6. SEXUAL HEALTH

INTRODUCTION

Sexual health is an important element of physical and mental health. Good sexual health requires relationships to be safe and equitable, with ready access to high quality information and services that reduce the risk of unintended pregnancy, illness or disease. Sexual health is influenced by a complex web of factors ranging from sexual behaviour, attitudes and societal factors, quality of SRE (Sex and Relationship Education), to biological risk and genetic predisposition.

Sexual health in the UK has deteriorated significantly over the last decade, with increases in many sexually transmitted infections (STIs) and the prevalence of human immunodeficiency virus (HIV). It is important that STIs and HIV are prevented or treated early, to avoid long-term complications and risk of ongoing transmission to others. The consequences of poor sexual health include:

- Pelvic inflammatory disease, which can cause ectopic pregnancies and infertility.
- Cervical and other genital cancers.
- Hepatitis, chronic liver disease and liver cancer.
- Premature delivery of the newborn and still births.
- Unintended pregnancies and abortions.
- Psychological consequences of sexual coercion and abuse.
- Poor educational, social and economic outcomes for teenage mothers and their children.
- Reduced life expectancy.

WHAT ARE THE KEY ISSUES?

Sexual behaviour is a major determinant of sexual and reproductive health. Certain behaviours are associated with increased transmission of STI and HIV, including age at first sexual intercourse and number of lifetime partners, concurrent partnership, payment for sex, and alcohol and substance misuse.

Deprivation, social exclusion and sexual health are inextricably linked. The National Strategy for Sexual Health and HIV (1) acknowledges the relationship between sexual ill-health,

poverty, social exclusion, and the disproportionate burden of HIV infection on gay and bisexual men and some BME groups. Young people and young adults, gay and bisexual men and men and women from African and Caribbean communities are the groups most at risk of poorer sexual health in Islington.

Many factors contribute to the high levels of sexual health need in the borough, including deprivation and social inequality, a relatively young and ethnically diverse population, and a relatively large gay community. This has important consequences for the demand for sexual health services.

THE ISLINGTON PICTURE

Sexually Transmitted Infections

Data is mainly based on open access clinics, rather than place of residence. The two main GUM clinics serving Islington are Mortimer Market (in Camden) and Archway Sexual Health Clinic but both see substantial numbers of non-Islington patients, and Islington people also go to a number of clinics in other areas. Therefore, interpretation of the data as it applies to Islington is limited and must be treated with caution. In 2007, these two local clinics reported a total of 4,447 new cases of STIs, 57% of which were in men.

Chlamydia. It is estimated that 10% of sexually active men and women will have Chlamydia at any time. Across the UK, the number of new diagnoses has been steadily increasing, with the infection most commonly seen in young people under 25. In 2007, there were 1,727 new cases of Chlamydia diagnosed in Islington's two local clinics, split equally between men and women. The majority of cases occurred in 15-34 year olds.

Infection with Chlamydia is often asymptomatic or causes minor symptoms, with infection commonly going undiagnosed and leading to complications such as pelvic inflammatory disease. Screening for Chlamydia detects asymptomatic infection, allowing for treatment with antibiotics. There is a national screening programme targeting sexually active young people aged under 25. Local coverage in 2008/09 was 18.6%, exceeding the national target of 17%. The target increases to 25% in 2010.

Genital warts are caused by the human papilloma virus (HPV). In 2007, there were 1,190 new diagnoses of genital warts locally, substantially higher than in 2003. The HPV vaccination programme was introduced in 2008/09, focussing on girls aged 12-13 (Year 8), as well as an additional cohort of 17 to 18 year olds. Sixty-six per cent of all Year 8 girls in

Islington schools received all three doses of the HPV vaccine in 2008/09, slightly higher than London (63%) but lower than England (70%).

Genital herpes is caused by the herpes simplex virus. At least 80% of people who carry the virus are unaware they have been infected because initial infection is often asymptomatic. Occasionally the virus can be activated, causing an outbreak of genital herpes. New infection with genital herpes during pregnancy can lead to transmission to the baby. There is no cure for genital herpes, although symptoms can be controlled using antiviral medicines. In 2007 there were 766 new cases of genital herpes diagnosed locally.

Gonorrhoea can be treated simply with antibiotics, but left untreated the infection can lead to pelvic inflammatory disease in women and inflammation of the male genitalia, urinary tract or prostate. More rarely, it can affect the liver, cause blindness and cause complications in pregnancy and in the newborn. In line with national trends, the number of cases of Gonorrhoea diagnosed locally has been falling since 2003. There were 615 cases diagnosed locally in 2007, mainly in gay and bisexual men.

Syphilis is typically passed through sexual contact, although rarely via blood products, intravenous drug use or from an infected mother to her unborn child (Congenital Syphilis). Syphilis can be successfully treated with antibiotics. Untreated, Syphilis may recur after several years, causing serious organ damage and even death (Tertiary Syphilis). Infection with Syphilis increases the chances of catching HIV, whilst HIV increases the chances of syphilis progressing to Tertiary Syphilis. Syphilis is more common in men than women, and rates are highest among gay and bisexual men. There were 149 new diagnoses in local clinics in 2007, predominantly in men.

Human immunodeficiency virus (HIV) is transmitted through bodily fluids, such as blood, semen and vaginal fluids, most commonly through sexual intercourse. The term AIDS (Acquired Immune Deficiency Syndrome) describes the later stages of HIV, where the immune system is weakened resulting in life-threatening conditions such as pneumonia. The term advanced or late-stage HIV infection is now being more commonly used. There have been dramatic improvements in survival for people with HIV over the past decade, but HIV is still associated with higher risks of serious physical and mental ill health, reduced life expectancy, discrimination, and poverty.

The groups most affected by HIV in England are gay and bisexual men and men and women from African communities. Heterosexually-acquired infections in the UK among men and

women from other communities have also become a more significant proportion of HIV cases. In 2008, there were 1,191 Islington residents aged 15-59 years living with diagnosed HIV. This was equivalent to a rate of 8.6 diagnosed HIV infections per 1,000 population, significantly higher than the London average of 5.0 per 1,000 and third highest among other London PCTs. The largest group of people living with diagnosed HIV in Islington were gay and bisexual men.

The risk of mother-to-child transmission can be dramatically reduced through interventions in pregnancy and follow-up. An anonymised survey of newborn bloodspots showed that, the prevalence of maternal HIV infection in 2007 across Camden and Islington was 4 per 1,000. The rate of positives has increased steadily since 2003.

Contraception and abortion

Contraception is available through community contraception and sexual health services, primary care or over-the-counter. Prescribing data showed that in 2008, the majority of contraceptive prescriptions (88%) in Islington were for oral contraceptives, with less than 6% for Long Acting Reversible Contraception (LARC). Routine data from community contraception services provide information on use of services but should be interpreted with caution as they only record method of contraception chosen at the first visit, give no indication of changes in contraceptive method, do not cover contraceptive visits in other settings and do not report area of residence.

In 2007/08, there were 38,400 attendances, including 25,000 first contact visits, made at contraception clinics in Camden and Islington. The vast majority of attendees were women. 74% were aged 20 to 34, 21% over 35 and only 5% were in women under 20. Most of the contacts resulted in user-dependent contraception such as the contraceptive pill being issued, with only 13% prescribed LARC.

Abortion. In 2007, the standardised abortion rate for Islington women aged 15-44 was 27 per 1,000 women; slightly below the London rate but almost double the national rate. Thirty per cent of abortions among women under 25 were repeat abortions, similar to London (31%) but higher than England (24%).

Early medical abortion (EMA) is the termination of a pregnancy up to 63 days gestation using a combination of drugs. EMA is highly effective, safe, and acceptable to women, and improving access to EMA is one of the key themes in the national sexual health strategy.

Only 36% of abortions in Islington women in 2007 were EMA, compared to 50% across London.

FUTURE NEED

Indicators of sexual health need, particularly for STIs and HIV, have deteriorated over the past decade, linked to long-term changes in sexual behaviour including the average number of sexual partners and patterns of contraceptive usage within the population. New HIV cases among gay and bisexual men have shown sustained year-on-year growth through the 2000s. Terminations of pregnancy at all ages and teenage pregnancy are significantly higher in Islington and London compared with England. With a significant growth expected in the young adult population in Islington, a continued increase in need for sexual health promotion and services can be expected.

Population sexual health is however highly amenable to public health interventions, including high quality, age-appropriate sex and relationship education, and accessibility of contraceptive services and treatment and care services, as well as targeted interventions to groups with specific needs or higher risks. There is therefore also significant potential to address and reduce, or at least ameliorate, these trends.

SERVICES CURRENTLY PROVIDED IN ISLINGTON

There are a number of services addressing sexual health within Islington. These cover sexual health promotion and HIV prevention, screening, contraceptive provision, termination of pregnancy services and treatment and care of STIs and HIV.

Sexual Health Promotion and HIV Prevention - Along with NHS Camden, NHS Islington jointly commissions a sexual health promotion service from Camden Provider Services, including: the Central London Action on Street Health (CLASH), the Good Sexual Health Team (GSH) and the African Communities Team (ACT). The teams provide a range of services directly to high risk groups and to front line workers. HIV prevention is also commissioned collaboratively across London, as well as locally.

Chlamydia Screening - Islington has had a Chlamydia screening programme in place since 2003. The programme provides a coordinating function for all the screening sites across Camden and Islington, with young people aged 15-24 able to access free Chlamydia tests

from a range of sites in Islington, including a local enhanced service in primary care and community pharmacies.

Sexual and Reproductive Health Services - The majority of sexual and reproductive health care is provided through primary care, with community contraceptive services providing a range of enhanced and open access services. There are a number of Level 1 (GP care) and Level 2 (enhanced primary care) sexual health services within Islington, with all GPs in Islington contractually required to provide contraceptive services as an additional service under the new general practice contract. Community contraceptive services are managed by Camden Provider Services from a small number of clinics in the borough, and from the Margaret Pyke clinic in Camden.

Contraceptive services for young people are provided at Pulse N7, a partnership between NHS Islington's children's services, NHS Camden, community contraceptive services and Brook London. Brook London also provides services at Euston, outreach services and drop-in sessions at City and Islington College. A community pharmacy-based Emergency Hormonal Contraception scheme is free of charge to under-21s, and a free condom distribution scheme aimed at under-21s has been established in a number of service and youth settings across the borough.

Termination of Pregnancy - When a termination of pregnancy is requested it is essential for provision of swift, confidential and expert advice and access. All clients choosing an NHS-funded termination in Islington can self-refer or be referred by their GP through the Marie Stopes Central Booking Centre. All referrals are assessed and allocated to services according to choice, capacity and associated conditions. Terminations are offered at one of the Marie Stopes clinics or at the Royal Free Hampstead NHS Trust.

Genitourinary Medicine (GUM) Services - GUM services play a key role in controlling the spread of STIs. Improving sexual health services and tackling waiting times is an essential part of disease prevention. Failure to diagnose and treat infections promptly can further increase the transmission of STIs and increases the 'pool' of untreated infection in the community. There is one GUM clinic located in Islington, the Archway Sexual Health Clinic. GUM services at the Mortimer Market Centre and Royal Free Hospital are also close to the borders of Islington and are used extensively by Islington residents. The clinics have consistently met the 48 hour GUM target.

HIV Services - HIV treatment and care is primarily provided through the secondary or specialised care sector, part of GUM, infectious diseases and immunology departments. NHS Islington is part of the London HIV consortium which is responsible for commissioning drugs and treatment across London. The Mildmay Hospital provides rehabilitative care on an inpatient basis.

In 2006, a HIV Enhanced Care Framework was introduced to standardise the way people living with HIV are cared for in primary care. Eighteen Islington practices provide enhanced sexual health services, which includes providing enhanced care for HIV. A clinical nurse specialist supports patients with community-based care. Further support for patients in the community is also facilitated by the Islington social work team, which includes social workers specialising in HIV social care, and a part-time welfare rights adviser. The team offers housing advice and social work support to Islington residents living with HIV.

In 2009, Options UK undertook a service user engagement project in Islington as part of local needs assessment and strategy development, conducting focus groups and interviews with groups with particularly high needs (young people, African communities, gay and bisexual men, and people living with HIV). A number of themes were identified, including:

- The importance of better SRE (Sex & Relationships Education), particularly for young people and the African community. Condom distribution and availability were highlighted as an issue amongst all groups.

- The potential for greater use of modern technology and media in sexual health promotion and access to services.

- Improving sexual health promotion through: the use of role models, information at the workplace, and working with community and faith organisations to reach and influence key communities.

- Improving access through better signposting and knowledge of how to access services, better defined care pathways, integration of services, and easier access to services through longer hours, weekend opening, and non-clinical settings. Waiting times for GUM clinics was one of a number of barriers to accessing services.

Clinical and provider stakeholders participated in a local event in 2009 to help develop local priorities, with a consensus reached on the following:

- Improve patient and public access through integrated, high quality care pathways, and reduce inequalities in access and care.
- Reduce the prevalence of STIs and HIV and improve earlier diagnosis.
- Reduce the proportion of unwanted pregnancies.
- Involve patients in the design and evaluation of services.
- Ensure linkage with other key strategies.

EXPENDITURE ON SEXUAL HEALTH

In 2009/10, NHS Islington allocated £17 million to sexual health services, shown in the table below. The majority of expenditure is on HIV treatment and care (£11.6 million, 68%).

Table 6.1: Breakdown of NHS Islington sexual health commissioning expenditure, 2009/10

Category	Budget 2009/10
HIV Treatment and Care	£11.60m
GUM Services	£2.20m
Community Contraceptive Services	£1.20m
Chlamydia Screening	£.40m
Health Promotion	£.36m
Other SH Services	£1.24m

Source: NHS Islington, 2009/10

NATIONAL DRIVERS FOR SERVICE PROVISION

The National Strategy for Sexual Health and HIV has been guiding the development of sexual health services locally since 2001. The strategy, which focuses on reducing transmission of HIV and STI and unintended pregnancies, as well as improving care for people living with HIV, proposes a range of actions including: improving information, developing more integrated services, and improving access and services on offer. NICE guidance on contraception recommends that women requiring contraception should be given information about and offered a choice of all methods, including LARC methods. All LARC methods are more cost-effective than the combined oral contraceptive pill, even at one year of use, and increasing the uptake of LARC methods reduces the numbers of unintended pregnancies.

The national strategy described the main elements of a comprehensive sexual health service as comprising:

- Contraceptive care and abortion.
- Diagnosis and treatment of STIs and HIV.
- Prevention of STIs and HIV.
- Services that address psychological and sexual problems.

These encompass general practice, community contraceptive services, GUM and targeted services aimed at, for example, young people. Services should be coordinated, including managed service networks that support collaboration and joint planning of services, to provide well-linked, signposted and comprehensive services planned around the community's needs. There should be three levels of service provision within a comprehensive local model:

- **Level 1** services should be available at first point of contact and include sexual history and risk assessment, contraceptive information and services, STI testing for women, assessment and referral of men with STI symptoms, HIV testing and counselling, cervical cytology screening and referral, pregnancy testing and referral, and hepatitis B immunisation.

- **Level 2** services include intrauterine device (IUD) insertion, contraceptive implant insertion, testing and treating STIs, partner notification and vasectomy.

- **Level 3** services provide clinical governance support and specialist services such as outreach for STI prevention or contraceptive services, specialised infection management including partner notification, highly specialised contraception, and specialised HIV treatment and care.

In 2007, the Medical Foundation for AIDS and Sexual Health (MedFASH) review of the national strategy highlighted achievements and also barriers towards further progress in the field (2). At a national level, barriers to effective implementation included:

- Variable progress in establishing sexual health networks, engaging GPs in providing sexual health services, disinvestment in community contraceptive services, under-

- Weak links between commissioning, public health, health promotion, financial planning and services, including poor data collection.

- Lack of alignment with local government and other partnership priorities.

- Lack of a strong voice for sexual health service users or advocacy for sexual health in local communities.

PROGRESS SINCE LAST YEAR'S JSNA

Developments have been put in place in Islington with the aim of improving services, information and support, and reducing inequalities in the sexual health status and improving sexual health. The Joint Commissioning Strategy for Sexual Health and HIV Services Strategy (2009) sets out the strategic framework and direction for sexual health and HIV services in Islington. The strategy aims to move away from an emphasis on specific services towards a more integrated approach, which encourages collaborative working and the development of a sexual health network. A local sexual health needs assessment carried out in 2009 identified the need for improved systematic collection and analysis of sexual health and HIV data locally.

RECOMMENDATIONS

Taking into account the local pattern of need, national and regional guidance as well as evidence of effectiveness of interventions to improve sexual health, the following actions are recommended to drive improvements in sexual health and HIV in Islington:

- Ensure the importance of sexual health is recognised and incorporated within local planning arrangements.

- Provide high quality SRE for all local children and young people.

- Ensure sexual health needs are always part of the holistic needs assessment of vulnerable children and young people.

- Use social marketing methods to promote access to services for identified priority groups.

- Promote contraceptive choice and use, including LARC and condom use.

- Promote awareness of and early access to abortion services.

- Ensure the use and appropriate analysis of available data and information.

- Ensure high priority is given to targeted HIV prevention groups, to help reduce STI and HIV infections and improve earlier diagnosis of HIV.

REFERENCE LIST

(1) Department of Health. Better prevention, better services, better sexual health - The national strategy for sexual health and HIV. 2001.

(2) Medical Foundation for AIDS & Sexual Health. Progress and priorities – working together for high quality sexual health. Review of the National Strategy for Sexual Health and HIV. 2008.