



**HEALTH AND SOCIAL SERVICES**

A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

**Sexual Health Strategy 2015-20**  
**Inter-Island Public Health Forum**

**June 2015**

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# WHO Definition of Sexual Health

*Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.*



# Needs Assessment

## Epidemiological Health Needs Assessment

- Combines epidemiological approaches with an assessment of effectiveness of interventions.

## Corporate Health Needs Assessment

- Involves canvassing the needs, want and demands of professionals, patients, politicians and other interested parties.
- Provides a strategic direction for Guernsey and Alderney based on a high level analysis of need.

# Consultation Process

- **Sexual Health Forum**
  - Wide representation from community and clinical providers
  - Service Users
- **Consideration of key questions**
  - Who is at risk and why?
  - What is the evidence of what works, and what is cost-effective?
  - What is the level of need in Guernsey?
  - How can we provide effective services for Alderney?
  - What gaps do we have?
  - What should we be prioritising?
  - What about our services to under 18's?
  - What are the user views?
  - Who are the key contacts for information?
  - What outcome targets should we set?



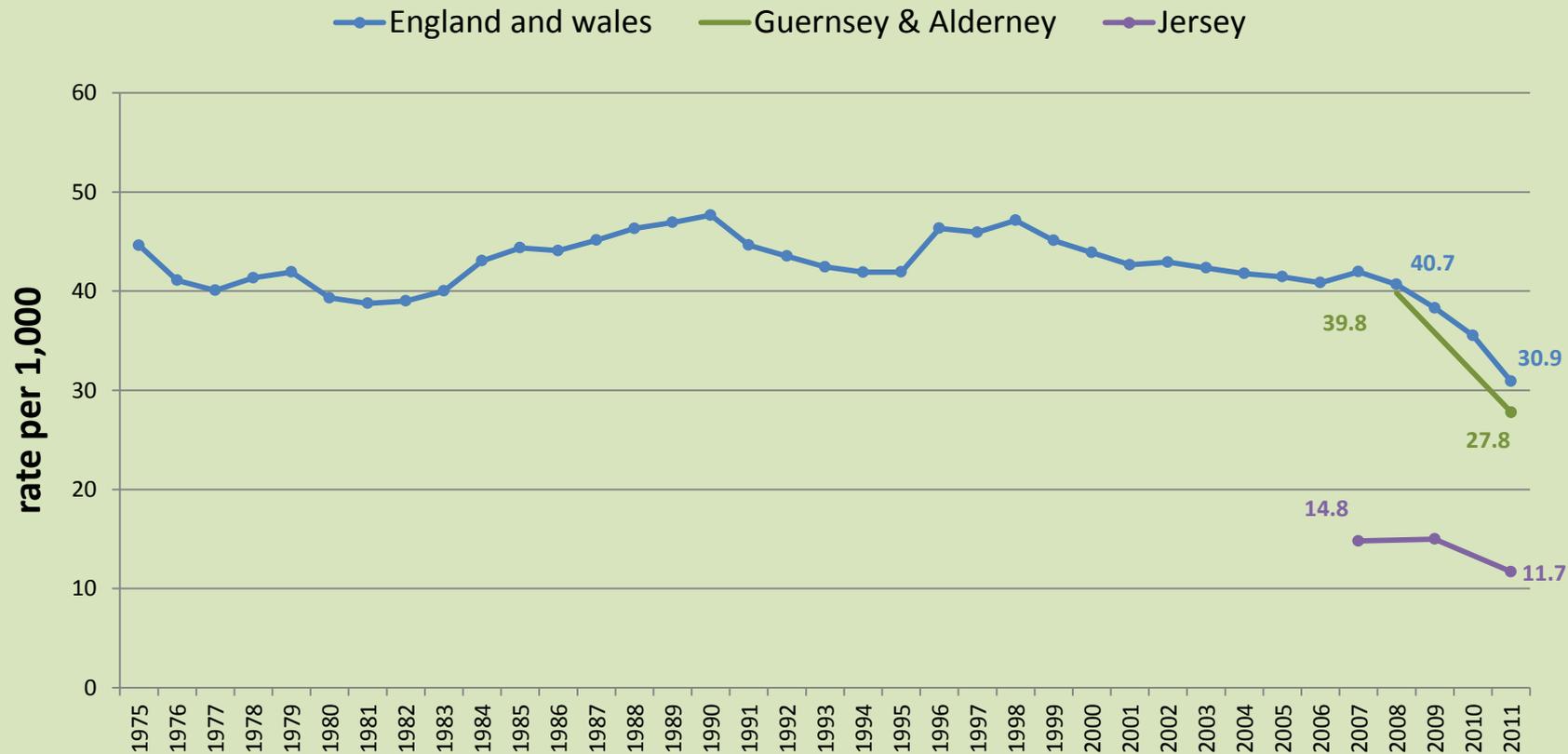
# Public Health Outcomes in England 2013 - 2016

Domain 1	Domain 2	Domain 3	Domain 4
Improving the wider determinants of health	Health improvement	Health Protection	Healthcare public health and preventing premature mortality
Child poverty  Sickness absence rate	Under 18 conceptions  Low birth weight  Smoking  Alcohol related admissions to hospital	Chlamydia diagnoses in 15 – 24 year olds  People presenting with late stage HIV infection	Mortality from cancer  Mortality from respiratory disease  Mortality from liver disease

## Under-18 conception rates, England and Wales regions 2011 and Guernsey/Alderney 2010–2012

Region	conception rate per 1,000	% leading to termination
North East	38.4	40.7
North West	35.3	48.9
West Midlands	34.9	48.7
Wales	34.2	42.0
Yorkshire and the Humber	33.8	42.5
East Midlands	31.3	43.6
England and Wales	30.9	48.8
England	30.7	49.3
London	28.7	61.0
<b>Guernsey 2010-12</b>	<b>27.8</b>	<b>40.2</b>
South West	27.3	47.9
East	26.6	50.2
South East	26.1	51.7

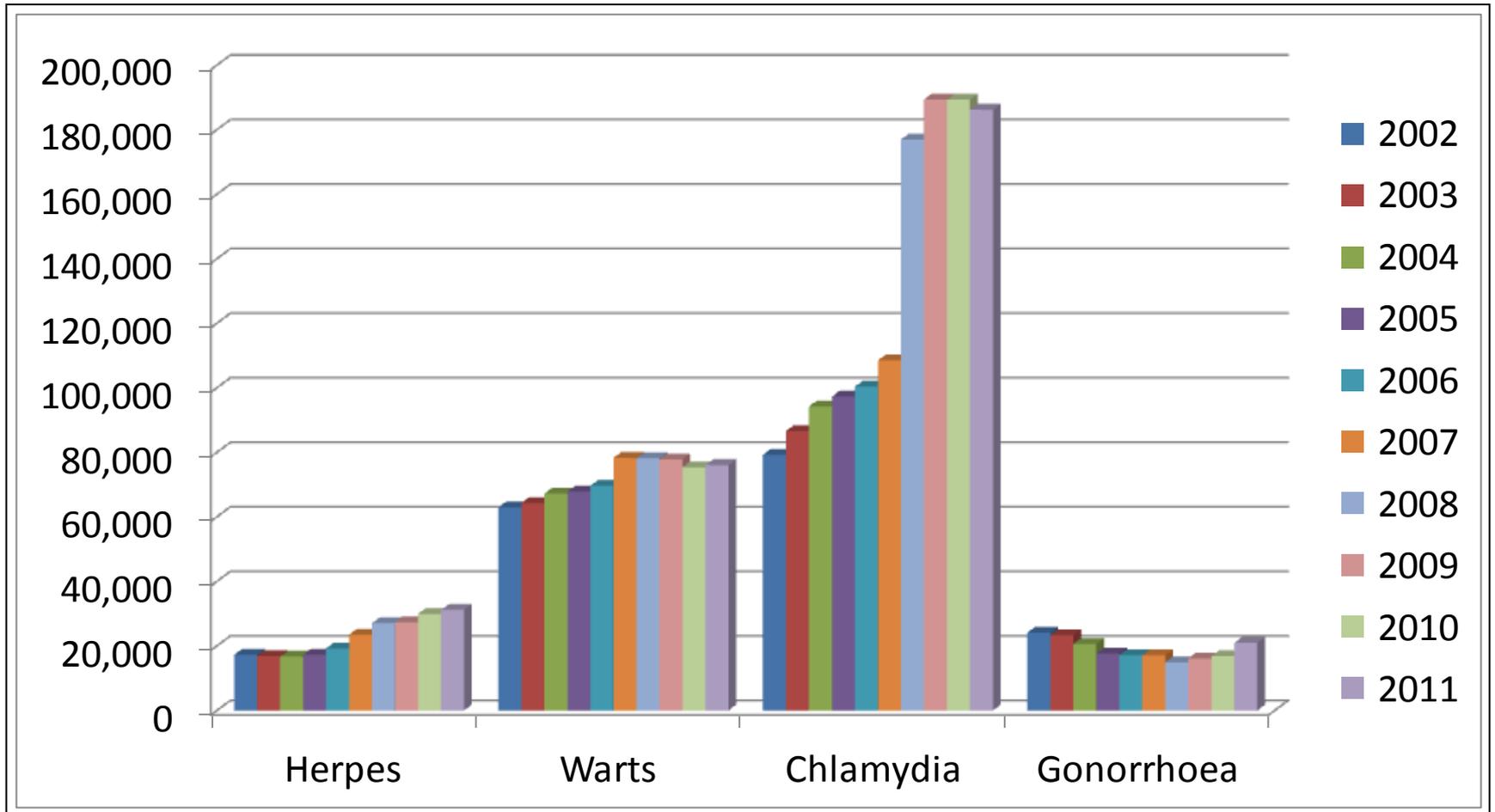
# Trends in Under 18 Conceptions England and Wales 1975-2011 Jersey and Guernsey 2008-11



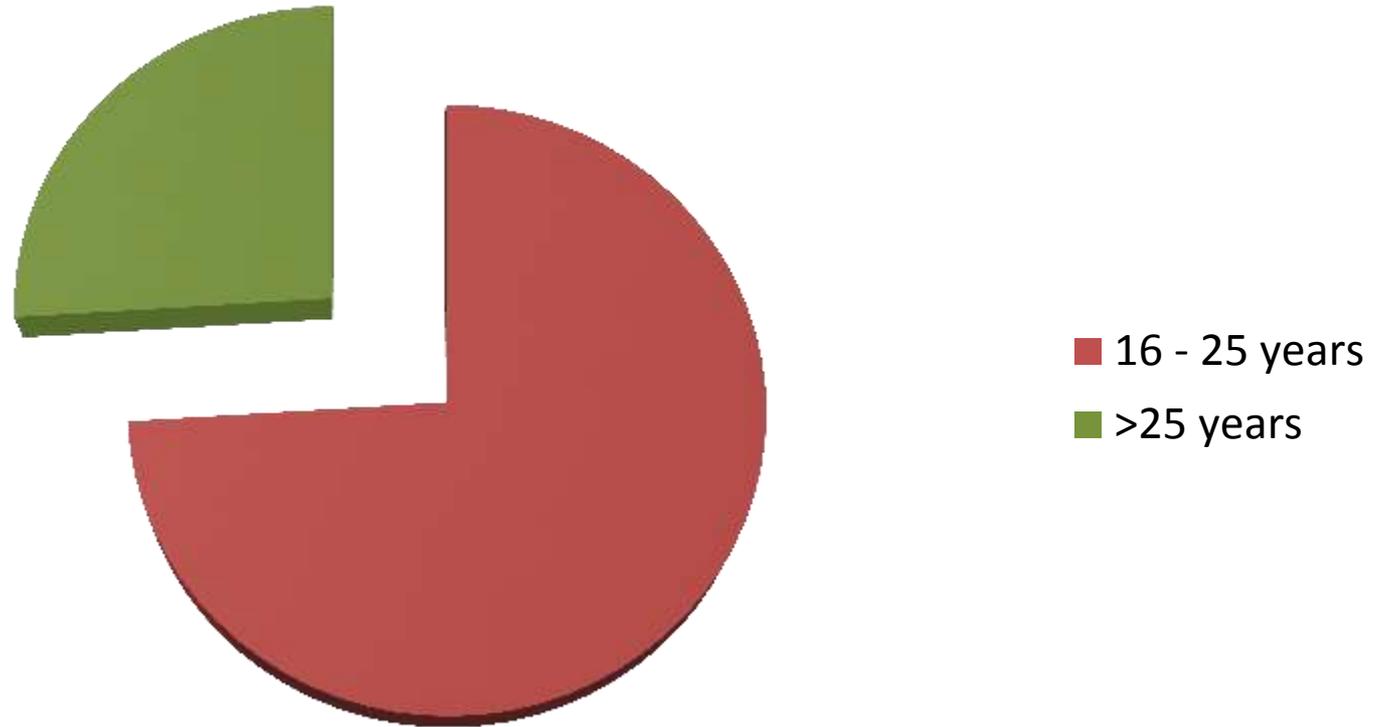
# The Cost of Unplanned Pregnancies

- **Cost to the individual**
  - Socioeconomic deprivation, mental health difficulties and lower levels of educational attainment.
- **Financial costs**
  - **Cost of abortion**
    - Under 18's (2010 to 2012): Using the UK costing (£680 per abortion)
    - Bailiwick spent £23,700 on abortions during this period of time - (87 under 18 conceptions with 40% of these conceptions ending in abortion).
  - **Cost of teenage pregnancy**
    - Direct costs: Unintended pregnancies in England cost the NHS £193,200,000.
    - Indirect costs: Cost of government-funded benefits such as income support, housing benefit, child tax credit and child benefit to young mothers for each pregnancy are approximately 11,000 per year.
  - **Cost of Contraception**
    - Availability of a range of contraceptive methods, including the long acting reversible contraception (LARCs) - high initiation costs but more cost effective than the oral contraceptive pill.
      - Every £1 spent on contraception saves the NHS £11. Reduction of unintended pregnancies and abortions in both young people and vulnerable groups.

# Prevalence of Genital Herpes, Genital Warts and Chlamydia in England 2002 - 2011



# Chlamydia Positive Diagnoses Guernsey and Alderney 2007 - 2012



- 72% of cases of chlamydia are diagnosed in the 16 – 25 year age group in Guernsey and Alderney.
- Local rate of diagnosis 1.4% in 16 to 25 years.
- Estimated that between 5 and 10% of sexually active people in England in this age group are infected with chlamydia.
- ?Under diagnosis of 75-90%.

**Concern is the burden of undiagnosed infections will affect the future health of our local population**



# HIV

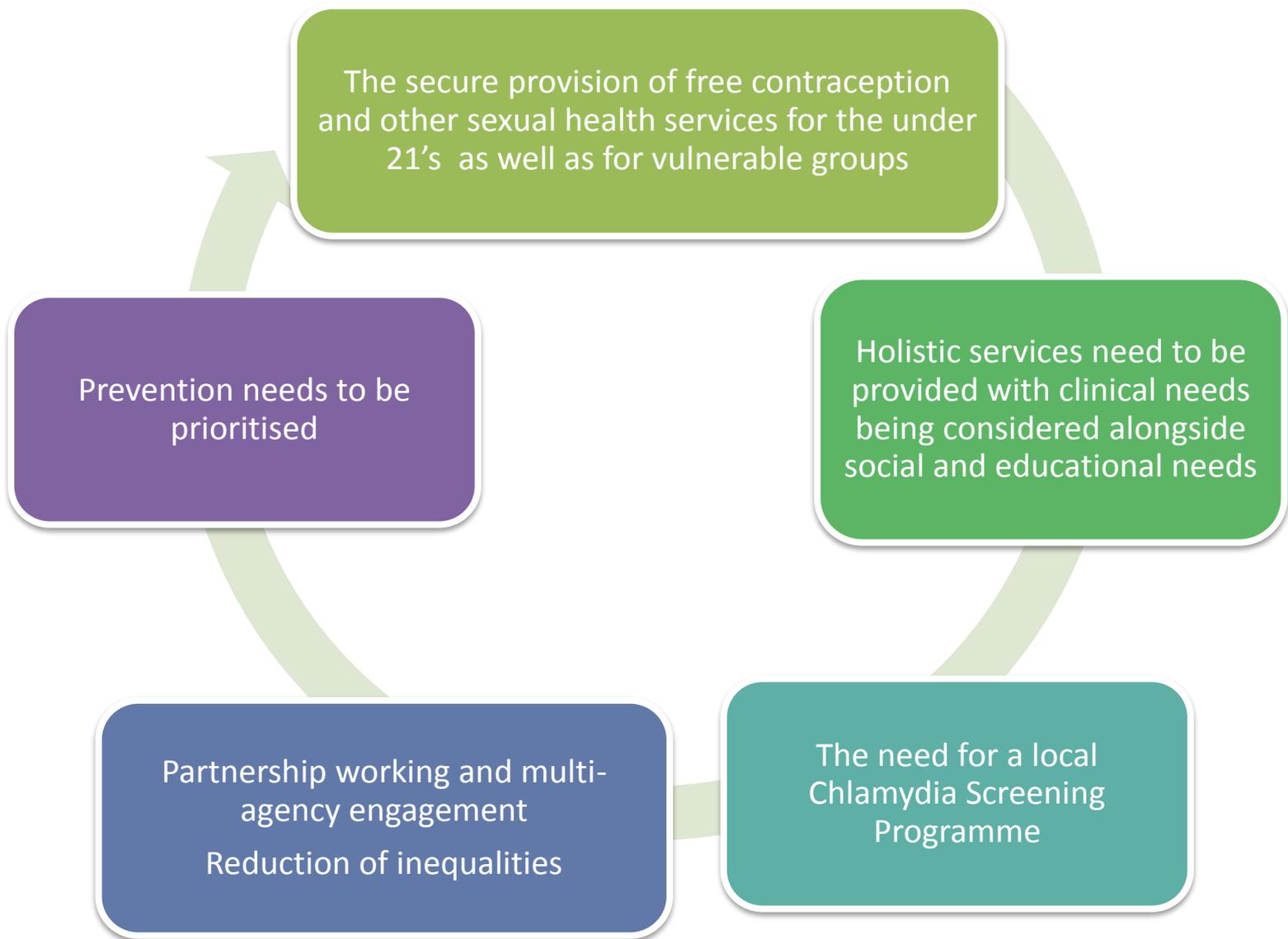
- **Now a chronic life long infection**
  - Age range in Orchard Clinic: 20's to 70's
- **Early Diagnosis**
  - Optimise management with an improved prognosis with early initiation of anti-retroviral therapy with a reduction of transmission events
- **Late Diagnosis**
  - Increased morbidity and mortality
  - Increased cost to the Healthcare Service
  - Potential on-going transmission
- **Relevance for the Bailiwick**
  - Between 2007 and 2012, 24 new diagnoses of HIV were made locally with lifetime treatment costs of these new infections is £280,000-£360,000.
  - Early diagnosis treatment costs are £12,600 per annum compared to £23,442 per annum for late diagnosis
  - Prevention of all of these infections would have saved the States of Guernsey between £6.7 and £8.6 in lifetime treatment costs.



# Corporate Sexual Health Needs Assessment

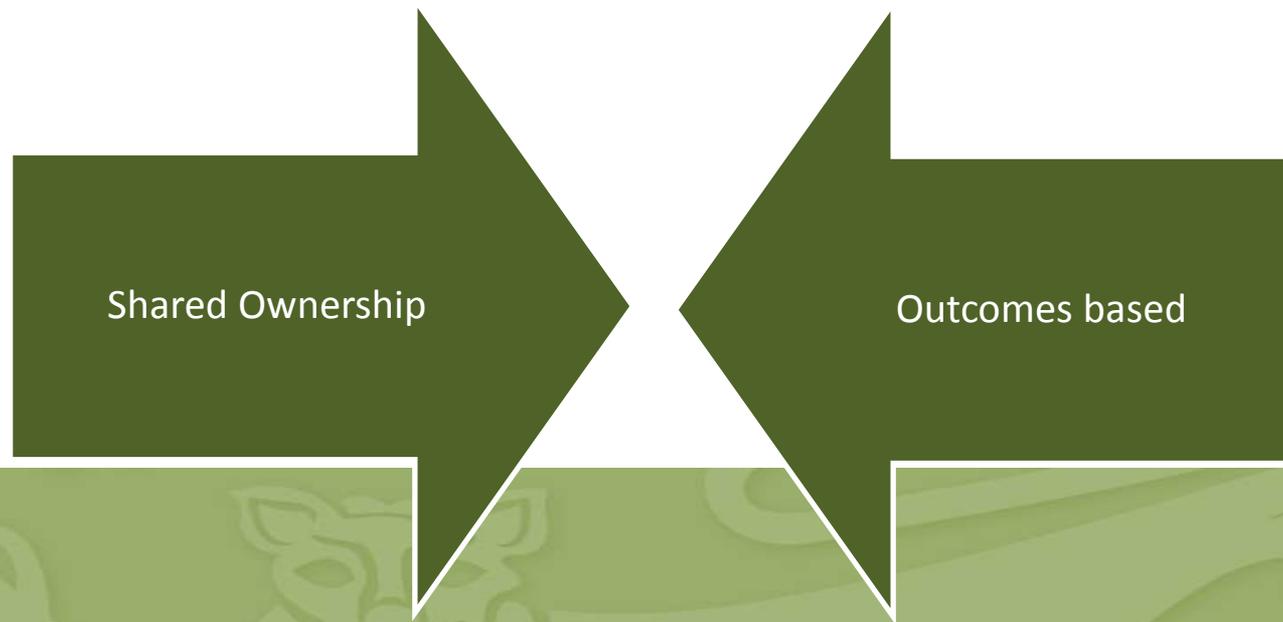
- **Level 1 to Level 3 services**
  - Provide varying levels of sexual health services
- **Pivotal role of pre-level 1 services is becoming increasingly important**
  - Increased joint working between voluntary and statutory sectors
  - Good quality education in schools and colleges
  - Early intervention and prevention, including aspiration building in risk groups
  - Active and integrated provision of youth services
  - Support for parents and carers
  - Focus is on building confidence and self-esteem





# Sexual Health Strategy

- Strategy for 2015 – 2020
- Informed by the Sexual Health Needs Assessment and consultation process
- Input from service users, other health care professionals, the community and voluntary sector and the public



# Under 18 Conceptions

- **Recommendation One**
  - A full range of contraceptive services for women under the age of 21 years, provided free at the point of access, should be available for residents of the Bailiwick.
- **Outcome measure**
  - A 50% reduction in under 18 conceptions by 2020
  - Target
    - 15 conceptions per 1,000 for women aged 16 to 17 years
    - 2 conceptions per 1,000 for women aged 13 to 15 years
    - A reduction of 50% using the 2008 conception rate as a baseline.



# Chlamydia

- **Recommendation Two**
  - The introduction of a Chlamydia Screening Programme (CSP) to reduce the burden of long term complications associated with undiagnosed chlamydial infections.
- **Outcome Measure**
  - An increase in chlamydia diagnoses in the Bailiwick from 1,400 per 100,000 to greater than 2,300 per 100,000 by 2020.
  - Increased diagnosis is used as a measure of chlamydial control activities and is not a marker of morbidity.



# Trends in Sexually Transmitted Infections

- **Recommendation Three**
  - Continued monitoring of local trends in sexually transmitted infections (STI's) to inform local service provision.
- **Outcome Measure**
  - Annual analysis of trends in sexually transmitted infections (STI's) should be used to review service provision.



# HIV

- **Recommendations Four, Five and Six**
  - Testing for HIV in Guernsey and Alderney should be increased to decrease transmission and reduce late diagnosis
  - High quality cost-effective services should continue to be provided for individuals living with HIV enabling people to live longer, healthier lives.
  - Measures should be in place to tackle issues of stigma and discrimination .
- **Outcome Measures**
  - The HIV test uptake in people attending for STI screening should be monitored
    - Target: 97% being offered an HIV test and 80% accepting the offer
  - On-Island Multidisciplinary Team HIV Clinics with links to National Centres of Excellence should continue to be provided with benchmarking of services against UK National Standards.



# Service Provision

- **Recommendation Seven**

- A holistic approach to sexual health is endorsed embracing the complementary roles of social and educational models with medical and clinical needs.
- This requires leadership and joint working.

- **Outcome Measure**

- Evidence of partnership working and multi-agency engagement aimed at improving coordination and provision of local sexual health services.
- Essential to meet these challenging, but achievable outcomes.



# Health Promotion

- **Recommendations Eight**
  - Prevention needs to be prioritised with sexual health promotion integral to the delivery of sexual health services to our population.
  - This should include exploring the role of social media in the provision of sexual health services in the Bailiwick.
- **Outcome Measures**
  - The use of a C-Card scheme aimed at young people under the age of 25 years.
  - Continued support for participation in a programme equivalent to the National Healthy School Standard
  - Evidence of the use of social media in the delivery of sexual health services in the Bailiwick.



# Reducing Inequalities

- **Recommendation Nine**
  - The development of targeted interventions, to reduce health inequalities, focussing on those know to be most at risk, for example vulnerable individuals.
- **Outcome Measures**
  - A reduction in the health inequality gap in sexual health in Guernsey and Alderney through the provision of targeted services
  - These should include:
    - The provision of free long acting reversible contraception (LARC) and other sexual health services to vulnerable people
    - The delivery of sexual health services in traditional and non-traditional settings
    - Equitable services for Alderney, allowing for geographical factors.









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