Swindon Sexual Health Needs Assessment 2022

Public Health, Swindon Borough Council

Swindon Borough Council

Contents

Executive Summary

Most adults are sexually active and good sexual health matters to both individuals and communities. Sexual and reproductive health pertains to the state of physical, mental, and social well-being in all matters related to the reproductive system. Good sexual and reproductive health implies that people can have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do.

Sexual and reproductive health provision covers the delivery of advice and services around contraception, relationships, sexually transmitted infections (STIs), HIV and abortion. Efforts to improve the sexual and reproductive health of the population are a public health priority. STIs can have lasting long-term and costly complications if not treated and are entirely preventable.

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), young adults and people from certain black and minority ethnic (BAME) groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. In some instances these health inequalities have been exacerbated by Covid-19.

This needs assessment is divided in to 3 main sections:

-Sexual Health Variation in Outcomes (Chapter 5). Utilising the UK Health Security Agency (UKSHA) Sexual Health Variation in Outcomes toolkit, this section presents local sexual and reproductive health indicators from existing national and local data sources and outlines which groups are at higher risk of sexual health inequalities.

-Long acting reversible contraception (LARC) Health Equity Assessment Tool (HEAT) (Chapter 6). This HEAT identifies who is accessing LARC in Swindon, explores how this influences health inequalities, and devises an action plan to address inequalities in access.

-Views of key stakeholders (Chapter 7). The views of key stakeholders have been gathered from various services, topic areas and individuals. This has been compiled by using interviews, surveys and focus groups with both professionals and service users.

The impact of Covid-19 has altered the way that local sexual and reproductive health services have operated over the past few years which can be seen in some our local sexual health data. For example, it is clear that Swindon's STI rate dropped in 2020 when reviewing national sexual health indicators but these drops were broadly in line with the national picture. This likely represents a reduction in STI testing and access to sexual health services during the COVID-19 pandemic but it could also represent changes in sexual behaviour during the pandemic which may have led to a reduction in STI transmission. More research is therefore required to fully understand this reduction.

Swindon's STI rate remains above the national and Chartered Institute of Public Finance and Accountancy (CIPFA) neighbours (which compares Local Authorities with similar socio-

economic indicators) highlights that we have a higher than average need locally. During the Covid-19 pandemic Swindon's STI testing rate was also above the national rate whilst the STI positivity rate was below the national rate. This would indicate that access to the online testing service provided by the Great Western Hospital ensured good access to testing at a point where services were largely closed to face to face appointments. However some Black & Minority ethnic groups (e.g. Asian) were less likely to be screened for STIs compared to Swindon's overall BAME population. Rates of syphilis in Swindon are statistically above our CIPFA neighbours and similar to the national picture. Syphilis disproportionately affects men who have sex with men (53% of all diagnoses in 2020).

In 2020, Swindon's HIV diagnosed prevalence rate (1.94 per 1,000 people aged 15 to 59) is statistically lower than England but is close to being defined as a high prevalence area (>2 per 1,000 population considered high prevalence). Nearly three quarters (73.3%) of new HIV diagnoses in heterosexual women were classed as late. If a person newly diagnosed with HIV has a CD4 cell count of less than 350 cells/mm3 within 91 days of first diagnosis, this is defined as a late diagnosis Furthermore HIV testing rates among eligible women were lower than HIV testing rates in men.

In line with the national picture, teenage pregnancies have reduced significantly since 1998 and are now below the national average. However, there is significant variation between wards in Swindon and some wards in areas of high deprivation in Swindon have teenage conception rates that are significantly higher than the national average. Termination of pregnancies are increasing both nationally and locally. In 2020, over a quarter (27.6%) of abortions in Swindon in women aged under 25 were for women who had previously had an abortion.

Access to long acting reversible contraception (LARC) fittings and removals were particularly impacted by the Covid-19 pandemic due to their requirement for face-to-face appointments. The LARC HEAT (see section 7) identifies a number of areas that Swindon should consider to improve LARC provision locally. This includes improving LARC data collection in primary care to understand which demographic groups are not currently accessing LARC, working with termination of pregnancy services to address the reduction in LARC provision following the implementation of medical abortion pills by post and considering how to improve access to LARC in maternity services.

All young people need comprehensive Relationships & Sex Education (RSE) and easy access to services to develop healthy, consensual relationships, prevent unplanned pregnancy and protect their sexual health. More work is required between the local sexual health system and Healthy Schools to ensure that teachers and school-based staff are supported to deliver effective RSE lessons to young people.

The need to improve joint working across the local sexual and reproductive health system was consistently identified by stakeholders, particularly between primary care and the specialist sexual health service.

Recommendations

1. Ensure that schools in Swindon have access to resources to deliver effective RSE provision including issues relating to consent and sexual violence.
2. Develop a plan to address the RSE needs of people living with learning disabilities
3. Ensure work to reduce teenage conception is targeted in wards with teenage conception rates above the national average
4. Develop an action plan to improve access to LARC in response to the findings from the LARC HEAT assessment.
5. Increase awareness and uptake of STI testing and LARC in Asian populations within Swindon
6. Review the local strategy for the Chlamydia Screening Programme to improve the detection and screening rates of young women living in areas of high deprivation.
7. Review the national Syphilis Action Plan to ensure that effective measures are in place to address the relatively high prevalence of syphilis locally.
8. Explore how Outreach provision can be expanded to ensure that sexual and reproductive health needs of the local population are addressed particularly among vulnerable populations.
9. Review the need for psycho-sexual provision and local services to meet these needs.
10. Local sexual and reproductive services to increase HIV testing among heterosexual women to reduce late diagnosis of HIV.
11. Improve PrEP access to non-MSM populations locally.
12. Improve joint working between primary care and the specialist sexual health service to develop referral pathways and awareness of services.
13. SBC to work with the Integrated Care Board (ICB) to improve collaborative commissioning locally for sexual and reproductive health.
14. Improve joint working across all local sexual and reproductive health services and establishing new communication networks to improve awareness among the local population.

1. Introduction

Sexual and reproductive health pertains to the state of physical, mental, and social well-being in all matters related to the reproductive system. Good sexual and reproductive health implies that people can have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do. Sexual and reproductive health provision covers the delivery of advice and services around contraception, relationships, sexually transmitted infections (STIs), HIV and abortion.

According to the World Health Organisation (WHO), the definition of sexual health is:

"…a state of physical, emotional, mental and social well-being in relation 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." (WHO, 2006)

Efforts to improve the sexual and reproductive health of the population are a public health priority. STIs can have lasting long-term and costly complications if not treated and are entirely preventable. There are also health benefits from people with HIV being diagnosed and starting treatment earlier, minimising the use of health and social care services. Unplanned pregnancies have a major impact on individuals, families and the wider society. Prevention of unintended pregnancies and control over reproductive choices preserves good mental and psychosexual health. Poor relationships, coercion and sexual violence can have a lasting effect on an individual's mental wellbeing, self-esteem and confidence.

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), young adults and people from black and minority ethnic (BAME) groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. In some instances, these health inequalities have been exacerbated by Covid-19 (Natsal, 2021) and are explored further in this document.

Commissioning responsibilities for the majority of sexual and reproductive health services were transferred from the NHS to Local Authority Public Health teams in 2013 following the publication of the Health & Social Care Act (2012). These changes mandated that Local Authorities commission confidential, open access services for STIs and contraception as well as reasonable access to all methods of contraception. Clinical Commissioning Groups (now Integrated Care Boards) became responsible for commissioning abortion services and contraception for non-contraception purposes, while NHS England became responsible for commissioning HIV treatment & care services and sexual assault services, as well as cervical screening and contraception in general practice.

These fragmented commissioning arrangements require a collaborative partnership approach to ensure that sexual and reproductive health services are joined up and that the sexual and reproductive health needs of a local population can be effectively and efficiently met. The approach for delivering this aspect locally is through Swindon's Sexual Health Executive Group (SHEG) that has representation from a range of partners from the local sexual health system.

A health needs assessment is a systematic method for reviewing health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. The last Swindon sexual health needs assessment was produced in 2015. A number of local changes have since occurred, not least the impact of Covid-19 in recent years, which have necessitated the requirement to produce a refreshed Sexual Health needs assessment locally.

In order to understand the sexual and reproductive health needs of the local population, the main body of this needs assessment is divided into 3 main sections:

-Sexual Health Variation in Outcomes (Chapter 5). Utilising UKSHA's Sexual Health Variation in Outcomes toolkit, this section presents local sexual and reproductive health indicators from existing national and local data sources and outlines which groups are at higher risk of sexual health inequalities.

-Views of key stakeholders (Chapter 6). Qualitative data has been accumulated from various services, topic areas and individuals. This has been compiled by using interviews, surveys and focus groups with both professionals and service users.

-Long acting reversible contraception (LARC) Health Equity Assessment Tool (HEAT) (Chapter 7). This HEAT identifies who is accessing LARC in Swindon, explores how this influences health inequalities, and devises an action plan to address inequalities in access.

The key issues and recommendations included in this needs assessment have been drawn from these 3 sections and will inform the development of a new Swindon Sexual Health Strategy that is due to be published at the start of 2023/24. This Sexual Health Strategy will shape the work of local sexual and reproductive health partners with the aim of improving sexual and reproductive health of the local population in Swindon.

Both this Needs Assessment and the Sexual Health Strategy are owned by the Swindon Sexual Health Executive Group who will be responsible for ensuring that the recommendations outlined in this report and future direction of the Sexual Health Strategy is implemented.

Acknowledgments

The Needs Assessment was led by Mark McNally with the support of Rob Carroll, Jill Hardwick, Hannah McConnell, Emily Keating and members of the Sexual Health Executive Group. The author would like to thank all those who contributed to the development of this needs assessment.

2. Impact of Covid-19

In response to the COVID-19 pandemic, in March 2020 the UK Government took steps to reduce transmission of the virus through the introduction of social and physical distancing measures. Social distancing rules meant that people from separate households were not allowed to mix socially or to have sex unless they were in the same 'support bubble'. These measures were found to disproportionately impact on some group's sex lives in society over others, namely those not co-habiting and young people (Natsal, 2021).

These measures also impacted on the delivery of sexual and reproductive health services with many services moving online and face-face appointments only being available for people who needed to have a physical examination or procedure that could not be delivered remotely either by telephone or online. Specialist sexual health services were required to reduce or reconfigure their provision (e.g. drop-in clinics cancelled and replaced with reduced appointment slots, increase in online testing over face to face provision). Furthermore redeployment of sexual health staff to support the response to the pandemic also affected sexual health services capacity to meet demand during this period. Other services were also affected by Covid-19. Namely primary care reducing their capacity to deliver long acting reversible contraceptives (LARC) due to the need to prioritise Covid-19 and other conditions and the law was changed to allow termination of pregnancy services to change their service delivery model to enable women to terminate their pregnancy from home, rather than having to attend a clinic.

National figures previously published by Public Health England (2021) during the pandemic showed there were 317,901 STIs reported in England in 2020. This represented a 32% reduction in the number of STIs reported in 2019. There were also reductions in diagnoses of new infections, as well as in the number of sexual health consultations and STI screens in sexual health services however an increase in online consultations was also observed. The main findings from this survey found:

- 317,901 diagnoses of STIs in England in 2020 – a 32% overall reduction from 2019.
- 20% decrease in gonorrhoea compared to 2019 with 57,084 diagnoses.
- 14% decrease in syphilis compared to 2019 with 6,926 diagnoses.
- 10% decrease in consultations at sexual health services compared to 2019, but number of online consultations doubled to 1,062,157.
- 25% decrease in sexual health screens in sexual health services compared to 2019.
- 30% decrease in chlamydia tests carried out among young people (15 to 24 year olds) compared to 2019.

Whilst it is clear that reported rates of STIs reduced during the pandemic it is still unclear at this point whether this truly represents a reduction in STIs in the population. Whilst it is likely that measures to control Covid-19 would have impacted on people's sex lives (e.g. having a reduced number of partners during periods of social distancing), the reductions may also represent how sexual health services had reduced capacity during this period

and/or that people were less likely to access these services for fear of being seen as not adhering to social distancing measures. More work is required to truly understand this.

Implications for this Needs Assessment

Ordinarily Needs Assessments present trends in data over time to draw conclusions on whether the overall prevalence of a health need is increasing or decreasing. A number of charts presented in this document will display reductions in 2020 and 2021. Please take the context of Covid-19 outlined above when analysing any downward trends in data for the range of sexual and reproductive health indicators included in this report.

3. National Sexual & Reproductive Health Policy

A number of key national sexual and reproductive health policy papers are outlined below. Whilst this list is not intended to be exhaustive it does provide the policy context for how sexual and reproductive health provision should be delivered locally.

A Framework for Sexual Health improvement in England (2013). Following the changes to the Health & Social Care Act in 2012 this document set outs the strategic direction for commissioning sexual and reproductive health services in England: A Framework for Sexual Health Improvement in England - GOV.UK (www.gov.uk) *It is expected that this document will be replaced by a new national Sexual Health strategy in 2022 but at the time of publication this has yet to be released.*

Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV (2015). This guide was published for commissioners of sexual health, reproductive health and HIV services in local government, clinical commissioning groups (CCGs) and NHS England to support them with the changes outlined in the Health & Social Care Act and emphasised the need for collaborative commissioning to meet the sexual and reproductive needs of local populations: Commissioning sexual health, reproductive health and HIV services - GOV.UK (www.gov.uk)

Syphilis: Public Health England Action Plan (2018) In response to a rise in syphilis cases in England, Public Health England published a syphilis action plan to address this need. The actions in this plan are aimed at clinicians, public health specialists, specialty societies and commissioners of specialist sexual health services and focus on the key affected populations: Syphilis: Public Health England action plan - GOV.UK (www.gov.uk)

Women's Health Strategy (2022). This strategy provides a 'life course' approach to improving women's health. The strategy addresses a number of health inequalities relating to sexual and reproductive health.: Women's Health Strategy for England - GOV.UK (www.gov.uk).

Towards Zero: the HIV Action Plan for England - 2022 to 2025 (2021). This action plan outlines how the Government are committed to achieving zero new HIV infections and ending HIV related deaths by 2030 by delivering on a number of objectives: Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025 - GOV.UK (www.gov.uk)

Relationships Education, Relationships and Sex Education (2019) This statutory guidance outlines how schools are required to teach young people relationships education and relationships and sex education: Relationships and sex education (RSE) and health education - GOV.UK (www.gov.uk)

National Chlamydia Screening Programme (2021) In 2021 the National Chlamydia Screening Programme shifted its focus from opportunistically screening young people for chlamydia to young women only. These changes reflected evidence that chlamydia leads to significant

harm to reproductive health and that opportunistic screening of women can effectively reduce these harms: Changes to the National Chlamydia Screening Programme (NCSP) - GOV.UK (www.gov.uk)

Teenage Pregnancy Update (2018) This guidance document outlines how progress has been made since the publication of the Teenage Pregnancy Strategy and what further steps need to be taken to continue this trend: Good progress but more to do: teenage pregnancy and young parents | Local Government Association

NICE Guidance

Sexually transmitted infections and under-18 conceptions (PH3). This is guidance is for professionals who are responsible for, or who work in, sexual health services. This includes general practitioners and professionals working in contraceptive services, genitourinary medicine and school clinics.

Contraceptive services for under 25s (PH51) is for NHS and other commissioners, managers and practitioners who have a direct or indirect role in, and responsibility for, contraceptive services. This includes those working in local authorities, education and the wider public, private, voluntary and community sectors.

Long-acting reversible contraception (CG30) is about long-acting reversible contraception (LARC). It offers best-practice advice for all women of reproductive age who may wish to regulate their fertility using LARC methods.

HIV testing (NG60): increasing uptake among people who may have undiagnosed HIV. This guidance covers how to increase the uptake of HIV testing in primary and secondary care, specialist sexual health services and the community. It describes how to plan and deliver services that are tailored to the local prevalence of HIV, promote awareness of HIV testing and increase opportunities to offer testing to people who may have undiagnosed HIV.

HIV testing (QS157). This quality standard covers interventions to improve the uptake of HIV testing among people who may have undiagnosed HIV. It focuses on increasing testing to reduce undiagnosed infection in people at increased risk of exposure. It describes high-quality care in priority areas for improvement.

4. Local Sexual & Reproductive Health Provision

An overview of local sexual and reproductive health is provided below.

Swindon Sexual Health Clinic (SSH)

This clinic is located on the second floor of Swindon Health Centre, 1 Islington Street with a satellite clinic once a week at Chippenham Community Hospital. This service is provided by Great Western Hospitals NHS Foundation Trust (GWHFT). Services offered by SSH include confidential information and advice about contraception, free condoms, emergency contraception, Sexually Transmitted Infections (STIs) including self-test kits, pregnancy advice, delivery of pre exposure prophylaxes (PrEP) and Post-exposure Prophylaxis for sexual exposure (PEPSE), HIV testing and management of people living with HIV including peer support.

Anyone can access the service as it doesn't require a referral from the GP or other health professional. Pre pandemic a mixture of pre-booked appointments and drop-in clinics were on offer. A Thursday evening drop-in clinic is still available whilst all other clinics remain pre-booked. Young People are able to drop into the clinic anytime during opening hours, although they are advised to phone or text beforehand.

SSH also have a small outreach nursing team that supports vulnerable and high risk groups such as young people, sex workers and people who are homeless. At the time of publication of this needs assessment the SSH are currently running a 6 month pilot offering a free condom postal service for Young People aged 16-24 and working with pharmacies to re-launch community provision of Emergency Hormonal Contraception (EHC) is also underway.

HIV Services

Swindon HIV services are based in Swindon Health Centre and offers full treatment options, management and support to HIV patients. This service is commissioned by NHS England. The service consists of 2 consultants and an associate specialist, HIV pharmacist, specialist nurses, health advisers and receptionists. Patients requiring specialist inpatient care are admitted to either Swindon's Great Western Hospital or the John Radcliffe in Oxford.

GP practices

Contraception services and cervical screening are essential services provided by GP practices. GP practices also provide pregnancy testing and some provide STI testing or refer patients to the local sexual health clinic. Some contraception methods however are classed as enhanced services, therefore the individual GP practices can choose if they want to provide this. For example Long Acting Reversible Contraception (LARC) is an enhanced service and, depending on the clinical reason for having LARC, this can be commissioned by either the CCG or the Local Authority.

There are currently 18 GP practices holding LARC contracts with SBC with the amount of LARC activity performed within practices varies greatly.

Vasectomy

A vasectomy (male sterilisation) is a surgical procedure to cut or seal the tubes that carry a man's sperm to permanently prevent pregnancy. The vasectomy service in Swindon is delivered by MSI from Lawn Medical Centre and can be accessed via a referral from a patient's GP surgery.

Termination of Pregnancy

Termination of pregnancy services are funded by the NHS and commissioned by Integrated Care Boards. In Swindon there is a BPAS (British Pregnancy Advisory Service) located on Dammas Lane which is open 5 days a week. BPAS is a national abortion service providing counselling alongside both medical and surgical abortions. Those that have had a termination within BPAS can also receive contraception services. BPAS is open access therefore anyone can self-refer, they don't have to be referred by a professional. BPAS in Swindon offers medical abortions. The nearest Termination of Pregnancy service to Swindon providing surgical abortions is MSI in Bristol.

SARC (Sexual Assault Referral Centre)

The Swindon and Wiltshire SARC is provided by First Light and the centre is located in Swindon. Recent victims of rape or sexual assault can contact SARC directly to receive immediate help and support. SARC clients will be supported by a crisis worker and can choose whether to inform the police or not (if they haven't already done so). If the client wishes, a forensic examination can be carried out (by a specialist nurse or doctor). Clients will also be offered a pregnancy test and/or emergency contraception if appropriate. SARC can also provide access to sexual health services, counselling and ongoing support from an ISVA (Independent Sexual Violence Adviser).

Family Nurse Partnership (FPN)

This is a service commissioned by Swindon Borough Council. This service is currently commissioned to offer FNP to:

- All women under 18 at conception having first babies
- All care leavers under 25 having first babies
- All those having first baby under 20 years old who are thought to be vulnerable.

This service uses specially trained family nurses who support the young mums and their families through their pregnancy up until the child is between 1 and 2 years old. FNP is very much an individual needs driven service helping the young parent with things such as parent-child attachment, child development, breastfeeding, immunisations we well as helping the parent identify their future goals and aspirations.

School Nursing

School nursing is a service provided by Swindon Borough Council. School nurses currently provide sexual health clinics fortnightly at each of the secondary schools and 2 schools with special educational needs. There is a long term plan to be able to run these clinics on a weekly basis. These clinics provide sexual health advice and where required may include pregnancy testing or referral to the sexual health service outreach nurses. Emergency Hormonal Contraception is not included as part of this service. Schools do not advertise or promote sexual health services but are aware that the school nursing service will deliver this on a needs led basis. The school nursing service do not provide support to independent schools or Swindon colleges.

Youth Engagement Service

This is a service within Swindon Borough Council that offers a time limited, needs led, targeted intervention to young people aged 14-18. The service is directed at those who have difficulty with family or peer relationships, display behaviour that puts their personal safety at risk or who are unable to manage their emotions affecting their development. The youth engagement workers also work with young people who are at risk of sexual or criminal exploitation, engaged in harmful sexual behaviour and who are exposed to risks outside of the family home. The work of the youth engagement service can take place in a variety of locations such as schools, the family home, or in a neutral setting.

Harmful Sexual Behaviour Project

The Harmful Sexual Behaviour (HSB) project is a core service within Swindon Borough Council that provides AIM assessments on young people that have displayed HSB). These assessments are used alongside the Brook Traffic Light (BTL) tool to distinguish healthy and unhealthy sexual behaviours. There is currently a BTL training programme for practitioners and educators across Swindon. If the AIM assessment shows the case meets the threshold then interventions are provided to those young people and their parent/carers. There is a referral pathway process for assessing AIM assessments that can be found on the Swindon Safeguarding Partnership website.

5. Sexual Health: Variation in Outcomes & Inequalities

The following section presents local sexual and reproductive health outcome indicators from existing national and local data sources and outlines which groups are at higher risk of sexual health inequalities. This section follows the process outlined by UKSHA in the 'Sexual Health: Variations in Outcomes and Inequalities toolkit' (2020): Sexual health: variation in outcomes and inequalities - GOV.UK (www.gov.uk)

Adopting this approach highlights any sexual and reproductive health inequalities that Swindon experiences and informs ways to target and reduce sexual and reproductive health inequality to improve outcomes for the local population. A range of sexual and reproductive health indicators below are compared with the Chartered Institute of Public Finance and Accountancy (CIPFA) neighbours. This methodology allows Local Authorities to compare their performance with other Local Authorities that have similar socio-economic indicators.

1. STIs in sexually active adults and young people

STIs are often asymptomatic therefore frequent screening is important, as early detection and treatment can reduce important long-term consequences such as infertility and ectopic pregnancy.[1]

1.1. STI testing and diagnosis - local service use

The most recent available data shows that the STI testing rate (excluding chlamydia in those aged under 25) was 4,883.6 per 100,000 in adults aged 15-64 years in Swindon. This is a higher testing rate than the average for Swindon's CIPFA neighbours (3,491.8 per 100,000) and England (4,549.3 per 100,000). Figure 1 shows a gradual increase in STI testing rates up until 2019 in line with the national trend. The total number of people tested for one or more infections (for syphilis, HIV, gonorrhoea and chlamydia) at a new attendance decreased across all infections in 2020 as a result of the Covid-19 pandemic which saw national and regional restrictions on social mixing and a reconfiguration of sexual health services (reduced capacity for face-to-face consultation and increased access to telephone and internet consultations).[2] It is of note that Swindon's STI testing rate increased above the national average in 2019 and remained above the national in 2020.

[1] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E06000030.html?area-name=Swindon#stis

[2] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E06000030.html?area-name=Swindon#stis

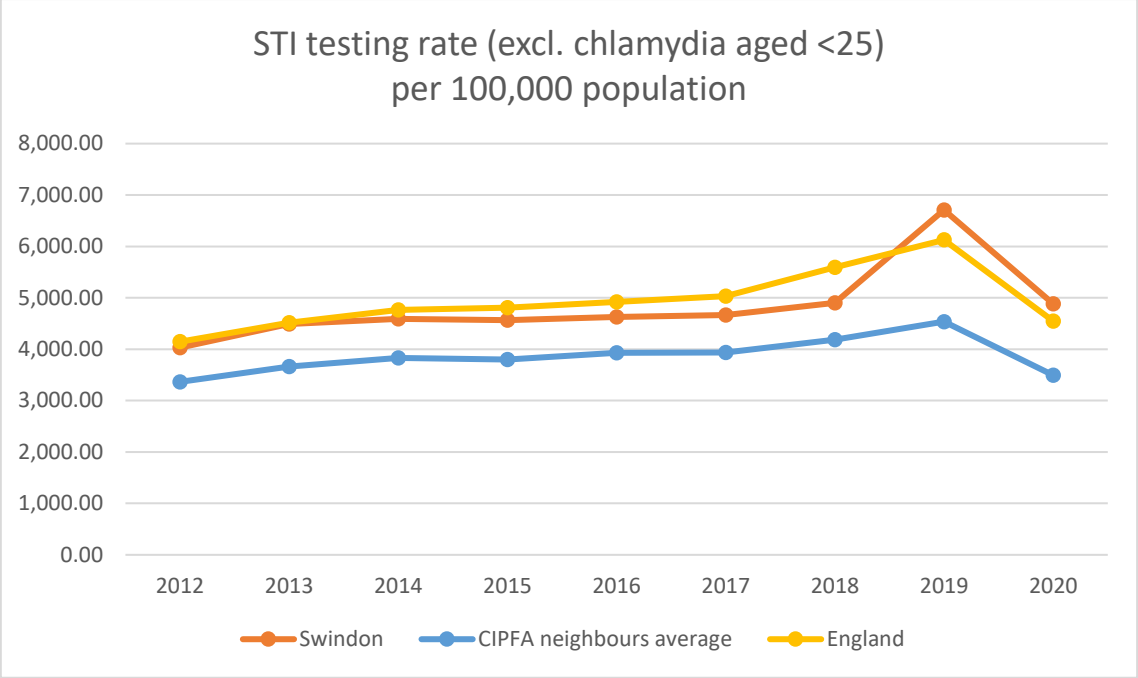


Figure 1: STI testing rate trends in Swindon, compared with Swindon's CIPFA neighbours and England, 2012 - 2020

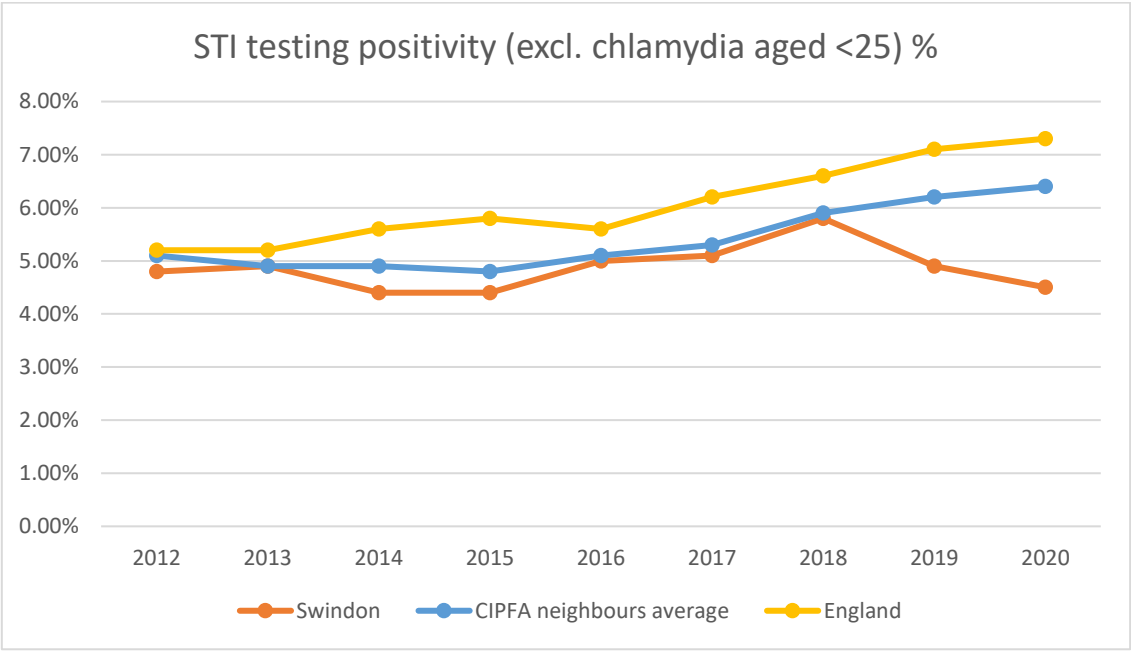


Figure 2: STI testing positivity trends in Swindon, compared with Swindon's CIPFA neighbours and England, 2012 - 2020

The percentage of people accessing sexual health services who have had one or more STI tests and have tested positive for any STI is known as the STI positivity rate. In 2020, the STI positivity rate in Swindon was 4.5%, compared with 6.4% for Swindon's CIPFA neighbours and 7.3% for England (Figure 2). From 2012 to 2018, the trend in STI positivity rates in Swindon was increasing. However, rates have since fallen from 5.8% in 2018 to 4.5% in 2020. Conversely, national STI positivity rates have continued to increase steadily.

Local sexual health service provider data shows that 88% of people attending first appointments at sexual health services were subsequently screened for infections. Patient characteristics are shown in Table 1 below. Those in the 15-34 years age groups were more likely to be screened (>88%), followed by those aged 35-64 (>80%), with fewer screenings in those aged <15 and 65+ (<74%). The majority of screens were for people who were female (60%) and heterosexual (86%), and these proportions were representative of the population attending sexual health services. 85% of sexual health screens were for people of White ethnicity, 13.5% for all other ethnic groups, and less than 1% were unspecified (see Table 1). Compared with Swindon's population ethnicity projections, a slightly higher percentage of people of Mixed ethnicity (4.9% screened vs 2.7% population) and Black/Black British ethnicity (4.2% screened vs 1.9% population) were screened. A lower percentage of people of Asian/Asian British ethnicity were screened (3.8% screened vs 9.5% population).[3]

Characteristic	Group	Number of 1st Attendances	Percentage of attendances for the group total (by characteristic)	Number of sexual health screens taken	Percentage of screens for the group total (by characteristic)	Percentage of sexual health screens taken (at 1st attendance)
Gender	Male	2404	34%	2065	33%	86%
	Female	4100	59%	3706	60%	90%
	Not known	474	7%	394	6%	83%
	Total	***6978***		***6165***		***88%***
Age (persons)	<15	19	0%	14	0%	74%
	15	16	0%	15	0%	94%
	16-19	747	11%	677	11%	91%
	20-24	1954	28%	1762	29%	90%
	25-34	2453	35%	2191	36%	89%
	35-44	1064	15%	919	15%	86%
	45-64	644	9%	516	8%	80%
	65+	36	1%	26	0%	72%
	Not known	45	1%	45	1%	100%
	Total	***6978***		***6165***		***88%***
Sexual Orientation	Heterosexual or Straight	5925	85%	5289	86%	89%
	Gay/Lesbian	660	9%	527	9%	80%
	Bisexual	235	3%	202	3%	86%
	Not known	158	2%	147	2%	93%
	Total	***6978***		***6165***		***88%***
Ethnicity	White	5928	85.0%	5243	85.0%	88%
	Asian or Asian British	253	3.6%	234	3.8%	92%
	Black or Black British	307	4.4%	257	4.2%	84%
	Mixed	342	4.9%	299	4.9%	87%
	Other ethnic groups	42	0.6%	36	0.6%	86%
	Not specified	34	0.5%	25	0.4%	74%
	Total	***6978***		***6165***		***88%***

Table 1: STI screenings - patient characteristics by gender, age, sexual orientation and ethnic group, April 2020-March 2021

[3] UKHSA GUMCAD Report: Sexual Health Screens, April 2020-March 2021.Patient attendances at all GUM & non-GUM services in Swindon. Not publicly available.

Local sexual health service key performance indicator (KPI) data for 2021-22 reveals that the British Association for Sexual Health and HIV (BASHH)quality standards for the management of STIs are being met , however there is room for some improvement (see Table 2 below).[4]

Outcome Indicator	Threshold	Overall Year Total (Green= threshold met, amber= threshold not met)
Percentage of individuals accessing services who have Sexual History and STI/HIV risk assessment undertaken	100%	**95%**
Monitor percentage of first time service user (of clinical based services) offered and accepting an HIV test	60%	**62%**
Percentage of routine STI laboratory reports of results (or preliminary reports) which are received by clinicians within seven working days of a specimen being taken	100%	**99%**
Ratio of contacts per gonorrhoea index case, such that the attendance of these contacts at a Level 1, 2 or 3 service was documented as reported by the index case, or by a HCW, within four weeks of the date of the first PN discussion (within 12 weeks for HIV)	At least 0.6 contacts in other clinics, and documented within four weeks of the date of the first PN discussion	**0.4**
The ratio of all contacts of chlamydia index case whose attendance at a Level 1, 2, or 3 sexual health service was documented as verified by a HCW, within four weeks of first PN discussion	At least 0.4 contacts per index case for all clinics (in and outside London) and documented within four weeks of date of first PN discussion	**0.5**
Documented evidence within clinical records that PN has been discussed with people living with HIV within 4 weeks of receiving a positive HIV diagnosis and within 1 week of identifying subsequent partners at risk	90%	**100%**
Documented PN outcomes or a progress update at 12 weeks after the start of the process	90%	**100%**
Monitor period of time from consultation to availability of results by service user	95% within 10 working days.	**98%**

Table 2: Swindon Borough Council and Great Western Hospital NHS Foundation Trust integrated sexual health service quality outcomes indicators, April 2021- March 2022

In 2020, there were 1,080 new STI diagnoses (excluding chlamydia in those aged under 25) in Swindon residents, a rate of 485 per 100,000 population, which is higher than the average for the South West region (429 per 100,000) but lower than England (619 per

[4] British Association for Sexual Health and HIV website. Available from: https://www.bashh.org/guidelines and communication with BSW CCG re: local sexual health service data.

100,000). Swindon has a higher rate than most of its CIPFA neighbours (4th highest out of 16 areas), however pre-2020 trends show that the rate for Swindon has remained relatively stable and lower than the England rate since 2014 (see Figure 3. Note: no trend data available for the average for CIPFA neighbours).

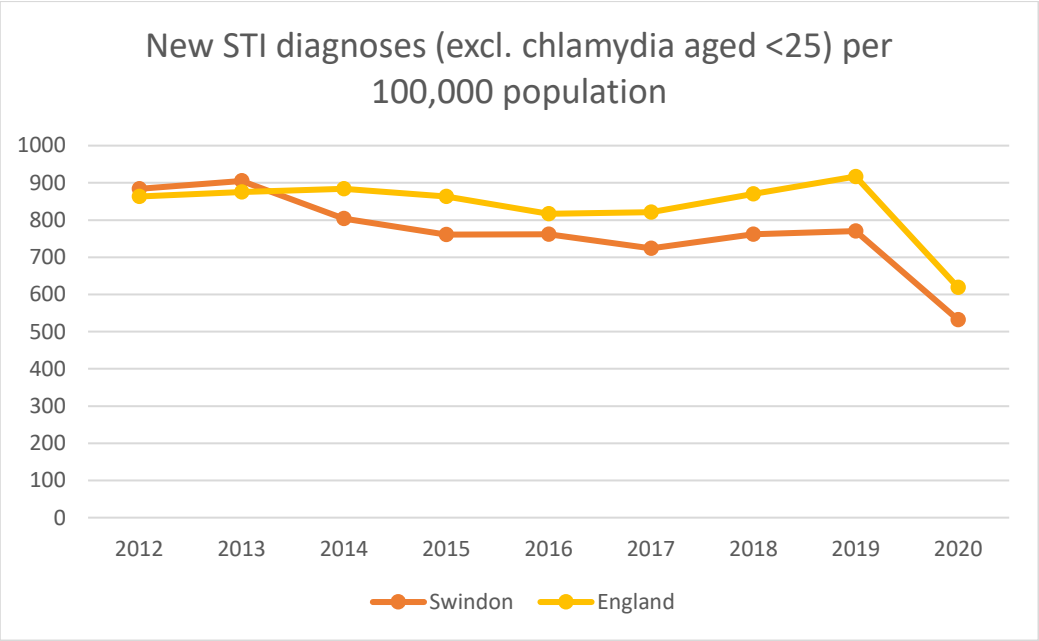


Figure 3: STI diagnoses trends in Swindon, compared with England, 2012 - 2020

1.2. Chlamydia

Chlamydia is the most commonly diagnosed bacterial STI in England, with higher rates in young adults than any other age group.[5] Current recommendations are that local authorities work towards achieving a detection rate of at least 2,300 per 100,000 population aged 15 to 24. In 2020, all areas across the South West including Swindon as well as nationally, were below the minimum benchmarking goal of 1900 per 100,000 population. Swindon's rate was 1,358 compared with 1,408 for England, and Swindon sits 10th out of 16 CIPFA neighbours (see Figure 4 below). Prior to 2020 there had been an overall gradual decrease, with some fluctuation in detection rates between 1,900 and 2,460. It is worth noting that the national Chlamydia Screening Programme changed its focus on reducing the harm from untreated chlamydia from all young adults to young women at the end of 2021. UKSHA are planning to update this detection rate indicator to only include young women in 2022. Further analysis will be required at this stage to understand how we are performing against this indicator locally.

[5] OHID Fingertips Public Health Data: Sexual and Reproductive Health Profiles. Available from: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000057/pat/6/par/E12000009/ati/402/are/E06000030/iid/90776/age/156/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

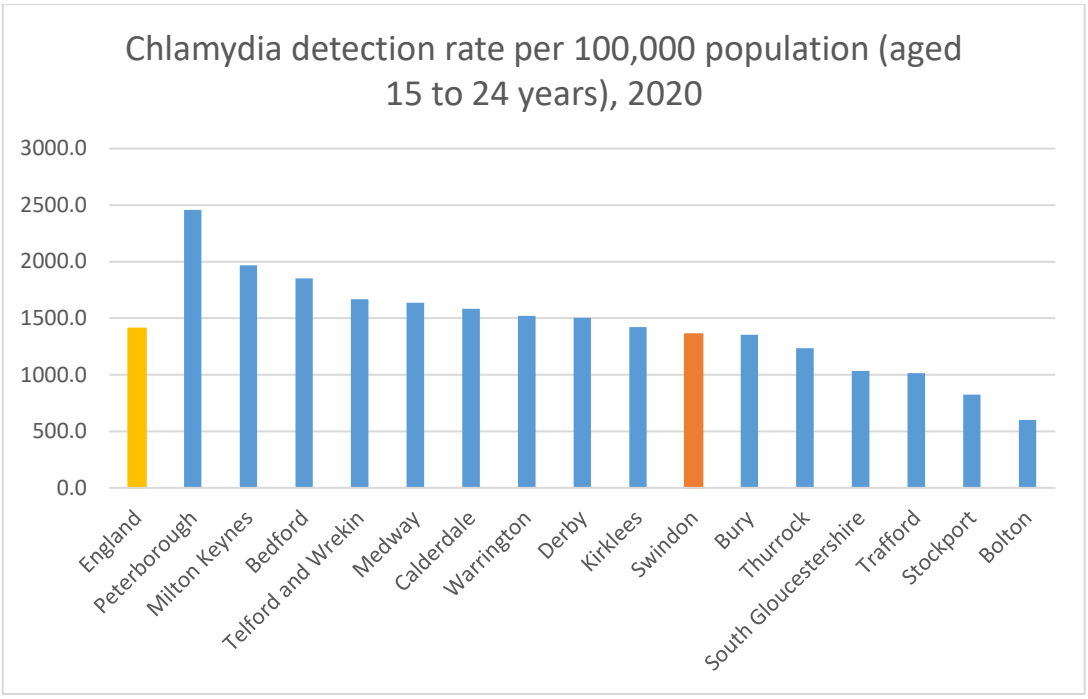


Figure 4: Chlamydia detection rate per 100,000 population aged 15 to 24 years, comparison with Swindon's CIPFA neighbours and England, 2020

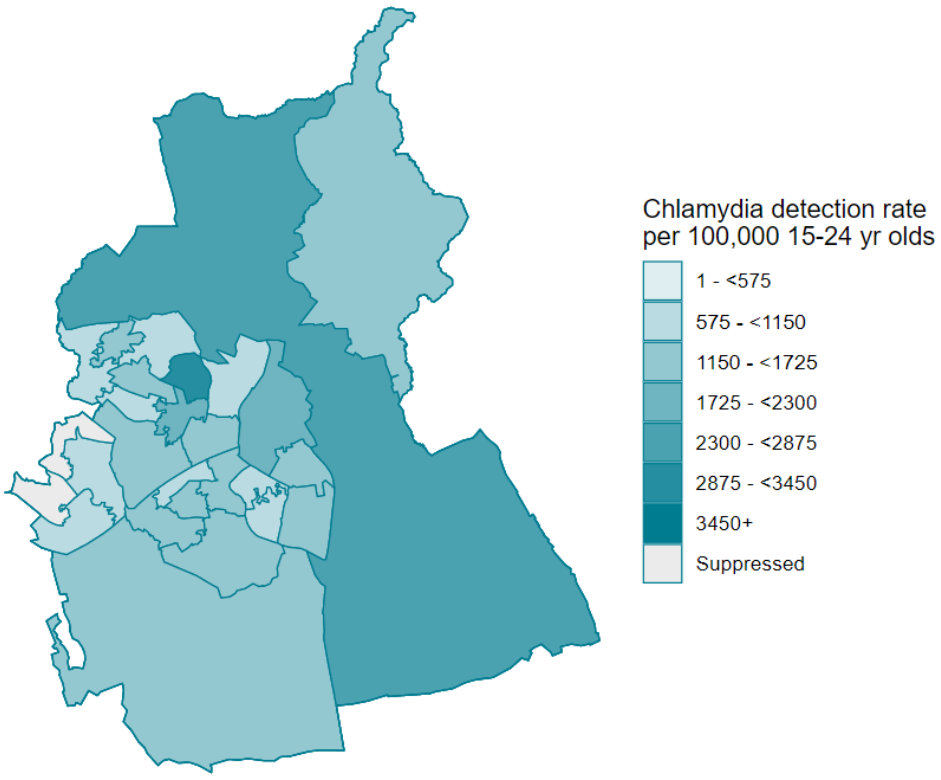


Figure 5: Map of chlamydia detection rate per 100,000 population in 15 to 24 years in Swindon by Middle Super Output Area: 2020 [6]

Figure 5 shows the within area variation in chlamydia detection rates across Swindon. Although variation may represent differences in prevalence, it is also influenced by screening coverage and whether the most at risk groups are being reached.[7]

Local level sexual health service data from April 2020 to March 2021 shows that 13% of the estimated Swindon population aged 15-24 years were tested for chlamydia, with 9.4% of tests giving a positive result, where positivity between 5% and 12% ensures a sufficient proportion of the population is being screened. During this time period the majority of tests were either ordered via internet services (47%), taken at specialist sexual health services (36%), or via a GP (14%). In terms of positivity, 15% of tests taken at specialist sexual health services resulted in a diagnosis of chlamydia, with 7% of tests ordered via the internet and 5% of tests ordered via a GP resulting in a diagnosis. Although positivity rates were lower for tests ordered via internet services compared to sexual health services, the fact that the majority of tests taken were of this type suggests that internet services are an important means of enabling sexually active young people to screen themselves for chlamydia.

Figure 6 shows that, according to the most recent available data on deprivation from 2019, other areas in the fourth more deprived decile (IMD2019) have a higher average chlamydia detection rate (2,625 per 100,000) compared with England (2,050 per 100,000) and Swindon (2,041 per 100,000). This suggests that more could be done to target testing in more deprived areas.

[6] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E06000030.html?area-name=Swindon#stis

[7] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E06000030.html?area-name=Swindon#stis

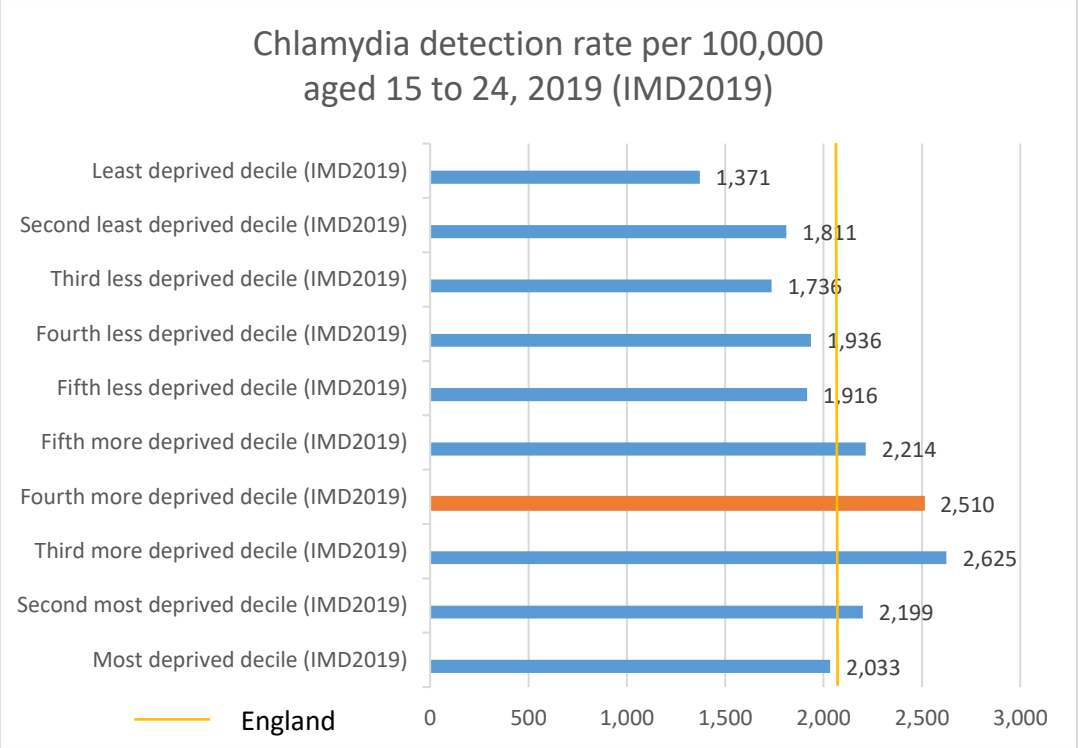


Figure 6: Chlamydia detection rate per 100,000, deprivation deciles, 2019

1.3. Gonorrhoea and syphilis

High rates of syphilis and gonorrhoea in a population are indicators of high levels of unsafe sexual activity. Gonorrhoea causes avoidable sexual and reproductive ill health, and infections with gonorrhoea are more likely than chlamydia to result in symptoms.[8] Syphilis is a highly contagious sexually transmitted bacterial infection characterised by painless sore on the genitals, rectum or mouth. Syphilis is an important public health issue particularly in men who have sex with men (MSM) where there has been an increase in rates both nationally and locally over the past decade.[9]

Figure 7 shows Swindon's syphilis diagnostic rate was 9.4 per 100,000 in 2020 which is statistically similar to England (12.2 per 100,000) and higher than the average for its CIPFA neighbours (7.3 per 100,000). Swindon's rate has been steadily increasing over time in line with the national rate (Figure 8).

[8] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available from: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000057/pat/6/par/E12000009/ati/402/are/E06000030/iid/90759/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/ine-vo-0_ine-yo-1:2020:-1:-1_ine-ct-39_ine-pt-0_car-do-0

[9] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available from: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000057/pat/6/par/E12000009/ati/402/are/E06000030/iid/90742/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/ine-vo-0_ine-yo-1:2020:-1:-1_ine-ct-39_ine-pt-0_car-do-0

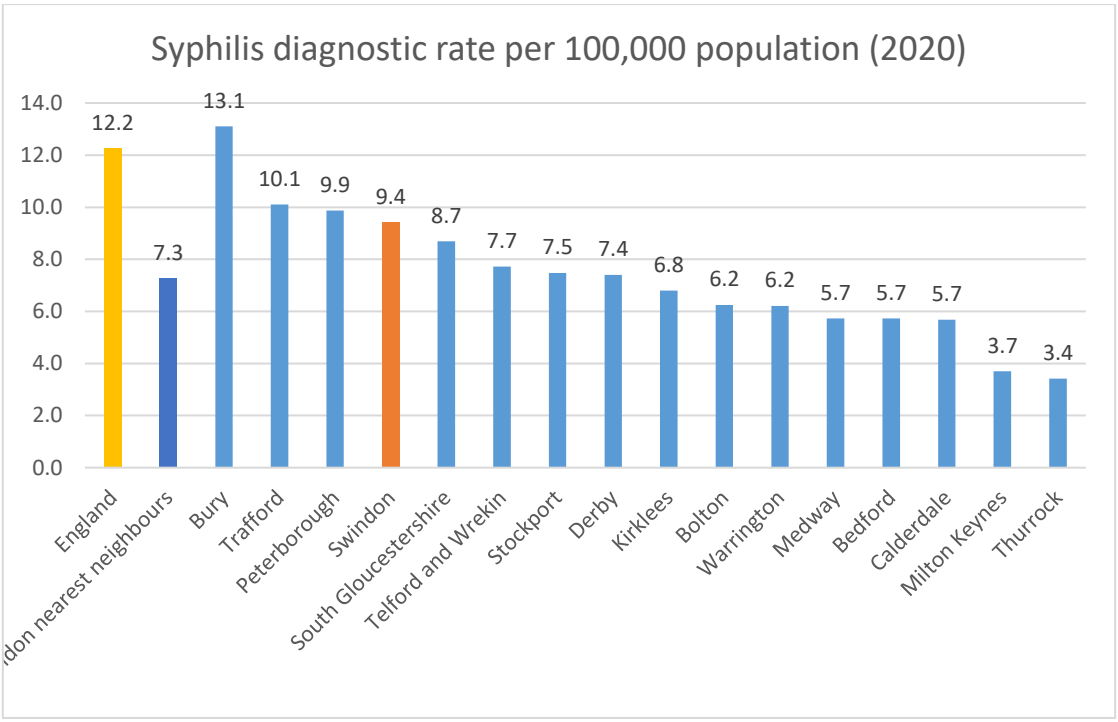


Figure 7: All syphilis diagnoses among people accessing sexual health services in Swindon, 2020, comparison with Swindon's CIPFA neighbours and England

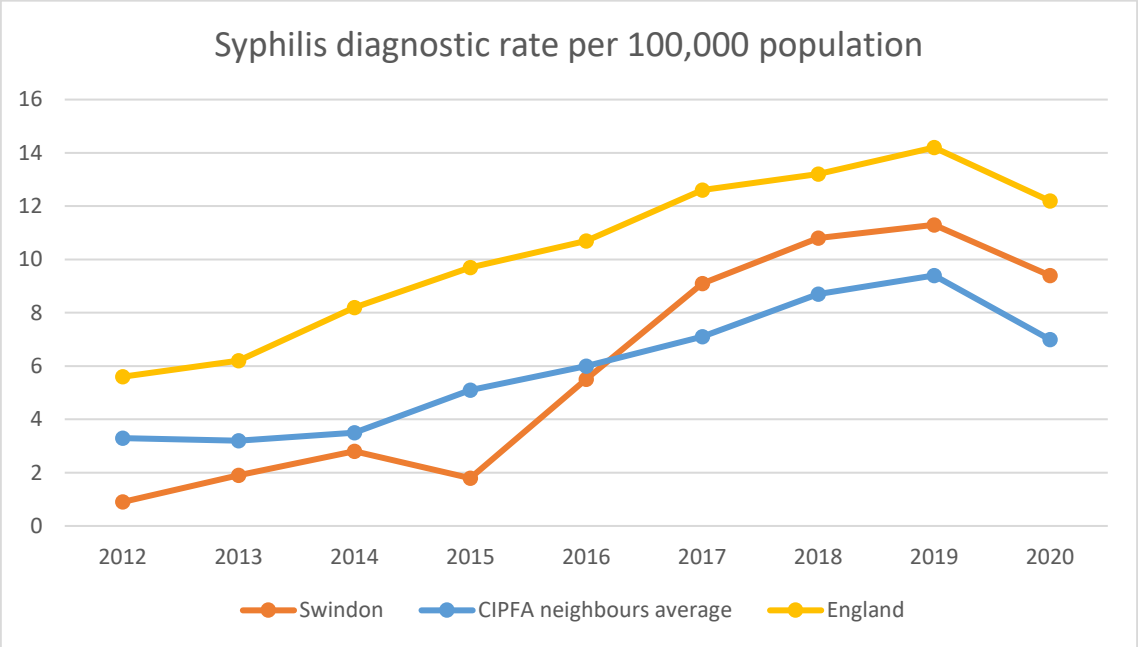


Figure 8: Syphilis diagnostic rate per 100,000 population in Swindon, compared with Swindon's CIPFA neighbours and England, 2012 - 2020

Between April 2020 and March 2021, local sexual health service data shows that the majority of syphilis diagnoses were for males (84%), for those in the 25-44 year age groups (63%), and for people who identify as gay or lesbian (53%). In terms of ethnicity, 74% were of White ethnicity, 21% Mixed ethnicity, and 5% Black or Black British. [10] Compared with

[10] UKHSA GUMCAD report: Sexual health screens, April 2020 – March 2021. Not publicly available.

Swindon population ethnicity estimates, a higher percentage of those of Mixed ethnicity (3% of the population) were affected by syphilis during this time period.

Figure 9 shows Swindon's gonorrhoea diagnostic rate was 45 per 100,000 in 2020 which is statistically lower than England (100.9 per 100,000) and lower than most of its CIPFA neighbours (average 65.6 per 100,000). Although an increase in the diagnostic rate can be seen between 2017 and 2019 in both Swindon and the national rate, trends show that Swindon's diagnostic rate for gonorrhoea has been consistently lower than England since 2014 (Figure 10).

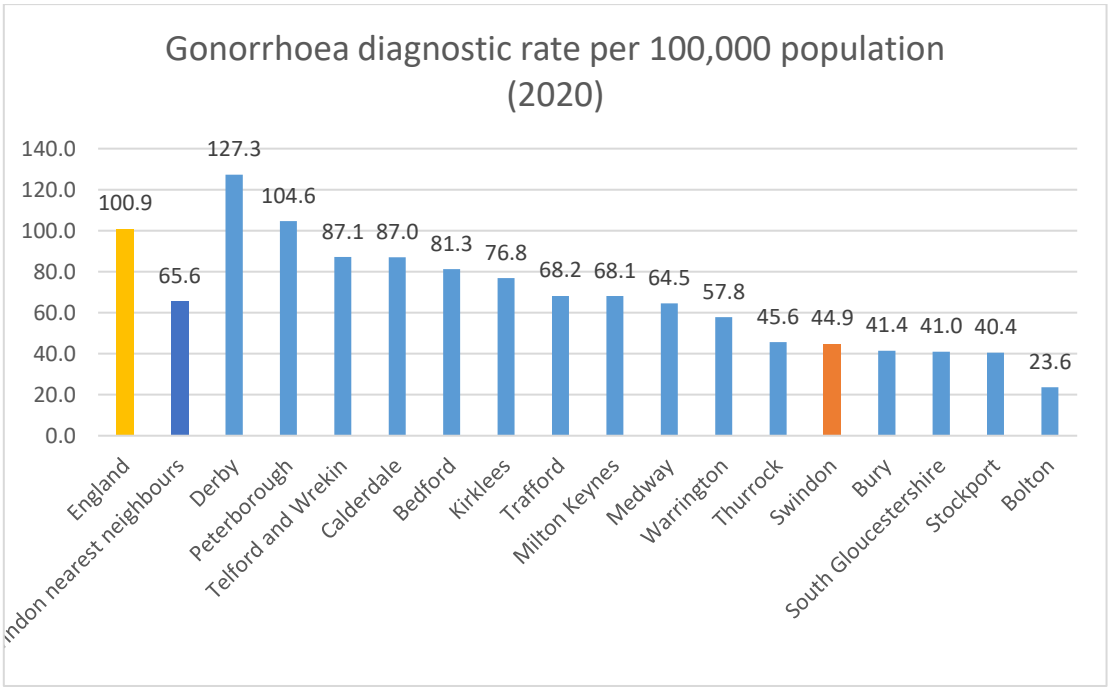


Figure 9: All gonorrhoea diagnoses among people accessing sexual health services in Swindon, 2020, comparison with CIPFA neighbours and England

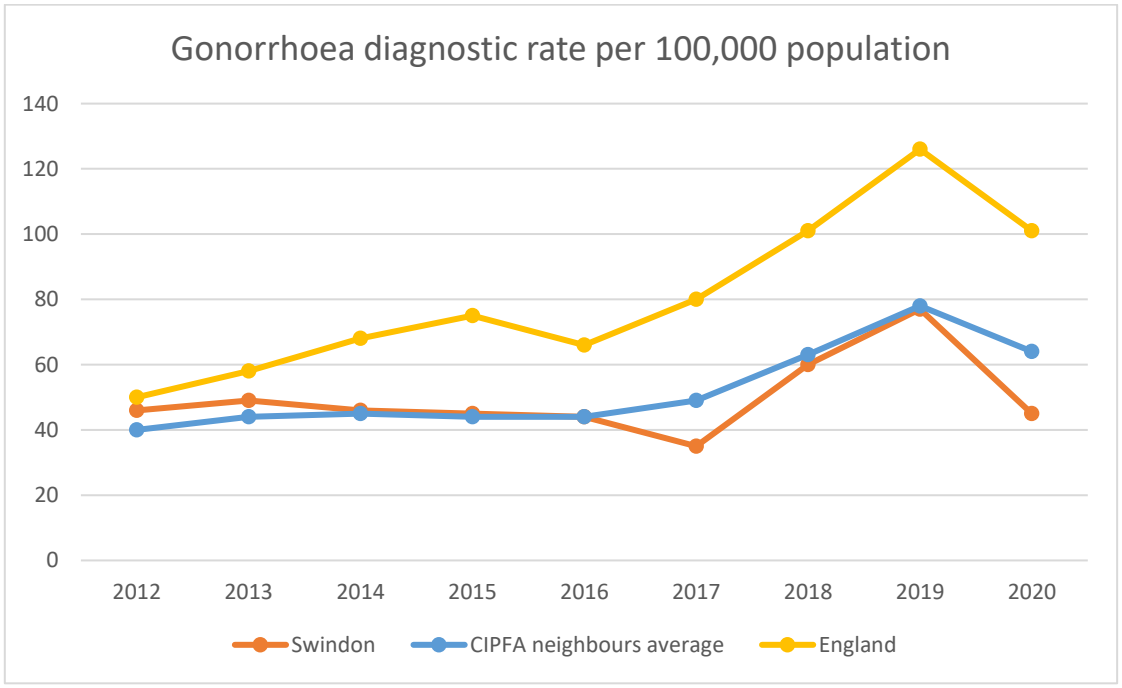


Figure 10: Gonorrhoea diagnostic rate per 100,000 population in Swindon, compared with Swindon's CIPFA neighbours and England, 2012 - 2020

Between April 2020 and March 2021, local sexual health service data shows that the majority of gonorrhoea diagnoses were for males (56%), for those in the 20-34 year age groups (73%), and for people who identify as heterosexual or straight (62%). In terms of ethnicity, 78% were of White ethnicity, 15% Mixed ethnicity, and 5% Black or Black British.[11] As with syphilis, compared with Swindon population ethnicity estimates, a higher percentage of those of Mixed ethnicity (3% of the population) were affected by gonorrhoea during this time period.[12]

1.4. HIV

HIV (Human Immunodeficiency Virus) is a chronic health condition which attacks the immune system and if not treated can lead to the development of acquired immunodeficiency syndrome (AIDS). Free and effective treatment means that people living with HIV in the UK can now expect to have a near normal life expectancy if diagnosed promptly and adhere to treatment.[13] Although anyone could become infected with HIV there are some groups in society that are affected disproportionately by HIV. This includes men who have sex with men (MSM), people of Black African ethnicity and people who inject drugs (PWID).

In 2020, the HIV diagnosed prevalence rate per 1,000 population aged 15 to 59 in Swindon was 1.94. This is statistically lower than England at 2.31 per 1,000 but Swindon is close to being defined as a high HIV prevalence area (> 2 per 1,000 population is considered high prevalence). Figure 11 shows that Swindon's HIV diagnosis prevalence rate has increased steadily over time, in line with the trend for Swindon's CIPFA neighbours and England.

[11] UKHSA GUMCAD report: Selected STI diagnosis numbers: patient attendances at all GUM & Non-GUM services in Swindon. Not publicly available.
[12] UKHSA GUMCAD report: Sexual health screens, April 2020 – March 2021. Not publicly available.
[13] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E06000030.html?area-name=Swindon#hiv

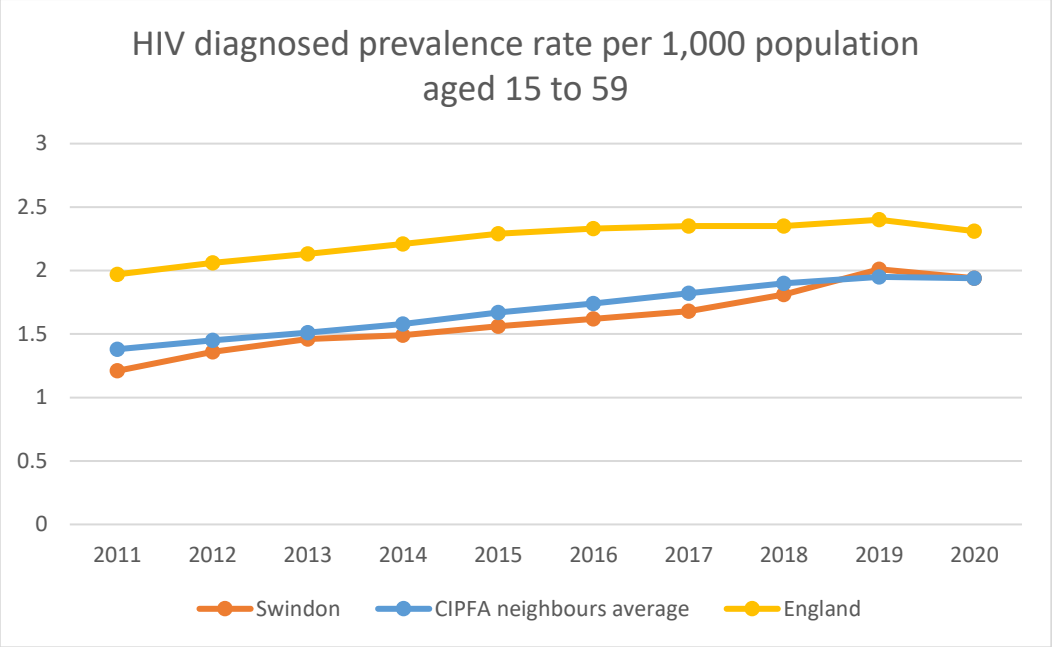


Figure 11: HIV diagnosed prevalence rate trends from 2011-2020, comparison with Swindon's CIPFA neighbours and England

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection.[14] If a person newly diagnosed with HIV has a CD4 cell count of less than 350 cells/mm^3 within 91 days of first diagnosis, this is defined as a late diagnosis. In Swindon between 2018 and 2020, 44.4% of new HIV diagnoses were classified as late. This is statistically similar to England at 42.4%. Swindon sits about halfway amongst its CIPFA neighbours, as shown in Figure 12. More positively, trends suggest that the percentage of HIV late diagnosis is falling in Swindon, from 56.1% in 2009-2011 to 44.4% in 2018-2020.

A breakdown of HIV late diagnosis in Swindon between 2018 and 2020 shows that 25% of gay, bisexual and other men who have sex with men, and 25% of heterosexual men diagnosed with HIV met the definition of a late diagnoses (all CD4 cell count less than 350). However, nearly three quarters (73.3%) of new diagnoses in heterosexual women were classed as late, suggesting that more needs to be done to target testing at heterosexual women who may be affected for early identification.

[14] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles

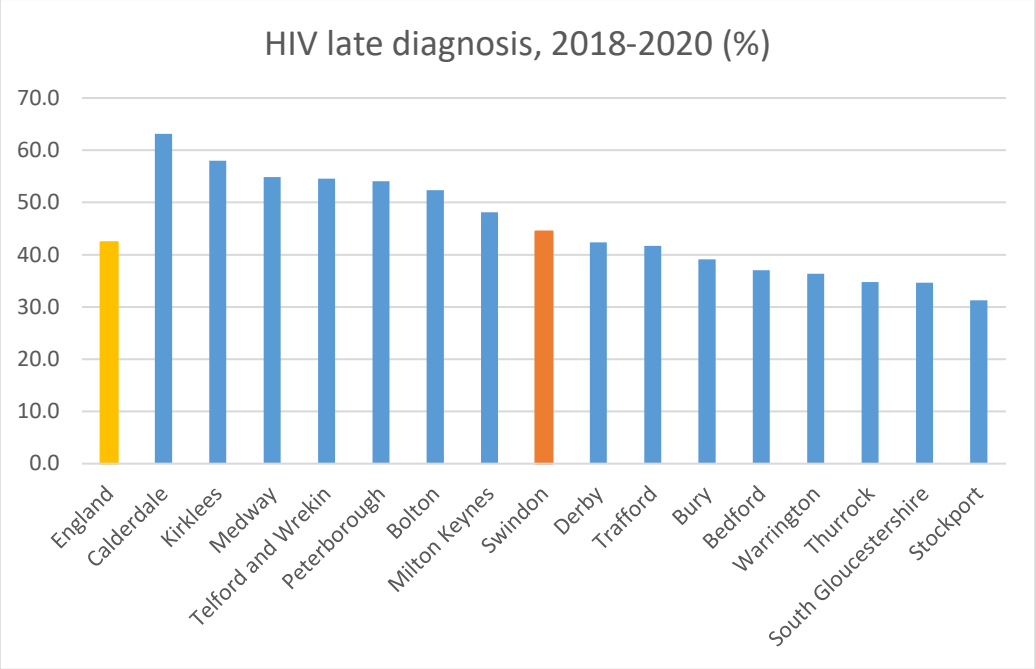


Figure 12: HIV late diagnosis, 2018-2020, comparison with Swindon's CIPFA neighbours and England

Data shows that in 2020, 46% of people considered eligible for HIV testing in Swindon when attending specialist sexual health clinics were actually tested for HIV. Broken down further, 70% of eligible men were tested for HIV, 50% of eligible women, and 81.8% of eligible gay, bisexual and other men who have sex with men (MSM) were tested. The percentages for men and women is statistically better than England, at 62.2% and 36.9% respectively. Current recommendations are that gay and bisexual men should be tested for HIV at least once a year and every 3 months if they are having unprotected sex with new or casual partners.[15] In 2020, 55.4% of gay, bisexual and other men who have sex with men who tested for HIV had been tested at least once at the same Swindon clinic in the previous year, known as repeat testing.

The most recent available data shows that in 2019 the highest proportion of people living with diagnosed HIV are of White (54%) and Black African (36%) ethnicity, the latter being disproportionately high in comparison with Swindon's population (85% and 1.9% respectively).[16] In terms of probable routes of infection, sex between men and women (63%) and sex between men (34%) were the exposure groups with the highest proportion of people living with diagnosed HIV.

Specialist sexual health services were commissioned to deliver HIV pre-exposure prophylaxis (PrEP) in 2020. PrEP is a medicine that people at increased risk of HIV can take to prevent them getting HIV. When taken as prescribed, PrEP is highly effective at preventing HIV. In 2021/22, 96% of PrEP attendees in Swindon's sexual health service were male. Whilst 75%

[15] OHID Fingertips: Public Health Profiles. Available from: https://fingertips.phe.org.uk/search/repeat%20HIV#page/6/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/93551/age/1/sex/1/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[16] PHE: SPLASH supplement report for Swindon, published August 2021.

of attendees identified as MSM, 15% as heterosexual and 10% as bisexual. Awareness of PrEP among the MSM population is generally good but more work is required to improve awareness of PrEP among the non MSM population locally.

2. Reproductive health and planned pregnancy

2.1. Local teenage pregnancy rates

Most teenage pregnancies are unplanned and around half end in abortion. Research shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children, including lower educational attainment, greater likelihood of unemployment, and higher risk of living in poverty.[17] High or rising teenage pregnancy rates can therefore be an indicator of education and health inequality. In 2020, the under 18s conception rate in Swindon was 10.8 per 1,000 population (females aged under 18). This was similar to the rate for England (13.0 per 1,000) but higher than the rate for the South West (10.5 per 1,000). Swindon's rate is lower than most of its CIPFA neighbours, as shown in Figure 13.

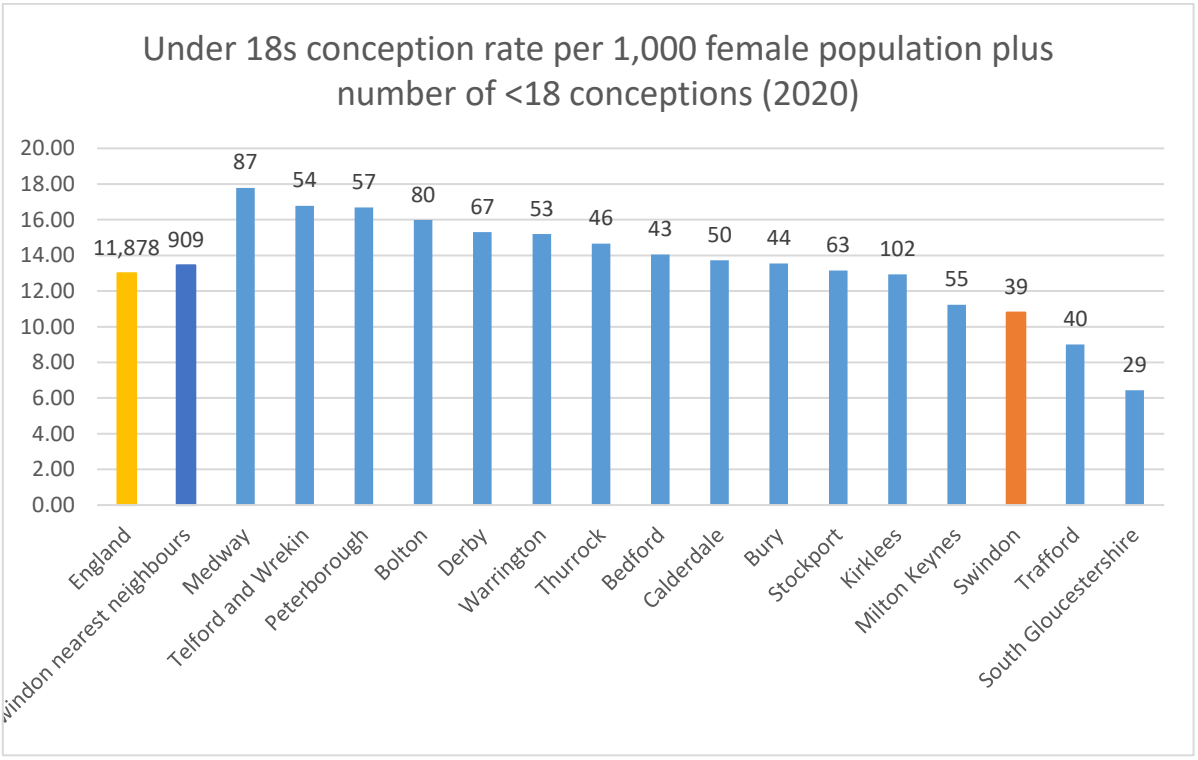


Figure 13: Under 18s conception rate per 1,000 in 2020, comparison with Swindon's CIPFA neighbours and England

Although there is some fluctuation owing to low numbers, Swindon's under 18s conception rate continues to fall in line with the national trend. Since the introduction of the Teenage

[17] OHID Fingertips: Under 18s conception rate. Available from: https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data#page/6/gid/8000057/pat/6/par/E12000009/ati/402/are/E06000030/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0 and UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E06000030.html?area-name=Swindon#stis

Pregnancy Strategy in 1999, the number of under 18s conceptions in Swindon has fallen by 77%.

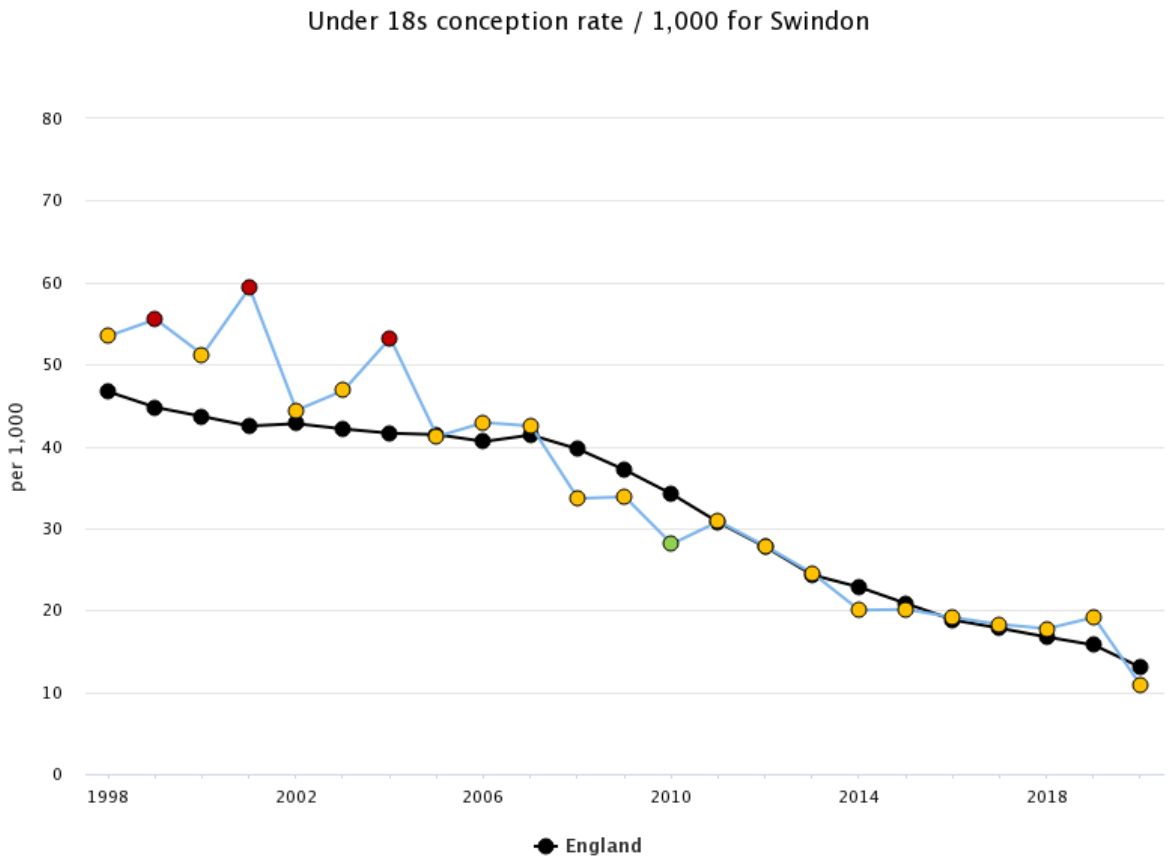
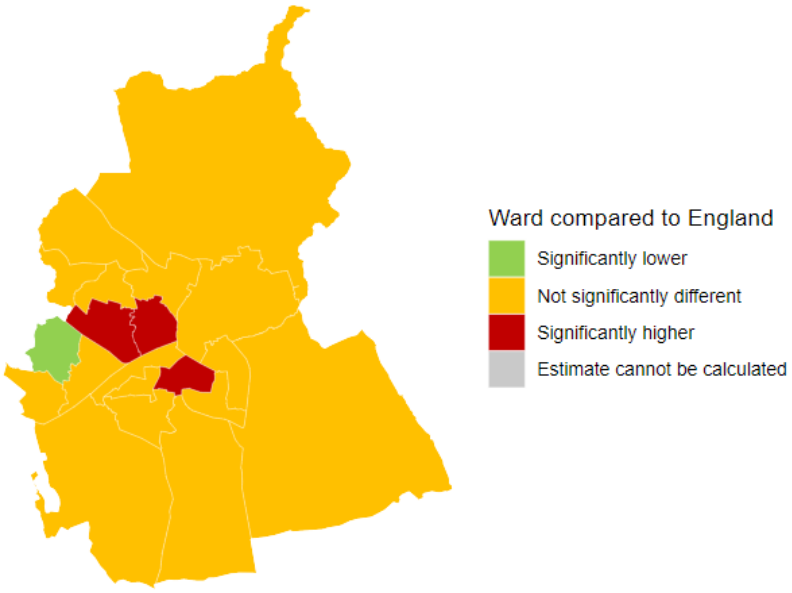


Figure 14: Swindon Under 18s conception rate per 1,000 compared with England



Please note that under-18 conceptions data has not yet been published for 2020, so data in this section does not show the impact of the COVID-19 pandemic.

Figure 15: Under 18s conception rate in Swindon by ward, compared to England: three-year period between 2017-2019

Analysis of ward level data (see Figure 15) aggregated over a three year period shows that Shaw ward is the only ward in Swindon with an under 18 conception rate that is significantly lower than the England average. Shaw is one of the five least deprived wards in Swindon. Gorse Hill and Pinehurst, Rodbourne Cheney, and Walcot and Park North wards all have an under 18 conception rate which is significantly higher than the England average. These wards are in the five most deprived areas in Swindon.[18]

It can also be helpful to consider risk factors for teenage pregnancy. Figure 15 below shows four risk indicators for Swindon for teenage pregnancy relating to income, education, employment/training and children in care, compared with England and areas that are statistically similar to Swindon in terms of children's services. These areas are known as Children's Services Statistical Neighbour Benchmarking Tool (CSSNBT) neighbours.[19] In 2019/20, Swindon had a smaller proportion of children under 16 in relative low income families compared to England, but a higher proportion of 16-17 year olds not in education, employment or training. As can be seen in the figure, Swindon sits favourably in comparison with its CSSNBT neighbours on two out of the four indicators.

[18] Index Multiple Deprivation 2019 report for Swindon. Available from Swindon JSNA website: https://www.swindonjsna.co.uk/dna/ID

[19] Department for Education (DfE) Local Authority Interactive Tool User Guide, 2021. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/975113/LAIT_User_Guide_2021.pdf

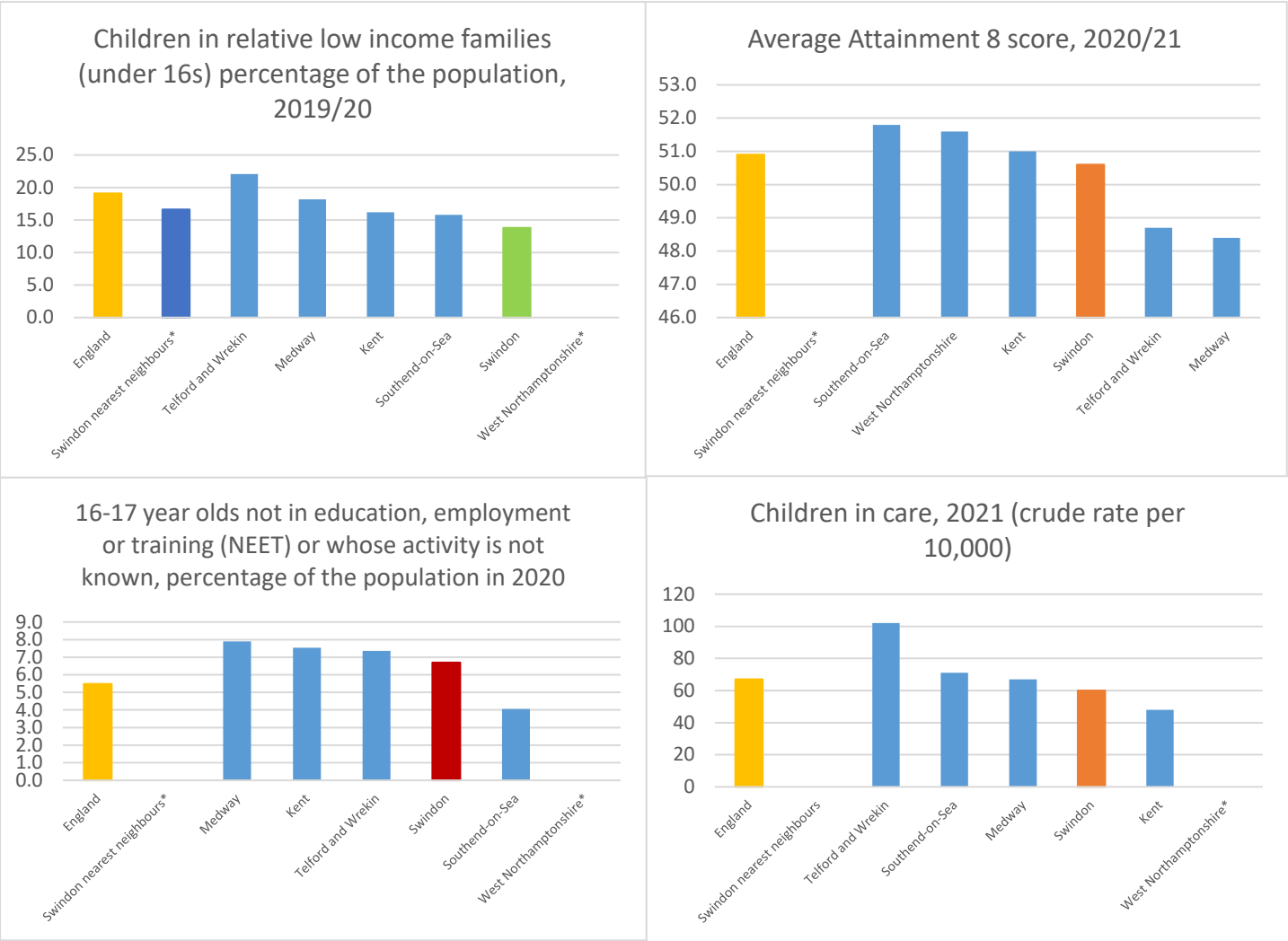


Figure 16: Risk indicators for teenage pregnancy, comparison with England and Swindon's CSSNBT neighbours

Legend for Swindon: Red= statistically significantly worse than England; Orange= statistically similar to England; Green = statistically better than England.

2.2. Access to contraception

Access to long acting reversible contraception (LARC) fittings and removals have been particularly impacted by the Covid-19 pandemic due to their requirement for face-to-face appointments which were reduced under national lockdown restrictions. People may also have avoided seeking contraception due to fear of acquiring Covid-19 or due to changes in sexual behaviour during the pandemic.[20]

In 2020, Swindon's total prescribed LARC excluding injections rate (36.5 per 1,000) was similar to the average for its CIPFA neighbours and England at 34.6 per 1,000 and 32.7 per

[20] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E06000030.html?area-name=Swindon#stis

1,000 respectively. Prior to a sudden decrease in the total prescribed LARC rate in 2020 , an increasing trend could be observed from 2017 onwards as shown in Figure 16. In 2020 in Swindon approximately 60% of LARC fittings were GP prescribed and 40% prescribed by SRH services (see Figure 18).

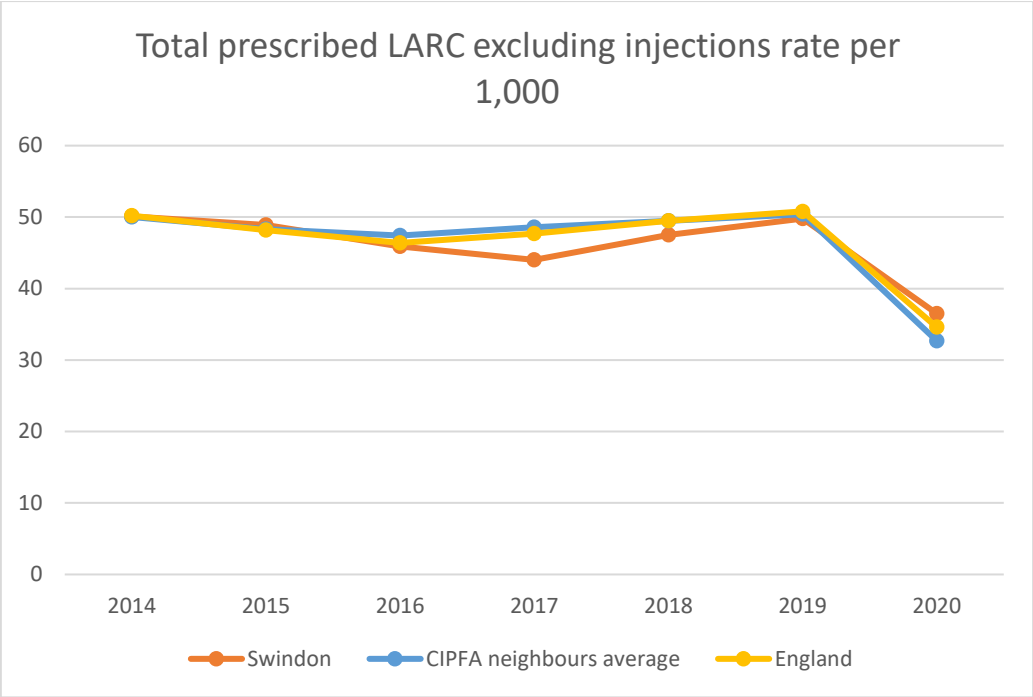


Figure 17: Total prescribed LARC excluding injections rate trends, from 2014-2020

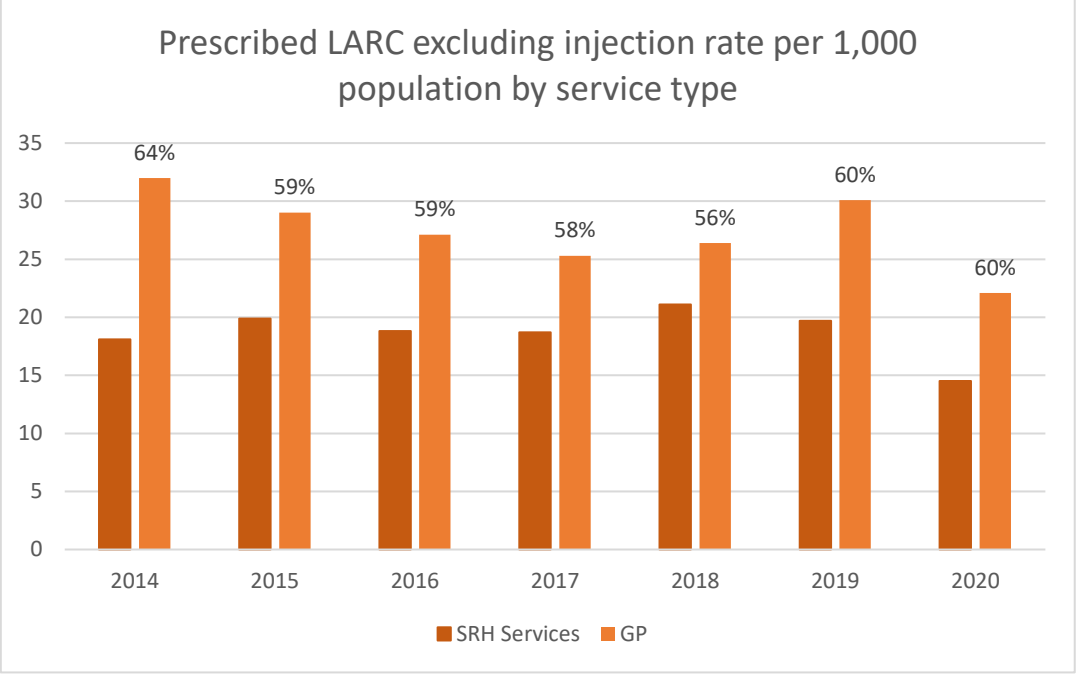
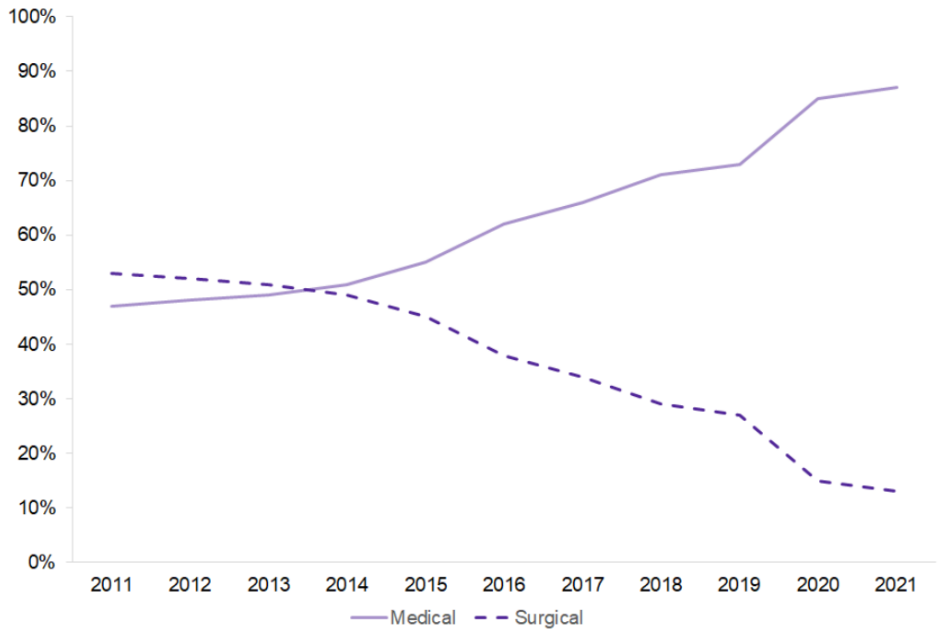


Figure 18: Prescribed LARC excluding injection rate per 1,000 population in Swindon, trends from 2014-2020

2.3. Access to abortions

Abortion is a way of ending a pregnancy, either by using medicine (prescribed drugs) or through a surgical procedure which removes the pregnancy from the womb. Abortion is also referred to as 'termination of pregnancy'. The proportion of medical terminations compared to surgical terminations have increased in recent years as displayed in the graph below.



Abortions should be easily and safely available for those that choose them. The most recently available data shows that there were 790 abortions in Swindon in 2020. The total abortion rate was 19.4 per 1,000 population, which is similar to the England rate of 18.9 per 1,000, but higher than the rate for the South West at 15.6 per 1,000. Swindon's total abortion rate is lower than most of its CIPFA neighbours (average rate of 20.4 per 1,000 in 2020). The data shows an upward trend in the total abortion rate over time as shown in Figure 19, and this appears to be unaffected by the pandemic.

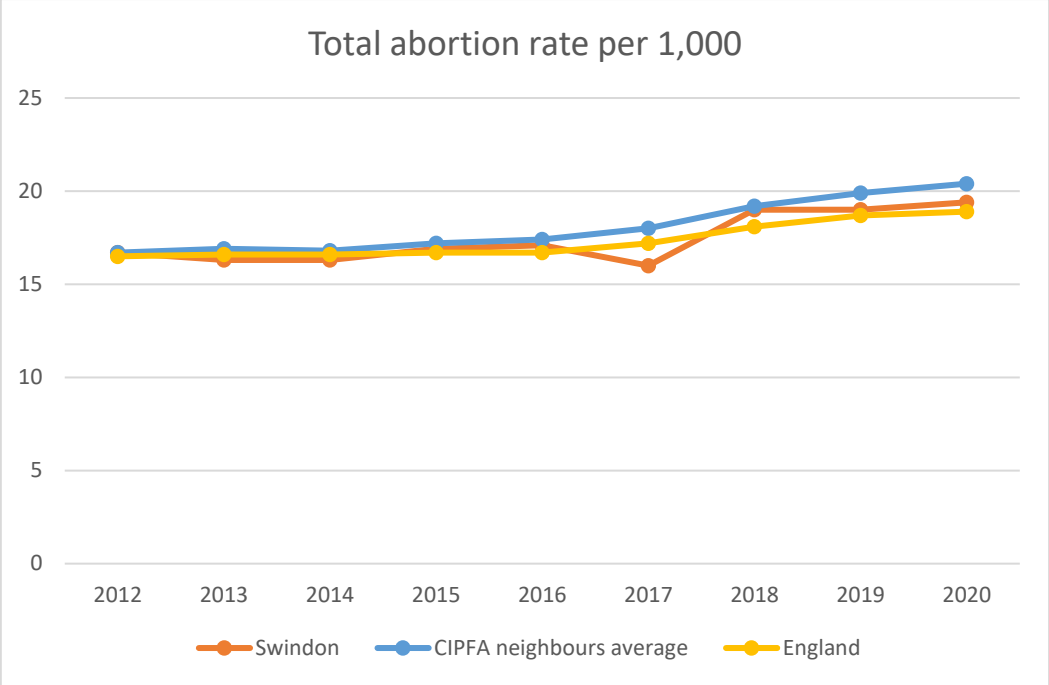


Figure 19: Total abortion rate per 1,000 female population, trends from 2012-2020

In 2020, over a quarter (27.6%) of abortions in Swindon in women aged under 25 were for women who had previously had an abortion, similar to the average for England of 29.2%. A further 27.6% of abortions in Swindon in women aged under 25 were for women who had previously given birth, similar to the England average of 27.1%. The proportion has remained relatively unchanged since 2012, with some minor fluctuations including a small increase in both indicators between 2019 and 2020, as shown in Figure 20. For both indicators, Swindon has one of the lowest percentages compared with its CIPFA neighbours. Further inspection shows that Swindon also has one of the lowest rates of abortion in women under the age of 18 (5.5 per 1,000) in 2020 compared with its CIPFA neighbours (average 7.3 per 1,000). Nevertheless, the high percentage of repeat abortions and abortions after a birth in women under the age of 18 may be an indicator of a lack of access to good quality contraception services. It may also be an indication of problems with proper use of contraception and low uptake of LARC in this age group.

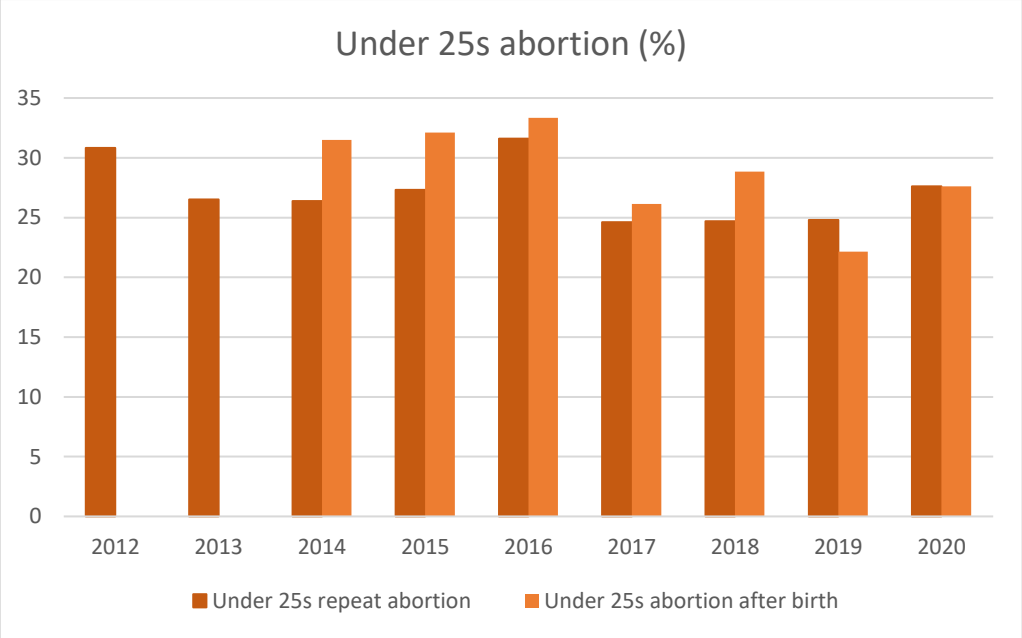


Figure 20: Under 25s abortion percentages in Swindon, trends from 2012-2020

The increase in the total abortion rate appears to also be driven by an increase in the over 25s abortion rate. From 2014 the over 25s abortion rate in Swindon has been steadily increasing with some fluctuation in line with the national trend, from a rate of 14.4 per 1,000 in 2014 to 17.4 per 1,000 in 2020.

There are currently two abortion service providers in Swindon: Marie Stopes and the British Pregnancy Advisory Service (BPAS). Data from BPAS for the period April 2019 to March 2020 (see Table 3) shows that the highest number of abortions were in the 25-34 year age group.[21]

Table 3: British Pregnancy Advisory Service (BPAS) termination of pregnancy data, April 2019-March 2020

Age Group (years)	Number of abortions	Percentage of total
<15	7	1%
16-19	86	11%
20-24	171	22%
25-34	349	46%
35-44	151	20%
45+	1	0%
Total	**765**	

3. Sexual health in young people and most at-risk or vulnerable populations

3.1. Relationships and Sex Education (RSE) in education settings

[21] British Pregnancy Advisory Service communication, for BSW CCG.

All young people need comprehensive RSE and easy access to services to develop healthy, consensual relationships, prevent unplanned pregnancy and protect their sexual health. The main providers of RSE are educational settings. From September 2020 relationships education in primary schools, RSE in secondary schools, and health education in both primary and secondary became statutory in all schools. This includes academies, free schools, faith schools and the independent sector. Statutory guidance was published in 2019. [22]

Currently, specialists from the local authority Public Health and Education teams work with both mainstream and Special Educational Needs and Disabilities (SEND) schools, to ensure Swindon students have access to quality RSE teaching through the personal, social, health and economic (PSHE) curriculum by:

- steering them to relevant resources
- organising training and development
- encouraging networking amongst schools.

Updated information about local sources of confidential and reproductive health advice is shared regularly via email and blogs to schools. Information is also published on the Swindon Healthy schools website free of charge, and via the Educations teams' newsletter which goes out to Swindon schools.[23]

Between March and May 2021, students from Year 7 (502), Year 9 (669) and Year 11 (414) completed an online survey titled 'How are You?' run by Swindon Borough Council. When asked to rate certain areas from their Personal, Social, Health and Economic (PSHE) lessons in school, students in Year 7 responded favourably to 'physical and emotional changes associated with puberty'. They responded less favourably to 'pornography', 'changes in relationships', and 'grooming and exploitation'. 6 students (1%) reported to have shared an explicit photo. The same PSHE areas were rated as less favourably by students in Year 11. Yet 26% of respondents reported to have shared an explicit photo by this age, 21% of respondents reported to have had sex, and 44% respondents reported to have viewed pornography online. As a result, a recommendation was made to include lessons about such topics in future PSHE lessons.[24]

3.2. Exploitation of young people including Child Sexual Exploitation (CSE)

Child exploitation is tackled via various strategies and action plans within Swindon, some of which fall under the Swindon Safeguarding Partnership. They include the early intervention and serious violence action plan, the Swindon and Wiltshire Sexual Assault and Abuse Partnership action plan and the domestic abuse and violence against women and girls board action plan. All of these action plans include primary prevention elements as well as interventions to reduce further incidence and harm.

[22] Department of Education: Relationships and sex education (RSE) and health education. Available from the Gov.uk website: https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education

[23] Swindon Healthy Schools website. Available from: https://www.swindonhealthyschools.org/

[24] SBC: 'How are You?' survey executive summary, Year 7-Year 11.

Healthcare Teams and Swindon Borough council staff who work with children and young people are linked to the Opal Team (child exploitation and missing team) and can use the child exploitation initial screening if they have concerns about any of the young people they are working with. Services also have safeguarding leads with whom staff can raise concerns. Children's social care and the police can be made aware of any concerns, or intelligence, relating to child exploitation via the multi-agency safeguarding hub (MASH). A multi-agency risk panel (MARP) provides a framework for regular action planning and information sharing for children who are assessed to be a high risk.

3.3. Access to services for most at-risk or vulnerable groups

Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity. Some demographic groups are at a higher risk of poor sexual health. The Framework for Sexual Health In England identifies those that have experienced sexual and/ or domestic violence and abuse; those at risk of or who have had female genital mutilation (FGM); people involved in sex work; those with learning disabilities; lesbian, gay, bisexual and transgender (LGBT) people; homeless people; young people; and some BAME communities as groups at higher risk of sexual ill health.

The list below summarises the findings from a review of sexual health literature amongst these groups nationally and in Swindon.

Those that have experienced sexual and/or domestic violence and abuse

Swindon's Multi-Agency Domestic Abuse Strategy 2021-24 reports that it has been estimated that approximately 13,000 Swindon residents (aged 16 to 59 years) experience domestic abuse (DA) each year. In 2018/19 4,920 incidents of domestic abuse were reported to police for Swindon residents. Of these incidents 2,542 of them were considered a crime.

Those at risk of or who have had female genital mutilation

Female genital mutilation (also referred to as FGM, female circumcision or cutting) is defined as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It is estimated that 135,000 women and girls are living with FGM (female genital mutilation) in the UK (2014). FGM prevalence estimates for Local Authorities were published by the City of London University in 2014. 168 women and girls living in Swindon were estimated to be living with FGM.

People involved in sex work

Sex workers are a culturally diverse group that include women, men, and transgender people. Sex workers are at higher risk of poor sexual health outcomes. Sex workers also experience vulnerabilities such as violence, rape and sexual assault, homelessness, and drug and alcohol problems that impact on their sexual health needs (DH, 2013).

Data provided by Wiltshire Police Force's Adult Sexual Exploitation Team in January 2022 indicated that they discussed 26 on-street sex workers in Swindon at the Adult Sexual Exploitation Panel. SHS outreach workers work closely with the Nelson Trust in Swindon to support sex workers with their sexual health needs.

People with learning disabilities

It is estimated that there are more than one million people living in England with a learning disability, but research has found that young people with learning disabilities do not have good access to sex and relationship education or information (DH, 2013). The estimated total population of adults with a learning disability in Swindon has increased by around 300 people since 2012. The total estimated population is currently 4081 with around 860 adults have moderate or severe learning disability (Swindon Learning Disabilities JSNA 2020). The Framework for Sexual Health Improvement in England (DH, 2013) recommends that there be more accessible information and support for young people with learning disabilities and for their parents. This needs to include information about sexuality, abuse and consent and practical information about contraception and safer sex where appropriate.

Lesbian, Gay, Bisexual and Transgender people

Lesbian, gay, bisexual and transgender (LGBT) people experience a number of health inequalities that are often unrecognised in health and social care settings (2017 National LGBT survey). According to UKSHA gay, bisexual and other MSM constitute an estimated 5.5% of the male population in the UK. This diverse population continues to experience inequalities in health and wellbeing and in other areas – such as the experience or fear of stigma and discrimination, despite significant improvements in social attitudes and laws that protect and uphold the rights of LGBT people. Gay, bisexual men and other MSM continue to be the group most disproportionately affected by STIs and HIV infection (See Sections 1.3 & 1.4).

Homeless people

Homeless people are at increased risk of STIs and unwanted pregnancies and can come under pressure to exchange sex for food, shelter, drugs and money (McGregor, 2018). A systematic review of studies of homeless youth (Heerde et al, 2015) indicates that homeless youth commonly report being raped and sexually assaulted, being sexually victimized, and engaging in sex work and survival sex. Rates of victimisation and sexual risk behavior were generally higher for females.

In Swindon, the number of people sleeping rough has increased significantly over the past few years. There are estimated to be between 20 and 30 people in Swindon who are sleeping on the streets at any given time.

Young People

Young people are at increased risk of poor sexual health due to sexual development at this age and societal changes such as sexualised imagery and social media. There are also particular sub-groups of young people that are more vulnerable to poor sexual health. These include looked after children, care leavers and young offenders.
Vulnerable young people are a group targeted by the sexual health service outreach nursing team. For some young people, this may be the only source of education and support they access as they may not be in school or utilising mainstream services. Pupils that do attend school can access their school nurse at one of the fortnightly clinics. Young people can self-refer or be referred by a member of the school staff. The sexual health outreach and school nurse teams use the child exploitation initial screening tool to identify young people who might be at risk of exploitation including sexual exploitation.

BAME Communities

Some BAME groups are at greater risk of poor sexual health, including higher rates of STIs, and female genital mutilation. There are also cultural barriers to BAME communities accessing sexual health services and support. Black African communities are disproportionately affected by HIV in the UK. 50% of heterosexual Black Africans were diagnosed late for HIV in 2019. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a ten-fold increased risk of death within a year of diagnosis, compared to those diagnosed promptly.

15% of Swindon's population are estimated to be from a BAME background. There is a higher proportion of BAME within younger age groups who are also disproportionately affected by poor sexual health. The highest rates of STI diagnoses in Swindon are among the mixed ethnicity population. This high rate among BAME communities is most likely the consequence of a complex interplay of cultural, economic and behavioural factors.

3.4. Local services and sexual violence

See Chapter 4 Local Sexual & Reproductive Health Provision

3.5. Local campaigns and communication

As part of the Section 75 agreement, SHS are commissioned to deliver health promotion campaigns locally to improve sexual health outcomes for residents. Covid-19 has impacted on the level of health promotion being able to be delivered by Health Advisors in the service over the past few years. More recently the Health Advisors have promoted their services during HIV Testing week and Pride. They have promoted access to HIV PrEP via posters in their clinic, at a local MSM Sauna and on their website. They are also supporting ChemSex health promotion with posters in relevant venues and engaging with a local support group. Outreach nurses have also gone into the colleges recently to promote the sexual health service and the condom distribution scheme.

6. Health Equity Assessment Tool (HEAT): Long-Acting Reversible Contraception in Swindon

The provision of long-acting reversible contraception to local residents was disproportionately impacted during Covid-19. As a result, SBC's Public Health team requested that GWH produce a Health Equity Assessment Tool (HEAT) on LARC provision to inform this needs assessment. A HEAT aims to systematically explore health inequalities in a programme of work or service and identify what action can be taken to reduce these health inequalities and promote equality and inclusion. A summary of this report is outlined below and has informed the recommendations in this report.

Aim:

This HEAT identifies who has access to long-acting reversible contraception (LARC) in Swindon, explores how this influences health inequalities, and devises an action plan to address inequalities in access.

Introduction

Reducing preventable health risks related to unwanted and unplanned pregnancy is a national health priority[i]. The Faculty of Sexual and Reproductive Healthcare (FSRH) recommends use of LARC for those wishing to prevent a pregnancy throughout reproductive years. Despite their lower user error and high effectiveness, there is considerable variability in a person's choice of contraception. People requiring contraception need appropriate counselling to make an informed, personal decision, as well as non-discriminatory access to all available methods without delay.

There are several ways that unplanned pregnancy perpetuates health inequalities:

1. Unplanned pregnancies continued to term are associated with health risks. Individuals with an unplanned pregnancy are more likely to present later for antenatal care, suffer greater obstetric complications and are more likely to suffer with antenatal and postnatal depression. Unplanned pregnancy is associated with lower birth weight babies, with poorer mental and physical health[ii]. Contraception and good preconception care are two sides of the same coin: good preconception care and pregnancy planning whilst using effective contraception, including LARC, can mitigate many of these risks.
2. Inter-pregnancy health: Short inter-pregnancy intervals of less than 12 months increase risks such as preterm birth, stillbirth, and neonatal death. The World Health

Organisation recommends a twenty-four-month interval after childbirth[iii].
3. There are small but significant health risks associated with an abortion.
4. There may be a mental health burden associated with unplanned pregnancy,

UK guidelines outline[iv,v,vi] that all women and people assigned female at birth (AFAB) should have access to LARC from their GP and/or an alternative open access specialist provider, from their maternity unit immediately after childbirth and from abortion services following termination of pregnancy.

National data

National data has been taken from the Office for Health Improvement and Disparities 'Fingertips' data on *Sexual and Reproductive Health Profiles* in England up until the end of 2020[vii].

National data shows us the rates of LARC use provided by general practice, and within SRH services has remained constant over the years 2014-2019, with a drop in 2020. This drop was the result of the COVID-19 pandemic. During this time however, including in 2020, there has been an increasing proportion of people accepting LARC at SRH services, across both over and under 25s. National datasets for Swindon show that key contraceptive indicators are similar when compared to the rest of England.

National data reveals that individuals from the most deprived deciles are least likely to access a LARC from their GP compared to those from the least deprived decile. In contrast, when looking at SRH prescribed LARC in England, people from the most deprived deciles are more likely to access LARC from an SRH service. This suggests SRH services nationally are providing LARC to those from more deprived groups.

Local data

In Swindon, LARC methods are available from the following settings:

- General practice

- Open access specialised contraception services, provided by the Great Western Hospital NHS Foundation Trust.

- British Pregnancy Advisory Service, LARC methods are offered as part of the termination of pregnancy service, not standalone.

- Maternity department, the Great Western Hospital NHS Foundation Trust. The only LARC method available currently in this setting is the contraceptive injection.

- LARC access in general practice

Eighteen, of a total of 20 general practices in Swindon are signed up to a Local Enhanced Service (LES) for LARC commissioning. In the financial year 2021-2022 a total of 475 implants were fitted within general practice in Swindon, and a total of 566 intrauterine devices. Data on contraceptive injections was not available for this report. There has been a steady upward trend in all LARC activity over the last five years in general practice in Swindon, with 2021/22 having the highest yearly figure for IUCD insertions, IUCD removals and implant removals. No data was available on protected characteristics.

When reviewing the last five years of data, there is considerable inter-practice variability and fluctuation in the number of LARC procedures. Not all general practices signed up to a LES are currently able to offer implant and IUCD fittings. There are no specific activity or uptake targets for GP practices which may account for some of the variation.

The following might influence how many LARC procedures general practice can achieve:

- Staffing: the number of staff fitters and trainers, whether these staff are full or part time, how staffing figures are influenced by staffing pressures such as maternity leave, rotation of staff, long term sick leave and retirement.
- Population: the number of female/AFAB patients of reproductive age registered per practice.
- Geography: for practices that lie on the border of the Swindon local authority area, there may be fits for those patients registered to a postcode outside of Swindon. This would not be captured under Swindon data giving an underestimate of the LARC workload.

If a LARC method is desired by an individual registered at a practice with no or only limited LARC provision, multiple appointments can be required, both at their GP and then onwards in the specialist sexual health service. This is time-consuming, and presents barriers for individuals, particularly those juggling working and parenting.

A LARC service within the practice might increase proactive counselling by all staff on the benefits of LARC. Additionally, increased primary care access would reduce demand for the specialist service to carry out routine procedures for individuals unable to access a LARC

from primary care, and would mean that the specialist service could focus efforts on groups with specific needs

- LARC access in the specialised contraception service

General trends show that numbers of implant insertions have remained stable over the last five years, particularly when considering the inevitable drop seen across all services in 2020 and 2021 due to Covid-19. There has been a dramatic increase in IUCD fits in 2021, with the total figure having nearly doubled since the year before. Total number of contraceptive injections has been on a gentle decline over the last five years. On average, 50% of contraceptive appointments used at SHS are used for LARC appointments, including those eighteen and under.

One year's worth of data for those accessing LARC in 2021/22 at the specialised service reveals:

- All reproductive ages are well represented.
- The 'most deprived' lower-layer super output areas (LSOA)s are well served.
- Four of the top five general practices well represented within the service are those surgeries with no or very low LARC activity data.
- When reviewing ethnicity data, people describing themselves as 'Black or Black British' and 'White-non British' are better represented in the 2021/22 LARC data than would be expected from the 2011 census data[viii]. However, the representation of 'Asian or Asian British' individuals is similar to the 2011 census data (6.4%). The population of Swindon has increased by 6% between 2011 and 2019[ix]. It seems likely that the 'Asian or Asian British' group within Swindon has followed previous projections and increased in size relative to the total population in Swindon. Comparison to more up to date census data and further qualitative studies are needed to draw firmer conclusions.

Services must carefully consider the causes of reduced access amongst certain populations.

- LARC access in abortion services

There was a dramatic reduction in LARC provision post abortion by BPAS from 24.5% in 2020 to 4.5% in 2021 following the introduction of telemedicine. Despite the benefits of telemedicine[x], there is a clear disadvantage of reduced access to LARC reflected in our local data. Many individuals will now access their abortion despite never having been seen in clinic. Importantly, teleconsultations are being carried out via a national system; a user in Swindon does not speak to a regional BPAS healthcare professional. This means that local signposting to LARC providers does not take place.

There is now a BPAS contraception and STI restoration plan underway to address this key issue, and a move towards regional tele hubs to improve signposting.

- LARC access in maternity services

Very few individuals are getting access or immediate referral to LARC in the postnatal setting in Swindon. The only LARC currently available from the maternity unit is the contraceptive injection. Less than 20 injections have been administered over the last twelve months in this setting, in a unit of approximately 4000 births per year. Provision of postnatal contraception within maternity services is recommended by national guidelines, and the benefits are well documented[xi,xii,xiii]. A local survey on the postnatal ward with 72 respondents revealed that a fifth of individuals would like access to an immediate postpartum IUCD or implant. Clear referral pathways are not currently being utilised locally, with only eleven referrals being made into sexual health outreach over a twelve-month period.

Action plan

There are four populations who face inequalities in accessing LARC in Swindon, and where strengthened access is required. (Note, these are not mutually exclusive groups, some individuals are exposed to multiple inequalities in access to LARC.)

1. Improved access in primary care

i. Further data needs to be collected from primary care in Swindon to understand opportunities and barriers to LARC provision. Including, but not limited to:
    - Staffing issues: the number of staff fitters and trainers per practice, whether these staff are full or part time, how staffing figures are influenced by pressures such as maternity leave, rotation of staff, long term sick leave and retirement, current appointment times available.
    - Population issues: demand and waiting lists for each practice

ii. Demographic data should be captured going forward on who is accessing LARC in primary care, via returns submitted under a LES to the local authority. This is in place as of April 2022.

iii. To improve access to LARC within primary care, commissioners and general practice could consider Primary Care network models of LARC provision, enabling inter-practice referral for LARC procedures.

iv. Providers and commissioners could consider increasing the numbers of registered LARC fitters in primary care.

2. Improved access post abortion

i. There needs to be increased access to LARC services post abortion in Swindon. Consideration should be made to increase access to LARC at BPAS, and/or a designated LARC list at SHS.
ii. Recommend an agreed referral pathway/ standard operating procedure between BPAS, the specialist contraception service and general practice to ensure sign-posting at regional tele-hubs

3. Improved access post-delivery

i. Contraception needs should be identified at 28 weeks gestation. Chosen method should be available post delivery.
ii. Explore options to provide training for midwives in contraception counselling, and letters of competency and PGDs for implant insertion**.**
iii. Develop a local role of 'Midwifery Contraception Champion'
iv. Explore provision and funding for IUCDs/implant post-delivery with partners (such as integrated care boards).

4. Further understand the needs of those from minoritised groups within Swindon

i. Consideration should be made to carry out (qualitative) research, and work with local groups to further understand the diverse group self-defining as 'Asian/Asian British' within Swindon. This would enable a greater understanding of the potential need for LARC, potential barriers, and ways to improve accessibility, if required.
ii. Providers should aim to improve their person-centered LARC service by ensuring black and minority ethnic individuals are represented on promotional material and service tools to promote LARC (such as implant dummy arms, posters and service leaflets).

How to ensure inequalities are not widened

The goal should be appropriate counselling, freedom to choose a contraceptive method, including but not limited to LARC, and a short time from decision to chosen method. This requires a life-course approach to education, as well as ease of access to timely, and convenient appointments. Strengthened access to LARC in many settings of our local population is required. Reproductive justice must remain at the centre of this conversation, LARC promotion must not come at the expense of individualised care.

7. What are the views of key stakeholders?

As part of this sexual and reproductive health needs assessment, qualitative data has been collected from various services, topic areas and settings. This data has been compiled by using interviews, surveys and focus groups. Below is a summary of what staff from various services and organisations told us about their local service and how it functions within the wider sexual health system. Also included in this section are the views of people who use sexual and reproductive health services.

GWH Sexual Health Service (SHS)

This section includes responses from a range of professionals who have different roles within the SHS. This included doctors, nurses, consultants, health advisors and administrative staff.

There isn't a formal referral process into the sexual health clinic as the ethos for sexual health services is that they are open access to everyone that needs them, so patients can self-refer. There is a generic email or patients can call, and GPs do tell patients to get in touch directly. Clinic staff sense a lot of the public in Swindon know of the Sexual Health Service but they are always thinking of how they can improve access, particularly with certain groups such as young people and those eligible for PrEP (Pre-exposure Prophylaxis). Whilst a large proportion of men who have sex with men (MSM) are accessing PrEP they would like to see more high-risk heterosexuals accessing this.

It is felt that there can be a lack of awareness amongst some primary care providers as to what services the sexual health clinic provides. Anecdotally, some patients say that their GP has sent them to the clinic for contraception, which isn't appropriate as this service should be provided within Primary Care. Sometimes patients are sent by their GP practices (either the GP or receptionists) for contraception for gynaecological reasons and the clinic isn't commissioned to provide this. GPs also refer patients with psychosexual issues and although the clinic is commissioned to deal with the sexual health aspect of these, there is no pathway to refer to appropriate mental health services. The result is patients' needs aren't fully met and their condition can remain unresolved. It is thought some people visit the clinic because it is easier to get an appointment there rather than with their own GP. This scenario occurred more often during the Covid-19 pandemic.

Anecdotally, some patients from primary care present distressed at the clinic. If they had been examined in primary care they could have been managed there. There are some cases where the lack of examination in primary care has meant some patients have been treated for the wrong condition. There are some examples of patients having inconclusive HIV tests and patients being sent to the clinic with no prior communication/referral between the GP and the clinic. There are clear links between how a patient receives their diagnosis and the impact this has on how they go forward managing their HIV in the future.

The clinic staff feel the links with the hospital are good. The clinic was previously based at the hospital so they know hospital colleagues personally and have built up good relationships

over a number of years. Referrals between the hospital and sexual health clinic are made by formal letter or direct calls. The hospital pharmacy is very good, if any HIV patients are inpatients the pharmacy will pick this up. There are also good relations with various other departments such as hepatology, colposcopy and the early pregnancy unit.

The clinic has well-established links with the Council's Opal Team (child exploitation and missing team), school nursing, looked after children team as well as housing. It is felt social services could refer in more, and this is work in progress. Some clinic staff think that communication from the local authority (LA) could be better to ensure that the clinic staff are aware of new initiatives, regular updates from LA might help keep these links.

There are established connections with the MARAC (Multi-agency Risk Assessment Conference), Drug and Alcohol Services, the Nelson Trust, The Harbour Project, BPAS (British Pregnancy Advisory Service) and the SARC (Sexual Assault Referral Centre). It would be helpful to work with partners so that screening is offered as part of the registration process, for example, people registering with The Foyer could be given the link to the sexual health website Preventx page (to order online STI testing kits) on the sexual health website.

The Sexual Health service feels partnership working across the whole sexual health system across Swindon is okay. Work with young people to provide education around risk-taking could be more joined up. There is the perception in some settings that the sexual health clinic can provide this service and they don't have the training. They feel there is this expertise in the local authority, within the youth engagement team. The sexual health clinic staff would like some training around young people and risk-taking behaviours so if a young person doesn't have access to youth engagement then they can get some support at the clinic.

The sexual health clinic receives very positive feedback and patients report being very satisfied with the service. The Swindon clinic compares very favourably against other services in the South West in terms of access, particularly in terms of the location of the clinic and the clinic times (which include Saturdays and evenings). All the staff understand they serve a vulnerable population and try and help even if people don't have an appointment. The outreach team are very good at connecting with hard-to-reach groups and has great relationships with partner organisations. They are very flexible in the way they work which makes them very accessible to very vulnerable groups. This sentiment has been voiced amongst many services/organisations that have taken part in this needs assessment. However, the clinic staff feel that there is limited time and resources to do all of the outreach work that is needed, the outreach team is very good but very small.

Psychosexual services are a big gap in Swindon. Patients end up being passed between GPs, Gynaecology and Urology as the full care pathway to treat these adequately is not in place. Meanwhile, a patient's condition or symptoms get worse affecting their psychological state. If a patient does eventually get to see the right person they have usually become more difficult and complex to manage. A psychosexual service needs to be properly commissioned as patients just keep presenting because they are not getting their needs met. It is hoped the clinical commissioning group (CCG) could commission this, especially if it could be

demonstrated that without it patients are having lots of inappropriate specialist referrals. It is thought that there are lots of potential savings to be made by having this service in place.

The service feels that female sex workers get a very good service from the sexual health service, but the male sex workers less so. The service would like to do more to connect with the BAME community as they feel they are underrepresented amongst their service users. Engaging with the BAME community remains a challenge and the service would like support to help with this.
The clinic has started working with the Harbour Project (a charity supporting refugees and asylum seekers in Swindon) but feels there is still more they could do with them. People with learning disabilities are another underrepresented group in the service. The clinic does serve people with learning disabilities but it can be difficult sometimes as there can be an assumption (from other services/professionals) that the clinic staff are able to assess capacity to give consent. The clinic staff see their role as helping people have an understanding of safer sex. It would be helpful to have better partnerships with services and agencies that work with people with learning difficulties.

Older people tend to self-refer as they seem more confident in doing this compared to some other groups. They do form a small proportion of the patients and their problems can sometimes be more complex such as men with chronic pain issues, and women with symptoms of the menopause which the service doesn't cover.

In terms of the individual patient, health promotion is seen as an integral part of the service. Every consultation includes health promotion such as offering vaccinations and talking about condoms and PrEP etc. However, in broader terms, it is felt the service could do more health promotion and would like a dedicated budget for this. Health promotion ends up sitting in the background as there isn't the money to do it and it can be time-consuming. The Sexual Health Service does attend the Swindon Pride festival every year.

Face-to-face appointments did stop initially during the Covid-19 pandemic but quickly resumed. Carrying out telephone appointments was seen as a waste of resources as it resulted in double appointments as, on assessment, most people needed to be seen face-to-face anyway. Some things work well on the telephone, such as contraception, but genitourinary (GU) medicine doesn't. The service already had online STI testing prior to Covid-19, so having that already in place was extremely helpful. There used to be a lot of Walk-in clinics and these also ceased during the pandemic. One Thursday evening walk-in clinic has re-opened but demand has been lower than expected.

BPAS (British Pregnancy Advisory Service)

BPAS is a national service providing termination of pregnancy along with abortion which counselling and contraception. The business operations manager of Swindon BPAS was interviewed giving their view on the service and how it fits within the sexual health system within Swindon.

BPAS is a well-established, well-known and well-located service with good referral pathways for termination of pregnancies. Many professionals that were interviewed for this needs assessment named BPAS as a service to which they can easily refer clients. The service has good appointment availability and waiting times are good. Like many services, BPAS struggled during the Covid-19 pandemic but has recovered well and their service is back on track.

In terms of partnership working, BPAS finds it beneficial to be part of the Swindon SHEG (Sexual Health Executive Group). As BPAS is a national organisation, the SHEG enables them to have local connections. This was lost during the Covid-19 pandemic as SHEG meetings didn't take place. Swindon BPAS has a well-established team therefore they have good relationships with partners. However, self-referrals increased during the pandemic and these were made through google or web chats rather than signposting from other services. As a national service, it can be difficult to manage local referral pathways. Calls to BPAS are taken through a national call centre but there is a move to regionalise this so that local information is available to staff, and therefore clients.

BPAS only offers contraception as part of the termination of pregnancy (ToP) service, therefore they would like to have a list of the GP practices in Swindon that offer long-acting reversible contraception (LARC) so that they can signpost people to get LARC through primary care.

Positive consequences of the pandemic were seen within BPAS, one being the increased use of telemedicine. Prior to Covid-19 teleconsultations constituted 30% of the service, now it is 95%. It allows for more flexibility in the times of the day that clients can have their consultations and therefore as much information can be captured from the clients prior to them attending the clinic. This has benefitted clients by reducing the number of unnecessary visits to the clinic. Another positive to materialise during the pandemic was BPAS partnering with a pharmacy that can provide clients with the opportunity to get follow-up contraception if they hadn't made that decision on the day of their termination. This service is being monitored and, if it is proven to work well, it will remain in place. Web-booking also became popular during the pandemic with up to 50% of clients filling in a web form prior to getting an appointment. Again, this is something that will remain in place for initial screening appointments.

In terms of inequalities there is a recognition that, whilst a digital service helps to empower women, it might not particularly help those that are most disadvantaged. The service will reach out to those groups that are disadvantaged and anyone identified as having a mental health issue or disability will be seen face-to-face to ensure that they can still access the service. BPAS will make adjustments to the pathways to meet client needs and make onward referrals if required. There is a Specialist accelerated booking team and a specialist placement team that can make adjustments. Local managers are very good at this as well. Once clients access BPAS they are catered for very well but it is difficult to know how many people the clinic may be missing. The digitisation of the service offers great reach but can exclude some groups. This can be a challenge, therefore a good hybrid model of working is needed.

Telemedicine for early medical abortion allows clients to receive their medication through the post ('pills by post'), complete their termination of pregnancy at home. Whilst the new

pathway for early medical abortion offers lots of advantages it does rely on women returning to the clinic for Sexually Transmitted Infection (STI) screening and LARC. The drop in the number LARC procedures carried out at BPAS is shown in the data within the health equity assessment tool (HEAT) section of this document. Early medical abortion does have more complications, albeit less serious ones, for example, an increase in bleeding or retained products. BPAS has a 24-hour aftercare line and they need to ensure other services are aware of this. It is advantageous for the clients to return to where their treatment started. BPAS believe they need to strengthen the messages around what they can offer their clients. It also needs to be explored how BPAS fits with the National Chlamydia Screening Programme (NCSP). ToP clients should have this screening but as a lot of this is offered online it isn't always easy for BPAS to get the screening kits.

Family Nurse Partnership

This interview was carried out with the family nurse partnership (FNP) service manager. FNP is a Swindon Borough Council service supporting first-time young mums and their families. It is a voluntary intensive home visiting programme based on attachment, human ecology and self-efficacy theories. It is delivered by specialist registered nurses who provide trauma informed work around attachment, relationships, physical and mental/emotional health and child development. This support parents to achieve a healthy pregnancy, improve the child's health and development whilst supporting the parents to plan their own futures by recognising their own potential and aspirations. All work is underpinned with use of Motivational interviewing to support clients explore ambivalence and mobilise positive change.

The nurses develop a therapeutic relationship with clients and can work with them up until the child is 2 years old, therefore staff get to know the clients very well. There is a personalisation programme where, if the family are doing really well when the child is age 1, an assessment is made and families may graduate early from FNP. This gives the service more flexibility to take on other clients. The service provides very broad health and relationship education as a lot of the clients may have missed school. There is a lot of trust between clients and staff, especially around confidentiality.

Clients can have high anxiety, low confidence and low self-esteem but do ultimately want autonomy over their own sexual health and pregnancies. An FNP nurse is sometimes the first person to ask how the teenager feels about their pregnancy. Some clients feel that they don't have autonomy over their first pregnancy therefore through FNP gain education, confidence and support leading to autonomy over their sexual and reproductive health and any future pregnancies.

FNP has a great working relationship with the sexual health outreach team nurses. The outreach team are seen as invaluable to the FNP service and they connect the outreach nurses to the clients as quickly as possible. Conversely, the FNP team can assist the outreach nurses if they are having trouble making contact with a client. A sexual health outreach nurse might join an FNP visit if required.

FNP is a one-stop-shop, because of the good relationship between the client and the FNP, the clients will go to them for help with everything and the FNP will signpost to other services if necessary. The service is very much about facilitating clients' self-efficacy to make their own decisions and take action. However, if they aren't able to get to clinics etc. the FNP is able to provide clients with pregnancy tests, chlamydia testing kits and condoms. All of these are provided through the Sexual Health Clinic outreach nurses.

A gap in the service is work with fathers, who can be just as vulnerable as the mothers. If the father isn't present for the FNP visits they miss out on the education FNP can offer them. FNP does have a Fathers worker, however as there is only one worker, the amount of fathers the service can support is very small compared to the number of mothers they work with.

Although overall teenage pregnancy rates have declined it isn't clear if this is replicated amongst those in the most vulnerable groups. Teenage pregnancy data and its relationship with deprivation shown in chapter 2.1 of this report would suggest that it hasn't. The reduction seems to have mainly occurred amongst those teenagers that have stable family backgrounds; access to clinics and are confident. At the start of the FNP project, approximately half of the clients would have been categorised as vulnerable purely due to their age. Now approximately 80% of the caseload are considered to be hugely vulnerable, with some individuals experiencing a combination of mental health needs, history of abuse and homelessness (sofa surfing). This is a national issue, it is not just happening in Swindon. Therefore, the overall reduction in teenage pregnancies for the majority of those less vulnerable may have widened the inequalities gap for teenage pregnancy in those that now suffer very complex vulnerabilities.

Relationship and Sex Education (RSE) in schools appears to be teaching about relationships at a much earlier age and this is seen as key. Without even discussing sex, it is important that children know what a good, equal and respectful relationship looks like.

Healthy Schools

The Swindon Borough Council Healthy Schools Manager was interviewed regarding relationship and sex education (RSE) delivered in Swindon schools. Changes to the (RSE) curriculum were introduced in 2019 which made relationships education compulsory for all pupils receiving primary education and Relationships and Sex Education (RSE) compulsory for all pupils receiving secondary education. Whilst training had commenced prior to the Covid-19 pandemic, delivery didn't start until the academic year 2021-22. All schools in Swindon have updated their RSE policies and are delivering the new curriculum. Approximately 80 % of primary schools in Swindon use a commercially bought curriculum called Jigsaw™, a strong evidence-based programme. The rest of the primary schools are using other quality, commercially provided programmes such as SCARF: Safety, Caring, Achievement, Resilience, Friendship.

RSE delivered in secondary schools is more variable. An audit carried out in April 2021, of which 12 out of 14 secondary schools responded, showed that some schools have fully implemented the RSE curriculum but some schools were still working towards, or not

delivering, certain aspects of it. Secondary schools have access to resources from the Personal, social, health and economic education (PHSE) Association and Chameleon PDE (Personal Development Education). Resources have also been developed locally by the Swindon Borough Council (SBC) Youth Engagement Team. All of these resources can be accessed by schools on the Healthy Schools Website. Unlike primary schools though, secondary schools don't have a full packaged programme like Jigsaw™ therefore schools pick and choose resources that require little or no funding. However, Chameleon PDE have committed to giving Swindon secondary schools free access and support for the next 3 years, which should provide consistency in future RSE delivery.

Each year a 'How are you?' (HRU) survey is completed by year 11 pupils which includes gathering opinions on the topics being taught as part of RSE. This year the survey has been completed by young people in year groups 7, 9 and 11. Young people reported more 'traditional' areas of RSE were being taught but safeguarding and relationship changes* were areas that young people felt weren't being covered. It was identified through the HRU survey and the audit that, in both primary and secondary schools, more support is needed for the delivery of the more sensitive areas of the curriculum, such as exploitation, sexual abuse/harassment, relationships, sexual orientation, honour-based violence and FGM and to some extent pornography. Schools are also not routinely informing young people about the local sexual health services in line with the RSE curriculum.

Alongside the audit, it would be beneficial to observe RSE lessons to determine how well the curriculum is being delivered and whether it is influencing attitudes and behaviours around sex and relationships. The Post Graduate Certificate in Education (PGCE) teacher training is a 1-year course and RSE training is not included. It would be advantageous to develop a module that could be shared with Swindon Schools for their early career teachers. This would focus on *how* to teach RSE not just what to teach. It would also be beneficial to start collecting feedback on RSE from pupils, schools and parents/carers. It is unclear what RSE is being delivered within Swindon Colleges as they aren't part of the Healthy Schools Programme.

Some schools have had parents requesting that their child be removed from RSE lessons with anecdotal reports of some parents not wanting their child to be taught about same-sex relationships and/or the reproductive system. The Healthy Schools Manager has been supporting schools by clarifying the protocol to follow for parents wanting to remove pupils from certain aspects of the curriculum, as there are statutory guidelines for this.

**when a relationship (friendship or intimate) breaks down or changes from friendship to intimate.*

School Nursing

This section is informed by an interview with a professional lead for school nursing and a specialist community public health nurse. School nurses have a good relationship with the schools. All the mainstream senior schools in Swindon have a fortnightly school nurse clinic and school staff refer pupils into those. The service is well placed to make contact and communicate with young people with vulnerabilities, however, there are capacity issues

within the service. The relationship with the Sexual Health clinic outreach nurses is good and they will visit pupils in school when necessary.

The service believes they should receive annual mandatory training from the sexual health clinic including what it offers; where and when; how young people can access free condoms; what should the young person expect when they attend the clinic. Online STI testing is only available to young people aged 16 and over. If the school nurses were able to explain the STI testing process, and what the tests are testing for, it would really help prepare those under 16 before going to the clinic. It is still possible for school nurses' to access pregnancy tests if a young person thought they were pregnant. However, training is required on how to deal with the results and this has not been accessible.

School nursing sees partnership working across Swindon as generally poor. They used to be part of Swindon's sexual health executive group (SHEG) but aren't any longer. A lot of the content of the meetings wasn't relevant to the School Nurse service and, due to lack of capacity within the team, attending wasn't deemed a good use of time. It would be helpful if the SHEG could send out a bulletin. Communication between services can be poor. Services can ask to attend school nursing team meetings to give information and updates on their services. It would be really useful for anyone working with young people, including School Nurses to have those updates from the sexual health clinic.

The school nursing service is open to everyone who attends school and they receive referrals for pupils from lots of different backgrounds. The biggest barrier to accessing the service is for those young people that aren't in education including those that are home- educated. The school nursing service isn't commissioned to offer core services to home-educated pupils.

Clinic rooms in schools have to be in accessible rooms so anyone with a physical disability can attend. Language can be a barrier but the service uses language line in those circumstances. There is an issue with hearing disabilities, either the young person (or their parents if they are involved). The service doesn't have access to a British Sign Language (BSL) interpreter. It is felt in terms of ethnicity there are no barriers to using the service. With regards to deprivation, the perception within the team is that the service is used most in those schools in the more deprived areas.

A school nurse is based within the Youth Justice Service and she works with young people in that service who aren't in education. She does a lot of work with young people about sexual health, healthy relationships and 1-to-1 work.

No schools in Swindon promote the school nursing service as a sexual health service, however school staff will refer pupils with sexual health issues. Sexual health is only a tiny proportion of what the school nurses do. There does seem to be an overestimation as to how much work in school nursing is generated by sexual health. At the moment, the young people are mostly accessing the service for mental health issues.

There were differing opinions on school nurses providing Emergency Hormonal contraception (EHC) and condoms. This depended on whether the focus was on the need of an individual at any one time, or what it means for the service more broadly. Practical issues such as training and storage need to be considered. Even if a young person has been given EHC they also need

to engage with the sexual health service in order to have STI screening and access contraception. Ultimately it would be better for the young person to go to one place. The sexual health service has more expertise as they deal with these issues more regularly, but young people do need easy access to that service. School nurses don't routinely have condoms at the school clinics as it isn't seen as part of their remit. School nurses can get them from the sexual health service if they know some of the young people they are working with are sexually active. However, it would be more usual to refer them to the sexual health service outreach nurses.

The Nelson Trust

This interview was carried out with The Nelson Trust centre manager. Sexual health is included in the standard assessment for all Nelson Trust clients. If any women haven't had, and would like, STI or cervical screening tests they will be supported to get appointments for those. The Nelson Trust's Sex Worker Outreach Project (SWOP) van allows the service to go out to women that would otherwise be hard to reach. It goes out twice a week 7.30 pm - 10.00 pm and there are plans for it to go out one day at weekends.

The Nelson Trust work very closely with the sexual health clinic outreach nurse to support those clients who are sex workers. The outreach nurse will go out on the SWOP van at least once a month. The sexual health service supplies the Nelson Trust with free condoms to give out to sex workers. The Nelson Trust feel that the sexual health needs of their clients are met but their general health needs are not. The relationship the Nelson Trust has with the sexual health outreach nurse, as well as the wider sexual health team, means that the women get seen quickly and the service is receptive to their needs and work together with the Nelson Trust. However, at the time of this interview, the availability of (Pre-Exposure Prophylaxis) PrEP services had not been brought to the attention of the Nelson Trust by the Sexual Health Service and some of clients may be eligible for PrEP. This has since been rectified with PrEP awareness, and access to this service, amongst this vulnerable group of women, now being explored.

The Nelson Trust work with a large cohort of sex working women whose priorities are STI testing and harm prevention e.g. condoms. These are not a priority for those that aren't sex workers. Those women that want to use contraception generally do, and they can get that from their GP. The other women mainly rely on the condoms supplied by the Nelson Trust. Due to their lifestyles, most of the women don't have periods (amenorrhea) and they do not want to use a contraceptive that may activate menstruation cycles. Having a period means the women have to stop working for a few days which impacts on how much they can earn . Sex working and homeless women find it difficult to take oral contraception as they lose the pills.

Whilst the relationship with the sexual health service works really well for the sex working women, other clients had previously attended clinics at the Nelson Trust run by the sexual health outreach nurse. These no longer take place with the sexual health outreach nurses reporting the target group was the sex working women. Due to the success of the SWOP van

numbers attending the clinic were low. These half-day day clinics were held once a month and really helped those women that weren't comfortable going to the sexual health clinic, particularly those that were fleeing domestic abuse and didn't want to be seen by someone they might know. As the Sexual Health Service clinic is in the town centre it can be hard for some people to visit, however, the Nelson Trust centre offers a safe space for those women to access this service. The Nelson Trust would like to go back to being able to offer these clinics again. Having such a clinic at the Swindon Domestic Abuse Support Service (SDASS) Refuge would greatly help their clients too. The aim of this type of clinic wouldn't be to divert women from using mainstream services but rather to help those very vulnerable women for whom mainstream services are not available due to their circumstances. The estimated average time for a client to be supported by the Nelson Trust is 12 months to 3 years therefore even if these clinics could be resumed once a quarter it would benefit those vulnerable non-sex-working women.

It would be helpful to have more marketing about the Sexual Health Service in places that will be seen by the Nelson Trust clients e.g. on the doors in public toilets in the town centre. A business card with a list of services and how to contact the sexual health clinic was also suggested. A lot of the women don't have internet access or a smartphone so they aren't able to easily search for this information online.

Daytime drop-in clinics at the Sexual Health Clinic haven't been re-instated since Covid-19. Evening drop-ins don't work for sex workers as they are working in the evening. Non-sex-working women would also benefit from the daytime drop-in. Whilst waiting for appointments they get anxious making it difficult for Nelson Trust workers to get them there. A drop-in service allows the clients to access the clinic at the moment that they are ready and open to support.

Sexual assault is an issue for the women and some find this difficult to report to the police. Even if they don't want to report it, the Nelson Trust will actively encourage them to go to the sexual health clinic for STI and Blood Borne Virus (BBV) testing. Some women will go to the Sexual Assault Referral Centre (SARC) but lots of the women associate SARC with a direct report to the police due to its adjacent location to the police station. The women prefer to go to the sexual health clinic and get any treatment they might need from there.

Pharmacy

Two pharmacy representatives were interviewed. Both worked in local community pharmacies that are linked to GP practices and one also provided out-of-hours pharmacy provision.

Both pharmacists offered Emergency Hormonal Contraception (EHC). There are lots of requests for EHC at the out-of-hours pharmacy, particularly at weekends. At present neither are offering free condoms to young people due to a combination of lack of demand and Swindon not currently having a condom distribution scheme that includes pharmacies. One of the pharmacists used to offer chlamydia testing kits before that service moved online and believes that community pharmacy is a good place to offer this. It would be especially useful

to be able to provide chlamydia test kits alongside (EHC). It would also benefit clients who get a positive chlamydia test result at the pharmacy to be prescribed the antibiotic by a prescribing pharmacist. This would have to be done through the use of a Patient Group Direction (PGD) which pharmacists have in place for other conditions such as Urinary Tract Infections (UTIs). More prescribing through pharmacies has the potential to alleviate pressures on the 111 service.

Pharmacies have the advantage of being easily accessible. They are often the first port of call for some communities, as they don't have the waiting times of a GP practice or the sexual health service. Surgeries attached to GP practices tend to share the same opening times as the practice and have good links with them. However, larger out-of-town pharmacies have longer opening times with larger footfall so are well placed for more prescribing opportunities.

Since Covid-19 it is felt that there has been little contact between the Sexual Health Clinic and pharmacies, making it difficult for pharmacists to know what is going on across Swindon, for example, it wasn't known that chlamydia screening had moved online. Also, pharmacists didn't know of the pre-exposure prophylaxis (PrEP) provision available at the Sexual Health Clinic for those at high risk of HIV. The communication pathways could be better between the Sexual Health Service and the pharmacies.

Pharmacies are an undervalued resource that have the potential to be more involved with the Sexual Health Service outreach nurses to reach high-risk groups and they could work with schools to help educate young people. It is felt that pharmacists are ideally placed to provide EHC as a client could get EHC within hours from a pharmacist without having to get a GP appointment. It is acknowledged that most pharmacists have level 2 safeguarding training and for EHC they need level 3. Pharmacists that do not see a lot of requests for EHC and consequently may be less comfortable with safeguarding is something that would need addressing.

GP practices

Various professionals with different roles, and from different GP practices, have contributed to this section relating to primary care. These included GPs, nurses and business managers. Information was gathered from both interviews and surveys, below is a summary of what they told us.

GP practices offer a range of sexual and reproductive health services including contraception, cervical screening, Hormone Replacement Therapy (HRT), Emergency Hormonal Contraception (EHC) and Sexually Transmitted Infection (STI) testing.

Contraception services are seen as working well within primary care, with most practices offering Long Action Reversible Contraception (LARC) through either GP or nurse-led services, which are commissioned by Swindon Borough Council. Contraceptive pill reviews are performed by a combination of GPs, nurses and clinical pharmacists. Faculty of Sex and Reproductive Healthcare (FSRH) diplomas held by some nursing staff are seen as

advantageous as it incorporates practical training within the sexual health service. This offers a good insight into the range of sexual and reproductive health issues the clinic sees. Having nurses specialising in sexual health services is valuable to the patient because of the extra time they can spend with them, 30 minutes compared to 12 minute GP appointments. There is good team working across contraception services within primary care.

The teleconsultation that was implemented during Covid-19 has proved to be beneficial. A lot of things can be done by phone including pill prescriptions, especially as more people have blood pressure monitors at home or can get it measured at a pharmacy. Moving forward, a combination of face-to-face and telephone appointments will be available. Menopause services were an area that could be improved as it is felt that menopause is not served very well within the whole of the NHS. Whist improvements were occurring, progress is slow.

There were differing views on STI testing depending on the practice. One noted that they don't have the resources to counsel patients as well as they should and lack time for partner notification. Another practice felt that there was the capacity to do more STI work within primary care, utilising nurses who have extra time to explore more about a person's sexual and reproductive healthcare needs.

It was pointed out that contraception services do work well for organised patients however for those less organised access isn't that good and they could be helped by having the offer of drop-in services and online booking. For young people in particular, it can be difficult to call the surgery during triage times if they are at going to school etc. Sometimes getting ad hoc and same-day appointments can be difficult within primary care. Some surgeries feel that only offering appointments means that some patients miss out. Access could be improved by having an offer of evening, weekend and drop-in clinics.

One practice holds a Saturday clinic every 6 weeks. It started as a cervical screening clinic but has expanded to also include LARC, breast screening and GP access. It was set up to offer an opportunity to those that find accessing primary care during the day on weekdays difficult. It has proved to be in high demand. It was fel that primary care as a whole needs to think of new ideas on how to improve access and meet the extended access agenda. It is important that this isn't just looked at in terms of GP appointments but should include services such as cervical screening, for example.

A practice not currently offering LARC is looking at how services can be shared across all the practices in their primary care network (PCN). It is felt there is a lot of expertise across the PCN and collaborative working across the network will provide opportunities for shared training and keeping partners up to date with current sexual health recommendations. Receptionists will be able to signpost patients to other practices across the PCN.

In terms of partnership working within the sexual health system, many primary care professionals feel there are good relationships with BPAS and the SARC. There are mixed views on the partnership working amongst other organisations. It can be difficult to keep up with the large number of organisations and initiatives, knowing what services they offer and how to refer in to them. Communication on this front could be improved.

The training offered by the sexual health clinic to those working in primary care is looked upon favourably. Having trainees that have worked within the Sexual health clinic, who then bring their knowledge and experience into primary care is beneficial. Generally, the sexual health clinic is thought to be a high quality service who respond quickly to professional queries and the staff are very helpful. Patients who are concerned they may have an STI are encouraged to attend the sexual health clinic, particularly if they are asymptomatic (not displaying symptoms) as they are the specialist service and able to offer additional services, such as partner notification. Primary care however would like to see updates from the sexual health service on what they offer and clinic times so they can signpost their patients appropriately.

The practices that participated in these interviews and surveys covered a number of areas of Swindon serving diverse populations therefore they had different systems in place to meet the needs of their different client groups. One representative stated that nurses, with their longer appointment times, were key to a primary care sexual health service as they felt that extra time was critical to deal with those patients with more complex needs. Dealing with transgender patients was highlighted along with a desire to do additional training to help support them further. Another practice, whilst having no specific policy around inequalities highlighted how staff adapt to the differing needs of different groups. A reception team will initially pick up on cues and try and get those vulnerable and disadvantaged patients in for face-to-face appointments.

A learning disability register allows practices to give patients with learning disabilities double appointment times. Learning disability reviews include sexual health. 'Usual doctor' lists within practices also help the GPs to build a good relationship with their patients over a long period of time.

One practice had a GP trainee point out that their practice isn't fully accessible to their HIV patients. Conversely, they also stated that a lot of HIV patients prefer to go to the sexual health clinic rather than primary care because they may not want to disclose their HIV status or have the practice make assumptions about them.

Young people wanting contraception are strongly encouraged to visit practices as it can be easier to spot potential safeguarding concerns in a face-to-face appointment. There isn't a budget for free condoms. If a young person has to wait for a contraceptive implant it isn't possible to give that young person condoms, and other bridging methods of contraception can take days to take effect. Not all practices are aware of the free postal condom service available through the sexual health clinic website for those aged 16-24. Not all practices that responded to the survey were aware of the You're Welcome quality criteria for becoming young people friendly.

Sexual Assault Referral Centre (SARC)

Swindon and Wiltshire SARC is the first point of contact for people who have experienced rape or serious sexual assault. It provides confidential and emotional support to anyone impacted by rape or serious sexual assault.

A needs assessment of SARCs in the South West, undertaken by Tamlyn Cairns Partnership, was completed in Nov 2020. It was commissioned by NHS England and NHS Health and Justice Team South region. This was accompanied by a supplementary brief looking at the Wiltshire SARC service. The Wiltshire SARC (run by First Light) is based in Swindon and delivers the service across both Swindon and Wiltshire.

Therefore the findings and recommendations of this document have been used below to avoid duplication. Updates on the recommendations have also been included. For the purposes of this needs assessment, we have also included feedback from clients who have used the Wiltshire SARC.

The NHS commissioned report included the following conclusions and recommendations that would be applicable to the Swindon population.

1. There are unnecessary hurdles in processing 16 and 17 year old referrals and therefore process mapping should be undertaken to decrease the number of decision points in the referral pathway for these ages.
   Action taken: All referral pathways are currently being reviewed with the mobilisation of the new contract and will be in place by Oct 2022.

2. Data shows a decrease in the referral rates of 16 and 17 year olds. As literature states this is a high-risk age group, a drop would indicate an unmet need. However, this could be improved by collaborative working between commissioners and providers to increase the number of 16 and 17 year olds accessing the service. A clear self-referral pathway is needed to ensure interaction between paediatric and adult provision is smooth.
   Action taken: As above referral pathways are being reviewed. 16 and 17 year olds can self-refer into SARC and since Covid-19 the rate of referrals from under 18s is increasing.

3. The idea of 'soft borders' across the region is a step towards patient-centred services. People should be directed to their nearest facility with service specifications addressing any possible costs of one-way flow and overcoming any bureaucratic push away from patient best interest.
   Action taken: This had been addressed in the new contract service specification and there are relationships in place between the Wiltshire SARC and SARCS in Thames Valley, Gloucester and Bristol.

4. Swindon and Gloucestershire SARCs serve small populations and are close geographically therefore merging of the services should be considered.
   Action taken: From Oct 2022 Wiltshire and Gloucester SARCs will be in partnership with shared staff and resources.

5. SARCs want to be a service for all who have experienced rape or serious sexual assault. Other services see SARC as an acute service only and did not see the benefit of

referring for non-acute (non-forensic) cases. This can be achieved by education and awareness raising.

Action taken: This is in the new contract. Also, prevention is an area of continuous work for the Wiltshire SARC including healthy relationship work in schools.

Wiltshire SARC collect client feedback on their service and in 2021 109 service users completed the survey. 100 of these clients were female, the rest identifying as either male, transgender or not stating. The majority were between the ages of 20 and 29, the rest being mainly 17-19 or 30-39. 108 respondents felt supported by the SARC and that all their questions were answered appropriately. 80 people stated they attended the SARC with the police and 31 with no police. 107 of the respondents found the SARC welcoming and accessible, one stated that whilst it was welcoming they did not feel it was accessible. 108 respondents' felt that they were in control throughout their time at the SARC.

Community consultation

Open Door Learning Disability group

A group of approximately 30 adults with learning disabilities gave their views on Sexual and Reproductive Health Services and Sex and Relationship Education. There was a mix of male and female adults of all ages. A large proportion of the group (about 1/3) are, or have been, in a relationship.

The group described a mixture of places that had provided them with information on sex and relationships these included the Open Door Group, Family and Friends, and School (SEND schools). A variety of places were identified by the group for obtaining contraception: pharmacy for condoms; the hospital; the sexual health clinic. Some people thought it was embarrassing to go into a pharmacy for condoms even though they felt it should be a normal thing to do.

Some participants disclosed their method of contraception and this was a range of methods (the pill, the coil, sterilisation, implants). Some participants feel that their family and/or carers help them to make decisions whilst others felt it wasn't their choice and their families didn't want them to have children. No one in the group can recall being given information on the many types of contraception options that are available to them. Members of the group said they would like to have longer appointment times when visiting the GP. Some said they liked talking to a nurse rather than a doctor and males would like to see male staff.

Some members of the group had had children and, at the time, they didn't know they were pregnant. Some people had children that have been removed from their care. Some members of the group reported that they didn't know much about relationships and sexual health. One 40 year old felt that they didn't have enough information on relationships and wanted to know more. Most of the group wanted more information and felt it might be beneficial to have easy read information and possibly braille literature.

Relationship information is needed especially on the changing dynamic of breaking up and moving on into new relationships. There is no proper sex and relationship education after

school. Education needs to be ongoing rather than ad hoc so that information is retained and new group members don't miss out.

Whilst no sex and relationship education has been provided recently, in the past North Star College has run a couple of sex and relationship courses at Open Door, and the Open Door staff have also visited the group to deliver courses. A few years ago the Learning Disability nurses and Psychology team based at Chatsworth House also ran some courses for the group members. The group enjoyed these sessions as there is no other sex and relationship education provided to them.

Survey Data

This next section is composed of information that was gathered by survey rather than interviews or focus groups. Surveys aimed at anyone who uses sexual and reproductive health services, and young people, were shared through a variety of organisations and partners however the response rate to the surveys was very low. The data gathered via these surveys is stated below however, due to the low response rate, it is difficult to determine if these are widely held views.

Responses from adults who use sexual and reproductive health services.

Most people using sexual and reproductive health services did so via their GP or the sexual health clinic. Some people also used the hospital or the pharmacy. Most STI testing was accessed via the sexual health clinic. Anyone wanting menopause services used their GP.

All respondents stated that their experience of accessing the service they needed was either 'easier than expected' or 'as excepted'. The majority found the services they received to be 'very good' or 'good' and their needs were fully met. People responding to the survey were almost exclusively women from a variety of age groups, ranging from 20-24 to 70+, most being aged 20-24, or 40-44. All were reporting their ethnicity as White British; White Irish or White Other. There was a mixture of heterosexual, gay or lesbian and bisexual respondents. The majority identified as straight or heterosexual and nearly a quarter as bisexual. Most respondents lived in the SN2 area, with others residing in SN1, SN3, SN5, SN9 and SN26.

Responses from young people

Surveys aimed at young people were shared with a number of internal teams and external partners. Looking at the demographics of the respondents it would appear that an organisation working with young people who identify as LGBTQ+ may have promoted the survey more successfully than other teams/organisations. No respondents to the young people's survey were under the age of 13 with most being aged 16-17. Responses to where advice and help was sought by young people, and how they rated this advice, were quite varied. Most young people were seeking advice from parent/carer, friends/family, the sexual health clinic or the GP. Friends/family and the sexual health clinic were looked upon most

favourably in terms of the advice and help they gave. Although GP practices were used by many, the service was perceived to be 'neither good nor bad' by the majority. It was interesting that only half of the young people said that they would go to school or college for help and advice when this is where they should be receiving a good proportion of their education on these topics. Of those that did use school for sexual health and relationship advice, half of those deemed it 'neither good nor bad' and the rest being split between 'good' or 'very bad'. Two-thirds of those that went to the sexual health clinic for help and advice viewed the service as either 'very good' or good'. Some young people commented that they would be worried to ask anyone or they don't know who they would go to for help with sexual health and relationships. One person said they would want to seek advice in a safe place with someone that they didn't know.
Approximately two-thirds of the respondents felt that they got all the help they needed, whilst a third didn't. A number of young people felt they wanted more information on same-sex relationships and how to keep safe. One young person stated they would like more information on being coerced into having sex they didn't want.

At the time the survey was carried out there was a young persons' evening drop-in at the sexual health clinic. Most young people said they didn't know about it. All but one person said they would use the clinic if they knew about it. This drop-in clinic is now open to all ages due to low numbers of young people accessing it. Young people can now drop in to the clinic during any opening hours although they are encouraged to let the clinic know they are coming.

Young people were asked what they would like to see as part of the young persons' sexual health service. Ideas included:

- LGBT+ and transgender sexual health
- Late evening and walk-in days
- Contact with the clinic before being seen to have the process of being tested explained and what you should get tested for (this request mirrors a statement from the school nursing service)

Most young people didn't feel like Covid-19 had an impact on them accessing the sexual health service. However, one young person did add a comment about the clinic being less easy to get to and they thought the sexual health clinic had closed down. It is unclear whether this comment is in relation to the clinics recent change of location from within the hospital to Swindon Health Centre in the town centre.

The survey sought young people's views on the relationship and sex education (RSE) they received in school. The majority of young people said RSE did not meet their needs. As a large proportion of respondents (over 60%) identified as either gay, lesbian, bisexual or sexual orientation other than heterosexual or straight, it is not unsurprising that there were a few comments relating to not enough (or any) information on same-sex relationships and a request for RSE to be taught using gender-neutral terms. Other comments included a lack of information on STIs and lessons being split into genders so boys were not taught about periods (and it was important that they did know about periods). Covid-19 had interrupted

RSE so they felt they missed out on a lot of sex education. Also listed was a desire for more information on STI testing and what to do in the event of sexual assault, grooming and unexpected pregnancy. Over 50% of respondents were aged 18-24 and therefore would not have received RSE education under the new curriculum.

Conclusion

Swindon has a whole host of services and organisations with lots of skills and experience in working within the sexual and reproductive health field. Appreciation and utilisation of this expertise are required to ensure a comprehensive and efficient sexual health system meeting the needs of the Swindon population, particularly amongst those most disadvantaged. Strong communication and collaborative working will help to achieve this. In response to issues highlighted in this chapter, this can be achieved by strengthening the sexual health offer across organisations. For example, BPAS accessing chlamydia screening kits from the sexual health team to support those clients who are unable to access them online; exploring how pharmacists can further enhance access to services; local authority training sexual health clinic staff to enable them to support young people, not eligible for youth engagement support, with their sexual health needs.

There is evidence from all directions that communication across the whole sexual health system needs to be strengthened. In particular, information does not seem to be reaching either the general population or organisations/services, about what the sexual health service does and does not offer. For example, young people didn't appear to know about a drop-in clinic which used to operate and was aimed at them, and pharmacies weren't aware that chlamydia screening and the condom distribution scheme is now offered online. Anecdotal evidence points to misinformed management and/or referral from primary care to the sexual health clinic. This puts pressure on local services and does not always give patients the best experience. This shows a clear need to improve communication on referral pathways between primary care and sexual health service so that patients are seen and treated in the most appropriate service

The sexual health clinic and GP practices feel there isn't a process in place to be kept informed on all the initiatives that are going on within the wider sexual health system. The local authority was highlighted in particular by the sexual health service. Some organisations are members of Swindon's sexual health executive group (SHEG) and feel that gives them some contact with other organisations and their work. However, the purpose of the SHEG is more strategic and is not intended as a vehicle for general information sharing between services. Therefore a more appropriate mechanism for communication needs to be identified.

The sexual health outreach team are held in high regard by all services that work alongside them. A small team, but highly valued, and seen as a great resource for accessing particularly vulnerable groups. With the team being so small, the sexual health service feels that not all the outreach needs are being met. Knowledge of PrEP could be improved amongst all those working in the wider Sexual Health system.

Other services could also improve their communication, for example, BPAS would like to strengthen their message on the wider service that they offer to those accessing their termination of pregnancy service.

Feedback from young people was low, however, from the comments they made alongside the views of the Healthy Schools manager, the impact of the RSE offered in schools is still not clear. There are also a large number of young people who would have missed out on RSE in their final years at school due to Covid-19 and this will have a bearing on attitudes and behaviours displayed by some of those young people in the future. Although a disproportionate number of the young people's surveys were completed by LGBT+ respondents, it was refreshing to have their views at the fore and re-enforces that same sex RSE needs to be included in the curriculum if they aren't to feel excluded. RSE also needs to inform young people of local services that are available to them, including SARC.

The opportunities and circumstances provided by the Covid-19 pandemic brought about a change in how services could be offered to, and accessed by, clients and patients. This is seen widely as a positive change. However, whilst a digital offer improves access for many it can exclude others, particularly those that are most disadvantaged. Poor accessibility within primary care for certain groups has been highlighted but there were also some good examples of how these issues are being addressed. Any evidence of good practice, and shared experiences of resolving difficulties, needs a mechanism of communication so that it can be shared amongst partners.

8. Conclusion and summary of Key Issues

Swindon hosts a range of sexual and reproductive health services commissioned by Swindon Borough Council, NHS England and the Integrated Care Board to meet the needs of the local population. In Swindon, the groups that continue to be at greater risk of poor sexual health are generally the same as those seen nationally. They include young people, men who have sex with men, certain Black and Minority Ethnic Groups, people involved in sex work and people with learning difficulties.

GWH were commissioned to provide the specialist sexual health service in 2021. A review of their key performance indicators, as well as positive feedback from a range of stakeholders, indicates that the service has performed well and established their services under challenging circumstances of Covid-19. Stakeholders consistently highlighted the value of the SHS's Outreach workers to support vulnerable populations at risk of poor sexual health (e.g. street sex workers at Nelson Trust). Challenges around capacity of the Outreach service was highlighted by SHS so realignment of resources to address this provision may wish to be considered between the specialist sexual health service and commissioners. SHS identified a gap in provision for the psycho-sexual support locally. ICB and SBC commissioners are encouraged to work together to address this gap in provision going forward.

The impact of Covid-19 has altered the way that local sexual and reproductive health services have operated over the past few years. Whilst some of these changes are viewed as positive changes that have improved access (e.g. increase in online testing, pills by post to deliver termination of pregnancies) there is a risk that these changes potentially widen health inequalities for some groups at higher risk of poor sexual and reproductive health. At this stage it is difficult to fully ascertain how Covid-19 impacted on Swindon's STI prevalence. It is clear that Swindon's STI rate dropped in 2020 when reviewing national sexual health indicators but these drops were broadly in line with the national picture. This likely represents a restriction to accessing sexual health services but equally it could represent a change in sexual behaviour during the pandemic that reduced STI prevalence nationally. More research is required to fully understand this.

Swindon's STI rate remains above the national and CIPFA neighbours indicating that we have a higher than average need locally. During this time Swindon's STI testing rate was also above the national rate whilst the STI positivity rate was below the national rate. This would indicate that access to the online testing service provided by SHS ensured good access to testing at a point where services were largely closed to face to face appointments. The review of testing data however did indicate that some Black & Minority ethnic groups (e.g. Asian ethnicity) were less likely to be screened for STIs when comparing to Swindon's BAME local population. This should be explored further to ensure that access is equitable across different groups and promoted in groups which are known to have high sexual health needs.

In 2021 the national Chlamydia Screening Programme shifted its focus to screening young women rather than young adults to reflect that chlamydia leads to significant harm to women's reproductive health. At the time of this publication the national chlamydia detection rate indicator still measured screening prevalence across all young adults.

Swindon are currently below the national detection rate for this indicator and also relatively low when compared to CIPFA neighbours. Furthermore areas of high deprivation in Swindon correlated with higher rates of chlamydia. Further work is required to understand how Swindon is performing for detecting chlamydia in young women when the revised national indicators are published so that it can be targeted and promoted effectively.

Whilst Swindon has a relatively low rate of gonorrhoea, rates of syphilis in Swindon are statistically above our CIPFA neighbours and similar to the national picture. Syphilis disproportionately affects men who have sex with men (53% of all diagnoses in 2020). The sexual health system should consider reviewing the national Syphilis: Public Health England Action Plan (2018) to ensure that all effective measures are in place to address this need and determine whether a targeted health promotion campaign is required.

In 2020, Swindon's HIV diagnosed prevalence rate (1.94 per 1,000) is statistically lower than England but is close to being defined as a high prevalence area (>2 per 1,000 population considered high prevalence). Between 2018 and 2020, 44.4% of new HIV diagnoses were classed as late in Swindon which is the most important predictor of morbidity and mortality among those with HIV infection. Whilst this percentage roughly aligns with the national and CIPFA neighbours performance there are large discrepancies when viewing late diagnoses according to demographics. Nearly three quarters (73.3%) of new diagnoses in heterosexual women were classified as late. Furthermore HIV testing rates among eligible women were lower than HIV testing rates in men. This suggests that more work needs to be done to target heterosexual women for HIV testing to improve early identification of HIV.

In line with the national picture, teenage pregnancies continue to reduce in Swindon. There are significant variations depending on ward level data with areas of high deprivation in Swindon being significantly higher than the national prevalence. More work is required to target these areas to ensure that the sexual and reproductive needs of young women are addressed. Furthermore the provision of the Family Nurse Partnership that supports teenage mothers was identified as a positive for Swindon during the qualitative interviews. Termination of pregnancies are increasing both nationally and locally in Swindon. In 2020, over a quarter (27.6%) of abortions in Swindon in women aged under 25 were for women who had previously had an abortion, similar to the average for England of 29.2%. Whilst access to abortions should be easily and safely available for those that choose them, more work may be required to understand why repeat abortions are taking place to ensure that the contraceptive needs of women are being address locally. Termination of pregnancy services provided in Swindon generally received good feedback from stakeholders who are well established and have good referral routes from the sexual health system.

Access to long acting reversible contraception (LARC) fittings and removals were particularly impacted by the Covid-19 pandemic due to their requirement for face-to-face appointments. Swindon LARC rates are broadly in line with the national and CIPFA neighbours which following a period of increased LARC rates dropped significantly in 2020. Local work to commission the SHS to provide additional LARC clinics that would ordinarily be delivered by primary care helped to return these rates to pre-pandemic levels in 2021. The LARC HEAT (see section 7) identified a number of areas that Swindon should consider to

improve LARC provision locally. This includes improving LARC data collection in primary care to understand which demographic groups are not currently accessing LARC, working with termination of pregnancy services to address the reduction in LARCs following the implementation of pills by post and considering how to develop a LARC service for women post-delivery. These recommendations will need to be considered by the Sexual Health Executive Group and incorporated in to the new Swindon Sexual Health Strategy as appropriate to ensure we are meeting the contraceptive needs of the local population.

All young people need comprehensive Relationships & Sex Education (RSE) and easy access to services to develop healthy, consensual relationships, prevent unplanned pregnancy and protect their sexual health. RSE in primary and secondary schools became statutory in 2020. The challenges of implementing this have been undoubtedly impacted by Covid-19 during this time. It perhaps should not be surprising then that overall feedback on RSE from young people in this needs assessment was generally negative regarding the current provision. More work is required between the local sexual health system and Healthy Schools lead to ensure that teachers are supported to deliver effective RSE lessons to young people. School nurses were also identified as a good resource for improving sexual and reproductive health of young people. More joint working with the specialist sexual health service to improve workforce development was identified as a need for school nurses and should be considered. RSE was also identified as a gap for people living with learning difficulties. Consideration for how the sexual health system can support this vulnerable group should be considered by the SHEG going forward.

Primary care (GPs and Pharmacies) are a key stakeholder in any sexual and reproductive health system. Whilst the feedback from GPs was overall positive about the specialist sexual health service they felt that referral pathways and communication could be improved (particularly about raising awareness regarding what services they offer and how their patients could access them). Identifying leads within the Integrated Care System to cascade information to GP surgeries about sexual and reproductive health provision may help to improve this. On a similar note pharmacies felt that they were an underutilised resource in the sexual health system locally. GWH are commissioning pharmacies to provide Emergency Hormonal Contraception in 2022 which will hopefully improve links between the specialist sexual health service and pharmacies. The sexual health service should consider how to strategically promote their service with primary care (and other notable stakeholders who also regularly flagged that promotion of sexual health services could be improved) going forward to ensure promotion of sexual and reproductive services locally.

Stakeholders generally viewed the Sexual Assault Referral Centre (SARC) as an effective service to support recent victims of rape or sexual assault. However it was noted that due to its proximity to a local Police station some associated it with the Police so preferred to be seen at the specialist sexual health service. A SARC needs assessment was completed across Swindon and Wiltshire in 2020. The sexual health system may wish to consider any notable recommendations from this needs assessment to improve provision for local people impacted by rape or sexual assault.

9. Recommendations

1. Ensure that schools in Swindon have access to resources to deliver effective RSE provision including issues relating to consent and sexual violence.
2. Develop a plan to address the RSE needs of people living with learning disabilities
3. Ensure work to reduce teenage conception is targeted in wards with teenage conception rates above the national average
4. Develop an action plan to improve access to LARC in response to the findings from the LARC HEAT assessment.
5. Increase awareness and uptake of STI testing and LARC in Asian populations within Swindon
6. Review the local strategy for the Chlamydia Screening Programme to improve the detection and screening rates of young women living in areas of high deprivation.
7. Review the national Syphilis Action Plan to ensure that effective measures are in place to address the relatively high prevalence of syphilis locally.
8. Explore how Outreach provision can be expanded to ensure that sexual and reproductive health needs of the local population are addressed particularly among vulnerable populations.
9. Review the need for psycho-sexual provision and local services to meet these needs.
10. Local sexual and reproductive services to increase HIV testing among heterosexual women to reduce late diagnosis of HIV.
11. Improve PrEP access to non-MSM populations locally.
12. Improve joint working between primary care and the specialist sexual health service to develop referral pathways and awareness of services.
13. SBC to work with the Integrated Care Board (ICB) to improve collaborative commissioning locally for sexual and reproductive health.
14. Improve joint working across all local sexual and reproductive health services and establishing new communication networks to improve awareness among the local population.

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