Sexual health needs assessment: Southampton
February 2014

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1. Context

Since April 2013, the commissioning arrangements for sexual health services have changed significantly. Southampton City Council is now accountable for many aspects of sexual health services but the Clinical Commissioning Group and NHS England also have responsibilities. However, it is not only the directly commissioned sexual health services that influence outcomes; individuals, groups and organisations across the city have a role to play. This needs assessment serves to provide baseline data and a focus for activity for all the partners involved in sexual health improvement in Southampton.

The last sexual health needs assessment in Southampton was conducted in 2008. This updated needs assessment will be used to inform a new sexual health strategy for Southampton, incorporating teenage pregnancy. While this needs assessment provides important information about the current status of sexual health in Southampton, new data are regularly released and these will be available through the data compendium which supports the on-line Joint Strategic Needs Assessment for Southampton (www.publichealth.southampton.gov.uk)

In March 2013, a Framework for Sexual Health Improvement in England was published by the Department of Health. This document highlighted the need for a continued focus on sexual health, across the life course and highlighted four priority areas for improvement:

1. Sexually transmitted infections (STIs)
2. HIV
3. Contraception and unwanted pregnancy
4. Preventing teenage pregnancy

The national Public Health Outcomes Framework (PHOF) contains three indicators specific to sexual health, highlighting the need to continue and sustain efforts in these areas:

1. Chlamydia diagnostic rate in 15 – 24 year olds
2. People presenting with HIV at a late stage of infection
3. Under 18 conceptions

This needs assessment provides the latest data for Southampton for each of these priority areas and PHOF indicators, and also includes feedback from stakeholders on their assessment of current needs.
2. Southampton population profile

In the 2011 census, a resident population of 236,882 was recorded for Southampton. The age profile for the City differs to the England average due to the high student population; in Southampton 20% of the population is aged between 15 and 24 years, compared to 13% in England (figure 1). Forecasting tools predict that by 2018, the size of the 20 – 24 age group will decrease by up to 10% in Southampton, but even so, this group will still represent the largest proportion of the population.

While it is important to recognise that people may be sexually active from teenage years throughout the life course, young people and young adults are at higher risk of acquiring STIs compared to other age groups. A large national survey reported that one in three 16 – 24 year olds had two or more partners in the last year compared to one in five 25 – 34 year olds and one in ten 35 – 44 year olds. The 16 – 24 age group was also more likely to have had at least two sexual partners with whom no condom was used in the past year compared to older groups.

Figure 1

Data Sources: Resident populations have been taken from the ONS 2011 Census Outputs. Registered population data has been taken from the PPSA GP registrations extract as of 1st April 2012.

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1 Mercer CH, Tanton C, Prah P et al. Changes in sexual attitudes and lifestyles in Britain through the lifecourse and over time: findings from the National Surveys on Sexual Attitudes and Lifestyles (Natsal). Lancet 2013; published online Nov 26. doi:10.1016/S0140-6736(13)62035-8
Southampton is ranked 81 out of the 326 local authorities in England according to the index of multiple deprivation (2010). Nationally, there is a correlation between IMD ranking and under 18 conception rates\(^2\). In the South East, the rate of acute STIs in the most deprived areas is nearly double that of those living in the least deprived areas\(^3\).

Southampton has an increasingly ethnically diverse population. In 2001, 11.3% of the population were recorded with an ethnicity other than white British, increasing to 22.3% in the 2011 census. This change is in a large part due to an increase in the group ‘other white’, including migrants from Europe, which in 2011 constituted 8.3% of the City’s population. Almost 20,000 residents identified themselves as Asian, or Asian British and around 5,000 as Black or Black British (of which 3,508 were Black African and 1,132 Black Caribbean). At ward level, there is significant variation in ethnic diversity, for example in Bevois ward, over half the population report an ethnicity other than white British.

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3. Sexual health in Southampton

3.1. Sexually transmitted infections

In 2012, a total of 2,475 acute STIs were diagnosed in Southampton residents, with the distribution varying considerably across the city (figure 2). The most commonly diagnosed STI was chlamydia, followed by anogenital warts and herpes (figure 3). Note: 2012 STI data is not directly comparable to previous years due to a change in data collection methods.

![Map of Southampton showing distribution of STIs by LSOA](image1)

![Distribution of deprivation by LSOA](image2)

Of the 2,475 acute STIs diagnosed in Southampton in 2012:

- 59% aged 15-24 years.
- 7% Black/Black British (compared to 2% of population)
- 19% born overseas
- 13% for cases in men where sexual orientation recorded were among men who have sex with men (MSM) (2009 to 2012)

In Southampton, an estimated 10.8% (9.6% nationally) of women and 12.3% (12% nationally) of men presenting with an acute STI at a genito-urinary medicine (GUM) clinic became re-infected with an acute STI within twelve months.
Southampton does not perform well when compared against other areas in England; it is ranked 43 out of 326 local authorities, where 1 has the highest STI rates\(^4\). In 2012, the rate of acute STIs for Southampton was 1,049 per 100,000 residents compared to 804 per 100,000 for England.

In England, new STI diagnoses rose by 5% between 2011 and 2012, although this is considered to be mainly due to changes in data collection methods\(^5\). The largest increase was for gonorrhoea which rose by 21%. In Southampton, there has been no overall trend in STI diagnoses upwards or downwards between 2009 and 2012.

![Number of new diagnosis of selected STIs (all ages) time trend: 2009 to 2012](image)

**Figure 3**

The highest rate of STI diagnoses in Southampton is in the 15 – 24 age group (figure 4). This is likely to reflect not only a greater burden of infections in this age group due to more frequent unprotected sex but also higher ascertainment due to targeted testing of young people.


The incidence of syphilis and gonorrhoea is lower than the other STIs, but they are important infections because a relatively high proportion of MSM are affected. In Southampton between 2009 and 2012, 70% of syphilis diagnoses and 33% of gonorrhoea diagnoses were in MSM (figure 5). This pattern is also seen nationally, where 79% of syphilis diagnoses and 58% of gonorrhoea diagnoses in England during 2012 were in MSM. 

Figure 4

Figure 5

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3.1.1. Chlamydia

Chlamydia is the most commonly diagnosed STI and an indicator for chlamydia diagnostic rates in 15 – 24 year olds is included in the Public Health Outcomes Framework. In 2012, Southampton performed poorly on chlamydia diagnostic rates compared to its national comparators (local authorities that are most similar, as classified by the Office of National Statistics based on demographic and socioeconomic data) (figure 6). Although the diagnostic rate has increased in 2013, achieving the target of 2,300 diagnoses per 100,000 remains a significant challenge for Southampton.

Chlamydia diagnostic rate in 15-24 year olds
Southampton and ONS comparators: January to December 2012

Chlamydia testing takes place in a variety of settings across the city (figure 7), the greatest proportion being the ‘other’ category which comprises community testing by the chlamydia screening programme. A significant proportion of testing also takes place in GP practices, although the great majority of this activity is from one practice which serves the student population.
Figure 7

Figure 8 shows the proportion of valid screens and those with a positive result by venue from April-November 2013 and highlights the relatively low proportion of positives from testing in general practice and the community.
The Level 3 Sexual Health service accounts for 4 in 10 valid screens but a higher proportion of all positive results (7 in 10) in Southampton. This highlights the significant contribution of the service to the diagnostic rate compared to other services. General practice has carried out a similar proportion of screens but accounts for only 13% of all positives.

19 out of 36 practices in Southampton are signed up to a local enhanced service (LES) for chlamydia, whereby practices receive a payment for each valid chlamydia screen performed in sexually active residents under the age of 25.

95% of chlamydia screens performed under the LES are carried out by the two university practices. However, these practices have a positivity rate of only around 1%, and the overall positivity rate in general practice is 2.3%. The highest positivity rates for chlamydia screening are seen via youth services (12.8%), level 3 sexual health services (11.2%), pharmacy (10.5%) and remote testing (9.0%). Although pharmacies have a higher diagnostic rate than GP practices, only 6% of 15 – 24 year olds seen for an Emergency Hormonal Contraception (EHC) appointment in a pharmacy have a chlamydia screening test. Screening rates are also very low within termination of pregnancy services.

3.2. HIV

3.2.1. Prevalence

In 2012, an estimated 98,400 (93,500-104,300) people were living with HIV in the UK with an estimated 21,900 people unaware of their infection. The national prevalence in 2012 was 1.5 per 1,000 population (all ages) with the highest rates reported among MSM (47 per 1,000) and the black African community (38 per 1,000). Nationally, the proportion of late diagnosis of HIV (where CD4 count is less than 350 cells/mm$^3$) is particularly high among Black African and Black Caribbean men and women compared to other groups.

In Southampton, 308 (1.95 per 1,000) residents aged 15 – 59 are accessing HIV care. An estimated 22% of people with HIV are not diagnosed, therefore the total number of people with HIV is likely to be closer to 400. 144 more individuals are accessing HIV care in 2012 compared to 2005, an increase of 89%.
The British HIV Association (BHIVA) published Standards of Care for People Living with HIV in 2013. Standard 1 ‘HIV testing and diagnosis’ highlights the need to ensure access for high risk groups and recommends that in areas where prevalence is above 2 per 1,000 (aged 15 – 59) everyone admitted to secondary care and all those registering with general practice should have routine, opt-out HIV testing included within their initial health checks. As the Southampton rate is approaching the threshold for recommended increased testing, local testing policies need to be reviewed.

Late diagnosis of HIV is associated with a ten-fold increase in risk of death in the first year of diagnosis compared to those diagnosed early. Of those Southampton residents with HIV, 47.4% have a late diagnosis; this is compared to 52.3% nationally and is ranked third out of its comparators (where one is the best outcome).

### 3.2.2. HIV Testing: GUM

In 2012, 76.2% of eligible new GUM episodes for Southampton residents were offered an HIV test; this is significantly lower compared to 79.0% in England. In previous years, Southampton has performed above the England and comparators average but this trend has reversed in the last two years for which official data is available. However, the most recent, unpublished data from Solent NHS Trust indicated that 100% of patients are offered a HIV test as part of an STI screen and 78% accept an HIV test; this increases to 88% for MSM.

The overall HIV uptake rate in Southampton (based on those offered) has been consistently higher compared to its comparators and the England average. In 2012, 92.5% had an HIV test compared to 81.1% in England.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>% Offered HIV Test</th>
<th>% HIV Test Uptake (of offered)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southampton</td>
<td>81.4</td>
<td>82.6</td>
</tr>
<tr>
<td>ONS Comparators</td>
<td>80.9</td>
<td>79.5</td>
</tr>
<tr>
<td>England</td>
<td>77.9</td>
<td>78.1</td>
</tr>
</tbody>
</table>
3.2.3. **HIV Testing: Maternity Services**

98.0% of all Southampton women booked at University Hospital Southampton had an antenatal HIV and hepatitis B test in 2012/13.

3.2.4. **HIV Testing: Primary Care**

The ‘Time to Test’ findings in a national pilot study during 2010 found that opportunistic and proactive HIV testing in primary care was both feasible and acceptable to patients and staff; yielding an uptake rate of between 67-75% in primary care and diagnosing previously undiagnosed HIV.

An HIV primary care testing pilot was launched in October 2011 to test Black African and Black Caribbean patients at two Southampton practices which have a relatively high proportion of Black African and Black Caribbean patients. The aim was to achieve a minimum of 481 HIV tests (65% of Black African/Black Caribbean registered patients) by March 2014. Uptake has been very low; in the first two quarters of 2013/14 only 46 HIV tests had been carried out.

3.3. **Contraception**

3.3.1. **Long-acting reversible contraception**

Increasing access to long-acting reversible contraception (LARC) for women of all ages is one of the priorities identified in the 2013 ‘Framework for Sexual Health Improvement in England’. The National Institute for Health and Care Excellence (NICE) has issued guidance which states that LARC is a cost effective method of contraception and increasing uptake will reduce unintended pregnancies.

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NICE defines LARC as ‘contraceptive methods that require administration less than once per cycle or month, including:

- copper intrauterine devices
- progestogen-only intrauterine systems
- progestogen-only injectable contraceptives
- progestogen-only subdermal implants

In 2012/13, 28 GP practices in Southampton were signed up to a Local Enhanced Service (LES) for supply and removal of implants and/or intrauterine devices (the contraceptive injection, another form of LARC, is available under the core GP contract). Activity varied widely, with the most active proactive fitting 89 intrauterine contraceptive devices in the year and the lowest just 9. In 2013, 26 out of 35 practices are signed up to the LARC LES.

The rate of LARC prescribed to women by GPs in Southampton has increased steadily from 2,296 prescriptions in 2007/8 to 3,041 in 2012/13. The prescription rate is now in line with the England average at 48.8 prescriptions per 1,000 women aged 15 – 44 (figure 9).

![Graph showing the rate of GP-prescribed LARC in Southampton and England](source: www.sexualhealthscorecard.org.uk)

Figure 9

3.3.2. Contraception from Sexual Health Service
Contraception uptake for all age groups at the first contact with Solent Sexual Health Service is 70%. 43% of all contacts supplied with contraception are using oral contraception, 37% LARC and 19% barrier.

Figure 10 shows the type of contraception by age range. A higher proportion use oral contraception for age ranges 29 and below whilst for those aged 30 and over, LARCs are the preferred choice.

Data Source: NHS Solent Trust, Contraception at 1st appointment dataset

Figure 10

3.3.3. Emergency Hormonal Contraception

Studies by the Department of Health show that significant savings in expenditure can be made by prevention of unplanned pregnancy and reduction in the termination of pregnancy rate and the adverse psychological and life changing impact of unplanned pregnancy (especially among teenagers) people is significant. The average cost of an abortion is approximately £650 and the subsequent costs for providing support for a teenage mother and baby will be significant.

EHC can be prescribed within 72 hours after unprotected sex to help prevent pregnancy. The majority (65.6%) is prescribed by pharmacies as part of a LES; a breakdown by venue is shown in figure 11. Of those prescribed EHC at pharmacy only 10.6% were supplied with condoms and 6.3% of 15-24 year olds had a chlamydia test.
### 3.4. Teenage pregnancy

Teenage pregnancy is a complex issue, affected by a wide range of personal, social economic and environmental factors. Research evidence has identified key risk factors known to increase the likelihood of teenage pregnancy. These can be broadly grouped into:

- Education related factors
- Risk-taking behaviours
- Family and social circumstances

Southampton historically has some of the highest rates of teenage pregnancy in the South East. Under 18 conception rates have declined significantly in Southampton from a peak of 64.6 per 1,000 (2001-03) to 44.2 per 1,000 (2010-12). However Southampton still has significantly higher rates compared to England (figure 12).
In 2012, there were 129 conceptions to under 18 year old females in Southampton; a rate of 34.3 per 1,000 females aged 15-17 years. This was a decrease from 170 under 18 conceptions in 2011. In recent years, the decline in under 18 conceptions has been slower in Southampton than its comparators, the South East and England. However, taking the 2012 rates into account, there has been a 39.5% decline in the Southampton rate between 1998 and 2012, which is now comparable to the reduction in the South East over the same period (40.6%).

41.1% of under 18 conceptions led to an abortion in 2012. This is compared to 49.1% nationally and this has consistently been lower compared to the England average.

Figure 13 highlights conception rates in Southampton wards compared to the England average in 2011 (the most recent data available).
In 2011, Southampton had an under 16 conception rate of 10.5 per 1,000, which positioned the City as seventh worst in England for that year. In 2012, the under 16 conception rate decreased to 7.1 per 1,000 but the 2010-12 average of 8.5 per 1,000 remains higher than the England three year aggregate of 6.1 per 1,000.

46.7% of under 16 conceptions lead to abortion in Southampton, this has been consistently lower compared to South East (63.2%) and England (61.2%).

3.4.1. Teenage parents

2.1% of Southampton births in 2011/12 were to mothers aged under 18, this compares to the national average of 1.3%. In the past three years, smoking (37.3% compared to 18.8%) and breastfeeding (54.5% compared to 75.9%) rates for teenage mothers in Southampton were significantly worse for teenage mothers compared to the rest of the City. 9.3% of mothers aged 18 that had given birth in the past three years have had a previous live birth.

3.5. Termination of pregnancy

939 abortions occurred for NHS Southampton City CCG residents in 2012, this is a crude rate of 15.5 per 1,000. Figure 14 highlights the Southampton rate compared to ONS comparators; the rate is lower than the England average but not significantly so.
Figure 1

The abortion rate in Southampton is higher for under 18s (3.6 per 1,000 higher, 28.5%) and over 35s (1.1 per 1,000 higher, 16.2%) but is lower for all other age ranges.

<table>
<thead>
<tr>
<th>Total Number of abortions</th>
<th>Under 18</th>
<th>18-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southampton</td>
<td>939</td>
<td>59</td>
<td>104</td>
<td>307</td>
<td>220</td>
<td>134</td>
</tr>
<tr>
<td>Rate per 1,000</td>
<td>15.5</td>
<td>16.5</td>
<td>22.5</td>
<td>21.6</td>
<td>21.2</td>
<td>14.9</td>
</tr>
<tr>
<td>England</td>
<td>176,480</td>
<td>12,171</td>
<td>17,530</td>
<td>51,824</td>
<td>40,018</td>
<td>29,119</td>
</tr>
<tr>
<td>Rate per 1,000</td>
<td>16.6</td>
<td>12.8</td>
<td>26.0</td>
<td>29.1</td>
<td>21.9</td>
<td>16.5</td>
</tr>
</tbody>
</table>

| Difference to National    |          |       |       |       |       |     |     |
| Variance                  | -1.2     | 3.6   | -3.5  | -7.5  | -0.6  | -1.6 | 1.1 |
| % Variance                | -7.0     | 28.5  | -13.6 | -25.7 | -2.9  | -9.7 | 16.2|

Data Source: Abortion dataset, DH

Figure 15

79.3% of Southampton CCG registered NHS abortions are performed under 10 weeks gestation, this is a significantly higher proportion compared to the England average of 77.5%. 46.8% of Southampton CCG terminations are a medical procedure; this is lower compared to England average of 47.4% but higher compared to Portsmouth.

In 2012, Southampton had a lower rate of repeat abortions compared to England for all ages (25.2% compared to 36.9%). For women of 25 years and over, the proportion of repeat
abortions was 32.6% compared to 45.4% in England. In 2012/13, 4.3% of abortion procedures were performed at greater than 19 weeks in Southampton compared to 5.1% in Portsmouth.

3.6. Sexual assaults

The Southampton Safe City Partnership Annual Plan (2012/13) reported a decrease in sexual assaults of 10% during 2011. Sexual assaults by their nature are difficult to identify and record, therefore the available data is likely to significantly under-represent the true number of assaults. Data from Solent NHS Trust is shown in figure 16.

<table>
<thead>
<tr>
<th>Southampton residents</th>
<th>2012/3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to sexual assault referral centre</td>
<td>53</td>
</tr>
<tr>
<td>Post-exposure prophylaxis after sexual assault</td>
<td>14</td>
</tr>
<tr>
<td>Contacts assigned sexual assault code</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: Solent NHS Trust Sexual Health Service

Figure 16
4. Current sexual health provision

4.1. Sexual Health Service Model

Integrated Sexual Health services are provided by Solent NHS Trust on a ‘hub and spoke’ model. Services providing contraception, STI testing and specialist sexual health services, for example unplanned pregnancy services, are provided centrally at the Royal South Hants Hospital (the hub), with additional services in Weston, Bitterne and Millbrook (spokes) and by sexual health outreach nurses at a number of college and school settings across the city.

Voluntary services working with young people (for example No Limits) provide access to free condoms, pregnancy testing and chlamydia testing as well as support to young people around their sexual health and relationships.

Additionally a number of pharmacies across the area provide access to free condoms, chlamydia testing and emergency hormonal contraception and some general practices provide LARC provision, chlamydia testing and HIV screening via LES agreements.

<table>
<thead>
<tr>
<th>Service Model</th>
<th>Level 3: Specialist Integrated Sexual &amp; Reproductive Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 3 services and content - Contraception &amp; Sexual Health and GUM community hub and some specific provision delivered in spokes; primary care enhanced services on a locality basis; unplanned pregnancy assessment and early medical abortion; psycho-sexual services; complex contraception and specialist infection screening, treatment and management; development of PGD’s.</td>
</tr>
<tr>
<td></td>
<td>Highly specialist delivery through the hub e.g. surgical terminations, removal of deep implanon, specialist HIV services.</td>
</tr>
<tr>
<td>Level 2: Targeted Services</td>
<td>Primary care, specialist sexual health nurse team, health promotion outreach, targeted clinical delivery in outreach, trained youth and community workers, commissioned voluntary sector provision to reach target communities / groups.</td>
</tr>
<tr>
<td></td>
<td>Level 2 service content- level 1 offer to targeted groups e.g. vulnerable young people, homeless, BME, learning disabilities, single gender work, commercial sex workers; targeted sex &amp; relationships education; provision of full-range of contraception and sexual health service in school and college settings; pregnancy testing in trained services; emergency hormonal contraception in community pharmacy; sexual health nurse-led sessions working under Patient Group Directions (dual sexual health service provision) in locality spokes.</td>
</tr>
</tbody>
</table>
Primary Care LES

<table>
<thead>
<tr>
<th>Level 1: Universal Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care and community pharmacy, school nursing, health visiting, health promotion services, youth and community services, voluntary sector provision, walk-in centres, school and college settings. Level 1 service content- sexual health campaigns; brief interventions; foundation level contraception in community settings e.g. condom distribution and c-card scheme; chlamydia screening; prescribing of basic contraception in primary care.</td>
</tr>
</tbody>
</table>

GUM Clinic Contacts by Location

The number of GUM contacts (excluding HIV activity) by local authority area of residence and Solent GUM Clinic location is highlighted in the chart below. Higher than 94% of Southampton and Portsmouth residents attend the GUM clinic where they live.

![Figure 17](Location of GUM Clinics that Local Authority Residents Attend - 2012)

2% (345 out of 12,827) of Southampton city residents attend a GUM clinic outside of the Solent commissioned area, this equates to £45k. The cost of GUM clinic contacts at Hampshire (£31k) and Portsmouth (£11k) clinics equates to an additional £43k.

4.2. Sexual Health Level 3 Service

Activity of the level 3 service is detailed in the appendices.

4.3. Sexual health promotion service
Solent NHS Trust is commissioned to provide a sexual health promotion service in Southampton. The service provides training for professional groups, outreach to at-risk communities including MSM, BME groups and commercial sex workers, one to one brief interventions as well as sex and relationship education in some schools/colleges. The service is currently developing social media strategies and conducting a BME needs assessment.

4.4. No Limits Drop-in Centres

No Limits provides three drop-in centres in Southampton (East, West and City Centre). Approximately 3,000 young people access the drop-in centres each year. The centres are open access for over 50 hours a week with further appointment only sessions. Sexual health advice, information and resources (risk assessments, condoms, c-cards, pregnancy tests, chlamydia screening) are available during all these times, with all staff and volunteers trained to deliver these.

No Limits drop-in centres attract some of Southampton’s most vulnerable young people. 50% of centre users stating that they are vulnerable, e.g. homeless, care leavers / in care, young offenders, have mental health or substance misuse problems. These young people are also the centres most frequent users, with average drop-in centre service use being 3 times a year increasing to 15 times a year for those state that they are vulnerable. These young people are likely to be at high risk of health issues.

From April 2012 – February 2013, No Limits drop-in centres have:

- Distributed condoms on 677 occasions
- Undertaken 309 Chlamydia screens, with a conversion rate from discussing Chlamydia screening with a young person to actually being screened of 65% for under 18’s and 80% for 18-25 year olds.
- Undertaken 193 pregnancy tests (19 positive).

4.5. Schools

The provision of sex and relationship education (SRE) and sexual health support in schools across Southampton is variable, with some schools having external support from Solent Sexual Health Promotion, Solent sexual health outreach nurses, school nurses or voluntary organisations and some schools having less input.
Further mapping of the SRE that is carried in schools will be undertaken as part of the sexual health strategy development.
5. Feedback from stakeholders

A workshop was held on 4th December 2013, attended by 21 people, including representatives from primary care, education, NHS sexual health services, children’s services, voluntary organisations, youth offending, school nursing, public health and the clinical commissioning group. The aim of the workshop was to engage stakeholders in the development of a new sexual health strategy and to collectively identify gaps and opportunities in current sexual health provision through the life course. The key themes to emerge from discussions on areas for development are summarised in figure 18.

- **Training**
  - Universal
  - Specific topics eg FGM
  - Specific groups eg foster carers, school staff

- **Commissioning**
  - Understanding exactly what is being provided (eg midwives)
  - Clear outcome measures
  - Effective use of SH services in primary care/pharmacies
  - Response to changes in demand

- **At-risk groups**
  - Understanding needs
  - Identify young people with multiple vulnerabilities
  - SH provision for people with LD and children in need

- **Schools**
  - Consistency and coordination of SRE in all schools
  - Support for YP not in school

- **Networks**
  - Effective networking between all services providing SH interventions

Figure 18
6. Conclusion

This needs assessment provides an illustration of the current status of sexual health in Southampton, and the data behind it will continue to be updated on-line at www.publichealth.southampton.gov.uk. Some of the key challenges which have been highlighted are:

- High number and rate of individuals diagnosed with sexually transmitted infections
- Increasing HIV testing and further improving early diagnosis of HIV
- High teenage conception rate
- Achieving the chlamydia diagnostic rate of 2,300 per 100,000
- Reducing sexual health inequalities and ensuring that support is available for particularly vulnerable groups
- Increasing availability and consistency of sex and relationship education in schools and colleges
- The need for further work with other agencies to understand needs in relation to sexual assault and sexual exploitation in the City.
7. Recommendations

1. Establish a sexual health strategic group for Southampton to develop a new sexual health strategy and oversee the work of task groups focussing on teenage pregnancy, HIV and vulnerable groups.

2. Through the strategic group, consider the feasibility of increased HIV testing as the prevalence approaches the national threshold.

3. Establish bi-annual network meetings for representatives of organisations working on the sexual health agenda.

4. Undertake an audit of training and ensure that everyone who delivers sexual health services or sexual health promotion has access to appropriate training.

5. Focus sexual health promotion, including HIV testing, on groups at highest risk of sexual ill health, particularly MSM, Black Africans and Black Caribbeans.

6. Map sex and relationship education provision in schools and provide leadership and coordination to ensure that all young people in the city have access to evidence-based SRE.

7. Continue implementation of the chlamydia diagnostic plan, and ensure that chlamydia screening provision is targeted to reflect changes in the national indicator from coverage to diagnostic rate.

8. Undertake more detailed needs assessment with the local ‘other white’ ethnic group to ensure that any specific sexual health needs resulting from Southampton’s increasing ethnic diversity are met.

9. Use every sexual health intervention to promote behaviour change to reduce STI re-infection, repeat unwanted pregnancies and repeat abortions.
Appendix 1: Southampton City Sexual Health Level 3 Clinic Opening Times

<table>
<thead>
<tr>
<th>Day</th>
<th>8am</th>
<th>9am</th>
<th>10am</th>
<th>11am</th>
<th>12pm</th>
<th>1pm</th>
<th>2pm</th>
<th>3pm</th>
<th>4pm</th>
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Saturday
- RSH (Hub)

Integrated Sexual Health Open Access
CASH & GUM Appointments
Psychosexual Counselling
HIV Appointments
Deep Implant Removal
Unplanned Pregnancy Assessments
EMAs
(S) Spoke
### Appendix 2: Southampton City No Limits Centre, School and College Drop In Clinics for Young People (Level 2)

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**No Limits Drop In Centres**

- **Blue**: No Limits Drop In Centres
- **Red**: School Drop In
- **Yellow**: College Drop In
- **Green**: Community Drop In

**No Limits - Appointment only**
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<td>Ca - Cantell</td>
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<td>Ch - Chamerlayne College for Arts</td>
<td>It - Itchen College</td>
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<td>OL - Oasis Academy Lordshill</td>
<td>Ta - Tauntons College</td>
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