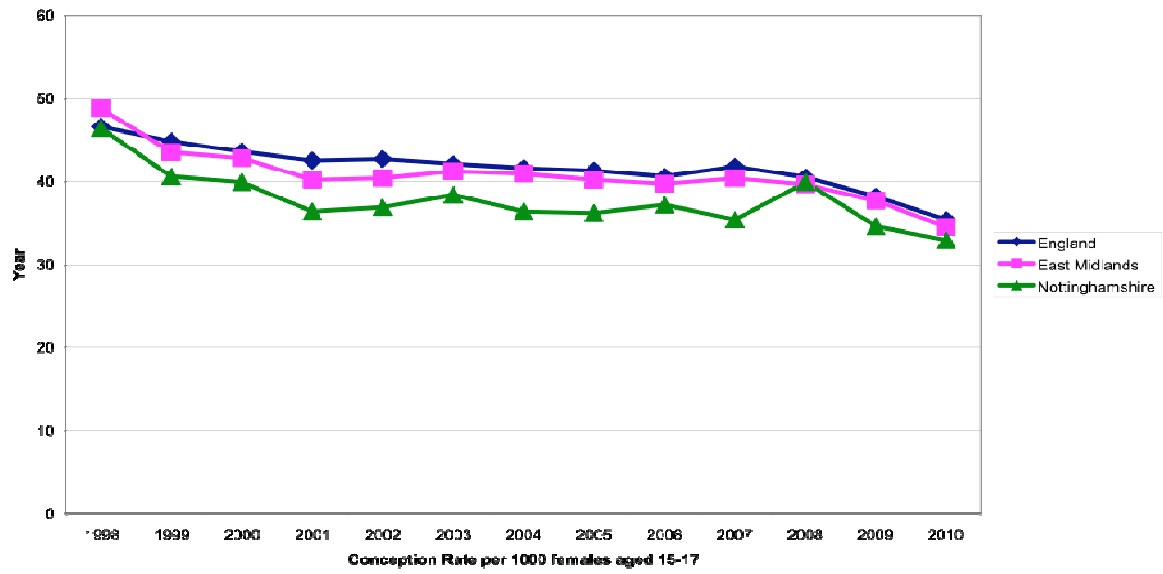
normally measured as a conception rate as some conceptions will result in a birth, others will end with a termination of pregnancy or abortion.

- Teenage mothers are prone to poorer antenatal health and the health of their children is worse than their peers.
- Teenage parents are also less likely to finish their education, less likely to find a good job and more likely to end up as a single parent bringing up children in poverty.
- The risk of teenage parenthood is greatest for young people who have grown up in poverty and disadvantage, and those with poor educational attainment, and the children of teenage mothers have a much higher chance of becoming teenage mothers themselves.
- The infant mortality rates for babies born to teenage mothers is 60% higher than for babies born to older mothers
- Teenage mothers have three times the rate of post natal depression of older mothers and a higher risk of poor mental health for three years after the birth.

The 2010 under 18 conception rate for Nottinghamshire was 32.9 per 1000 females aged 15-17 – a decrease of 4.9% from the 2009 rate of 34.6, and a decrease of 29.1% since the 1998 baseline year. The number of under 18 conceptions in 2010 was 461, a reduction of 153 from the 1998 baseline number of 614.

In 2010, Nottinghamshire continues to have a lower under 18 conception rate (32.9) than both the England average (35.4) and the East Midlands average (34.5). Currently Nottinghamshire's overall reduction of 29.1% against the 1998 base rate compares favourably with a national reduction of 24.0% and the East Midlands reduction of 29.3% (Figure 21)

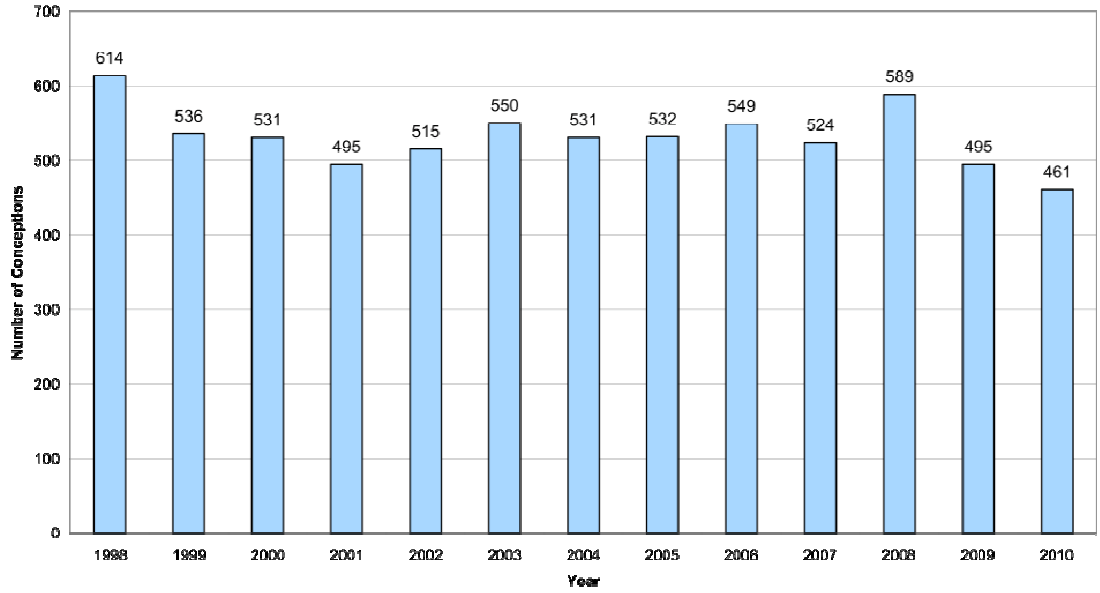
Figure 21: Teenage Conception Rates 1998-2010 for Nottinghamshire



Source: ONS 2012

It is however useful to see how the numbers of conceptions rather than just the rate, the graph below shows the reduction in the numbers of conceptions from the 1998 baseline year to 2010, reducing the numbers of teenage conceptions by 153 conceptions. (Figure 22)

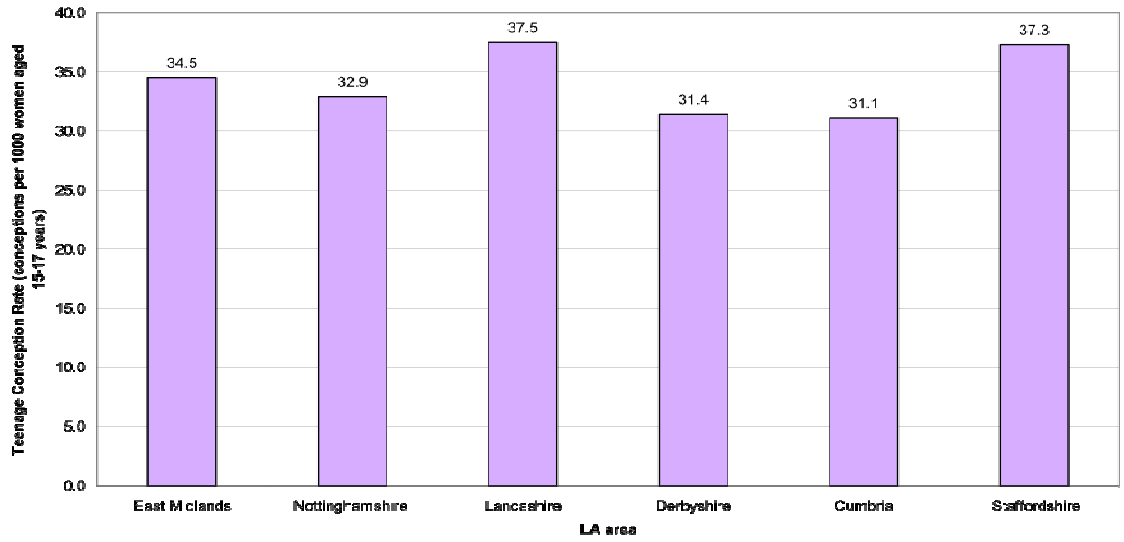
Figure 22: Numbers of teenage conceptions Nottinghamshire 1998-2010



Source: ONS 2012

Figure 23 below indicates that Nottinghamshire's 2010 teenage conception rates were similar to statistical neighbours and below the East Midlands average.

Figure 23: 2010 Teenage Conception Rates for Nottinghamshire and Statistical Neighbours



Source: ONS 2012

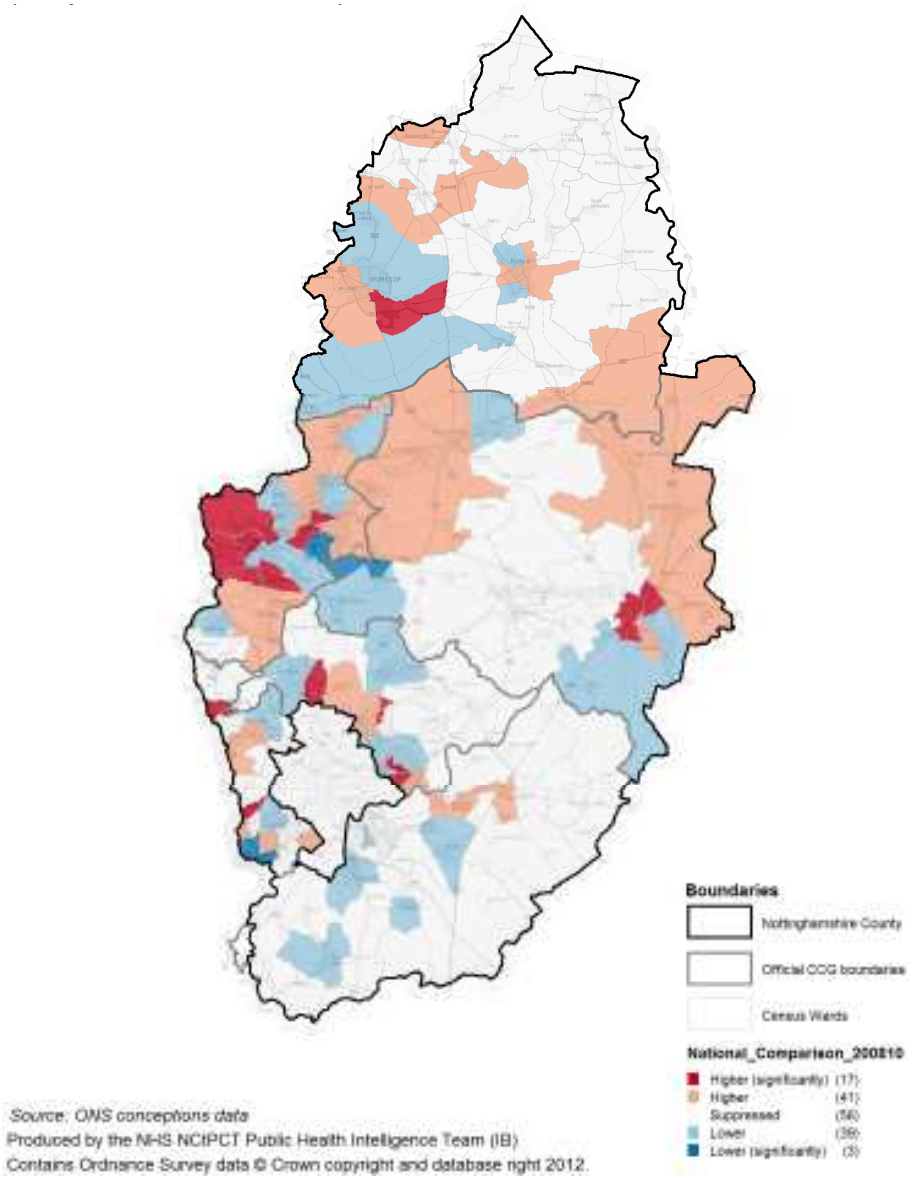
Within Nottinghamshire County, there is local variation between wards in the under 18 conception rates. Local variation has been considered by comparing the value for small geographical areas with the national value. All districts have seen a reduction in their teenage conception rates since the 1998 baseline year with the exception of Rushcliffe, although rates have fluctuated over the years.

The aim over time is that health inequalities are reduced by lowering teenage conceptions across the whole of Nottinghamshire but to a greater degree in more deprived wards. Teenage conceptions are strongly associated with levels of deprivation in the population.

Health inequalities are reducing , however, this is mainly due to teenage conception rates in the least deprived area increasing slightly or remaining static rather than because they are reducing in the most deprived areas within the County

Figure 24 demonstrates there are a number of areas that are statistically significantly higher than the national value. There are also some (but fewer) areas that are significantly lower than the national value. Some localised areas around the north of the City are increasing (in Gedling and in Broxtowe) as well as in Mansfield and Ashfield; these areas are also associated with levels of deprivation

Figure 24: Under 18 conceptions: 2008-10: Change in rates by locality: Nottinghamshire wards: statistical significance relative to England



Source: HSCIC (ONS, DfE)

Figure 25 The wards listed below are included in the 20% of wards in England with the highest teenage conception rates (at least 58.4 conceptions per 1,000 women aged 15-17). Please note that the population estimates used as the denominator in these rate calculations

are estimates of the population of 15-17 year old females by ward, aggregated over a 3 year period. Some wards have small populations of women in this age group: rates for these wards fluctuate from year to year and the area may not be one with a high incidence of teenage pregnancy.

Figure 25 Nottinghamshire Wards in top quintile for Under 18 conception rates 2008-2010

Ashfield	Hucknall East Kirkby in Ashfield East Kirkby in Ashfield West
Bassetlaw	Ranskill Worksop South East
Gedling	Carlton Killisick Netherfield and Colwick Valley
Mansfield	Eakring Portland Ravensdale Sherwood
Newark and Sherwood	Bridge Castle Devon
Broxtowe	Eastwood South Stapleford North

Termination of pregnancy: National and Regional picture

The level of abortions is often used as an indicator of the degree of failure to use contraception, or failure of the contraception itself. In England and Wales, the total number of abortions carried out in 2011 was 189,931, 0.2% more than in 2010 (189,574) and 7.7% more than in 2001 (176,364). The abortion rate in NHS Nottinghamshire County and NHS Bassetlaw was highest among women age 20-24 years which is consistent with the East Midlands and England and Wales. The National Strategy for Sexual Health and HIV highlighted that there were wide variations in access to abortion services and in method of termination. For those women who are legally entitled to access an abortion, it is important they can access the procedure as soon as possible. If a woman can access the service before she is nine weeks pregnant, she can have a choice of an early medical or surgical abortion. The earlier in pregnancy an abortion is performed, the lower the risk of complications. Delays in access to abortion services will seriously impact on pregnant teenagers who tend to seek professional advice later than older women.

The percentage of NHS funded abortions performed at under 10 weeks in NHS Nottinghamshire County (70%) is significantly improved on 2010 (61%) but remains lower than Bassetlaw (74%), with the East Midlands (68%) and England (78%). The age standardised abortion rate (ASR) was 17.5 per 1000 resident women aged 15 to 44 years, the same as in 2010, but 2.3% higher than in 2001 (17.1) and more than double the rate of 8.0 recorded in 1970. The abortion rate was highest among women age 20 years (33 per 1000) the same as in 2010 and 2001. The under 16 abortion rate was 3.4 per 1000 women and the under 18 rate was 15 per 1000 women, both lower than in 2010 (3.9 and 16.5 respectively). 78% of abortions were carried out at before 10 weeks gestation compared to 77% in 2010 and 58% in 2001.

Figure 26: 2011 legal abortion rates (number) by age

	Total number of abortions	Rate per 1,000 women resident aged 15 – 44 years ASR*	Crude rate (number) per 1000 women Age Group					
			Under 18	18-19	20-24	25-29	30-34	35+
England and Wales	189,931	17.5	15 (14,599)	28.8 (20,324)	30.1 (55,909)	22.9 (42,321)	17.2 (29,579)	6.9 (27,19
East Midlands	11,865	13.8	13 (1,039)	22 (1,336)	23 (3,588)	18 (2,475)	14 (1,731)	5 (1,696
NHS Bassetlaw	247	13.7	16 (33)	24 (32)	27 (77)	19 (52)	9 (26)	3 (27)
NHS Nottinghamshire County	1,644	13.7	13 (157)	23 (187)	25 (476)	18 (346)	12 (227)	5 (251)

- *ASR Age standardised abortion rate

Source: (DH Statistical Bulletin May 2012)

Figure 26 shows that for 2011, NHS Nottinghamshire County and NHS Bassetlaw both have slightly lower Abortion rates (13.7 per 1000 women aged 15-44 years) than the East Midlands (13.8 per 1000) and England and Wales (17.5 per 1000). There were 1,644 abortions in NHS Nottinghamshire County in 2011, almost half of which were in women aged under 25 years (820). There were 247 abortions in NHS Bassetlaw in 2011, 57% (142) of which were in women aged under 25 years.

Figure 27: Number and (rate) of legal abortions 2007-2011. Rate is per 1000 women resident aged 15-44 years ASR*

	2011	2010	2009	2008	2007
England and Wales	189,931 (17.5)	189,574 (17.5)	189,100 (17.5)	195,296 (18.2)	198,499 (18.6)
East Midlands	11,865 (13.8)	11,869 (13.9)	11,904 (14)	12,409 (15)	12,738 (15)
NHS Bassetlaw	247 (13.7)	244 (13.5)	279 (15)	265 (14)	285 (15)
NHS Nottinghamshire County	1,644 (13.7)	1545 (13)	1530 (13)	1587 (13)	1660 (14)

*ASR = age standardised abortion rate
Source: (DH Abortion Statistical Bulletins from 2007 to 2011)

Figure 27 shows that over the 5 year period from 2007 to 2011 the overall trend in the number (and rate) of abortions locally, regionally and nationally is downwards, NHS Nottinghamshire County and NHS Bassetlaw have consistently had a lower rate than England and Wales over the last 5 years. NHS Bassetlaw (13.3%) has experienced a much greater reduction in the number of abortions between 2007 and 2011 than England and Wales (4.5%) and the East Midlands (4.4%) against NHS Nottinghamshire County who experienced a 1% reduction.

Figure 28 shows that NHS Nottinghamshire County (41%) had a much lower proportion of abortions performed in NHS hospitals than in the East Midlands (67%), but slightly higher than that of England and Wales (35%). In contrast NHS Bassetlaw (76%) has a higher proportion of abortions performed than both East Midlands and England and Wales. The proportion of privately funded abortions within NHS Nottinghamshire County and NHS Bassetlaw (2%) are lower than those both regionally (3%) and nationally (4%).

Figure 28 2010 legal abortions by purchaser, gestation, sexual health indicator and repeat

	Purchaser (%)			Gestation weeks (%)			Sexual Health Indicator			Repeat Abortions	
	NHS Funded		Privately funded	3-9	10-12	13+	Total NHS funded abortions	NHS funded abortions at under 10 weeks	% of all NHS funded abortions under 10 weeks	% of previous abortions in women under 25	% of previ abortions women under 19
	NHS Hospital	Independent sector									
England and Wales	35	61	4	78	13	9	183,052	142,653	77.9	26.2	11 Engl only
East Midlands	67	30	3	68	22	9	11,501	7,816	68	23	8
NHS Bassetlaw	76	23	2	74	17	9	243	180	74	21	suppresse
NHS Nottinghamshire County	41	57	2	70	20	9	1,606	1,131	70	22	8

Gestation – % are rounded so may not add to 100

Source: (DH Statistical Bulletin May 2012)

Locally, regionally and nationally in 2011 the vast majority (between 90-91%) of abortions are performed at under 13 weeks. Nationally there has been a continuing increase in the proportion of abortions that are performed under 10 weeks since 2002. In 2011, 78% of abortions in England and Wales were performed under 10 weeks compared to 77% in 2010 and 58% in 2000. NHS Nottinghamshire County's proportion (70%) is slightly higher than the regional (68%) but remains below the national proportion of abortions taking place under 10 weeks but demonstrates an increase from 61% in 2010. The gestation times at which abortions are performed in NHS Bassetlaw is also slightly lower than that of England and Wales at 74% for those undertaken under 10 weeks and more abortions are performed earlier than in the East Midlands. The proportion (20%) of NHS Nottinghamshire County's

Nottinghamshire County	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
u18 conception numbers	614	536	531	495	515	559	531	532	549	524	588	495	461
% leading to abortion	40%	37%	38%	41%	42%	41%	40%	47%	48%	46%	48%	43%	43%

abortions performed at 10-12 weeks gestation, this is 10% lower than the proportion (30%) which has remained consistent nationally since 2002, reflecting the 9% increase in abortions performed in under 10 weeks. The trend, over the last 5 years, for abortions by gestation for England and Wales and NHS Nottinghamshire County illustrating that the proportion of abortions performed earlier is greater nationally and locally for NHS Nottinghamshire County. In 2011, slightly less women aged under 25 had a previous abortion in NHS Nottinghamshire County (22%) and NHS Bassetlaw (21%) compared with 23% in East Midlands and 26.2% in England and Wales. Additionally 8% (20) of the 247 abortions in women aged under 19 were repeat abortions consistent with the East Midlands and 11% for England (note this is not England and Wales). The data for the proportion of repeat abortions in NHS Bassetlaw for women aged under 19 years has been suppressed owing to the number being less than 10

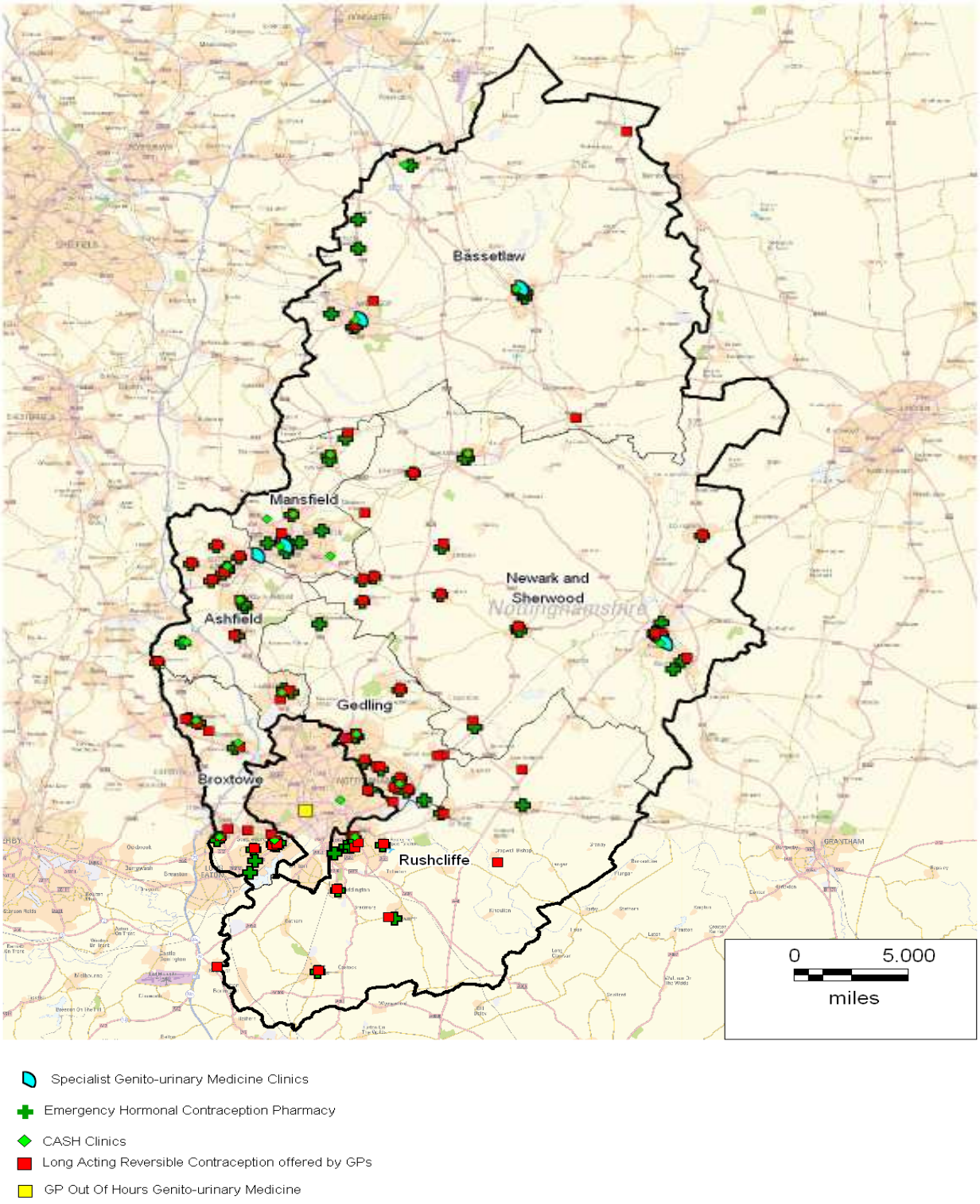
Repeat Terminations
The percentage of under 18 conceptions leading to termination in 2010 was 43%, based on the 2010 population, this compares to 50.3% for England and 42.9% for the East Midlands. The proportion of young women accessing a termination will vary depending on a number of factors including, a young woman's aspirations, access and knowledge to appropriate services and early identification of pregnancy.

Over 25% of women under 25 nationally who had a Termination of pregnancy in 2011 had one or more previous terminations. Both Nottinghamshire County and Bassetlaw have less repeat abortions in the under 25s but are similar to the East Midlands. Trend over time shows Nottinghamshire County and the East Midlands have remained static where Bassetlaw have shown a small reduction

The number of terminations across the districts between 2001 and 2009 as a whole is similar to the East Midlands with Rushcliffe and Gedling having a larger proportion of teenage conceptions leading to abortion. Interestingly, the Mansfield district has the lowest percentage across the districts of teenage conceptions leading to termination.

Current Activity – Need / Use of Services Service Provision across Nottinghamshire County

Figure 29 Sexual Health Service provision across Nottinghamshire 2013



Sexual Health is a complex area that encompasses many different facets and service providers. It is important that all services irrespective of where they are commissioned from dovetail to ensure seamless care pathways are in place to provide the optimum care for clients irrespective of their sexual health needs. Figure 29 highlights the different provision of sexual health services across Nottinghamshire.

Genito Urinary Medicine (GUM) Clinics
There are 5 main GUM clinics in Nottinghamshire. Sherwood Forest Hospital Trust provides one at Sherwood Forest Hospital, Sutton-in-Ashfield and one at Newark Hospital. Doncaster and Bassetlaw Acute Trust provides a clinic at Retford Hospital. Nottingham University Hospital Provides a clinic at the City Hospital. Nottingham University Hospital also provides community GUM clinics across 6 sites within Nottingham City that county clients access.

Primary Care Services
There are 109 GP surgeries. All practices provide some elements of Sexual Health services as part of their core contract. There are 69 practices that provide coil fits through a locally enhanced service agreement with the PCT and 59 practices that provide contraceptive implants.

Community Contraceptive and Sexual Health Clinics
There are 54 different contraceptive clinics available to people of all ages, which provide the full range of contraceptive methods across the county. Majority provide screening for chlamydia and most will provide screening for gonorrhoea and other STIs if this is appropriate.

Community Contraceptive and Sexual Health Clinic specifically for Young People
There are 20 clinics specifically targeted at young people across the county. There are higher numbers of specific Children and Young People clinics in the Northern CCGs (Mansfield, Ashfield, Newark & Sherwood and Bassetlaw). Bassetlaw offer specific clinics for CYP onsite in 5 out of their 6 secondary schools and also provide specific small group work for those children with learning difficulties/ challenging behaviour.

Termination of Pregnancy Providers
There are numerous providers for termination of Pregnancy, however due to a newly commissioned model to meet the Royal College of Obstetrics and Gynaecologists guidelines for abortions (2010) there is one provider for Pre-termination Assessment and Early Medical Abortion within a Community setting across Nottinghamshire County excluding Bassetlaw. Other providers of medical and surgical terminations include Sherwood Forest Hospital Trust, Nottingham University Hospital, Nations, Doncaster and Bassetlaw Acute Trust, Marie Stoops, The British Pregnancy Advisory Service. Referrals are made by primary care and Sexual Health services and also by self-referral (excluding Bassetlaw).

Chlamydia Testing
Both Bassetlaw and Nottinghamshire County decommissioned a programme approach to opportunistic chlamydia testing. Opportunistic Chlamydia testing is available through core clinical provision. Within Bassetlaw this is currently being developed, in the rest of Nottinghamshire County core clinical services are undertaking opportunistic testing in a variety of settings. There is still work to be undertaken to increase testing through core service provision.

Non NHS and Multiagency Community Provision
A wide range of sexual health advice, information and support is provided by non-NHS organisations such as the Terrance Higgins Trust, Connexions services, Targeted Youth Support services and the C-Card scheme.

NHS Community Provision of Sexual Health services
There are 337 schools in Nottinghamshire of which 45 are secondary schools. Some school nurses can provide educational input into sex and relationships education into schools, and some provide pregnancy testing and provision of Emergency Hormonal Contraception. Health Visitors provide contraceptive advice to parents.

The Sexions service, a specialist service that provides SRE into schools within the Mansfield and Ashfield Districts provide across numerous age groups linking CYP into specialist sexual health services. The specialist Contraceptive and Sexual Health service provides this element within the Bassetlaw district.

Specialist NHS provision of Community Sexual Health services support
Specialist Nurses, such as Looked after Childrens Nurses work directly with young people in care. A large part of their role is to liaise with other agencies, for example school nurses, specialist sexual health staff, Child and Adolescent Mental Health Services (CAMHS) and foster carers.

Community Pharmacists
There are 143 Community Pharmacies within the whole of NHS Nottinghamshire County and 21 in Bassetlaw. To date 99 pharmacies (9 in Bassetlaw) provide Emergency Hormonal Contraception to all ages via a Local Enhanced service agreement.

Out of hour's provision
Nottinghamshire as Out of Hours provision 7 days per week for those clients requiring to see a medical practitioner outside of 'normal hours' and at weekends. These services are able to provide Emergency Hormonal contraception.

Psychosexual services
Nottingham University Hospital provides this service on behalf of Nottinghamshire County residents.

Sexual Assault Referral Centre (SARC)
SARC is a specialist medical and forensic service for anyone who has been raped or sexually assaulted. The aim of the centre is to be one-stop service, providing medical care, forensic examination, safe guarding and sexual health services following an assault/rape. It is provided to men, women and children over the age of 13. In Nottinghamshire the centre is jointly funded between the NHS City, County and Bassetlaw, the Police and both City and County Council. The service is provided by a partnership including specialist police officers, skilled health professionals, pediatricians, forensic medical examiners and the voluntary sector and is available 24/7 365 days a year. Research has shown that those individuals seen in a SARC were less likely to withdraw from investigations than those seen by police alone and hence increasing conviction rates. There is an expectation that this facility will assist in the collection of forensic evidence to support convictions, whilst improving the mental and physical health and wellbeing of victims.

C-card scheme
The C Card scheme started in 2006 to assist young people in getting access to condoms, lubricants and advice on sex, STIs and relationships. The scheme is available from a range of places including Health Centres, GP Practices, Youth Centres, Colleges and Schools. The advice is free and confidential, and is aimed at helping young people make the right choice about sexual health. The C Card scheme gives young people a chance to ask all those questions they may have about sex, health and relationships. 13,784 young people under 20 are registered onto the scheme; there are a larger proportion of young men accessing the

scheme than young women, which is a key target for the scheme. Over 60% of current users are male.

HIV Social Support for those with or Affected by HIV
There are a range of health services provided for people living with HIV/AIDS including testing and clinical services, hospital care, psychological therapy, alternative therapy and health promotion. Clinical services are reported by service users to be of a particularly high quality. Nottingham Positive Care team (NPCT) is a specialist team providing a service directly to people living with HIV/AIDS. They provide social support and care in the community to people living with HIV and are funded by the statutory sector (PCT and Local Authorities). The aim of the NPCT is to support people living with HIV to live safely and independently in the community. An important focus for the team is to help people avoid crisis by providing access to a range of health and social care services.
The HIV Support Service is commissioned by a funding partnership of Nottingham City Council, Nottinghamshire County Council, NHS Nottingham City and NHS Nottinghamshire County. The service is provided by Terence Higgins Trust.

Service usage / Need

Diagnosis of Sexually transmitted infections is used as a proxy indicator of the Sexual Health needs within the population. This informs us of the need in those accessing service provision; however there is a lack of information on undiagnosed STIs, and therefore the fuller picture of who is at risk within our population. Sexual Health services are 'open access' services, and therefore any person can access these services irrespective whether they are residents within that area. In 2011 91.5% those accessing GUM services, accessed locally commissioned GUM services. 8.5% of those accessing GUM services, accessed services outside of Nottinghamshire County (Figure 30). This figure is reflective for those clients the PCT have received a cross charge payment for, however there may be a percentage accessing other services that currently there has been no charge for under block contract arrangements. In order to treat infection and prevent the onward transmission of infection it is important services are open access, are easily accessible and normalise sexual health behaviours. The stigma attached to attending GUM services remains problematic and is a barrier to those needing to access services.

GUM Attendances

Figure 30 Number of Nottinghamshire County residents accessing GUM service 2011

In area	Number of Patients	% Patients
Nottingham City Hospital	5361	37.7%
King's Mill Hospital	5271	37.1%
Retford Hospital	2376	16.7%
Out of area	1209	8.5%
Grand Total	14217	100.0%

Source: HPA GUMCAD

Figure 31 Nottinghamshire County residents attending GUM services for the first time are predominantly in the 20-34 year old age group for both males and females. Nationally the age group for first attendees is slightly higher, 25-34 years. Of those accessing predominately they are heterosexuals and have been born in the United Kingdom and are white.

Figure 31 % of patients living in Nottinghamshire (incl. Bassetlaw) attending any GUM clinic for the first time, by age group and gender, 2011

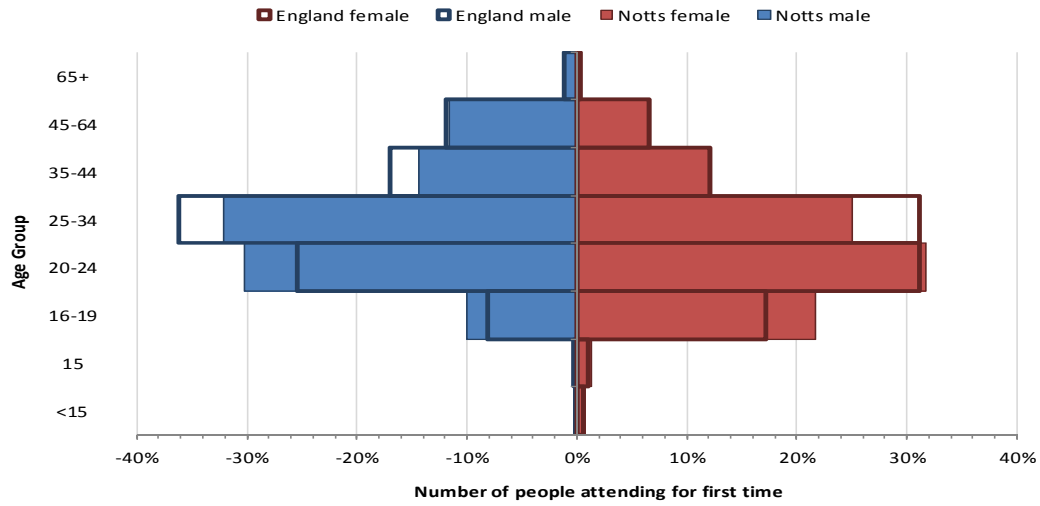
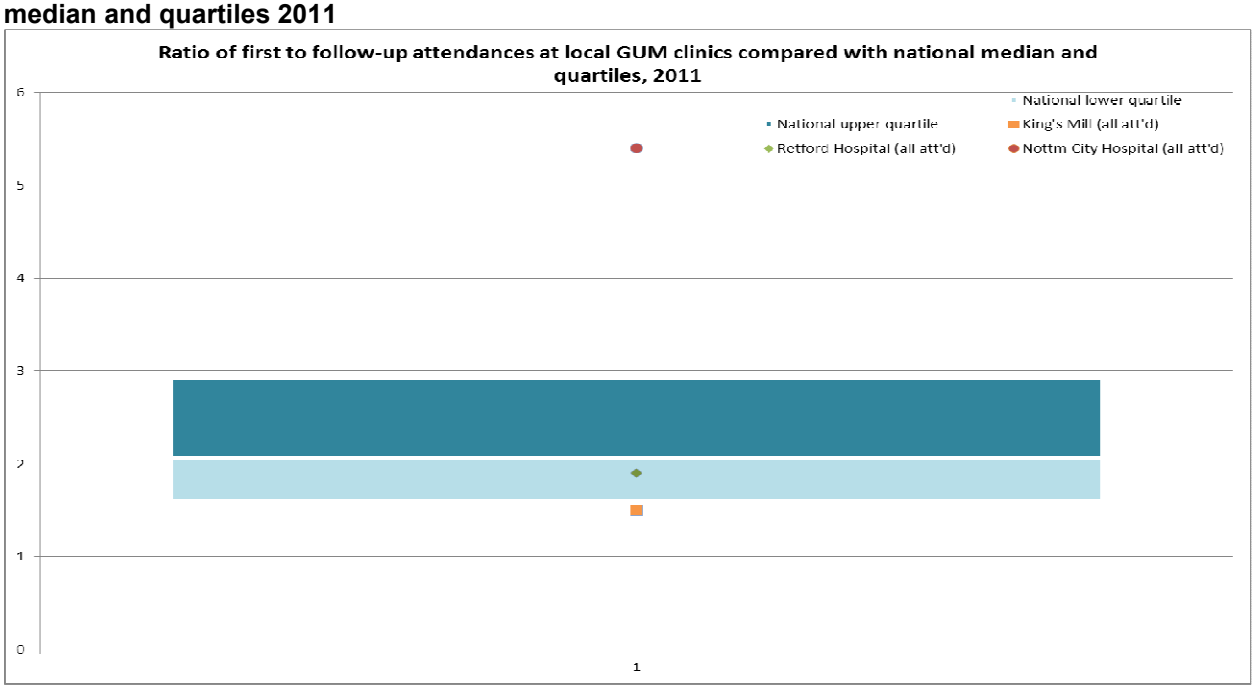


Figure 32 Ratio of first to follow up attendances at local GUM clinics compared with national median and quartiles 2011



Source: HPA GUMCAD

Figure 32 above shows that for those accessing GUM services across Nottinghamshire County there is a large variation. Those attending Nottingham City Hospital for GUM services the ratio of first to follow up appointments is double the amount accessing services at Sherwood Forest Hospitals and Bassetlaw Hospital (which are in line with the national average). It is unclear whether this is a data quality issue or if this is due to how services are being provided, further investigation is required.

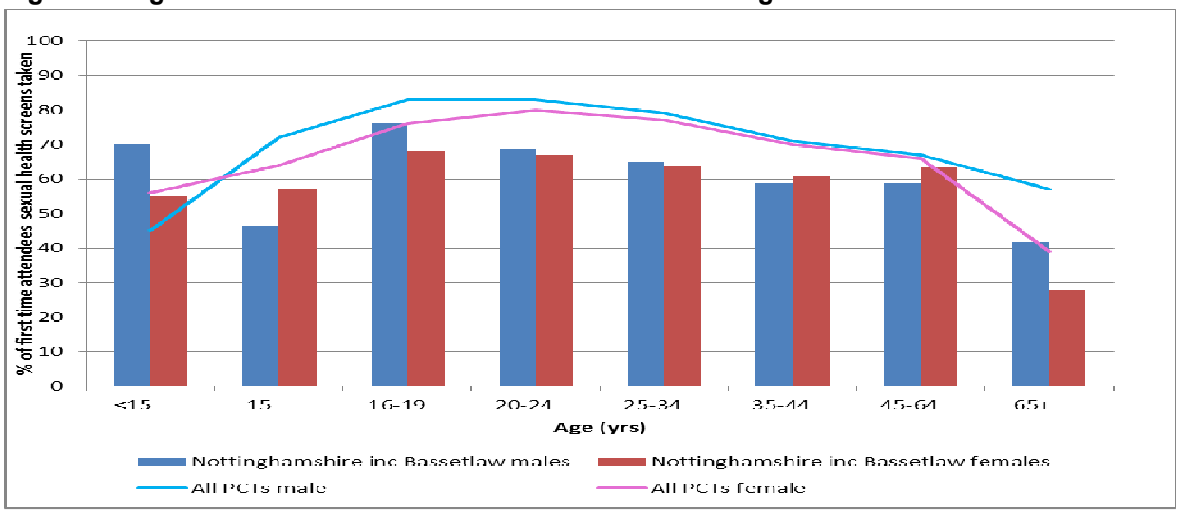
Sexual Health Screens

Figure 33 shows that of those first attenders who undertake a sexual health screen at GUM services within Nottinghamshire County the age profile mirrors that of the national profile, with approximately 60-70% across the age ranges of those attending accepting a sexual

health screen. Of those attending male homosexuals of Asian or Asian/British origin and mixed race bisexuals accept an offer of a sexual health screen.

Age Sex Breakdown

Figure 33 Age of first attenders to GUM services undertaking a sexual health screen



Source: HPA GUMCAD

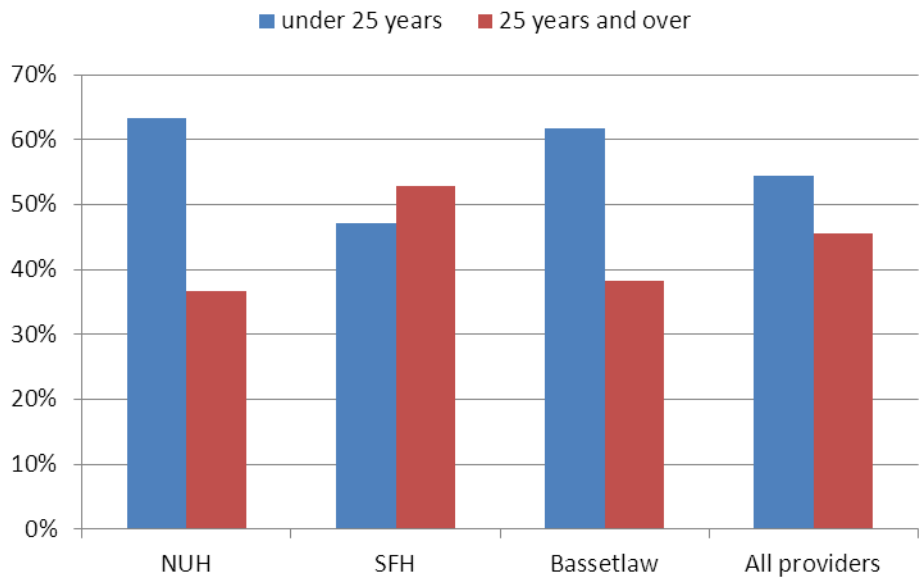
Contraception Services attendances

Provision of contraception

It is important that people have easy access to contraception and good quality family planning advice. It is also important that people have choice and access to a full range of methods that suit their needs. Contraception use is vital to improved sexual health and for a reduction in unintended pregnancy and STIs. Contraception can be accessed via Contraceptive and Sexual Health Services throughout the county and via General Practice. Basic Sexual Health provision (condoms, Emergency Hormonal Contraception and pregnancy testing) can also be accessed through some school nursing services and community pharmacies. It is important that people have easy access to contraception and good quality family planning advice. It is also important that people have choice and access to a full range of methods that suit their needs. National statistics show that 75% of women aged 16-49 use contraception and nearly half the women attending Contraceptive and Sexual Health Services England are aged 16-24.

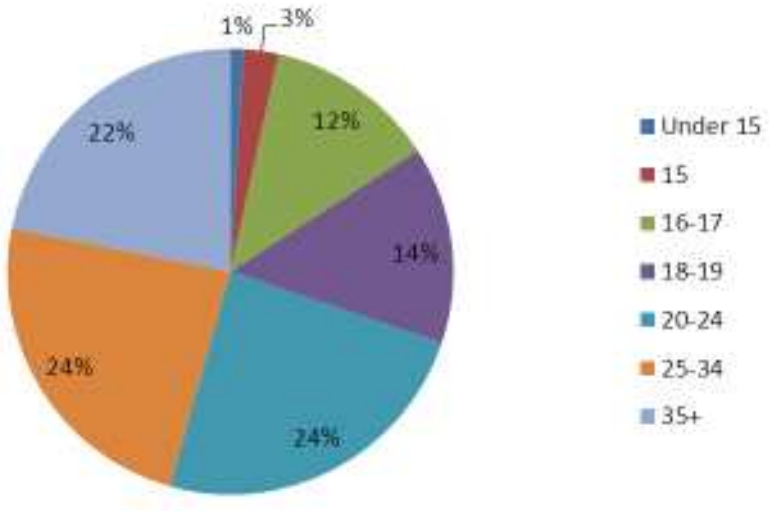
Figure 34 highlights were Nottinghamshire residents are accessing Contraceptive and Sexual Health Services (CaSH). It is important to note that a person may access services more than once. Sherwood Forest Hospital Trust tends to see older clients than both Bassetlaw and Nottingham University Hospital.

Figure 34: Percentage of attendances by Nottinghamshire resident clients at CASH clinics by age band and Sexual Health provider 2010 and 2011



Source: SHRAD

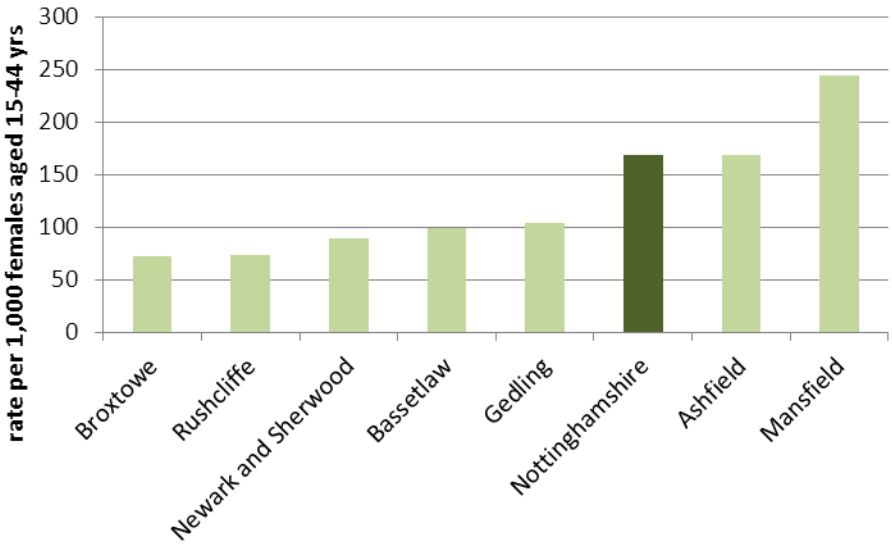
Figure 35 Percentage of attendances by Nottinghamshire clients at CASH clinics by age band, 2010 and 2011



Source: SHRAD

Figure 35 demonstrates the percentage of clients accessing CaSH clinics by age bands. The largest proportion accessing is those 35 +years (22%), 20-24 years (24%) and those 25-34 years (24%), in total 70% are above 20 years old, with 26% aged 16-19 years and only 4% of clients accessing CaSH services 15 years or younger.

Figure 36: Rate of attendance at CASH clinics in Nottinghamshire by district of residence, 2010 and 2011, rate per 1,000 females aged 15-44 years



Source: SHRAD

Figure 36 shows the rate of clients accessing CaSH services by district of residents. The largest percentage accessing CaSH services are from within the Mansfield and Ashfield Districts. The data shows that clients tend to access their local service apart from Ashfield who access both Sherwood Forest provider services and Nottingham University Hospitals.

Evidence of what works

HIV

In the mid-1980s, the introduction of needle exchange programmes decreased the frequency in Intravenous drug users and heat treatments to kill the virus in blood products did the same for those receiving blood products. In the late 1980s and early 1990s, an aggressive public awareness campaign launched by the UK Government resulted in a decline in the number of cases reported each year; however the epidemic still simmered below the surface. The introduction of anti-retroviral therapy, medications designed to prevent the progression to AIDS, dramatically decreased the number of AIDS incidence and AIDS-related deaths. Accordingly, the number of HIV cases continued to rise, while the death rate plummeted. AIDS-related deaths fell from 1,236 in 1996 to 395 in 1998 – approximately a 70 per cent drop. The figures since 1998 show a levelling off of this trend with around 400 deaths per year. Health promotion and education remain the cornerstones of STI and HIV prevention through improving public awareness of STIs and HIV and encouraging safer sexual behaviour such as consistent condom use and reductions in both the numbers and concurrency of sexual partnerships.

There needs to be greater focus on influencing behaviour to increase the use of condoms, reduce the number of partners, reduce the number of concurrent partners, and encourage sexual intercourse with people who have the same HIV status. Interventions need to be delivered at different levels, i.e. individually via helplines or counselling, in groups via group work or sex education, in communities via community development campaigns etc and using legislation.

Modification of the factors which give rise to the risky behaviour e.g. low self-esteem, lack of skills in how to use a condom, how to say no to sex, opinions of peers etc., although very little review evidence of this, it requires greater focus.

Evidence suggest voluntary counselling and testing is more effective when combined with another component than on its own and on accelerating prevention by select interventions which currently match patterns of HIV transmission, focus on targeting geographical areas and populations where it is spreading most rapidly.

STIs

Figures released in May 2012 by the Health Protection Agency (HPA) show new sexually transmitted infection (STI) diagnoses rose by two per cent in England in 2011, with nearly 427,000 new cases, reversing the small decline observed the previous year. However, rates of STIs in the East Midlands are generally lower than in England with Nottinghamshire mirroring the national picture. There is considerable geographic variation in the distribution of STIs with highest rates seen in urban areas, reflecting concentrations of the population who are at greatest risk. Young heterosexual adults (15-24 years) and men who have sex with men (MSM) remain the groups at highest risk. Chlamydia is the most commonly diagnosed of all STIs in the UK with highest rates seen in young people under the age of 25 and affects around 1 in 10. Chlamydia is symptomless and if left undiagnosed can lead to long term health problems such as infertility. Although the 2011 data from the Health Protection Agency (HPA) shows a four per cent drop in cases of Chlamydia in young adults diagnosed in GUM and community, from approximately 154,000 to 148,000, this is due to falling numbers of younger adults being screened, and consequently fewer cases being ascertained.

Although a small decline in STIs was seen in 2010 in England this has raised again in 2011, demonstrating that more work needs to be done to improve awareness and encouraging safe sex and ensuring easy and open access to sexual health services.

Teenage Pregnancy

Teenage pregnancies (under 18s) rates have been declining since 1998 and are at their lowest rate for almost 30 years and have reduced by 24%. International evidence as well as lessons learnt from areas where teenage conception rates have fallen the fastest shows the need for Sexual Relationship Education (SRE) which helps young people deal with the pressures to have sex as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and sexually transmitted infections alongside easy access to young people centered contraceptive and sexual health services as they need them.

Termination of Pregnancy

The level of abortion is often used as an indicator of the degree of failure to use contraception, or failure of the contraception itself. It is important for those women who are legally entitled to access an abortion to be able to access the procedure as soon as possible. If a woman can access the service before she is nine weeks pregnant, she can have a choice of abortion method. The earlier in pregnancy an abortion is performed, the lower the risk of complications.

Contraception

It is estimated that nearly half of all pregnancies in England and Wales are unintended. While some pregnancies result from failure of a contraceptive method, most pregnancies occur either because no contraception was used or because the method was used inconsistently or incorrectly (Stopes 2009). Contraception is free and easily accessed through various sources. However uptake of LARC is low, with only 11% of women aged 16-49 using any of these methods (implants, injections and intrauterine devices). In comparison the oral contraceptive pill is the most popular choice used by 28% of women and the male condom a

close second at 24%. Use of emergency contraception remains low despite efforts to advance provision through over-the counter sales by pharmacists (Stopes 2009).
Evidence from the Marie Stopes research in 2009 suggests there needs to be easy access to quality information on a wide range of contraceptive methods including LARC. It highlighted that access to information about contraception needs to be strengthened through multiple channels, notably the school curriculum, magazines, the internet and most importantly the media (TV and radio)
Teenagers believe they are special and unique and that nothing bad will happen to them. This explains why teenagers are often focused on the present with little consideration of the long term consequences of their behaviour, future plans and personal values. Teenagers may be thinking that having sex without contraception is fine because the consequences "will never happen to me". Perhaps of most concern was the response that young people were too embarrassed to ask a healthcare professional about contraception. this was the main reason given in Great Britain (29%), 59% of women surveyed claimed to be well informed about available contraception options.

Young people in Great Britain appear to be particularly well informed about which methods of contraception are effective at preventing an unplanned pregnancy, with 98% indicating that condoms are an effective method If used correctly every time you have sex, male condoms are 98% effective (NHS Choices) and 94% stating that taking the pill is effective. Great Britain also has relatively low numbers of young people who believe that methods such as withdrawal, having sex during menstruation and having a bath/shower after sex are effective ways of preventing pregnancy. However, Great Britain still has one of the highest teenage pregnancy rates in Western Europe, which indicates that although young people are able to easily access accurate information, they are not necessarily acting on it (Bayer 2010).

Users views about Sexual health services

National
Local – several pieces of work have been undertaken to gain the views of service users locally. Two pieces of social marketing work have been undertaken with Children and Young people in relation to Teenage pregnancy and Chlamydia testing (2010). A further consultation was undertaken with Children and young people to gain their views on where, how, who, when sexual health services should be delivered and also to inform what they would wish to see from a Sexual Health service (2010). As part of a service review in 2012 clients accessing NUH services were also consulted upon to the timing and locations of sexual health and contraception clinics.

Where are the gaps?
Currently there are gaps within the data that is available from the Sexual Health service provision at a clinic level. Data historically has been activity based rather than outcome based. The GUM data is high level data, purely based on activity due to sensitivity of the data.

More joined up working with Drugs and Alcohol services on the preventative agenda that leads to risky sexual behaviour

Data is only available on those accessing services with an STI diagnosed. We do not currently have information of those individuals that are not diagnosed, therefore the size and scale of unmet need is not fully understood