

Purpose

This strategic framework provides a focus for and sets out where joint effort is needed within the sexual health work programme of the Public Health Team and key partners – namely YorSexualHealth (commissioned sexual health service provider), the Healthy Child Programme, NYCC Education and Skills PSHE Programme, NYCC Children and Families, NYCC Prevention Service. This covers actions for the next 12 months; and these will be reviewed annually.

Why is sexual health important?

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. Sexual health goes well beyond the medical model of the treatment of disease. The World Health Organisation defines sexual health as:

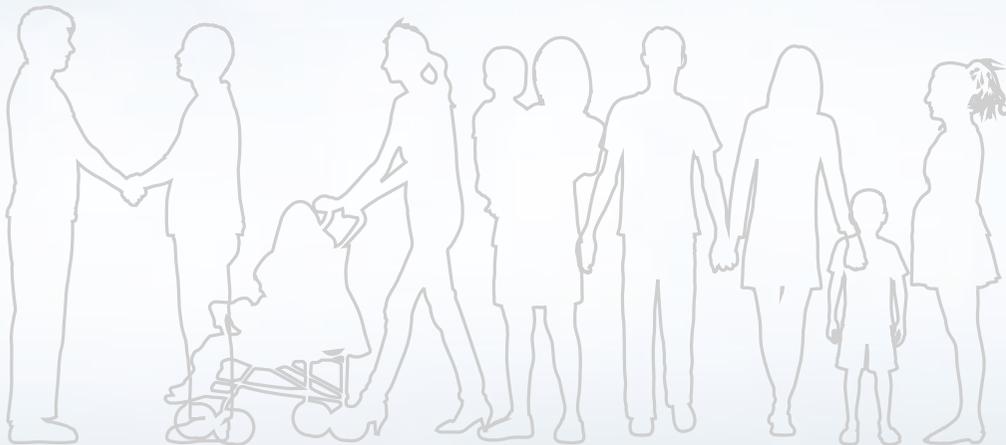
'... a state of physical, emotional, mental and social wellbeing, related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.' (World Health Organisation 2006).

Vision Statement

All people in North Yorkshire experience good sexual health

In order to achieve this we need to focus on the following outcomes:

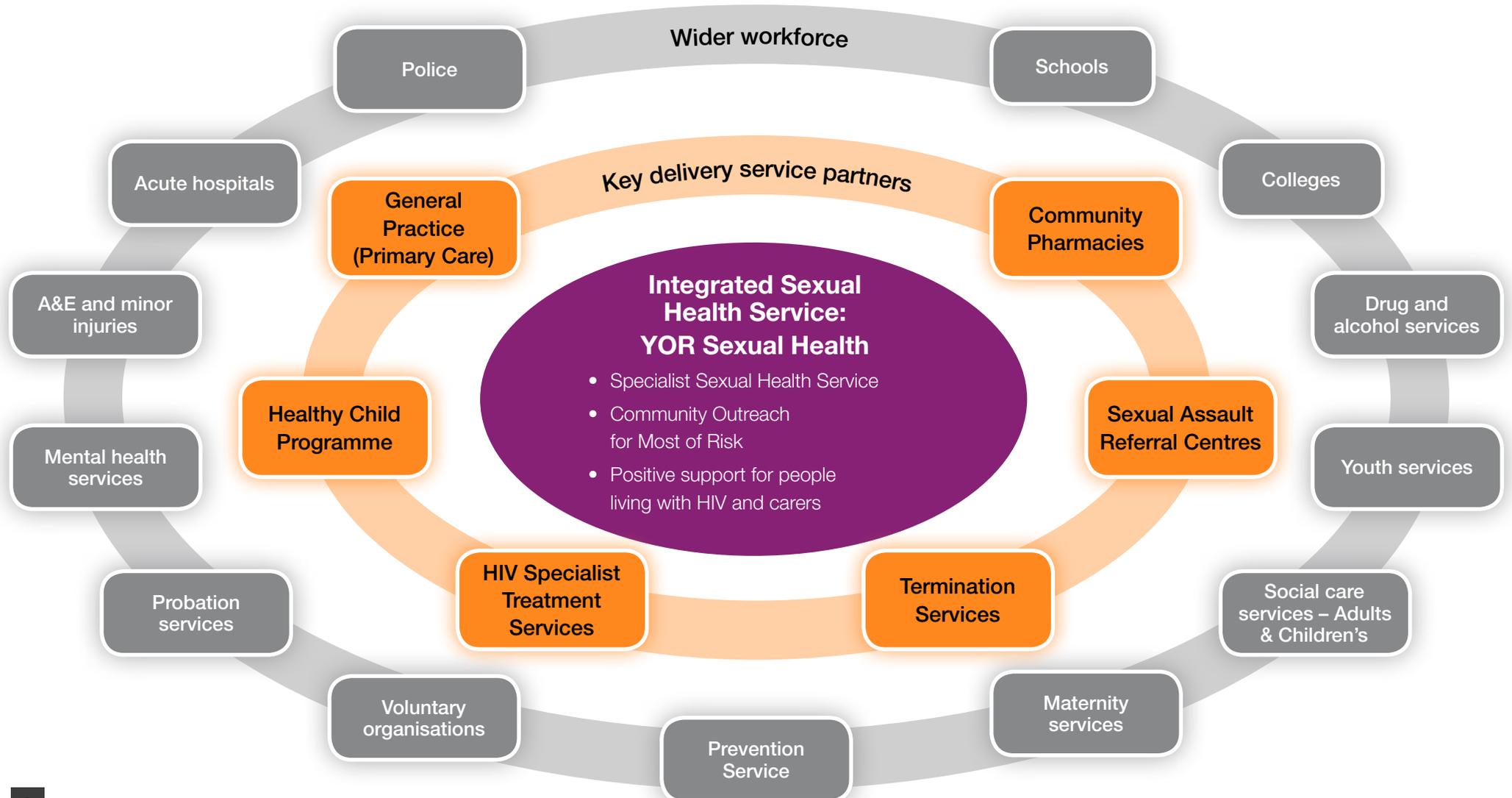
- All sexually active adults and young people are free from STIs
- All sexually active adults and young people are free from unplanned pregnancies
- All young people and most at-risk populations are supported to have choice and control over their sexual health



The Sexual Health System

Sexual health is not the responsibility of any one organisation or service. The local system is set out in the diagram below; action is needed by all partners in the local sexual health system in order to achieve the vision.

Local Sexual Health System



Key Principles

- Priority to be given to prevention and early intervention with a focus on young people and most at risk populations.
- Services to be delivered by a professional integrated skilled sexual health workforce.
- Strong clinical leadership to be embedded across the local sexual health system.
- Use of evidence based practice, innovation and use of technology.
- Rapid and easy access to services including in rural areas delivering services in appropriate settings.
- All contraceptive, STI diagnosis and treatment to be provided and dealt with in one place as far as practicably possible.
- Ensure quality and value for money at all times



Population level outcomes

Outcome 1 – Sexually active adults and young people are free from STIs				
Indicators	Baseline data (2016) compared to England average	Narrative behind baseline	Current good practice	Future action
STI diagnosis rate for: syphilis, gonorrhoea, genital warts, genital herpes, HIV	Genital warts – 85.7 per 100,000 Genital herpes – 30.6 per 100,000 Gonorrhoea – 22.2 per 100,000 HIV – 2.4 per 100,000 Syphilis – 4.2 per 100,000	Diagnosis rates are significantly better than the national average – and have remained fairly static over the last 6 years	<ul style="list-style-type: none"> Increased provision of sexual health clinics – in 20 venues Teach and screen sessions – esp. Garrison, 6th forms Introduction of online testing – now provides testing for gonorrhoea, syphilis and HIV as well as chlamydia Provision of 24-hour specialist sexual health advice for professionals via consultant on-call team 	<ul style="list-style-type: none"> Develop partnership working with GP Practices led by clinical staff from YorSexualhealth Centres with a focus on shared care pathways Further develop YorSexualhealth virtual clinics to include video-based consultations Work to increase the chlamydia detection rate through continued chlamydia screening training of a wide range of front-line staff; promotion of online testing; improved partner notification and testing; improved re-testing of diagnosed individuals 3 months after treatment Work with key partners to ensure successful implementation of NICE guidance on HIV testing (NG60, 2016) Explore targeting provision for post 16 SEND network Target training at priority workforce groups e.g. young offenders, social care, homeless, CSE, looked after and leaving care
Chlamydia detection rate (15-24 yr olds)	1884 per 100,000	Chlamydia detection rates are in line with the England average but lower than the goal of 2300 per 100,000		
Chlamydia proportion aged 15-24 screened (%)	21.3%			
HIV late diagnosis (%)	46.7%	Although numbers are small, the proportion of new cases of HIV diagnosed at a late stage is similar to the national average		

Outcome 2 – Sexually active adults and young people are free from unplanned pregnancies

Indicators	Baseline data compared to England average	Narrative behind baseline	Current good practice	Future action
Under 18 conception rate – per 1000 women aged 15-17	14 (2015)	21st out of 120 upper tier LAs, but Hotspots in Scarborough Town, Eastfield, Selby Town and Skipton with rates among the highest in England	<ul style="list-style-type: none"> Specialist Clinical Outreach Team for vulnerable young people and adults Condom distribution scheme (CDS), including web-based ordering 	<ul style="list-style-type: none"> Ensure all partners in the sexual health system have accessed training and are actively promoting the CDS. 5-19 Healthy Child Team to develop a coherent sexual health offer
Total abortion rate – per 1000 women aged 15-44	CCG data (2016) HRW CCG – 10.8 HRD CCG – 11.9 SR CCG – 12.6 VoY CCG – 10.2 AWC CCG – 14.3	Overall abortion rates across all five CCGs are lower than the national average; with the highest rates found in 20-24 year olds.	<ul style="list-style-type: none"> LARC provision through YorSexualHealth and nearly all NY GP Practices Free EHC provision for 13-24 year olds through community pharmacies 	<ul style="list-style-type: none"> Roll out the availability of emergency hormonal contraception, condoms and chlamydia screening through school/ college drop ins where a need has been identified Set up a teenage pregnancy partnership group and a North Yorkshire teenage pregnancy action plan
Under 18 abortion rate – crude rate per 1000 women	CCG data (2016) HRW CCG – 6 HRD CCG – 4 SR CCG – 9 VoY CCG – 8 AWC CCG – 6	The under-18 abortion rate is lower than the England average (9) across all CCG areas with the exception of Scarborough Ryedale.	<ul style="list-style-type: none"> Support programme for teenage parents – one aim is to reduce 2nd unplanned pregnancies 	<ul style="list-style-type: none"> Improve multi agency working in areas of high teenage pregnancy rates through task and finish groups feeding into the CSSGs Work with CPNY to raise awareness of and ensure accessible provision of EHC through community pharmacies in teenage pregnancy hotspot areas
Repeat abortions (all ages)	CCG data (2016) HRW CCG – 28% HRD CCG – 33% SR CCG – 36% VoY CCG – 29% AWC CCG – 35%	The percentage of repeat abortions is below the national average (38%) in all CCGs.		<ul style="list-style-type: none"> Young parent programme to explore and develop interventions to prevent second unplanned pregnancies
Repeat abortions (under 25s)	CCG data (2016) HRW CCG – 20% HRD CCG – 25% SR CCG – 30% VoY CCG – 19% AWC CCG – 27%	The percentage of repeat abortions for under 25s is below the national average (26.7%) for all CCGs except Scarborough Ryedale, and Airedale Wharfedale Craven.		<ul style="list-style-type: none"> Review newly developed pathways with abortion providers in order to address repeat abortion rates
Total prescribed LARC excluding injection rate per 1000 women aged 15-44	66.5 per 1000 (2015)	Uptake of LARC is higher than the national average		

Outcome 3 – Young people and most at-risk populations are supported to have choice and control over their sexual health

Indicators	Baseline data	Narrative behind baseline	Current good practice	Future action
Proportion of under 18 conceptions leading to abortion	44.4% NYCC (2015)	Whilst the under 18 conception rate has dropped, the % of conceptions leading to abortion remains similar to the England average of 51%. This varies by district ranging from 32% of U18 conceptions leading to abortion in Scarborough to 59% in Hambleton.	<ul style="list-style-type: none"> • Training for primary schools to facilitate delivery of puberty sessions to pupils • Free YorSexualhealth training for any front-line staff • Teach and screen sessions – esp Garrison, 6th forms • Community based HIV/STI testing sessions e.g. LGBT venues, homelessness services • NYCC was awarded 2nd place in the Stonewall education equality index for work with LGBT young people • Accredited PSHE CPD programme for teachers targeting schools in high teenage pregnancy rate areas 	<ul style="list-style-type: none"> • Promote and publicise young people's sexual health pathway and co-produce a communications plan to promote sexual health services and increase access • Develop a core offer for relationships and sex education and a pathway of support with specific packages for at-risk groups • Ensure parents have the tools and confidence to talk to their children about sex and relationships • Engage with stakeholders to identify what additional training it would be beneficial for YorSexualhealth to provide • Increase the number of at risk groups accessing community testing services including commercial sex workers • Provide support to schools to prepare for the introduction of statutory relationships and education in September 2019 • Explore new models of providing additional support to schools to improve the quality of PSHE in schools, including the potential development of a health and well-being award • Ensure all relationships and sex education and services are inclusive for the LBGT community • Explore the public health role around current issues – including Child Sexual Exploitation, Female Genital Mutilation, risk of sexual violence, campaigns and comms work.
HIV testing coverage in MSM	93.2% (2016)	Coverage rates in GU settings are increasing; further testing for HIV and other STIs takes place through online testing which is not counted in this indicator		
GUNY data (KS3/4):	GUNY data (2016)			
Awareness of where to access free condoms	31%	The GUNY survey shows the proportion of 13yr olds and 15yr olds who know where to access free condoms has fallen in comparison with 2014 (39%)		
Awareness of a local sexual health service	52%	The way in which this question was asked changed in 2016, meaning a like for like comparison cannot be made. However, responses to the 2012 and 2014 were consistent, with around 11% of Yr8 boys and girls aware of a sexual health service. Awareness among Yr10 pupils rose to around 30% in boys and 36% in girls across 2012 and 2014.		
Find school lessons about sex and relationships 'quite' or 'very' useful	33%	The proportion of pupils who find lessons about SRE "quite" or "very" useful has remained stable over the last 3 iterations of the GUNY survey. Typically, around 35% of children across Year 8 and Year 10 respond that such lessons are "quite" or "very" useful.		
Reporting were in/ had been in a sexual relationship (Y10 only)	17% (Y10)	The % of 15yr who have been in, or are currently in, a sexual relationship has fallen from 23% in 2012 to 17% in 2016. However, percentages are higher in key groups of the same age - as follows: children in care (40%), LGB (32%), Trans (36%), armed forces family (27%).		
Of those that have had sex, % reporting always using a method of contraception	53% (Y10)	The percentage has fallen in comparison with 2014 (59%) however, the reduction is not statistically significant. Percentages in key groups of the same age are as follows: children in care (75%), LGB (49%), Trans (38%), armed forces family (68%).		
Communicated with someone they don't know online	18% (Y 8/10)	Percentages in key groups of the same age are as follows: children in care (21%), LGB (40%), Trans (48%), armed forces family (17%). The data highlights that LGBT young people are more likely to be engaging in risk taking behaviour.		

Strategy delivery

Actions identified through this strategy will be delivered as part of the work programme of each of the key partners and may form part of a broader action plan. This is likely to require engagement with a broader range of stakeholders for each aspect of the work.

Governance and reporting

Key partners will meet annually to review progress on agreed actions, review and update baseline data, and agree further actions as required. An annual update report will be brought to the Public Health Business meeting. Key partners are:

- Public Health Sexual Health lead – Georgina Wilkinson
- Public Health Young People including teenage pregnancy lead – Carly Walker
- Health and Wellbeing Adviser, CYPS – Clare Barrowman
- Children's Commissioning Manager – Healthy Outcomes – Emma Thomas
- Clinical Services Manager, YorSexualHealth – Tina Ramsay
- 5-19 Professional Lead, HCP - Rachel Wigin



Contact us

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