

Sexual Health Strategy for Cornwall and Isles of Scilly

Draft for consultation.

July 2008

Foreword

The aim of the consultation is to raise awareness of sexual health as a public health issue and to seek the views of all stakeholders to ensure that the strategy encompasses all aspects of sexual health including service provision, education and the prevention of sexually transmitted diseases.

Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life and living free from discrimination. We want all people in Cornwall & IOS to be able to choose appropriate services that are confidential, respectful, accessible, and person centred.

This strategy describes our approach to the planning and commissioning of services for sexual health and people living with HIV. The purpose of the strategy is to promote Positive Sexual Health and Well being, with practical solutions to increase the availability and accessibility of sexual health services that meet the needs of Cornwall & IOS residents.

The strategy has been based on the priorities identified in the National Strategy for HIV and Sexual Health. It has been developed through the work of the Cornwall and IOS Sexual Health Local Implementation Group.

You are invited to comment on this draft strategy. The consultation period will run until the end of October 2008. Feedback from the consultation will be used to refine the strategy, which will then lead to the development of the implementation plan. The strategy and the implementation plan will continue to be revised as new evidence emerges through regular audit and published research findings.

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Section A

Vision for Sexual Health Services in Cornwall and the Isles of Scilly

1.0 Introduction

This strategy document describes Cornwall & Isles of Scilly (IOS) approach to the planning and commissioning of services for sexual health and people living with HIV. The Sexual Health Strategy covers the period 2008 - 2011 and will support the PCT to promote, advance and improve sexual health and HIV services in Cornwall and IOS. The purpose of the strategy is to promote positive sexual health and well being of the population of Cornwall & IOS, with practical solutions to increase the availability and accessibility of sexual health services that meet the needs of Cornwall & IOS residents.

The Sexual Health Strategy outlines the current position for the Sexual Health services commissioned and provided by Cornwall & IOS Primary Care Trust (PCT). The detail of how Cornwall & IOS's Sexual Health Strategy will be delivered will be contained in yearly commissioning action plans that will outline time scales, resources and lead responsibility.

The PCT consulted with many individuals in putting this draft strategy together. The work was progressed through three sub groups with representation from Primary Care, Public Health, Brook, Health Promotion, Education, Contraceptive Service and GUM.

This document is divided into three main sections. Section A describes the vision for sexual health in Cornwall and the Isles of Scilly and provides the underling principles and purpose of the strategy. Section B describes the strategic framework, key objectives and a model of delivery of the strategy. Section C examines the local context with a policy background.

1.1 Vision for Sexual health in Cornwall and the Isles of Scilly

Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life and living free from discrimination. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

Our vision for sexual health in Cornwall & IOS encompasses the sexual health of our population, the services we provide and how those services are planned and developed. We want all people in Cornwall & IOS to be able to choose appropriate services that are confidential, respectful, accessible, and person centred.

Key elements of the Strategy

- We aim to provide a quality assured service that is accessible to the whole population, and delivered by appropriately trained and competent health professionals. A managed network of provision would allow support of basic services by the more specialised providers and easy referral pathways.
- It is suggested that a hub and spoke model is adopted. There would be a central GU/HIV/Contraceptive base, smaller GU/Contraceptive and GU/Brook or GU/Share services in other key areas supported by intermediate services in other areas as identified by needs assessment
- All levels of sexual health services will be provided by appropriately trained and competency assessed healthcare professionals and will be quality assured and cost efficient. Services in primary care will be strengthened through an ongoing review of existing STI/Contraception provisions and screening.

* see page 14 for details

1.2 Promoting Positive Sexual Health

This section highlights the importance of values, methods and settings in the development and implementation of sexual health promotion strategy.

1.2.1 Values

Sexual health promotion is more likely to be effective and appropriate if it is delivered within agreed values. An ideal values base will:

- Ensure sexual health promotion is accessible to all
- Affirm diversity
- Ensure that groups and individuals are able to resist coercion
- Support the development of self-esteem
- Build a clear sense of the rights of individuals, groups and communities
- Enable people to develop practical skills
- Be grounded in a positive holistic model of sexuality and sexual health

1.2.2 Methods

In order to be consistent with this values base, methods used should:

- Promote collaborative and multi-agency work
- Actively counter and challenge discrimination, stigma and prejudice
- Support the rights and responsibilities of individuals, groups and communities
- Create opportunities for discussion, reflection and exploration of issues

- Be informed by a research and evidence base
- Engage people's intellect, experience, thoughts and feelings

The methodologies used can be classified as 'direct – aimed at communities, groups or individuals' and 'indirect – aimed at professionals, agencies and service providers.'

1.2.3 Settings

Sexual health promotion can take place in a variety of settings which include:

- Schools
- Youth centres
- Colleges
- Web based information
- Any settings where people meet
- One Stop Shop programme for young people
- Streets, parks and public sex environments
- Pubs, clubs and recreational settings
- Health Care settings, including GP surgeries
- Libraries
- Workplaces
- Shops, cinemas and hairdressers
- Community, voluntary and faith groups
- Beaches
- Age Concern

1.3 Underlying Principles for the delivery of Sexual Health Services

We have identified a number of principles that we believe are key to how sexual health services are delivered in Cornwall and IOS. Through our commissioning strategy and practice we will seek to embed these principles and approaches in all sexual health services:

1.3.1 Confidentiality

This is critical within sexual health services, which deal with a range of sensitive and potentially stigmatising issues. Services should not only ensure confidentiality, but should make it very clear that they do so. GUM services have particular obligations regarding confidentiality. The current legislation in England and Wales is the NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Regulations 2000 These regulations say 'Every NHS Trust shall take all necessary steps to secure that any information capable of identifying an individual obtained by any of their members or employees with respect to persons examined or treated for any sexually transmitted disease shall not be disclosed'

Relative to the setting GMC guidance should be followed by health professional regarding the issues affecting young people under 16.

1.3.2 Equitable Access

There is a lack of equitable provision of services across the county. This should be examined from a number of perspectives that include geographical coverage and access for different groups of the population. Following consultation of this strategy an implementation plan will be developed to address equity of service provision.

1.3.3 Choice and Plurality

Patient choice is key to service improvement. In Cornwall & IOS people have traditionally been able to choose to self-refer to open access GUM and contraceptive services, or to seek help via their GP. Pharmacies and other providers add further options. Cornwall & IOS PCT is committed to building on these service choices so that individuals can promptly access services with which they are comfortable and which are appropriate to their needs.

1.3.4 Service User Involvement

The Health and Social Care Act (2001) places statutory duties on NHS organisations to ensure patients and the public are consulted in the planning and organisation of services. Cornwall & IOS aims to ensure that services are designed around the needs of people using them. The involvement of service users and potential service users in their own care and the development and evaluation of sexual health services is critical. Stakeholders will be consulted on the strategy and have an opportunity to comment.

1.3.5 Equality and Diversity

The Strategy promotes the right that everyone has to be treated fairly and with dignity and respect. Research and evidence suggests that there are many inequalities in health and social care in terms of access, treatment and outcomes and that demographic changes are impacting on recruitment and employment issues. In order to improve the patient experience the workforce should reflect the diversity of the population it serves and members of the public should be involved in the planning, delivery and monitoring of the services we provide. The PCT and partners are addressing health inequalities both through commissioning and service delivery. In terms of sexual health, we will achieve this by facilitating the provision of services that seek to address the inequalities in sexual health experience amongst different communities and in different geographical areas. The consultation on this strategy will be designed to ensure that all 6 equality strands are considered. The 6 strands are gender, race, disability, age, religion / belief, and sexual orientation (including transgender). The consultation list will be expanded to ensure all key stakeholders are engaged.

1.4 Purpose of the strategy

To promote, advance and support the improvement of sexual health and sexual health services in Cornwall & IOS. This strategy is presented with the explicit ideal of equality for all; with the belief that all people, irrespective of age, race, creed, ability, sexual orientation and lifestyle, have the right to positive confidential sexual health services.

This Sexual Health Strategy sets the vision for delivering change and improvement in the sexual health and well-being of people living in Cornwall & IOS

Since the first National Strategy for HIV and Sexual Health was published in 2001, many targets, guidance and standards have been developed for sexual health services, as this has become a priority for the government. These include:

- The National Strategy for HIV and Sexual Health (DH, 2001)
- The National operating framework (DH, 2007/08)
- Ten recommended MedFASH standards for sexual health services (MedFASH, 2005)
- The Independent Advisory Group for sexual health and HIV Annual report (IAG, 2005)
- Healthcare Commission indicators
- Service Standards for Sexual Health Services FSRH Jan 2006
- NICE long acting reversible contraception (LARC) guidance
- NICE "One to one interventions to reduce the rate of sexually transmitted infections (STIs), including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable groups" (2007)
- British HIV Association: Standards for HIV clinical care 2007

Locally the Teenage Pregnancy Strategy has been in operation since 2000 and informs this evolving strategy. Sexual health services in Cornwall & IOS are provided by a spectrum of organisations. The strategy looks to develop an integrated network of these providers to improve access to services and expertise across the county. Specialist services provided by Genitourinary Medicine (GUM), the Contraception service and Brook, deliver level 1, 2 and 3* services. GP practices and pharmacies also provide a range of level 1 and 2 services. Access to termination of pregnancy services is covered by this strategy. A wide range of sexual health services are undertaken within a range of voluntary, community and independent sector providers. A holistic view of sexual health is important exploring the wider social and cultural influences.

* see 3.4 for details on levels of service delivery

1.5 Strategic Intent

The NHS Improvement Plan published in June 2004 set out the medium term expectations on the NHS around the themes of choice, access and quality.

It signaled three big shifts:

- putting patients and service users first through more personalised care;
- a focus on the whole of health and well being not only illness; and
- further devolution of decision making to local organisations.

All this requires much greater joint working and partnership between PCTs, LAs, NHS Foundation Trusts, other NHS, independent sector and voluntary organisations. A parallel shift is now required in the way improvements in people's health and care are planned and delivered. This means moving away from a system that is mainly driven by national targets to one in which:

- *standards* are the main driver for continuous improvements in quality;
- there are *fewer national targets*;
- there is greater scope for addressing *local priorities*;
- *incentives* are in place to support this system; and
- all organisations locally play their part in *service modernisation*

The standards set out in “Standards for Better Health” are organised within seven “domains”, which are designed to cover the full spectrum of health care as defined in the Health and Social Care (Community Health and Standards) Act 2003. The domains encompass all facets of health care, including prevention, and are described in terms of outcomes. The seven domains are:

- Safety
- Clinical and Cost Effectiveness
- Governance
- Patient Focus
- Accessible and Responsive Care
- Care Environment and Amenities
- Public Health

In line with these expectations, Cornwall & IOS PCT will commission in order to achieve sexual health services that emphasise the priorities of:

- Personalised choice.
- Responsive services, accessible and quality assured.
- Plural provision of services across the public, private and voluntary sectors.

Section B

Strategic Framework – Delivering the Strategy

2.0 Strategic Framework:

This section builds on the Cornwall & IOS vision for positive sexual health and for the development of high quality, needs led sexual health services. It describes the strategic framework and goes on to explore how services can be delivered.

The National Strategy for HIV and Sexual Health was published in 2001 and set out the Department of Health's vision for modernising and improving sexual health services. It identified the following priorities:

- Reduce the transmission of HIV and STIs;
- Reduce the prevalence of undiagnosed HIV and STIs;
- Reduce unintended pregnancy rates;
- Improve health and social care for people living with HIV; and
- Reduce the stigma associated with HIV and STIs.

In 2004, the Government White Paper '*Choosing Health*' identified Sexual Health as a priority area for action – particularly in relation to transmission of STI's and teenage pregnancy. There is an epidemic of STIs in the UK, with unparalleled levels of syphilis now being seen and the national chlamydia screening programme identifying one in 10 people under the age of 25 as chlamydia positive. The Teenage Pregnancy Strategy aims to halve the under 18 conception rate in England by 2010 and to increase the participation of teenage mothers in education, training or work to 60% by 2010 to reduce the risk of long term social exclusion. The teenage pregnancy reduction target is also a National PSA for Local Government and a national indicator (N1 112).

The PCT and partners will ensure these priorities are addressed through its strategy and implementation. This strategy cannot be viewed and implemented in isolation, but overlaps with and is contingent on a range of other strategies and partnership arrangements. Annual Operating Plans will need to take careful note of the specific issues at local level. Demographic issues of rurality, deprivation and geography, as demonstrated in the Cornwall & IOS PCT Joint Strategic Needs Assessment, should be carefully considered.

Annual Public health reports detailing health inequalities provide further information about the needs of the population and the strategy should be needs based. In addition, this strategy will have common themes within multi-agency strategies and work streams e.g.:

- Teenage Pregnancy Strategy
- Health and Well Being Strategy
- Children and young Peoples Plan
- Supporting People Strategy;
- Alcohol Strategy for Cornwall & Isles of Scilly 2006-09

- Cornwall & Isles of Scilly Drug and Alcohol Team Treatment Plan 2008-09
- Local Area Agreement

An ongoing needs analysis should be commissioned building on the Cornwall & IOS Joint Strategic Needs Assessment and the strategy will evolve in the light of this information. Appropriate indices may include:

- STI incidence at postcode level
- Teenage pregnancy rate at ward level
- Substance misuse
- Deprivation indices
- Information drawn from relevant patient groups including vulnerable and high risk groups and young people

2.1 KEY OBJECTIVES

The following key objectives have been identified to deliver the strategy.

OBJECTIVE 1 - TO REDUCE TRANSMISSION OF HIV & STIS AND TO REDUCE PREVALENCE OF UNDIAGNOSED HIV AND STIS

KEY ELEMENTS:

- To reduce in line with National targets the number of newly acquired HIV infections and gonorrhoea
- To increase uptake of Hep B vaccination in homosexual and bisexual men
- To reduce the number of previously undiagnosed HIV infected people attending GUM clinics who remain unaware of their infection after their visit

OBJECTIVE 2 - TO ENSURE APPROPRIATE LEVELS OF SERVICE FOR ALL SERVICE USERS AND SERVICE UPTAKE FOR HIGH RISK AND UNDERSERVED GROUPS

KEY ELEMENTS

- To ensure appropriate and equitable levels of service and access to services for all service users.
- To ensure service uptake for high risk and underserved groups (e.g young people, men who have sex with men, ethnic minorities, migrant workers and commercial sex workers).
- To achieve and sustain the 48 hr access target to GUM services.
- To Increase the uptake of HIV tests.
- To provide a range of specialist sexual health services.

OBJECTIVE 3 - TO IMPROVE THE HEALTH AND SOCIAL CARE FOR PEOPLE LIVING WITH / AFFECTED BY HIV

KEY ELEMENTS

- To identify the needs of people living with HIV in order to ensure that they receive appropriate health and social care

- To ensure all people have access to services that are responsive, culturally appropriate and tailored to individual need
- To ensure services meet the BHIVA standards for HIV

OBJECTIVE 4 - TO REDUCE THE STIGMA ASSOCIATED WITH HIV AND STI'S, AND NORMALISE ACCESS TO SEXUAL HEALTH SERVICES

KEY ELEMENTS

- To raise awareness and promote the uptake of sexual health services by the general public
- To ensure that clinical and non clinical staff have appropriate attitudes to the delivery of equitable sexual health services
- To improve patient experience amongst people using sexual health services
- To ensure services are provided in high quality settings that are accessible and acceptable to service users

OBJECTIVE 5 - TO REDUCE UNINTENDED PREGNANCY

KEY ELEMENTS

- To reduce the rate of unintended pregnancy across the whole age range
- To halve the number of under 18 conceptions in Cornwall & IOS by 2010
- To Increase the proportion of NHS funded termination of pregnancy services, provided under 10 weeks' gestation
- To Increase access to terminations within 3 weeks of first appointment with the referring doctor
- To ensure that long acting contraceptive provision is available if appropriate at the time of termination

OBJECTIVE 6 - TO IMPROVE THE SEXUAL HEALTH OF YOUNG PEOPLE

KEY ELEMENTS

- To ensure sexual health services are accessible for all young people and are provided in a range of settings, e.g community based, mobile and educational settings such as schools and colleges.
- To ensure the delivery of quality sex and relationships education in schools/ colleges with clear outcomes linked to local services
- To meet and maintain Chlamydia Screening Targets for sexually active young people aged 15-24
- To involve young people in service design and delivery.

3.0 Delivering the strategy

This section is subdivided into two sections, Commissioning objectives and Strategy Delivery.

3.1 Commissioning Objectives

The Primary Care Trust will commission effective and responsive sexual health services for the population of Cornwall & IOS. From March 2008, 100% of patients attending Genito- Urinary

Medicine (GUM) services will be offered an appointment within 48 hours of contacting the service.

Our priorities for sexual health are to:

- Extend the range of initiatives aimed at preventing STI's
- Modernise and redesign sexual health services, to enable broader access and choice, to quality assured services
- Reduce the unplanned teenage conception rate
- Increase the uptake of the Chlamydia Screening Programme

This section describes commissioning activities to be undertaken. The activities are not prioritised, although many of them involve undertaking specific needs assessments, and the areas where the greatest needs are identified are likely to be those for which activity and funding is prioritised.

3.2 Overarching Commissioning Objectives for Sexual Health Promotion

Overarching Commissioning Objectives for Sexual Health Promotion in Cornwall & Isles of Scilly	
Objective	Achieved by:
Co-ordinated approach to sexual health promotion	<ul style="list-style-type: none"> • Agencies and providers working together in a managed network
To ensure up-to date and accurate contact information for sexual health services is widely available and easily assessable.	<ul style="list-style-type: none"> • Collated information regarding all sexual health services available in BT phone book, public toilets, local newspapers, media material produced by the health community. • Extend web based information
The provision of easily accessible sexual health resources	<ul style="list-style-type: none"> • Develop condom packs, leaflets, posters and resources that are consistent and reliable
To liaise with partner organisations	<ul style="list-style-type: none"> • Link personnel to span organisations and work on joint strategies inc' Children and Young People plan
To raise awareness of the risks of HIV and the benefits of testing.	<ul style="list-style-type: none"> • Specific programs i.e. World Aids Day. • Inclusion of HIV in general STI awareness • Training for health professionals; link with the sexual health training pool • Peer education.

	<ul style="list-style-type: none"> • Liaise with and support KPS and other specialist services to deliver training
To raise awareness of the risks of unprotected sex regarding Sexually Transmitted Infections (STI's)	<ul style="list-style-type: none"> • Continuation of existing projects and the introduction of further targeted programs. • Continuation of training for those who work with young people; however, it is recognised that there is a need for sexual health promotion training for agencies and professionals whose clients are over 25 years old.
To raise awareness of the risks of unprotected sex regarding unplanned pregnancy.	<ul style="list-style-type: none"> • Continuation of existing projects and the introduction of further targeted programs. • Liaise with specialist services regarding training • Continuation of training for those who work with young people;
To raise awareness of the risks of STI's in Adults and address the risks of casual sex	<ul style="list-style-type: none"> • Recruit Specific Sexual Health promotion worker • Targeted information about safe sex with reference to casual sex areas and web based sites
To raise awareness regarding Hepatitis B vaccination, HIV and Syphilis and provide service information to Men that have sex with men.	<ul style="list-style-type: none"> • Continuation of current work • Liaise with KPS and service providers to increase the up take of Hepatitis B vaccination and HIV testing.
To introduce a sexual health program that is aimed at commercial sex workers	<ul style="list-style-type: none"> • A mapping exercise is needed to identify how and where sex workers operate in Cornwall. • Program to promote sexual health screening, Hep B vaccination safer sex and contraception.
Develop a sexual health promotion program for those with disabilities, including learning disabilities	<ul style="list-style-type: none"> • Develop training to target those with disabilities and their carers. • Awareness raising about HIV
Ensure that specific health promotion is	<ul style="list-style-type: none"> • Out reach workers to target the groups

undertaken for other vulnerable groups	including, homeless , travellers and gypsies, ethnic minorities, migrant workers, those with mental health problems
Skills and capacity building in health professionals individuals and communities	<ul style="list-style-type: none"> • Training and project work developed linking with specialist organisations.

3.3 Overarching Commissioning Objectives for Sexual Health Services

Overarching Commissioning Objectives for Sexual Health Services	
Modernise and redesign sexual health services, including diagnostic services to enable broader access and choice;	Identify all sexual health budgets
Extend the range of initiatives aimed at preventing STI's	Establish a robust training, and quality assurance programme
Reduce the unplanned teenage conception rate.	Improve performance monitoring through quarterly reporting framework for all sexual health services activity, capacity and quality
Increase the uptake of the Chlamydia Screening Programme	Develop user involvement strategy to support commissioning function

The diagnosis of sexually transmitted infections relies on the provision of timely and accurate diagnostic tests. The strategy will ensure that the most appropriate laboratory and point-of-care services are available to aid diagnosis. These diagnostic services must be properly accredited and provide clinical and interpretative advice to clinicians. The laboratory will be involved in developing and implementing future strategies and services.

3.4 Levels of Sexual Health Service Delivery

It is useful to note the three levels of service delivery identified in the National Strategy for Sexual Health and HIV from the Department of Health. The key objectives of this strategy will be delivered through one or more of these levels.

Level 1	<ul style="list-style-type: none"> - Sexual History and Risk Assessment - Sexually transmitted infection (STI) testing for women - HIV testing and counselling - Pregnancy testing and referral - Contraceptive information and services - Assessment and referral of men with STI symptoms - Cervical cytology screening and referral - Hepatitis B immunisation
Level 2	<ul style="list-style-type: none"> - Provision of level 1 services and - Intrauterine device insertion (IUD) - Testing and treating STI's - Vasectomy - Contraceptive implant insertion and removal - Partner notification - Invasive STI testing for men (until non-invasive tests are available)
Level 3	<ul style="list-style-type: none"> - Provision of level 1 and 2 services on an open-access basis - Provision of 100% 48 hour access to GU services - Providing specialist services, including: <ul style="list-style-type: none"> - Outreach for STI prevention/ contraception services - Specialist infections management, including partner notification - Highly specialised contraception - Specialist HIV treatment and care - Termination of pregnancy services - Clinical Governance

3.5 Strategy Delivery

In compliance with the need to obtain high quality information on STI, contraception and HIV, it has been agreed to purchase and implement a new and up to date IT system in GUM, Chlamydia Screening, Brook and Contraception services across Cornwall.

OBJECTIVE 1: To reduce transmission of HIV and STI's and to reduce prevalence of undiagnosed HIV and STI's
<ul style="list-style-type: none"> • Ensure widespread advertising of sexual health services • Ensure high quality information on STI, contraception and HIV available to public and professionals • Increase uptake of HIV testing • Undertake STI training needs analysis for all services and deliver integrated training. • Ensure all services offer Hepatitis B vaccination to high risk groups

- Increase availability of chlamydia screening
- Ensure delivery and maintenance of 100% target for 48 hour access to GU service
- Work towards implementation of NICE guidance on one to one consultations for those at risk of STI and unintended pregnancy
- Increase availability of free condoms
- Co-ordination of Specialist Health promotion activities and programmes

OBJECTIVE 2: To ensure appropriate levels of service for all service users and service uptake for high risk and under-served groups.(These groups are identified in appendix 1)

- All objectives in objective 1
- Promote an increase in primary care capacity to risk assess patients for STIs and HIV and either manage or refer patients appropriately
- Review the location, scope and services provided within pharmacy contracts, GMS essential additional and enhanced contracts and the locally enhanced services for sexual health. Work towards closer integration with contraception and GU services.
- Develop an integrated and robust training/competency assessment programme and on-going CPD for all services
- Integrate GU/contraceptive services within secondary care
- Commission adequate psychosexual services
- Develop a coordinated care pathway for victims of sexual crime and Sexual Assault Referral Centre (SARC) facilities
- Provide outreach services to vulnerable groups
- Ensure equitable access to services
- Development of a suitable clinical governance framework and care pathways
- Review STI and HIV prevention services and commission on the basis of review
- Regular needs assessment of both the general population and specific groups, as identified in appendix 1, requiring specific interventions and health promotion
- Identify gaps in service and provide most suitable level/ model of service delivery in areas of unmet need

OBJECTIVE 3: To improve health and social care for people living with/ affected by HIV

- Increase availability of information on support services
- Improve links with specialist social services
- Regular needs assessment of health and social care needs of people living with HIV and their carers, including feedback from service users
- Ensure services conform to MEDFASH and BHIVA standards and guidelines
- Publicise and support the work of voluntary agencies
- Ensure specialist commissioning arrangements are in place

OBJECTIVE 4: To reduce the stigma associated with HIV and STIs, and normalise access to sexual health services

- Ensure all staff are appropriately trained to reduce stigma
- Increase population awareness of issues associated with STI's and HIV
- Ensure ease of access to sexual health screening tests, advice and free condoms
- Provide outreach work with vulnerable groups as identified in Appendix 1

OBJECTIVE 5: To reduce unintended pregnancy

- Easily accessible information about all available contraception methods and services
- Undertake contraceptive training needs analysis for all services and deliver integrated training
- Increase access to free condoms
- Ensure implementation of NICE guidance regarding LARC
- Work with specialist organisations to plan and deliver education programs e.g. SRE and outreach work
- Increase pharmacy training to allow participation in free EHC scheme to young people and OTC provision
- Increase public awareness of availability of emergency contraception services

OBJECTIVE 6: To improve the sexual health of young people

- All objectives in objective 5
- Ensure clearly visible and accessible young people friendly information and contact details.
- Ensure all staff working with under 16's to have received training on Competency using Fraser Guidelines, Sex and the Law and child protection issues
- Ensure that services for young people are open outside school/college hours
- Ensure signposting to all sexual health services
- Ensure Young People's right to Confidentiality Policy is displayed in all settings providing these services.
- Address specific needs of vulnerable groups
- Ensure all GP practices and sexual health services to be EEFO approved
- Ensure timely access to termination of pregnancy (TOP) services and ongoing contraception from all TOP providers
- Ensure availability of free immediate pregnancy testing
- Ensure carers, families and peers have the knowledge and skills to support young people.

Section C

Current sexual health issues and policy background

4.0 Local Context and Policy Background

This section describes the current sexual health issues and priorities in Cornwall and provides a policy background.

4.1 Local Context:

The first section describes the local picture; the national priorities; and the local context within which the local challenges and national priorities are managed. It outlines local service utilisation through the examination of genitourinary medicine services in sub - section 3, contraceptive and sexual health services in sub-section 4, primary care and pharmacies in sub-section 5. It then goes on to focus on chlamydia screening and teenage pregnancy in sub-sections 6 and 7.

Rates of sexually transmitted infections and risk-taking sexual behaviour are increasing nationally and regionally. Improving sexual health is one of the key public health priorities highlighted in 'Choosing Health', which included the following commitments:

- Reduction in the under-18 conception rate;
- Acceleration of the implementation of the National Chlamydia Screening Programme to cover the whole of England by March 2007;
- Modernisation of sexual health services and improving access to genito-urinary medicine clinics to ensure that, by 2008 everyone referred to a genitor-urinary medicine clinic is able to get an appointment within 48 hours.

Sexual health and access to genito-urinary medicine clinics is one of the priorities in the Annual Operating Plan for the Cornwall & IOS PCT.

5.0 Genito-Urinary Medicine (GUM)

5.1 Introduction

The aim of this section is to outline the current service provided by GUM in Cornwall and the challenges it faces. The GUM service is delivered through the Acute Trusts predominantly at the Royal Cornwall Hospitals Trust (RCHT) and also a proportion at Plymouth Hospitals Trust (PHT) and at Barnstaple.

GUM at RCHT provides all 3 levels of service, as described previously, via open-access services i.e. patients can self-refer open-access services that operate daily from the main base at Royal Cornwall Hospital (RCH) Truro and weekly, on an outreach basis to West Cornwall Hospital and Newquay General Hospital. GUM services are also commissioned from Plymouth Hospitals Trust for the North and East of the County and they include:-

- A mixture of drop-in and appointment clinics
- 2 evening clinics at RCH and 1 evening clinic at West Cornwall Hospital
- A dedicated drop-in joint GU/Contraceptive clinic for young people, RCH

- A joint GU/Contraceptive clinic in West Cornwall Hospital
- A limited service for patients with psychosexual problems
- A monthly joint GU/dermatology clinic
- Dedicated HIV/Aids clinics
- Nurse led clinics
- A level 2 GU service at St Austell (this is a local enhanced service, separately contracted by the PCT.)
-

GUM services are also commissioned from Plymouth Hospitals Trust for the North and East of the County and they include:-

- Appointment only clinics
- 2 evening clinics and 1 morning clinic at Kingsbridge
- 7 clinical psychology sessions
- A monthly joint GU/Dermatology clinic
- Dedicated HIV/Aids clinics
- Nurse led clinics

The table below provides an indication of GUM attendances at both RCHT clinics and PHT sites over the past 3 years:-

	2004/5	2005/6	2006/7	2007/8
Truro	9,418	10,545	9,589	8462
Newquay	1,662	1,935	1,774	1615
Penzance	1,586	1,728	1,610	1387
Plymouth (includes K/bridge)	12,289	12,131	15,508	11715

Please note that the activity is inclusive of non Cornish residents for both RCHT and PHT.

5.2 HIV Services in Cornwall

All HIV out-patient services (4 out-patient clinics per week) are centralized to RCH due to laboratory and specialist imaging requirements. Confidentiality issues are also extremely important as most patients do not wish to be seen in smaller units closer to their home, thereby potentially risking disclosure of their status. The unit also provides access for emergency HIV-related consultations. HIV in-patient care is shared with various clinical teams at RCH, depending on the reason for admission. .

There has been a yearly increase in the caseload of HIV positive patients from 49 in 2002 to 107 in 2007. Although the numbers of HIV patients are far fewer than the numbers of GU patients seen by the department, their care is usually much more complex, requiring longer appointment times, intensive monitoring and complex therapeutic drug interventions. In addition to specialist nursing staff, HIV pharmacist and a social worker, support is provided to each clinic, although there is no dedicated consulting space for these workers. The service lacks psychology support.

The voluntary organisation, Kernow Positive Support (KPS), provides vital additional support for patients and is highly regarded by both patients and clinic staff. KPS currently hold a drop-in session in the Knowledge Spa on a Tuesday morning to coincide with the HIV clinic.

5.2.1 HIV prevalence

Despite the introduction of effective therapies, HIV infection still causes appreciable morbidity and mortality in England. Transmission continues at a high level in MSM and increasingly among heterosexuals, particularly among black and minority ethnic communities.

The prevalence of diagnosed HIV infection in England is increasing as a result of both rising numbers of new HIV diagnoses and decreasing HIV-related deaths since the introduction of effective combination antiretroviral therapy (ART), which has an impact on the planning, funding and commissioning of HIV treatment and prevention services.

The *National Strategy for Sexual Health and HIV* aims to reduce the transmission of HIV, by 25% by 2007.

5.2.2 HIV testing and treatment

Early diagnosis of HIV enables people to receive appropriate treatment and care to improve survival chances. Early diagnosis also reduces the risk of onward transmission of the infection. The *National Strategy for Sexual Health and HIV* included the target, which all regions have met and exceeded, to increase uptake of HIV Voluntary Confidential HIV Testing (VCT) in GUM clinics to 60% by the end of 2007. There has been a steady increase in the uptake of VCT at sentinel clinics, in both MSM and heterosexual GUM clinic attendees and the percentage uptake is now about the same in both groups (79% and 80% respectively).

With regard to treatment, nationally, two-thirds of HIV-infected individuals are receiving ART, with regional variations. In Cornwall it is 70.5%.

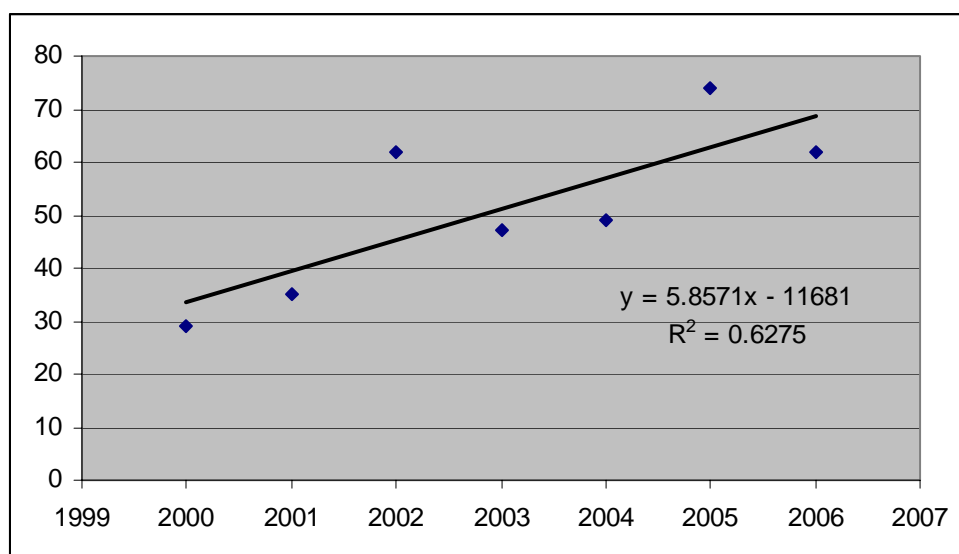
5.3 Gonorrhoea: new diagnoses

Gonorrhoea is the second most common bacterial sexually transmitted infection diagnosed in GUM clinics. Untreated infection can lead to serious health problems, particularly for women. As with Chlamydia, complications include pelvic inflammatory disease, ectopic pregnancy and infertility.

The *National Strategy for Sexual Health and HIV* aims to reduce the transmission of Gonorrhoea by 25% by 2007.

Primary Care Trust (PCT) Local Delivery Plans require the monitoring of rates of new diagnoses of gonorrhoea and demonstration of a reduction in rates from 2002, although no specific target has been set. However, the trend line in Fig 5.1 shows an upward trend in Cornwall, although the figures for the base year 2002 are the same as for 2006.

Fig 5.1. Cases of Gonorrhoea in Cornwall 2001 to 2006 with trend line



It can be seen from Figure 5.1 that since the year 2000 the cases of Gonorrhoea in Cornwall have increased by an average of 5.86 cases per year.

5.4 Syphilis: new diagnoses

Syphilis is a bacterial sexually transmitted infection (STI). Untreated syphilis can lead to serious complications or even death. In pregnant women it can lead to miscarriage or Stillbirth and can be passed on to the baby. Long-term complications include damage to the heart, respiratory tract or central nervous system. Untreated syphilis will eventually cause symptoms in 40% of infected people.

As in the rest of the UK, Cornwall has seen an increase in cases of early infectious syphilis. From October 06 to December 07 there were thirteen cases of early infectious syphilis seen in Cornwall.

5.5 Chlamydia

Table 5.2 shows the Chlamydia trachomatis positive cases Cornwall & Isles of Scilly from GUM, GP and Screening programme. During 2006, 70 Chlamydia trachomatis reports came from the Plymouth lab. The remaining 1,540 were from the Truro lab.

Table 5.2 Chlamydia trachomatis positive cases in Cornwall & Isles of Scilly from GUM, GP and Screening programme.

	2002	2003	2004	2005	2006
Total	822	996	1337	1398	1611

5.5.1 Workload

Historically, the numbers attending GU have increased dramatically in the last 10 years; there were 5921 attendances in 1997, 9469 in 2000 and 12,982 in 2006/7.

The ethnic breakdown of those using the Truro clinic during 2006/7 was 98.84% white, white British, other white or white Irish. 0.33% were Chinese, while 0.24% were black or black British African.

5.6 GUM clinic waiting times

The modernisation of sexual health services has been identified as one of the key national priorities for action in the White Paper *Choosing Health*. In order to try to reduce the high rates of sexually transmitted infections in England, GUM clinics are being encouraged to improve access by reducing the time people wait for diagnosis and treatment. The national GUM waiting times audit was first conducted in May 2004 and has been run quarterly since May 2005. Primary Care Trust (PCT) Annual Operating Plan also include the indicator 'The percentage of patients attending GUM clinics who are offered an appointment to be seen within 48 hours of contacting the service', with the national target of 100% by March 2008.

RCHT December 2007: 99.3% offered an appointment with 48 hours, 81.3% seen.

PHT December 2007: 96% for offered and appointment within 48 hours and 78% seen (This is based on Cornish residents accessing the service only)

In terms of the 07/08 LDP picture in Cornwall in December the figure was 99% offered and 81% seen.

Currently the 48 hour access sub group is working well and on target to reach the 100% seen within 48 hour target in March 2008 at RCHT, although less progress has been made with Plymouth. The LDP outlines the requirements to meet the current and future 48 hour access target (*PSA Target 11b*).

GUM services and contraceptive services have a long history of limited resources that combined with a doubling of attendance at clinics and the 48 hour target requires serious capacity planning. The LDP identifies that among the key priorities for sexual health in 2007/08 are the modernisation and redesign of sexual health services.

6.0 Primary Care

Sexual health and women's health are core areas of the new GP training curriculum as problems in these areas are often presented to General Practice. More common still are the very high proportion of consultations that contain elements of sexual health. Data capture will inevitably be incomplete in this instance and precise activity is hard to define. Good background knowledge, awareness of the issues and appropriate attitudes are therefore assessed during training and should be maintained throughout working life. The appraisal process should help to identify deficiency and encourage personal learning plans to address any issues.

6.1 Pharmacies

The 88 pharmacies in Cornwall are increasingly becoming involved in frontline service provision in sexual health. Pregnancy testing has long been available and chlamydia screening has been added. Pharmacists will provide advice and signposting and can sell barrier methods of contraception and emergency hormonal contraception (EHC) to those over 16. This can be supplied free to young people under a scheme funded through the reducing teenage pregnancy strategy. This scheme was commissioned from specifically trained pharmacists. There has been considerable recent expansion of this provision and it is now available in 60 outlets. From 1st April 2008 the contract will be placed with pharmacies to ensure that it is made available for at least 5 out of the 6 or 6 out of the 7 days per week that the pharmacy is open. This will facilitate reliable signposting. Further education and training for pharmacists is available to increase their direct involvement in patient care.

Table 6.1 Free EHC Supplied to young people by Community Pharmacies

	April 2006 - March 2007 EHC Issued	April 2007 – March 2008 Projected EHC issued
Total	669	1227

6.2 Essential and Additional Services

Essential services in General Practice are provided as a baseline by fully trained GPs and their staff. The intention of the sexual health strategy (2001) is that this would equate to Level 1 services. The strategy does not however map exactly with the GP curriculum and contract.

Many GPs have undertaken further training to gain the Diploma of the Faculty of Sexual and Reproductive Health, DFSRH (previously DFFP). This diploma covers contraception, sexually transmitted disease, psychosexual, ethical and other issues at a level that may be considered to be pitched between levels 1 and 2 of the sexual health strategy. In Cornwall & IOS, candidates are encouraged to incorporate a STIF course into their theoretical program and sessions with GUM during practical training. Re-accreditation is required to maintain this qualification and it serves as a baseline for further training including provision of intrauterine devices (IUDs) and subdermal implants (SDI's).

Many practice nurses have undertaken extended training in contraception, sexual health and cervical cytology and practices deliver their services as a multidisciplinary team.

All 71 practices in Cornwall and the Isles of Scilly have undertaken to provide additional contraceptive services to all their patients. As all the resident population is entitled to register with a GP, this in theory, should allow access in all areas of the county to counselling for all contraceptive options. Practices are expected to refer to services providing termination of pregnancy and long acting methods not available in the originating practice. The contract lays down principles for the provision of this level of service though quality assurance has not yet been undertaken. The table below indicates the high numbers of contraceptive services provided from general practice.

Table 6.2 Contraceptive prescription from general practice

	2006-7 <u>Actual Items</u>	2007-8 <u>Projection</u>
	-	-
Combined Hormonal Contraceptives (incl. patches) usually prescribed 3 monthly	63,962	65,320
Oral Progestogen-only Contraceptives usually prescribed 3 monthly	13,787	15,150
Parenteral Progestogen-only Contraceptives		
Injectable	8,710	8,410
Implants	971	1,200
Intra-Uterine Progestogen-only System (IUS)	1,317	1,570
Intra-Uterine Contraceptive Devices (IUD)	367	360
Other Contraceptive Devices (Diaphragms etc.)	74	80
Emergency Hormonal Contraception	4,418	4,410

See Appendix 2:

6.3 Contraceptive enhanced services

Prior to the introduction of the 2004 contract GPs were remunerated for providing IUDs as an item of service. Commissioning now requires that competency equivalent to the requirement for a Letter of Competence in Intrauterine Techniques (LoC IUT) of the FSRH have to be demonstrated before a Local Enhanced Service (LES) contract is established. The enhanced service contracts allow for treatment of patients registered at other practices and enable networks of providers to be established. Activity, audit and updating to satisfactory levels have to be demonstrated for contract renewal. The competency standards for the LES for Subdermal Implant (SDI) insertion and SDI removal were similarly established by the multi-professional sexual health clinical advisory board and agreed with the LMC. Both doctors and nurses are eligible as to provide these long acting contraceptive methods as long as they have satisfied requirements.

NICE guidance for Long Acting Reversible Contraception (LARC) recommends that all options are discussed at any contraception consultation to allow an informed and appropriate choice by the individual. Further guidance for heavy menstrual bleeding recommends consideration of a progestogen bearing IUD as a first line option in medical management of this condition.

NICE recommended that 2% of the female population aged 15-54 may require IUD fitting for one or both of these indications per year. 80% of this activity is anticipated to be appropriate for primary care. This commissioning model would predict approximately 2,750 primary care insertions from a total of 3,430. This level is not currently achieved with a potential for at least additional 820 insertions per annum.

Cornwall & IOS has been at the forefront of initiatives to increase access to LARC methods through development of training programs both within practices and the contraception service. The aim is to provide at least one and ideally a minimum of two practitioners within each practice or an easy referral pathway to another provider. Some practices achieve or closely approach predicted activity but some localities have been identified where training could be targeted to increase the choices available to patients.

6.4 Local Enhanced Services for Sexual Health (LES)

Local Enhanced Services for More Specialised Sexual Health are primarily intended to provide services for sexually transmitted disease at a level between General Practice and the Specialist Genito-Urinary Medicine (GUM) service. All elements of sexual health should be integrated in their provision. The remit of the LES service for Cornwall was proposed by the PCT and the clinical specification set by the GUM Clinical Lead. The service specification was endorsed by Sexual Health Redesign Group (Sexual Health Local Implementation Group from September 2005), that had a countywide remit.

Under the enhanced services rules funding is derived from the enhanced services floor element of the primary care budget. On the basis of need, services have been commissioned by the PCT in five towns in Cornwall. The service providers are:

Penzance and District:	Alverton Surgery.
Helston and District:	Helston Medical Centre
Falmouth and District:	Falmouth Health Centre
Camborne, Pool and Redruth:	Brook Cornwall, Pool.
St Austell and District:	GUM and Contraception at Penrice Hospital

The intention was to regard all of these services as pilots and to evaluate their activity and impact. The PCT is working with the providers to establish microscopy as part of the service, currently this is only provided in St Austell. The service elsewhere is predominantly offering asymptomatic screening.

The PCT is currently looking at options to adopting a local training and competency framework to support the continuation and roll out of the more specialised Sexual Health LES.

7.0 The Contraception Service and Brook

7.1 The Contraception Service RCHT

The Contraception Service provided by RCHT, delivers a level one, two and three service from 17 sites in Cornwall and provides a range of contraception methods. Including:

- Contraception counselling and advice
- Long Acting Reversible Contraception (LARC)
- Post Coital Contraception
- Chlamydia Screening and treatment
- Cervical Cytology
- Psychosexual counselling
- Pregnancy counselling
- Joint GU/ Contraception clinics
- Dedicated young peoples clinics
- Tertiary referral centre for complex contraceptive issues
- Contraception training for medical and nursing professionals

Table 7.1 shows that there has been an increase in LARC contraception procedures (NICE Guidance) that require expertise and additional consultation time.

Table 7.1 LARC contraception procedures

Procedure	2004/05	2005/06	2006/07
LARC Insertion	229 implant 304 IUS 140 IUCD	379 implant 327 IUS 151 IUCD	401 implant 338 IUS 114 IUCD
LARC Removal	137 implant 132 IUS 114 IUCD	195 implant 156 IUS 104 IUCD	245 implant 168 IUS 140 IUCD

The Contraception Service is undergoing redesign and modernisation. A project board has been set up with sub groups to review all aspects of the current service and to implement improvements.

The proposed changes will be in line with the 7 domains outlined in 'Standards for Better Health' and the objectives set out in the Sexual Health Strategy for Cornwall and the Isles of Scilly.

The Contraception Service will combine with GU Medicine to provide a cost effective and integrated Sexual Health Service including dedicated Young People's services in areas of unmet need. This will improve patient access and choice. Joining with GU Medicine will enable healthcare professionals to improve current expertise and thus offer a comprehensive care to patients in line with NICE guidelines for Sexual Health Services.

There will be a standardized approach to clinic provision across the county. A new RCHT Sexual Health Services IT system will enable central booking of appointments giving patients better access to services. The IT system will also allow improved data collection and reporting in readiness for Payment by Results in 2009.

7.2 Brook

Brook is a specialist sexual health service for young people up to 25 operating from 5 sites across Cornwall, providing free, confidential advice and the following services:

- advice on sexual health and contraception
- LARC
- a range of barrier and hormonal contraceptives
- emergency contraception
- pregnancy testing
- counselling and group work
- Termination of Pregnancy (TOP) referral
- referral to antenatal services
- Chlamydia screening and treatment
- Outreach Education Services
- Joint GU and contraceptive clinics

7.2.1 Service demand

Table 7.2 shows that Brook increased its new clients by nearly 20% in 2006/7 across its five centres.

Table 7.2. Comparison of Brook clients for 2005/6 and 2006/7

	2005-6	2006-7	Difference	%
New Clients	1120	1341	221	19.73
Return Clients	1438	1409	-29	-2.02
Total clients	2558	2750	192	7.51
Return visits	3395	3812	417	12.28
Total Visits	4515	5153	638	14.13

Brook outreach services support SRE delivery in schools, youth clubs, colleges and community settings.

Table 7.3 Type of outreach contacts by age group and sex for financial year 2005/6

	13-15		16-18		19-24		TOTAL
	Female	Male	Female	Male	Female	Male	
FE/sixth form colleges & Mainstream schools	2075	1934	920	709	10		5648

Other	194	22	56	64	18	8	362
TOTAL	2269	1956	976	773	28	8	6010

The outreach workers also offer training and resource packs for social workers, teachers, and institutions such as the Peninsula Medical School.

Brook Services provide integrated counselling and care alongside its clinical services. Staff respond flexibly to young peoples needs making the connections between sexual and emotional health. All Counsellors are qualified and accredited to BACP (British Association of Counselling and Psychotherapy). On-going therapeutic counselling sessions can be offered if there is a need.

8.0 Chlamydia Screening

Chlamydia is the most common sexually transmitted infection diagnosed in GUM clinics and affects an estimated one in ten sexually active young people. It is asymptomatic in at least three-quarters of women and half of men. Untreated infection can lead to serious health problems. The number of diagnoses of uncomplicated Chlamydia in GUM clinics in England increased by 229% (29,241 to 96,204) between 1995 and 2005. The highest rates were seen for both sexes in those aged 16–24.

8.1 National Chlamydia Screening Programme

A plan to implement national screening for Chlamydia in England was included in the Department of Health's *National Strategy for Sexual Health and HIV*. The National Chlamydia Screening Programme (NCSP) aims to control Chlamydia through the early detection and treatment of asymptomatic infection to prevent the development of sequelae and to reduce onward transmission. The programme offers screening to all sexually active people aged under 25 in a variety of health and non-health care settings outside GUM clinics.

8.2 Chlamydia Screening in Cornwall & IOS

The Cornwall & IOS Chlamydia Screening programme was set up in 2003 as part of the governments phase one roll out of Chlamydia Screening. This service provides the test; informs every young person of their result and also partner information. Free treatment and follow up is provided to all under 25's with Chlamydia and their partners.

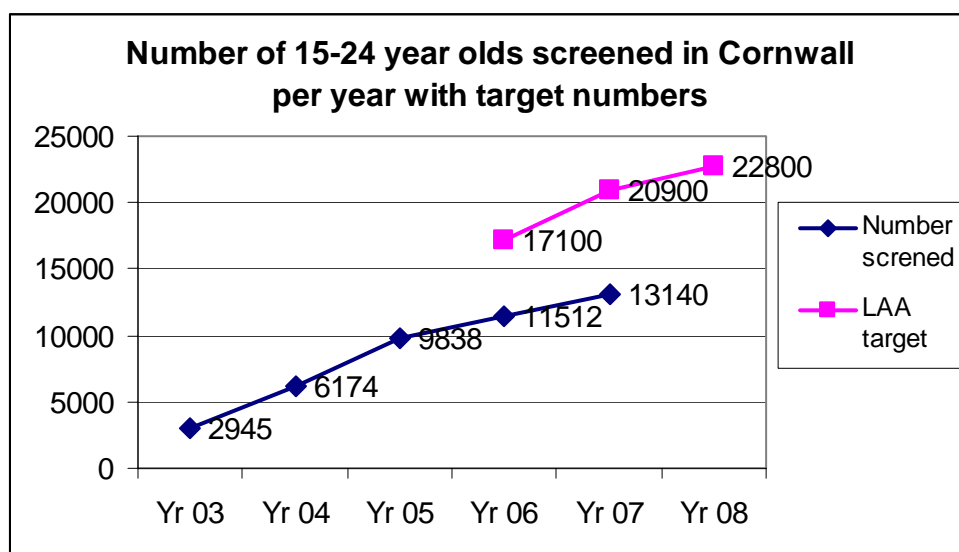
Cornwall & IOS is one of the most successful sites in the country and have tested 39,000 young people up to December 07 of whom 35% were male and 64% were female. According to national figures during the first two quarters of 07/08 Cornwall & IOS is screening the highest percentage of the 15 –24 population.

8.2.1 Chlamydia screening 06/07 LAA and LDP Targets

All figures and statements relate to the 15 –24 (inclusive) age group. The Total population figures estimated form ONS for 2005 in CIOS PCT for this age group are 58,047. It is estimated that 38,000 are sexually active.

The Local Area Agreement (LAA) target is based on the sexually active 15 –24 year old population and includes all chlamydia tests done in Cornwall. The LAA target for 08/09 is 22,800 Chlamydia tests. This is a large increase in the number tested in 06/07, which was 12,265.

Fig 8.1 Number of 15-24 year olds screened in Cornwall



The Local Delivery Plan target (The LDP is based on PSA target 11d) is based on the total 15 –24 year old population. The LDP target for 2007/08 is 8,708 (15% of the total 15 to 24 year old population). The 2008/09 target is 10,387 (17% of the total 15 – 24 year old population).

9.0 Reducing Teenage Pregnancy Strategy

This section outlines the current situation and looks at the initiatives for reducing teenage conceptions. The report, 'Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies', (Dept of Education and Skill, 2006) notes that the progress achieved towards targets nationally masks significant variation in local area performance. If all areas were performing as well as the top quartile, the national reduction in teenage pregnancy would be 23%, more than double the 11.1% reduction that has actually been achieved. The document summarizes that successful local areas were characterised by the following factors, among others:

9.1 Conceptions - Policy background

The National Teenage Pregnancy Strategy set out in the Social Exclusion Unit report on Teenage Pregnancy, launched by the Prime Minister in 1999 had two national targets. To:

- Halve the under 18 conception rates in England by 2010 (with an interim reduction target of 15% by 2004); and

- Increase the participation of teenage mothers in education, training or work to 60% by 2010 to reduce the risk of longer term social exclusion

The 50% reduction target for under 18 conceptions is a Public Service Agreement (PSA) for the Department of Health and a National PSA for local government, monitored through the Local Area Agreement (LAA). As set out in the PSA, LAA and Local Development Plan (LDP) trajectories, progress will need to be considerably accelerated for the UK to achieve the challenging target to halve the under-18 conception rate by 2010 (reflected in PSA 11a). The LDP has a broader remit than the LAA and includes the key priorities for sexual health in 2007/08, one of which is to reduce unplanned teenage conceptions.

9.2. Progress in Cornwall

Data released in November 2007 (www.everychildmatters.co.uk) which details teenage conception rates for 2005 indicate that overall England has seen a reduction of 11.8%, Cornwall and the Isles of Scilly rates have reduced by 13.1%. The following charts illustrate Cornwall and the Isles of Scilly's performance compared to both the South West and the National average, together with the trajectory required to meet the target 50% reduction by 2010.

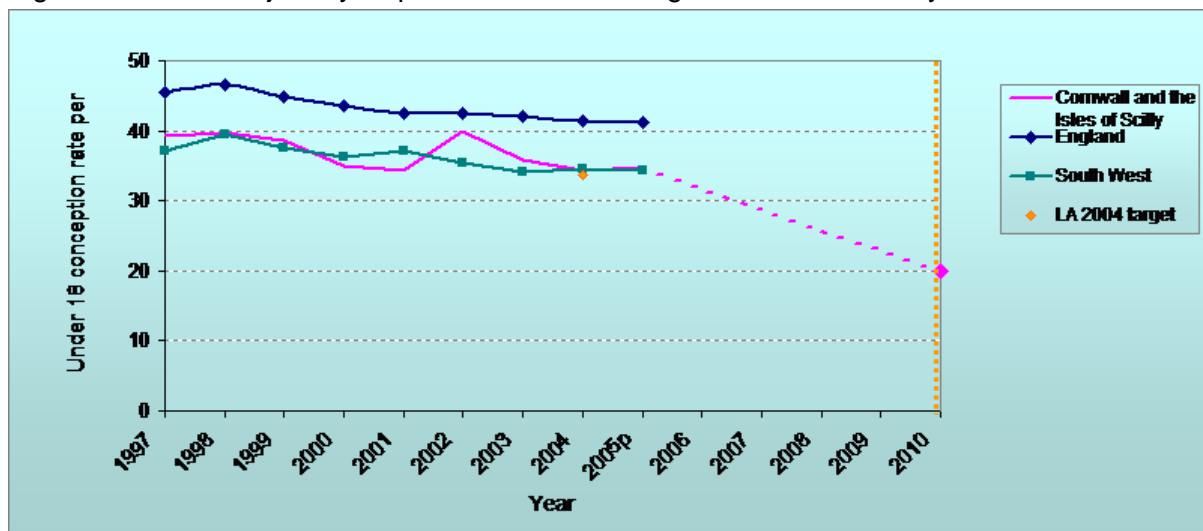


Table 9.1 Cornwall & Isles of Scilly under 18 conceptions & conception rate 1998 to 2005

Year	1998	1999	2000	2001	2002	2003	2004	2005
No. of Conceptions	341	333	309	307	360	331	324	334
Rate	39.8	38.5	35.1	34.4	39.8	35.7	34.3	34.68

While Cornwall and the Isles of Scilly overall has made some progress in reducing teenage conception rates and had previously been given a RAG score by GOSW of Amber / Green for 2004 rates, this does not reflect the considerable differences at local / ward level. The RAG score for 2005 rates is Amber / Red. This score was allocated against our performance to date

and the likelihood of Cornwall & the Isles of Scilly reaching the target by 2010 on current reduction trends.

9.3 Under 18 Terminations of Pregnancy in Cornwall

Table 9.2 shows a comparison of the 2002-04 and 2003-05 numbers and rate of conceptions and the percentage of those conceptions leading to termination in the under eighteens. The teenage conception rate in England for 2003-05 was 41.6 with 46.3% leading to termination of pregnancy. The Cornwall conception rate is significantly lower while the percentage of terminations in Cornwall is higher than the national average.

Table 9.2 Under 18 conception rates and percentage leading to termination of pregnancy 2002-4 & 2003-5.

Area of usual residence	2002-04			2003-05		
	Number	Rate	% leading to termination of pregnancy	Number	Rate	% leading to termination of pregnancy
Cornwall and the Isles of Scilly	1,015	36.6	48.5	989	35.0	48.3
Caradon	125	27.3	58.4	115	24.9	55.7
Carrick	162	33.5	51.9	141	28.6	45.4
Kerrier	209	41.3	42.6	229	43.1	46.3
North Cornwall	145	32.4	44.8	140	31.1	43.6
Penwith CD & Isles of Scilly	121	35.4	54.5	129	38.0	52.7
Restormel	253	47.2	45.5	235	42.3	48.9

9.4 Births to under 18's in Cornwall

As shown in Fig 4, the maternity rate in Cornwall for teenagers has dropped from a rate of 22.5 per 1000 in the 1997 to 1999 period, to a rate of 18.1 per 1000 in the period 2003 to 2005, indicating a reduction of 19.7%.

	Isles of Scilly	Caradon	Carrick	Kerrier	North Cornwall	Penwith	Restormel	Cornwall
2001		25	17	31	16	20	25	134
2002	*	12	16	26	18	21	27	121
2003	*	8	14	21	20	7	31	102

2004	*	8	20	28	13	10	30	110
2005		16	22	27	19	20	33	137

10.0 Children and Young People’s Sexual Health Services

Sexual health services, information, advice & guidance for children and young people are delivered in a variety of settings from the public, private and voluntary sectors.

10.1 National Healthy Schools Standard

A Healthy School promotes the health and well-being of its pupils and staff through a well planned taught curriculum in a physical and emotional environment that promotes learning and healthy lifestyle choices, which supports the sexual health strategy.

All schools in Cornwall are engaged in the Programme. The Healthy Schools Programme has met all the targets to date for schools achieving HS status

10.2 Working with parents and carers

Working in partnership with the Reducing Teenage Pregnancy Strategy and the FPA we have introduced the highly effective Speakeasy Programme to Cornwall which works with parents of young children aged 8 -13 to overcome barriers which parents may have in talking to their children about sex and relationships.

10.3 EEFO Quality Standards / You’re Welcome – Making Health Services Young Person Friendly

The award winning EEFO programme is an initiative that seeks to reduce inequalities for the young people of Cornwall and the Isles of Scilly. EEFO quality standards have been developed to address the barriers identified by national and local research which prohibit young people from accessing the services they need.

EEFO is working towards several targets set out in the Sexual Health Local Area Agreement and the Cornwall and Isles of Scilly Children and Young People Plans.

10.4 School Nurses

School Nurses are another mechanism for delivery of the sexual health strategy.

10.5 TIC TAC

TIC TAC is a health led service providing teenage health information and advice drop-in centres in Liskeard and Callington Schools.. Students can also make special arrangements to see a counsellor or health professional if they wish.

10.6 Integrated Health Centres

School based Integrated Health Centres are an initiative in partnership with the Duchy Health Charity, The Prince's Foundation for Integrated Health, Primary Care Trust and the Directorate of Services for Children, Young People and Families. Through this partnership working, the integrated health services in schools project is evolving and there will be 3 pilot sites in three schools in different areas of the county.

10.7 Children in Care / Leaving Care

Children in care have been identified as a particularly vulnerable group when it comes to teenage pregnancy and other issues relating to sexual health and this is being addressed through the sexual health programme within Children in Care and Leaving Care Teams.

10.8 Integrated Youth Support Services (IYSS)

The Integrated Youth Support Services is the merging of the Youth Service and Connexions provision within Cornwall was implemented from 1st April 2008. Services for young people, including sexual health, will be delivered in a variety of settings, including:

- One Stops Shops
- Mobile Sexual Health Service

10.9 C Card (Condom) Distribution Scheme

A confidential and free condom distribution scheme for young people aged 13 – 19 developed as part of the Reducing Teenage Pregnancy Strategy available in a variety of young people settings, e.g. youth clubs, Connexions, One Stop Shops and Mobile outreach services.

11.0 Termination of Pregnancy (TOP)

The level of TOP's is an indicator of the degree of failure to use contraception or failure of the contraception itself or problems of easy access to contraception, particularly for the young. The serious health and social impact of being a teenage mother has already been discussed. Access to termination services and the decision to have a termination are therefore particularly important for this age group.

The National Strategy for Sexual Health and HIV (2001) highlighted that there were wide variations in access to termination of pregnancy services and in method of termination. The earlier in pregnancy a termination is performed the lower the risk of complications. Delays in access to termination services will seriously impact on pregnant teenagers who tend to seek professional advice later than older women. The strategy included the target "From 2005, women who meet the legal requirements should have access to a termination within 3 weeks of the first appointment with the GP or other referring doctor."

National Primary Care Trust (PCT) performance monitoring includes the percentage of 'NHS funded TOP's undertaken up to and including 9 completed weeks gestation'. The Chief Medical Officer has recently recommended that all PCTs should be actively working towards 70% of terminations undertaken within this time frame. The Royal College of Obstetricians and

Gynecologists also recommends that the NHS should fund 75% of induced terminations of pregnancy.

11.1 Termination of pregnancy in Cornwall

Table 11.1 shows the terminations of pregnancies carried out in the first three months of 2007 by age and by hospital where the procedure was undertaken. If this quarterly total figure was extrapolated over a twelve month period then there would be in the region of 1,756 termination a year in total, and sixteen in the 10 to 14 years age group and 520 in the 15 to 19 age group.

Table 11.1 TOPs by hospital by age group for Cornwall residents January to March inclusive 2007

Hospital	10-14	15-19	20-24	25-29	30-34	35-39	40-44	Total
Derriford		17	6	12	5	6	2	48
RCHT	4	86	66	40	24	38	10	268
Bodmin		27	31	23	15	17	10	123
Cornwall	4	130	103	75	44	61	22	439

TOP by procedure, provider and age group for Cornwall residents April to December 2007 inclusive and is listed in the table below:-

(M10) Surgical Termination of Pregnancy	Agebands									
	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49		75-79
(RA900) SOUTH DEVON HEALTH CARE NHS TRUST	0	3	1	1	0	0	0	0		0
(RBZ00) NORTHERN DEVON HEALTHCARE NHS TRUST	0	2	0	2	0	0	0	0		0
(REF00) ROYAL CORNWALL HOSPITALS NHS TRUST	6	97	75	52	30	18	5	0		1
(RK900) PLYMOUTH HOSPITALS NHS TRUST	0	26	19	18	8	4	5	0		0
BPAS	0	14	10	4	6	2	1	0		0
BOMDIN TC *	0	70	96	50	49	44	23	4		0

All Sites	6	212	201	127	93	68	34	4	1
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* Please note that Bodmin Treatment Centre only offer surgical terminations between 8-12 weeks only and only perform on women who are 16+ years old

(M11) Medical Termination of Pregnancy	Agebands							
	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Provider								
(RA700) UNITED BRISTOL HEALTHCARE NHS TRUST	0	0	0	0	0	1	0	0
(RA900) SOUTH DEVON HEALTH CARE NHS TRUST	0	0	0	1	0	0	0	0
(REF00) ROYAL CORNWALL HOSPITALS NHS TRUST	1	18	39	33	30	33	11	1
(RK900) PLYMOUTH HOSPITALS NHS TRUST	0	1	0	1	0	2	1	0
BPAS	0	1	0	2	1	0	0	0
All Provider Site	1	20	39	37	31	36	12	1

Appendix 1: High risk and under-served groups include:

- Young people, aged 13-25, including young parents
- Young people in “teenage pregnancy hotspot” areas
- Vulnerable young people
- Gay and bisexual men and men who have sex with men
- Lesbian women.
- Vulnerable groups. Including travellers, gypsies and migrant workers
- Sex workers
- Targeted Youth Support
- Homeless people
- Drug and alcohol problem users
- People with disabilities
- Adults, especially those separated or divorced
- HIV positive
- Those living and working on the Isles of Scilly
- Those with mental health issues

Appendix 2: Matrix of contraceptive methods and venues of availability

	C Card	Chemist	GP practice	LES Sexual Health	Contraception & Brook	GUM
Advice	X	X	X	X	X	X
Male condom	X	X	X	X	X	X
Cap/diaphragm			X	X	X	X
Female condom		X	X	X	X	X
Spermicide		X	X	X	X	X
EHC (OTC)		X				
EHC (free)		60/88	X	X	X	X
POP			X	X	X	X
CHC (pill +patch)			X	X	X	X
IUD/IUS			56/71	X	X	X
Injection			X	X	X	X
SDI insertion			47/71	X	X	X

Appendix 3: PCT HIV & Sexual Health Budget 07/08

07/08 Financial Year	Description
HIV Prevention and HIV Treatment and Care	Budget within the RCHT and PCT SLA - PbR
RCHT – GUM (as per 07/08 LDP)	£1,640,068 (is PbR and based on 8,866 New and 4,824 F/Up)
HIV/AIDS High Cost Exclusions	£563,000 (non PbR)
Chlamydia Screening Programme	£398,000 (non PbR)
Termination of Pregnancy:-	
RCHT	PbR not capped budget for surgical and medical procedures
PHT	PbR not capped budget for surgical and medical procedures
BPAS	£60,000 allocated for 07/08
Bodmin Treatment Centre	Commissioned to undertake 40 procedures per month
Contraceptive Services – RCHT hosts service on behalf of the PCT	£563,000 (non PbR)
Brook Services	£155,749
Other Sexual Health Funding:	
Kernow Positive Support	£9225.00
The Eddystone Trust	£2050.00
Positive Action South West	£3075.00
Sexual Health Enhanced Services Budget for 07/08	£240,000
PHT - GUM	
Plymouth GUM Activity (as per 07/08 LDP)	£86,826.00 (is PbR and based on 1,729 New and 976 F/Up)*

Appendix 4: Glossary of abbreviations used in this strategy

GLOSSARY

ART	Antiretroviral Therapy
BACP	British Association of Counselling and Psychotherapy
BHIVA	British HIV Association
CPD	Continuing Professional Development
DFSRH	Diploma of the Faculty of Sexual and Reproductive Health
EHC	Emergency Hormonal Contraception
GMC	General Medical Council
GOSW	Government Office of the South West
GUM	Genito-Urinary Medicine
HIV	Human Immunodeficiency Virus
IUCD	Intrauterine Contraceptive Device
IUD	Intrauterine Device
IUS	Intrauterine Progesterone-only System
IYSS	Integrated Youth Support Services
LA	Local Authority
LAA	Local Area Agreement
LARC	Long Acting Reversible Contraceptive
LDP	Local Delivery Plan
LES	Local Enhanced Service
LMC	Local Medical Committee
LOCIUT	Letter of Competence in Intrauterine Techniques
MEDFASH	Medical Foundation for AIDS and Sexual Health
MSM	Men who have Sex with Men
NICE	National Institute for Health and Clinical Excellence
OTC	Over the Counter
PbR	Payment by Results
PCT	Primary Care Trust
PHT	Plymouth Hospitals Trust
RAG	Red, Amber, Green
RCHT	Royal Cornwall Hospitals Trust
SARC	Sexual Assault Referral Centre
SDI	Subdermal Implant
STI	Sexually Transmitted Infection
STIF	Sexually Transmitted Infection Foundation Course
TIC TAC	Teenage Information Centre Teenage Advice Centre
TOP	Termination of Pregnancy

Appendix 5: References

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