

# West Sussex Sexual Health Needs Assessment 2025

**Data current at March 2025**

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A note on terminology used within this needs assessment: Throughout this needs assessment, the terms 'male' or 'female' have been used to describe genders. It is recognised that these terms may not necessarily reflect how a person will identify or feel about themselves and therefore may not encompass the gender identity of some residents of West Sussex.

## Glossary

### **AIDS**

Acquired Immunodeficiency Syndrome

### **BASHH**

British Association for Sexual Health and HIV

### **COC**

Combined Oral Contraceptive

### **CSA**

Child Sexual Abuse

### **CSE**

Child Sexual Exploitation

### **EHC**

Emergency Hormonal Contraception

### **FSRH**

Faculty of Sexual and Reproductive Health

### **HIV**

Human Immunodeficiency Virus

### **FGM**

Female Genital Mutilation

### **HIV**

Human Immunodeficiency Virus

### **HPV**

Human Papillomavirus

**GBMSM**

Gay, Bisexual and Men who have Sex with Men

**ICB**

Integrated Care Board

**IMD**

Index of Multiple Deprivation

**ISHS**

Integrated Sexual Health Service

**IUD**

Intrauterine Device

**IUS**

Intrauterine System

**LARC**

Long-Acting Reversible Contraception

**LSOA**

Lower Super Output Areas

**NATSAL**

National Survey of Sexual Attitudes and Lifestyles

**NCSP**

National Chlamydia Screening Programme

**NICE**

National Institute for Health and Care Excellence

**ONS**

Office for National Statistics

**PCN**

Primary Care Network

**PEP**

Post-Exposure Prophylaxis

**PID**

Pelvic Inflammatory Disease

**POP**

Progestogen-Only Pill

**PrEP**

Pre-Exposure Prophylaxis

**PSHE**

Personal, Social, Health and Economic education

**RE**

Relationships Education

**RSE**

Relationship and Sex Education

**SARC**

Sexual Assault Referral Centre

**STIs**

Sexually Transmitted Infections

**UKHSA**

UK Health Security Agency

## 1. Background

### What is a needs assessment?

A health needs assessment can be defined as a systematic approach to assessing the health needs of the population<sup>1</sup>. This needs assessment focuses on the sexual and reproductive health and wellbeing of the population of West Sussex and aims to assess how the needs of the population in relation to sexual and reproductive health are being met in order to identify areas for improvement.

### What is sexual health?

Sexual health is defined by the World Health Organisation as<sup>2</sup>:

“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.”

This has guided the four topics explored in this needs assessment, which are:

- Sexually Transmitted Infections (STIs)
- Human Immunodeficiency Virus (HIV)
- Reproductive health
- Healthy relationships

## 2. Policy context

### National policy context

The Framework for Sexual Health Improvement in England<sup>6</sup>, published in 2013, sets out the government's ambitions for improving sexual health and remains relevant. In addition, there are several national policies and guidance documents which contribute to the landscape of sexual health service provision and associate programmes, links to key documents compiled in Appendix 2. The key legislation and policy used in the development of this needs assessment includes the National Chlamydia Screening Programme<sup>3</sup> and Towards Zero: the HIV Action Plan for England - 2022 to 2025<sup>4</sup>. A new national HIV action plan is due for publication in 2025, which is expected to retain the ambition to end new HIV transmissions by 2030.

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<sup>1</sup> Faculty of Public Health. Health Knowledge.[internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [The uses of epidemiology and other methods in defining health service needs and in policy development | Health Knowledge](#)

<sup>2</sup> World Health Organisation. [internet] Sexual Health [cited 26 Nov 2024]. Available from: [Sexual health](#)

<sup>3</sup> UK Health Security Agency. National Chlamydia Screening Programme. Updated Jan 2025. Available from: [National Chlamydia Screening Programme \(NCSP\) - GOV.UK](#)

<sup>4</sup> Department of Health and Social Care. Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025. December 2021. Available from: [Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025 - GOV.UK](#)

## **Local policy context**

[Our Council Plan](#) is West Sussex County Council's corporate plan for 2021-2025. The plan sets out the priorities for the council and the outcomes we want to achieve for people who live and work in West Sussex. The plan focusses on four priorities, all of which are underpinned by a cross-cutting theme of protecting the environment:

- Keeping people safe from vulnerable situations.
- A sustainable and prosperous economy.
- Helping people and communities to fulfil their potential.
- Making the best use of resources.

Achieving good sexual and reproductive health and wellbeing contributes to the priority of keeping people safe from vulnerable situations and helping people and communities to fulfil their potential. The proportion of females aged 15 to 24 who are screened for chlamydia is a measure within Our Council Plan on which progress is regularly monitored.

## **West Sussex governance arrangements**

Sexual Health is within scope of the health protection governance arrangements for West Sussex, which is overseen by the West Sussex Health Protection Board. The West Sussex Health Protection Board is led by Public Health, West Sussex County Council and includes senior colleagues from a range of different organisations, including district and borough councils, UK Health Security Agency (UKHSA), NHS Sussex (Integrated Care Board) and NHS England. The purpose of this board is to ensure that organisations that are part of the local health protection arrangements are discharging their responsibilities and have effective plans in place to protect the West Sussex population from risks associated with hazards relevant to health protection.

## **What has changed since the 2019 West Sussex sexual health needs assessment?**

The last West Sussex sexual health needs assessment was conducted in 2019. Recommendations from this previous needs assessment are reviewed in Table 1. The landscape of sexual health service provision has since changed. The COVID-19 pandemic saw a dramatic but temporary decrease in STI diagnoses and had implications for access to sexual health services because face to face services were disrupted. Since 2021, national trends have shown a yearly increase in the rate of STI diagnosis and detection.<sup>5</sup> The way in which sexual health services are delivered has further changed since the COVID-19 pandemic. Sexual health services have become increasingly digitised, with a range of services provided online across the country. Across West Sussex, the way in which individuals access sexual health services has changed too. This needs assessment will provide an up-to-date understanding of the sexual health needs of the population.

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<sup>5</sup> Department of health and social care. Fingertips. [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

**Table 1: Review of recommendations made in the West Sussex Sexual Health Needs Assessment 2019**

<b>Recommendation in 2019 West Sussex Sexual Health Needs Assessment</b>	<b>Progress at March 2025</b>
Establish a sexual health strategy group, to be led by West Sussex County Council (WSCC) Public Health.	A Sexual Health Partnership Group was established in 2019, before being paused in 2023 as an opportunity to review arrangements and undertake a needs assessment.
Incorporate the provision of patient views and experiences into performance indicators and monitoring.	There has been integration of an interactive text survey into the service dashboard. In June 2022, the Integrated Sexual Health Service implemented an interactive text survey based on patient satisfaction.
Increasing the chlamydia detection rates in young people.	Improving rates of chlamydia detection remains a priority in West Sussex. Chlamydia detection was hindered significantly by the Covid-19 pandemic. A West Sussex Chlamydia Action Plan has been developed.
A series of recommendations relating to young people were produced including providing accessible clinic hours, reviewing pathways for Looked After Children and ensuring outreach activities are maintained.	Evening and weekend clinics are provided by the integrated sexual health service, as is outreach provision to college and university settings. The provision of a fast-track pathway for looked after children was discontinued following the provision of a central booking system, though longer appointments are given to new users under 18.
Develop treatment pathways and support outreach programmes for higher risk and vulnerable groups, including within drug and alcohol services.	The provision of outreach services was impacted by the COVID-19 pandemic, but outreach activity has since continued by the Integrated Sexual Health Service. Additional time limited initiatives are in place with community voluntary sector organisation with reach to specific population groups. Greater collaboration between sexual health and drug and alcohol services was not achieved.
A series of recommendations were produced relating to HIV including, advocating for use of Pre-Exposure Prophylaxis (PrEP), follow the United Nations 90:90:90 strategy, review late diagnosis, support outreach work, sustain efforts to diagnose and treat early and ensure testing coverage is maintained.	Following the government introduction of Towards Zero, WSCC implemented a 'Towards Zero Action Plan for the population of West Sussex'. The Integrated Sexual Health Service was commissioned to pilot community-based testing and to increase the uptake of PrEP. There has been an improvement in the HIV testing rates and in PrEP uptake.  The integrated sexual health service continues to perform an in-depth review of all late diagnoses with HIV to review whether there were any missed opportunities at all.

### 3. Aims, objectives and methods

#### Scope

The scope of this West Sussex sexual health needs assessment was developed alongside a range of internal (Public Health) and external (other directorates within West Sussex County Council and partners in external organisations). The final scope was agreed by the West Sussex County Council Sexual Health Needs Assessment steering group.

##### In scope:

- All ages
- County wide
- West Sussex population, including defined groups within the population.
- Consideration of all aspects of local authority public health mandated functions regarding sexual health
- Services commissioned by West Sussex County Council Public Health (defined in appendix 1)
- Partnership working and key activities which key partners and stakeholders undertake e.g. role of PSHE and schools.
- Consideration of relevance to women's health

##### Outside of scope:

- Sexual and Reproductive healthcare services that are not commissioned by West Sussex County Council Public Health (defined in Appendix 1). This includes services that are commissioned by NHS Sussex and NHS England and relevant policies such as in vitro fertilisation (IVF). An overview of these services is included within the needs assessment for descriptive purposes and these services may be reflected in contributions from stakeholders or local residents, however, data was not sought from these services or actively asked about (unless by exception where data was able to be readily provided by partners).
- Planning for a healthy pregnancy was not considered within the scope of this needs assessment. Planning for a healthy pregnancy comprises a broad scope including a range of healthy behaviours which merits a separate focus. Access to contraception and understanding contraceptive choices in respect of planning for pregnancy have been considered.
- Cancers of the reproductive system were not considered within the scope of this needs assessment. This is because cancer prevention, detection and treatment are not core functions of sexual health services and partnership working.
- Populations living outside of West Sussex.

#### Aims and objectives

The aim of this needs assessment is to provide a structured assessment of the sexual health needs of the population of West Sussex and to what extent these needs are being met. This allows for recommendations to be made to improve the sexual and reproductive health of the population of West Sussex.

The objectives of this needs assessment are to:

- Define sexual health and wellbeing, including good sexual health and wellbeing.
- Define the characteristics of the population of West Sussex and groups within the population, relevant to sexual health and wellbeing.
- Provide an overview of national and local policies relevant to sexual health related to current practice and including future considerations.

- Review recommendations set out in the previous needs assessment.
- Outline the risk factors and protective factors affecting the sexual health and wellbeing of the population.
- Provide a description of sexual health attitudes and behaviours on a national and local level and factors that might be changing.
- Draw on quantitative and qualitative data, including the perspectives of stakeholders, population insights from specific groups and brief literature reviews to understand: healthy relationships, contraception, sexually transmitted diseases, and HIV prevention and detection
- Understand geographical mapping of sexual health service provision within West Sussex
- Evaluate demand for sexual health services, including with reference to key defined population groups, where possible
- Evaluate how the provision of sexual health matches with demand and need.
- Produce recommendations to guide the improvement of the sexual health and wellbeing of West Sussex, including specific identified groups within the population.

## Methods

This needs assessment has been performed using a mixed methods approach. A mixed methods approach is defined as an approach that incorporates different elements of assessment to meet its aim and utilises both quantitative and qualitative aspects of data collection.

Quantitative data analysis was used to assess the sexual health outcomes of the population. This included assessing the relevant data and metrics on sexual health in West Sussex.

Qualitative work included engagement and insight work to, explore:

- Views of local residents through a survey, and,
- Perspectives from a range of stakeholders from across West Sussex in statutory and voluntary sector organisations through 1:1 interviews, focus groups and a roundtable event held on 7<sup>th</sup> October 2024.

A comparative approach was taken to assess the performance of West Sussex with similar neighbours performing well. This enabled the sharing of good practice between local authorities.

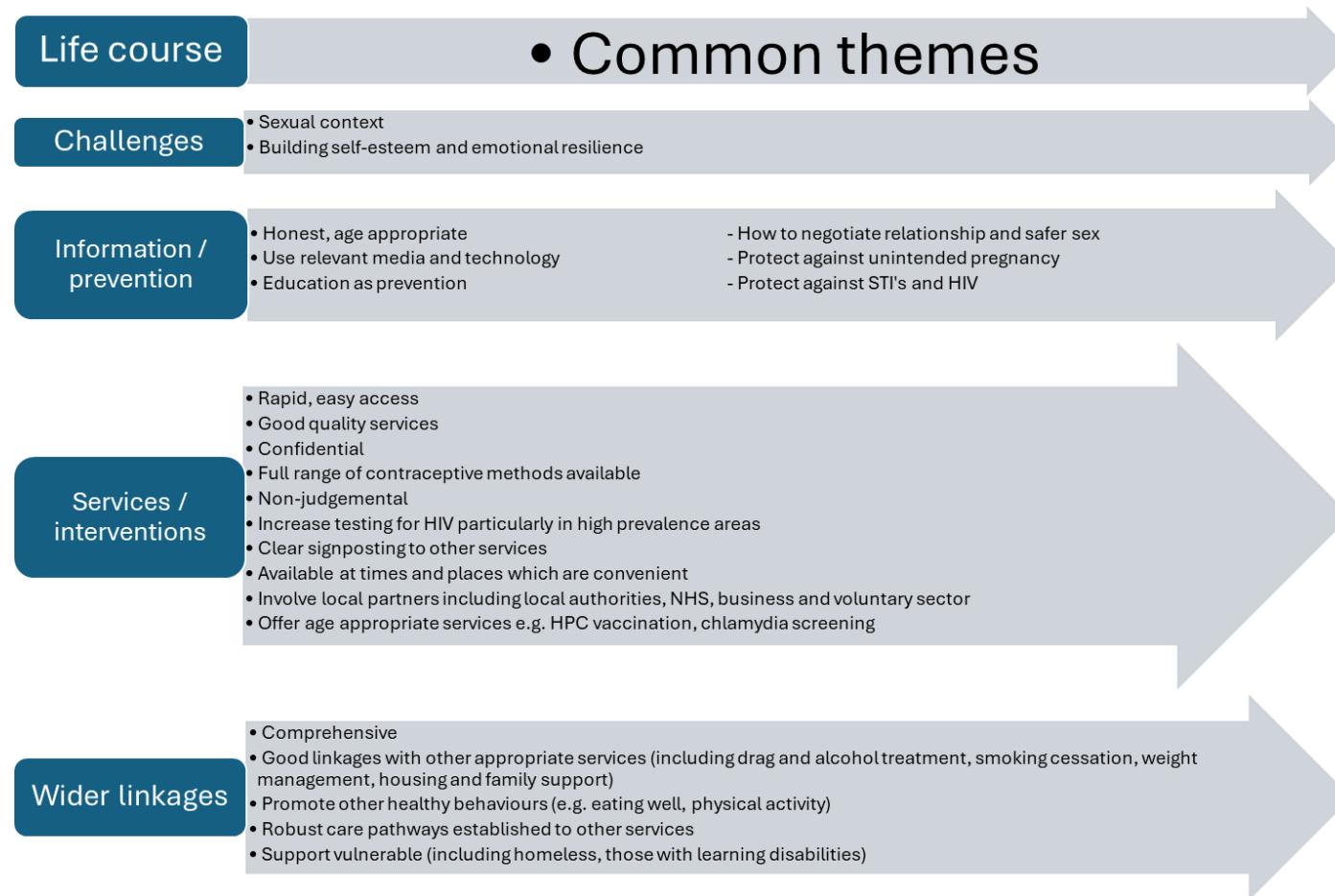
Key questions were identified as part of the scoping process of this work. These key questions were explored through quantitative data analysis, qualitative interviews or though literature reviews.

Findings from all of these methodological elements are included within the relevant topic specific chapter in this needs assessment report.

## 4. Life course approach

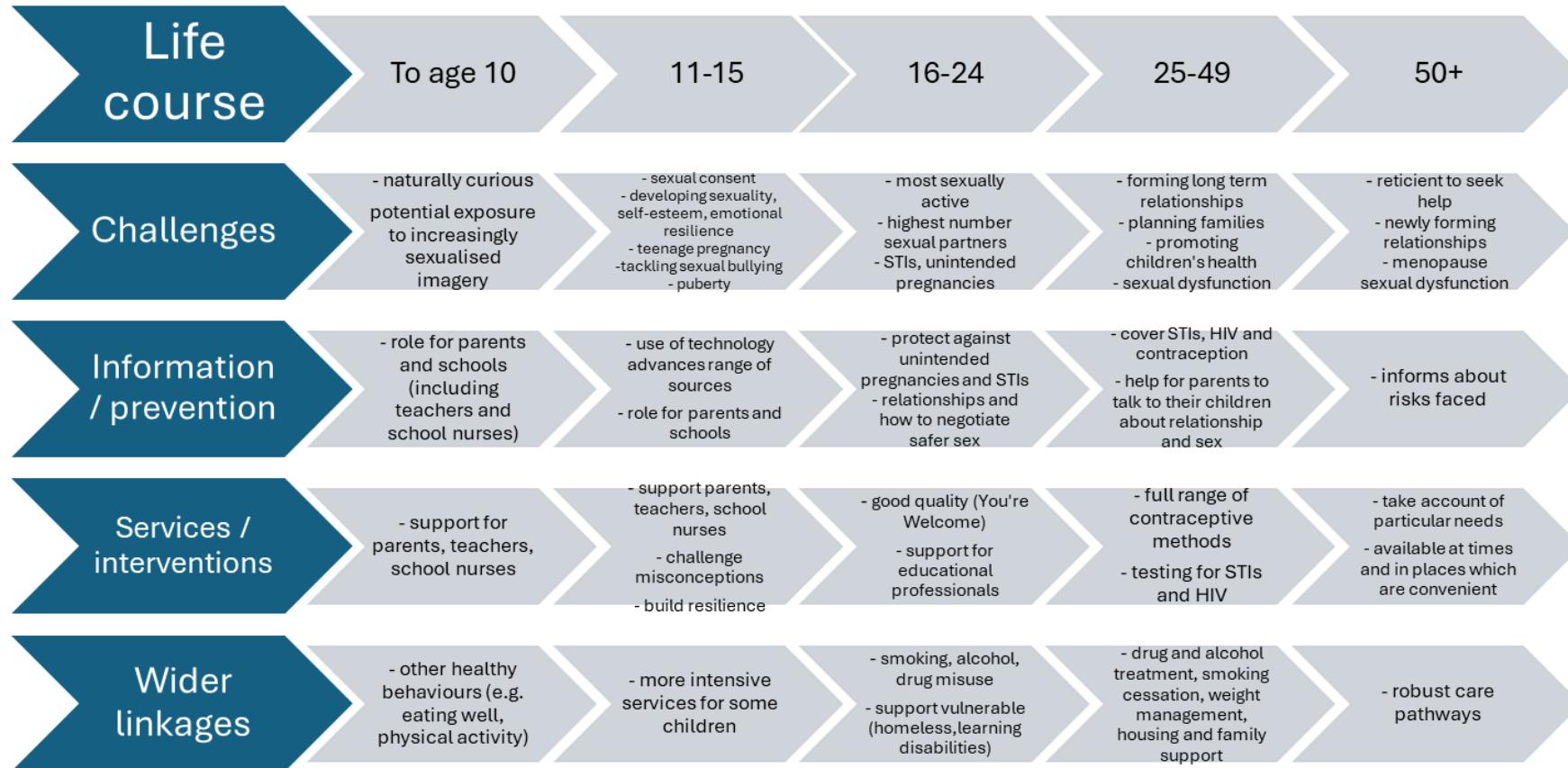
Sexual health is important across the life course. At different ages, sexual health needs can differ. Figure 1 adapted from the Framework for Sexual Health Improvement in England illustrates the different challenges, needs, and services across the life course.

**Figure 1: Sexual health challenges, needs and services across the lifecourse. (Source: Image taken from Framework for sexual health improvement)<sup>6</sup>**



<sup>6</sup> Department of Health and cross Government. Framework for sexual health improvement. March 2013. Available from: [A Framework for Sexual Health Improvement in England](#)

**Figure 1 continued: Sexual health challenges, needs and services across the lifecourse. (Source: Image taken from Framework for sexual health improvement)**



## 4. West Sussex population

### Key points

- **Population change:** The population in West Sussex grew between 2013 and 2023. This population growth has been due to migration both from within the UK and internationally. Horsham, Mid Sussex and Chichester observed the largest increase as a proportion of their population during this time.
- Epidemiological measures of reproductive health in West Sussex
  - Overall, the **birth rate** (number of live births per 1,000) has decreased steadily over the last decade. The trend in birth rate in West Sussex is broadly in keeping with the trends seen nationally.
  - According to the latest data from 2023, the total **fertility rate** (number of children that women would have, if the age-specific fertility rates were applied through the reproductive years), was highest in Crawley (1.66) and Mid Sussex (1.65). The lowest total fertility rates were in Chichester (1.34) and Worthing (1.31).
  - The highest **age-specific fertility rate** (number of births per 1,000 women in that age group) was highest in 30–34-year-olds (102.8 per 1,000 women).
- For West Sussex in 2023, the average age for mothers was 31.3 years. In England and Wales (2023 data), the median age for first time mothers was 30.9 years and for fathers 33.8 years, the highest it has ever been.
- **Younger age groups** are more likely to be sexually active, with implications for sexual health, often considered as 15- to 24-year-olds.
  - There were approximately 87,000 individuals aged between 15 and 24 in West Sussex, of which 42,000 (48%) were women, according to the mid-year population estimate in 2023.
  - The population of 15 and 24 year olds is projected to increase until approximately 2032 and is then expected to fall.
  - Similar trends are expected across most district and boroughs in West Sussex over this time period, with Arun expected to have the highest number of females aged 15-24 across all projected years.
- **Women of reproductive age** (broadly 15 to 54 years) have reproductive health needs with potential contraception needs.
  - There were 212,863 women aged 15 to 54, mid-year population estimate in 2023.
  - A published study from the United States suggests the mean reproductive life span has slightly increased due to a slight lowering of average age at menarche (when menstruation starts) and slight increase in average age at menopause. This suggests women may spend longer in this phase of life
- **Deprivation:** West Sussex is the 129<sup>th</sup> least deprived local authority out of 151 in England (where 1 indicates the most deprived area). There are pockets of deprivation around the county. Crawley and Arun are the most deprived districts in West Sussex. Coastal inequalities are also experienced.
- **Ethnicity:** The West Sussex population is comprised a range of ethnicities: White (84.2%), followed by White: Other (5.8%), and Asian (1.6%). Crawley is the most diverse district and borough in terms of ethnicity in West Sussex, being more ethnically diverse than England overall, with over a quarter of people self-reporting to be of a global majority ethnicity.
- **Sexuality:** 2.9% of the West Sussex population (16+ years) stated that they were gay, bisexual, pansexual or asexual in the 2021 census (England approximately 3.0%).
- **Disability:** 16.1% (n=148,900) of the population in West Sussex reported in the 2021 Census that their daily activities were limited either a little or a lot by a disability (England 17.7%).
- Informed by national and local understanding, there are **defined population groups** which warrant specific consideration with regards to sexual health and wellbeing – the West Sussex population groups are further described in the full report.
- Many **wider determinants** influence sexual and reproductive health. As an example, West Sussex record a higher rate of admissions to hospital for alcohol specific conditions in under 18s than the England rate.

## **Overview of West Sussex<sup>7</sup>**

West Sussex is a large and varied county, consisting of an area of 770 square miles which includes a city (Chichester), a New Town (Crawley), market and commuter towns, large rural areas and villages, and coastal towns and resorts.

There are approximately 901,000 residents in West Sussex, and the county has experienced population growth of over 9% in the last 10 years, higher than the South East or England. In comparison to England, the population of West Sussex is older in age.

Of the total West Sussex population (n=900,862) a greater number of females (n=463,371, 51.4% of the total population) were living in West Sussex than in males (n=437,491) at the last census. This is likely as a result of life expectancy for women is longer than the life expectancy for men<sup>8</sup>.

West Sussex has many anchor institutions and community assets. There are 300+ schools; 70+ GP practices grouped into 21 Primary Care Networks (PCNs); 140+ community pharmacies; hospitals with A&E departments at Chichester and Worthing, and additional NHS hospital sites across the county; over 30 libraries; and numerous museums, galleries, theatres and historic properties. West Sussex benefits from the large number and variety of organisations, groups and associations that are fundamental in the delivery of services that support health and wellbeing. These organisations and groups support individuals, families and communities, and enhance the vibrancy and quality of life in the county.

Generally, people in West Sussex enjoy a good quality of life and experience a longer life expectancy when compared to England. Life expectancy for men in West Sussex is 80.4 years, and 84.4 years for women. (2021-2023). This comparatively good “average” masks considerable inequality and differences between areas and between different groups within the population. For example, some neighbourhoods in Arun and Crawley rank amongst the poorest 10% of all areas in England. Furthermore, there are considerable differences between the life expectancy of the wider population and people with mental health problems and those with disabilities, including learning disabilities.

## **Age profile in West Sussex**

In comparison to the South East and England, the age profile of West Sussex is older. As demonstrated in Figure 2, the proportion of people aged over 65 in West Sussex is higher than the proportion of this age group seen nationally. Furthermore, the proportion of people aged 16-64 in West Sussex is lower than the proportion aged 16-64 nationally. However, there is considerable variation across the county, with a younger age profile noted in Crawley.

From a sexual health perspective:

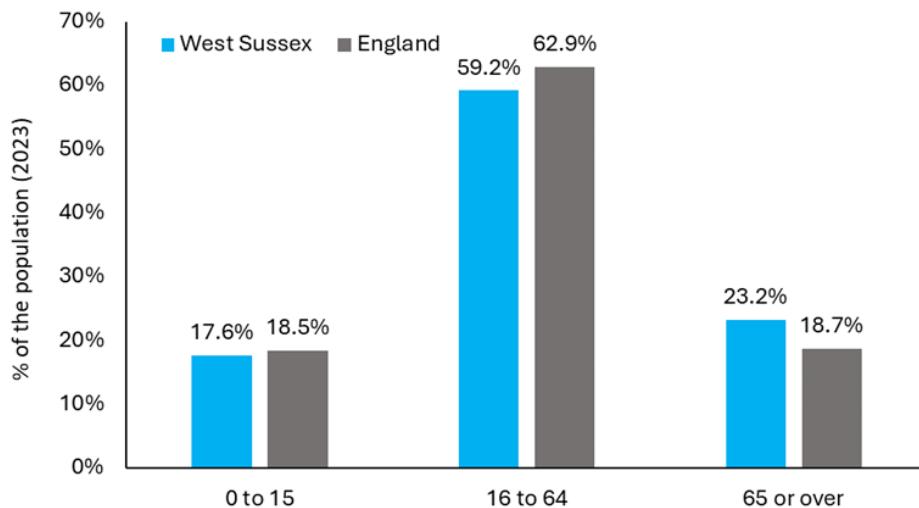
- Younger age groups are more likely to be sexually active, with implications for sexual health, often considered as 15 to 24 year olds
- Women of reproductive age (broadly 15 to 54 years) have reproductive health needs which may require access to hormonal or non-hormonal methods (recognising men also have a role, and notably in accessing barrier contraception)

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<sup>7</sup> West Sussex County Council. Joint Strategic Needs Assessment - People and populations.

<sup>8</sup> Office for National Statistics. Mid-Year Population Estimates (2023). Accessed via [nomisweb.co.uk](https://nomisweb.co.uk)

**Figure 2: Proportion of population in different age group (Source ONS Mid-Year Population estimates, 2023, Graph Taken from West Sussex JSNA population summary)**

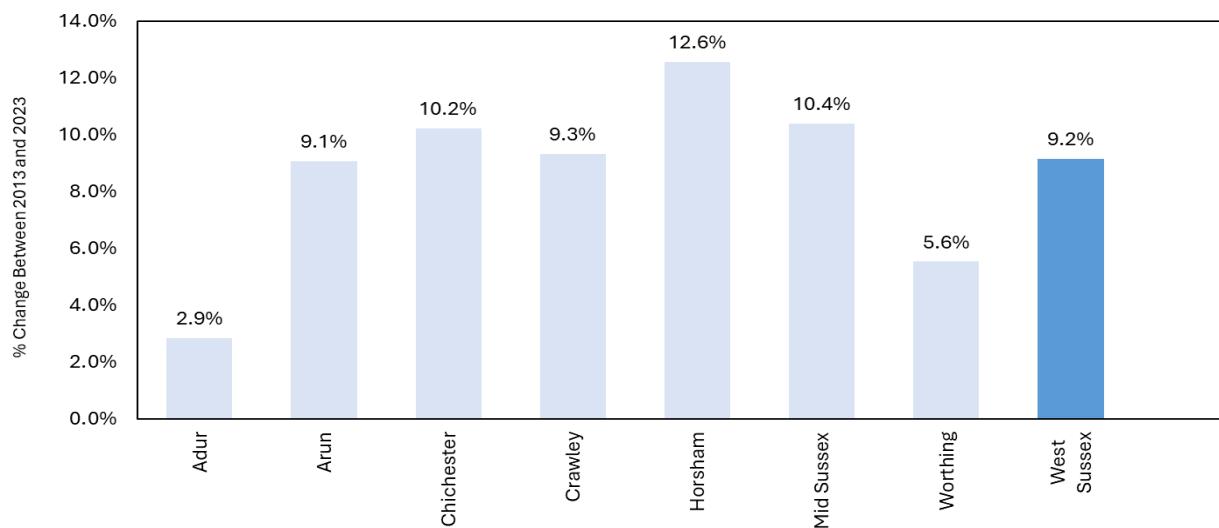


Crawley has the highest proportion (21.5%) of individuals who are aged between 0 and 15. This is in contrast to the proportion of individuals aged under 15 seen in Arun (15.2%) and Chichester (15.5%). Arun (28.8%) and Chichester (27.4%) have the highest proportion aged 65 and over.

### Population Growth

The population in West Sussex is growing. In each of the district and boroughs, the population grew between 2013 and 2023 as demonstrated in Figure 3. In the main this population growth has been due to migration both from within the UK and internationally, as the death rate in West Sussex is currently higher than the birth rate. Horsham, Mid Sussex and Chichester observed the largest increase as a proportion of their population during this time.

**Figure 3: Percentage change in the population of each district and borough between 2013 and 2023 (Source: Office for National Statistics. Mid-Year Population estimates 2023. Accessed from West Sussex JSNA populations and people profile)**



## Births

**Live births:** The number of live births

**Birth rate:** The number of live births per 1000 in the population aged 15-44 years.

In 2023, 7,768 births were recorded in West Sussex as shown in Table 2 and Figure 4<sup>9</sup>. This was the lowest number in West Sussex for the past 10 years. Data at a district and borough level showed that the highest number of live births was in Mid-Sussex, with the fewest number of live births in Adur.<sup>10</sup> Of the live births in 2023, 28.8% were to either one or two parents who were born outside the UK, with a higher proportion in Crawley (51.0%), compared to the proportion of 31.8% in England<sup>11</sup>.

**Table 2: Stillbirths and stillbirth rate in district and boroughs across West Sussex (Source; Office of National Statistics – Births in England and Wales: birth registrations 2023)**

Area	Number of live births	Number of stillbirths	Stillbirth rate
Adur	506	1	[x]
Arun	1,230	4	3.2
Crawley	1,437	6	4.2
Chichester	913	3	3.3
Mid-Sussex	1,538	2	[x]
Horsham	1,245	4	3.2
Worthing	899	4	4.4
<b>West Sussex</b>	<b>7,768</b>	<b>24</b>	<b>3.1</b>

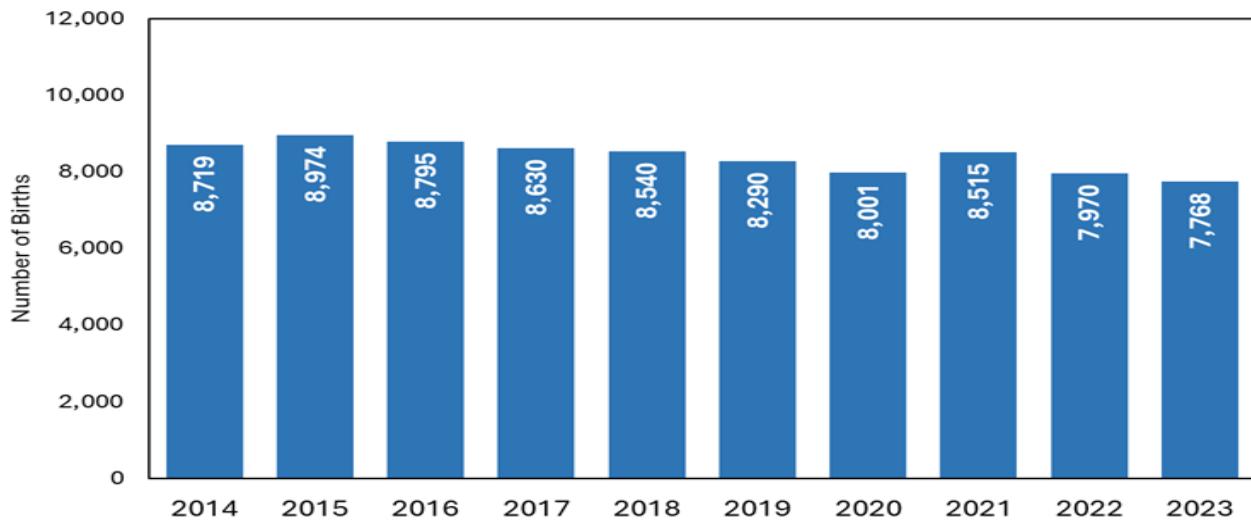
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<sup>9</sup> Office for National Statistics. Births and mortality statistics. 2023. Accessed via Nomis web

<sup>10</sup> Office for National Statistics. Births in England and Wales: birth registrations 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsinenglandandwalesbirthregistrations>

<sup>11</sup> Office for National Statistics. Birth by parents' country of birth, England and Wales: 2023. Available from [Births by parents' country of birth, England and Wales - Office for National Statistics](#)

**Figure 4: The number of live births in West Sussex by year. (Source: Office for National Statistics. Births in England and Wales: birth registrations 2023. Graph taken from West Sussex County Council Public Health Team JSNA People and Populations Briefing)**



The birth rate (number of live births per 1000 in the population aged 15-44 years) in West Sussex has decreased steadily over the last decade, despite a small increase in the birth rate in 2021. The latest data from 2022 shows that the birth rate of 52.6 per 1,000 females aged 15-44 years, in comparison to the rate in England of 51.9 per 1,000 females aged 15-44 years. The trend in birth rate in West Sussex is broadly in keeping with the trends seen nationally. This is demonstrated in **Figure 5**.

**Figure 5: Birth rate per 1000 females (Source: Office for National Statistics, births in England and Wales, graph from West Sussex JSNA Peoples and Populations)**



## Fertility rate and fertility rate

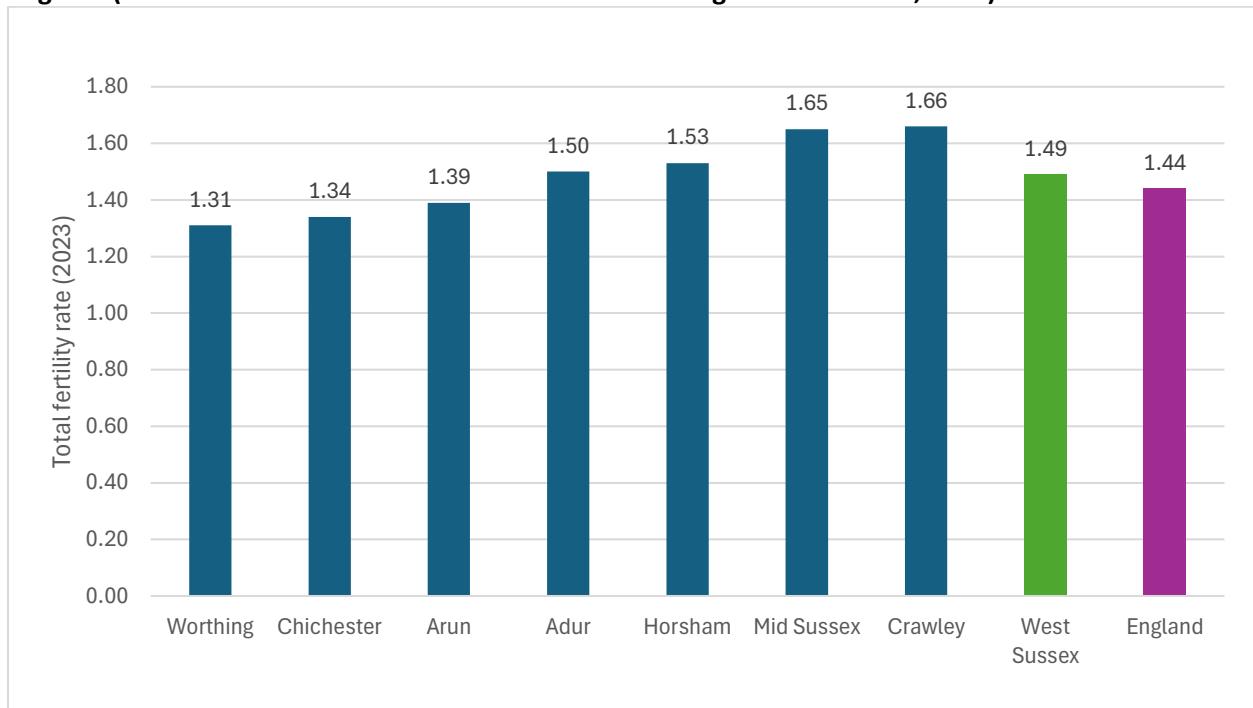
**Fertility rate:** The number of children that women would have, if the age-specific fertility rates for each calendar year was applied to each year through the ages in which they have the potential to have children (15-44 years)<sup>12</sup>.

**Age-specific fertility rate:** The age specific fertility rate is the number of births per 1000 women in that age group<sup>13</sup>.

In England and Wales, the total fertility rate in 2023 was 1.44, and for West Sussex 1.49. The fertility rate in the UK has fallen since 2010.

The total fertility rate varies by district and borough in West Sussex. According to the latest data from 2023, Crawley (1.66) and Mid Sussex (1.65) have the highest total fertility rates in West Sussex. The lowest total fertility rates are in Chichester (1.34) and Worthing (1.31), as shown in **Figure 6**.

**Figure 6: Total fertility rate by District and Borough in West Sussex, compared with West Sussex and England (Source: Office for National Statistics. Births in England and Wales, 2023)**



<sup>12</sup> Office for National Statistics. Births in England and Wales 2023. Available from: [Births in England and Wales - Office for National Statistics](#)

<sup>13</sup> Office for National Statistics. Births in England and Wales: 2022 (refreshed populations. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummaytablesenglandandwales/2022refreshedpopulations>

## Age specific fertility rates

In West Sussex, 2023 data shows the highest age-specific fertility rate was highest in 30–34-year-olds (102.8 per 1,000 women in West Sussex, slightly higher than 94.4 per 1,000 in England), followed by 25-29-year olds (77.0 per 1,000 women in West Sussex, compared to 76.1 per 1,000 in England). The lowest age-specific fertility rate in West Sussex and England was in those aged under 18 and in individuals aged over 45, as shown in Table 3.

**Table 3: West Sussex and England age-specific fertility rates by age group, 2023 (Office for National Statistics. Live births in England and Wales. Birth rates down to local authority areas, Accessed via nomisweb)**

Age group	West Sussex	England
	Age specific fertility rate (per 1,000 women)	Age specific fertility rate (per 1,000 women)
Aged under 18	1.3	3.0
Aged under 20	5.0	7.9
Aged 20-24	42.1	38.4
Aged 25-29	77.0	76.1
Aged 30-34	102.8	94.4
Aged 35-39	57.1	56.7
Aged 40-44	13.2	13.8
Aged 45 and over	1.3	1.5

In West Sussex, 2023 data shows the highest number and proportion of total births by age group was to mothers aged 30-34 year olds, with almost 40% (n=2,944) of births to mothers in this age group (Table 4). Less than 6% (n=428) of births were in West Sussex in 2023 were to mothers aged 40 and over.

**Table 4: West Sussex number and percent of births by age group of mothers, 2023 (Births Registrations, NHS Digital)**

Age group of mother	Number of births	Percent of births
Under 18	20	0.3%
Aged 18-24	878	11.3%
Aged 25-29	1811	23.3%
Aged 30-34	2944	37.9%
Aged 35-39	1684	21.7%
Aged 40-44	393	5.1%
Aged 45 and over	35	0.5%
<b>Total</b>	<b>7765</b>	<b>100.0%</b>

## Average age of parents

In 2023, the average age for mothers and fathers is the highest it has been in England and Wales<sup>14</sup>.

- The average age for mothers was 30.9 years
- The average age for fathers was 33.8 years

For West Sussex in 2023, the average age for mothers was 31.3 years in 2023, with the district and borough data given in Table 5. No local data on the average age for fathers is available.

**Table 5: Average age of mothers (years) for District and Borough's in West Sussex (Births Registrations, NHS Digital)**

District / Borough	West Sussex average age of mothers (years)
Adur	30.9
Arun	30.2
Chichester	31.1
Crawley	30.7
Horsham	31.9
Mid Sussex	32.1
Worthing	31.6
<b>West Sussex</b>	<b>31.3</b>

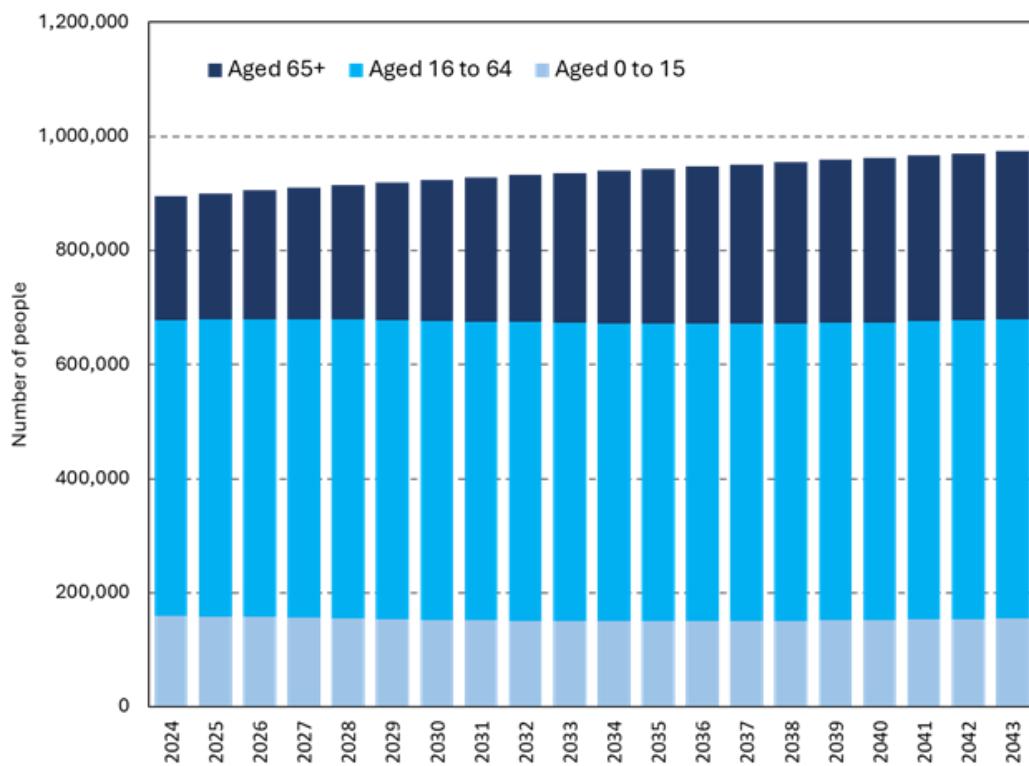
## Population projections

The Office for National Statistics (ONS) has yet to update sub-national population projections incorporating data from the 2021 census. Using the last available ONS projections, the population of West Sussex is estimated to grow by a further 47,000 people in the next 10 years, which is demonstrated in Figure 7. However, the population of children aged between 0-15 years old is estimated to fall by 6%. The population is projected to get older, as the population of those aged over 65 years old is estimated to increase by 23%<sup>15</sup>.

<sup>14</sup> Office for National Statistics. Birth in England and Wales (2023). Available from: [Births in England and Wales - Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/births/bulletins/birthsinenglandandwales)

<sup>15</sup> Office for National Statistics. ONS Sub National Population Projections (2018 Based).

**Figure 7: Population projections in West Sussex (Source: Office for National Statistics. ONS Sub National Population Projections (2018 Based). Graphs from West Sussex JSNA People and populations)**



### West Sussex population of 15 to 24 year olds

Younger age groups are more likely to be sexually active, with implications for sexual health, particularly among 15 to 24 year olds. Specifically, chlamydia screening is aimed at 15 to 24 year old females as the reproductive health harms from undiagnosed chlamydia impact women.

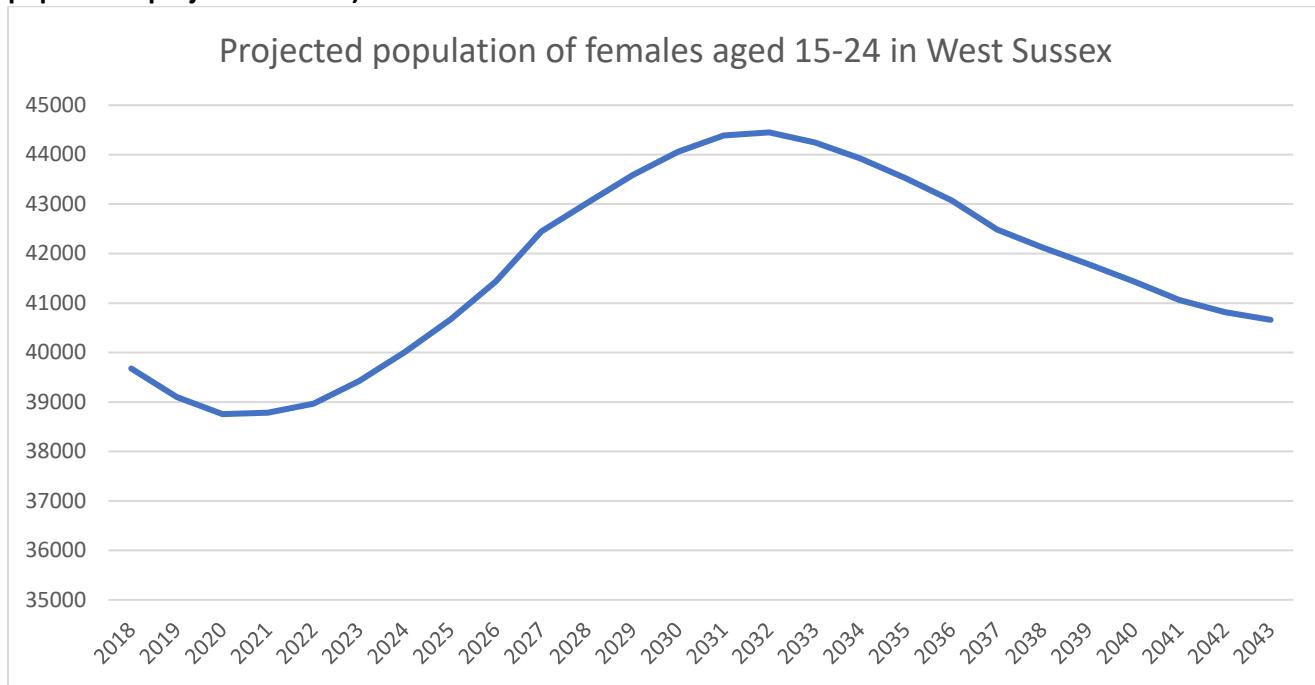
At the last mid-year population estimate, it was estimated that there were approximately 87,200 residents aged between 15 and 24 in West Sussex, of which 42,100 were women<sup>16</sup>. The population of females aged between 15 and 24 is projected to increase up until 2032, to over 44,000<sup>17</sup>. Following 2032, this population is expected to fall. This is shown in Figure 8.

The population of males aged 15-24 is also expected to increase until 2033 before starting to fall.

<sup>16</sup> Office for National Statistics. ONS Mid-Year Population Estimates. (2023). Accessed via nomisweb

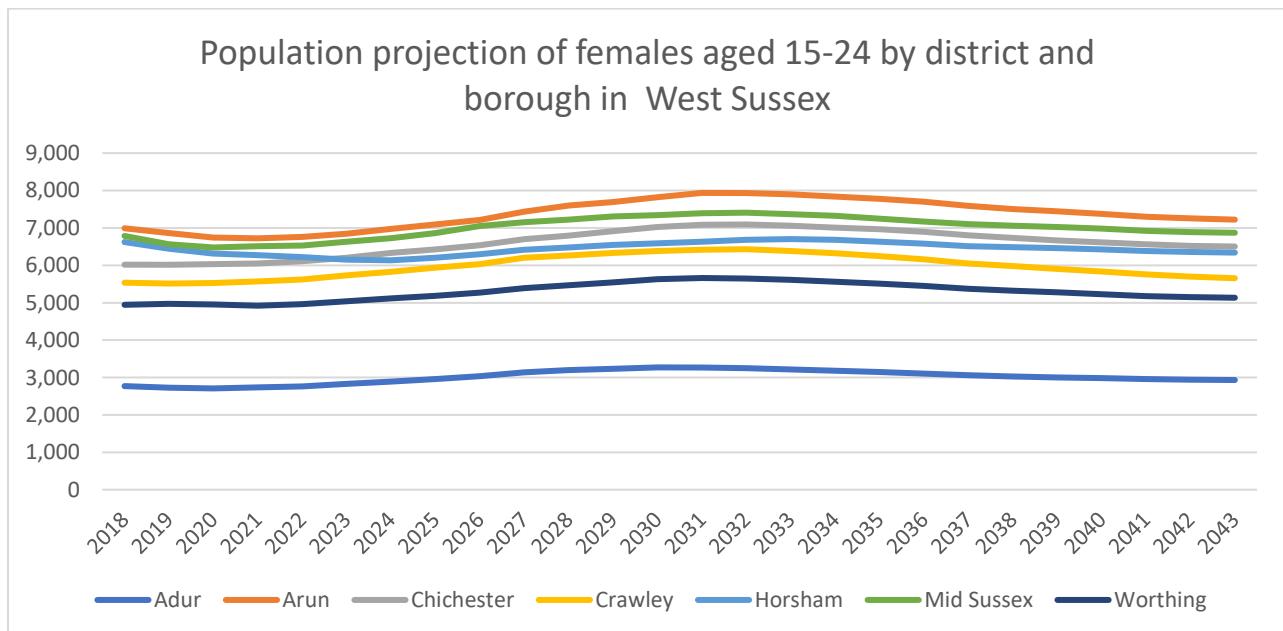
<sup>17</sup> Office for National Statistics. Population projections. (2020). Accessed via nomisweb

**Figure 8: Projected population of females aged 15-24 in West Sussex up until 2043 (Source: ONS population projections 2022)**



Similar trends are expected across most districts and boroughs in West Sussex over this time period, with Arun expected to have the highest number of females aged 15-24 across all projected years, as shown in Figure 9.

**Figure 9: Population projection of females aged 15-24 by district and borough (Source: ONS Population Projection 2022)**



## **Population projections of females with a reproductive health need<sup>18</sup>**

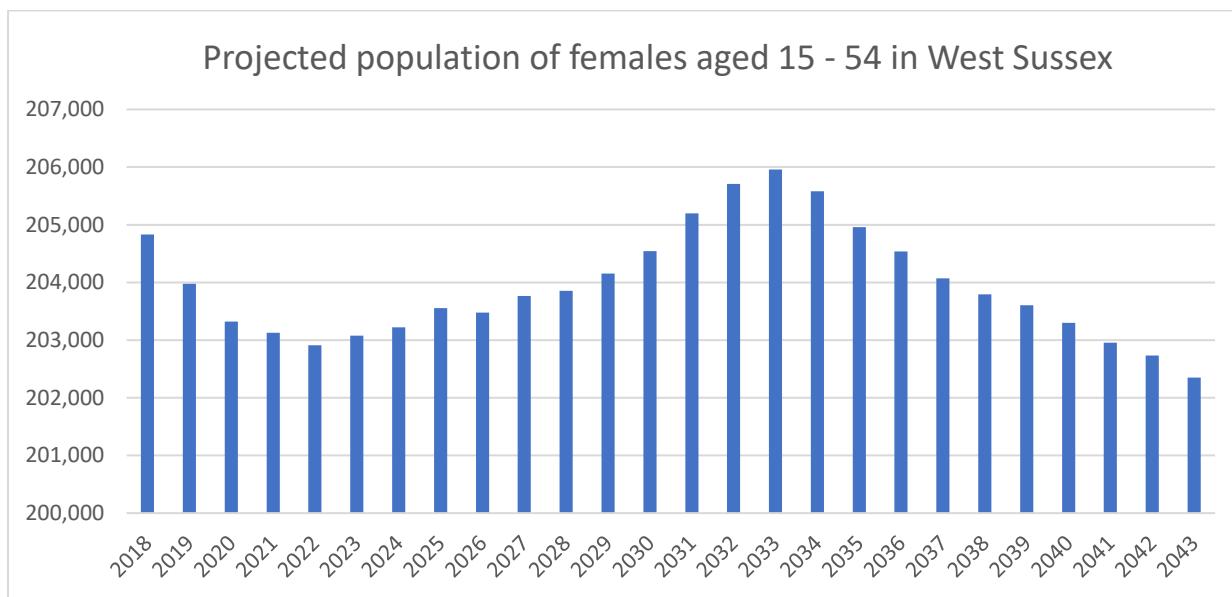
Women of reproductive age (broadly 15 to 54 years) have reproductive health needs with potential contraception needs.

Figure 10 shows how the population of females aged between 15 and 24 in West Sussex is projected to change. These figures are based on data from 2019 and therefore projections may change as more up to date projections are published

There are 203,100 women aged between 15 and 54 according to the ONS mid-year population projection in 2023<sup>19</sup>.

This population is estimated to increase. Published evidence from the United States suggests that the mean reproductive life span has slightly increased due to a slight lowering of average age at menarche (when menstruation starts) and slight increase in average age at menopause.<sup>20</sup> This suggests that women will have more reproductive years.

**Figure 10: Projected population of females aged 15-54 in West Sussex (Source: Office for National Statistics. Population projections - local authority based by single year of age. 2022 Accessed via nomisweb)**



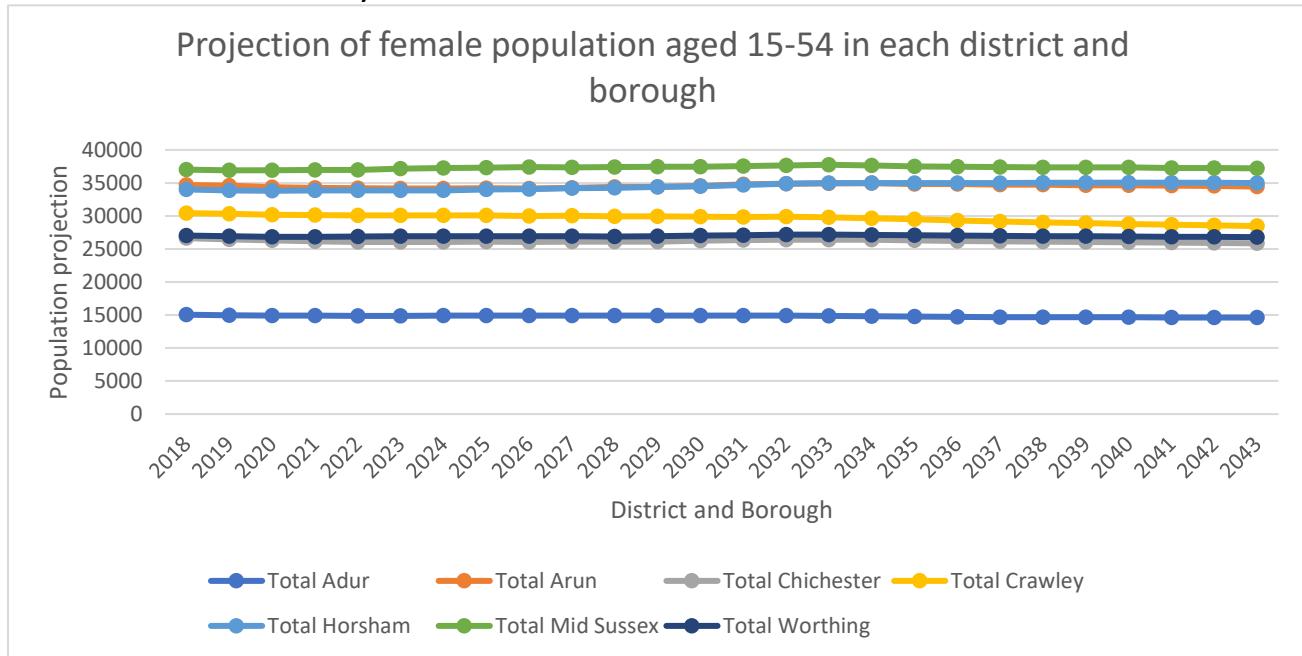
<sup>18</sup> Office for National Statistics. Population projections - local authority based by single year of age. 2022 Accessed via nomisweb.

<sup>19</sup> Office for National Statistics. Mid-Year Population Estimate 2023. Accessed via nomisweb

<sup>20</sup> Appiah D, Nwabuo CC, Ebong IA, Wellons MF, Winters SJ. Trends in Age at Natural Menopause and Reproductive Life Span Among US Women, 1959-2018. *JAMA*. 2021;325(13):1328–1330

At district and borough level, the population of females aged between 15 and 54 is projected to decrease by 2043 in Adur, Arun, Chichester, Crawley and Worthing as shown in Figure 11. The population of females aged between 15 and 54 is projected to increase in Mid-Sussex and Horsham.

**Figure 11: Projection of female population aged 15-54 in each district and borough in West Sussex.**  
**(Source: Office for National Statistics. Population projections - local authority based by single year of age. 2022 Accessed via nomisweb)**



## Socio-demographic characteristics of the West Sussex population

### Deprivation

One commonly used measure of deprivation is the Index of Multiple Deprivation (IMD) published by the Government, which is a relative measure of deprivation based off factors such as income deprivation and educational deprivation for example<sup>21</sup>. Out of all the local authorities in England, West Sussex is ranked the 129<sup>th</sup> least deprived local authority. This means that West Sussex is in the 20% least deprived local authorities in the country. However, when looking at deprivation at neighbourhood level there are some areas in West Sussex which ranks within the most deprived 20% of neighbourhoods in England with a few neighbourhoods ranking in the most deprived 10%.

There are varying levels of deprivation across West Sussex which is shown in Table 6. Crawley and Arun are the most deprived districts in West Sussex, with 4.3% of the Lower Super Output Areas (LSOAs) in Arun in the most deprived decile of LSOAs in the country, and 1.5% of the LSOAs in Crawley.

<sup>21</sup> Ministry of Housing, Communities and Local Government. The English Indices of Deprivation 2019- FAQs. Available from: [English Indices of Deprivation 2019 FAQs](#)

**Table 6: Index of multiple deprivation by district and borough. (Source: Ministry of Housing, Communities and Local Government. The English Indices of Deprivation 2019, 2019)**

Local Authority District name (2019)	IMD - Rank of average score (out of 317) (1=most deprived)	IMD - Percentage of LSOAs in most deprived 10% nationally	IMD – Percentage of LSOAs in most deprived 20% nationally
Adur	169	0.0	2.4
Arun	156	4.3	10.6
Chichester	225	0.0	0.0
Crawley	149	1.5	3.0
Horsham	290	0.0	0.0
Mid Sussex	311	0.0	0.0
Worthing	175	0.0	7.7

### Coastal Inequalities

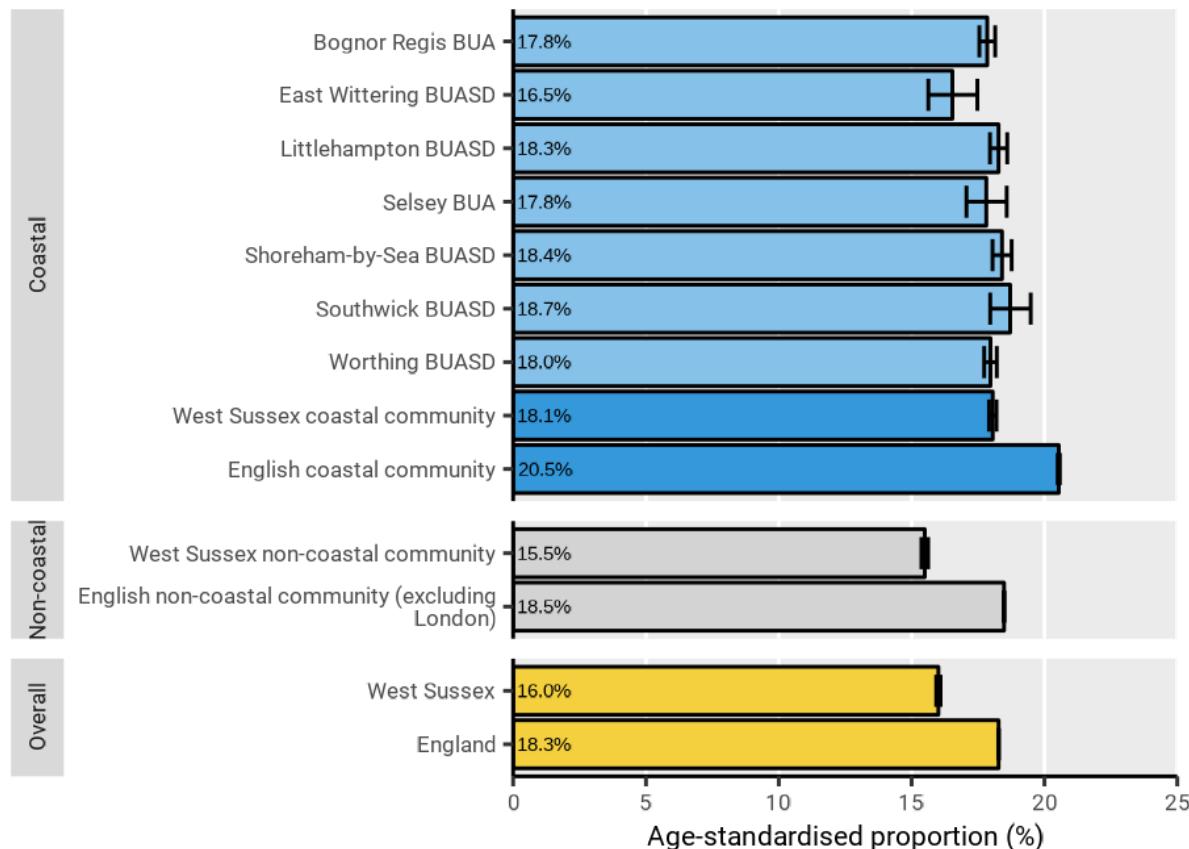
The West Sussex Coastal Inequalities Framework<sup>22</sup> highlighted that there are inequalities in health and wellbeing experienced by coastal communities in West Sussex. From a sexual health perspective, the sexual health needs of individuals living in coastal communities in West Sussex warrant consideration given the higher proportion of people living with self-reported ‘not good health’ compared to non-coastal West Sussex communities, as highlighted in Figure 12.

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<sup>22</sup> West Sussex County Council. Health and wellbeing of West Sussex coastal communities: A framework for action to reduce coastal health inequalities. 2024. [west-sussex-coastal-inequalities-framework-v1.pdf](https://west-sussex-coastal-inequalities-framework-v1.pdf)

**Figure 12: Age-standardised proportion of coastal populations living in coastal communities. (Source: Office for National Statistics, Census 2021 –Figure taken from the West Sussex Coastal Inequalities Framework)**

Note. these proportions have been age standardised to take into account differences in age structure. Broad age groups have been used. 'Not good health' includes 'fair', 'bad' and 'very bad' self-reported health



Source: Census 2021

## Sexual Orientation

Sexual health and wellbeing needs can differ by sexual orientation. At the time of the last census 2.9% of the West Sussex population (16+ years) stated that they were gay, bisexual, pansexual or asexual.<sup>23</sup>

Table 7 provides in depth detail of the proportion of the population who report their sexual orientation as pansexual, asexual, or queer.

<sup>23</sup> Office for National Statistics. Census 2021. Accessed via nomisweb.co.uk

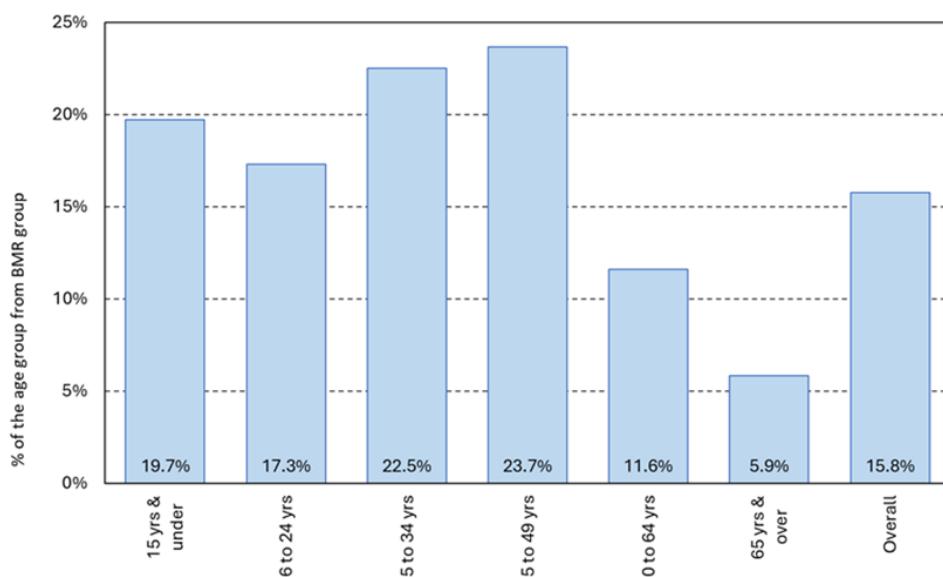
**Table 7: Number and proportion of individuals by sexual orientation (Source: Office for National Statistics, Census 2021)**

Sexual Orientation	number	%
Straight or Heterosexual	656,904	90.3
Gay or Lesbian	11,047	1.5
Bisexual	8,166	1.1
Pansexual	715	0.1
Asexual	393	0.1
Queer	159	0.0
All other sexual orientations	725	0.1
Not answered	49,012	6.7
<b>Total: All residents over 16</b>	<b>727,121</b>	<b>100.0</b>

### Ethnicity

West Sussex is a diverse county, with the population reporting a wide range of ethnicities. Behind White: English, Scottish, Welsh, Irish or British, (84.2%) the second highest number of people report their ethnicity as White: Other (5.8%). This is followed by individuals reporting their ethnicity as Asian, Asian British or Asian Welsh: Indian (1.6%). The proportion of the population reporting to be from an ethnic minority group is lower in the older age groups (50 years and over). These findings are highlighted in Figure 13 and Table 8.

**Figure 13: Proportion of the population who are from an ethnic minority group (Source: Office for National Statistics, Census 2021, graph from West Sussex JSNA People and population).**



**Table 8: Proportion of population of West Sussex by ethnicity (Office for National Statistics. Census 2021. Accessed via nomisweb.co.uk)**

Ethnic group	Number (rounded to nearest 100)	%
Asian, Asian British or Asian Welsh: Bangladeshi	3,300	0.4
Asian, Asian British or Asian Welsh: Chinese	3,500	0.4
Asian, Asian British or Asian Welsh: Indian	14,000	1.6
Asian, Asian British or Asian Welsh: Pakistani	7,300	0.8
Asian, Asian British or Asian Welsh: Other Asian	10,200	1.2
Black, Black British, Black Welsh, Caribbean or African: African	7,300	0.8
Black, Black British, Black Welsh, Caribbean or African: Caribbean	2,000	0.2
Black, Black British, Black Welsh, Caribbean or African: Other Black	2,100	0.2
Mixed or Multiple ethnic groups: White and Asian	7,100	0.8
Mixed or Multiple ethnic groups: White and Black African	3,500	0.4
Mixed or Multiple ethnic groups: White and Black Caribbean	4,200	0.5
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	6,100	0.7
White: English, Welsh, Scottish, Northern Irish or British	743,600	84.2
White: Irish	6,800	0.8
White: Gypsy or Irish Traveller	1,200	0.1
White: Roma	1,100	0.1
White: Other White	50,900	5.8
Other ethnic group: Arab	1,800	0.2
Other ethnic group: Any other ethnic group	6,800	0.8

The demographics of different areas of West Sussex varies and this is explained by Table 14. In terms of districts and boroughs, Crawley is the most diverse in terms of ethnicity in West Sussex, followed by Worthing. Chichester and Arun have the highest proportion of the population who report their ethnicity as white.

**Table 14: Ethnicity by district and borough (Source: Office for National Statistics. Census 2021. Accessed via nomisweb)**

Ethnic group (as % of population in each district and borough)	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Asian, Asian British or Asian Welsh	2.2	1.6	1.7	15.4	2.7	3.6	3.9
Black, Black British, Black Welsh of African background	0.6	0.3	0.4	2.7	0.6	0.6	0.8
Black, Black British, Black Welsh or Caribbean background	0.3	0.2	0.3	1.8	0.3	0.3	0.4
Mixed or Multiple ethnic groups	2.5	1.5	1.7	4.1	2.1	2.5	2.6
White	93.4	95.8	95.4	73.4	93.6	92.2	91.3
Other ethnic group	1.1	0.6	0.5	2.7	0.6	0.8	1.0

## **Disability**

148,900 people reported a disability in West Sussex in the Census in 2021<sup>24</sup>. This equates to 16.1% of the population of West Sussex who, in 2021, reported that their daily activities were either limited a little or a lot by a disability, which is lower than the proportion in England of 17.7%.

## **Defined population groups**

Informed by national and local understanding, there are defined population groups which warrant specific consideration with regards to sexual health and wellbeing. Table 9 summarises local population information regarding these specific groups.

It should be noted that some of these figures in this table can be difficult to determine and so numbers should be interpreted with caution and may be higher than the numbers presented for some groups such as young carers, individuals experiencing homelessness and neurodivergent people.

**Table 9: Other important demographic groups relevant to sexual health in West Sussex.**

<b>Demographic group</b>	<b>Number</b>	<b>Explanation</b>
<b>Students</b>	From the 2021 Census, it was reported that there were 38,000 full time students in West Sussex who were aged over 16, which equates to 5.2% of the population <sup>25</sup> . This figure is lower than the figure in the South East (7%) and England (7.7%).  There is one university in West Sussex, the University of Chichester, with campuses in both Bognor Regis and in Chichester. It is estimated that there are 6,000 students enrolled in the University of Chichester. There are also many further education colleges in West Sussex.	Students who are typically 18 to 22 year olds, though can be a heterogenous group in age and characteristics, are more likely to have an increased number of sexual partners, which can lead to additional sexual and reproductive health needs. <sup>26</sup> This population are also transitioning towards independence and often living away from home for the first time.
<b>Young carers</b>	It is estimated that there are over 1000 young carers in West Sussex <sup>27</sup> There are a higher number of young carers	Young carers are reported to be at risk of poorer outcomes in terms of mental and physical health <sup>28</sup> which can be due to the competing

<sup>24</sup> Office for National Statistics. Census 2021. Taken from JSNA – People and Population summary

<sup>25</sup> Office for National Statistics. Census 2021. Taken from JSNA population summary.

<sup>26</sup> Mercer C et al. Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal) The Lancet, 382(990):1781 -1794

<sup>27</sup> Department for Education. Annual; school census 2023. Taken from the JSNA population summary.

<sup>28</sup> Lacey R, et al. The mental and physical health of young carers: a systematic review. Lancet Public Health. 7;9:e787-e796

	proportionally in West Sussex than in England and the South East.	demands of education and caring responsibilities. Promoting good sexual and reproductive health is therefore a priority in this cohort.
<b>First time entrants to the youth justice system</b>	In West Sussex, in 2023, there were 69 first time entrants to the youth justice system <sup>29</sup> . This is a lower rate than the rate seen in England.	Entrants to the youth justice system may be at risk of poor mental health <sup>30</sup> , and could be at increased risk of poor sexual health.
<b>Children undertaking elective home education</b>	During the academic year of 2023/24, there were 2640 children undertaking elective home education at any point during the academic year. <sup>31</sup>	Children undertaking elective home education are reliant on their home arrangements for information on relationships and sex education.
<b>Military veterans and serving personnel</b>	West Sussex is home to one large military base, Thorney Island. 1800 personnel currently reside in Thorney Island. At the last census, there were 25,000 military veterans residing in West Sussex. <sup>32</sup>	Serving personnel may engage in sexual activities when deployed and also while at their home base. Access to sexual health and wellbeing support may have different considerations in terms of risk, access and confidentiality.
<b>Looked after children and care leavers</b>	The latest figures show that there are 887 children in care in West Sussex <sup>33</sup> . There are an estimated 630 care leavers in West Sussex.	Looked after children and children who have previously been in care can have complex mental and physical health concerns. Particularly with regards to sexual health, there is a risk that looked after children can be at risk of poorer sexual health outcomes.
<b>Individuals experiencing homelessness</b>	There were reported to be 136 individuals sleeping rough in June 2024. <sup>34</sup>	Individuals experiencing homelessness are at risk of poor sexual health outcomes as they may find it more difficult to access sexual health services.
<b>Individuals with a learning disability</b>	According to quality outcomes framework, it was estimated that 0.6% of the population in	Individuals living with a learning disability may need tailored support to ensure they are offered information and advice in a way they

<sup>29</sup> Department for Health and Social Care. Fingertips. (2023)

<sup>30</sup> Local Government Association. Supporting children and young people in the youth justice system.

<sup>31</sup> Department for Education. Children undertaken elective home education. (2023/24) Accessed via: [Step 6: Explore data - Create your own tables](#)

<sup>32</sup> Office for National Statistics. Census 2021. Taken from JSNA population summary.

<sup>33</sup> Department for Education. Children in care. (2023). Taken from JSNA summary.

<sup>34</sup> Ministry of Housing, Communities and Local Government. Rough Sleeping Data Framework. Rough Sleeping Data Framework, June 2024.

	West Sussex report that they have a learning disability. <sup>35</sup>	can understand as well as in preparing individuals for sexual health appointments which may need to be tailored according to their needs.
<b>Young people not in education, employment or training</b>	In West Sussex, there are 2,867 individuals aged 16-17 reported to be not in education, employment or training in 2024, which makes up 16.4% of the proportion of individuals aged 16-17 <sup>36</sup> .	Young people not in education, employment or training are documented to be at increased risk of poorer mental and physical health outcomes. <sup>37</sup>
<b>Young people with special educational needs</b>	In 2023/23, 15.2% of the total pupils in West Sussex were reported to be recipients of special educational needs support. <sup>38</sup>	Young people with special educational needs may have different support needs <sup>39</sup> . Ensuring young people have accessible information and support is important.
<b>Sex workers</b>	The prevalence of people undertaking sex work in West Sussex is unknown, and information on a national scale is limited. The charity Streetlight estimate that there are 105,000 people involved in sex work in the UK. <sup>40</sup>	People engaging in sex work can be particularly vulnerable to sexually transmitted infections as well as associated factors such as violence and drug use.
<b>Gypsy, Roma, Traveller Community</b>	According to the 2021 Census, there are 2,210 people who report their ethnicity as either White: Gypsy or Irish traveller, or Roma <sup>41</sup> .	Research suggests that people from the Gypsy, Roma, Traveller Community may find it difficult to

<sup>35</sup> Department for Health and Social Care. Quality Outcomes Framework data – Fingertips. (2023/24). Available from: [Fingertips | Department of Health and Social Care](#)

<sup>36</sup> Department for Education. Participation in education, training and NEET age 16 to 17 by local authority 2024. Available from: [Step 6: Explore data - Create your own tables](#)

<sup>37</sup> Royal College of Paediatrics and Child Health. Education, employment and training. Available from: [Education, employment and training – RCPCH – State of Child Health](#)

<sup>38</sup> WSCC Services for Education. The national SEND and Inclusion landscape. Available from: [National SEND landscape.pdf](#)

<sup>39</sup> Office for National Statistics. Educational experiences of young people with special educational needs and disabilities in England: February to May 2022. November 2022. Available from: [Educational experiences of young people with special educational needs and disabilities in England - Office for National Statistics](#)

<sup>40</sup> Streetlight. Prostitution – The Facts, [internet]. Accessed 28<sup>th</sup> Feb 2025. Available from: [Prostitution - The Facts - StreetlightUK](#)

<sup>41</sup> Office for National Statistics. Census 2021 – TS022 Ethnic Group. Accessed via nomisweb. Available from: [Nomis - Query Tool - TS022 - Ethnic group \(detailed\)](#)

		access sexual and reproductive healthcare. <sup>42</sup>
<b>People on probation or who have been released following a period of detention</b>	As reported by an inspection into the probation services in West Sussex in May 2022, it was reported that there were 1,756 individuals under supervision of the probation services in the community. <sup>43</sup>	People who have spent some time in prison are reported to have increased risk factors for poor sexual health, and may require additional support with their sexual health <sup>44</sup> .
<b>Refugees and asylum seekers</b>	In the quarterly period up to June 2024, there were 971 asylum seekers in receipt of support by the local authority in West Sussex. <sup>45</sup>	Refugees and asylum seekers may have been exposed to sexually transmitted infections in their country of origin including having experienced trauma. This group may also find it difficult to access sexual health services.
<b>People who use drug and alcohol services</b>	It is reported by the West Sussex Drug and Alcohol Partnership, that each year roughly 1,500 people start treatment with the drug and alcohol service in West Sussex (Change, Grow, Live). <sup>46</sup>	People who use drug and alcohol services may have risk factors which may mean that they have different sexual health needs, sometimes this may include chemsex.
<b>Neurodivergent people</b>	According to the West Sussex Mental Health Needs Assessment, there are 4,780 adults with autism, and 71,070 adults with Attention Deficit Hyperactivity Disorder (ADHD). <sup>47</sup>	People with autism report poorer health outcomes and report poorer experiences of healthcare <sup>48</sup> . This may extend to sexual health.

<sup>42</sup> McFadden A, Siebelt L, Gavine A, Atkin K, Bell K, Innes N, Jones H, Jackson C, Haggi H, MacGillivray S. Gypsy, Roma and Traveller access to and engagement with health services: a systematic review. Eur J Public Health. 2018 Feb 1;28(1):74-81

<sup>43</sup> Her Majesty's Inspectorate of probation. An inspection of probation services in: West Sussex PDU. May 2022. Available from: [An inspection of probation services in: West Sussex PDU. Probation Service - Kent, Surrey and Sussex region](#)

<sup>44</sup> British Association for Sexual Health and HIV. Standards for the Management of Sexual Health in UK Prisons Available from: [3079\\_prison\\_standards\\_bashh.pdf](#)

<sup>45</sup> Home Office Asy\_D11. Figures taken from the WSCC JSNA Summary. [West Sussex Joint Strategic Needs Assessment Summary Document 2024/5](#)

<sup>46</sup> West Sussex Drug and Alcohol Partnership Needs Analysis 2024.

<sup>47</sup> The Adults Psychiatric Morbidity Survey (APMS) prevalence applied to ONS population data. Figures taken from the WSCC Mental Health Needs Assessment and the WSCC JNSA summary. [West Sussex Joint Strategic Needs Assessment Summary Document 2024/5](#)

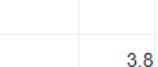
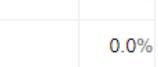
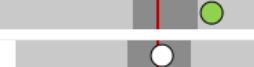
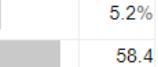
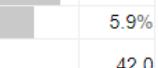
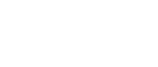
<sup>48</sup> Weir, E., Allison, C. & Baron-Cohen, S. Autistic adults have poorer quality healthcare and worse health based on self-report data. *Molecular Autism* **13**, 23 (2022).

<b>Adult carers</b>	The Census 2021 provides information on unpaid carers. It is reported that there are over 72,000 carers aged 5 years and older in West Sussex. <sup>49</sup>	Adult carers are at risk of poorer health outcomes, with 70% of adult carers reporting a long term illness, disability or medical condition. <sup>50</sup>
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## Risk and Protective Factors

Many wider determinants influence sexual and reproductive health. Some of these wider determinants are recognised as protective factors for teenage pregnancy such as high-quality relationships and sex education, emotional wellbeing and resilience, positive parenting role models and having a trusted adult in their life<sup>51</sup>. Some wider determinants can be considered risk factors and include factors such as deprivation, children living in low income, absence from educational settings and people entering the youth justice system for the first time. Figure 15 provides an overview of the performance of West Sussex against these wider sexual and reproductive health determinants. West Sussex performs favourably in comparison to England across many of these indicators. However, West Sussex record a higher rate of admissions to hospital for alcohol specific conditions in under 18s than the England rate.

**Figure 15: Wider sexual and reproductive health determinants (Source: Image taken from Fingertips, accessed 9<sup>th</sup> Jan 2025)**

Indicator	Period	W Sussex				England				Best
		Recent Trend	Count	Value	Value	Worst	Range			
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	-	170	32.3	26.0	75.5			3.8	
Percentage people living in 20% most deprived areas in England	2014	-	29,651	3.6%	20.2%*	60.5%			0.0%	
Children in absolute low income families (under 16s)	2022/23		16,108	10.2%	15.6%	35.7%			4.2%	
Children in relative low income families (under 16s)	2022/23		20,287	12.9%	19.8%	42.2%			5.2%	
Average Attainment 8 score	2022/23	-	-	46.4	46.2	36.1			58.4	
Pupil absence	2022/23		2,628,131	7.1%	7.4%	9.1%			5.9%	
First time entrants to the youth justice system	2023		69	83.5	143.4	340.0			42.0	

<sup>49</sup> Office for National Statistics. Census 2021. Accessed via the WSSC JSNA summary and nomisweb. [West Sussex Joint Strategic Needs Assessment Summary Document 2024/5](#)

<sup>50</sup> Carers UK. Key Facts and figures. Available from: [Key facts and figures | Carers UK](#)

<sup>51</sup> Public Health England. A framework for supporting teenage mothers and young fathers. Published May 2016. Updated 2019. PHE publications gateway number: GW-338. Accessed via [Your parents' support framework](#)

## 5. Sexual attitudes and lifestyles

### Key points

**The most recent published data gathered through the UK National Survey of Sexual Attitudes and Lifestyles (NATSAL)** (for which the findings summarising the national picture through data collected in 2010-2012, though still considered relevant), found that:

- The mean age of first sexual intercourse is occurring at a younger age, reported as 17 years for both men and women.
- Online information in relation to sexual health is reported to be accessed more frequently by individuals from a younger age cohort.
- The proportion of individuals (approximately 4 in every 5 individuals) report sexual contact with at least one sexual partner within the last year, though this has decreased over time.
- Trends over time suggest that the frequency of sexual intercourse with a member of the opposite sex is decreasing.
- The proportion of men who report not using a condom with at least two sexual partners is reported to be decreasing (i.e. men reported condomless sex to be decreasing).
- Evidence suggests that sexual contact is continuing into older adulthood. 42% of women and 60% of men aged 65-74 years reporting having had at least one opposite sex sexual partner in the previous year,
- Heterosexual individuals in the UK are frequently using general social media apps, as opposed to dating specific apps, to form personal and sexual relationships.

A report by the World Health Organisation, which focused on adolescents in 42 countries across Europe, showed high rates of unprotected sexual intercourse amongst adolescents across Europe, with a significant decline in condom use between 2014 and 2022. This may indicate changing behaviours around condom use whether generally or within this younger age demographic.

### National Survey of Sexual Attitudes and Lifestyles

The National Survey of Sexual Attitudes and Lifestyles (NATSAL) explores the sexual attitudes and lifestyles of the UK population through using a representative sample. Data from NATSAL are pivotal in understanding current sexual attitudes and lifestyles in the UK. The most recent round, NATSAL-4, collected data between September 2022 and April 2024 with full results yet to be published.

#### NATSAL 3<sup>52</sup>

The following paragraphs provide a summary of some of the findings which were reported in NATSAL-3, providing information about sexual attitudes and lifestyles in Britain. The NATSAL-3 summary infographic is included in Figure 16. Data for NATSAL 3 were collected in 2010 to 2012 and while several years old is still felt to be relevant.

These figures provide an indication of a population which is having sex at an earlier age, but a population which is having sex less frequently with a change of behaviours. Key points include:

- Age of first heterosexual intercourse: the median age reported was 17 years in both men and women.

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<sup>52</sup> Mercer C et al. Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal) The Lancet, 382(990):1781 -1794

- Findings from NATSAL 3 highlight that younger people are more likely to access sexual health information online<sup>53</sup>.
- The mean frequency of episodes of sexual intercourse in the past 4 weeks decreased from 6.4 in men in NATSAL 1 to 4.9 in NATSAL 3, and in women from 6.1 in NATSAL 1 to 4.8 in NATSAL 3.
- 77.7% of women and 82.1% of men reported having at least one (new or existing) sexual partner within the last year. Since NATSAL 2 the proportion of individuals reporting having at least one sexual partner within the last year has decreased.
- The percentage of men who had sex with two partners without using a condom had decreased between NATSAL 2 and NATSAL 3.
- The mean number of lifetime sexual partners in men was 11.7, and in women was 7.7. Evidence suggests that the number of sexual partners that an individual has is increasing in younger cohorts.
- A higher proportion of women reported contact with another woman (11.5%) in comparison to men reporting sexual contact with another man (8.0%). In women, by far the highest proportion of individuals reporting sexual contact with another woman were aged under 35. With regards to attitudes towards same sex partnerships, for both men and women, acceptance has increased over time.
- Sexual activity is continuing into older adulthood, highlighting the need to promote sexual health and wellbeing in older adults.
- Emerging results from NATSAL 4 suggest that individuals are frequently using social media apps for dating purposes <sup>54</sup>. While online dating apps are established in the UK, results from NATSAL 4 highlight how heterosexual individuals in the UK are frequently using general social media apps, as opposed to dating specific apps, to form personal and sexual relationships.

#### **World Health Organisation – Report into condom use amongst adolescents in Europe<sup>55</sup>.**

A report by the World Health Organisation explored the use of condoms amongst adolescents aged 15 years old, across 42 countries in Europe. Findings suggested that there has been a decline in the use of condoms generally across this age group between 2014 and 2022, with high rates of unprotected sex recorded in the study period. It was reported that 30% of adolescents participating in the study stated that they had not used either condoms or the contraceptive pill at their last sexual intercourse, with adolescents from lower affluence families reporting higher rates of unprotected sexual intercourse than their peers. Furthermore, rates of condom use in boys in this age group declined from 70% in 2014 to 61% in 2022, with a decline in girls also noted from 63% to 57% in this age group. Whilst these findings are not specific to England or West Sussex, they highlight a pattern of declining condom use amongst adolescents across Europe.

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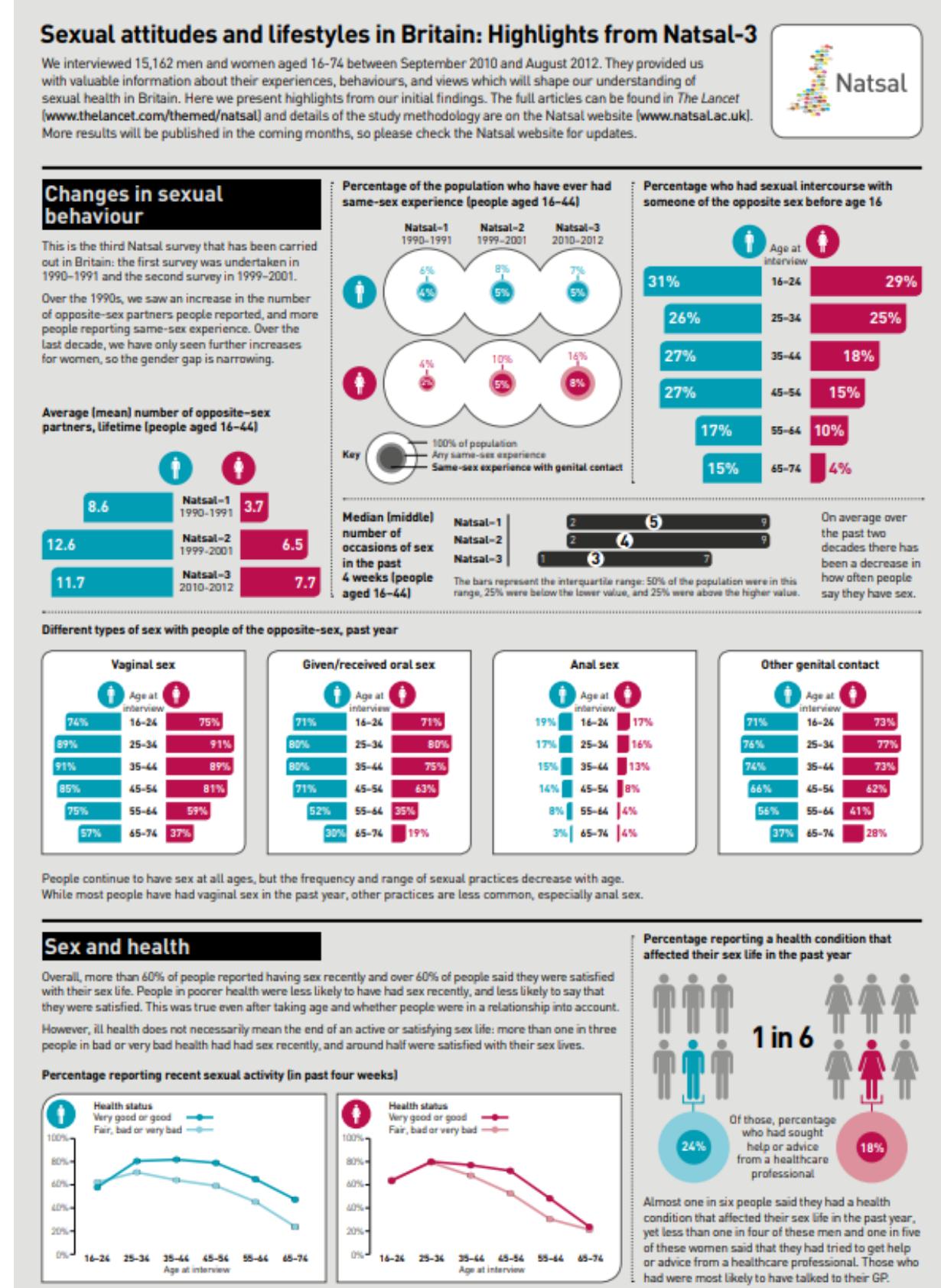
<sup>53</sup> Aicken CR, Estcourt CS, Johnson AM, Sonnenberg P, Wellings K, Mercer CH. Use of the Internet for Sexual Health Among Sexually Experienced Persons Aged 16 to 44 Years: Evidence from a Nationally Representative Survey of the British Population. J Med Internet Res. 2016 Jan 20;18(1):e14. doi: 10.2196/jmir.4373. PMID: 26792090; PMCID: PMC4740495.

<sup>54</sup> Reid DS, Macdowall WG, Lewis R, Hogan B, Mitchell KR, Bosó Pérez R, Gibbs J, Smith C, Attwood F, Mercer CH, Sonnenberg P, Bonell C and the Natsal-4 Team. Online Sexual Partner Seeking as a Social Practice: Qualitative Evidence from the 4<sup>th</sup> British National Survey of Sexual Attitudes and Lifestyles (Natsal-4). J Sex Res. 2022 Oct;59(8):1034-1044. doi: 10.1080/00224499.2021.1994516. Epub 2021 Nov 18. PMID: 34792430; PMCID: PMC9519119.

<sup>55</sup> World Health Organisation. Alarming decline in adolescent condom use, increased risk of sexually transmitted infections and unintended pregnancies. August 2024. [internet]. Available from: [Alarming decline in adolescent condom use, increased risk of sexually transmitted infections and unintended pregnancies, reveals new WHO report](#)

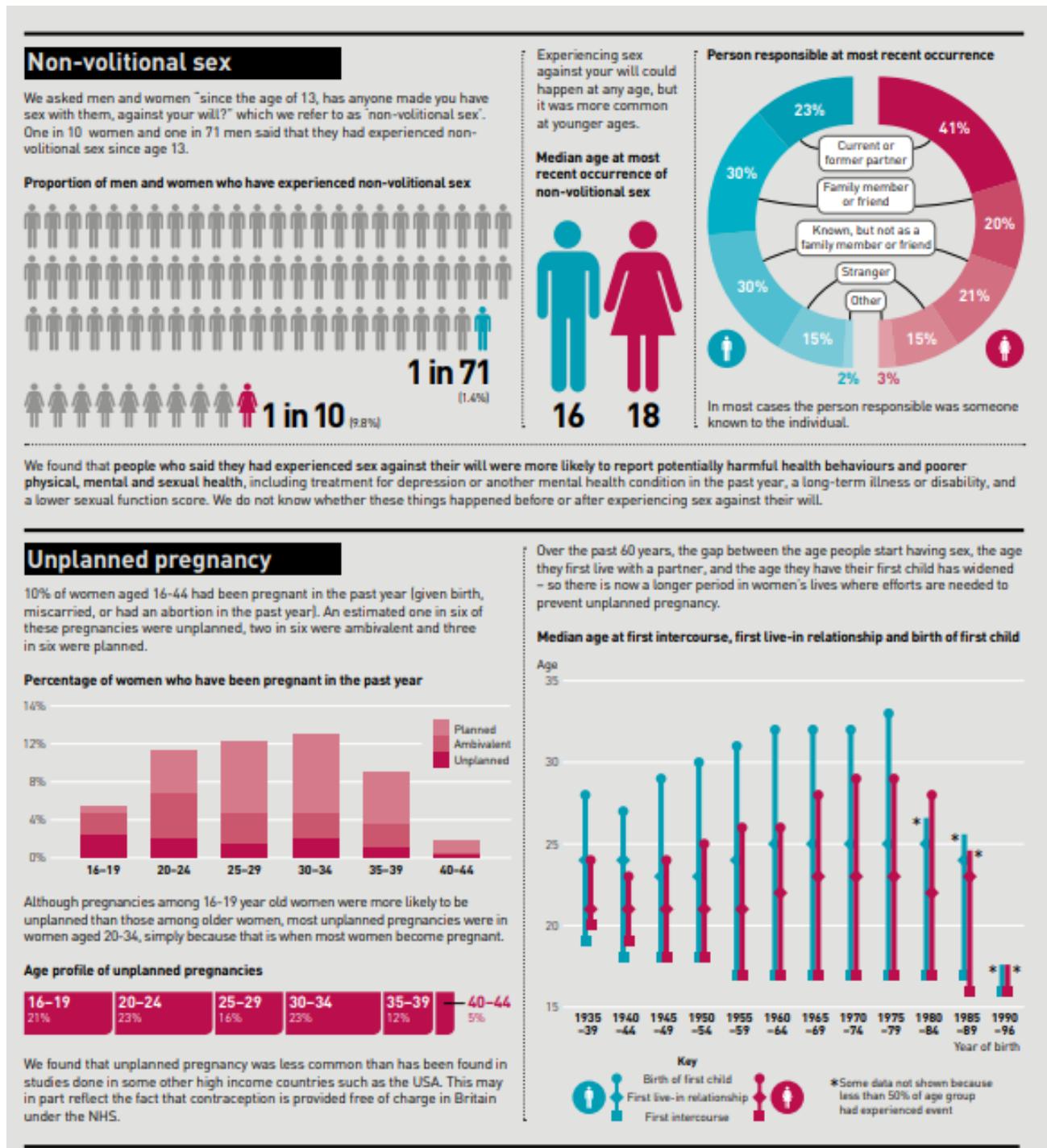
**Figure 16: Image taken from NATSAL-3 highlighting current national sexual attitudes and practices (Source: Image taken from NATSAL-3)**

ACCESS ORIGINAL NATSAL INFOGRAPHIC HERE [Natsal-3-infographics.pdf](#)



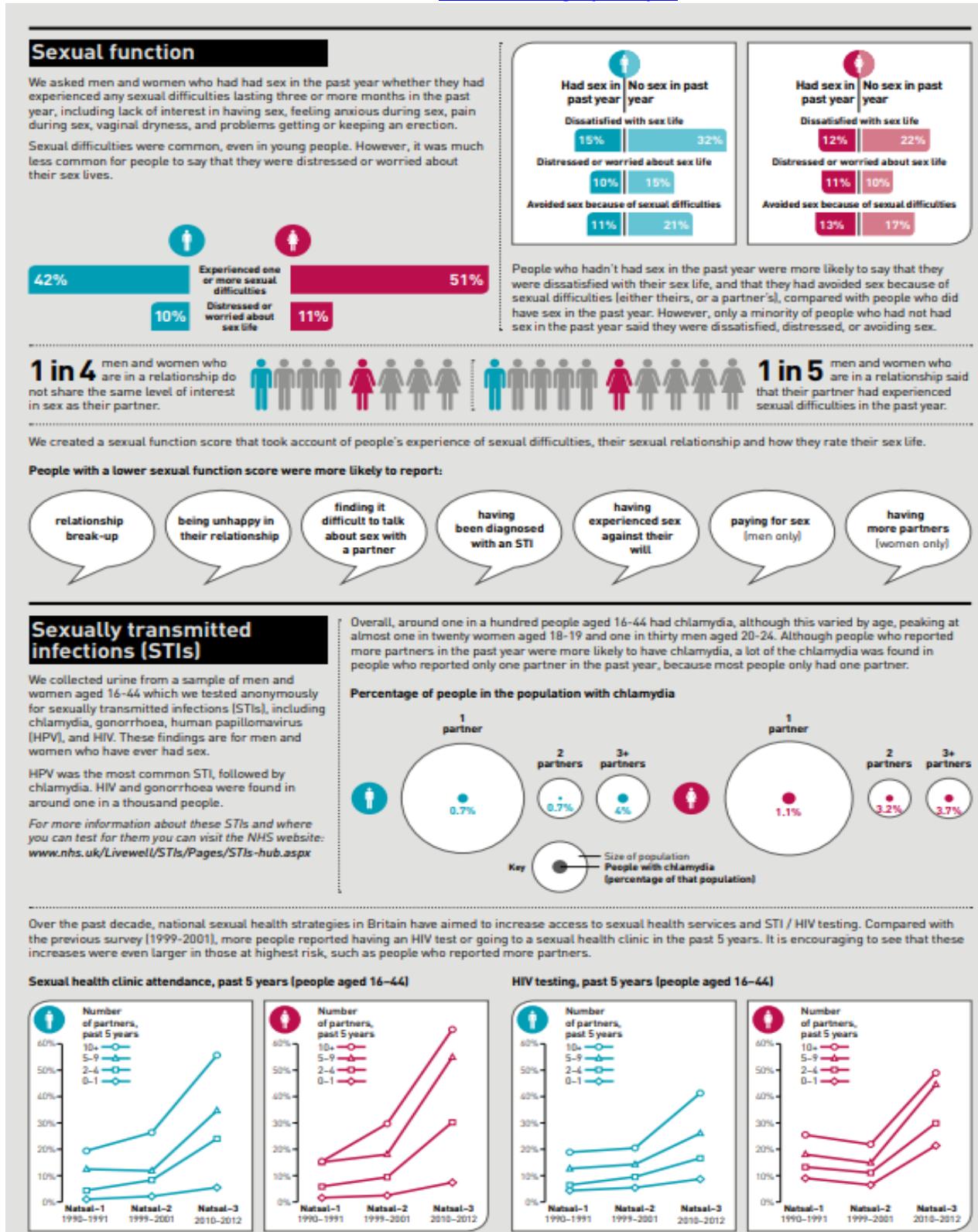
**Figure 17: Image taken from NATSAL-3 highlighting current national sexual attitudes and practices (Source: Image taken from NATSAL-3)**

ACCESS ORIGINAL NATSAL INFOGRAPHIC HERE [Natsal-3-infographics.pdf](#)



**Figure 18: Image taken from NATSAL-3 highlighting current national sexual attitudes and practices (Source: Image taken from NATSAL-3)**

ACCESS ORIGINAL NATSAL INFOGRAPHIC HERE [Natsal-3-infographics.pdf](#)



## 6. West Sussex Sexual Health Service provision

### Key points

#### **West Sussex Integrated Sexual Health Service**

West Sussex County Council commission University Hospitals Sussex NHS Foundation Trust to provide the West Sussex specialist sexual health service. University Hospitals Sussex NHS Foundation Trust is also commissioned by the NHS to deliver HIV care and treatment.

- The Integrated Sexual Health Service operates through a central booking telephone line, three ‘hubs’ at Crawley, Worthing and Chichester where face to face booked appointments are available Monday to Saturday with daytime and some evening clinics, two ‘spoke’ services in Bognor and Horsham with face to face booked appointments, including a women’s only clinic in Bognor, telephone consultations, online access including click and collect options, and an outreach and health promotion team.

#### **First time attendances**

First time attendances at the West Sussex integrated sexual health service has increased consistently from 2019 to 2023, being over 15,000 in 2023.

- By age: Individuals aged between 25 and 34 in West Sussex made up the biggest proportion of first-time attendances at sexual health services.
- By sexual orientation: Over 40% of first attendances at the sexual health service in West Sussex were females who reported their sexual orientation as heterosexual.
- By ethnicity: By far the highest proportion of first-time attendances reported their ethnicity as white. Less than 5% of all first-time attendances reported their ethnicity as Mixed, Black or Asian.

#### **All activity**

- Since 2019/20 to 2024/25, there has been an increase in the proportion of activity by individuals aged 35-44 and a decrease in the proportion of activity in 16–24 year olds.
- The highest rate of Integrated Sexual Health Service activity has consistently been in individuals living in the second and third most deprived population quintiles. The lowest activity has been in the most deprived quintile.
- It has not been possible to understand how fully the capacity of the sexual health service is being utilised, or how this varies across hub locations or service types, because there is no established mechanism to assess this metric. The service reports there to be good availability of sexual health appointments.

#### **Outreach**

- Outreach and health promotion is a component of the integrated sexual health service delivery intended to meet the needs of vulnerable groups and those from deprived areas in accessing appropriate services. College and University settings were the settings most frequently reached in 11 months from Jan to Nov 2024.

#### **Digital**

- From 2020, when the Covid-19 pandemic contributed to a shift in how sexual health services were delivered, digital access has remained high, now contributing between 30% and 40% of the total activity.
- Online services available are self-sampling STI testing and condom provision.
- Online activity is highest in those aged between 20 and 24, with rates of use also high in individuals aged 16-19 and in those aged 25-34
- Rates of online ISHS activity are consistently lowest in people from the least deprived population quintiles.

#### **Out of area**

- 93.2% of sexual health service consultations by West Sussex residents occurred within the West Sussex service with almost another 5% attending the sexual health service commissioned by Brighton and Hove City Council.

### **Locally commissioned services**

- **General Practice** is commissioned by West Sussex County Council to provide Long Acting Reversible Contraception for contraceptive purposes. Other contraception services provided by GPs are part of the standard General Medical Services contract.
- At January 2025, almost all GP practices were contracted to insert IUDs/IUS's and contraceptive implant. There is a cross-practice referral mechanism in place which should enable complete coverage across the of this service across West Sussex through referring to another GP practice if the service is not directly provided.
- **Community Pharmacy** is commissioned by West Sussex County Council to provide Emergency Hormonal Contraception (EHC) free of charge to all ages (age limit removed December 2024). The NHS Advanced Contraception Service for community pharmacies to deliver on-going oral contraception is commissioned by NHS England.
- At January 2025, 24 out of approximately 140 (less than 20%) of community pharmacies participated in the West Sussex County Council emergency hormonal contraception locally commissioned service.
- NHS Sussex report that approximately 80% of community pharmacies in West Sussex were signed up to deliver NHS Community Pharmacy Contraception Service at September 2024.
- A national NHS community pharmacy EHC service is expected to be implemented from October 2025.

### **Focus group with WSCC colleagues working in CYPL services**

- Participants highlighted the emotional barriers young people experience in accessing sexual health support, such as anxiety, shame and stigma.
- Concern was raised about the lack of a walk in and wait option at local sexual health clinics.
- Some practitioners reported having relationships with clinic staff where they could arrange fast track appointments for their service users, and reported that this worked well; it was suggested that these pathways should be formalised.
- Digital access was welcomed, however it was felt that more could be done to promote this.
- Ideas for improving access were suggested including better utilisation of wider services which young people are in contact with which could offer education, signposting and condom provision.

### **Public facing survey**

The survey was hosted on the 'YourVoice' platform and sent by email directly to specific community voluntary sector organisations who work with population groups of interest to understand experience of defined population groups and the general population in access to sexual health information, advice and services. 101 participants answered the main version of the survey. 16 participants answered the EasyRead version.

- Respondents reported receiving sexual health information from digital services and the internet or healthcare professionals (same response from EasyRead).
- Nearly half of respondents reported they were aware of STI and HIV testing and over half reported they were aware of and knew how to access sexual health clinics during the week. Two thirds of respondents to the EasyRead survey reported to be aware of sexual health clinics.
- A small number of respondents noted they wanted to access sexual health services but couldn't, and a fifth of respondents reported they have had difficulties accessing sexual health services.
- A range of preferences were expressed with regards to appointment types, including online booking, drop in, access to sexual health services through their GP, as well as existing routes noted.
- Respondents noted their interaction with staff at the local sexual health service was largely positive with staff commended for their kindness, professionalism and non-judgemental attitude.

## **Overview of service provision**

Elements of overall sexual health service provision for West Sussex are commissioned and provided by various organisations.

- University Hospitals Sussex NHS Foundation Trust is the provider of the West Sussex specialist sexual health service commissioned by West Sussex County Council. University Hospitals Sussex NHS Foundation Trust is also commissioned by NHS England to deliver HIV care and treatment as an integrated service.
- General Practice is commissioned by West Sussex County Council to provide Long Acting Reversible Contraception for contraceptive purposes. Other contraception services provided by GPs are part of the standard General Medical Services contract
- Community Pharmacy is commissioned by West Sussex County Council to provide Emergency Hormonal Contraception free of charge to all ages (age limit removed in December 2024). The NHS Advanced Contraception Service for community pharmacies to deliver on-going oral contraception is commissioned by NHS England.

### **West Sussex specialist sexual health service**

The West Sussex Integrated Sexual Health Service (ISHS) is procured jointly with NHS England. The ISHS service provides:

- STI screening and treatment including delivery of the National Chlamydia Screening Programme, and partner notification
- All forms of contraception including condoms
- HIV testing, Post Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP)
- Sexual Health elements of Psychosexual Counselling
- Sexual Health promotion including supporting behaviour change and reducing the stigma associated with STIs, HIV and unplanned pregnancy
- Hepatitis A&B vaccination for specific groups (commissioned by NHS England)
- Human Papillomavirus (HPV) vaccination for specific groups (commissioned by NHS England)
- HIV care and treatment (commissioned by NHS England)

ISHS operates through:

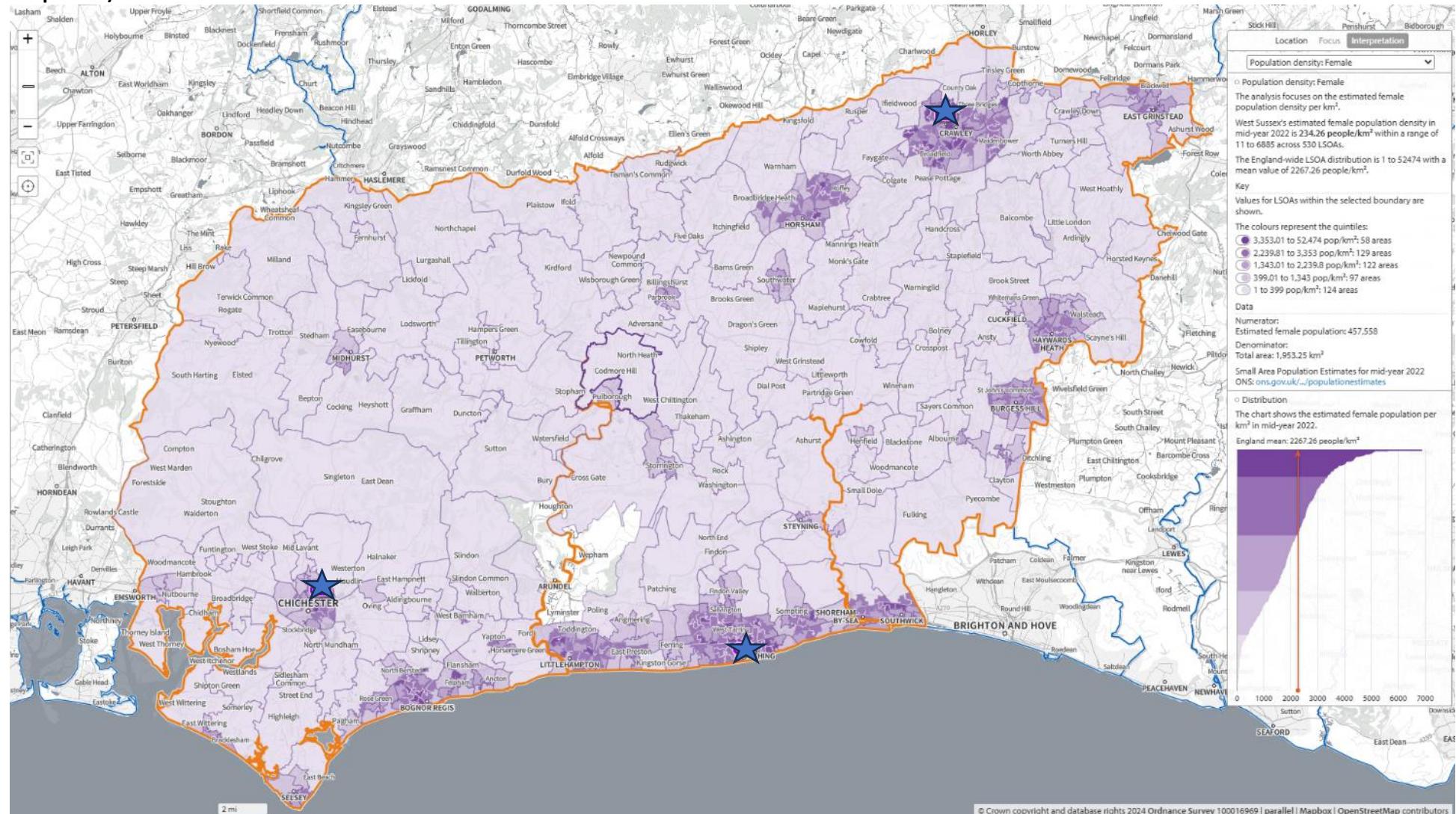
- A central booking telephone line
- Three 'hubs' at Crawley, Worthing and Chichester where face to face booked appointments are available Monday to Saturday with daytime and some evening clinics
- Two 'spoke' services in Bognor and Horsham where face to face booked appointments are available, including a women's only clinic in Bognor
- Telephone consultations
- Online access to self-sampling STI testing and condom provision with delivery to a home location or click and collect to Family Hubs across West Sussex and the Chichester Young People's Shop in Chichester
- An outreach and health promotion team, which includes training for stakeholders and development of outreach and pathways for at risk groups

In common with many SRH services across the UK, during the pandemic the service moved from a predominately drop-in service to a system of phone triage and booked appointments. This service model has been maintained until the present time.

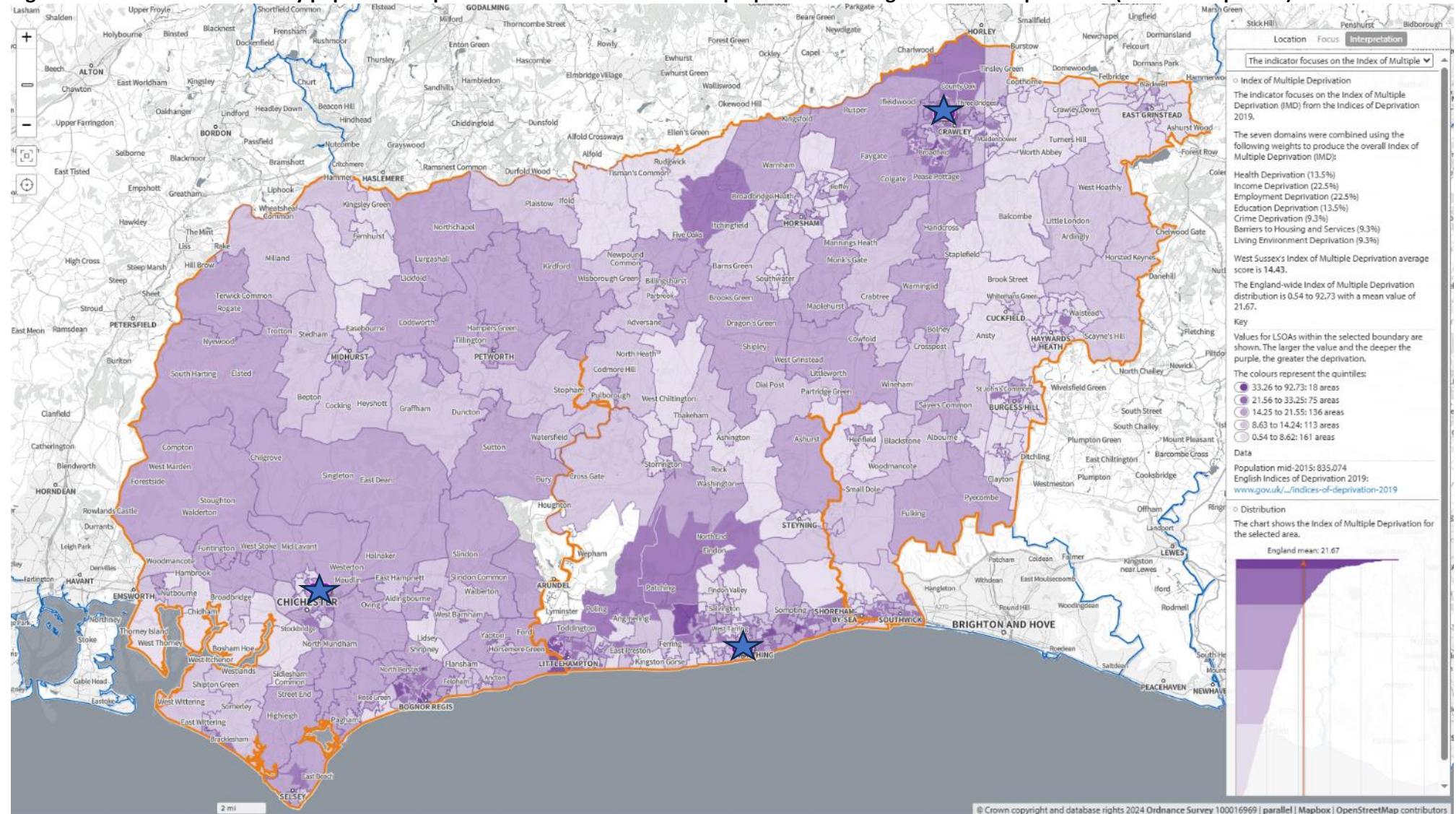
### **Access**

The following figures display the locations of the ISHS hub clinics alongside select characteristics of the West Sussex population, namely female population density (Figure 19), population deprivation (Figure 20) and drive time accessibility (**Error! Reference source not found.**). These maps show that some geographical areas, based on these characteristics, are less well served by these hub clinics.

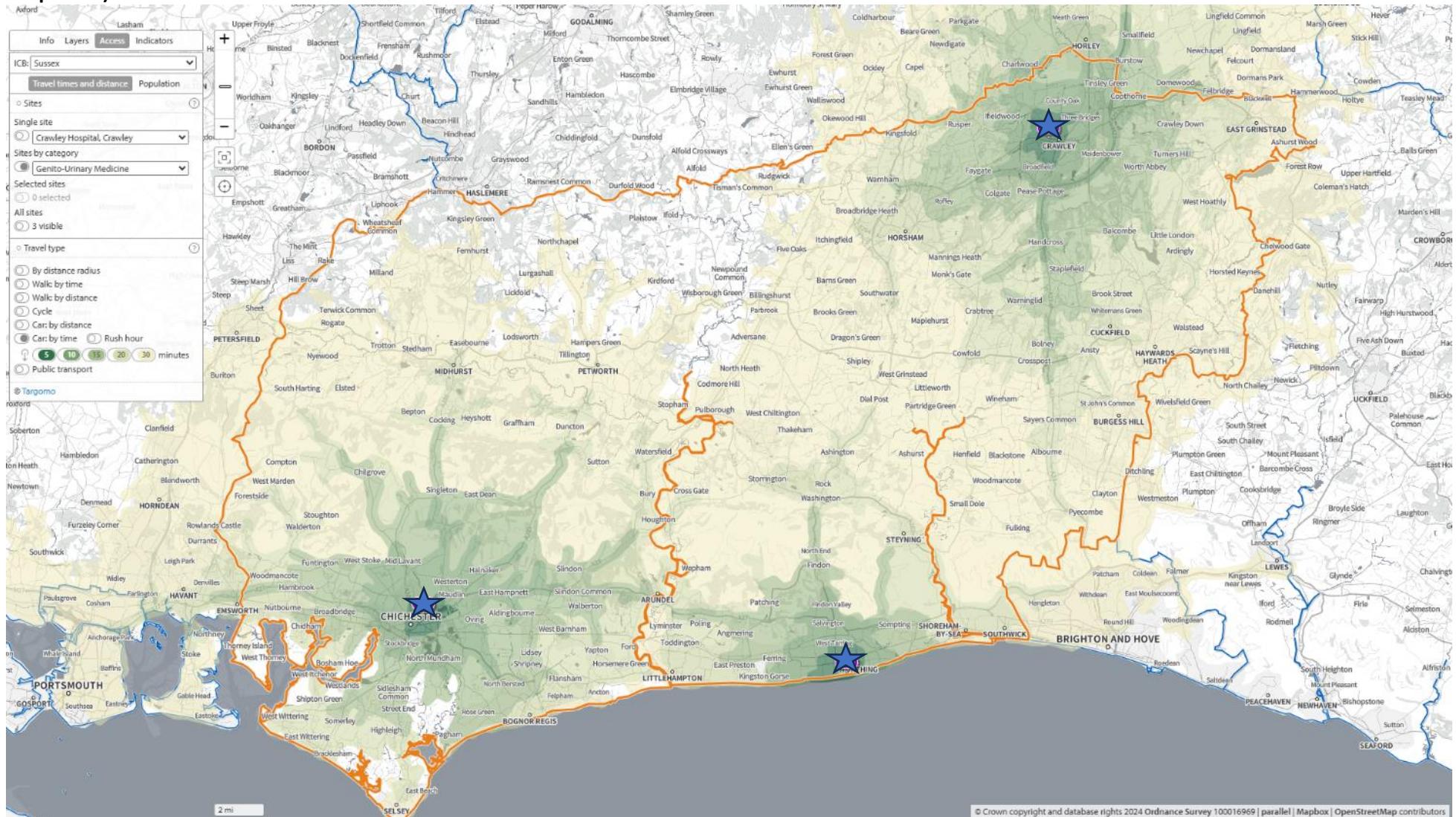
**Figure 19 - Sexual Health Clinics and Female Population Density in West Sussex. Darker purple indicates a greater female population density. (Source: Shape tool)**



**Figure 20: Sexual health clinics by population deprivation in West Sussex. Darker purple indicates higher rates of deprivation. (Source: Shape tool)**



**Figure 21: Location of West Sussex Sexual Health Clinics mapped against drive time. Darker green indicates shorter distance to sexual health clinic. (Source: Shape tool)**



© Crown copyright and database rights 2024 Ordnance Survey 100016969 | parallel | Mapbox | OpenStreetMap contributors

## Activity at the Integrated Sexual Health Services in West Sussex

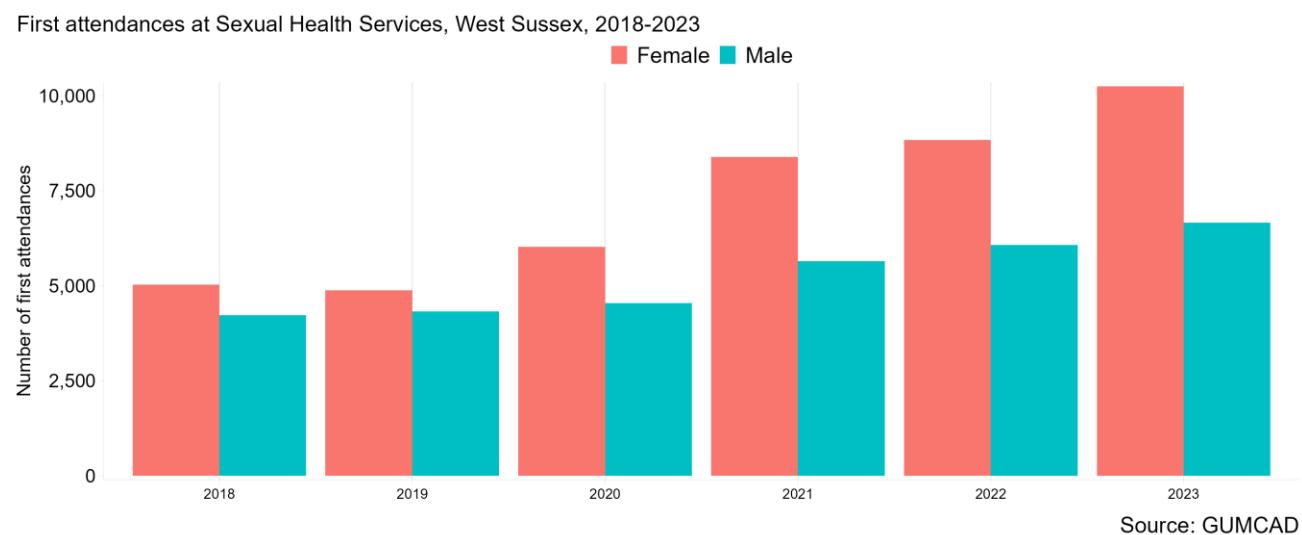
The following Figures provide an indication of the trend and characteristics of individuals attending sexual health services in West Sussex. It should be noted that a range of different data sources have been used and therefore figures may not always be directly comparable, however this approach has been taken to provide a comprehensive picture of sexual health activity in West Sussex.

### Trends in activity at sexual health services in West Sussex

#### First time attendances at the West Sussex sexual health service

Figure 22 shows that first time attendances at the West Sussex integrated sexual health service have increased consistently from 2019 to 2023 (latest data), following a slight decrease in first time attenders between 2018 and 2019. Females make up a higher proportion of first-time attendances at sexual health services in West Sussex.

**Figure 22: Attendances at sexual health services in West Sussex for the first time between 2018 and 2023**  
(Source: GUMCAD, 2018-2023)

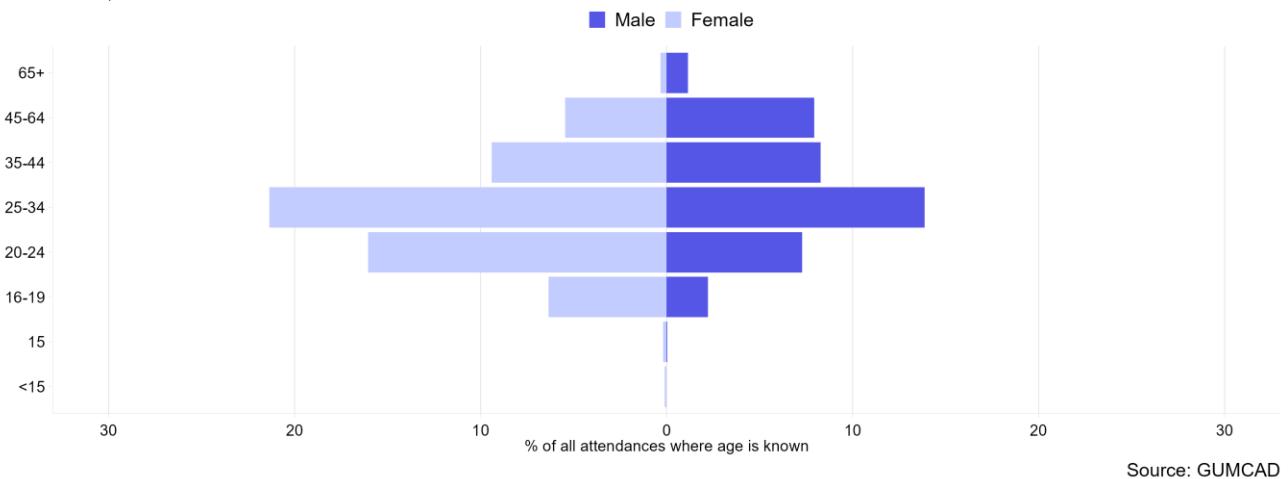


In 2023:

- **By age:** Individuals aged between 25 and 34 contributed the largest proportion of first-time attendances at a sexual health service in West Sussex, as shown in Figure 23, with over 20% of all first-time attendances being by women in this age group, and over 10% of all first-time attendances being by men in this age group. Females in the 20–24-year-old age group contributed over 15% to all first-time attendances (>15%).
- **By sexual orientation:** Over 50% of first attendances at the sexual health service in West Sussex were females who reported their sexual orientation as heterosexual. Over 20% of first-time attendances at sexual health services were males who reported their sexual orientation as heterosexual, and over 10% were males who reported their sexual orientation as gay.
- **By ethnicity:** By far the highest proportion of first-time attendances reported their ethnicity as white, with over 40% of all first-time attendances white females and over 30% of all first attendances white males. Individuals who reported their ethnicity as Mixed, Black, Asian or Other all contributed less than 5% to the overall total of first-time attendances, when considering males and females separately.

**Figure 23: Proportion of first-time attendances at a sexual health service in West Sussex in 2023 by age group (Source: GUMCAD, 2023).**

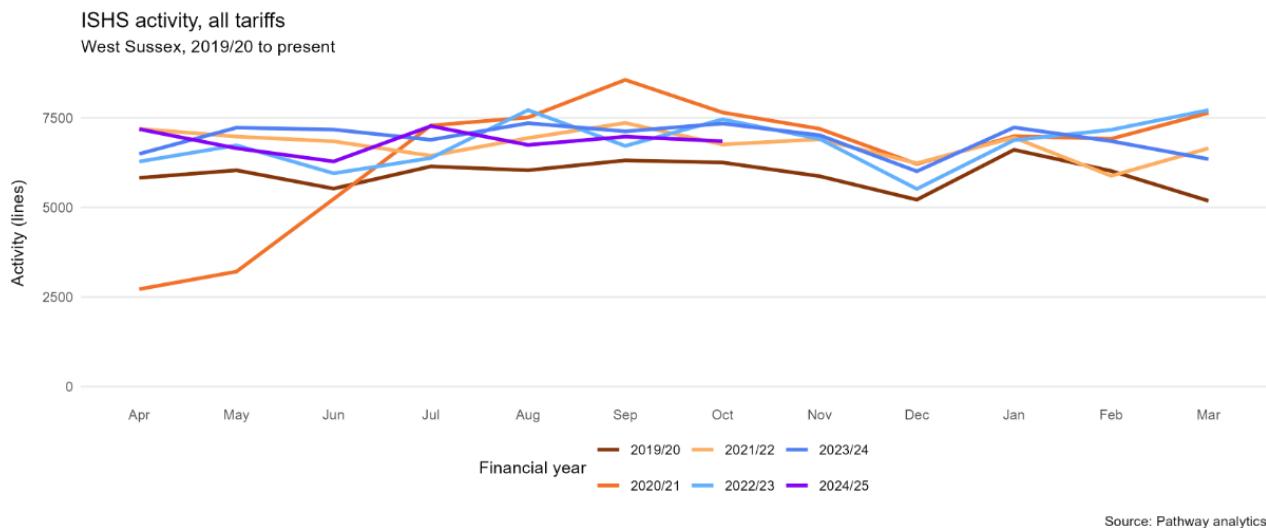
First attendance at sexual health services  
West Sussex, 2023



#### All activity at West Sussex sexual health services over time

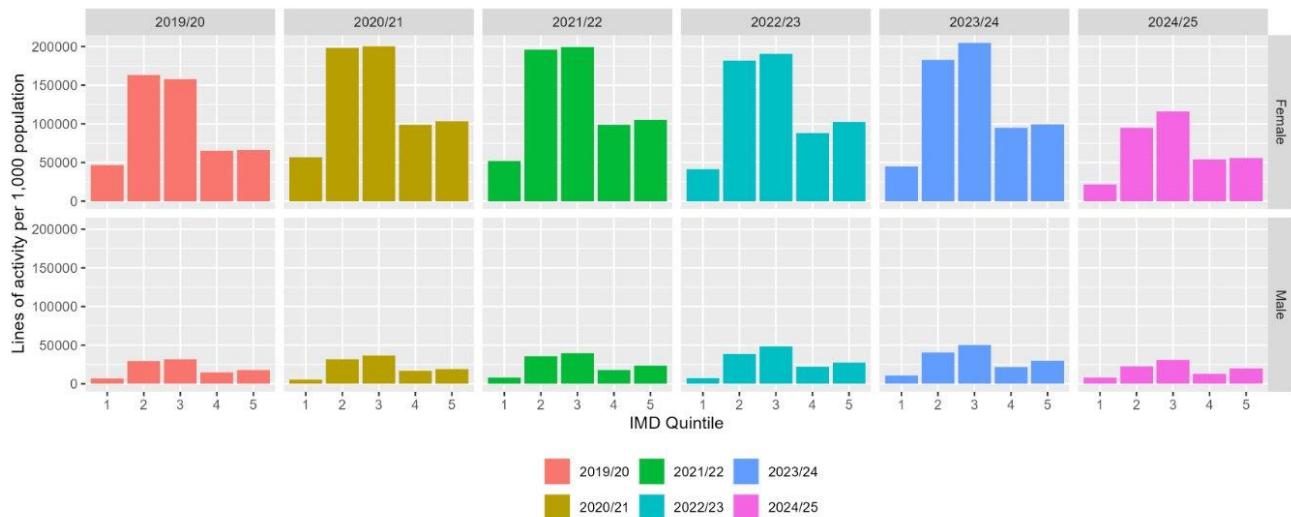
Figure 24 shows that activity at the integrated sexual health service has been generally increased each financial year, with large fluctuations between each month. The last three months of data indicates a small decrease in activity between August and October in 2024/25 in comparison to previous years.

**Figure 24: Integrated sexual health service activity in West Sussex (Source: Pathway analytics)**



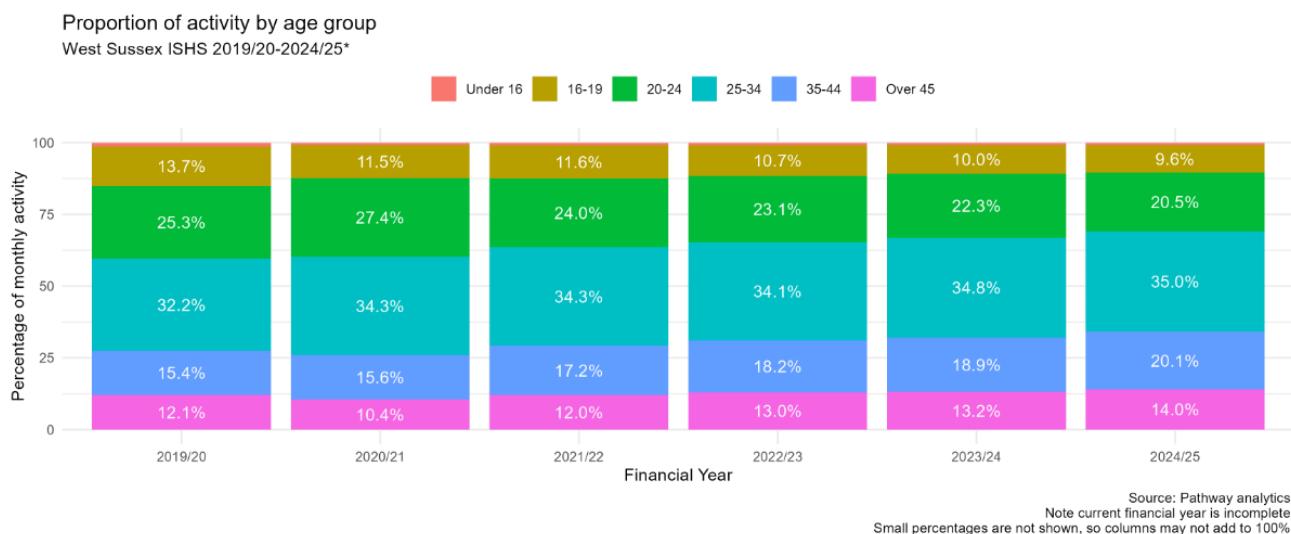
Activity in sexual health services in West Sussex can be examined by deprivation using IMD quintile. Figure 25 demonstrates that in West Sussex, across both males and females, the highest rate of activity through the integrated sexual health service per 1000 population has consistently been in individuals living in Lower Super Output Areas in the second and third most deprived quintiles. The lowest activity has been in the most deprived quintile.

**Figure 25: Integrated sexual health services activity by IMD quintile (Source: Pathway analytics/IMD)**



The proportion of activity by age group has stayed relatively consistent since 2019. There has however been an increase in the proportion of activity by individuals aged 35-44 and a decrease in the proportion of activity in 16–24 year olds, as highlighted in Figure 26. In 2024/25, individuals aged between 25-44 were consistently responsible for the highest proportion of activity (55.1%) in integrated sexual health services in West Sussex.

**Figure 26: Proportion of activity in integrated sexual health services in West Sussex by age group. (Source: Pathway analytics)**



## **Service capacity**

It has not been possible through this needs assessment to understand how fully the capacity of the sexual health service is being utilised or how this varies across hub locations or service types because there is no established mechanism to assess this metric. The sexual health service reports that there is good availability of appointments. Given the integrated nature of the service with HIV care and treatment, the service has more recently noted an increasing need for this aspect of the service in the Crawley area. ISHS does monitor appointment availability by service type which informs the booking process and is able to capture data indicating the waiting times for different types of appointments. Further insights to how individuals experience access to the sexual health service were gathered through the West Sussex County Council Sexual Health Needs Assessment Survey detailed later in this report.

## **Outreach and health promotion**

A component of ISHS is to provide an outreach service which meets the needs of vulnerable groups and those from deprived areas in accessing appropriate services. This can comprise information and opportunistic testing, for example, and can include population groups who may have specific sexual health needs or be better reached through a more tailored point of access. Table 10 provides a snapshot of outreach activity. The British Association for Sexual Health (BASHH) outreach standards published in 2016 remain relevant to outline good practice in provision of outreach services.<sup>56</sup>

**Table 10: ISHS outreach activity January to November (inclusive) (Source: ISHS, 2024)**

<b>Population group / setting</b>	<b>Count of outreach activity events</b>
College/University	21
Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and other sexual orientations, gender identities, and expressions (LGBTQI+)	5
Learning disability	3
Parents & carers of young people	2
General public	2
Sex workers - multiprofessional meeting	2
Probation service	2
GP practice staff	1
Homeless	1
Seasonal staff - migrant workers	1
Teenage parents in supported accommodation	1
Hard to reach communities – Gypsy Roma Traveller, migrant population, asylum seekers - multiprofessional meeting	1
Young people facing homelessness - temporary accommodation	1
Grand Total	43

## **Sexual health aspects of psychosexual therapy**

Psychosexual therapy focuses on addressing and resolving psychological issues related to sexual function, behaviour and relationships. It aims to help individuals or couples overcome sexual difficulties and improve

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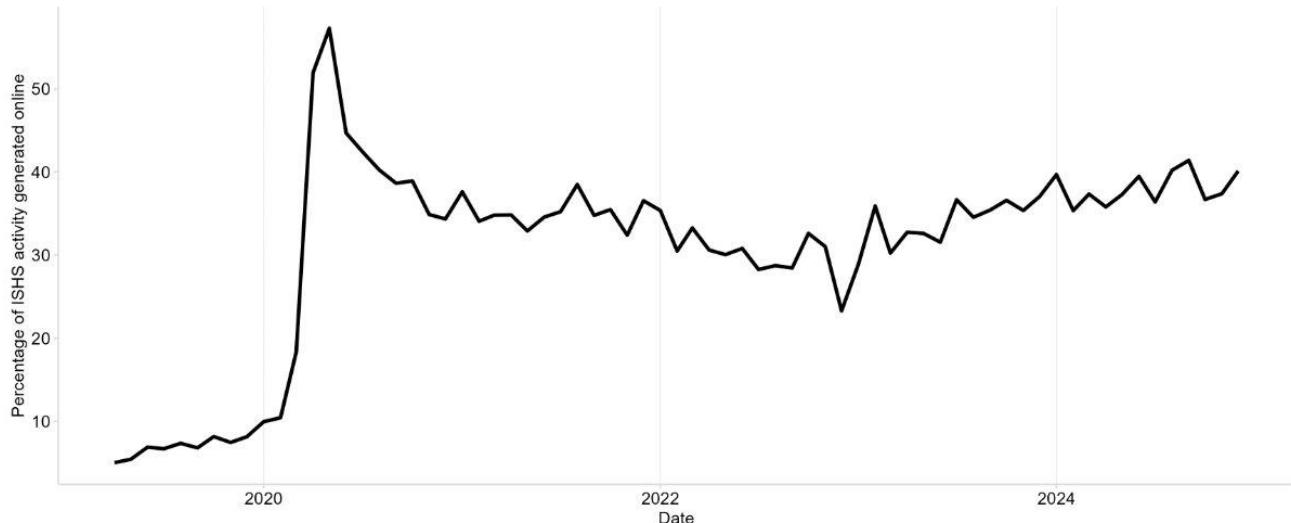
<sup>56</sup> British Association for Sexual Health and HIV. STI Outreach standards. [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: [STI Outreach Standards | BASHH](#)

their sexual health and wellbeing. This service component is relatively small with the sexual health service reporting a waiting list to receive support.

### Online activity in Integrated Sexual Health Services in West Sussex

The COVID-19 pandemic contributed to a shift in how sexual health services were delivered. In West Sussex, work to establish a digital offer was underway pre-COVID-19 which then became more rapid in its implementation as the pandemic took hold. This digital element of service delivery has continued beyond the pandemic. Figure 27 highlights the increase in frequency of use of digital services from 2020 onwards and shows how activity has remained high since, with between 30% and 40% of the total activity in integrated sexual health services in West Sussex being online.

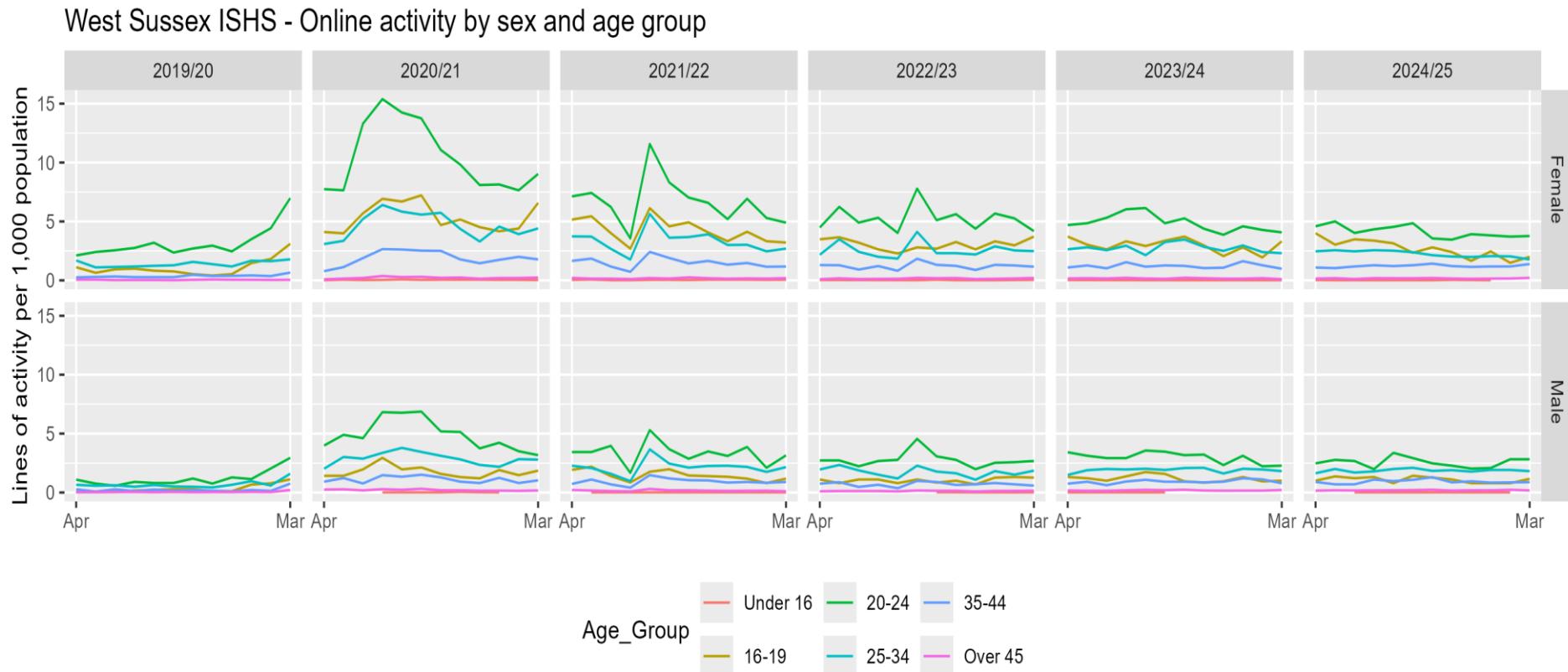
**Figure 27: Proportion of activity at integrated sexual health services which occurs online. (Source: Pathway analytics)**



Online activity in integrated sexual health services has been highest in younger age groups, with the highest rates of online activity consistently in those aged between 20 and 24, with rates of use also high in individuals aged 16-19 and in those aged 25-34 as demonstrated by Figure 28.

Rates of online ISHS activity were consistently lowest in people from the least deprived IMD quintiles (quintile 5), as highlighted in Figure 29.

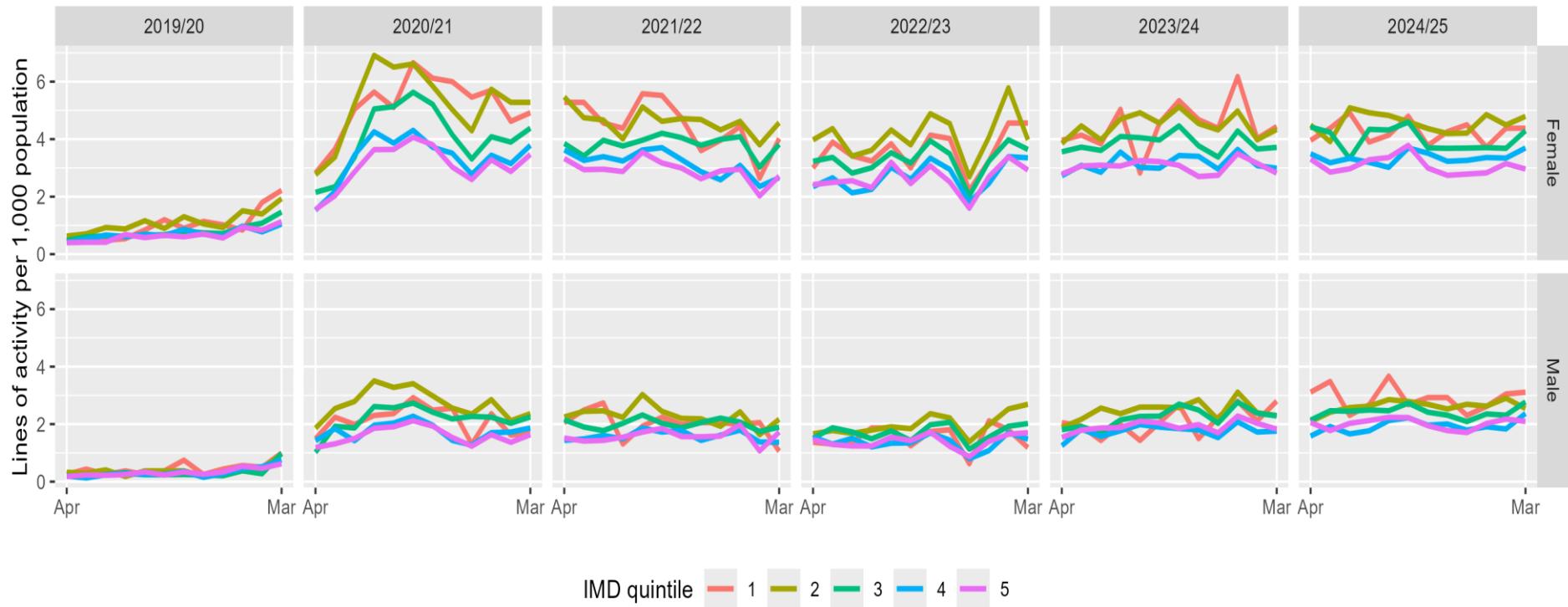
**Figure 28: Online activity in integrated sexual health services by sex and age group (Source: Pathway analytics, ONS)**



Source: Pathway analytics, ONS.  
 Currencies: Postal Test Kit, T2 Self Sample, T4 Self Sample, MSM Postal Test Dispatched, MSM Sample Received, T2 Postal Kit Dispatched, MSM Online T2 TT only, High Risk Postal Test Dispatched, High Risk Sample Received

**Figure 29: Monthly online activity in integrated sexual health services in West Sussex by IMD quintile. (Source: Pathway analytics, IMD, ONS)**

### Monthly online ISHS activity per 1,000 population by sex and 2019 IMD quintile



Source: Pathway analytics, IMD, ONS.  
 Online tariffs include: Postal Test Kit, T2 Self Sample, T4 Self Sample,  
 MSM Postal Test Dispatched, MSM Sample Received, T2 Postal Kit Dispatched,  
 MSM Online T2 TT only, High Risk Postal Test Dispatched, High Risk Sample  
 Received.

## Brief Literature Reviews

**Does the digitalisation of services lead to the exclusion of at-risk groups who may not have access to the internet, or, address inequalities through improving access?**

**What strategies could be used for improving engagement with online services?**

Qualitative research suggests that advantages of online STI testing services include increased privacy and convenience<sup>57</sup>. This can potentially help with addressing issues of stigma and embarrassment. However, research also suggests that there may be challenges arising from the use of digital services<sup>58</sup>. For example, Sumray et al concluded in their scoping review exploring the use of online postal self-sampling STI testing services, that priority groups who were most at risk of an infection with a STI were not using these services, highlighting that there is therefore a risk around digital exclusion if this strategy to access testing is relied on<sup>59</sup>. A recognised strategy to overcome digital exclusion is by ensuring alternative access is also available<sup>60</sup>. To improve engagement with internet-based testing, this evidence suggests that there is a need to emphasise the privacy and convenience benefits of internet-based testing, in addition to providing reassurance around the accuracy of self-sampling testing. The disadvantages of online services should be recognised, and these include a lack of opportunity to discuss sexual health symptoms on an opportunistic basis.

In the neighbouring local authority of East Sussex County Council, where online access to STI testing is a core plank of their delivery model, colleagues have suggested that engagement with online testing services has been found to offer a more inclusive approach in practice with good engagement across all levels of deprivation within their population. A key contribution to this success has been suggested as a focus on promoting the offer available. In addition, the need to enable alternative access for some defined population groups to STI testing is recognised through targeted outreach provision. This includes providing improved reach to people who experience homelessness, asylum seekers and refugees, and, people who use substances. Learning from quality improvement and evaluation of this and other similar services will be useful.

Participants at the West Sussex sexual health roundtable event also discussed digitalisation of services and this was particularly identified as a key barrier to access which may lead to exacerbation of health inequalities, given there can be additional barriers in using the digital pathway, for instance in needing a postal address or being able to access a click and collect location.

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<sup>57</sup> Spence T, Griffiths F, Ross J. Service user experiences of using internet-based testing for sexually transmitted infections (STIs): a qualitative study. Sex Transm Infect. 2024 Aug 19;100(6):356-361. [Service user experiences of using internet-based testing for sexually transmitted infections \(STIs\): a qualitative study - PubMed](#)

<sup>58</sup> Clare Bennett, Daniel Kelly, Catherine Dunn, Massirfufulay Kpehe Musa, Honor Young, Zoë Couzens, John McSorley, Emma Jones - 'I wouldn't trust it ...' Digital transformation of young people's sexual health services: a systems-informed qualitative enquiry: BMJ Public Health 2023;1:e000259. ['I wouldn't trust it ...' Digital transformation of young people's sexual health services: a systems-informed qualitative enquiry | BMJ Public Health](#)

<sup>59</sup> Sumray K, Lloyd KC, Estcourt CS, et al. Access to, usage and clinical outcomes of, online postal sexually transmitted infection services: a scoping review Sexually Transmitted Infections 2022;98:528-535.

<sup>60</sup> Brook. Our impact 2023/34. Available from: [BROOK\\_StrategicReport\\_23-24.pdf](#)

## **Out of Area**

Out of Area activity is sexual health activity incurred by residents attending sexual health services commissioned by other Local Authorities in England such as a West Sussex resident attending a sexual health service in London. Local Authorities are mandated to provide open access sexual health services which means that individuals who are not resident within a local authority are able to use the local service given that stigma is a well-recognised barrier to accessing sexual health services. Ensuring access to sexual health services minimises this barrier.

In 2022 (latest data available), 63,624, 93.2% of sexual health service consultations by West Sussex residents occurred within the West Sussex service (including local online service provision).<sup>61</sup> Locations most frequently utilised outside of the West Sussex service were at: (Source: SPLASH supplement report, January 2024)

- Royal Sussex County Hospital (Brighton)	[n=3,361,	4.9%]
- St Marys Community Health Campus (Portsmouth)	[n=200,	0.3%]
- Dean Street Clinic (London)	[n=200,	0.3%]
- SH24 (online)	[n=165,	0.2%]
- Earnsdale GUM clinic (Surrey)	[n=123,	0.2%]
- Buryfields Clinic (Surrey)	[n=112,	0.2%]

## **West Sussex County Council Public Health Locally Commissioned Services from General Practice and Community Pharmacy**

There are 80 GP Practices in West Sussex and approximately 140 Community Pharmacies. Of these, at January 2025, 24 (less than 20 percent) community pharmacies participated in the West Sussex County Council emergency hormonal contraception locally commissioned service. 71 GPs participated in provision of contraceptive implants, and 75 GPs participated in the provision of intra-uterine devices (IUDs) and intra-uterine systems (IUS's), known collectively as the Long-Acting Reversible Contraception (LARC) locally commissioned service. There is a cross-practice referral mechanism in place between practices within a PCN for the LARC locally commissioned service so that individuals can receive this service should the GP practice the individual is registered with not deliver it. This should enable complete coverage across the of this service across West Sussex.

## **Long-Acting Reversible Contraception**

Long-Acting Reversible Contraception refers to both intrauterine devices and intrauterine systems. They are forms of contraception which are considered more effective as they provide protection for a longer period and are not user dependent. Further information on the provision of LARC is available in the contraception section, including trends in the supply of these items.

West Sussex County Council commissions local GPs to provide: fitting and implanting of intrauterine devices and implants (IUD and IUS) provided as form of LARC.

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<sup>61</sup> UK Health Security Agency. SPLASH supplement report, January 2024.

Other contraception services provided by GPs are part of the standard General Medical Services contract. LARC for non-contraceptive purposes are commissioned by the ICB. GPs receive a tariff for each LARC activity provided.

### **Emergency hormonal contraception**

Emergency hormonal contraception (EHC) is a medication which can be taken after unprotected sex to reduce the risk of pregnancy. More information on how emergency contraception is provided is available in the contraception section of this report.

EHC pills are available to all women free of cost as part of Local Authority commissioned SRH services and from most GPs as part of the GP Contract<sup>62</sup> from the commissioned sexual and reproductive health (SRH) services, from some community pharmacies through the locally commissioned service by West Sussex County Council and from some NHS walk in services and Emergency Departments.

As EHC is more effective if taken as soon as possible after unprotected sexual intercourse, WSCC commissions community pharmacies to provide free EHC under a Patient Group Direction (PGD) to strengthen timely access. A patient group direction is a framework which allows for specified locations, such as pharmacies, to provide medication to pre-specified cohorts of people, without the need for a prescription<sup>63</sup>. In West Sussex, from December 2024, there has been no age limit to the supply of EHC via this PGD.

Separate to the West Sussex County Council commissioned service of EHC, the NHS community pharmacy oral contraceptive service (Advanced service), which is commissioned by NHS England has included both the initiation and on-going supply of oral contraception since the 1<sup>st</sup> of December 2023. A national NHS community pharmacy EHC service is expected to be implemented from October 2025.

### **A note on wider service provision relevant to sexual health**

There are a wider set of services which have a role in the local health and care system related to sexual health and wellbeing which are commissioned from organisations across the local system, including NHS England, NHS Sussex Integrated Care Board, West Sussex County Council (Public Health, or, Children Young People and Learning directorates). Some information on these services may be referred to throughout this report, particularly where there may be pathways to / from the ISHS. However, an in-depth look at these services is beyond the scope of this report.

### **Maternity services**

Maternity services have an important role in discussing a return to fertility after having a baby. In West Sussex, information is available through Badgernet, the system which women use to access information about their care. It is understood from postnatal midwives in midwifery services that University Hospitals

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<sup>62</sup> NHS. Standard General Medical Services Contract. Oct 2020. Available from: [20-21-GMS-Contract-October-2020.pdf](https://www.gov.uk/government/publications/standard-general-medical-services-contract-2020)

<sup>63</sup> National Institute of Clinical Excellence. Patient Group Direction. August 2013. Available from: [Overview | Patient group directions | Guidance | NICE](https://www.nice.org.uk/guidance/patient-group-directions)

Sussex NHS Foundation Trust are developing a Trust wide policy regarding postnatal contraception in line with the National Institute for Health and Care Excellence (NICE) Guideline 194: Postnatal Care<sup>64</sup>, and the linked Faculty of Sexual and Reproductive Health (FSRH) Clinical Guideline: Contraception After Pregnancy<sup>65</sup>.

### **PAUSE Programme**

PAUSE West Sussex is described as<sup>66</sup>:

“The Pause programme works with women who have experienced, or are at risk of, repeat removals of children from their care. It aims to break this cycle and give women the opportunity to develop new skills and responses that can help them create a more positive future.”

The PAUSE programme expects women to engage with contraception before starting working together. The programme signposts and supports individuals to their GP or sexual health services to access contraception.

### **Health Visiting**

According to the NHS, health visitors are described as<sup>67</sup>:

“Nurses or midwives who have taken additional training to become specialist community public health nurses (SCPHN). Health visitors lead and deliver the Healthy Child Programme 0-5 alongside others, supporting the health and well being of children, families and the wider population.”

Health visitors can provide information and signposting in relation to contraception to new mother and are a key part of promoting the health and wellbeing of children aged 0-5.

### **Family Nurse Partnership**

The Office for Health Improvements and Disparities (OHID) describe the family nurse partnership as<sup>68</sup>:

“The Family Nurse Partnership (FNP) is an intensive, targeted home-visiting programme for first-time young mothers and families. The programme aims to improve children’s life chances.”

The purpose of FNP is to support young families in caring for their child, in addition to supporting young mothers to work towards their own goals. The service in West Sussex also provides signposting for women into sexual health services for contraception advice.

### **School Nursing**

School nursing is provided in West Sussex by Sussex Community NHS Foundation Trust. They describe their service as<sup>69</sup>:

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<sup>64</sup> National institute for Health and Care Excellence. Postnatal care. NICE guideline [NG194]. April 2021. Available from: [Overview | Postnatal care | Guidance | NICE](#)

<sup>65</sup> Faculty of Sexual and Reproductive Health. FSRH Clinical Guideline: Contraception After Pregnancy (January 2017, amended October 2020). Available from: [FSRH Clinical Guideline: Contraception After Pregnancy \(January 2017, amended October 2020\) FSRH](#)

<sup>66</sup> West Sussex County Council. PAUSE Programme. August 2024. Available from: [Pause West Sussex - West Sussex County Council](#)

<sup>67</sup> NHS Careers. Health Visitors. Jul 2012. Available from: [health-visiting-information-brochure.pdf](#)

<sup>68</sup> Office for Health Improvements and Disparities. Family Nurse Partnership Programme. [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: [Family Nurse Partnership programme - GOV.UK](#)

<sup>69</sup> Sussex Community NHS Foundation Trust. School nursing service. [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: [School Nursing Service](#)

"We are school nurses (also known as specialist community public health nurses) who provide a service for children, young people, and families, offering health and development reviews with additional support when needed."

School nurses can therefore provide additional support for vulnerable individuals, including in teenage years, but are not routinely present in schools. In West Sussex, a confidential text messaging service called Chat Health is available for young people aged between 11-19 and can provide confidential information around sexual health. From our insight work performed at the sexual health roundtable, schools nurses reported that children and young people did not generally approach them or use the Chat Health service to discuss sexual health.

### **Early Help**

West Sussex County Council Early Help is a service designed to help parents-to-be and very young children in situations where<sup>70</sup>:

"their needs are not being met by routine or 'universal' services  
they do not meet thresholds for statutory interventions run young parents pathway."

As part of their original screening assessment, questions in relation to sexual health are asked, which can allow for individuals to be signposted to the correct services. It is estimated that 4-5 individuals and families are identified as having a sexual health need a month through this assessment process.

### **Family Hubs:**

Family hubs are described as<sup>71</sup>:

"Family hubs offer support to children, young people and their families. They provide a single place to go for support and information from a variety of services. Family hubs make it easier for you to get the support you need."

There are 12 family hubs available in West Sussex, and these can provide assistance in terms of drop in advice and can host maternity or health visiting services. Young people aged up to 19, or individuals with additional needs up to age 25 can be provided with advice and guidance, including in relation to sexual health.

### **Youth provision**

There are a series of wellbeing services specific to youth provision including-

- Health for Teens – Service aimed at providing information and advice around physical and mental health, including around sexual health, for children and young people aged 11-19. This is a nationally available resource which has some resources tailored locally in West Sussex.
- Youth Club – Crossover Centre – This is an afterschool club which operates in Midhurst, which can provide advice and guidance around relationships and contraception.

### **District and Borough Wellbeing Services**

Each district and borough in West Sussex have a dedicated wellbeing service which offers a range of information on different topics, including smoking cessation, falls prevention, healthy lifestyle advice, mental wellbeing support, weight management services, support with alcohol and further topics. There is a West Sussex Wellbeing website with general advice being consistent across the county and with sections for each local wellbeing team covering local services, programmes and events. This contains information about sexual health and provides a link to sexual health services in West Sussex.

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<sup>70</sup> West Sussex County Council. Early Help Services. September 2024. Available from: [Early Help services - West Sussex County Council](#)

<sup>71</sup> GOV.UK. Family hubs. [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: [Family hubs - Family Hubs and support](#)

### **Council and Local Information Online (CLIO-3)**

CLIO-3 is a database for front line workers who support people in West Sussex to identify and signpost them to preventative support and information available within the county, district or local neighbourhood. It is maintained by the West Sussex County Council Library Service. Information about West Sussex sexual health services are contained within the database.

### **Abortion services**

In West Sussex, MSI Reproductive Choices is the provider of abortion services with clinics in Bognor Regis and Crawley. These services can provide STI testing and advice around contraception. It has not been possible to ascertain further information on abortion activity or STI testing undertaken in these settings as part of this needs assessment (aligned with the parameters for this work defined in the scope).

### **Vasectomy services**

Vasectomy is a form of male contraception. Recent service data suggests that the number of vasectomy procedures being performed in West Sussex is increasing.

### **Sexual Assault Referral Centre**

The Saturn Centre is the sexual assault referral centre (SARC) for the whole of Sussex, provided by Mountain Healthcare from April 2025. This service, based in Crawley, is available for anyone aged 14 and over who have been a victim of sexual assault including rape. For children aged under 14, there is a dedicated sexual assault referral centre for children, which is based in Brighton, and also supports those who live in West Sussex.

### **Focus Group with colleagues working in West Sussex County Council Children Young People and Learning services**

Focus groups were held in December 2024 with a total of 11 practitioners who provide support services to young people. Participants were asked what they thought about the current provision of sexual and reproductive health support and services for young people in West Sussex; what they thought about the information and advice that young people are getting about sexual health; and what can be done to improve young people's sexual health.

### **Access**

Concern was raised about the lack of a walk in and wait option at sexual health clinics in West Sussex. The phone booked appointment system was felt to be not appropriate for many of the young people they work with. For young people who may lead chaotic lives a booked appointment system was not manageable, while phone appointments could be a barrier for young people, for example if they did not have a safe space to make private calls or for those in controlling relationships where their phone use is controlled or monitored. For many young people more used to online chat and texting, having to have conversations about sexual health and behaviour on the phone can be emotionally challenging.

Some practitioners reported having relationships with clinic staff where they could arrange fast track appointments for their service users, and reported that this worked well; it was suggested that these informal relationships should be formalized into agreed pathways for children looked after and other high need young people who require support for sexual and reproductive health.

The inconsistent provision of free emergency contraception was raised as a particular problem. The difficulty for young people to travel to access the limited number pharmacies that offer the service was highlighted. Practitioners reported young people being referred to pharmacies that then refused or were unable to provide emergency contraception. The difficulty of getting a timely GP appointment for EHC was also raised.

Participants highlighted the emotional barriers to accessing sexual health support, such as anxiety, shame and stigma. It was felt that more could be done to make sexual health services feel less clinical and impersonal at point of access, and feel more youth friendly.

Digital access was welcomed; the availability of condoms and STI testing online and QR codes that linked to this offer was felt to work well for young people. More could be done to promote this, and that there should be more options for booking into sexual health services and appointments online.

While online access to condoms was welcomed, many participants pointed out that it used to be the case that family hubs and youth services used to provide free condoms on site, and that this was accessible for young people and also created opportunities for supportive conversations about sexual and reproductive health.

It was recognized that many schools and colleges were excellent at raising young people's awareness of sexual health services, but that this was not always the case, and that for young people not in education awareness of sexual health services can be low. There needs to be more information and signposting to sexual health services available outside of education settings.

### **Information and Advice**

Participants discussed a very mixed information and advice landscape for young people. Participants pointed to excellent information and support in further and higher education, but that there seemed to be real gaps in awareness amongst younger people. Low awareness of chlamydia screening and about contraceptive choices amongst young women was raised as a particular problem.

It was felt that young people generally preferred to get information online or through chat and messaging. Many participants raised the difficulties of young people getting most of their knowledge, attitudes and beliefs through social media that often promotes disinformation or problematic views about gender and relationships, and though easily accessible online pornography. It was also noted that parents sometimes cited challenges of supporting young people given the wide range of information given around sexual orientation, sex, including online content.

## **West Sussex County Council Sexual Health Needs Assessment Survey**

A survey to inform this needs assessment was undertaken between 19<sup>th</sup> of December 2024 and 2<sup>nd</sup> of February 2025, hosted on the ‘YourVoice’ platform and sent by email directly to community voluntary sector organisations who work with these population groups, to understand experience of defined population groups and the general population in access to sexual health information, advice and services. Research governance approval to undertake this survey was obtained from the West Sussex County Council Research Governance and Consultation Quality Assurance team. An EasyRead version of the survey was also produced, and questions in this version of the survey were adapted slightly to ensure ease of understanding.

117 participants answered the survey; 101 participants answered the main version of the survey and 16 participants answered the EasyRead version of the survey. While the EasyRead survey was primarily developed to support engagement by people living with a learning disability, some respondents selected this survey type to respond to who did not report to be part of this population. A summary of findings from the survey are available below.

Respondents to the main survey were invited to identify whether they were part of defined population groups and select as many of the following they felt applied to them. Of the total respondents thirteen people either didn’t answer the question or responded “prefer not to say”, and 49 answered none of the above.

<b>Population Group</b>	<b>Number of respondents</b>
LGBTQI+	29
Neurodivergent people	15
Students	<7
People with a learning disability	<7
Young carers	<7
Care leavers	<7
Adult carers	<7
Looked after children	<7
Sex workers	<7
People experiencing homelessness	<7
People in the armed forces	<7
Gypsy, Roma, Traveller community	0
People who use drug and alcohol services	0
People on probation or who have been released following a period of detention	0
Refugees	0

### **Question 1: Where do you prefer to get information or advice about sexual health?**

In the main survey, respondents were asked an open question on where they prefer to get information and advice about sexual health. Respondents were invited to select as many of the following they felt applied to them. In the EasyRead version of the survey, respondents were asked to identify where they prefer to get information and advice from a range of suggested options. Two predominant themes emerged from this question in that respondents reported to receive sexual health information from digital services and the internet (73/117 respondents, 62.4%), or, that information was obtained from healthcare professionals (43/117 respondents, 36.8%).

**Question 2: If you had any questions or worries about your sexual health or relationships, or wanted support for your sexual health, where would you prefer to go? (tick all that apply)**

Respondents were invited to select as many of the following they felt applied to them. The majority of respondents who answered this question reported that they would prefer to access information through NHS information online (77/117 respondents, 65.8%). The second most common answer provided was GP practices (60/117 respondents, 51.3%), closely followed by sexual health services (56/117 respondents, 47.9%). Very few (less than 5) participants reported that they would get their information from community groups or religious groups. The full breakdown of the response to this question is as follows:

• NHS Information Online	77
• GP/ Doctor	60
• Sexual Health Service/Clinic	56
• Online Search Engine	39
• Friends	32
• Partner/partners	32
• West Sussex Sexual Health Website	30
• Other services/charities websites	14
• Online Forums and message groups	12
• 2Family	10
• Social Media sites	8
• Council website	8
• Pharmacy	<7
• Other trusted professional	<7
• Religious Group	<7
• Community group	<7

**Question 3: Which of the following services in West Sussex are you aware of?**

**Error! Reference source not found.** Respondents were asked to describe their awareness of different services available in West Sussex. Respondents were asked whether they were either aware of a service, were aware and knew how to access a service, or were not aware of the service. Respondents were able to skip items within this question if they chose to.

With reference to the main survey, the category for which the highest number of respondents (20/101 respondents, 19.8%) reported to be aware of, and knew where to access, was for STI testing and treatment. A further 49 out of 101 participants (48.5%) reported that they were aware of STI testing and treatment. Seventeen respondents (out of 100, 17.0%) reported that they were aware of and knew how to access HIV testing, with a further 52 participants (51.5%) reporting that they were aware of HIV testing. Forty-three out of 101 participants (42.6%) reported that they were aware of sexual health clinics during the week, and a further 14 out of 101 participants (13.9%) reported that they were aware of and knew how to access sexual health clinics during the week.

Furthermore, the majority of respondents reported that they were **not** aware of:

- The West Sussex Sexual Health booking Line, (68/101, 67.3%)
- Sexual health clinics during the evening and weekend (76/101, 75.2%) and only two (out of 101, 2.0%) respondents were aware of and knew how to access sexual health clinics during the evenings and weekends.

- West Sussex sexual health website (56/101, 55.4%)
- Sexually transmitted infection screening kits available to order online (56/101, 55.4%)
- Free condoms available to order online for people under 25 (65/100, 65.0%)
- HIV Post Exposure Prophylaxis (60/100, 60.0%)
- HIV Pre-Exposure Prophylaxis (61/100, 61.0%)
- Hepatitis A and B vaccination for those at sexual risk (52/100, 52.0%)
- HPV vaccination for men who have sex with men and people living with HIV. (68/101, 67.3%)
- Very few respondents were aware of or were aware of and knew how to access psychosexual counselling services (9/100, 9.0%).

The majority of the respondents who completed the EasyRead version of the survey reported that they were aware of sexual health clinics (11/16 participants, 68.8%). Nearly half of the participants were aware of vaccines for diseases known as hepatitis A and B (7/16 respondents, 43.8%) and 'Getting a Test and Treatment for a Disease I have from having sex' (6/16 respondents, 37.8%). Few participants reported that they were aware of free condoms available for people aged under 25. **Error! Reference source not found.**

#### **Question 4: Have you ever accessed sexual health services in West Sussex?**

55/117 respondents (47%) had accessed a sexual health service, whereas 57/117 participants (48.7%) reported that they had not accessed a sexual health service. Respondents were able to skip this question if they chose to (explaining why the numerator totals 115 for this question, rather than 117).

#### **Question 5: Please tell us about your reasons for accessing sexual health services, or wanting to access sexual health services (tick all that apply)**

Respondents answered this question only if they reported accessing sexual health services (n=55). Respondents were invited to select as many of the following they felt applied to them.

The most frequently selected reason as to why individual would access a sexual health service was reported to be because they needed contraception (25/55 respondents, 45.5%). Following this, other common reasons for accessing a sexual health service was because an individual thought that they might be at risk of a sexually transmitted infection (23/55 respondents, 41.8%), or because they needed information or advice (12/55 respondents, 21.8%). Few participants (less than 5) reported that they wanted PEP or PrEP. **30**

**30**

#### **Question 6: How easy is it for you to access sexual health services in West Sussex? (for example, how easy it is to book an appointment at a convenient time, access information online, or get to a service)**

In the main survey all participants were asked how easy it was to access sexual health services; whereas for the EasyRead version, only the participants who had accessed sexual health services were asked this question. The denominator for this question is therefore 107.

The most selected answer to this question was that individuals did not know whether it was easy to access sexual health services (39/107 respondents, 36.4%). Of survey participants who could give an answer, most participants reported that it was very easy (29/107, 27.1%) or quite easy (14/107 respondents, 13.1%) to access sexual health services. **3131**

### **Question 7: Have you ever wanted to access sexual health or contraceptive services in West Sussex, but found it difficult?**

Whilst the majority of respondents reported that they did not have difficulties accessing sexual health services, 25/117 respondents (21.4%) reported that they did have difficulties accessing sexual health services.

### **Question 8: How would you prefer to access sexual health services in West Sussex? (for example; booked appointment, drop-in service, online).**

The main survey asked how respondents would prefer to access sexual health services in West Sussex. Eighty-nine respondents answered the question. The largest number of respondents (n=22, 24.7%) preferred booked appointments, however it should be noted that the majority of these (n=14, 63.6%) specified that appointments should be bookable online, with two identifying phone booking as a barrier to access. Twelve respondents preferred a drop-in service, and 14 wanted a combination of drop in, booked appointments and online access. Two respondents wanted to access sexual health services through their GP.

### **Question 9: What was your experience of accessing sexual health services (positive and/or negative aspects)?**

Both positive and negative experiences were described by respondents through this open answer question.

**Positives** - Positive experiences described by some respondents included that accessibility of services were described as good, including good accessibility to online services, and services were described by several respondents as easy to use and that they would recommend to others. Participants reported that the information provided was sufficient. Several respondents reported good experiences with staff working in integrated sexual health services, and staff were described as competent and friendly, and that they treated the participants with dignity and respect. Confidentiality was discussed widely, and whilst there was one exception, confidentiality was generally described as good.

**Negatives** – When participants reported negative experiences, the most common reason was due to difficulties in accessing services. There were several calls for the re-introduction of the drop-in services, and it was noted that waiting times were described as long, to get an appointment and sometimes when in the service. Some participants reported that facilities could benefit from refurbishment. A few respondents expressed dissatisfaction with how they were treated by staff, and one expressed concern that the process did not feel confidential.

### **Barriers and facilitators to access**

A behavioural science approach was used to inform the design and analysis of some of the survey questions. The COM-B model is a framework for understanding behaviour. The model suggests that for any behaviour to occur individuals must have the capability, the opportunity, and they must be motivated to carry out the behaviour.

The survey asked about respondents positive and negative experiences of using sexual health services, whether they had experienced barriers that prevented from access services, and what can be put in place to improve the service offer. Responses to the questions on barriers and facilitators to accessing sexual health services were coded using the components of the COM-B model (i.e. Psychological Capability, Physical Capability, Physical Opportunity, Social Opportunity, Reflective Motivation, Automatic Motivation) to identify key behavioural influences.

**Capability refers to people's psychological and physical abilities (e.g. knowledge, physical and psychological skills, mobility, and strength).** A number of respondents pointed to lack of knowledge about what services were available locally, how these can be accessed and more generally wanting to know more about sexual health services and what they offer. This could be addressed by better and more widespread advertising of services, and better information and education of what accessing services entails.

**Opportunity refers to factors within an individual's environment. This can be the physical environment of objects, events and time, or the social environment of culture and norms.** There were a large number of responses that identified barriers in terms of the physical opportunity of accessing services, including:

- The difficulty of travelling to services not in their local areas
- Of getting to sexual health services that were not in city centre locations
- Finding it difficult to get appointments in the evening and weekends
- Experiencing difficulties in getting through to the appointment line
- Not being offered appointments within a short waiting time.

It was noted that there were several calls for the re-introduction of the drop-in services, and that it could be difficult to access appointments. Furthermore, it was noted that waiting times were described as long, and that some facilities could benefit from refurbishment.

These barriers were by no means universal. Many respondents praised the simplicity and accessibility of using the online service, expressed satisfaction with the booked appointment system meaning limited waiting times within the clinics, in contrast to drop-in services, found it easy to get appointments outside of their working hours, and that their information and advice needs were met over the phone and therefore did not require an appointment being made. Many respondents wanted more online options, including online booking systems, online booking that covered the Sussex-wide area and not just West Sussex, while some of the respondents to the EasyRead survey called for consultations and booking line available through video calls.

**Motivation relates to internal influences that energise and direct behaviour. Motivation can be reflective, involving conscious intentions and evaluations, or automatic, involving processes such as desires, emotions and habits.** In terms of automatic motivation, a number of respondents commented about emotional aspects that acted as a barrier to access, such as anxiety, embarrassment, shyness and stigma. People expressed concern about difficult being seen going into sexual health services, worries about the openness of the clinic waiting rooms, or knowing people who might work for the service. Respondents to both the main and EasyRead survey expressed that feelings of anxiety and/or embarrassment could be heightened by the physical environment of the sexual health services and wanted reception and waiting areas that felt more private, more comfortable and less clinical. Some people felt that it was difficult giving personal and sensitive information over the phone. Some female respondents raised the difficulties of discussing sexual health issues with male health care staff and expressed dissatisfaction that their experiences were not understood or taken seriously.

However, it should be noted that there was a high number of respondents who praised the staff at sexual health services and that their interaction with them was largely positive. Staff were commended for their kindness, professionalism and non-judgemental attitude. Respondents reported being treated with dignity and respect, and that their concerns were taken seriously. As said above, many people wanted more promotion and information on what using sexual health services is like, and emphasising how positively service users view the current sexual health service staff could increase motivation to access the service.

## 7. Sexually Transmitted Infections (STIs)

### Note added prior to publication

Data sourced from: Office for Health Improvement and Disparities. Public health profiles. 2025  
<https://fingertips.phe.org.uk/> © Crown copyright 2025 was updated in June 2025. A summary of selected new data is listed here though this section of the needs assessment has not been updated in full.

#### **STI testing rate** (exclude chlamydia aged 24 and under) per 100,000.

- **2024 data:** West Sussex: 25,515, 2,832.3 per 100,000 (England 4,088.8 per 100,000). West Sussex increased from 25,394, 2,818.9 per 100,000 in 2023 (England 4,106.4 per 100,000).

#### **STI testing positivity** (excluding chlamydia aged 24 and under), percent.

- **2024 data:** West Sussex: 1,310, 5.1% (England 6.4%). West Sussex decreased from 5.8% in 2023 (England 7.2%).

#### **New STI diagnoses** (excluding chlamydia aged 24 and under), per 100,000.

- **2024 data:** West Sussex: 2,679, 297 per 100,000 (England 482 per 100,000). West Sussex decreased from 317 per 100,000 in 2023 (England 512 per 100,000).

#### **Chlamydia proportion of females aged 15 to 24 years screened**, percent.

- **2024 data:** West Sussex: 6,702, 15.9% (England 18.0%). West Sussex decreased from 16.8% in 2023 (England 20.1%).

#### **Chlamydia detection rate per 100,000 aged 15 to 24 years (female)**, per 100,000.

- **2024 data:** West Sussex: 550, 1,308 per 100,000 (England 1,589 per 100,000). West Sussex decreased from 1,526 per 100,000 in 2023 (England 1,937 per 100,000).

#### **Gonorrhoea diagnostic rate**, per 100,000.

- **2024 data:** West Sussex: 566, 63 per 100,000 (England 124 per 100,000). West Sussex decreased from 77 per 100,000 in 2023 (England 148 per 100,000).

## Key findings

### All Sexually Transmitted Infections

- If untreated, some STIs can be associated with serious long-term complications, such as chlamydia and gonorrhoea, which can lead to serious complications such as pelvic inflammatory disease and ectopic pregnancies.
- The Covid-19 pandemic had a significant impact on the transmission of STIs. Social distancing and lockdown led to a significant decrease in the number of new cases of STI diagnoses in 2020. Nationally and locally, whilst not yet reaching pre-pandemic levels, new diagnosis of STIs have increased since 2021, and continue to increase to near pre-pandemic rates.

### STI testing rate (excluding chlamydia in under 25s)

- The STI testing rate in 2023 exceeded the rate of testing observed pre-Covid and was the highest rate over the last decade. 25,383 STI tests were conducted at a rate of 2,844.6 per 100,000 in West Sussex in 2023, significantly lower than the England rate of 4,110.7 per 100,000.

### New STI diagnoses in 2023 (excluding chlamydia aged under 25)

- There were 2,855 new STI diagnoses at a rate of 320 per 100,000 in West Sussex in 2023, lower than the England rate of 520 per 100,000. Since 2020, there has been a yearly increase in the rate of new STI diagnosis per 100,000 population both nationally and locally, however, the overall rate remains lower than prior to the Covid-19 pandemic.

### STI test positivity (of those tested, percentage who test positive)

- 5.8% of STI tests yielded positive results in West Sussex in 2023, a lower positivity than 7.3% for England.

### STI re-infections

- An estimated 10.2% of 15 to 19 year-old women and 9.7% of 15 to 19 year old men presenting with a new STI at a sexual health service during the five-year period from 2018 to 2022 became re-infected with a new STI within 12 months. This was higher than observed for England at 9.9% of 15 to 19 year old women and 8.9% of 15 to 19 year old men.

### Inequalities in STI diagnoses (2022 data)

- Rates of STI diagnosis were higher in more deprived areas.
- 41.7% of diagnoses of new STIs made in sexual health services in West Sussex residents were in young people aged 15 to 24 years old, compared to 44.5% in England.
- In people where sexual orientation was known, 18.4% of new STIs in West Sussex residents were among GBMSM. This compares to 27.1% in England. For West Sussex, 2.9% of the population are not heterosexual, highlighting that the GBMSM group is disproportionately impacted by STIs.
- Across all ethnic groups, West Sussex lags behind England in the rate of STI diagnoses. The England rate of STI diagnoses is approximately double the West Sussex rate in Black and Mixed categories, which is a greater gap than the other ethnicity categories.
- National survey data (NATSAL-3) suggests that people entering a new relationship in midlife are an at-risk group of transmitting sexually transmitted infections. Encouraging condom use in this demographic has been identified nationally as an opportunity to protect against STIs occurring in people in their midlife.

## Specific Sexually Transmitted Infections

### Chlamydia

- **Participation in screening** aims to identify individuals who have asymptomatic chlamydia. In 2023, the proportion of females screened for chlamydia in West Sussex was 16.8%, significantly below England, 20.4%.
- **Chlamydia detection rates** are an indicator of the success of chlamydia control programmes given that detection indicates testing is reaching populations where chlamydia can be found. In West Sussex, the chlamydia detection rate in females aged 15 to 24 years olds in 2023 was 1,540 per 100,000. This is significantly below the national detection rate of 1,962 per 100,000 and well below what is considered

the target of 3,250 per 100,000. Only ten local authority areas across England are achieving the target detection rate, and all of these areas exceed the West Sussex proportion of females screened for chlamydia.

- **Considering settings where chlamydia testing is undertaken**, the sexual health service records the highest proportion of chlamydia diagnoses consistently over recent years, and since 2023 there has been a notable increase in online testing. Generally over time, the positivity rate of testing in the sexual health service has been highest with online testing not far behind.
- **Partner notification:** In 2022/23, the sexual health service was achieving the partner notification standard for chlamydia. Insight work however suggests that there is no mechanism for partner notification in primary care in West Sussex, noting that this is not unusual compared to other local authority areas.
- According to a local survey conducted in 2024 by Healthwatch, barriers to chlamydia testing amongst young people include stigma and a lack of knowledge.
- **Well performing local authority areas** on population level chlamydia areas were contacted. Key learning included taking a data led approach to inform strategies for guiding testing and detection.

#### **Gonorrhoea**

- Gonorrhoea is a bacterial STI caused by the bacteria Neisseria gonorrhoea. It can be an indicator of widespread STI transmission through unsafe sexual activity. Rates of diagnosis of gonorrhoea in West Sussex have increased over the last two years, reflecting national trends.
- The rate of diagnosis of gonorrhoea, 77 per 100,000 in West Sussex (n=688 cases) in 2023 remains lower than comparative rates in England (149 per 100,000). This rate is the highest rate of diagnosis of gonorrhoea recorded locally over the time period available.
- Crawley observed the highest rate of diagnosis of gonorrhoea per 100,000 in West Sussex in 2023. Statistical analysis of the trend over the last 5 years shows the rate to have increased in Arun, Mid-Sussex and Worthing.
- In 2022, almost 40% (n=225 out of 565) of gonorrhoea diagnoses in West Sussex residents were among GBMSM.
- **Partner notification:** In 2022/23, the sexual health service was achieving the partner notification standard for gonorrhoea.

#### **Syphilis**

- Syphilis is a type of STI caused by the bacteria treponema pallidum. It is important to prevent and detect because left untreated, syphilis can lead to death and can cause serious co-morbidity.
- West Sussex has not experienced the same increase in cases of syphilis as observed in England.
- Nationally, most diagnoses are in individuals aged between 25-34 years and in GBMSM.
- In 2022, over 70% (n=50 out of 70) of syphilis diagnoses in West Sussex residents were among GBMSM.

#### **Shigella**

- Shigella sonnei is a type of bacteria which is associated with gastrointestinal symptoms and can lead to fevers and diarrhoea. In West Sussex, there was an increase in the number of cases of sexually transmitted shigella from 0 cases in 2021 to 25 cases in 2023. This reflects the national pattern. Small numbers of cases were observed across all district and borough areas within West Sussex at this time.

#### **Mycoplasma genitalium**

- M.genitalium is a type of bacteria which can cause symptoms such as pain when urinating or vaginal discharge and tends to be tested only where there are specific indicators. It can be associated with pelvic inflammatory disease. In 2023 there were 75 new diagnoses of M. genitalium in West Sussex, 8.4 per 100,000, and almost half the England rate (15.6 per 100,000).

#### **Genital warts (HPV vaccine)**

- In West Sussex, coverage of this vaccine is slightly higher than observed nationally. However, the most recent coverage (2022/23 data) of 77.1% (England, 71.3%) for one dose in females is lower than the benchmark goals of a coverage greater than or equal to 90%. In males, coverage for one dose in West Sussex is 65% in 2023, which is similar to the England rate of 65.2%.

## **Stakeholder perspectives**

- A West Sussex sexual health roundtable discussion held with a range of stakeholders in October 2024 highlighted opportunities for improvement, including strategies focusing on engagement and inclusion of at-risk groups for example through active outreach.
- General Practice colleagues shared that typical practice for STI testing was not as a full sexual health screen, nor followed up with partner notification, and that, lack of a walk-in service for sexual health in West Sussex was reported as a barrier to access, particularly in younger people.
- The GP Federation stated that they felt considering the needs of inclusion groups was key, including to build trust with population groups in order to reduce inequalities.

## **Introduction**

Sexually transmitted infections (STIs) are defined as a type of infection whose primary mode of transmission is through sexual contact, which is unprotected in nature<sup>72</sup>. STIs can be bacterial, viral, parasitic or fungal and include:

- Chlamydia
- Gonorrhoea
- Syphilis
- Genital warts (and Human Papillomavirus, not defined as a sexually transmitted infection, but it can be spread sexually)
- Genital herpes
- Mycoplasma genitalium
- Trichomoniasis
- Shigella
- Mpox
- Hepatitis B (not defined as a sexually transmitted infection, but it can be spread sexually)

Bacterial STIs can largely be treated with a simple course of antibiotics. Given some of these infections can be largely asymptomatic, there is the potential that significant long-term complications can occur as they can remain undetected for a period of time. If untreated, some STIs can be associated with serious long term complications, such as chlamydia and gonorrhoea, which can lead to pelvic inflammatory disease and ectopic pregnancy. It is therefore important that these conditions are recognised and treated at an early stage. It is also less expensive for STIs be detected and treated at an early stage of infection compared to the long-term complications associated with STIs.<sup>73</sup>

## **Impact of Covid-19 pandemic**

The Covid-19 pandemic had a significant impact on the transmission of STIs. Social distancing and lockdown led to a significant decrease in the number of new cases of STI diagnoses in 2020. Whilst not yet reaching pre-pandemic levels, new diagnosis of STIs have increased since 2021, and continue to increase to near pre-

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<sup>72</sup> World Health Organisation. Sexually Transmitted Infections. [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: [Sexually transmitted infections \(STIs\)](#)

<sup>73</sup> UK Health Security Agency. STI prioritisation framework. October 2024. Available from: [STI Prioritisation Framework](#)

pandemic rates<sup>74</sup>. Nationally, in 2023, there was an increase of 4.7% in the number of new diagnoses of STIs with high rates in young people aged 15-24, and in gay, bisexual and men who have sex with men (GBMSM).<sup>75</sup>

### **Sexually Transmitted Infections in West Sussex**

The **STI testing rate (excluding chlamydia in under 25s)** refers to the number of STI tests that are conducted in an area, excluding tests provided to individuals aged under 25 for chlamydia, and this is shown in Figure 46<sup>76</sup>. It therefore includes both positive and negative test results. The STI testing rate in 2023 exceeded the rate of testing observed pre-Covid and was the highest rate over the last decade. In West Sussex, 25,383 STI tests were conducted in 2023, a rate of 2,844.6 per 100,000. This is significantly lower than the England rate of STI testing (4,110.7 per 100,000). The number of tests conducted since 2020 has not seen any significant change over this period of time.

The rate of STI testing in the different district and boroughs in West Sussex was variable as demonstrated in Table 11. The highest rates of STI testing in West Sussex were in Crawley and Worthing and the lowest rates were in Horsham and Arun. Assessing the trend over the last five years, STI testing rates in each district and borough were either stable, or are increasing, as seen in Adur, Horsham or Mid-Sussex.

**Table 11: STI testing rate per 100,000 (excluding chlamydia in individuals aged under 25) in each district and borough in West Sussex (Source: Fingertips, 2023)**

District and Borough	Number	STI testing rate	Trend over last five years
Adur	1781	2,753.2	Increasing
Arun	3934	2,364.7	Stable
Chichester	3446	2,732.7	Stable
Crawley	4700	3,932.8	Stable
Horsham	3363	2,261.7	Increasing
Mid-Sussex	3885	2,507.6	Increasing
Worthing	4274	3,814.6	Stable
<b>West Sussex</b>	<b>25,383</b>	<b>2,844.6</b>	<b>Stable</b>

In West Sussex, the rate of **new STI diagnoses in 2023 (excluding chlamydia aged under 25)** was 320 per 100,000 (n=2,855). This is lower than the England rate of 520 per 100,000. Since 2020, there has been a yearly increase in the rate of new STI diagnosis per 100,000 population both nationally and locally, with the increases between 2022 and 2023 statistically significant. The overall rate of new STI diagnoses however remains lower than the rates of new STI diagnoses prior to the COVID-19 pandemic, Figure 32<sup>33</sup>.

<sup>74</sup> Office for Health Improvement and Disparities. Fingertips. [internet]. Accessed 16<sup>th</sup> Dec 2024. Available from: <https://fingertips.phe.org.uk/profile/sexualhealth/data>

<sup>75</sup> GOV.UK. Sexually transmitted infections and screening for chlamydia in England: 2023 report. July 2024. Available from: [Sexually transmitted infections and screening for chlamydia in England: 2023 report - GOV.UK](https://www.gov.uk/government/statistics/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2023-report)

<sup>76</sup> Office for Health Improvement and Disparities. Fingertips - STI testing rate (exclude chlamydia aged under 25) per 100,000. [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](https://www.gov.uk/government/statistics/sexual-and-reproductive-health-profiles-data-fingertips-department-of-health-and-social-care)

**Figure 3233: Rate of new diagnoses of STIs excluding chlamydia in West Sussex (blue) in comparison to England (navy) (Source: Fingertips)**

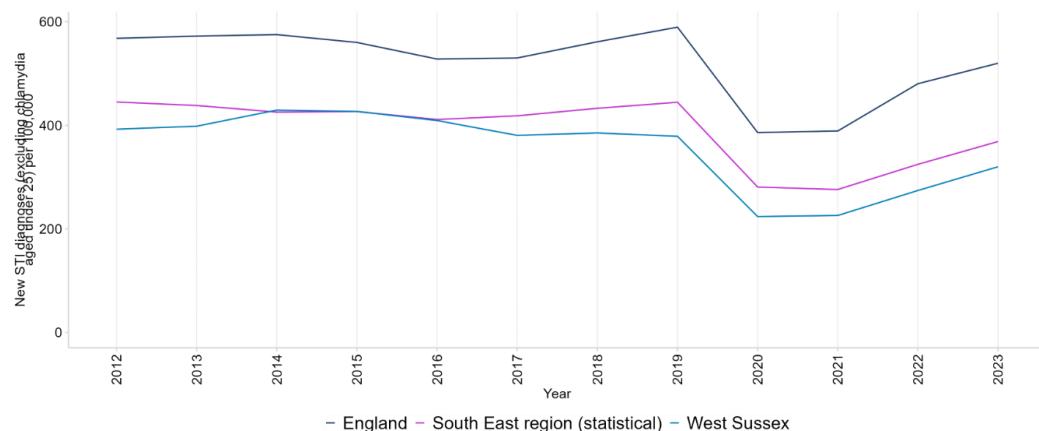
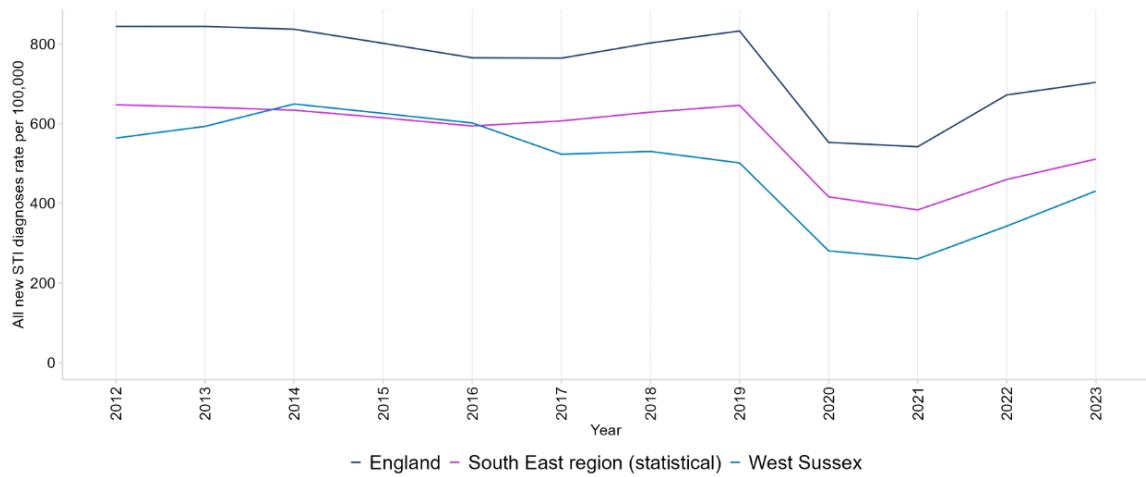


Figure 3334 shows the rate of **diagnoses of new STIs per 100,000 in West Sussex**. Including chlamydia, there were 3845 new diagnoses of STIs in West Sussex in 2023, which is a rate of 431 diagnosis per 100,000. This is lower than the England rate of 704 per 100,000. This rate is marginally higher than neighbours such as East Sussex and Hampshire which are geographically close to West Sussex and also part of the nearest statistical neighbours grouping.

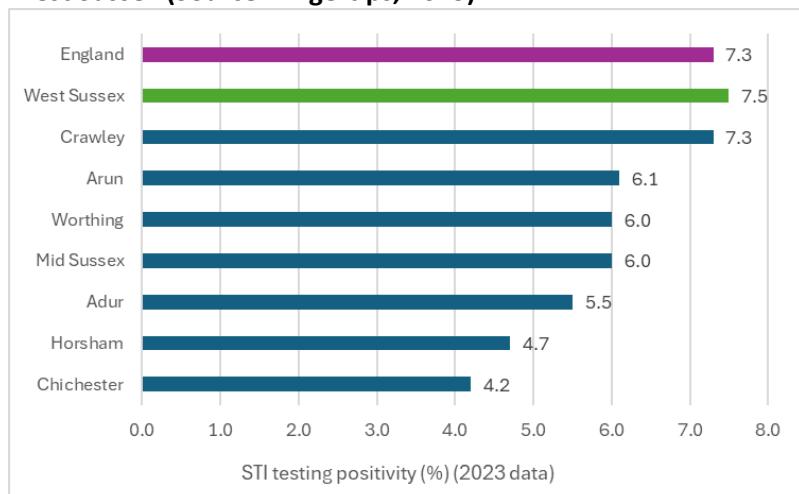
**Figure 3334: Rate of diagnoses of new STIs per 100,000 in West Sussex (blue) in comparison to England (navy) (Source: Fingertips)**



The **rate of positive results for STI tests** (excluding chlamydia in under 25s) was 5.8%. This is lower than the positivity rate for the whole of England, which sits at 7.3%, but is higher than the proportion of positive test results in the South East. This can be an indicator of either a low prevalence of STIs in the population, or it can mean that there is insufficiently targeted testing of STIs.

The STI positivity rate varies in each district and borough varies as highlighted by Figure 34. Crawley (7.3%) had the highest STI positivity rate and Chichester (4.2%) had the lowest STI positivity rate in West Sussex. Crawley is one of the more deprived areas in West Sussex and this finding is therefore consistent with evidence that people in more deprived areas experience higher rates of STIs compared to those in less deprived areas.

**Figure 34: STI Testing Positivity (%) by district and borough in West Sussex compared with England and West Sussex (Source: Fingertips, 2023)**



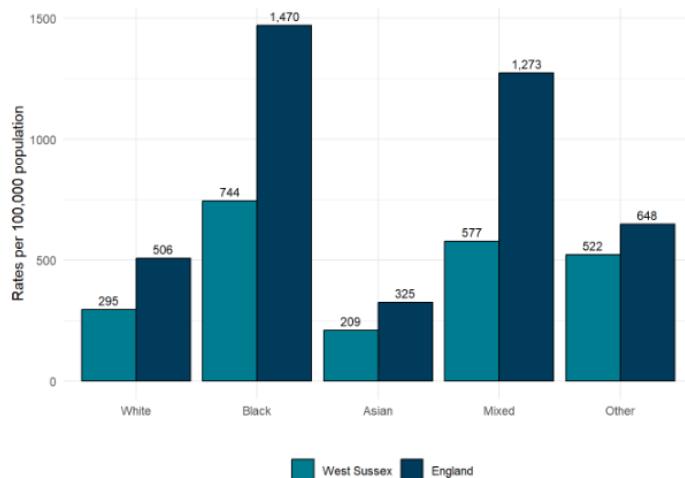
### Inequalities in STI diagnoses in the South East

Evidence suggests that there are inequalities in STI diagnoses in West Sussex. Data from 2022 highlights that both nationally and in West Sussex, individuals who report their ethnicity as black or as mixed have a higher rate of diagnoses of sexually transmitted infections (including chlamydia) than individuals who report their ethnicity as white<sup>77</sup>.

Figure 35 shows how while West Sussex lags behind in the rate of STI diagnoses compared to the national data for every ethnicity group, the national rate is approximately double the West Sussex rate in the black and mixed categories, which is greater than the other ethnicity categories.

**Figure 35: Rates of STI diagnoses (including chlamydia) by ethnic group in West Sussex and England**

Please note: Use with caution if the number of new STIs in an ethnic group in Table 2 is <100. Rates will be distorted by rounding up to the nearest five to prevent deductive disclosure.



Source: Data from routine returns to the GUMCAD STI Surveillance System. Excludes CTAD Chlamydia Surveillance system data on chlamydia diagnoses made from routine non-specialist sexual health services' returns

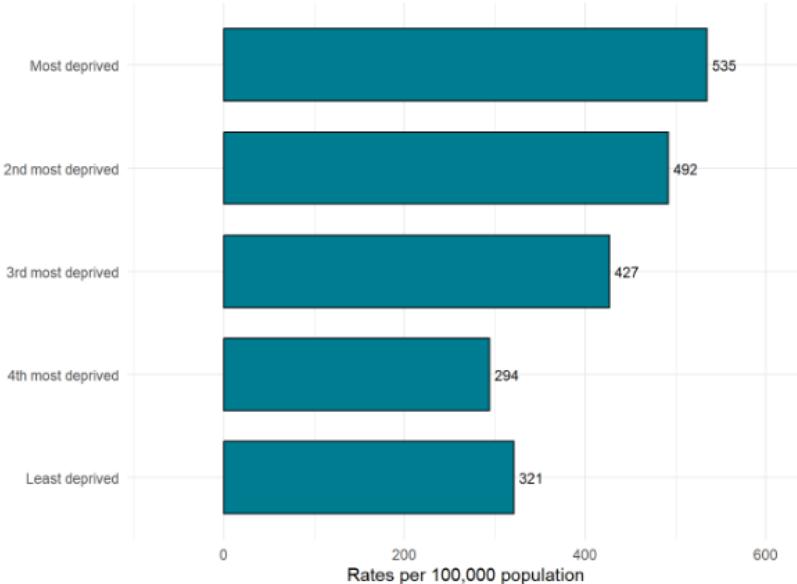
Rates based on the 2021 ONS population estimates.

<sup>77</sup> Summary profile of Local Authority sexual health report - supplement report. West Sussex. January 2024.

Based on 2022 data, there are also inequalities in STI diagnosis based on deprivation. Data suggests that rates of STI diagnosis (including chlamydia) were higher in areas with greater deprivation, as highlighted by Figure 36<sup>78</sup>.

**Figure 36: Rates of new STIs (including chlamydia) in West Sussex by deprivation (Source: Figure taken from Summary Profile of Local Authority sexual health report, January 2024 – based on GUMCAD 2022 data)**

Please note: Use with caution if the number of new STIs in a deprivation group in Table 3 is <100. Rates will be distorted by rounding up to the nearest five to prevent deductive disclosure.



Source: Data from routine returns to the GUMCAD STI and CTAD Chlamydia Surveillance. Rates based on the 2020 ONS population estimates. The 2011 LSOA boundary data and 2019 IMD scores were used. Numbers may be underestimated in some deprivation categories due to reporting of outdated geographical information by some SHSs.

### **Sexually transmitted infections in mid-life adults<sup>79</sup>**

Evidence from NATSAL-3 at the national level show that mid-life adults are at risk of sexually transmitted infections. This is partly because, following a breakdown of a relationship such as a divorce, which on average happen when individuals are in their 40s, individuals may enter a new relationship where there may be less consideration of the need for barrier contraception. It has been identified that there can be difficulty for individuals in their mid-life entering a new sexual relationship to talk about contraception and embarrassment around accessing sexual health services. These findings suggest that supporting mid-life adults to use condoms, including raising awareness of the risk of sexually transmitted infections should be promoted.

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<sup>78</sup> UK Health Security agency. **Summary profile of Local Authority sexual health report - supplement report. West Sussex. January 2024.**

<sup>79</sup> NATSAL. Navigating STI risk with new partners in midlife: Research insights. October 2020. Available from: [Natsal-briefing\\_Navigating-STI-risk-with-new-partners-in-midlife.pdf](https://www.natsal.org.uk/briefing_navigating-sti-risk-with-new-partners-in-midlife.pdf)

## Summary of rate of diagnoses of STIs

Table 12 outlines rates of STIs in West Sussex, including indicating the trend in diagnostic rate of each infection. Chlamydia is the most common bacterial STI diagnosed in West Sussex with gonorrhoea the second most common, mirroring the national picture.

**Table 12: Summary of diagnostic rates of Sexually Transmitted Infections in West Sussex (Source: Fingertips, 2023)**

Sexually Transmitted Infection	Diagnostic Rate (2023)	Number (2023)	Trend over last five years	Position against national
Gonorrhoea	77 per 100,000	688	Increasing	Lower (149 per 100,000)
Chlamydia	197 per 100,000	1757	Stable	Lower (341 per 100,000)
Syphilis	7.5 per 100,000	67	Stable	Lower (16.7 per 100,000)
Genital warts	45.7 per 100,000	408	Decreasing	Similar (45.8 per 100,000)
Genital herpes	47.1 Per 100,000	420	Stable	Similar (47.6 per 100,000)
Mycoplasma genitalium	8.4 per 100,000	75	Stable	Lower (15.6 per 100,000)
Trichomoniasis	3.6 per 100,000	32	Stable	Lower (16.0 per 100,000)
Shigella Sonnei	7.0 per 100,000 male population	25	Stable	Similar (9.0 per 100,000)

## Chlamydia

Chlamydia is caused by the bacteria Chlamydia trachomatis. Chlamydia can often be asymptomatic, which can lead to long term complications such as pelvic inflammatory disease, ectopic pregnancy and infertility. Treatment of chlamydia is through antibiotics. The prevalence of infection is highest in young sexually active adults (15 to 24 years olds).

## National Chlamydia Screening Programme

The National Chlamydia Screening Programme aims to reduce the long-term harms arising from undiagnosed chlamydia infection<sup>80</sup>. Complications from undiagnosed chlamydia predominantly affect females. In June 2021 changes to the programme were announced with a focus on reducing reproductive

<sup>80</sup> GOV.UK. National Chlamydia screening programme. [internet]. Accessed 18<sup>th</sup> Feb 2025. Available from: [National Chlamydia Screening Programme \(NCSP\) - GOV.UK](#)

harm of untreated infection through opportunistic screening offered to young women and people with a womb and ovaries aged under 25 years<sup>81</sup>. Men who are concerned that they may have chlamydia, including those with symptoms, can still request a chlamydia test from their local sexual health clinic. Men who have had a sexual partner who has been diagnosed with chlamydia will be offered a chlamydia test.

To protect females against long term complications of chlamydia, the national chlamydia screening programme advises that all females under the age of 25 receive a chlamydia test<sup>82</sup>:

- Annually
- After having sex with a new partner.

Where chlamydia is detected, the recommendation is that treatment is commenced within 3 weeks and partner notification should occur. Individuals should then be re-tested 3-6 months after treatment.

### **Chlamydia in West Sussex**

West Sussex performs poorly on nationally defined indicators relating to chlamydia control. The two primary indicators which provide an understanding of detecting and controlling chlamydia are:

- The proportion of females aged 15-24 who are screened for chlamydia
- The chlamydia detection rate in females aged 15-24

Participation in screening aims to identify individuals who have asymptomatic chlamydia to be detected. In 2023, the proportion of females screened for chlamydia in West Sussex was 16.8%, significantly below the national average of 20.4%. In 2021, performance on this indicator was 9.5% (national 21.4%).

Chlamydia detection rates are an indicator of the success of chlamydia control programmes given that detection indicates testing is reaching populations where chlamydia can be found. The UKHSA recommends that local authorities should be working towards achieving a detection rate of at least 3,250 per 100,000 female population aged 15 to 24. The recommendation was informed by the rate likely to result in a continued chlamydia prevalence reduction.

In West Sussex, the chlamydia detection rate in females aged 15-24 in 2023 was 1,540 per 100,000<sup>83</sup>. This is significantly below the national detection rate of 1,962 per 100,000 and well below what is considered the target of 3,250 per 100,000. Only ten local authority areas across England are achieving the target detection rate, and all of these areas exceed the West Sussex proportion of females screened for chlamydia. Figure 37 highlights the changes in chlamydia detection rates in females aged between 15 and 54. Due to a data imputation error, it is not possible to review chlamydia diagnostic and testing rates at a lower tier local authority level.

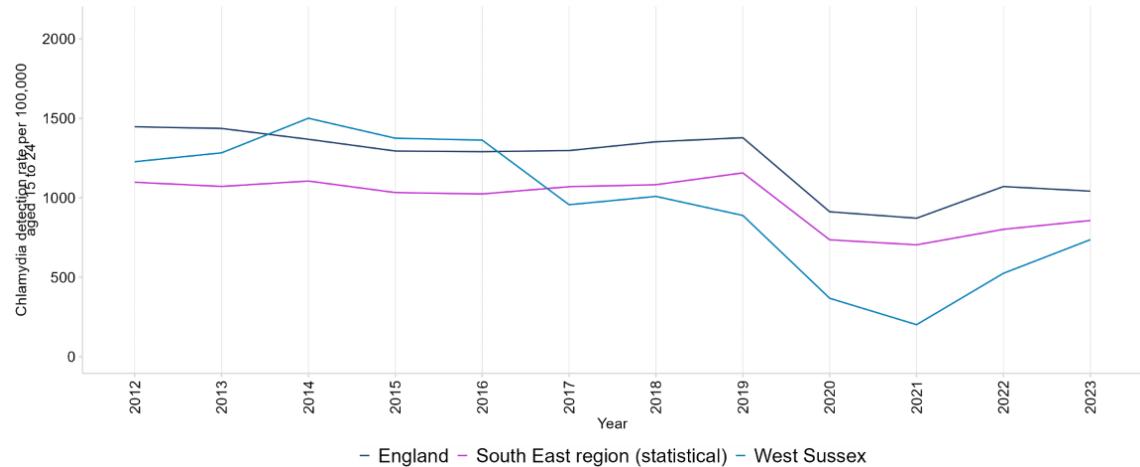
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<sup>81</sup> Public Health England. Changes to the National Chlamydia Screening Programme (NCSP). June 2021. Available from: [Changes to the National Chlamydia Screening Programme \(NCSP\) - GOV.UK](https://www.gov.uk/government/publications/changes-to-the-national-chlamydia-screening-programme-ncsp)

<sup>82</sup> UK Health Security Agency. National chlamydia screening programme. [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: [NCSP: programme overview - GOV.UK](https://www.gov.uk/government/publications/national-chlamydia-screening-programme-ncsp/ncsp-programme-overview)

<sup>83</sup> Office for Health Improvement and Disparities. Fingertips. [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](https://www.gov.uk/government/statistics/sexual-and-reproductive-health-profiles-data-fingertips-department-of-health-and-social-care)

**Figure 37: Changes in Chlamydia detection rates in females aged between 15 and 24 (Source: Fingertips)**

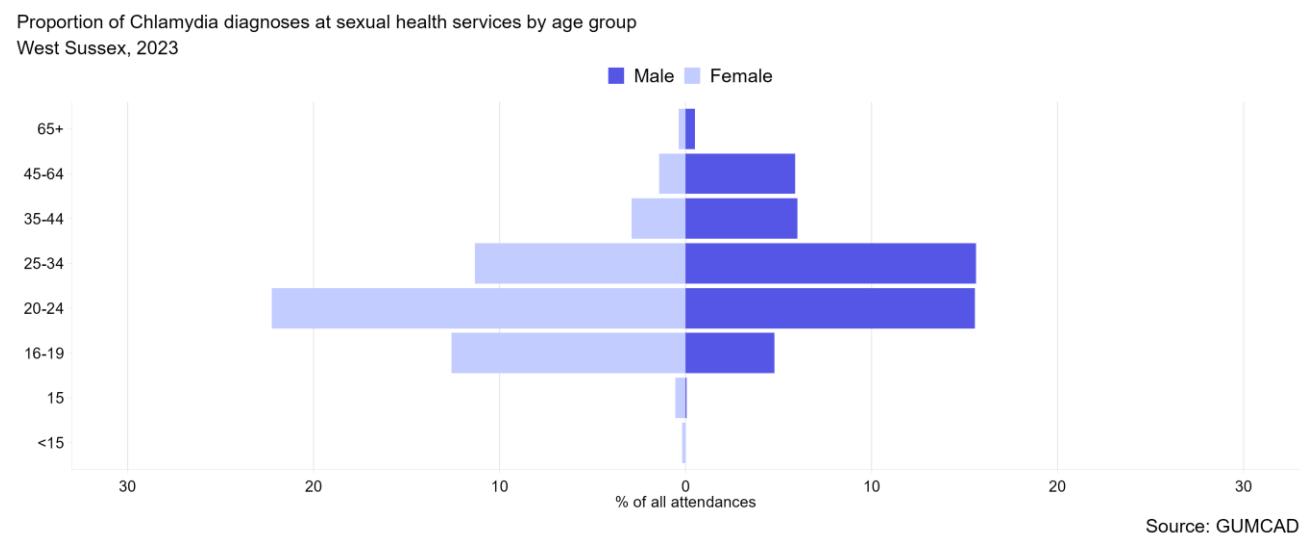


Chlamydia is more commonly found in individuals aged under 25. However, it is important that cases of chlamydia in over 25s are diagnosed and treated. The diagnostic rate per 100,000 in individuals aged over 25 in West Sussex was in 2023 also significantly lower than the rate in England, in the South East, and some 'similar' local authorities, highlighting that increased detection of chlamydia amongst this cohort would be beneficial.

#### Chlamydia testing and diagnoses at sexual health services in West Sussex

Figure 38 shows how in 2023, the highest proportion of positive chlamydia test results of people utilising the West Sussex sexual health service were in the 20-34 age group. In males, the 25-34 age groups comprised the greater contribution to the total of positive test results, and in females, the 20-24 age group.

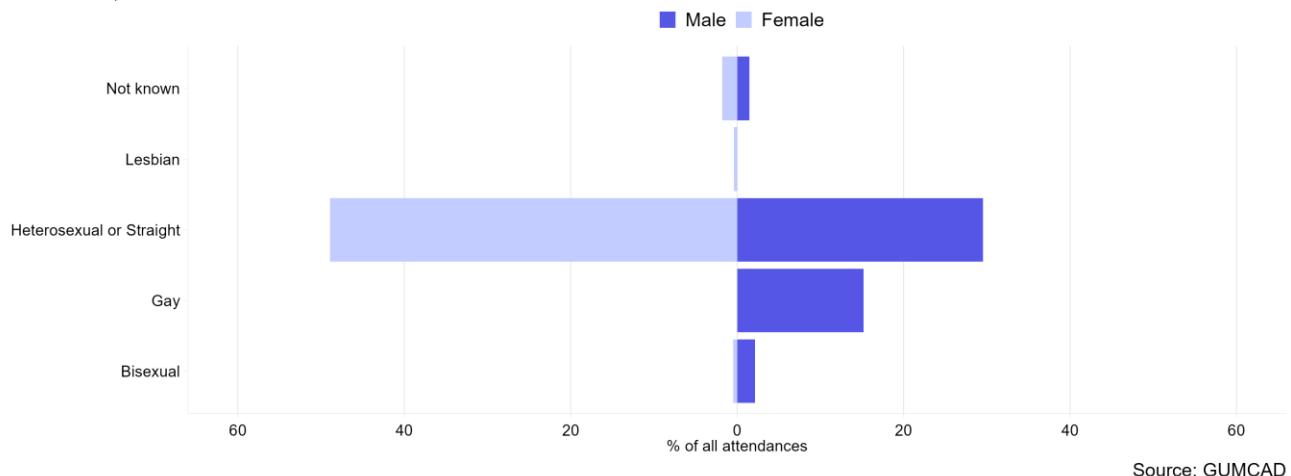
**Figure 38: Proportion of chlamydia diagnoses made at sexual health services in West Sussex by age group (Source: GUMCAD, 2023)**



Considering sexual orientation, Figure 39 shows how in 2023 the highest proportion of positive chlamydia test results of people attending sexual health services were in individuals who identify as heterosexual. This was the case for both males and females with the greatest contribution to overall positive test results from heterosexual females, comprising almost 45% of all positive tests.

**Figure 39: Proportion of diagnoses of chlamydia at sexual health services in West Sussex by sexual orientation (Source: GUMCAD, 2023)**

Proportion of Chlamydia diagnoses at sexual health services by sexual orientation  
West Sussex, 2023



In 2023, the greatest proportion of positive chlamydia test results of people attending sexual health services were in individuals who reported their ethnicity as White. Over 40% of the diagnosis of chlamydia made in West Sussex were in white females, and over 35% were in white males. Only a small number of diagnoses of chlamydia were made in individuals who reported their ethnicity as Mixed, Black or Asian, however these population groups comprise approximately 10% of the West Sussex population.

Within the West Sussex Sexual Health Service, the 15–24-year-olds newly attending for any reason who are expected to be screened for chlamydia is monitored, with the offer is expected to be 100%. In 2022/23 (latest data available) 88% for patients presenting with genito-urinary concerns were offered a chlamydia test and 15% for patients presenting with contraception needs.

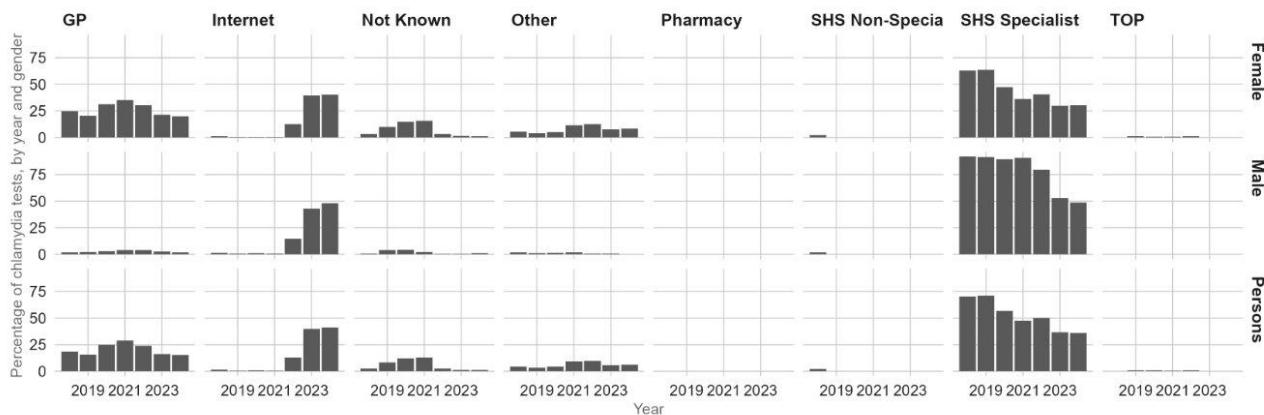
### Chlamydia testing and diagnoses by setting in West Sussex

In West Sussex, chlamydia testing can be undertaken in a range of different settings, including specialist integrated sexual health services, through online testing and GPs. The figure below also indicates a small number of chlamydia tests have been conducted in previous years within services providing abortions (referred to as TOP an abbreviation for termination of pregnancies in the chart below) and no testing is undertaken in community pharmacies. Prior to 2023, the highest proportion of chlamydia tests in West Sussex took place in specialist sexual health services. However, since 2023, the highest proportion of tests for chlamydia have been performed through internet-based testing, at 40.1% (39.6% of the total number of chlamydia tests in females performed through internet-based testing, and 43.1% in males). The full breakdown of percentage of chlamydia tests by location is shown in Figure 40. This figure indicates a substantial number of chlamydia tests are undertaken in GP settings (approximately 15%) which is likely to be offered to individuals when part of the clinical considerations of the presentation.

**Figure 40: Percentage of chlamydia tests by year, gender and location in West Sussex (Source: CTAD 2018-2024)**

**CTAD, Percentage of Chlamydia tests by year and gender, 2018-2024**

Note: 2024 data is Q1 and Q2 only

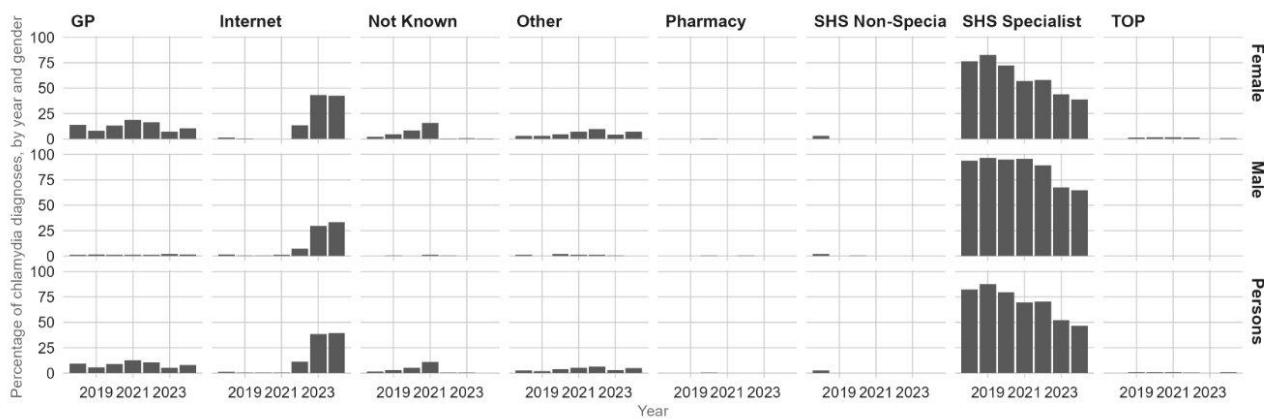


In terms of diagnoses, the highest proportion of diagnoses of chlamydia have consistently been made in specialist sexual health services from 2018 until 2024. Since 2023, the proportion of diagnoses of chlamydia made through internet-based testing has notably increased. In 2024, the proportion of chlamydia diagnoses for females made through internet-based testing was approximately 40%, which was slightly higher than the proportion of chlamydia diagnoses for females made in specialist sexual health services. GP testing contributed approximately 10% of the total diagnoses of chlamydia (males and females). The full breakdown of the percentage of chlamydia diagnosis in West Sussex by location is available in Figure 41.

**Figure 41: Percentage of chlamydia diagnosis in West Sussex by year, gender and location (Source: CTAD, 2018-2024)**

**CTAD, Percentage of Chlamydia diagnoses by year and gender, 2018-2024**

Note: 2024 data is Q1 and Q2 only



Positivity rates of testing are also available by setting through which the testing was performed. Generally over time, the positivity rate in the sexual health service has been highest with online testing not far behind. While smaller numbers, testing performed in abortion services has also generated good positivity. GP services generally have a lower positivity rate.

## **Re-testing of chlamydia post treatment**

According to the national guidelines set by the NCSP (National Chlamydia Screening Programme), it is recommended that all individuals aged 15 to 24 who have been diagnosed with chlamydia undergo a retest at the three-month mark after their initial treatment. This is measured by the indicator:

“percentage of positive service users offered a chlamydia re-test at 3 months post treatment”.

Data was not identified within this needs assessment to establish how this measure is being met locally. The national sexual health service specification template<sup>84</sup> suggests measures for chlamydia re-testing as quality outcome indicators for the service, which may warrant local consideration.

## **Partner notification**

Individuals who receive a positive chlamydia test result should undergo partner notification. This is a process in which partners of affected individuals are notified of a positive test result and are informed of the need to be tested for chlamydia. This is undertaken through a text based notification in West Sussex. The nationally set measure to assess partner notification, which West Sussex uses, is:

*The ratio of all contacts of index cases of chlamydia who attend a service commissioned to manage STIs within four weeks of the date of first partner notification discussion.*

In 2022/23, ISHS were achieving this standard 0.7 versus BASHH threshold of 0.6.

## **West Sussex Chlamydia Action Plan 2023 to 2025**

The West Sussex Chlamydia Action Plan was developed in 2023 with the aim of improving the West Sussex position on the proportion of 15- to 24-year-olds screened for chlamydia (since updated to reflect data for females) and the chlamydia detection rate. A series of objectives were set out to double the uptake of chlamydia screening online by December 2025.

## **Healthwatch survey results**

Healthwatch West Sussex undertook engagement work in 2024 to explore uptake of chlamydia self-testing online among young people. This engagement consisted of a survey and 1:1 interviews.

The findings were that the most frequently reported barriers to young people accessing online testing included a lack of information around testing, stigma around STIs, a lack of knowledge around evidence for chlamydia screening, and, embarrassment fear and guilt (each comprising 43-50% of respondents reporting these items).

The recommendations of the work centred around working alongside young people taking an educational approach as well as generating awareness and normalising testing amongst this group through in person or setting based opportunities as well as using social media.

The next phase of this work, led by Healthwatch, intends to undertake a co-design approach working alongside young people to design awareness raising social media materials.

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<sup>84</sup> Office for Health Improvement and Disparities. Integrated sexual health service specification. Published 20 March 2023. Accessed via [Integrated sexual health service specification](#)

## Gonorrhoea

Gonorrhoea is a bacterial STI caused by the bacteria *Neisseria gonorrhoea*. It can be an indicator of widespread STI transmission through unsafe sexual activity. Gonorrhoea is increasingly a concern as rising rates of antimicrobial resistance may limit the antibiotics that are available to treat this infection. Rates of diagnosis of gonorrhoea in West Sussex have increased over the last 2 years, reflecting national trends. The rate of diagnosis of gonorrhoea per 100,000 in West Sussex at 77 per 100,000 (n=688 cases) in 2023 was lower than comparative rates in England (149 per 100,000)<sup>85</sup>. This rate was however the highest rate of diagnosis of gonorrhoea recorded locally over the time period available as shown in Figure 42.

**Figure 42: Change in the diagnostic rate of gonorrhoea in West Sussex in comparison to the South East and England. (Source: Fingertips, 2023)**

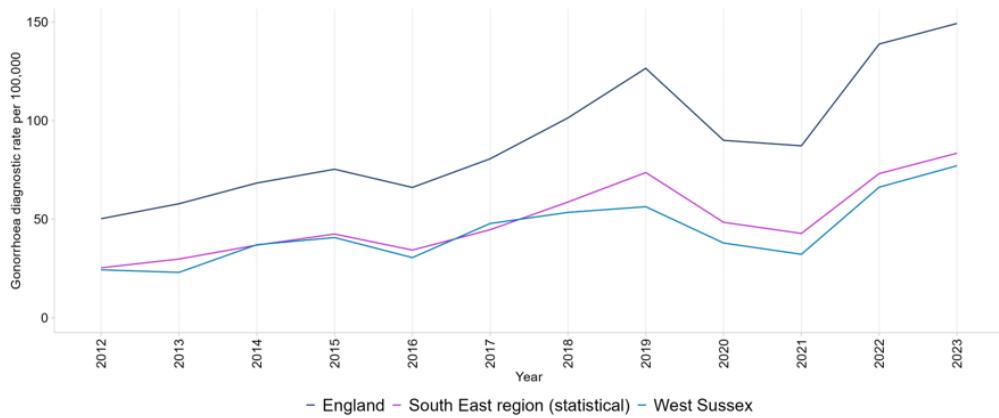


Figure 43 shows how diagnoses of gonorrhoea are distributed across age groups. Following a decrease in the number of new cases of gonorrhoea diagnosed in sexual health services in West Sussex between 2019 and 2021, since 2021, there has been an increase in the number of diagnoses of gonorrhoea in males across a range of ages. In females, from 2021, there has been an increase in the number of cases of gonorrhoea diagnosed in 16–19-year-olds, 25–34-year-olds and 35–44-year-olds.

<sup>85</sup> Office for Health Improvement and Disparities. Fingertips. [internet]. Accessed: Dec 16<sup>th</sup> 2024 Available from: <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000057/pat/15/ati/502/are/E10000032/iid/90742/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

**Figure 43: Changes in the number of diagnoses of gonorrhoea in sexual health services by age and by sex**  
**(Source: GUMCAD, 2018-2023)**

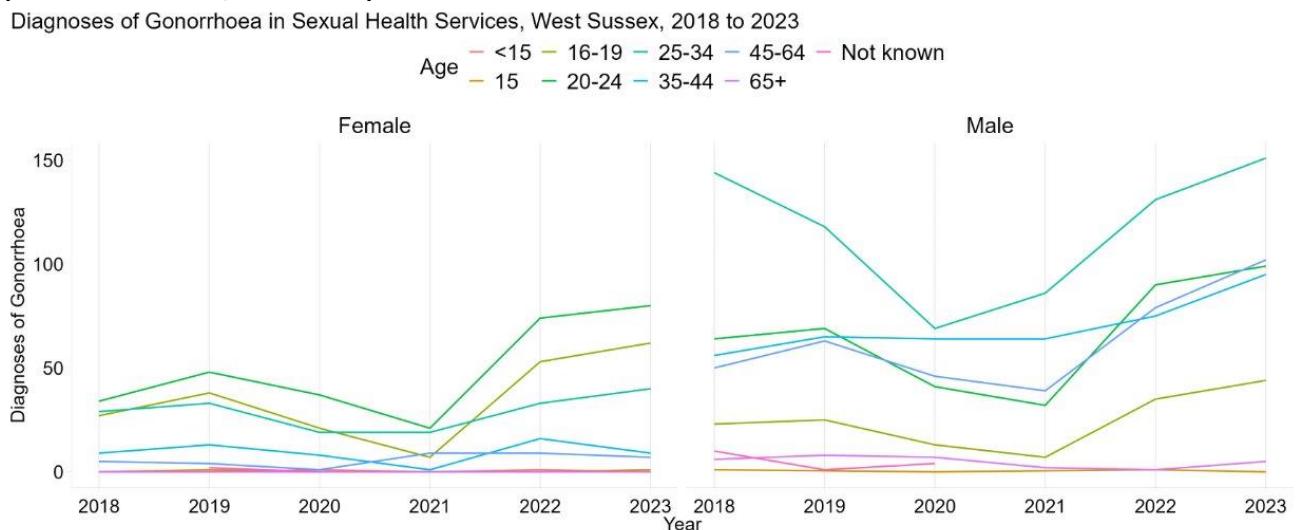
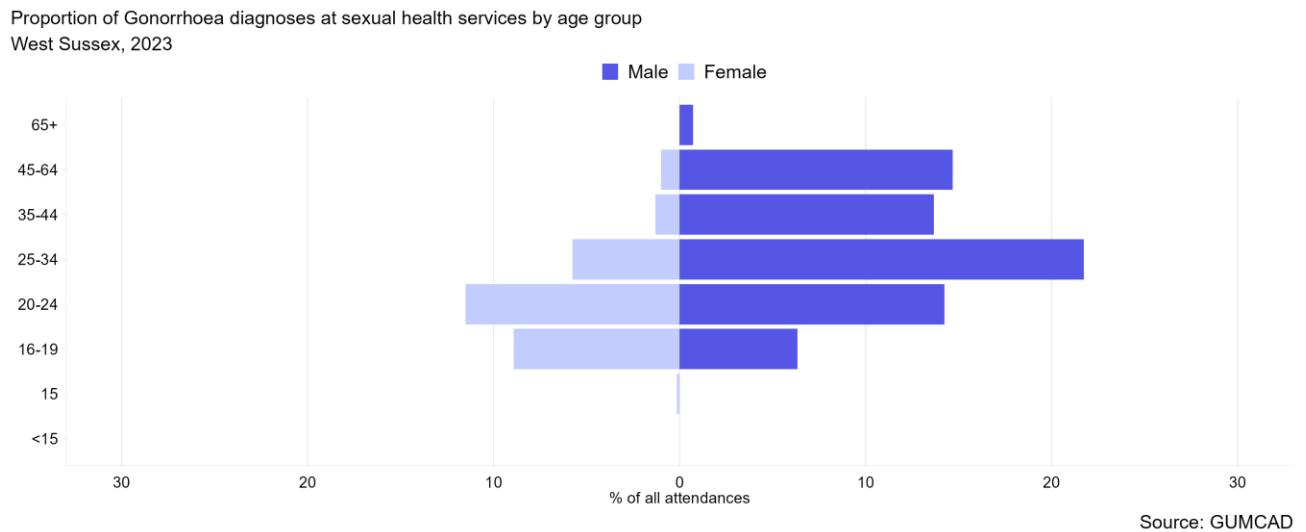


Figure 44 shows that in 2023 of the gonorrhoea diagnoses made at sexual health services for West Sussex residents, the greatest proportion were in males aged 25-34. This was followed by a relatively high proportion of those aged 45-64, 35-44 and 20-24 receiving a diagnosis. In females, diagnoses of gonorrhoea are highest in the 20-24 age group, followed by the 16-19 age group.

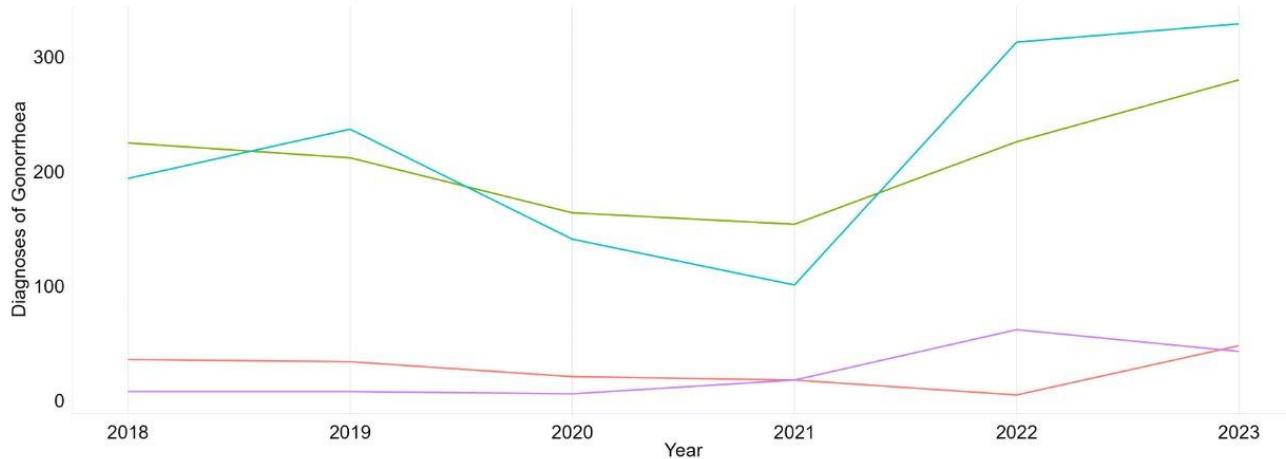
**Figure 44: Proportion of diagnoses of gonorrhoea made at sexual health services for West Sussex residents by age (Source: GUMCAD, 2023)**



There is further variation in the proportion of gonorrhoea diagnosed according to sexual orientation at sexual health services in West Sussex. Trends from 2018 show an increase in the number of diagnoses in individuals who report their sexual orientation as heterosexual or gay, as outlined in Figure 45.

**Figure 45: Changes in the number of cases of gonorrhoea in West Sussex by sexual orientation between 2018 and 2023. (Source: GUMCAD, 2018-2023)**

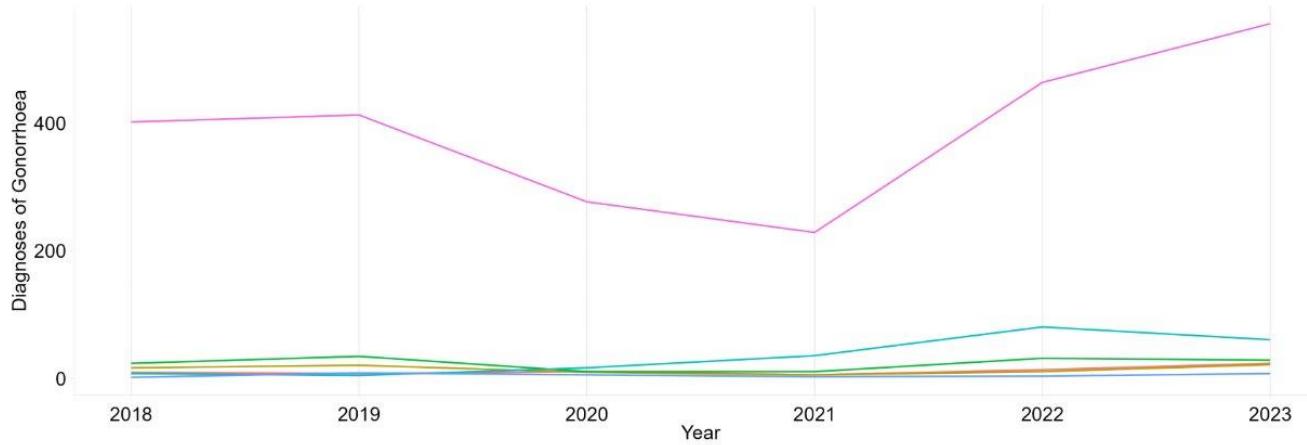
Diagnoses of Gonorrhoea in Sexual Health Services, West Sussex, 2018 to 2023  
 Orientation — Bisexual — Gay/Lesbian — Heterosexual or Straight — Not known



Since 2021, the number of cases of gonorrhoea in individuals who report their ethnicity as White has increased, whilst cases in individuals who report their ethnicity as Asian, Black or Mixed has remained relatively similar from 2018 to 2023, with few diagnoses across these age groups. This is further demonstrated in Figure 46.

**Figure 46: Changes in the number of cases of gonorrhoea diagnosed at sexual health services in West Sussex by ethnicity between 2018 and 2023. (GUMCAD 2018-2023)**

Diagnoses of Gonorrhoea in Sexual Health Services, West Sussex, 2018 to 2023  
 Ethnicity — Asian — Mixed — Other  
 — Black — Not specified/not known — White



Rates of diagnosis of new cases of gonorrhoea vary by district and borough as can be seen in Table 13. Crawley had the highest rate of gonorrhoea diagnosis in West Sussex in 2023, and neighbouring Horsham had the lowest rate. Increasing rates (as a direction of trend over the last five years) of gonorrhoea diagnosis were observed in Arun, Mid-Sussex and Worthing.

**Table 13: Gonorrhoea diagnostic rate per 100,000 in each district and borough in West Sussex (Source: Fingertips, 2023)**

District and Borough	Cases of gonorrhoea	Diagnostic rate per 100,000	Trend over last 5 years
Adur	56	87	Stable
Arun	110	66	Increasing
Chichester	73	58	Stable
Crawley	169	141	Stable
Horsham	65	44	Stable
Mid-Sussex	104	67	Increasing
Worthing	111	99	Increasing
<b>West Sussex</b>	<b>688</b>	<b>77</b>	<b>Increasing</b>

### Partner notification

Partner notification is an intervention used to manage the transmission of gonorrhoea. It aims to promote testing for gonorrhoea in partners of affected cases and can be a key intervention to prevent onward transmission. The indicator used to measure performance in terms of partner notification is:

“the ratio of all contacts of index cases of gonorrhoea who attend a service commissioned to manage STIs within four weeks of the date of first partner notification discussion”.

In 2022/23 (latest data available) the West Sussex service met the current nationally accepted standards achieving 0.66 compared to the BASHH standard of 0.6 contacts per index case within four weeks.

Within the scoping for this needs assessment, a point of interest was that:

**Gonorrhoea is often identified as a STI where there is concern regarding anti-microbial resistance. However, there is rising concern regarding anti-microbial resistance within bacterial STIs. Do we understand the national and local picture regarding antimicrobial resistance and local efforts to counter this?**

Nationally, there is significant concern regarding anti-microbial resistance in gonorrhoea. A literature review was performed to assess the national picture relating to antibiotic resistance in gonorrhoea, and to review how this relates to the local context.

### National picture

There has been a documented rise in cases of ceftriaxone resistant gonorrhoea<sup>86</sup>. Ceftriaxone is an antibiotic which is used to treat gonorrhoea, typically as the first line of antibiotic. Resistance to ceftriaxone means that ceftriaxone is no longer effective in treating gonorrhoea. From June 2022 to May 2024, there were 15 reported cases of ceftriaxone resistant gonorrhoea in England.

As a result of the increasing concern around ceftriaxone resistance, a series of measures have been implemented to address this, including the gonococcal resistance to antimicrobials surveillance programme

<sup>86</sup> UK Health Security Agency. Antibiotic resistant gonorrhoea cases are on the rise. August 2024. Available from: [Antibiotic resistant gonorrhoea cases are on the rise - GOV.UK](#)

(GRASP)<sup>87</sup>. A series of prevention measures are also being implemented with the aim of preventing the rise in ceftriaxone resistant antibiotics, such as the production of guidelines outlining the actions required to manage incidents of ceftriaxone resistant gonorrhoea in England<sup>88</sup>.

Furthermore, following a consultation which sought views on updating the Health Protection (Notification) Regulations 2010, disseminated gonococcal infection (DGI) has been proposed to be included, pending Parliamentary approval (expected to take effect April 2025). DGI is where the Neisseria gonorrhoea bacteria spreads through the bloodstream and causes a variety of systemic signs. Notifying specified diseases is an important public health measure to enable outbreaks to be managed and to prevent further infections. This proposed addition of DGI was partly in response to increasing concern around antibiotic resistance in gonorrhoea. This proposed amendment to add Neisseria gonorrhoea from a non-sterile site was rejected, partly as a result of concerns that this would lead to increased stigma around gonorrhoea<sup>89</sup>.

The national Joint Committee of Vaccination and Immunisation have also offered advice to the UK Government (2023) on using meningococcal B vaccination to protect against gonorrhoea given the genetic similarities of the causative bacteria and therefore cross-protection which may be conferred from vaccination. The evidence behind this suggests this vaccine would have limited effectiveness but could be used in at-risk individuals, particularly as a first infection with gonorrhoea does not provide protection against future infections.<sup>90</sup> No decision on policy or implementation has been made.

### **Local picture**

There have been no cases of ceftriaxone resistant gonorrhoea to date in West Sussex. Nevertheless, the relevance to the Sussex Anti-Microbial Resistance plan and possibility of responding to a case should be considered.

## **Syphilis**

Syphilis is a type of STI caused by the bacteria *treponema pallidum*. Infections with syphilis can be divided into three different classifications: primary, secondary and tertiary syphilis<sup>91</sup>. Primary syphilis is usually characterised by a painless sore. Secondary syphilis starts to occur a few weeks after the sore and is

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<sup>87</sup> UK Health Security Agency. GRASP report: data to August 2024. Jan 2025. Available from: [GRASP report: data to August 2024 - GOV.UK](#)

<sup>88</sup> UK Health Security Agency. Managing incidents of ceftriaxone-resistant *Neisseria gonorrhoeae* in England. November 2022. Available from: [Managing incidents of ceftriaxone-resistant \*Neisseria gonorrhoeae\* in England - GOV.UK](#)

<sup>89</sup> Department of Health and Social Care. Consultation outcome: Government response to the Health Protection (Notification) Regulations 2010: proposed amendments. December 2024. Available from: [Government response to the Health Protection \(Notification\) Regulations 2010: proposed amendments - GOV.UK](#)

<sup>90</sup> Department of Health and Social Care. JCVI advice on the use of meningococcal B vaccination for the prevention of gonorrhoea. November 2023. Available from: [JCVI advice on the use of meningococcal B vaccination for the prevention of gonorrhoea - GOV.UK](#)

<sup>91</sup> NHS inform. Syphilis [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: <https://www.nhsinform.scot/illnesses-and-conditions/sexual-and-reproductive/syphilis/>

characterised by a series of symptoms such as fatigues and swollen lymph nodes. After secondary syphilis, there is typically a latent period. Following this, development of tertiary syphilis can occur, including even after many years of latent infection. Tertiary syphilis can lead to death and can cause serious co-morbidity to different parts of the body, with effects such as strokes and dementia<sup>92</sup>. National rates of syphilis increased by 9.4% from 2022 to 2023, which is the highest rate of syphilis nationally since the 1940s<sup>93</sup>. The recent increase in cases of syphilis nationally remains a concern, with syphilis most diagnosed in individuals aged between 25-34 years and in GBMSM.

Figure 47 highlights changes in the syphilis diagnostic rate in West Sussex in comparison to England. West Sussex has not experienced the same increase in cases of syphilis. The rate of new diagnosis of syphilis in West Sussex was lower than the national average at 7.5 per 100,000 but higher than some ‘similar’ neighbouring local authorities. In West Sussex, this rate has decreased year on year since 2020. The COVID-19 pandemic is likely to have contributed to the decrease in cases of syphilis, but this trend has continued in the years following the pandemic. This contrasts to the trends seen nationally, as syphilis rates have increased yearly since the pandemic.

**Figure 47: Changes in the syphilis diagnostic rate in West Sussex in comparison to England (Source: Fingertips)**

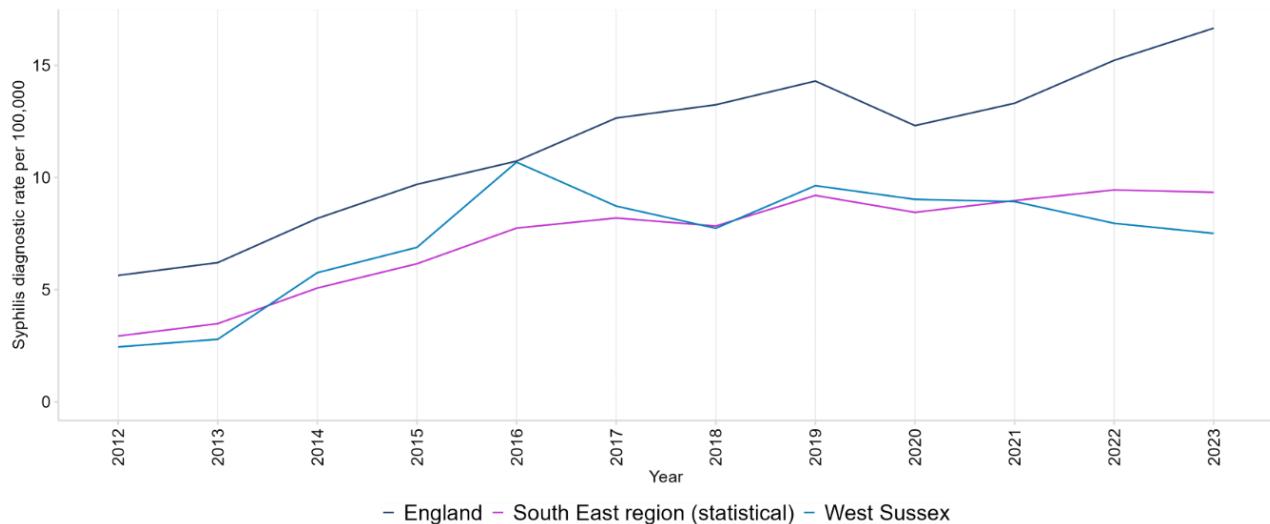
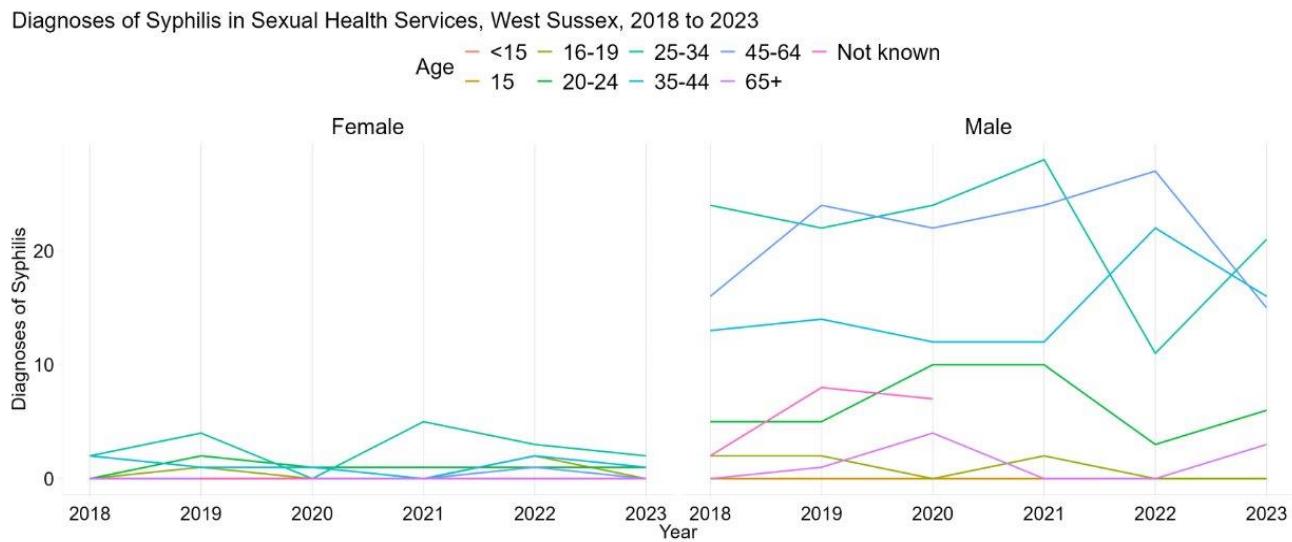


Figure 48 and Figure 49 show that in West Sussex, rates of syphilis were higher in older population groups and in people who report their sexual orientation as gay. Between 2018 and 2023, syphilis was predominantly diagnosed in males, with only a small proportion of female cases. A higher proportion of individuals diagnosed were in the age bracket of 35-44 and 45-64.

<sup>92</sup> NHS inform. Syphilis [internet] Accessed 27<sup>th</sup> Feb 2025. Available from: <https://www.nhsinform.scot/illnesses-and-conditions/sexual-and-reproductive/syphilis/>

<sup>93</sup> UK Health Security Agency. Tracking the syphilis epidemic in England: 2013 to 2023. September 2024. Available from: [Tracking the syphilis epidemic in England: 2013 to 2023 - GOV.UK](https://www.gov.uk/government/statistics/tracking-the-syphilis-epidemic-in-england-2013-to-2023)

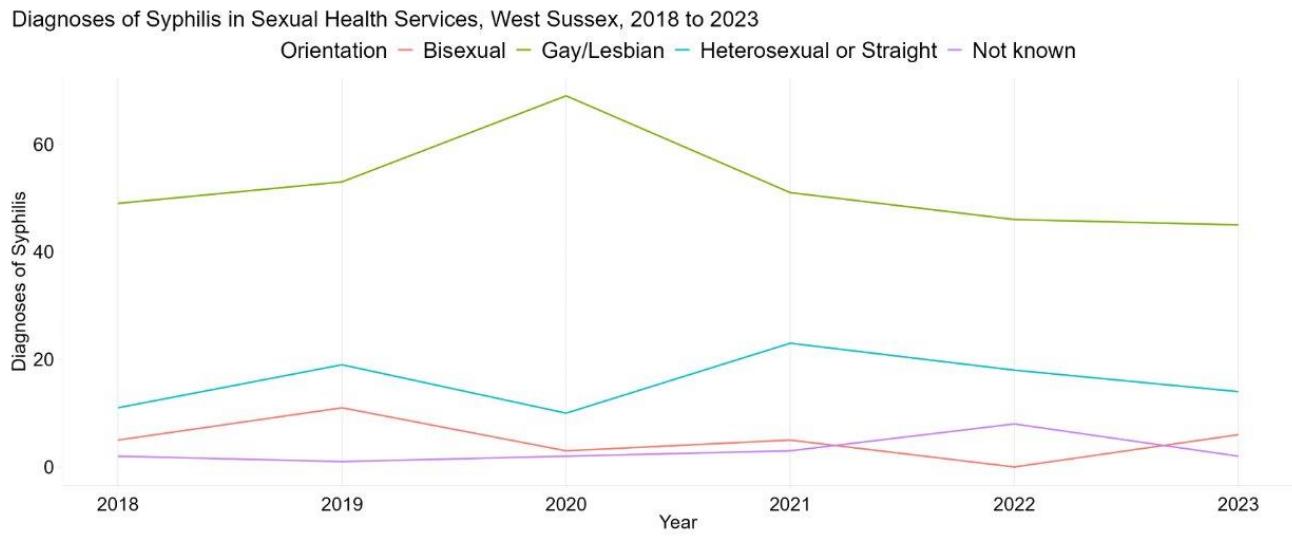
**Figure 48: Changes in the number of cases of syphilis diagnosed in sexual health services in West Sussex**  
 (Source: GUMCAD, 2018 to 2023)



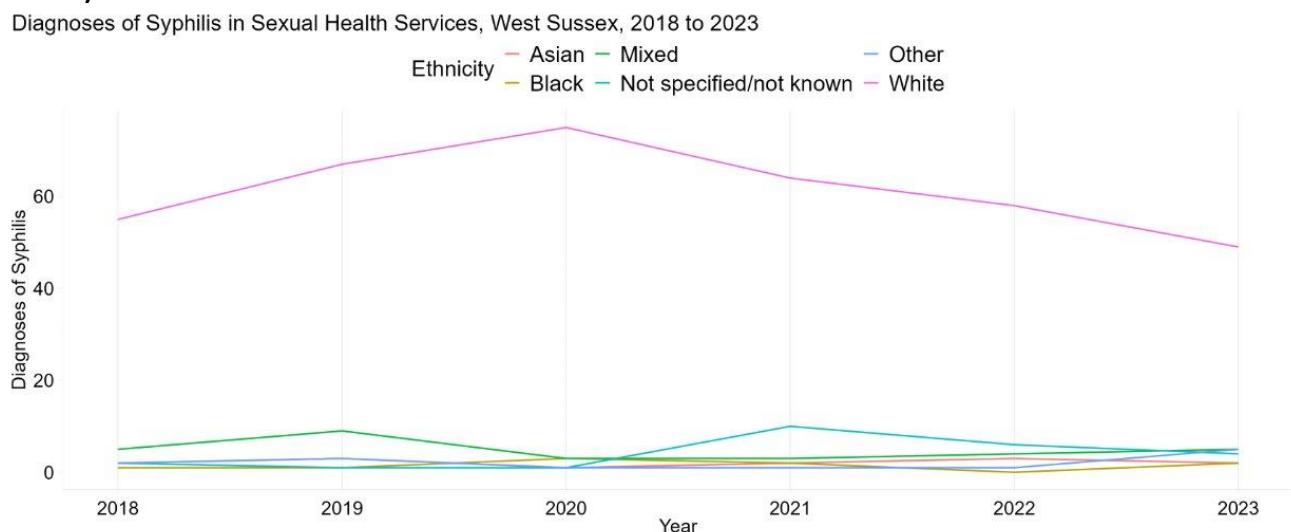
Data on the diagnoses of syphilis showed that in each year between 2018 and 2023 in West Sussex, the highest number of diagnoses were:

- In individuals who reported their sexual orientation as gay, as seen in Figure 49.
- In individuals who report their ethnicity as white, as seen in Figure 50.

**Figure 49: Syphilis diagnosed in sexual health services in West Sussex by sexual orientation (Source: GUMCAD, 2018-2023)**



**Figure 50: Syphilis diagnosed in sexual health services in West Sussex by ethnicity (Source: GUMCAD, 2018 – 2023)**



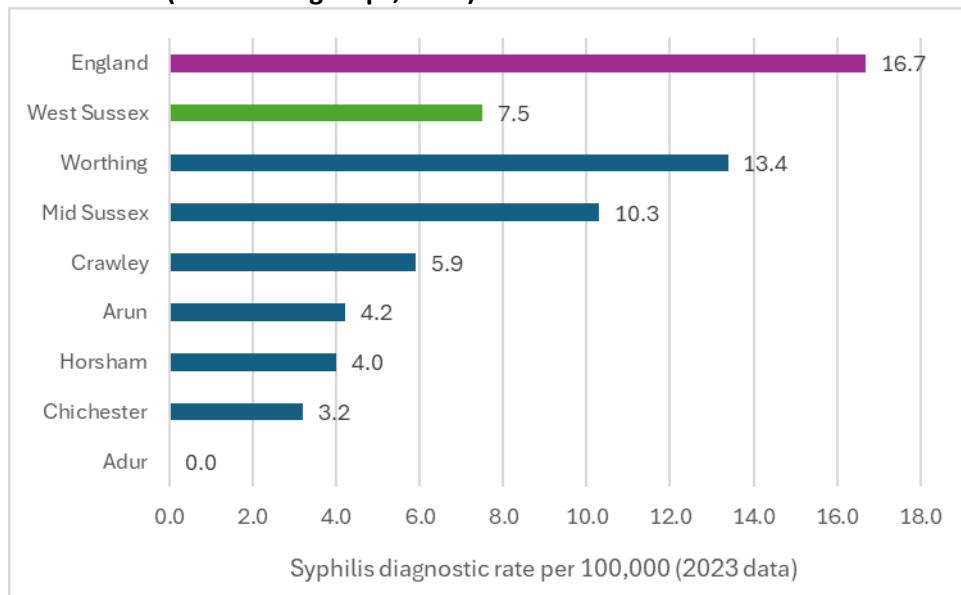
### Partner notification

Using the BASHH metric of the ratio of all contacts of index cases of syphilis who attend a service commissioned to manage STIs within four weeks of the date of first PN discussion, the partner notification rate within the West Sussex Integrated Sexual Health Service at 0.5 was lower than the BASHH standard of 0.6 in 2022/23 (latest data available).

### Rates of diagnosis of syphilis by district and borough in West Sussex

Figure 51 shows a breakdown of the rate of new syphilis diagnoses by district and borough, highlighting that the highest rates of cases of syphilis was in Worthing. The lowest rate of syphilis was in Chichester. Across the county, assessing trend data over five years, syphilis rates were stable in all district and boroughs apart from Mid-Sussex, where syphilis rates were increasing.

**Figure 51: Rate of diagnosis of syphilis by district and borough in West Sussex compared with England and West Sussex (Source: Fingertips, 2023)**



## Doxy-PEP

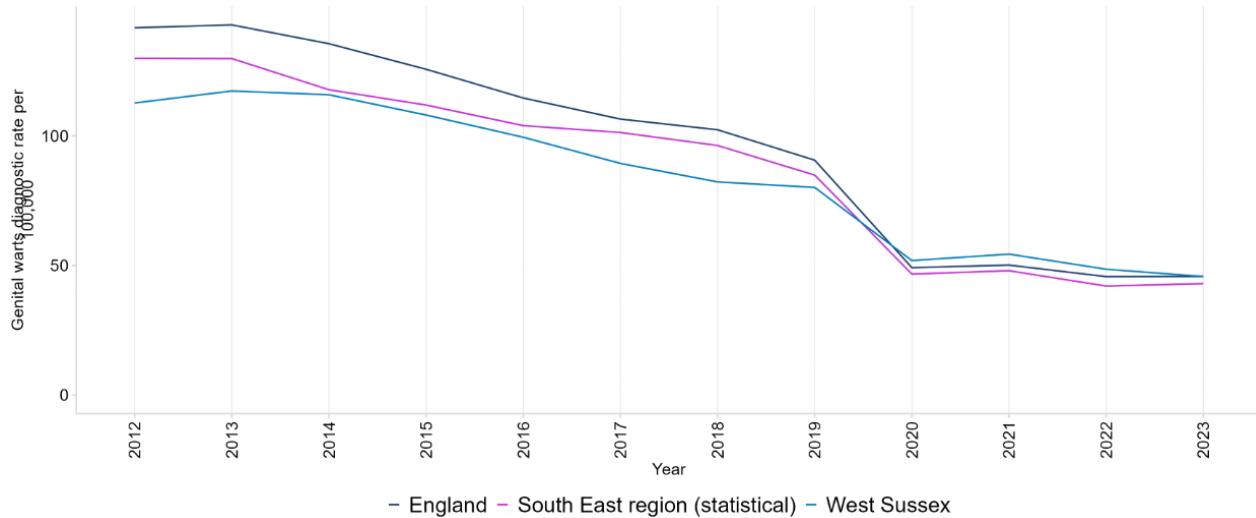
BASHH is currently consulting on draft national guidance aiming to establish evidence-based recommendations for the use of doxycycline post-exposure prophylaxis (doxyPEP) for the prevention of syphilis<sup>94</sup>. This draft guidance has aimed to assess benefits and risks of use of doxyPEP for this purpose. This draft guidance recommends doxyPEP for cisgender GBMSM and transgender women at elevated risk of acquiring syphilis. Final recommendations are awaited before any changes to clinical practice.

## Genital warts and Human Papillomavirus

Genital warts are a type of STI caused by the Human Papillomavirus (HPV). HPV is not defined as a sexually transmitted infection, but it can be spread sexually. The symptoms of genital warts include small painless lumps around the genitalia. The HPV vaccine helps to protect against genital warts, and its introduction to girls aged 12/13 in 2008 subsequently led to a 90% reduction in the prevalence of genital warts in girls nationally between 2009 and 2017.<sup>95</sup> This suggests that boys are also benefitting indirectly from herd protection – if fewer girls have the HPV virus, they are less likely to pass it on to boys. The HPV vaccination programme was changed in September 2019, and the HPV vaccine is now being provided to girls and boys aged 12 and 13 and men who have sex with men aged under 45. Whilst the effects of these changes will take some time to be apparent, it is anticipated that this could lead to a further decrease in the incidence of genital warts reported. From September 2023 the programme also moved from a two dose to a one dose schedule. See later ‘Human Papillomavirus’ section for vaccination uptake data.

In West Sussex in 2023, the rate of new diagnosis of genital warts at 45.3 per 100,000 is in keeping with the rate of new diagnosis of genital warts nationally, 45.4 per 100,000. There were 408 new cases of genital warts in West Sussex in 2023, with the number of new diagnoses of genital warts decreasing marginally each year since 2021. This is highlighted in Figure 52.

**Figure 52: Change in the genital warts diagnostic rates per 100,000 in West Sussex (Source: Fingertips)**

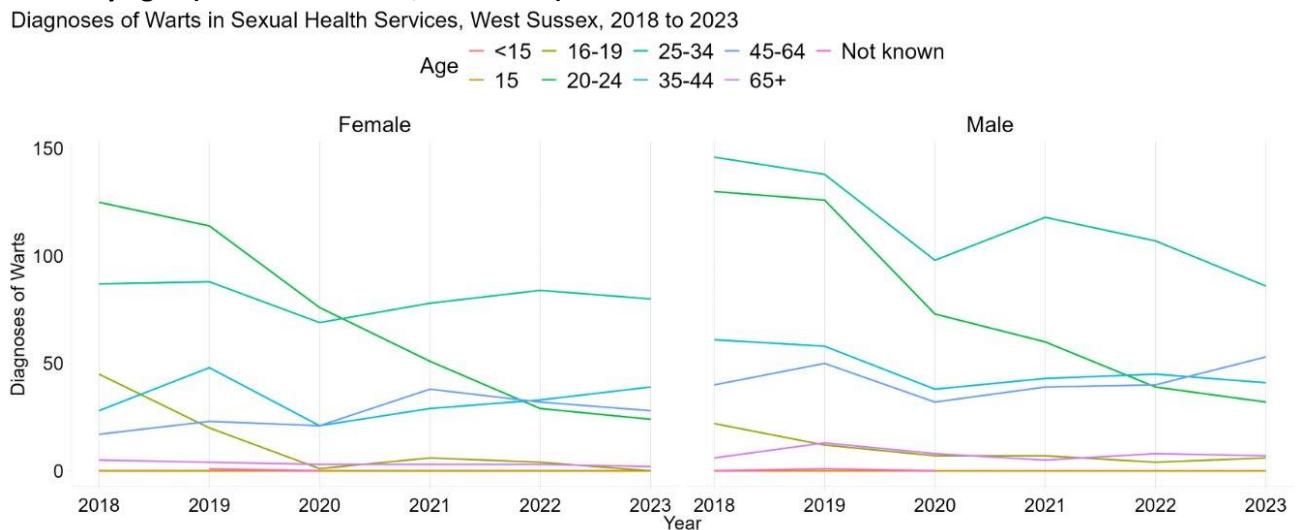


<sup>94</sup> Clinical Effectiveness Group, British Association for Sexual Health and HIV. DoxyPEP Guideline for the prevention of Syphilis – Consultation draft. January 2025.

<sup>95</sup> UK Health Security Agency. Ten years on since the start of the HPV vaccine programme – what impact is it having? June 2018. Available from: [Ten years on since the start of the HPV vaccine programme – what impact is it having? – UK Health Security Agency](#)

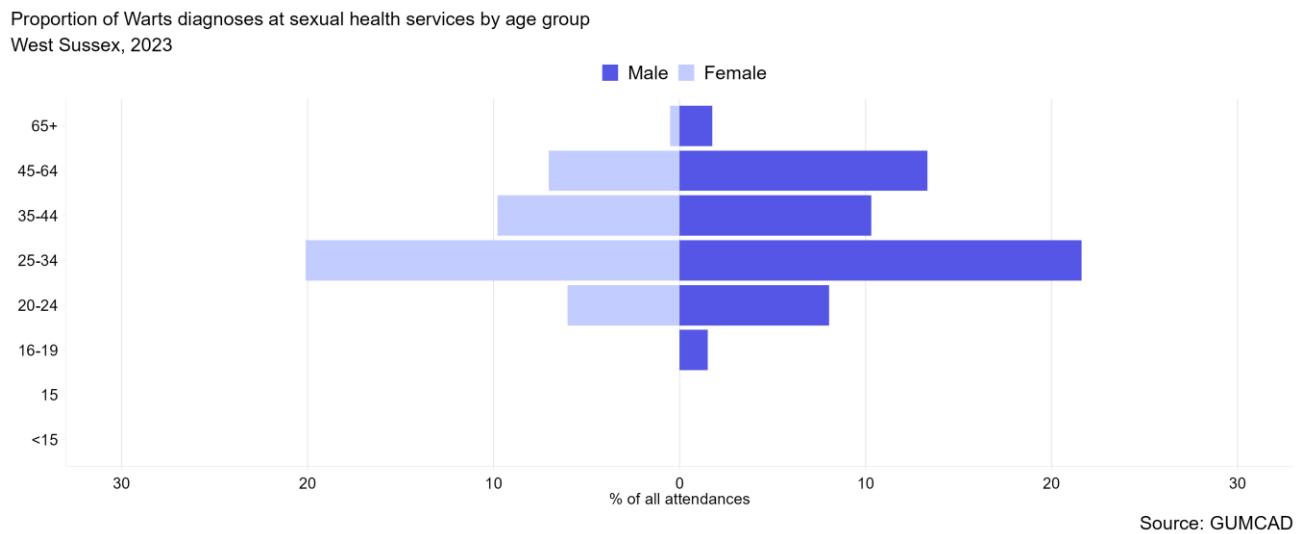
From 2018, in both males and females, there has been a decrease in the number of new diagnoses of genital warts between the ages of 20-24. From 2020 onwards, the highest number of genital warts in males and females were in the 25-34 age group. These findings are demonstrated in Figure 53.

**Figure 53: Change in the number of cases of genital warts diagnosed in sexual health services in West Sussex by age. (Source: GUMCAD, 2018-2023)**



The majority of diagnoses of genital warts in sexual health services were in individuals who reported their sexual orientation as heterosexual or straight, as shown in Figure 54.

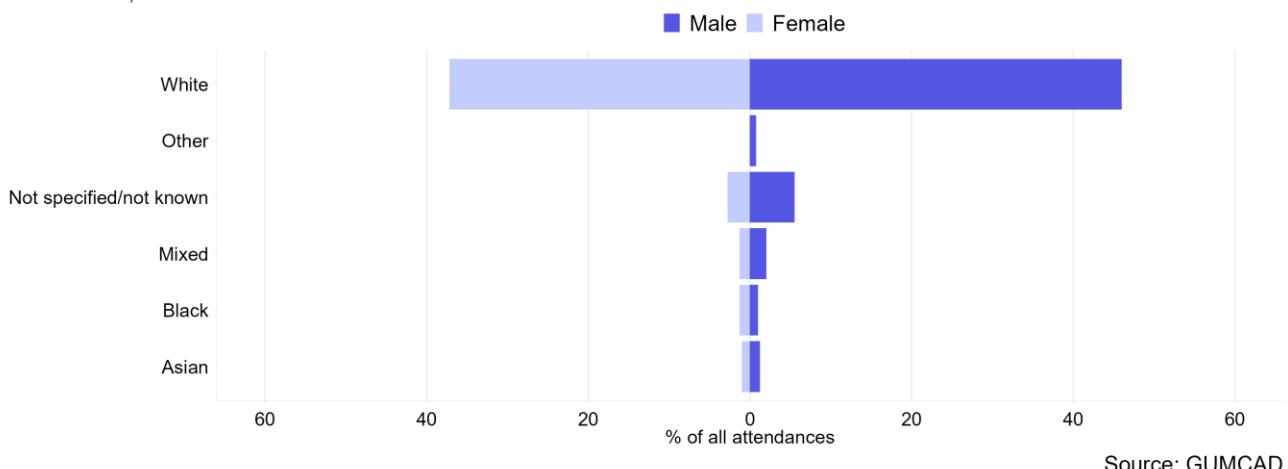
**Figure 54: Proportion of genital warts diagnosed in sexual health services in West Sussex by sexual orientation (Source: GUMCAD, 2023)**



The majority of diagnoses made in males and females were in individuals who report their ethnicity as White, with only a small proportion of diagnoses of genital warts made in individuals who report their ethnicity as Black, Asian or Mixed ethnicity. This is demonstrated in Figure 55.

**Figure 55: Proportion of genital warts diagnosed in sexual health services in West Sussex by ethnicity.**  
 (Source: GUMCAD, 2023)

Proportion of Warts diagnoses at sexual health services by ethnicity  
 West Sussex, 2023



The rates of genital warts in each district and borough were relatively stable as detailed in Table 14. The highest recorded rates of genital warts in West Sussex were in Crawley. However, rates of genital warts in Crawley have been decreasing (as a trend over the last five years). Rates of genital warts were lowest in Arun.

**Table 14: Diagnostic rate of genital warts by district and borough in West Sussex (Source: Fingertips, 2023)**

District and Borough	Cases of genital warts (2023)	Diagnostic rate per 100,000 (2023)	Trend over last five years
Adur	26	40.2	Stable
Arun	57	34.3	Decreasing
Chichester	51	40.3	Decreasing
Crawley	74	61.9	Decreasing
Horsham	67	45.1	Stable
Mid-Sussex	78	50.3	Stable
Worthing	55	49.1	Stable
<b>West Sussex</b>	<b>408</b>	<b>45.7</b>	<b>Decreasing</b>

In addition to causing genital warts, HPV is responsible for virtually all cases of cervical cancer as well as some types of head and neck cancer, and some cancers of the vulva, vagina, penis and anus. The HPV vaccine has virtually eliminated cervical cancer amongst girls vaccinated at age 12 or 13<sup>96</sup>. From September 2019 the vaccine has also been offered to year 8 boys to prevent oral, throat and anal cancer and also helps reduce the overall number of cervical cancers in women.

In West Sussex, coverage of this vaccine is slightly higher than observed nationally. However, the most recent coverage (2022/23 data) of 77.1% (England, 71.3%) for one dose in females was lower than the

<sup>96</sup> Falcaro, M. at al. The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study. Lancet 2021; 398: 2084–92

benchmark goals of a coverage greater than or equal to 90%<sup>97</sup>. As the immunisation programme is usually provided within educational settings, closure of educational settings during the COVID-19 pandemic led to low rates of uptake of the HPV vaccine in 2019/20.

The latest vaccination uptake figures from 2022-23 show that in West Sussex 65% of 12–13-year-old males received one dose of the HPV vaccine.

## Genital Herpes

Genital Herpes is a type of sexually transmitted infections caused by the herpes simplex virus. Genital herpes causes small blisters that burst to leave red, open sores around your genitals, anus, thighs or bottom. In West Sussex, the rate of new diagnosis of genital herpes in 2023 was 47.6 per 100,000. 420 diagnoses of genital herpes were made in 2023, with cases increasing since the COVID-19 pandemic. The change in the diagnostic rate of genital herpes in West Sussex is outlined in Figure 56.

**Figure 56: Change in diagnosis rate of genital herpes in West Sussex (Source: Fingertips)**

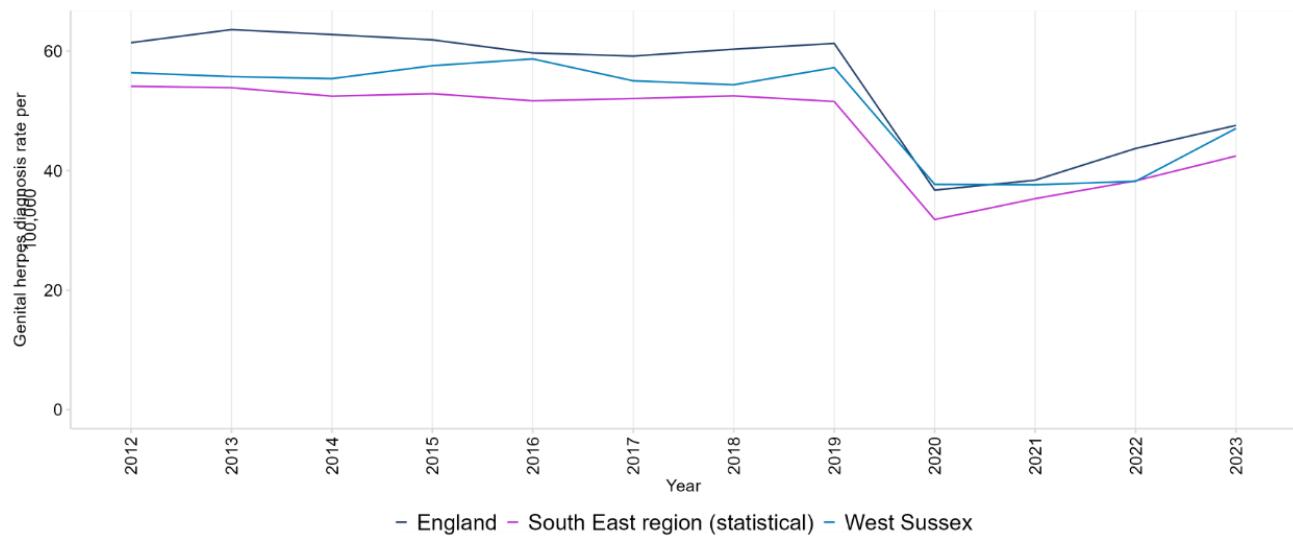


Figure 57 demonstrates that in 2023, in both males and females, diagnoses of herpes in West Sussex were most common in the 25-34 age group. The number of diagnoses in this age group increased in both males and females between 2022 and 2023. In males in West Sussex, the number of diagnoses of herpes additionally increased in the age groups 20-24, 35-44 and 45-64 between 2022 and 2023.

<sup>97</sup> Department of Health and Social Care. Fingertips.

**Figure 57: Changes in the number of cases of genital herpes diagnosed in sexual health services in West Sussex. (Source: GUMCAD, 2018-2023)**

Diagnoses of Herpes in Sexual Health Services, West Sussex, 2018 to 2023

Age <15 16-19 25-34 45-64 Not known  
 15 20-24 35-44 65+

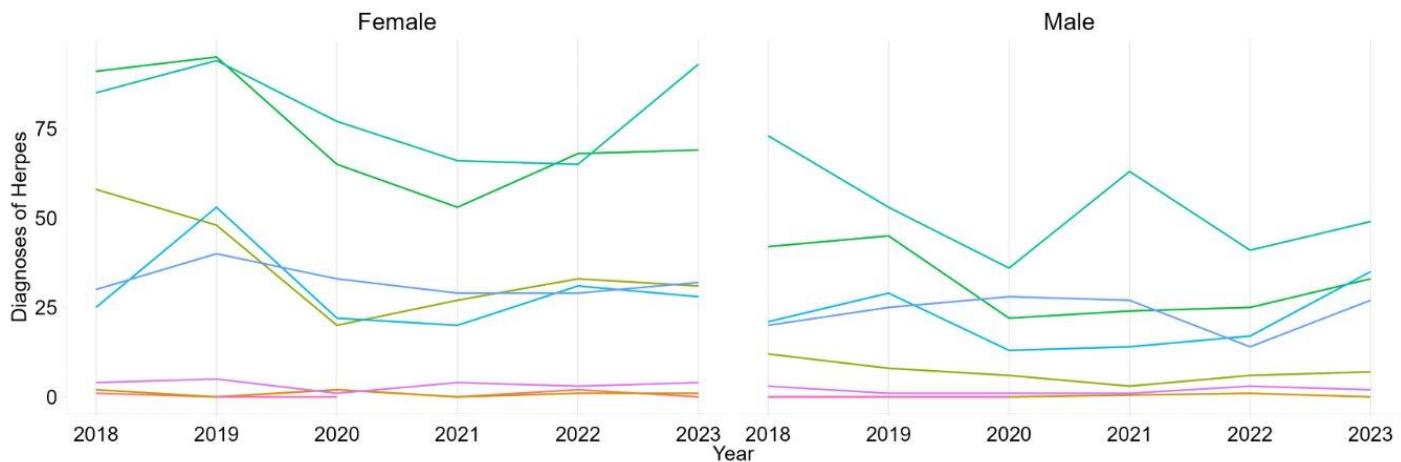
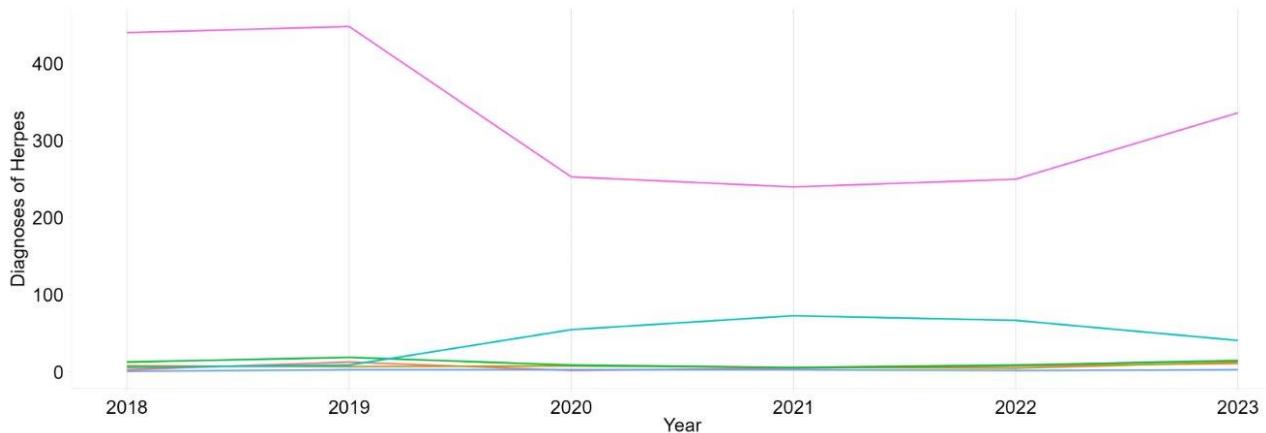


Figure 58 details In West Sussex, the majority of diagnoses of genital herpes were in individuals who reported their ethnicity as white. Between 2018 and 2023, there were very few diagnoses of genital herpes in those who reported their ethnicity as Asian, Mixed ethnicity or Black.

**Figure 58: Changes in the number of new diagnoses of herpes made by ethnicity between 2018 and 2023 in sexual health services in West Sussex (Source: GUMCAD, 2018-2023)**

Diagnoses of Herpes in Sexual Health Services, West Sussex, 2018 to 2023

Ethnicity Asian Mixed Other  
 Black Not specified/not known White



In 2023, at district and borough level, the rate of genital herpes was highest in Worthing (71.4 per 100,000) and lowest in Mid-Sussex (30.3 per 100,000). Across all district and boroughs, rates of genital herpes have not seen a statistically significant change since the previous year. This is detailed in Table 15 below.

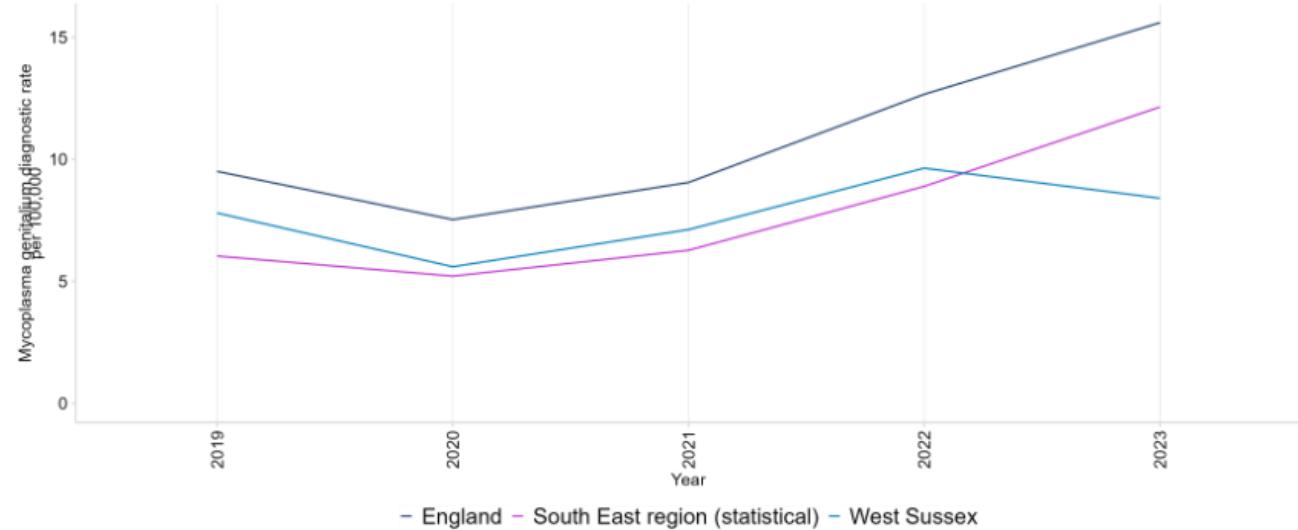
**Table 15: Rates of cases of genital herpes in each district and borough in West Sussex (Source: Fingertips, 2023)**

District and Borough	Cases of genital herpes	Diagnostic rate per 100,000	Trend over last five years
Adur	29	44.8	Stable
Arun	63	37.9	Stable
Chichester	65	51.5	Stable
Crawley	74	61.9	Stable
Horsham	62	41.7	Stable
Mid-Sussex	47	30.3	Stable
Worthing	80	71.4	Stable
<b>West Sussex</b>	<b>420</b>	<b>47.6</b>	<b>Stable</b>

## Mycoplasma genitalium

Mycoplasma genitalium is a type of bacteria which can cause symptoms such as pain when urinating or vaginal discharge and tends to be tested only where there are specific indicators.<sup>98</sup> M. genitalium can be frequently found in the urinary tract. It can be associated with pelvic inflammatory disease. In 2023 there were 75 new diagnoses of M. genitalium in West Sussex. This is a rate of 8.4 per 100,000, a decline from 2022 and was lower than the national average in England (15.6 per 100,000) as highlighted in Figure 59.

**Figure 59: Changes in the rate of new diagnoses of mycoplasma genitalium per 100,000 in West Sussex compared to regionally and nationally (Source: Fingertips, 2018-2023)**



<sup>98</sup> British Association of Sexual Health and HIV. Mycoplasma Genitalium 2018. Last Updated: 17 May 2023. Accessed via: [Mycoplasma Genitalium 2018 | BASHH](#)

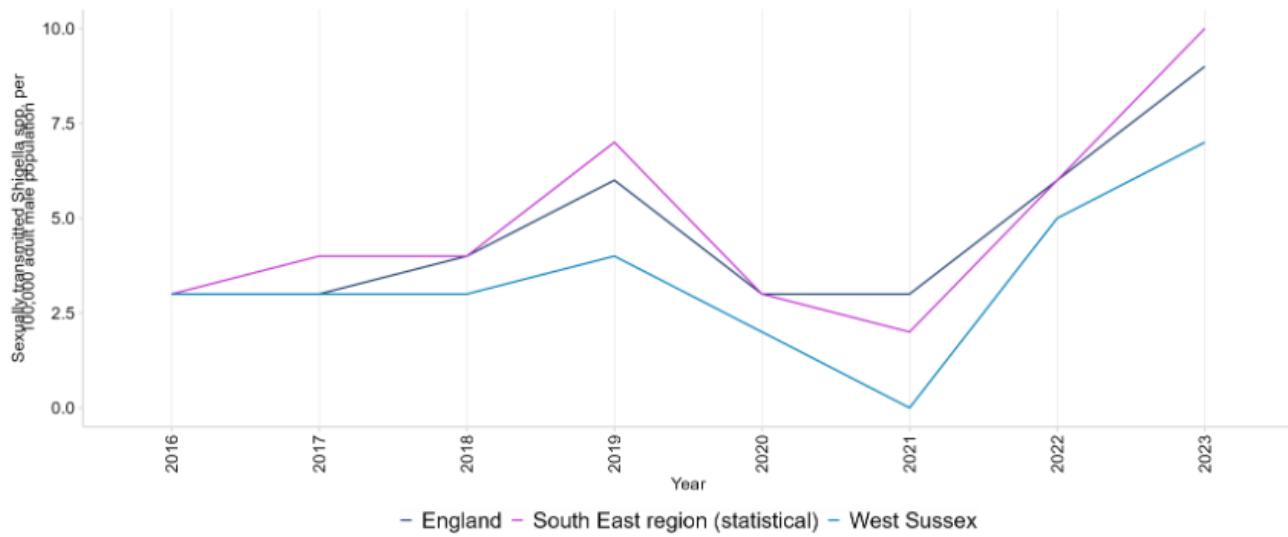
## Trichomoniasis

Trichomoniasis is a sexually transmitted parasitic infection which, whilst is often asymptomatic, can also cause vaginal discharge or pain on ejaculation.<sup>99</sup> There were 32 new cases of trichomoniasis diagnosed in West Sussex in 2023 which was a rate of 3.6 per 100,000. This is significantly below the national rate of new cases of trichomoniasis diagnosed at 16.0 per 100,000. The rate of new cases of trichomoniasis in West Sussex has remained similar since 2020, in contrast to trends of new cases of trichomoniasis nationally and in the South East.

## Shigella sonnei

Shigella sonnei is a type of bacteria which is associated with gastrointestinal symptoms and can lead to fever and diarrhoea. There has been a rise in the number of antibiotic-resistant cases of Shigella nationally. Previously, shigella was not typically associated with transmission through sex. However, outbreaks of sexually transmitted Shigella sonnei causing gastroenteritis have been reported recently in the UK, particularly amongst the GBMSM communities.<sup>100 101</sup> In West Sussex, there has been an increase in the number of cases of sexually transmitted shigella from 0 cases in 2021 to 25 cases in 2023. This reflects the national pattern as shown in Figure 60. Small numbers of cases were observed across all district and borough areas within West Sussex at this time.

**Figure 60: Changes in the rate of diagnosis of sexually transmitted shigella per 100,000 in West Sussex in comparison to the South East and England. (Source: Fingertips)**



<sup>99</sup> NHS. Trichomoniasis. [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: [Trichomoniasis - NHS](#)

<sup>100</sup> UK Health Security Agency. Warning after rise in extremely drug-resistant Shigella [internet]. Dec 2023. Available from: [Warning after rise in extremely drug-resistant Shigella - GOV.UK](#)

<sup>101</sup> Charles, Hannah, Corkin, Helen et al. Outbreak of sexually transmitted, extensively drug-resistant Shigella sonnei in the UK, 2021–22: a descriptive epidemiological study. The Lancet Infectious Diseases. 22:10;1503 - 1510

## Mpox

Mpox is a serious viral infection which is currently causing global concern due to outbreaks. Two distinct clades of Mpox exist, with clade II considered a milder form of infection. Clade I on the other hand is a serious infection, associated with a case fatality rate of 10% in those who are unvaccinated<sup>102</sup>.

An Mpox clade II outbreak in 2022-2023 spread globally, causing international concern and prompting a response from the World Health Organisation. Cases of Mpox were detected in the UK, and up to the end of 2022, there were 3732 highly probable or confirmed cases of Mpox in the UK<sup>103</sup>. Since 2022, cases of Mpox have remained high in certain countries, such as the Democratic Republic of Congo. In the United Kingdom, cases of clade IIb Mpox continue to be reported as per the most recent case reports.<sup>104</sup>

Cases of mpox clade IIb continue to be reported in the UK. Between the start of 2023 and January 2025, 452 cases of Mpox clade IIb were recorded in the UK<sup>105</sup>. These cases were predominantly reported in GBMSM, or in those who had travelled to endemic countries. During 2022 and 2023, the West Sussex Integrated Sexual Health Service administered Mpox virus vaccine to GBMSM as per nationally agreed eligible groups.

Mpox Clade I was considered a high consequence infectious disease until mid-March 2025. Mpox Clade Ib remains a serious form of infection which merits a prompt and rapid response. Up to 31 March 2025, 11 cases of mpox clade Ib have been reported in the UK<sup>106</sup>. Clade I mpox spreads from person-to-person, through close contact (including intimate or sexual contact) with someone who has symptoms of mpox, through contact with contaminated materials, such as bed sheets or towels, and contact with infected animals.

## Hepatitis B

Hepatitis B is a type of virus which predominantly affects the liver and is spread through bodily fluids through sexual transmission.<sup>107</sup> There is a vaccination available for hepatitis B which is proven to be effective

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<sup>102</sup> UK Health Security Agency. Mpox: background information. [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: <https://www.gov.uk/guidance/monkeypox>

<sup>103</sup> UK Health Security Agency. Mpox clade Ib and clade IIb outbreak: epidemiological overview. June 2022, Updated Feb 2025. Available from: <https://www.gov.uk/government/publications/monkeypox-outbreak-epidemiological-overview/mpox-outbreak-epidemiological-overview-12-december-2024>

<sup>104</sup> UK Health Security Agency. Mpox clade Ib and clade IIb outbreak: epidemiological overview. June 2022, Updated Feb 2025. Available from: <https://www.gov.uk/government/publications/monkeypox-outbreak-epidemiological-overview/mpox-outbreak-epidemiological-overview-12-december-2024>

<sup>105</sup> UK Health Security Agency. Mpox outbreak: epidemiological overview, 6 February 2025. Feb 2025. Available from: [Mpox outbreak: epidemiological overview, 6 February 2025 - GOV.UK](https://www.gov.uk/government/publications/monkeypox-outbreak-epidemiological-overview-6-february-2025)

<sup>106</sup> UK Health Security Agency Mpox outbreak: epidemiological overview, 10 April 2025. Updated 10 April 2025. Available from: [Mpox outbreak: epidemiological overview, 10 April 2025 - GOV.UK](https://www.gov.uk/government/publications/monkeypox-outbreak-epidemiological-overview-10-april-2025)

<sup>107</sup> NHS. Hepatitis B. [internet] Accessed 18<sup>th</sup> Feb 2025. Available from: [Hepatitis B - NHS](https://www.nhs.uk/conditions/hepatitis-b/)

in 95% of cases. It is offered to individuals at risk of contracting hepatitis B.<sup>108</sup> This includes individuals who work as sex workers, gay bisexual and men who have sex with men and individuals who report a frequent change in the number of sexual partners that they have. No local figures about the population in West Sussex living and diagnosed with hepatitis B are available. However, according to the UKHSA, there are approximately 270,000 people living with hepatitis B across England<sup>109</sup>.

## Re-infection with STIs

Reinfection with an STI suggests ongoing transmission of infections is occurring within a population. During the five-year period from 2018 to 2022, in West Sussex residents, an estimated 5.9% of women and 8.4% of men presenting with a new STI at a SHS became re-infected with a new STI within 12 months<sup>110</sup>. In England, during the same period of time, 6.4% of women and 10.0% of men became re-infected with a new STI within 12 months.

In West Sussex residents, an estimated 2.7% of women and 10.2% of men diagnosed with gonorrhoea at a SHS between 2018 and 2022 became reinfected with gonorrhoea within 12 months. Nationally, an estimated 4.1% of women and 12.0% of men became reinfected with gonorrhoea within 12 months.

Young people are more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In West Sussex residents, an estimated 10.2% of 15- to 19-year-old women and 9.7% of 15- to 19-year-old men presenting with a new STI at a SHS during the five-year period from 2018 to 2022 became re-infected with a new STI within 12 months. Different to the position noted in the paragraphs above, for this metric specifically considering 15- to 19-year-olds, in West Sussex there were a higher proportion of re-infections with a new STI within 12 months than observed for England at 9.9 % of 15- to 19-year-old women and 8.9% of 15- to 19-year-old men.

## Comparative insights with other local authority areas

Selected metrics where West Sussex has improvements to make were assessed and reviewed on Fingertips and the top three performers of West Sussex's similar local authorities identified. The areas listed in Table 16 were contacted to understand actions which may be contributing to their good performance. Whilst their performance is comparatively better than the West Sussex rate, it is still below the national target.

### Indicators:

**Proportion of females aged 15-24 screened for chlamydia:** West Sussex: 16.8% in 2023

**Chlamydia detection rate per 100,000 aged 15-24, females:** West Sussex: 1,540 per 100,000 in 2023

National target: 3,250 per 100,000 aged 15-24 females (only 10 Counties/UAs in the country are meeting/exceeding this target)

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<sup>108</sup> Public Health England + NHS England. Hepatitis B Factsheet. Accessed 18<sup>th</sup> Feb 2025. Available from: [hepatitis-b-fctsht.pdf](#)

<sup>109</sup> UK Health Security Agency. Hepatitis B. Feb 2025. Available from: [Hepatitis B in England 2024 - GOV.UK](#)

<sup>110</sup> Summary profile of Local Authority sexual health report - supplement report. West Sussex. January 2024.

**Table 16: Comparative insights with other local authorities in relation to chlamydia detection**

Top three local authority performers amongst West Sussex statistical neighbours	Performance (trend)	Comments
<b>Cheshire West and Chester</b>	<b>Proportion of females aged 15-24 screened for chlamydia</b> 22.5% in 2023	Comprehensive model of chlamydia testing which is all from within main sexual health service delivery (new service from mid-2024).  <b>Chlamydia detection rate per 100,000</b> 2,307 per 100,000 in 2023
<b>Top performer on both indicators</b>		Appointments (hub and spoke provision), can be booked over phone or online, and drop in sessions. Recent survey to service users had positive feedback for drop in clinics.  Opportunistic screening e.g. when attending for another reason generates good volume of acceptances.  Home testing kits are also offered which can be ordered online. Can click and collect or post to home in discreet packaging. Generates good uptake.
<b>Nottinghamshire</b>	<b>Proportion of females aged 15-24 screened for chlamydia</b> 21.8% in 2023	Targeted outreach is part of the main service delivery (since 2024). Good links with universities, colleges and women's refuges etc. Have recently done one stop sexual health clinics in women's refuges, gone into the settings and offered cervical screening and STI testing. Also wanting to focus on people living with a learning disability, and people living in rural areas.  No arrangement with GPs for chlamydia testing. No offer in pharmacies.
<b>Top performer on both indicators</b>	<b>Chlamydia detection rate per 100,000</b> 1,951 per 100,000 in 2023	Currently at a time of transition – have recently consolidated service provision into one. Aim is for joined up clinical leadership and ability to flex according to need.  Previous procurement aimed to increase testing capacity by putting capacity within the main service which was considered effective.  Have previously participated in a Public Health England chlamydia deep dive pathway review. Identified a mismatch in the number of people being tested but not coming back into service to be treated which was considered to be a bigger issue with online testing. Also showed that partner notification was less successful in some parts of provision.  Provision: Online testing started in 2016/17. Now most young people access online. Drop-in advice and info centre for young people where they can access STI testing amongst other things.

		Outreach: Have offered access to test kits in various settings e.g. youth services but did not improve uptake. Want to improve distribution of kits in University settings.
		No offer in pharmacies or with GPs.
		Targeted social media promotion of online testing with mixed results. Urban areas higher click throughs to online testing.
<b>Surrey</b>	<b>Proportion of females aged 15-24 screened for chlamydia</b>	Improvement observed in chlamydia screening indicator has been a concerted focus for the last two years. In 2022 worked with the UKHSA and partners to undertake a data led, deep dive pathway review and produced an action plan. Reconvened 6 months later to review.
<b>Top performer on proportion of females aged 15-24 screened for chlamydia</b>	<b>20.5% in 2023</b>	Comprehensive model of chlamydia testing through the main sexual health service and community pharmacies. Self-test kits available online, or via text, email or phone through the sexual health service. Can pick up self-test kits in various locations (linked with condom distribution scheme).
		Sexual health service distribute kits at University settings (and similar) with message 'keep until you need it'.
		Community pharmacy offer is comprehensive in coverage: chlamydia testing offer is linked to emergency hormonal contraception provision. Have focused intensely on this offer, reviewing locations of delivery, positivity rates (which are better in pharmacies than in some other services). Results are returned to the sexual health service – outreach team in order to follow up with partner notification. Some pharmacies have links with local cafes to support self-testing immediately though recognise this relies on local relationships.
		Have linked with abortion and vasectomy services to ensure STI testing is considered in these settings.
		Delivered a targeted social media campaign for 16-24 year olds which did see an increase in testing.
<b>Lancashire</b>	<b>Chlamydia detection rate per 100,000</b>	No response received
<b>Top performer on chlamydia detection rate per 100,000 aged 15-24, females</b>	<b>1,864 per 100,000 in 2023</b>	

## **Resources to inform STI control**

### **UKHSA STI prioritisation framework<sup>111</sup>**

The recently published (2024) UKHSA STI prioritisation framework can be used to assess how to distribute resources to achieve maximum effectiveness in terms of STI control. The UKHSA prioritisation framework focuses on reducing inequalities in STI outcomes. Use of the tool is intended to inform and guide tailored delivery of interventions to improve sexual health outcomes.

## **Brief literature reviews related to sexually transmitted infections**

### **What is the evidence for strategies to improve partner notification?**

Partner notification is a method of controlling onward transmission of sexually transmitted infections, through the identification of potential partners before testing and treating them. Evidence suggests that taking different approaches to partner notification can lead to improved effectiveness of partner notification<sup>112</sup>. Partner notification is part of the guidance issued by the British Association for Sexual Health and HIV<sup>113</sup>. This guidance includes a series of standards which are considered to be good practice. The current guidance, as reflected by the UKHSA, is for partner notification to be implemented through the use of a five-person classification system. Current standards which are considered acceptable is 0.6 to reduce the onwards transmission of sexually transmitted infections.

A variety of different approaches to partner notification can be considered, with a range of different effectiveness. Furthermore, interventions which include targeting partners who are one-off partners, who have not previously engaged with services, can be considered an effective way of reducing the transmission of sexually transmitted infections.<sup>114</sup> McMahon et al further discussed categorising partners into five different groups in order to enable tailored approaches and monitoring of success. This five group categorisation, which consists of established, occasional, new, one-off and sex worker) is recommended by the British association for Sexual Health and HIV. A scoping review further explored the effectiveness of a digital approach to partner notification.<sup>115</sup> It concluded that a digital approach to partner notification could be considered a useful approach to reducing onwards transmission of sexually transmitted infections. Kocer et al further concluded that digital partner notification could be enhanced by providing options for

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<sup>111</sup> UK Health Security Agency. STI Prioritisation Framework. October 2024. Available from: [STI Prioritisation Framework](#)

<sup>112</sup> Wayal S, Estcourt CS, Mercer CH, Saunders J, Low N, McKinnon T, Symonds M, Cassell JA. Optimising partner notification outcomes for bacterial sexually transmitted infections: a deliberative process and consensus, United Kingdom, 2019. Euro Surveill. 2022 Jan;27(3):2001895.

<sup>113</sup> British Association for sexual health and HIV. Standards for the management of sexually transmitted infections. April 2019. Available from: [bashstandardsforstimanagement2019.pdf](#)

<sup>114</sup> McMahon BL, Buitendam E, Symonds M, et al Use of a five-category partner-type classification within a chlamydia and gonorrhoea service evaluation highlights opportunities for targeted partner notification to improve STI control. *Sexually Transmitted Infections* 2025;101:55-58.

<sup>115</sup> Woodward C, Bloch S, McInnes-Dean A, et al. Digital interventions for STI and HIV partner notification: a scoping review. *Sexually Transmitted Infections* 2024;100:242-250.

notification, be in keeping with current usage patterns and assist in normalising testing.<sup>116</sup> Accelerated partner notification is an approach where individuals with a sexually transmitted infection is contacted and is given a self-testing STI kit which they can provide to a partner. Accelerated partner therapy has the potential to be cost-effective and can be a good option for cases who know their partner well.<sup>117</sup> However, evidence to support its use more widely is currently limited.

### What is the effectiveness of any potential strategies to reduce stigma associated with STIs?

Stigma is often described as a consequence of sexually transmitted infections and can be a barrier to individuals accessing sexual health services. Societal consequences of stigma can be difficulties in controlling onwards transmission of sexually transmitted infections. Stigma for example, is suggested to be a key reason which contributes to individuals not using condoms.<sup>118</sup> On an individual level, stigma can lead to social isolation and impact on mental wellbeing.

NICE guidelines on ‘Reducing sexually transmitted infections’ provide an outline of how to incorporate managing stigma into interventions to reduce the spread of sexually transmitted infections<sup>119</sup>. Committee members suggested that the most effective way to ensure that interventions and services meet the needs of specific groups, communities or cultures is to plan, design and implement them in consultation with the people who will be using them (co-production). This was supported by the broader evidence and expert testimony. They noted that further research was needed to understand and reduce the stigma associated with accessing sexual health services, and therefore made a recommendation for research on the most effective and cost-effective methods of reducing stigma. Furthermore, normalising STI testing can be used as a potential way to reduce stigma.<sup>120</sup> The impact of stigma was recently considered during the consultation of the proposed amendment to the list of notifiable infectious diseases to include both gonorrhoea and

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<sup>116</sup> Kocur Will, McLeod Julie, Bloch Sonja Charlotte Margot, MacDonald Jennifer J., Woodward Charlotte, McInnes-Dean Amelia, Gibbs Jo J., Saunders John J., Blandford Ann A., Estcourt Claudia, Flowers Paul (2024) Improving digital partner notification for sexually transmitted infections and HIV through a systematic review and application of the Behaviour Change Wheel approach. *Sexual Health* 21, SH23168

<sup>117</sup> Estcourt CS, Mapp F, Woode Owusu M, Low N, Flowers P, Copas A, et al. Improving sexual health through partner notification: the LUSTRUM mixed-methods research Programme including RCT of accelerated partner therapy. *Programme Grants Appl Res* 2024;12(02)

Estcourt, Claudia S et al. Accelerated partner therapy contact tracing for people with chlamydia (LUSTRUM): a crossover cluster-randomised controlled trial. *The Lancet Public Health*; 7(10):e853 - e865

<sup>118</sup> Brook. EDUCATION, ACCESS, STIGMA AND YOUNG PEOPLE (EASY). May 2024. Available from: [EASY-REPORT-1.pdf](#)

<sup>119</sup> National Institute for Clinic Excellence. Reducing sexually transmitted infections. June 2022. Available from: [Recommendations | Reducing sexually transmitted infections | Guidance | NICE](#)

<sup>120</sup> National Institute for Clinic Excellence. Reducing STIs: qualitative evidence synthesis for reducing the transmission and acquisition of STIs FINAL (June 2022). Available from: [NG221 Evidence review B: \[B\] Qualitative evidence synthesis for the acceptability of interventions for reducing or preventing the acquisition and transmission of STIs](#)

syphilis. It was considered that the addition of these two infections would lead to an increase in stigma, and therefore they were not added to the list of notifiable diseases.<sup>121</sup>

**Considering how defined population groups can be reached effectively for STI testing, do we understand what the evidence is to support different approaches e.g. outreach, vending machines?**

Outreach services aim to access individuals who may find it difficult to access conventional sexual health services, serving the purpose of reducing sexually transmitted infections. Outreach services are a key part of the NICE guidance to reduce sexually transmitted infections.<sup>122</sup> The use of interventions, such as vending machines, are considered a possible way of increasing STI testing. Several studies have been published which explore the acceptability of this intervention. Findings suggest that vending machines to provide STI test kits are a potentially acceptable way of providing outreach services. Vending machines are suggested to be associated with benefits such as convenience and flexibility, which may contribute to uptake. Furthermore, one study suggests that uptake of kits via vending machines is greater than that of traditional outreach services.<sup>123</sup> There is also the potential that these services can be used to reach participants who do not typically access sexual health services<sup>124</sup>, which is supported further by another study with findings which suggest that these facilities have been described as convenient and accessible.<sup>125</sup> Nevertheless, there were limitations to the use of these services which should be explored further before they are implemented, including concerns regarding privacy, and a lack of evidence supporting their cost-effectiveness.<sup>126</sup>

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<sup>121</sup> Department of Health and Social Care. Consultation outcome: Government response to the Health Protection (Notification) Regulations 2010: proposed amendments. December 2024. Available from: [Government response to the Health Protection \(Notification\) Regulations 2010: proposed amendments - GOV.UK](#)

<sup>122</sup> National Institute for Clinical Excellence. Reducing sexually transmitted infections. June 2022. Available from: [Recommendations | Reducing sexually transmitted infections | Guidance | NICE](#)

<sup>123</sup> Vera JH, Soni S, Pollard A, et al. Acceptability and feasibility of using digital vending machines to deliver HIV self-tests to men who have sex with men. *Sexually Transmitted Infections* 2019;95:557-561.

<sup>124</sup> Gobin M, Dhillon S, Kesten JM, Horwood J, Dean GL, Stockwell S, Denford S, Mear J, Cooper R, Copping J, Lawson L, Hayward S, Harryman L, Vera JH. Acceptability of digital vending machines to access STI and HIV tests in two UK cities. *Sex Transm Infect*. 2024 Feb 19;100(2):91-97.

<sup>125</sup> Gobin M, Horwood J, Stockwell S, Denford S, Copping J, Lawson L, Hayward S, Harryman L, Kesten JM. Qualitative evaluation of digital vending machines to improve access to STI and HIV testing in South West England: using a Person-Based Approach. *BMJ Open*. 2024 Jun 11;14(6):e084786.

Raffe S, Pollard A, Vera J, et al. HIV self-tests for men who have sex with men, accessed via a digital vending machine: a qualitative study of acceptability. *International Journal of STD & AIDS*. 2020;31(5):420-425.

<sup>126</sup> Gobin M, Dhillon S, Kesten JM, Horwood J, Dean GL, Stockwell S, Denford S, Mear J, Cooper R, Copping J, Lawson L, Hayward S, Harryman L, Vera JH. Acceptability of digital vending machines to access STI and HIV tests in two UK cities. *Sex Transm Infect*. 2024 Feb 19;100(2):91-97.

## **Sexual Health Roundtable**

### **Findings from sexual health roundtable relevant to sexually transmitted infections**

There was discussion by the roundtable of the measures that are working well within West Sussex in the control and management of sexually transmitted infections. Partnership working was identified as a strength. The integrated sexual health service was noted to be providing good access with six-day access including most evenings.

Challenges were discussed by the roundtable. Access for specific groups was identified as a factor which could be improved. These groups included individuals without literacy or where English is a second language and where there is difficulty accessing digital services. Resource availability was further identified as an issue, as there was an identification of a lack of condom and STI kit availability in certain settings. The roundtable recognised that cases were increasingly complex and there was an increasing number of vulnerable patients.

Opportunities for improvement were identified, including strategies focusing on engagement and inclusion of at-risk groups. Improving accessibility of services was identified as an opportunity, which includes increased flexibility of sexual health services, providing a universal offer and utilising active outreach for inclusion groups. There was further discussion around incorporating STI education within the initiative “Make Every Contact Count”.

## **Perspectives from key stakeholders with relevance to STIs**

### **Perspective of commissioner of abortion services within NHS Sussex**

It was noted that abortion services are working on STI testing which was noted as being within the expectations for the service, however there is no mechanism for partner notification. It was also noted the service is promoting and offering access to on-going contraception with conversations early on in the individual journey with the service. Note: while there might be some data available to indicate STI testing activity, none was provided for the purpose of this needs assessment].

### **Perspective of colleagues working in General Practice**

There was a mixed response when it came to how pathways worked between primary care and sexual health services. There were some reports that the pathways between sexual health services and community services were reported to be good, with waiting times reported to be short. This viewpoint was not shared universally, and several colleagues reported that there could be long waiting times, and the lack of a walk in service was identified as a difficulty.

Colleagues reported that mid-life/older individuals were more likely to use the GP for all healthcare related concerns, and consequently this meant that often they would end up visiting the GP for a sexual health problem. Younger patients were reported to be more likely to access sexual health services for specific sexual health problems unless the presence of non-specific symptoms could prompt individuals to visit their GP instead of sexual and reproductive healthcare services. It was reflected that this generally meant that sexual health testing and diagnosis in primary care is usually done on more of an opportunistic basis. Typical practice for STI testing was reported to be provision of a swab and form which could be returned to the GP practice to be sent off for chlamydia testing, rather than a full sexual health screen sent to an accredited laboratory. It was acknowledged that tests performed in GP practices would not be followed up

with partner notification. Access to STI testing for men however was described as more limited or not possible with no access to appropriate tests for men.

It was reported that young patients prefer walk in services where there was no requirement to book in advance. The lack of a walk-in service for sexual health in West Sussex was reported as a barrier to access, particularly in younger people. One GP serving a largely rural area in Mid-Sussex reported that their practice had recently implemented a dedicated young person's social prescriber role aiming to support mental health and wellbeing. This contact with young people had highlighted that there are no accessible sexual health services in the area which leads to young people attending GP practices and having to navigate receptionist triage or online test ordering which were felt to be barriers to access.

It was further reported by a GP how the practice population had changed, with an increase in the number of patients who had migrated from abroad and who experienced language difficulties as a barrier to accessing healthcare.

Opportunities to improve sexual health and wellbeing in primary care in West Sussex were reported. Opportunities discussed included utilising community pharmacies to provide sexual and reproductive healthcare, however, there were some hesitations noted in ensuring adequate privacy in some community pharmacy settings for sensitive discussions. Women's Health Hubs were further identified as a possible setting which could be utilised to improve the sexual and reproductive health of women in West Sussex, again, with some scepticism of what these hubs would achieve if they were not accessible for all the West Sussex population. Examples of services in other areas were noted as excellent examples of drop in provision for young people. It was also suggested that some West Sussex PCNs might be willing to establish some form of accessible provision for young people, noting that this would require financial resource to enable. Another idea suggested was for a roaming service to visit rural or other locations monthly, or, that some form of community-based location where young people feel comfortable could be considered, to improve access. Further opportunities identified included additional sexual health training for practice staff.

### **Comments from colleagues working in sexual health services**

It was noted that there seemed to be an over reliance on the specialist sexual health service as the main provider of sexual health services, and this does not address the needs of individuals satisfactorily. It was also noted that it can be difficult to balance the need for locally delivered face to face services with the need to consider the cost-effectiveness of services. Exploring barriers that individuals experience in accessing sexual health information and advice, and digital testing was suggested.

### **Colleagues from GP Federation**

It was noted that the provision of a one size fits all approach is not appropriate in terms of sexual health provision, as there needs to be specific consideration of health inequalities faced by some populations. Considering the needs of inclusion groups was identified as a key aspect to ensure the equitable delivery of services, with an identified need to build trust with certain population groups to reduce inequalities. In particular, individuals who are refugees and asylum seekers or are members of the Gypsy, Roma, Traveller community were identified as perhaps having additional considerations in relation to sexual health.

## Areas of focus – Sexually Transmitted Infections

### **Opportunity to address stigma and improve awareness of and engagement in STI testing, through:**

- **Ensuring the existing STI testing offer is clearly communicated with consistent information**, including promoting awareness of online provision of STI test kits with click and collect options. Communication must be tailored to meet the needs of the local population including people living with a learning disability.
- **Undertaking insights into barriers and facilitators to STI testing focusing on specific population groups** to inform access and service design. This should include a focused effort to improve understanding of population groups defined in this needs assessment and ensuring children and young people in specific groups are heard or considered appropriately, for instance, looked after children and children with special educational needs.
- **Co-designing regular public facing campaigns which include a call to action to engage in STI testing**, aiming to reach populations where STI testing is low, health inclusion groups, young people and also including reaching mid-life adults entering a new relationship.
- **Developing and implementing a ‘Making Every Contact Count’ sexual health module** following an ‘ask’, ‘advise’ and ‘act’ approach for people working with population groups at risk of STIs including in statutory and voluntary services.
- **Exploring how promotion and engagement of STI testing could be incorporated into a holistic approach** supporting healthy lifestyles including mental wellbeing, where appropriate.
- **Promoting preventative actions, specifically condom use and HPV vaccination.**

### **Opportunity to improve access to and targeting of STI testing, including chlamydia screening, through:**

- **Understanding patterns of service utilisation within the sexual health service by different population groups** e.g. evenings and weekends, as well as online provision, and alongside developing a greater understanding of service capacity.
- **Improving access to and uptake of chlamydia screening aged 15 to 24 years through a refresh of the West Sussex Chlamydia Action Plan.** This could include:
  - o Working alongside young people to consider options for improving access which may be acceptable to young people.
  - o Establishing and strengthening links with wider services who may be supporting young people, for instance youth services, school nurses, Family Hubs and others.
  - o Taking a data driven and behaviourally informed approach to optimising the chlamydia testing pathway and driving focused improvement which could include more deprived or coastal areas, settings yielding positive results, re-testing, or partner notification, for instance.
- **Embedding STI testing within relevant services and settings** where STI testing might be undertaken to better understand data and pathways, including whether STI detection can be optimised, notably:
  - o **Women’s Health Hubs** (in line with the national core specification and as a routine consideration to contribute to the holistic care intended through these hubs) **and considering opportunities for neighbourhood working and primary care** to further develop their role in sexual health, particularly STI testing.
  - o **Termination of pregnancy services.**
- **Improving reach of testing to population groups who may be at higher risk of sexually transmitted infections** including through:
  - o Working with the integrated sexual health service outreach and health promotion team to build a regular programme which includes reaching defined population groups as set out in this needs

assessment, including reaching more deprived areas, people who report their ethnicity as Black or Asian, and gay, bisexual and men who have sex with men (GBMSM).

- Delivery of a small grants programme to develop initiatives led by community and voluntary sector organisations which have established trusted relationships with these communities.
- Reaching populations where there are high rates of gonorrhoea diagnoses, such as GBMSM, as well as in geographically reaching Crawley, where the highest gonorrhoea diagnostic rate is observed, as well as Arun, Mid-Sussex and Worthing, where rates are considered to have increased.

**Opportunity to strengthen efforts to prevent or minimise onward spread following a positive test, through:**

- **Considering how a mechanism for partner notification could be established for STI tests undertaken in General Practice** given GP testing contributed approximately 10% of the total diagnoses of chlamydia in 2024 with no mechanism to enable partner notification. It is acknowledged that it is not unusual compared to other local authority areas to not achieve partner notification within General Practice and therefore considering option of approaches would be worthwhile.
- **To take a data driven and behaviourally informed approach to understand engagement in re-testing** after a positive chlamydia test result and whether this may be linked to the higher proportion of re-infections observed in 15 to 19 year olds given that these young people are already known to the sexual health service. To consider how re-testing can be monitored on an on-going basis.

## 8. Human Immunodeficiency Virus (HIV)

### Key points

#### Background

- Human Immunodeficiency Virus (HIV) is a type of virus which can lead to a decrease in the immunity of an individual. It can be spread through several different transmission routes. In the UK, the most common mode of transmission is through sexual transmission.
- The 'Towards Zero' action plan for England aims to achieve a reduction of 80% in the transmission of HIV by 2025, as part of a long-term goal to reduce the transmission of HIV to zero by the year 2030. A new HIV action plan for England is expected in summer/autumn 2025.

#### Pre-Exposure Prophylaxis (PrEP)

- Pre-Exposure Prophylaxis (PrEP) is a medication which individuals can use to reduce the chances of acquiring a HIV infection and is taken before a potentially risky sexual encounter.
- In West Sussex 10.3% of people visiting sexual health services were estimated to be in need of PrEP in 2023 which is similar to the national figure of 10.1%. Crawley has the highest proportion, 12.3%.
- The proportion of the identified population who receive PrEP in West Sussex has increased between 2021 and 2023, from 56.5% (n=420) to 81.9% (n=1,101), with this latest figure significantly higher than the England proportion.
- In West Sussex, use of PrEP was highest in individuals from the most deprived quintiles (quintiles 1 and 2), and in younger adults, with figures from 2023/24 showing that the highest rates of activity were in individuals aged 16-34. Low PrEP activity in females was recorded in West Sussex.

#### HIV testing rate

- The HIV testing rate in 2023 exceeded the rate of testing observed pre-Covid and was the highest rate over the last decade. The HIV testing rate in West Sussex was 2,073.8 per 100,000, which equates to 18,505 tests performed and is significantly lower than the rate of 2770.7 per 100,000 in England.
- Testing activity for HIV in West Sussex is higher in individuals living in more deprived quintiles of the population (deprivation quintiles 1 and 2), compared to less deprived population quintiles.
- Sexual health service activity data shows that the highest activity of HIV testing is in individuals who are between the ages of 20-24 and 25-34, and also 16–19-year-olds for females.
- Worthing Hospital and East Surrey Hospital (which contributes to serving the Crawley population) are included within the next phase of rollout of the NHS led Emergency Department HIV opt out testing programme expected to be implemented in 2025/26.

#### New HIV diagnoses

- 68 new cases of HIV were reported in West Sussex in 2023, a rate of 7.5 per 100,000 new HIV diagnoses. This rate has increased in recent years, mirroring the national trend, and is the highest rate observed since 2014. The West Sussex rate was lower than the England rate of new HIV diagnoses, of 10.4 per 100,000.
- The rise in new cases of HIV is primarily driven by individuals who have already been diagnosed with HIV outside of the UK.
- In 2023, the rate of new HIV diagnosis amongst individuals who are first diagnosed in the UK in West Sussex (2.9 per 100,000, n=26) was lower than England (4.9 per 100,000).
- Acquiring an HIV infection in the South East through heterosexual sexual contact accounted for 63% of all new cases of HIV, of which 69% were in individuals born in Africa (2022 data).

#### HIV diagnosed prevalence

- In 2023, it was reported that there were 1,247 individuals living with HIV in West Sussex.
- In 2023, the prevalence of HIV per 1000 in individuals aged between 15 and 59 in West Sussex was 1.98, which is lower than the England rate of 2.40. High HIV prevalence local authorities are defined as those

with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years. Crawley (prevalence rate in individuals aged 15-59 of 3.74 per 1000) and Worthing (prevalence rate in individuals aged 15-59 of 2.72 per 1000) are high prevalence areas.

#### **Late HIV diagnoses**

- 51.7% (n=30) of people in West Sussex first diagnosed with HIV in the UK in 2021-23 received their diagnosis late, which is higher than the proportion in England of 43.5%. On this measure, a 'red' rating is applied to a proportion of late diagnoses over or equal to 50%.
- The proportion of heterosexual and bisexual women, and heterosexual men first diagnosed with HIV in the UK, who received their diagnosis late had 'red' ratings for data covering 2021-23.
- Stakeholder perspectives highlighted a high proportion of new diagnosis of HIV in refugees and asylum seekers in West Sussex, with a high proportion of late HIV diagnoses made in this population.

#### **Living with HIV**

- Treatment for HIV has improved, and individuals who are diagnosed and treated promptly can expect to have a near normal life expectancy.
- 960 (77%) of the total individuals living with HIV in West Sussex were aged between 15 and 59 in 2023.
- In 2022, the proportion of individuals aged over 50 living with HIV in the South East was 53%, which is an increase from the 30% aged over 50 in 2013.

### **Introduction**

Human Immunodeficiency virus (HIV) is a type of virus which can lead to a decrease in the immunity of an individual. It can be spread through several different transmission routes. In the UK, the most common mode of transmission is through sexual transmission.<sup>127</sup> HIV can also be transmitted through contact with other bodily fluids including contaminated needles.

### **Impact of Covid-19 pandemic**

The Covid-19 pandemic had a significant impact on the transmission and detection of HIV. Since 2020, HIV testing rates nationally and in West Sussex have increased with testing rates in 2023 exceeding the rate of testing observed pre-Covid and was the highest rate over the last decade.

### **National context**

Prevalence of HIV refers to the proportion of the population living with HIV in a defined period. The prevalence of HIV in England has increased in recent years and in 2023 was 1.73 per 1000. Prevalence is dependent on two factors, incidence which is the number of new cases of a disease, and the duration of time that an individual lives with a disease. Across England, there was a reduction of 35% in the number of new cases of HIV diagnosed in the UK between the years 2014 and 2019<sup>128</sup>. In 2023, the rate of new diagnoses of HIV in England was 10.4 per 100,000. In the UK, providing that individuals are diagnosed and started on treatment quickly, people living with HIV can expect to have a life expectancy largely similar to

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<sup>127</sup> NHS. HIV and AIDS. April 2021.[internet] Accessed 17<sup>th</sup> February 2025. Available from: [HIV and AIDS - NHS](#)

<sup>128</sup> GOV.uk. Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025. Published Dec 2021. Available from: <https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025/towards-zero-an-action-plan-towards-ending-hiv-transmission-aids-and-hiv-related-deaths-in-england-2022-to-2025>

the average life expectancy<sup>129</sup>. Quick and effective treatment is essential to ensure that onwards transmission of HIV is reduced. This is because early treatment for HIV can lead to the viral load of an individual becoming undetectable, meaning that they cannot pass on the virus, and therefore the HIV virus is untransmittable. This is in keeping with the evidence and the campaign produced<sup>130</sup>:

### ***Undetectable = Untransmittable***

**UNAIDS 90:90:90<sup>131</sup>.**

The UNAIDS 90:90:90 strategy aimed to reduce the morbidity and mortality associated with HIV globally, through setting targets to improve outcomes for individuals living with HIV. The original targets created by the strategy have since been revised upwards, and are currently:

- 95% of individuals who have HIV will know of their diagnosis
- 95% of individuals diagnosed with HIV should be started on anti-retroviral treatment.
- 95% of individuals who are receiving antiretroviral therapy should have sufficient viral suppression.

These targets serve as what is considered the ‘benchmark’ for HIV care in West Sussex. A brief review of how West Sussex is performing against these indicators has been performed, but as these are outside the scope of the needs assessment, no in-depth analysis has been performed.

### **Towards Zero - HIV action plan 2022-25**

The ‘Towards Zero’ action plan for England aims to achieve a reduction of 80% in the transmission of HIV by 2025, as part of a long-term goal to reduce the transmission of HIV to zero by the year 2030.<sup>132</sup> This ambitious plan aims to end new HIV transmission of HIV in England by 2030, as part of a wider strategy to reduce the prevalence of HIV and to reduce the number of HIV related or AIDS related deaths to zero. This includes focusing on priority groups such as Black Africans and individuals who identify as heterosexual.

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<sup>129</sup> GOV.uk. Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025. Published Dec 2021. Available from: <https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025/towards-zero-an-action-plan-towards-ending-hiv-transmission-aids-and-hiv-related-deaths-in-england-2022-to-2025>

<sup>130</sup> UNAIDS. Undetectable = untransmittable. July 2018.[internet]. Accessed 17<sup>th</sup> Feb 2025. Available from: [Undetectable = untransmittable | UNAIDS](https://unaids.org/en/resources/undetectable-untransmittable)

<sup>131</sup> UNAIDS. 90-90-90: Treatment for All. [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: <https://www.unaids.org/en/resources/909090>

<sup>132</sup> GOV.uk. Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025. Published Dec 2021. Available from: <https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025/towards-zero-an-action-plan-towards-ending-hiv-transmission-aids-and-hiv-related-deaths-in-england-2022-to-2025>

## HIV in West Sussex

### Pre- Exposure Prophylaxis

Pre-Exposure Prophylaxis (PrEP) is a medication which individuals can use to reduce the chances of acquiring an HIV infection and is taken before a potentially risky sexual encounter<sup>133</sup>. There are two different ways in which PrEP can be taken, either as a daily tablet or at specific times of high risk. This is termed on-demand or event-based PrEP<sup>134</sup>. According to the British Association for Sexual Health and British HIV guidelines, PrEP should be offered to individuals considered at risk of infection with HIV<sup>135</sup>. In England PrEP medication has been available free of charge via sexual health services since October 2020. The delivery of PrEP in these services is commissioned by local authorities whilst PrEP medication is funded by NHS England.

According to the latest figures from 2023, in West Sussex there were 1,345 individuals who visited sexual health services and were reported to be in need of PrEP. This is a proportion of 10.3% of individuals visiting sexual health services which is similar to the national figure of 10.1%. This refers to the number of people accessing sexual health services in West Sussex who do not have HIV but would be considered at high risk of contracting HIV, and therefore would benefit from PrEP<sup>136</sup>.

Ensuring that identified ‘at-risk’ individuals use PrEP is an important measure to reduce the risk of onward transmission of HIV. The proportion of the identified population who receive PrEP in West Sussex has increased between 2021 (PrEP delivery started October 2020) and 2023, from 56.5% (n=420) to 81.9% (n=1,101)<sup>137</sup>. The latest figure of 81.9% in 2023 is significantly higher than the England average. Figure 61 demonstrates the increase in individuals who are identified as requiring PrEP in West Sussex.

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<sup>133</sup> NHS. About Pre-Exposure Prophylaxis. [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [About Pre-Exposure Prophylaxis \(PrEP\) - NHS](#)

<sup>134</sup> National Institute of Clinical Excellence. Reducing sexually transmitted infections. June 2022. Available from: <https://www.nice.org.uk/guidance/ng221/chapter/Recommendations#pre-exposure-prophylaxis-for-hiv>

<sup>135</sup> British HIV Association, British Association for Sexual Health and HIV. BHIVA/BASHH guidelines on the use of HIV pre-exposure prophylaxis (PrEP). 2018. Available from: <https://www.bhiva.org/file/5b729cd592060/2018-PrEP-Guidelines.pdf>

<sup>136</sup> Department of Health and Social Care. Fingertips [internet]. Accessed 17<sup>th</sup> Feb 2025. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

<sup>137</sup> Department of Health and Social Care. Fingertips. [ internet]/ Accessed 17<sup>th</sup> Feb 2025. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

**Figure 61: PreP activity in terms of starting and continuation in West Sussex (Source: Pathway analytics)**

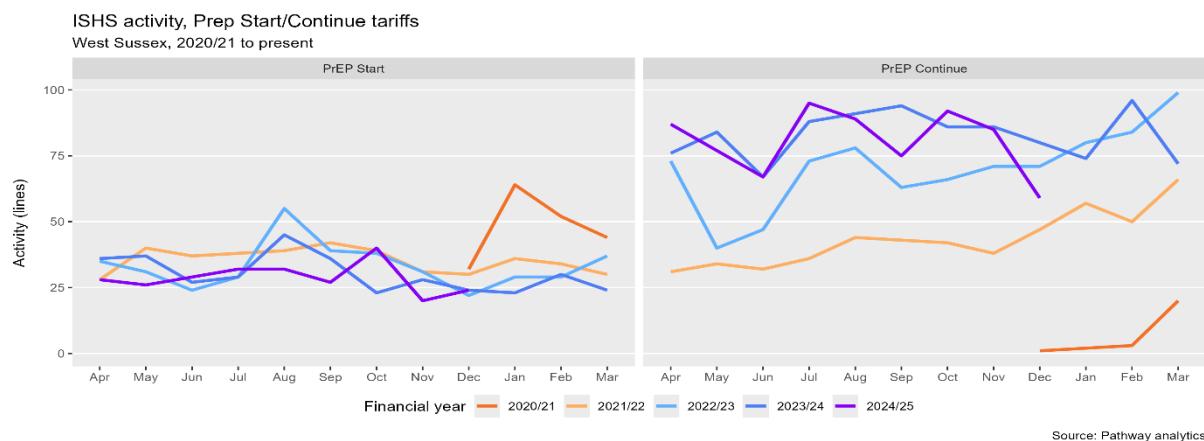


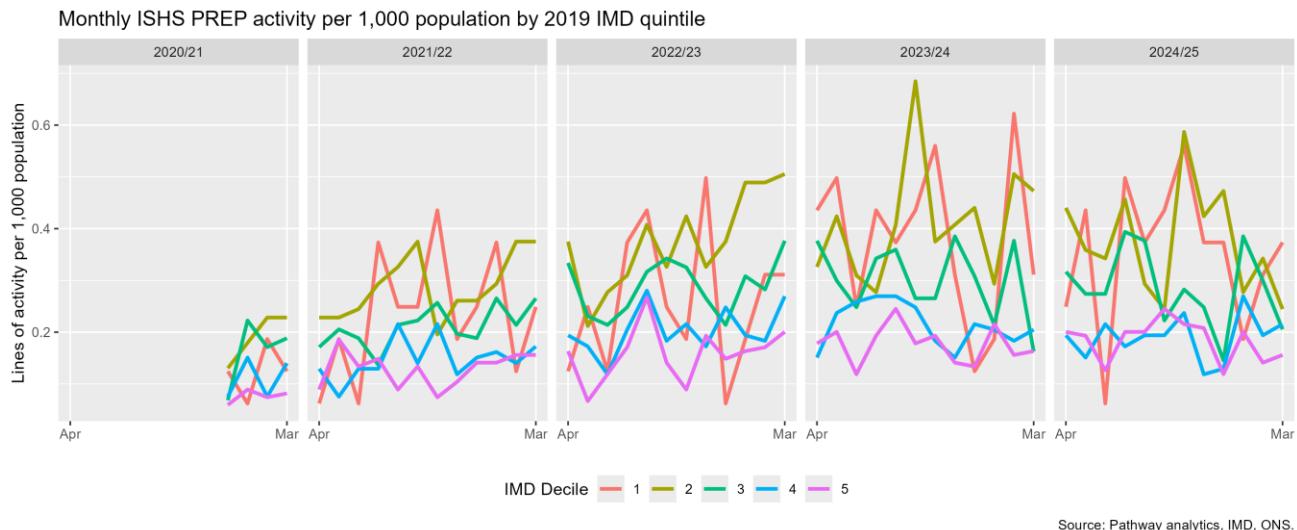
Table 17 gives a breakdown of the proportion of individuals receiving and initiating PrEP in each district and borough in West Sussex. In West Sussex, Crawley has the highest proportion, 12.3%, of individuals visiting a sexual health clinic who are identified as needing PrEP. The proportion of individuals in Chichester (9.3%), Horsham (9.1%) and Adur (9.0%) who are identified as being in need of PrEP is lower.

**Table 17: Proportion of individuals receiving and initiating PrEP in each district and borough in West Sussex. (Source: Fingertips, 2023)**

	Determining PreP need (2023)	N	Initiation or continuation of PrEP among those with PrEP need (2023)	N
England	10.1%	132,299	73.0%	96,562
South East	7.9%	15,698	70.8%	11,109
West Sussex	10.3%	1,345	81.9%	1,101
Adur	9.0%	84	81.0%	68
Arun	9.6%	196	81.1%	159
Chichester	9.3%	171	80.1%	114
Crawley	12.3%	307	82.7%	254
Horsham	9.1%	148	82.4%	122
Mid Sussex	10.8%	206	83.0%	171
Worthing	10.3%	233	81.5%	190

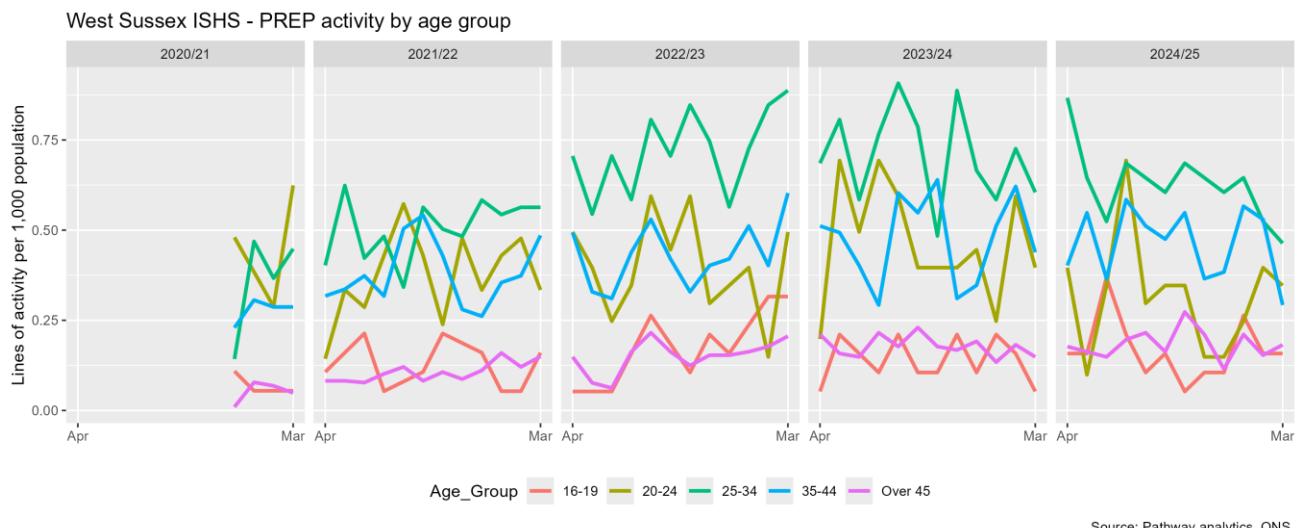
In West Sussex, the use of PrEP was highest in individuals from the most deprived quintiles (quintiles 1 and 2) as shown in Figure 62. Low PrEP activity in females was recorded in West Sussex.

**Figure 62: Monthly PrEP activity in sexual health services 1000 population by deprivation quintile (Source: Pathway analytics, IMD, ONS)**



Service data in Figure 63 shows that the highest use of PrEP is in younger individuals, with figures from 2023/24 showing that the highest rates of activity were in individuals aged 16-19, 20-24 or 25-34.

**Figure 63: PrEP activity by sex and age group in West Sussex Sexual Health Services (Source: Pathway analytics, ONS)**



In West Sussex, PrEP is currently only available through the integrated sexual health service. Innovative practice is emerging in other areas, such as online access in East Sussex<sup>138</sup> and research is being conducted into community pharmacy supply of PrEP in the Bristol area.<sup>139</sup>

<sup>138</sup> SH.UK. All about PrEP. [internet] Accessed 19<sup>th</sup> March 2025. Available from: [All about PrEP — SH.UK](#)

<sup>139</sup> NIHR Applied Collaboration West. Accessing PrEP through pharmacies to improve HIV prevention. [internet]. Accessed 19<sup>th</sup> March 2025. Available from: [Accessing PrEP through pharmacies to improve HIV prevention - ARC West](#)

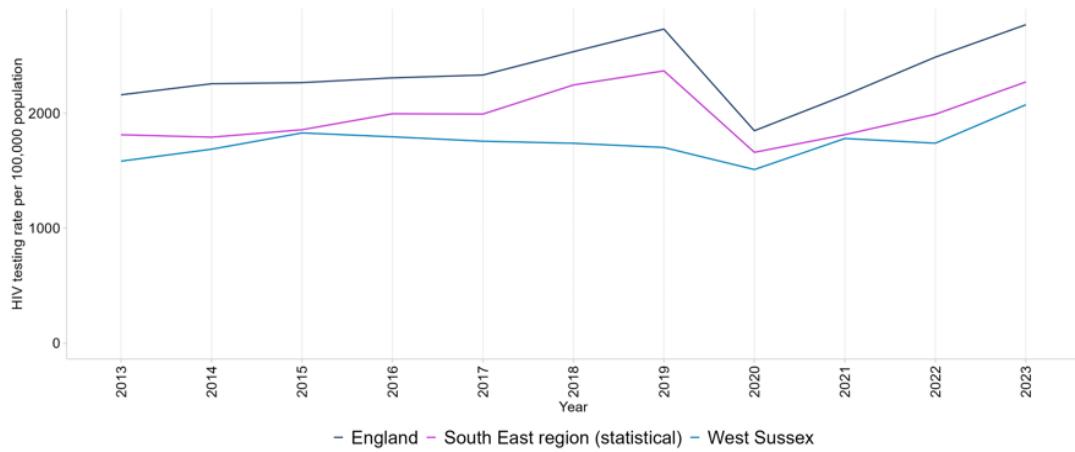
## HIV Testing

The HIV testing rate refers to the number of HIV tests that are performed in a population. HIV can be present for a sustained period of time prior to diagnosis, as provisional symptoms are often non-specific, or an individual may be completely asymptomatic. As a result of this, it is important there is engagement in proactive HIV testing to prevent the late diagnosis of disease and subsequent complications.

### HIV Testing Rate in West Sussex

Since 2020, the HIV testing rate in West Sussex has increased. The testing rate in 2023 exceeded the rate of testing observed pre-Covid and was the highest rate over the last decade. The 2023 testing rate in West Sussex however is lower than the testing rate in England and in the South East as shown in Figure 64. In 2023, the HIV testing rate in West Sussex was 2,073.8 per 100,000, which equates to 18,505 tests performed in West Sussex and is significantly lower than the rate of 2770.7 per 100,000 in England, and 2272.2 per 100,000 in the South East. All local authorities considered statistically ‘similar’ to West Sussex are below the England rate of HIV testing.

**Figure 64: Changes in the HIV testing rate per 100,000 of the population in West Sussex, the South East and England. (Source: Fingertips)**

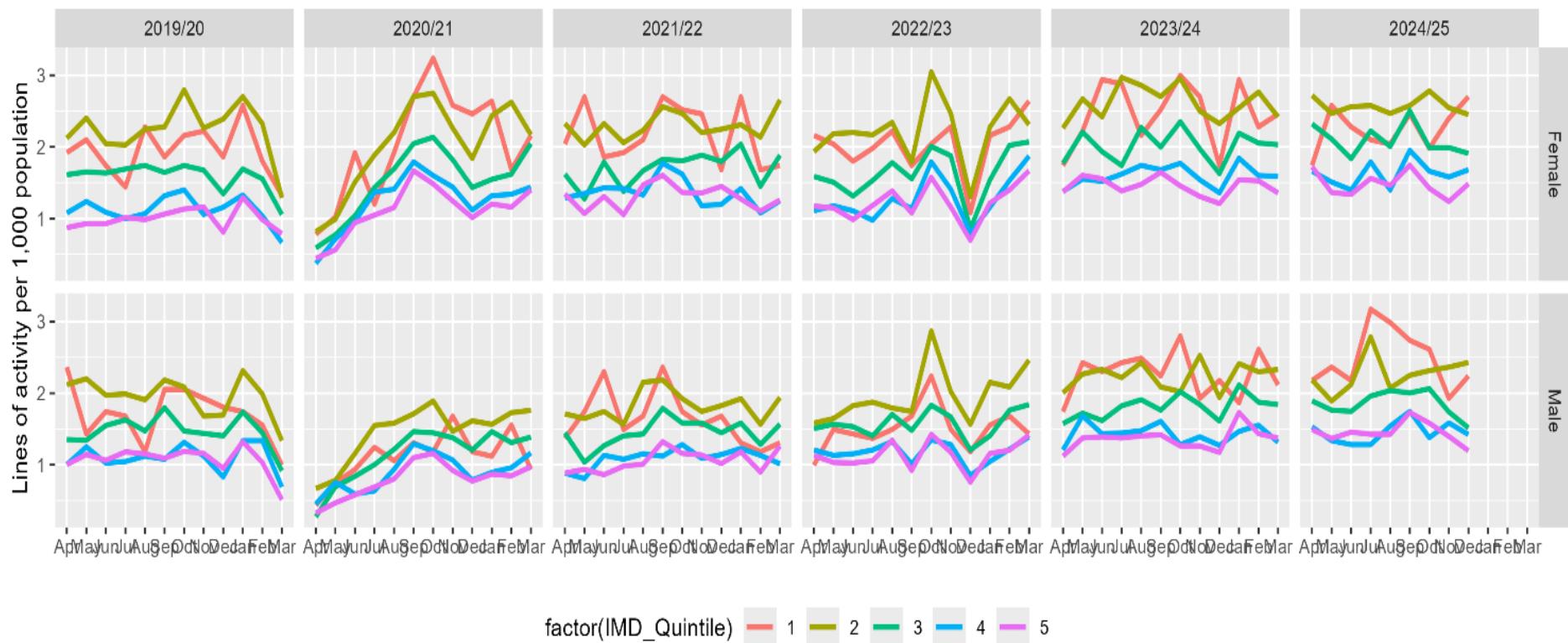


Testing activity for HIV in West Sussex was higher in individuals living in more deprived quintiles of the population (deprivation quintiles 1 and 2), compared to less deprived population quintiles. This is demonstrated by Figure 65.

Following a broadly similar pattern over time, in both males and females, sexual health service activity data shows that the highest activity of HIV testing was in individuals who are between the ages of 20-24 and 25-34, and also 16-19-year-olds for females, as shown in Figure 66.

**Figure 65: HIV testing rate by deprivation quintile and sex. (Source: Pathway analytics, IMD, ONS)**

West Sussex ISHS - HIV activity by sex and 2019 IMD deprivation quintile



Source: Pathway analytics, IMD, ONS.  
Currencies: T4 Full Screen, T4 Self Sample, T7 HIV Test, MSM Sample Received,  
High Risk Sample Received

**Figure 66: HIV testing activity by sex and age group (Source: Pathway analytics, ONS)**



Source: Pathway analytics, ONS.  
Currencies: T4 Full Screen, T4 Self Sample, T7 HIV Test, MSM Sample Received,  
High Risk Sample Received

## NHS led Emergency Department HIV opt out testing

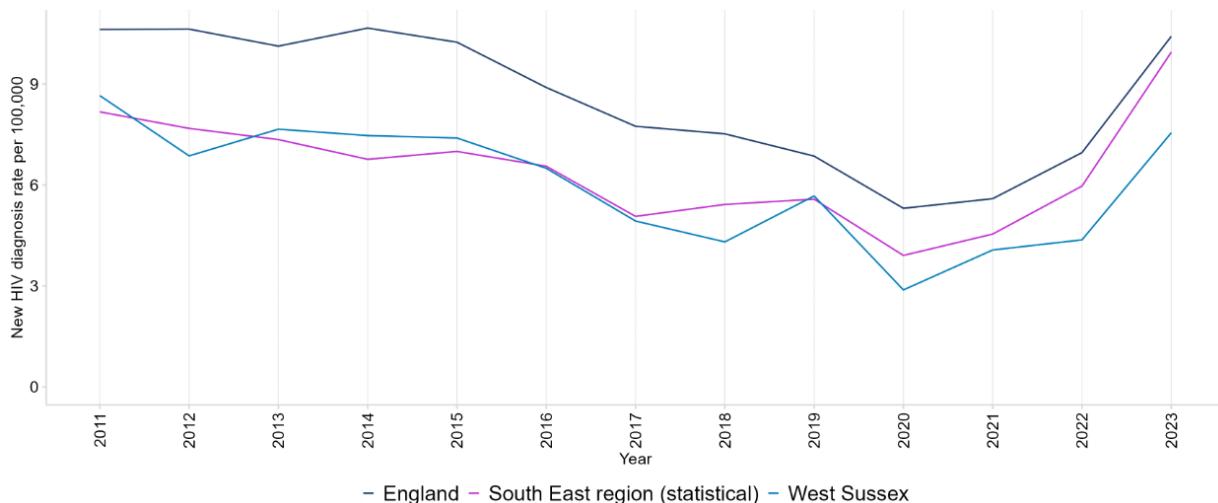
Opt-out testing means that people who attend the Emergency Department, and have blood taken as part of their routine procedure, have an extra blood sample taken unless they opt out. Anyone with a positive result is seen by the relevant HIV, hepatology, or infectious disease team.

On 28 November 2024, the intention to expand the existing nationally led NHS Emergency Department HIV testing programme was announced. Nine type 1 Emergency Departments had been selected because they provide a service to some areas of high diagnosed HIV prevalence (2-5/1000) within their catchment area. Relevant to the West Sussex population, Worthing Hospital and East Surrey Hospital (which contributes to serving the Crawley population) are included within Emergency Department HIV opt out testing programme which is expected to be implemented in 2025/26. Funding to support costs of testing and some staffing costs will be available, as well as funding made available to relevant Integrated Care Boards to commission HIV peer support from the voluntary sector to ensure that those identified are supported to engage or re-engage in care and treatment.

### Trends in new diagnoses of HIV in West Sussex

Nationally, and across the South East, the rate of new diagnoses of HIV increased in 2022 and 2023 data following a decrease in diagnoses leading up to and including 2020, the year of the Covid-19 pandemic. This is shown in Figure 67. 68 new cases of HIV were reported in West Sussex in 2023, a rate of 7.5 per 100,000. This rate has increased in recent years, mirroring the national trend, and is the highest rate observed since 2014. The West Sussex rate is lower than the England rate of new diagnoses of HIV which was 10.4 per 100,000, and the South East rate of 9.9 per 100,000 in 2023<sup>140</sup>.

**Figure 67: Changes in new HIV diagnoses rate per 100,000 in the UK between 2011 and 2023 (Source: Fingertips)**

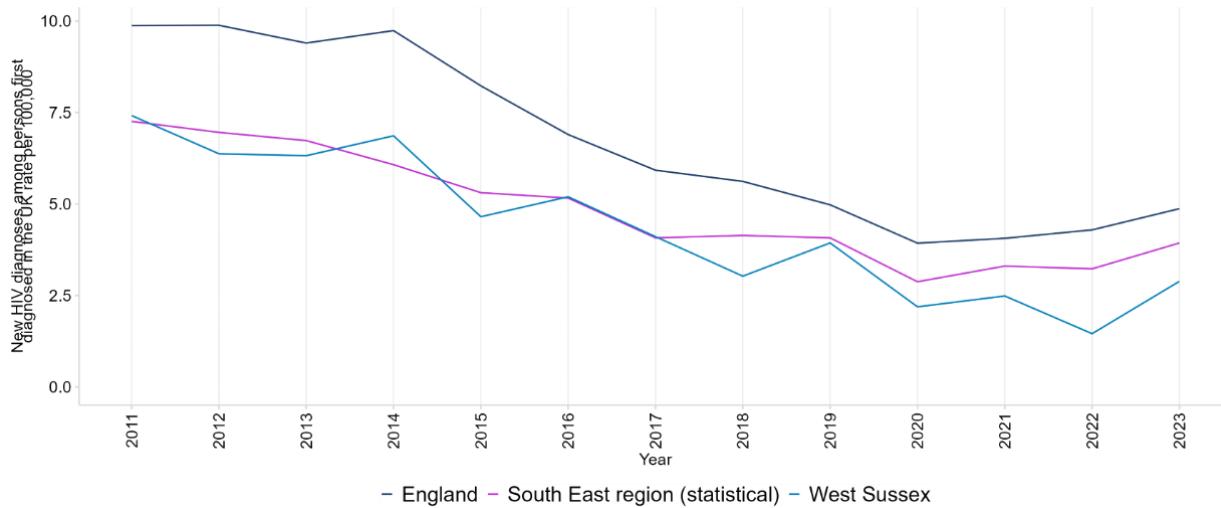


Looking separately at individuals who have received a new diagnosis of HIV in the UK, the rate of HIV diagnosis is comparatively much smaller, highlighting how the rise in new cases of HIV is primarily driven by

<sup>140</sup> UK Health Security Agency. Fingertips data. [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

individuals who have already been diagnosed with HIV outside of the UK and many of whom are driven by economic migration for jobs in health and social care<sup>141</sup>. As shown in Figure 68, in 2023, the rate of new HIV diagnosis amongst individuals who are first diagnosed in the UK in West Sussex (2.9 per 100,000, n=26) is lower than the South East (3.9 per 100,000) and England (4.9 per 100,000). Perspectives from colleagues working in integrated sexual health services in West Sussex suggests that this data is recognised in practice, as evidenced by the high proportion of new HIV diagnoses in individuals who have recently moved to England.

**Figure 68: Changes in the rate of new diagnoses of HIV in people first diagnosed in the UK per 100,000 in West Sussex in comparison to England. (Source: Fingertips)**

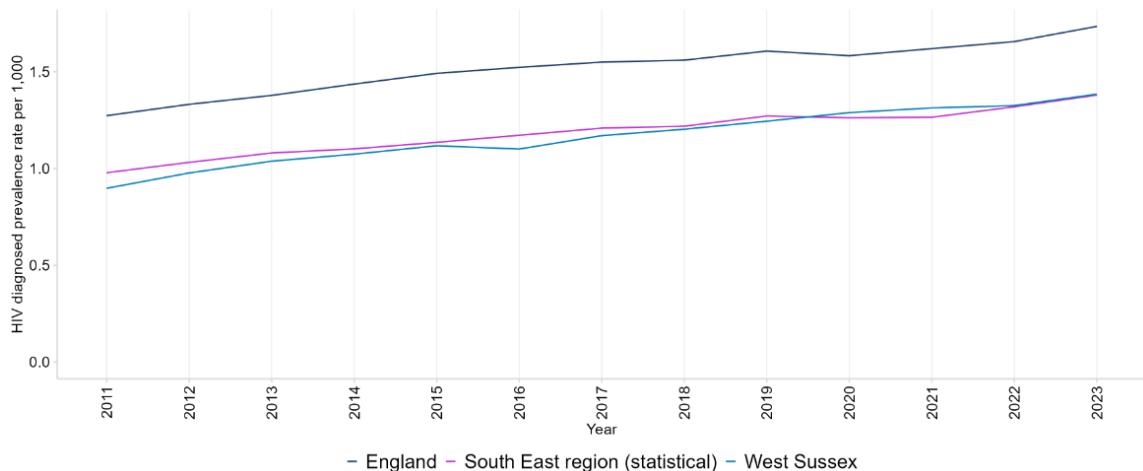


### Prevalence of HIV in West Sussex

Between 2011 and 2023, there has been a small but gradual increase in the prevalence of individuals living with HIV in West Sussex as illustrated by Figure 69. In 2023, it was reported that there were 1,247 individuals living with HIV in West Sussex. This is a rate of 1.38 per 1,000, which is lower than the England prevalence rate of 1.73 per 1,000.

<sup>141</sup> London School of Economics and Political Science. Demand for health and social care workers driving increase in immigration, LSE experts. June 2024. Available from: [Demand for health and social care workers driving increase in immigration, LSE experts](#)

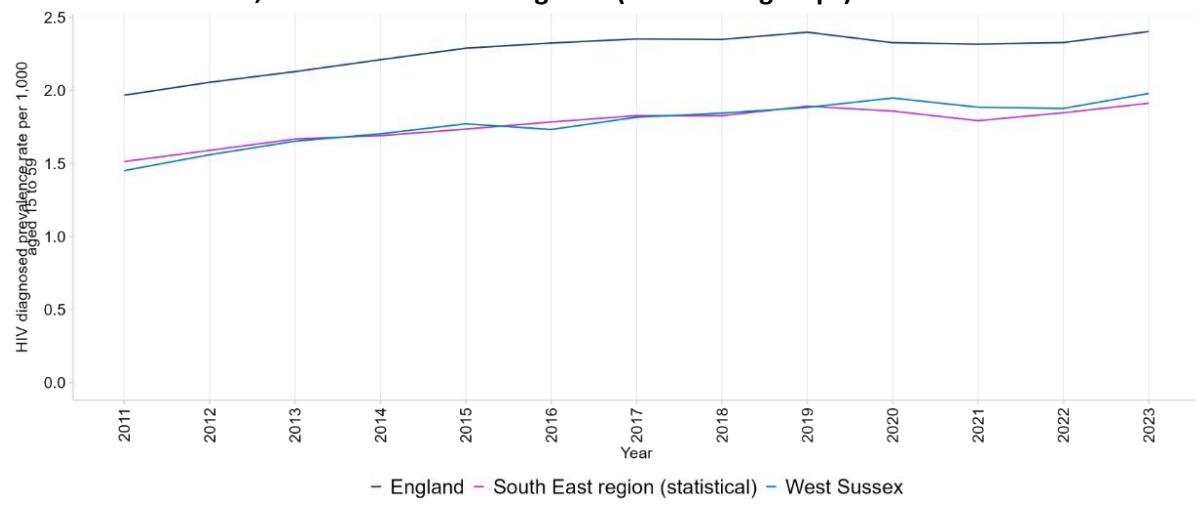
**Figure 69: Change in the HIV diagnosed prevalence rate per 1,000 in West Sussex in comparison to England and the South East. (Source: Fingertips)**



960 (77%) of the total individuals living with HIV in West Sussex were aged between 15 and 59. In 2023, the prevalence of HIV per 1000 in individuals aged between 15 and 59 in West Sussex was 1.98, which is lower than the England rate of 2.40. This is displayed in Figure 70. The increase in HIV prevalence rates seen both in England and in West Sussex is largely because individuals with HIV are living longer, meaning that the number of people living with HIV is increasing as the HIV mortality rate is decreasing.

Based on this 2023 data, when benchmarked against set thresholds, West Sussex is currently rated 'green' indicating a low prevalence rate, with the HIV diagnosed prevalence rate of 1.98 per 1,000 aged 15 to 59. High HIV prevalence local authorities are defined as those with a diagnosed HIV prevalence of between the exact thresholds of 2 and 5 per 1,000 and extremely high prevalence local authorities as those with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years.

**Figure 70: Changes in the prevalence rate of HIV in individuals aged between 15-59 between 2011 and 2023 in West Sussex, the South East and England. (Source: Fingertips)**



The prevalence of HIV in individuals aged between 15 and 59 in West Sussex is lower than the prevalence of HIV in individuals aged 15 and 59 for the whole of England (2.40 per 1,000). However, in comparison to its statistical neighbours, and the rate for the South East (1.91 per 1,000), West Sussex has the highest prevalence rate of HIV in people aged between 15 and 59. This can be further broken down by district and

borough level as shown in Table 18. Crawley and Worthing have the highest rate of HIV prevalence in individuals aged 15-59 in West Sussex, with rates higher (though rated statistically similar) than the England average).

**Table 18: HIV prevalence rate in individuals aged 15-59 by district and borough in West Sussex (Source: Fingertips, 2023)**

District and Borough	Count	Rate (per 1000)	Trends
Adur	64	1.87	Stable
Arun	137	1.64	Stable
Chichester	96	1.48	Stable
Crawley	275	3.74	Stable
Horsham	87	1.10	Stable
Mid-Sussex	132	1.52	Stable
Worthing	169	2.72	Stable

### **Partner notification**

Individuals who receive a positive HIV test result should undergo partner notification. Partner notification promotes testing for HIV in partners of affected cases as a key intervention to ensure detection in others.

The indicator used to measure performance in terms of partner notification is that partner notification has been discussed with people living with HIV within four weeks of diagnosis and within one week of identification of partners at risk. In 2022/23 (latest data available) the West Sussex service almost achieved the current nationally accepted standards achieving 87.5% compared to the BASHH standard of 90%.

### **Changing demography of individuals diagnosed with HIV**

The demographics of individuals living with HIV in the South East of England has changed in recent years<sup>142</sup>. Based on 2022 data, the majority of new infections were acquired through heterosexual contact, and the population living with HIV was noted to be ageing.

Acquiring an HIV infection in the South East through heterosexual sexual contact accounted for 63% of all new cases of HIV, of which 69% were in individuals born in Africa.

Treatment for HIV has improved, and individuals who are diagnosed and treated promptly can expect to have a near normal life expectancy. In 2022, the proportion of individuals aged over 50 living with HIV in the South East was 53%, which is an increase from the 30% aged over 50 in 2013<sup>143</sup>. Work produced by the

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<sup>142</sup> UK Health Security Agency. Annual epidemiological spotlight on HIV in the South East: 2022 data. August 2024. Available from: <https://www.gov.uk/government/publications/hiv-south-east-annual-data-spotlight/annual-epidemiological-spotlight-on-hiv-in-the-south-east-2022-data>

<sup>143</sup> UK Health Security Agency. Annual epidemiological spotlight on HIV in the South East: 2022 data. August 2024. Available from: <https://www.gov.uk/government/publications/hiv-south-east-annual-data-spotlight/annual-epidemiological-spotlight-on-hiv-in-the-south-east-2022-data>

Terrence Higgins Trust explored the impacts of HIV on an ageing population<sup>144</sup>. Relevant findings which should be considered included ensuring that both older men and older women with HIV receive accessible treatment, and consideration should be given to ensure that adult social care settings and services have appropriate awareness to avoid stigma and are prepared to meet the needs of individuals with HIV who are becoming older.

### Late diagnosis of HIV

A late diagnosis of HIV is associated with poorer outcomes in the long term and can also suggest that access to screening and diagnostic tests may be difficult. Late HIV diagnosis refers to the immune cells responsible for protecting against infection, the CD4 cells, are below the threshold of 350 which is required to adequately fight infection<sup>145</sup>.

In West Sussex, across all cohorts of people, the proportion of people first diagnosed with HIV in the UK who are diagnosed late is higher than the rate documented for England (Figure 71). 51.7% (n=30) of people in West Sussex first diagnosed with HIV in the UK in 2021-23 received their diagnosis late, which is higher than the proportion in England of 43.5%. On this measure, a ‘red’ rating is applied to a proportion of late diagnoses over or equal to 50%. However, the number of new cases of HIV in West Sussex is small, and therefore just a few cases of late diagnosis can have a marked impact on the proportion of individuals who are diagnosed late with HIV.

Across England, there are considerable differences in the proportion of individuals from different ethnicities who are diagnosed late with HIV. One group who have a higher proportion of late diagnoses is Black Africans. According to data covering the three years before December 2022 (latest data available), 53% of Black African people diagnosed with HIV in the UK were diagnosed late<sup>146</sup>. This is in comparison to 40% of White people who were diagnosed at a late stage of infection.

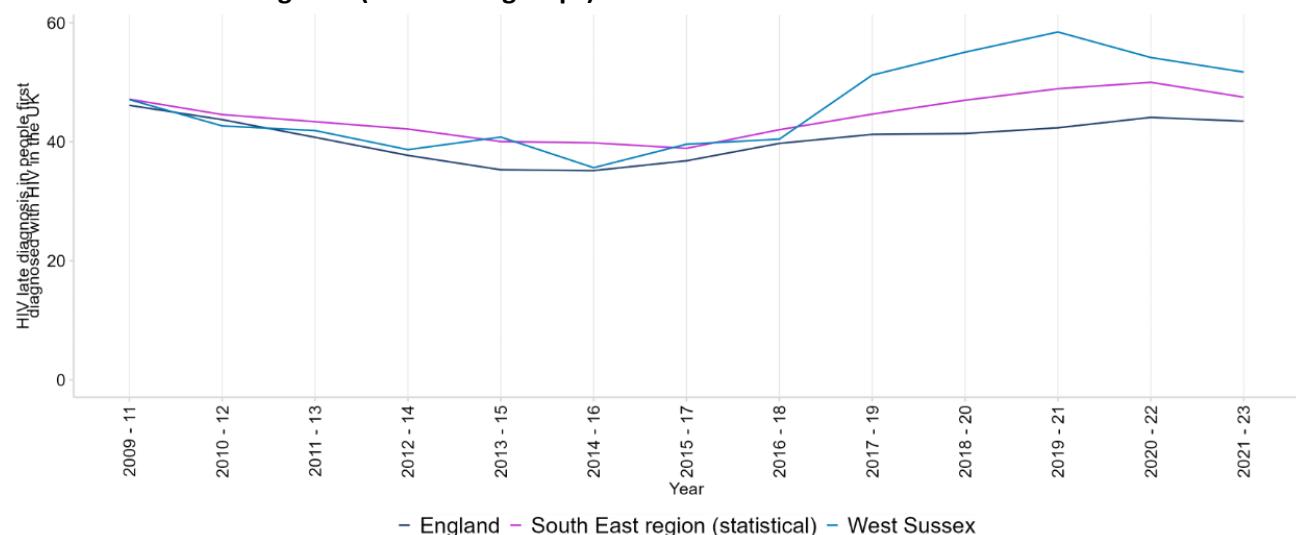
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<sup>144</sup> Terrence Higgins Trust. Uncharted Territory A report into the first generation growing older with HIV. January 2017. Available from: <https://www.tht.org.uk/sites/default/files/2018-02/Uncharted%20Territory.pdf>

<sup>145</sup> GOV.UK. HIV Infection with late diagnosis. July 2024. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/health/physical-health/hiv-infection-with-late-diagnosis/latest/>

<sup>146</sup> GOV.UK. HIV Infection with late diagnosis. July 11 2024. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/health/physical-health/hiv-infection-with-late-diagnosis/latest/>

**Figure 71: Changes in the proportion of individuals diagnosed late with HIV between 2009 and 2021 in West Sussex and in England. (Source: Fingertips)**



There are further differences in the proportion of individuals who receive a late diagnosis of HIV based on their sexual orientation. The proportion of GBMSM who received a late diagnosis when first diagnosed with HIV in West Sussex was 41% (2021-23), which compares unfavourably with the England value of 34%. The proportion of heterosexual men who are diagnosed with HIV late between 2021-23 was 67%, compared to the proportion in England of 57%. In heterosexual and bisexual women first diagnosed with HIV in the UK, the proportion of individuals who were diagnosed late in West Sussex was 53%, which is higher than the England rate of 46%. It should however be noted that because of the small numbers associated with these proportions it is not possible to ascertain any significant difference between the proportions recorded in West Sussex and in England.

#### **West Sussex Integrated Sexual Health Services - Missed Opportunities to test for HIV; investigation into late diagnoses 2024<sup>147</sup>**

West Sussex Integrated Sexual Health Service routinely explore any missed opportunities to diagnose HIV in individuals who receive a late diagnosis of HIV. The latest report produced by the service highlighted a series of changing themes in relation to HIV diagnosis in West Sussex, in individuals first diagnosed with HIV in the UK. Findings highlighted a high proportion of new diagnosis of HIV in refugees and asylum seekers in West Sussex, with a high proportion of late HIV diagnoses made in this population. This report identified potential opportunities to identify HIV earlier through following HIV testing guidance of at-risk groups in primary care.

#### **HIV treatment**

As this need assessment focuses on the services commissioned by West Sussex, HIV treatment is outside of the scope of this needs assessment. Some information about HIV treatment has however been included within this needs assessment to ensure that a complete picture of the HIV situation in West Sussex is available.

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<sup>147</sup> West Sussex Integrated Sexual Health Service. Missed Opportunities to test for HIV; investigation into late diagnoses 2024. 2024

Anti-retroviral medication is a type of medication which is used to suppress the HIV virus and ensure that an individual's immune system can continue to function. It is therefore essential that individuals with HIV are started on anti-retroviral medication quickly, to prevent the immune system from becoming weakened by the HIV virus. In West Sussex, 90.7% of individuals diagnosed with HIV were started on anti-retroviral medication promptly, which is favourable in comparison to the proportion in England of 84.4%<sup>148</sup>.

Antiretroviral coverage refers to the proportion of individuals who are receiving antiretrovirals and whose HIV viral load is sufficiently suppressed<sup>149</sup>. The UN 90-90-90 target states that for there to be a reduction in the transmission of HIV this should be above 95%, as per the updated targets. In West Sussex this was 99.6%, indicating that the population with HIV in West Sussex are being quickly and efficiently treated, once they are diagnosed.

Furthermore, virological success refers to the proportion of individuals who are being treated for HIV who have an undetectable viral load<sup>150</sup>. The proportion of adults with HIV in West Sussex who have achieved virological success was 99.1%, which is higher than the England rate of 97.7%.

These indicators suggest that people with HIV who are accessing HIV treatment in West Sussex are being treated effectively. Initiating treatment for individuals with HIV quickly is therefore an area of good practice which should be continued in West Sussex.

## Sussex HIV Network 2023-2024

The Sussex HIV network was established following the publication of the Towards Zero action plan for England. The Network led development of the 2024 Sussex HIV needs assessment. A series of key findings from the needs assessment were identified, including that a significant proportion of those accessing HIV services are transient populations such as economic migrants and individuals seeking asylum. Findings further revealed that the population living with HIV is ageing, with the complications that this has in terms of the co-morbidities of the population. Four objectives were identified which were:

- Objective 1: ensure equitable access and uptake of HIV prevention programmes
- Objective 2: scale up HIV testing in line with national guidelines
- Objective 3: optimise rapid access to treatment and retention in care
- Objective 4: improving quality of life for people living with HIV and addressing stigma

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<sup>148</sup> Department of Health and Social Care. Fingertips. [internet]. Accessed 17<sup>th</sup> Feb 2025. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/1938133286/pat/15/par/E92000001/ati/502/are/E10000032/iid/93550/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0)

<sup>149</sup> Department of Health and Social care. Definition: Antiretroviral therapy (ART) coverage in people accessing HIV care. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/1938133286/pat/15/par/E92000001/ati/502/are/E10000032/iid/93550/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0)

<sup>150</sup> Department of Health and Social Care. Definition: Virological success in adults accessing HIV care. Available from: <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/1938133286/pat/15/par/E92000001/ati/502/are/E10000032/iid/93550/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

## **West Sussex HIV Action Plan 2024- 2027**

Publication of the Towards Zero action plan for England also led to development of the West Sussex HIV action plan to drive local improvements in population health outcomes and reduce health inequalities within at-risk populations. Over a three-year period, the plan is seeking to:

- Improve the uptake and accessibility of HIV testing
- Improve the uptake and accessibility of HIV Pre-exposure Prophylaxis (PrEP)
- Improve local awareness of the benefits of HIV testing and PrEP through robust online resources, public health campaigns and communications working with system partners
- Increase awareness and knowledge of HIV testing and PrEP within health and social care professionals
- Increase confidence in health and social care professionals to prompt conversations with at-risk service users and enable referral to appropriate services
- Through community outreach and engagement activities, develop insights into the health and healthcare needs of at-risk service users to inform commissioning of sexual health and HIV

### **National insights to HIV prevention barriers and facilitators**

#### **HIV prevention barriers and facilitators: findings from qualitative interviews among people diagnosed with HIV, March 2021 to July 2022<sup>151</sup>**

This national report led by UKHSA summarised findings from interviews with people diagnosed with HIV (both recent and with a late diagnosis). The report (published December 2024) describes the facilitators and barriers for HIV prevention and identified several areas for local areas to consider, including awareness raising and educational opportunities and also reinforced the recommendation to implement the British Association for Sexual Health and HIV and British Infection Association (BIA) Adult testing guidelines<sup>152</sup> for HIV testing. Many of the findings have been complemented by local insights work, which follows below.

### **Specific HIV Insight work in West Sussex**

#### **'Towards Zero' HIV Prevention: Community Engagement Pilot Programme: Final Report By Community Work- December 2024**

Specific HIV insight work was commissioned by West Sussex and enacted by Community Works to work with community organisations to produce engagement and promotion activities. This produced specific insights to contribute to the West Sussex HIV Action Plan. Key findings are summarised here:

#### **Barriers to HIV prevention**

Common barriers to HIV prevention include:

- A lack of public awareness and misinformation around HIV risk and prevention. This included factors such as a perception that certain factors were not applicable to individual people.
- Stigma was identified as a persistent issue.

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<sup>151</sup> UK Health Security Agency. HIV prevention barriers and facilitators: qualitative findings. December 2024. Available from: <https://www.gov.uk/government/publications/hiv-prevention-barriers-and-facilitators-qualitative-findings>

<sup>152</sup> British HIV Association. British Association for HIV. British Infection Association. Adult HIV testing guidelines. 2020. *HIV Med* 2020; 21 Suppl 6: 1-26. Available from: [Adult HIV Testing guidelines 2020](#)

- A lack of awareness and inclusion within health services, particularly for sex workers and for trans, non-binary and intersex individuals.
- Barriers to accessing information and care, including financial, waiting times, language barriers and digital exclusion.

### **Barriers for specific communities**

The barriers affecting specific communities include:

- Specific community taboos around sex and sexual health – this was particularly in relation to racially minoritised groups.
- Challenging life circumstances – certain organisations reported difficult life circumstances which were a barrier, such as specific circumstances relating to people experiencing homelessness and/or people living with substance misuse concerns.
- Pressure from others – It was reported by some GBMSM that there was pressure from sexual partners to not use condoms, in addition, sex workers reported pressure from clients.
- Lack of representation – It was reported that information and training about sexual health and HIV is often presented without any representation from minoritised communities.

### **Facilitators**

Common facilitators include:

- Health promotion campaigns – Using effective health information from a reliable, trusted source, which often can be adapted depending on the audience.
- Normalising conversation around HIV and sexual health – Reducing stigma through increasing conversations around HIV and sexual health to promote normalisation.
- Different options for testing – Providing alternative options for testing, such as home-test kits, or delivery of kits to community settings.
- Financial incentives to attend health promotion events and get tested – examples of previous collaborative events where vouchers were provided for testing were reported to be effective, although there are ethical issues associated with this.
- Partnership working across services, sectors and geographical areas – A system wide approach between health, local authority and the community voluntary sector was reported to be an effective use of resources and allow for a cross-sector approach to problems, which has a greater impact.

### **Facilitators for specific communities**

- Community-led, targeted health information – There is a need for health information to be adapted to specific communities, and outreach activities benefit when delivered by trusted community organisations.
- A more holistic approach – For certain groups such as sex workers, information can be best delivered as part of a wider discussion around relationships, assertive behaviours and self-esteem.
- Support to access information and appointments – Some communities, such as people experiencing homelessness, benefit from additional support to access online services and resources, and with attending appointments.

## **Insights from colleagues working in integrated sexual health services**

### **Increasing population need relating to HIV**

Discussions with colleagues working in integrated sexual health services in West Sussex suggested that the cohort living with HIV in the local population is changing. It was reported that in 2024, there has been a reported increase in the number of individuals seeking asylum diagnosed with HIV the impact of which is being felt on the Crawley clinic. The service reported that sometimes individuals have received a diagnosis abroad but have not taken medication for some time, but nearly half were felt to be individuals who are diagnosed with HIV for the first time. Furthermore, the service supports some individuals seeking asylum who have experienced sexual violence, and this can lead to trauma and in whom concomitant STIs are also diagnosed. There has been development of a pathway which has reduced the number of missed appointments for this population group and a need has also been recognised to have longer appointment slots, or for translation services to be used as well as onwards community and voluntary sector support to be linked into. These discussions highlighted that needs of individuals accessing sexual health are becoming increasingly complex.

This discussion was informed by a specific piece of work, - a review of patient notes led by the integrated sexual health services in West Sussex, in conjunction with Brighton and Sussex Medical School, and which aimed to explore characteristics associated with asylum seekers and individuals in detention centres living with HIV. During a 3-year period between April 2021 and 2024, 21 cases of asylum seekers diagnosed with HIV were reviewed.

### **Comparative insights with other local authority areas**

Selected metrics where West Sussex has improvements to make were assessed and the top three performers of West Sussex's similar local authorities identified. Late diagnosis of HIV was one such indicator where West Sussex is rated 'red' as having a higher proportion of individuals first diagnosed in the UK as over 50% (2021-2023, 51%, n=25). Comparator areas identified as doing better were East Sussex where the proportion of late first HIV diagnosis in the UK being 28.6% (10 people), Worcestershire 33.3% (5 people), and Suffolk 36.4% (16 people). It was decided that given the fact that the absolute number of cases were low, further discussions with other local authorities were not pursued, apart from with our immediate neighbour of East Sussex. East Sussex reflected that no particular initiatives or attention would have led to this result and suggested that it would be hard to pinpoint particular practice given the small absolute numbers.

With regards to PrEP indicators, West Sussex performs comparatively well against its 'similar' neighbours. As a result of this, no comparative work was performed focused on PrEP.

### **Findings from sexual health roundtable event related to HIV prevention and testing.**

The roundtable identified several strengths associated with HIV care in West Sussex. Identified strengths included the fact that the relationships between commissioning leads and between networks was described as strong. Access to treatment following a diagnosis of HIV was identified as a factor which is working well. It was recognised that West Sussex compares well in its performance across the majority of HIV indicators in comparison to national performance.

The importance of considering inequalities within HIV care was identified. There was recognition of at-risk groups who may suffer from inequalities in HIV care, including individuals who may have difficulty in accessing digital services. There was a recognition that the population living with HIV are becoming older

which is a success of effective HIV treatment. Stigma was identified as an issue, with the roundtable highlighting the need to have conversations about stigmatising language.

Strategies were identified which could be used to tackle inequalities in groups at risk of HIV, or with HIV. Potential strategies include considering alternative ways of providing contraception. There was the suggestion that HIV could potentially be incorporated into the 'Make Every Contact Count' programme (which is underway, perhaps indicating potential for further engagement). Education was commonly identified as a strategy which could be utilised to improve HIV access. This included discussion of potential approaches to increase uptake of HIV testing and reduce stigma. Building trust with communities and engaging with communities to co-produce services was identified as being key.

## Areas of focus – HIV

### Opportunity for recognising and adapting local action and practice to reflect the changing local HIV epidemiology

- **To closely monitor the prevalence of HIV per 1,000 in individuals aged between 15 and 59 in West Sussex** given there has been an increased trend and with the current figure being 1.98 per 1,000. High HIV prevalence local authorities are defined as those with a diagnosed HIV prevalence of between the exact thresholds of 2 and 5 per 1,000 people.
- **To recognise that:**
- **Local populations where greatest number of new HIV diagnoses are observed are:**
  - o **Where transmission has been through heterosexual sexual contact** of which approximately two thirds of individuals were born in Africa (assuming South East data is applicable to West Sussex), and,
  - o **Amongst people who have already been diagnosed with HIV outside of the UK.** This population are often in need of a tailored approach to care for both HIV care and treatment as well as concomitant sexual and reproductive health needs, including potentially benefitting from a trauma informed approach.
- **The population of people living with HIV is ageing.** As a part of this,
  - o Adult social care service delivery may be improved by building awareness of HIV through training for staff working in these settings, as an example, recognising too that some individuals working in these settings may themselves be from high HIV prevalence countries.
  - o Optimising support for people living with HIV to live with a good quality of life could include building awareness and vigilance among GPs and other healthcare professionals to comorbidities that people living with HIV can experience at younger ages than those without HIV.

### Opportunity for continued and renewed focus on local actions to reduce HIV transmissions through prevention and testing, including in building shared and visible leadership

- **To further develop local HIV leadership in supporting the delegation of the commissioning of HIV care and treatment from NHS England to Integrated Care Boards in April 2025.** This may present an opportunity for further cultivating local leadership on HIV and actions to address stigma.
- **To continue to work towards and regularly monitor progress towards actions in the West Sussex Towards Zero Action Plan and refresh to appropriately reflect the new national HIV Action Plan expected in 2025.**
- **To increase awareness and accessibility of preventative measures and draw on local insights and emerging evidence to inform this, notably for:**
- **Condoms, through:**
  - o Working alongside individuals from priority populations to:
    - Scope settings/routes through which access can be improved
    - Increase motivation to use condoms
    - Reduce other barriers, drawing on local insights work on this topic.

- **PrEP, through:**
  - Raising awareness of the availability of PrEP
  - Continuing to identify people in need of PrEP
  - Ensuring the PrEP needs of women are met given activity is currently low in this group
  - Exploring how PrEP need are being met in further population groups such as GBMSM.
- **To increase awareness and accessibility of HIV testing through:**
  - **Supporting implementation of opt out HIV testing in Emergency Departments at Worthing Hospital and East Surrey Hospital** (which contributes to serving the Crawley population), which are located in or near to lower tier local authority areas of high HIV prevalence. In addition, seeking to understand the contribution this pathway is making to overall identification of new diagnoses in West Sussex through understanding how HIV diagnoses identified through this open access hospital pathway are attributed to West Sussex as the place of residence for some individuals.
  - **Continued implementation of the West Sussex Towards Zero Action Plan** including:
    - Learning from and utilising local insights in practice,
    - Continuing to value and build on relationships with local communities, and community and voluntary sector organisations, as valued opportunities to reach population groups and address equalities, such as by running the funded community-based HIV testing clinics, and,
    - Implementing Making Every Contact Count for HIV,
    - Implementing PrEP Emerge (a mobile health application within a digital health pathway to support PrEP)
  - **Promoting awareness of HIV testing when indicator conditions are present in primary care and in other relevant settings such as TB clinics**, to ensure learning from West Sussex late diagnosis audits is applied in practice.
  - **Continuing to undertake high quality HIV late diagnosis audits** which are led by the integrated sexual health service.

## 9. Reproductive health including contraception and condom use

### Key points

#### Planning for pregnancy

- A key component of good sexual health and wellbeing is being able to choose when to become pregnant in which contraceptive choices and decision making plays a key role. It is estimated that up to forty five percent of the pregnancies that occur in the UK are unplanned.

#### Reach of sexual health service to young adults

- Attendances by females for contraceptive reasons at the sexual health service was highest for:
- 18-19 year olds: 12% of the estimated West Sussex population in this age group, slightly higher than the national figure of 10%, and,
- 20-24 year olds: 13% of the estimated West Sussex population in this age group, slightly higher than the national figure of 11%.

#### Overall contraceptive activity

- General Practice provides the greatest volume of contraceptive items to the West Sussex population.
- All population metrics, apart from LARC provision through the sexual health service setting, shows higher contraceptive activity locally compared to national figures.
- Nationally and locally, user dependent hormonal methods of contraception appear to be decreasing and use of emergency contraception appears to be increasing; rates of total LARC prescribed have not yet recovered to the rates seen in 2019, before the COVID-19 pandemic.

#### User dependent hormonal contraception

- Rates of prescriptions of the progestogen only pill and combined hormonal contraception pill from GP practices and integrated sexual health services in West Sussex are higher than national rates. However, these rates have declined slightly in recent years both nationally and in West Sussex.
- Based on 2023 data, rates of GP prescribed progestogen only pill were lowest for Chichester, Worthing and Mid-Sussex, and rates of GP prescribed combined hormonal contraception were lowest for Crawley and Worthing.
- The local survey undertaken for this needs assessment which was particularly aimed at reaching defined population groups indicated low awareness of community pharmacy services for access to oral hormonal contraception. This finding was verified by activity data from the community pharmacy oral contraception service, perhaps reflecting that this is a relatively new service, having been established nationally in December 2023.

#### Long Acting Reversible Contraception

- A higher **total** (provided by the integrated sexual health service and GPs) **prescribed rate of LARC** was reported in West Sussex for 2023, in comparison to the national rate.
- Lower rates of total prescribed LARC were reported in Chichester and Crawley, with rates decreasing in these areas (assessed as trend over last five years).
- **GP prescribed LARC** in West Sussex has been significantly higher than the England average for several years. Rates of LARC prescribed by GPs declined nationally and locally in 2020 and are yet to recover to the rates seen prior to the Covid-19 pandemic. More up to date LARC activity data taken from monthly contract monitoring data from GP practices to WSSC suggests that there has been a decrease in activity between 2022/23 and 2023/24 locally.

- At January 2025, almost all GP practices were contracted to insert IUDs/IUS's and contraceptive implant. A cross-referral mechanism exists which allows GP practices to refer their registered patients to another GP practice within their Primary Care Network to facilitate access to LARC across the county.
- Rates of **LARC provision from the West Sussex sexual health service**, where the provision of LARC occurs in much smaller numbers, appears to have remained stable in recent years, though perhaps observed a decline during 2024.
- Data suggests LARC activity through the sexual health service has been consistently highest from women living in the more deprived quintiles (quintiles 1 and 2) of the West Sussex population.
- In 2023/24, the highest rate of LARC activity through the integrated sexual health services was for the resident populations of Worthing and Crawley, followed by Chichester (the locations where the main hub clinics are), with the lowest rates of LARC activity were in Horsham and Mid Sussex.
- Good practice identified from well performing local authority areas on LARC highlighted the utility of collaboration between primary care and sexual health services.

#### **Emergency Contraception**

- Nationally collated data from sexual health services suggests that between 2022/23 and 2023/24, there was an increase of 13% in the uptake of emergency contraception use in the country. There is no national aggregation of community pharmacy emergency hormonal contraception (EHC) data through locally commissioned services, nor of private sales of EHC through community pharmacies, or from GPs.
- Available West Sussex emergency contraception activity data (comprising EHC through the community pharmacy locally commissioned service or EHC or EC through the sexual health service) showed an approximately 25% increase from 2021 to 2024, however this does not include provision through GPs, nor of private sales of EHC through community pharmacies.
- At January 2025, 24 out of approximately 140 (less than 20%) of community pharmacies participated in the West Sussex County Council emergency hormonal contraception locally commissioned service.
- West Sussex County Council Public Health are working with partners to deliver online access to EHC provision.
- A national NHS community pharmacy emergency hormonal contraception service is expected to be implemented from October 2025.

#### **Condom provision**

- Free condom provision through the West Sussex sexual health service includes in-person, outreach and online provision. Individuals can request condoms online which will then either be delivered confidentially to their home, or delivered to 'Click and Collect' locations.
- In the local survey, undertaken for this needs assessment, which was particularly aimed at reaching defined population groups, 45% (45/101) reporting that they did **not** use condoms. Of EasyRead respondents, a higher proportion of individuals reported that they did **not** use condoms, 75% (12/16). The majority of respondents reported that they buy condoms.

#### **Natural family planning**

- Perspectives shared at the sexual health roundtable and through interviews with colleagues working in integrated sexual health services, alongside data from the sexual health service, indicated that there may have been a shift towards natural family planning as a preferred method. This method has lower effectiveness as a contraceptive method.
- A recent published study using data from England and Wales highlighted that the proportion of individuals who reported to use natural family planning methods around the time of conception had increased from 0.4% in 2018 to 2.5% in 2023.

#### **Teenage conceptions and births**

- There has been a large decrease in the number of conceptions in under 18s in England and locally since 2011.

- The latest figures (2021) on under 18 conception rate and birth rate in West Sussex show lower rates than the national rates.

#### **Abortion rate**

- Since 2019 the rate of abortions in under 18s has decreased in West Sussex. The under 18 abortion rate in West Sussex was lower than the England rate in 2021 (latest published data).
- The rate of conceptions in under 18's which led to abortion was slightly higher in West Sussex compared to that observed nationally in 2021. The number was highest in Crawley.
- The total abortion rate (total number of women having an abortion per 1000 female population aged 15-44 years) in West Sussex was below the total abortion rate for England in 2021.
- Overall, there has been an increase in the total abortion rate in West Sussex between 2017 and 2021, similar to trends seen in England.
- A national report examining the increase in abortion rates concluded that there has been a reduction in the provision of contraception, and this in combination with good access to early abortion services may have contributed to abortion rates increasing. Furthermore, the report noted that findings from the national Women's Reproductive Health Survey in 2023 showed post-conception contraceptive advice was generally considered poor, and that knowledge relating to contraception amongst women and girls was generally considered to be poor which was suggested to contribute to the reduction noted in the number of women accessing contraceptive services.

#### **Pelvic Inflammatory Disease**

- The England rate of pelvic inflammatory disease (PID) hospital admissions in women aged 15-44 years per 100,000 population has slightly increased over the last decade up to 2023/24. In West Sussex, between 2020/21 and 2023/24 rates of PID increased. For 2023/24, the rate of admissions to hospital due to PID was substantially higher than the England rate and higher than 'similar' local authority neighbours. Further analysis is required to understand possible explanations.

#### **Ectopic pregnancy**

- In England, ectopic pregnancy admissions to hospital in women aged 15-44 years has remained stable over the last decade to 2022/23, with a slight increase in 2023/24. In West Sussex since 2017/18, rates of admissions to hospital with an ectopic pregnancy in West Sussex have increased year on year. The increased observed in the latest data (2023/24) show the ectopic pregnancy admission rate in West Sussex to be significantly higher than the rate seen nationally.

#### **Perspectives from colleagues** indicated opportunity to ensure:

- A clear local offer is articulated to the local population given the number of access points for contraception available.
- The value and contribution of the NHS Pharmacy Contraception Service is utilised through increasing activity within this recently implemented service for on-going oral contraception.
- A post-natal contraception offer through maternity services is developed alongside partners to ensure pathways to on-going contraceptive care are in place.
- Collaboratively working across primary care, the integrated sexual health service and the abortion service to ensure clear pathways (e.g. for emergency IUD fitting) as well as to identify opportunities for targeting efforts to increase contraception as a preventative measure for rising abortions..

#### **Introduction**

A widely accepted definition of Reproductive Health is "A state of physical, mental, and social well-being in all matters relating to the reproductive system. It addresses the reproductive processes, functions and system at all stages of life and implies that people are able to have a satisfying and safe sex life, and that

they have the capability to reproduce and the freedom to decide if, when, and how often to do so.”<sup>153</sup> (ICPD 1994)

A key component of good sexual health is being able to choose when to become pregnant. Ensuring individuals are able to access contraception enables each individual to have autonomy over the decision of whether to have children. It is estimated that up to forty five percent of the pregnancies that occur in the UK are unplanned<sup>154</sup>. Furthermore, there are inequalities that exist in planning for a pregnancy, as individuals who smoke, have a lower educational attainment and are younger are more likely to have an unplanned pregnancy. Different contraception methods are suitable for different people, and each individual should have the right to choose the contraception method which is most suitable for their needs.

### **Impact of Covid-19 pandemic**

The Covid-19 pandemic caused a change in access to contraception nationally and locally. A reduction in the number of face-to-face appointments available had implications on the provision of LARC; local rates of provision are yet to recover to the rates of prescribed LARC seen prior to the Covid-19 pandemic. Other forms of contraception provision were impacted too. Furthermore, there were changes in access to early medical abortions during the Covid-19 restrictions, enabling medications to be taken at home, which have since become an ongoing option.

### **National context**

#### **NATSAL-3**

The NATSAL-3 findings (see earlier section on attitudes and behaviours), found that:

- 21% of pregnancies in 16-19 year olds were unplanned,
- 23% in 20 to 24 year olds,
- 16% in 25 to 29 year olds,
- 23% in 30 to 34 year olds,
- 12% in 35 to 39 year olds, and,
- 5% in 40 to 44 year olds.

#### **The Hatfield Vision<sup>155</sup>**

The Hatfield Vision is a vision produced by the FSRH. This vision highlights the inequalities that exist in reproductive health access in women, girls and people accessing reproductive healthcare services across the United Kingdom and sets the gold standard for ensuring good reproductive healthcare to women and girls in the United Kingdom. The Hatfield vision is as follows:

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<sup>153</sup> Public Health England. A consensus statement Reproductive health is a public health issue. June 2018. Available from: [A consensus statement - reproductive health is a public health issue](#)

<sup>154</sup> Public Health England. Health matters: reproductive health and pregnancy planning. June 2018. Available from: [Health matters: reproductive health and pregnancy planning - GOV.UK](#)

<sup>155</sup> The Faculty of Sexual and Reproductive Healthcare. Hatfield Vision: Two Years in: Progressing our Sector’s Consensus Ambitions for Reproductive Health Outcomes. June 2024. Available from: [fsrh-hatfield-vision.-progressing-sector-consensus-for-srh.-2024.pdf](#)

"By 2030, reproductive health inequalities will have significantly improved for all women, girls and Sexual and Reproductive Health service users, enabling them to live well and pursue their ambitions in every aspect of their lives" <sup>156</sup>

The Vision comprises 16 Goals to tackle reproductive health disparities, of which the following goals are related to access and standards of contraceptive care which are particularly relevant for local authorities to address:

- **Goal 3.** Integrated Care Systems, local authorities and providers promote the fulfilment of Sexual and Reproductive Health rights including offering women and girls the full range of contraceptive methods in the location of their choosing, with quick access to local general practice and specialist services when needed.
- **Goal 5.** Enhanced access to contraceptive care, addressing the needs of all those who are the least well-served, with a particular focus on populations that experience the worst inequalities such as, but not limited to, women and girls living with disabilities, from low socio-economic backgrounds, from Asian and ethnic minority groups, black women/girls and women/girls of colour.
- **Goal 6.** Access to Long-Acting Reversible Contraception (LARC) is made equitable across Integrated Care System geographies and demographics.
- **Goal 7.** By 2025, free oral emergency contraception is available and funded in all community pharmacies across England, including to under 25s.

### **Women's Health Strategy for England**

The Women's Strategy for England (2022) was developed in response to evidence highlighting the inequalities facing women in accessing appropriate healthcare, including sexual and reproductive healthcare.

Consultation work, performed as part of the development of the Women's Health Strategy<sup>157</sup>, found that 84% of women felt that their voices were not listened to when it came to health<sup>158</sup>. Recommendations from the Women's Strategy for Health proposed that further Women's Health Hubs are established across the country. These hubs aim to provide community-based healthcare for women, addressing needs across the life course, supported by a national core specification for delivery comprising seven key areas<sup>159</sup> and includes contraception as well as screening and treatment for STIs and HIV screening. It was also recognised that these hubs should be developed to be in keeping with the locally identified needs of women.

**Local Women's Health Hub implementation:** In early 2025, two Women's Health Hubs were established in West Sussex, selected through an expression of interest process led by NHS Sussex, and are based within GP practice settings of Orchard Surgery, Horsham, and, Victoria Road Surgery, Worthing.

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<sup>157</sup> Department of Health and Social Care. Women's Health Strategy for England. August 2022. Available from: [Women's Health Strategy for England - GOV.UK](https://www.gov.uk/government/publications/womens-health-strategy-for-england)

<sup>158</sup> Department of Health and Social Care. Results of the 'Women's Health – Let's talk about it' survey. April 2022. Available from: [Results of the 'Women's Health – Let's talk about it' survey - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/results-of-the-womens-health-lets-talk-about-it-survey)

<sup>159</sup> Department of Health and Social Care. Women's health hubs: core specification. March 2024. Available from: [Women's health hubs: core specification - GOV.UK](https://www.gov.uk/government/publications/womens-health-hubs-core-specification)

## Contraception

Contraception protects against pregnancy although some methods can be used for non-contraceptive benefits. In addition to enabling choice around pregnancy and reducing the risk of STIs, contraception is cost-effective. In terms of healthcare-related costs the return on investment for every pound spent on contraception over a period of 10 years is £3.68<sup>160</sup>. There is also a return on investment in the long run in terms of non-healthcare related costs, as for every £1 invested, there is a return on investment of £5.32 over 10 years. Overall, considering both healthcare and non-healthcare related costs, for every £1 invested, over a period of 10 years, there is a return on investment of £9.

Contraception can be broadly divided into short-term and long-term contraception.

- Short-term contraceptive methods can either be through hormonal or barrier methods and can include the progestogen only pill and combined hormonal contraceptive.
- Longer term contraceptive methods include intrauterine devices and intrauterine systems. Injectable methods are not considered as part of national definitions of long-acting reversible contraception methods. This is because injections require administration on a more frequent basis and thus are considered less effective, they require less training to provide, and furthermore are outside the local authority contract<sup>161</sup>.

Several different types of contraception are available, with the right choice for each individual dependent on their specific needs. Table 19 outlines the different types of contraception.

**Table 19: The different types of contraception that are available. This table was designed using information taken from the NHS website<sup>162</sup>.**

Type of contraception	Details
<b>Condoms</b>	Condoms are a form of barrier contraception. They can be effective in protecting against sexually transmitted infections but their effectiveness can be lower than other forms of contraception.
<b>Progestogen only pill</b>	This is a form of hormonal contraception that is taken by women to prevent ovulation, and is considered 99% effective <sup>163</sup> . It is alternatively known as the mini-pill, and contains the hormone progestogen.

<sup>160</sup> Public Health England. Contraception: Economic Analysis Estimation of the Return on Investment (ROI) for publicly funded contraception in England. June 2018. [internet]. Available from: [Contraception: Return on Investment \(ROI\) report](#)

<sup>161</sup> Office for Health Improvement and Disparities. Fingertips. Total prescribed LARC excluding injections rate / 1,000 – Definition. [internet]. Accessed 20<sup>th</sup> Feb 2025. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

<sup>162</sup> NHS. How well contraception works at preventing pregnancy? [internet] Accessed 17.2.2025. Available from: [How well contraception works at preventing pregnancy - NHS](#)

<sup>163</sup> NHS. What is the progestogen-only pill? [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [What is the progestogen-only pill? - NHS](#)

<b>Combined hormonal contraception (also known as the pill)</b>	Combined hormonal contraception contains two different hormones, oestrogen and progestogen. It is taken orally by women. It similarly prevents ovulation and is considered 99% effective <sup>164</sup> .
<b>Emergency Hormonal Contraception (also known as the 'morning after pill')</b>	Emergency hormonal contraception is a form of hormonal contraception which can be taken to prevent pregnancy within 3-5 days of unprotected sexual intercourse. It is not as effective as the intra-uterine device for emergency contraception. <sup>165</sup>
<b>Intra-uterine system</b>	An intra-uterine system is a hormonal system which is inserted into the womb. <sup>166</sup>
<b>Intra-uterine device</b>	The intra-uterine device is alternatively known as the copper coil. It does not contain any hormones. It is a long acting form of contraception. <sup>167</sup>
<b>Contraceptive implant</b>	This is a hormonal implant which can act as a long-term form of contraception. It is usually implanted into the upper part of the arm. <sup>168</sup>
<b>Contraceptive injection</b>	This is an injection of progestogen which works as a contraceptive. <sup>169</sup>
<b>Contraceptive patch</b>	This is form of a hormonal patch which is placed on the skin. <sup>170</sup>
<b>Vaginal ring</b>	This is a ring which is inserted into the vagina and releases the hormones progestogen and oestrogen. <sup>171</sup>
<b>Diaphragm</b>	This is form of barrier contraception which is inserted into the vagina. <sup>172</sup>

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<sup>164</sup> NHS. What is the combined pill? [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [What is the combined pill? - NHS](#)

<sup>165</sup> NHS. How to take the emergency contraceptive pill? [internet]. Accessed 17<sup>th</sup> Feb 2025. Available from: [How to take the emergency contraceptive pill \(morning after pill\) - NHS](#)

<sup>166</sup> NHS. IUS (intrauterine system) or hormonal coil. [internet]. Accessed 17<sup>th</sup> Feb 2025. Available from: [IUS \(intrauterine system\) or hormonal coil - NHS](#)

<sup>167</sup> NHS. IUD or copper coil. [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [IUD \(intrauterine device\) or copper coil - NHS](#)

<sup>168</sup>NHS. Contraceptive implant [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [Contraceptive implant - NHS](#)

<sup>169</sup> NHS. Contraceptive implant. [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [Contraceptive injection - NHS](#)

<sup>170</sup> NHS. Contraceptive patch. [internet]. Accessed 17<sup>th</sup> Feb 2025. Available from: [Contraceptive patch - NHS](#)

<sup>171</sup> NHS. Vaginal ring. [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [Vaginal ring - NHS](#)

<sup>172</sup> NHS. Diaphragm or cap. [internet]. Accessed 17<sup>th</sup> Feb 2025. Available from: [Diaphragm or cap - NHS](#)

## Acceptability of contraception and abortions in different religions in Europe

Table 20 is directly extracted from Pinter et al 2016<sup>173</sup>, and explains the acceptability of contraception and abortion in different religions. This is helpful for service providers to better work with women with different religious affiliations so they can be better educated to make informed choice about contraception use.

**Table 20: Acceptability of contraception and abortions in different religions in Europe**

	Religion					
	Christian: Roman Catholicism	Christian: Eastern Orthodoxy	Christian: Protestantism	Judaism (Orthodox)	Islam	Hinduism
Primary purpose of sexual intercourse	Procreation within marriage	Procreation and a means of expressing unity within marriage	Procreation and promoting marital relations, parenting, women's health	Procreation within marriage	Procreation within marriage and enjoying the company of one's spouse	Procreation within marriage, pleasure
Contraception	Not acceptable	Acceptable for birth spacing, enhancing marital love, maintenance of health	Acceptable for married women	Acceptable if it does not 'waste seed' and does not work as castration	Acceptable if the quality of life or health of the mother or existing children may be compromised	All methods acceptable
Hormonal contraception	Not acceptable	Not acceptable	Acceptable*	Acceptable	Acceptable	Acceptable
IUD	Not acceptable	Not acceptable	Acceptable*	Acceptable	Acceptable	Acceptable
Emergency contraception	Not acceptable in any case	Not acceptable	Acceptable*	Acceptable	Acceptable	Acceptable
Abortion	Not acceptable in any case	Not acceptable, except in real danger to the mother's life	Not acceptable, except in danger to the mother's life**	Not acceptable, except in danger to the mother's life	Variable interpretation, so only acceptable in some countries	Not acceptable, except if continuation of pregnancy is to result in greater harm to mother, family, or society

\* In some sub denominations not acceptable if it is assumed that the contraceptive method has an abortifacient effect.

\*\* Liberal Protestants favour a woman making her own decision in a situation of unwanted pregnancy

**Table extracted from:** Pinter et al.; Religion and family planning, The European Journal of Contraception & Reproductive Health Care, (2016) 21:6, 486-495.

<sup>173</sup> Bojana Pinter, Marwan Hakim, Daniel S. Seidman, Ali Kubba, Meera Kishen & Costantino Di Carlo (2016) Religion and family planning, The European Journal of Contraception & Reproductive Health Care, 21:6, 486-495, DOI: 10.1080/13625187.2016.1237631

### **A note on indicators relating to Sexual and Reproductive Health service data in West Sussex.**

As a result of reporting issues, the data available from sexual and reproductive health services is incorrect for the years in 2021 and 2022. As a result of this reporting issue the following indicators available on the UKHSA Fingertips website are inaccurate for West Sussex for 2021 and 2022:

Indicator ID	Description
92254	Total prescribed LARC excluding injections rate / 1,000
92255	SRH Services prescribed LARC excluding injections rate / 1,000
93905	Women prescribed short acting combined hormonal contraception at SRH services: rate per 1,000
93917	Women prescribed progesterone only pill at SRH services: rate per 1,000
93906	Women prescribed injectable contraception at SRH services: rate per 1,000
92293	Under 25s choose LARC excluding injections at SRH Services (%)
92294	Over 25s choose LARC excluding injections at SRH Services (%)
92290	Women choose injections at SRH Services (%)
92291	Women choose user-dependent methods at SRH Services (%)
92292	Women choose hormonal short-acting contraceptives at SRH Services (%)
93311	Under 25s individuals attend specialist contraceptive services rate / 1000 - Females
93312	Under 25s individuals attend specialist contraceptive services rate / 1000 - Males

This may influence any interpretation of any trends as figures relating to the period of 2021 and 2022 are inaccurate.

Table 21 provides a summary of contraception activity in West Sussex. The progestogen only pill is the most popular form of prescribed contraception in West Sussex, followed by the combined hormonal pill. The highest volume of contraception activity is from GPs.

**Table 21: Summary of contraception activity in West Sussex (Source: Fingertips, unless stated otherwise)**  
**Trends have not been presented in this table as the data imputation issue discussed means that the apparent trends can be misleading. These will be discussed in greater detail in the following sections.**

Type All data from 2023	West Sussex Rate	Number	National rate	Position against national
Short acting combined hormonal contraception – from General Practice	118 per 1,000 females aged 15 to 44 years	18,130	106.7	Higher
Short acting combined hormonal contraception – from Integrated Sexual Health Service	11.9 per 1000 females aged 15 to 44 years	1,825	9.1	Higher
Progestogen Only Pill - from General Practice	145.8 per 1000 females aged 15 to 44 years	22,405	125.5	Higher
Progestogen only pill - from Integrated Sexual Health Service	14.9 per 1000 females aged 15 to 44 years	2,290	11.6	Higher
LARC total	55.6 per 1000 females aged 15 to 44 years	8,545	43.5	Higher
LARC - from General Practice	39.2 per 1000 females aged 15 to 44 years	6,020	26.5	Higher
LARC – from Integrated Sexual Health Service	16.4 per 1000 females aged 15 to 44 years	2,525	18.0	Lower
LARC – from Integrated Sexual Health Service <25 year olds	33.0%	950	35.0%	Lower
LARC – from Integrated Sexual Health Service 25 and over	44.0%	2,100	49.6%	Lower
Injections – from Integrated Sexual Health Service	4.2 per 1000 females aged 15 to 44 years	640	5.0	Similar
Injections - from General Practice	16.4 per 1000 females aged 15 to 44 years	2,515	25.1	Lower
Individuals aged under 25 attending specialist contraceptive services rate/1000 – Females	109.8 per 1000 females	4620	103.0	Similar
Individuals aged under 25 attending specialist contraceptive services rate – Males	3.9 per 1000 males	175	14.2	Lower

## Contraception activity from the integrated sexual health service in West Sussex (2023-24)

Published data indicates activity (counts of services delivered) for contraception through the West Sussex integrated sexual health service<sup>174</sup>. The most recent published data for 2023/24 shows that there were 11,100 activities for contraception, with 5000 activities for Long-Acting Reversible Contraception and 6000 activities for user dependent methods.

Between the 2023/24 financial year:

- **LARC** made up 44% of the contraception provided to women from integrated sexual health services in West Sussex<sup>175</sup>. 16% of the total contraception prescriptions were for the contraceptive implant, and 15% were for intrauterine system.
- **User dependent methods** were responsible for 56% of the total prescribed contraception from integrated sexual health services in West Sussex. Combined hormonal contraception remains a popular form of contraception, comprising 35% of activity for contraception from the integrated sexual health service. 14% of activity for contraception were for the male condom.

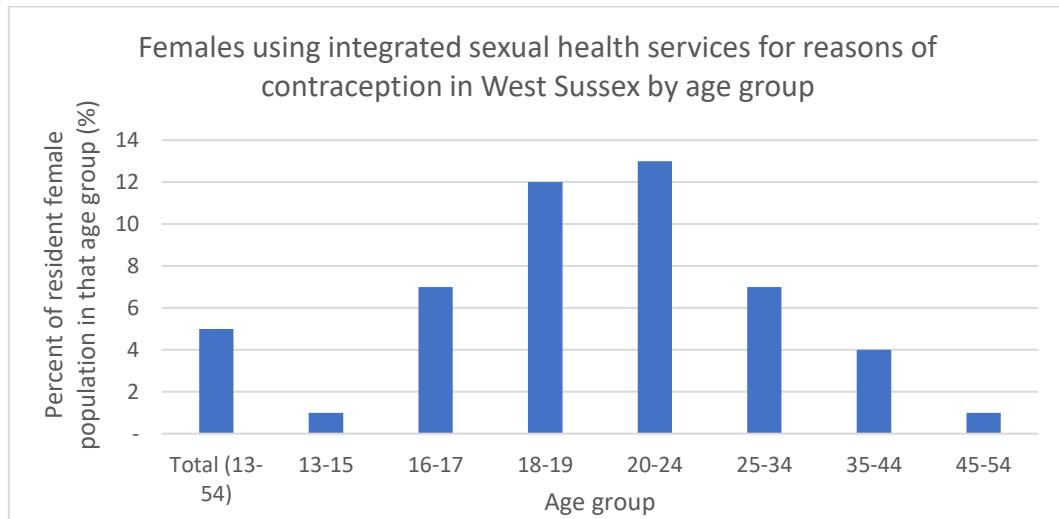
These figures apply only to contraception provided through sexual and reproductive health services in West Sussex and excludes any contraception that was prescribed through primary care or outside of sexual and reproductive health services.

Contraceptive activity at the sexual health service in females in West Sussex was highest for:

- 18-19 year olds: 12% of the estimated West Sussex population in this age band, higher than the national figure of 10% and,
- 20-24 year olds: 13% of the estimated West Sussex population in this age bands, higher than the national figure of 11%.

A full breakdown of this is available in Figure 72.

**Figure 72: Females using integrated sexual health services for reasons of contraception in West Sussex by age group.**



<sup>174</sup> NHS digital. Sexual and Reproductive Health Activity Dataset. 2023-24. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2023-24/data-tables>

<sup>175</sup> NHS digital. Sexual and Reproductive Health Activity Dataset. 2023-24. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2023-24/data-tables>

## Individuals aged under 25 attending specialist contraceptive services

4,620 females under the age of 25 attended specialist contraceptive services in West Sussex in 2023. The rate of attendance amongst females under the age of 25 in West Sussex at 109.8 per 1000 females, is similar to the England rate of 103.0 per 1000 females, however, appears to have gradually decreased over time. A much lower number of males aged under 25 attended specialist contraceptive services in West Sussex (n=175). This rate of 3.9 per 1000 is considerably lower than the rate seen nationally (14.2 per 1000 males).

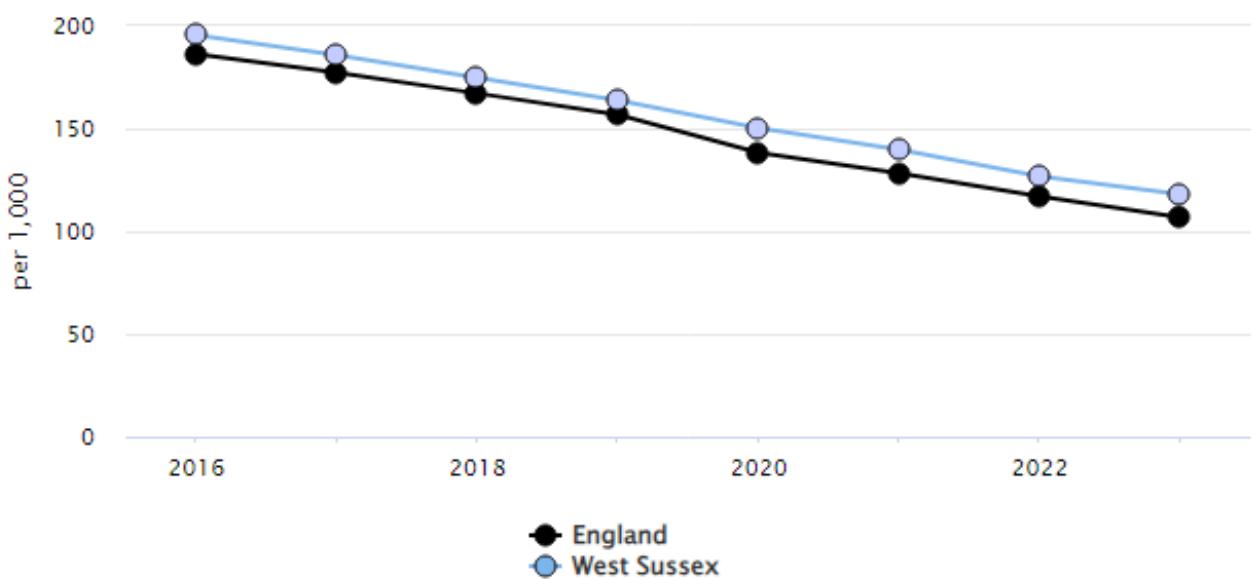
## User dependent contraceptive methods

### Combined hormonal contraception

Combined hormonal contraception as an indicator includes the combined hormonal contraceptive pill, the contraceptive patch and vaginal ring<sup>176</sup>.

In 2023, the rate of prescribed **combined hormonal contraceptives in GP practices** was 118 per 1000 females aged 15 to 44 years, (n= 18,130), higher than the England rate of 106.7 per 1000 females. Despite the combined hormonal contraceptive pill remaining a popular choice of contraception, trends in West Sussex suggest that its popularity as a form of contraception is decreasing. From 2016 until 2023, there has been a steady decline year by year in the rate of combined hormonal contraception prescribed in GP practices both nationally and in West Sussex, as highlighted by Figure 73.

**Figure 73 - Changes in the trends of prescribed Combined Hormonal Contraception from GPs in West Sussex and nationally (Source: Fingertips)**

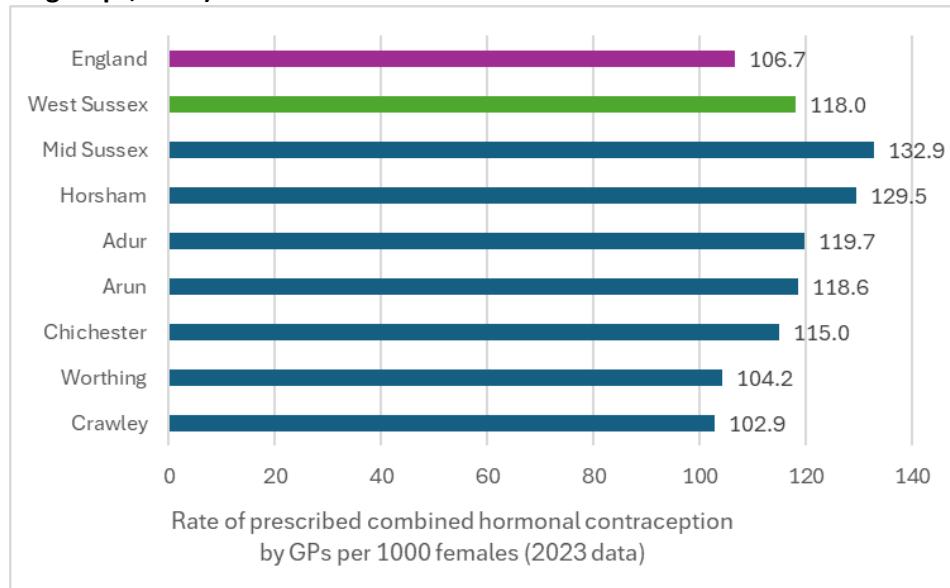


Trends show a decline in GP prescriptions of combined hormonal contraception in each district and borough in West Sussex. Based on 2023 data, rates of prescribed combined hormonal contraception are lowest for

<sup>176</sup> Department of Health and Social Care. Women prescribed short acting combined hormonal contraception in GP practices: rate per 1,000 – Definition. Available from:

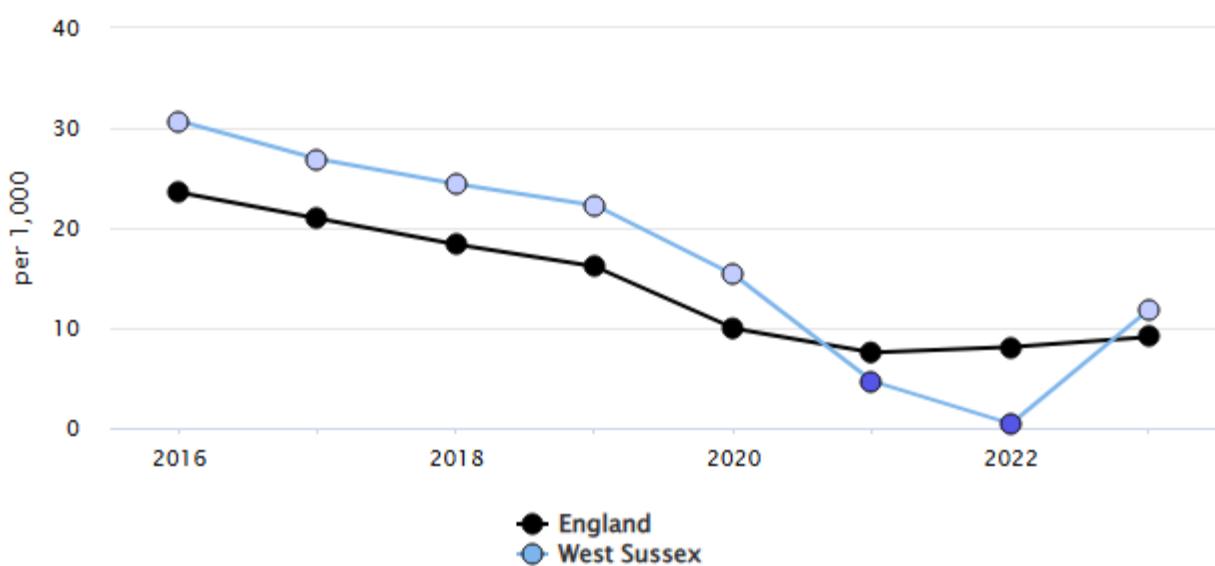
the resident populations of Crawley and Worthing as shown in Figure 74. Rates of prescribed combined hormonal contraception from GPs were higher than the England rate for the resident populations of Mid-Sussex, Horsham, Adur, Arun and Chichester.

**Figure 74: Rate of GP prescribed short acting combined hormonal contraception per 1000 females by district and borough area within West Sussex, compared with England and West Sussex (Source: Fingertips, 2023)**



The latest data from 2023 shows that combined hormonal contraception was prescribed at a higher rate from the **integrated sexual health service in West Sussex**, at 11.9 per 1000 females aged 15 to 44 years ( $n=1,825$ ), than the national rate of 9.1 per 1000 females, as shown in Figure 75. Please note the data for 2021 and 2022 is affected by the data reporting issues from the sexual and reproductive health service noted earlier in this section.

**Figure 75: Activity of prescribed Combined Hormonal Contraceptive from sexual health services in West Sussex (Source: Fingertips Dashboard)**



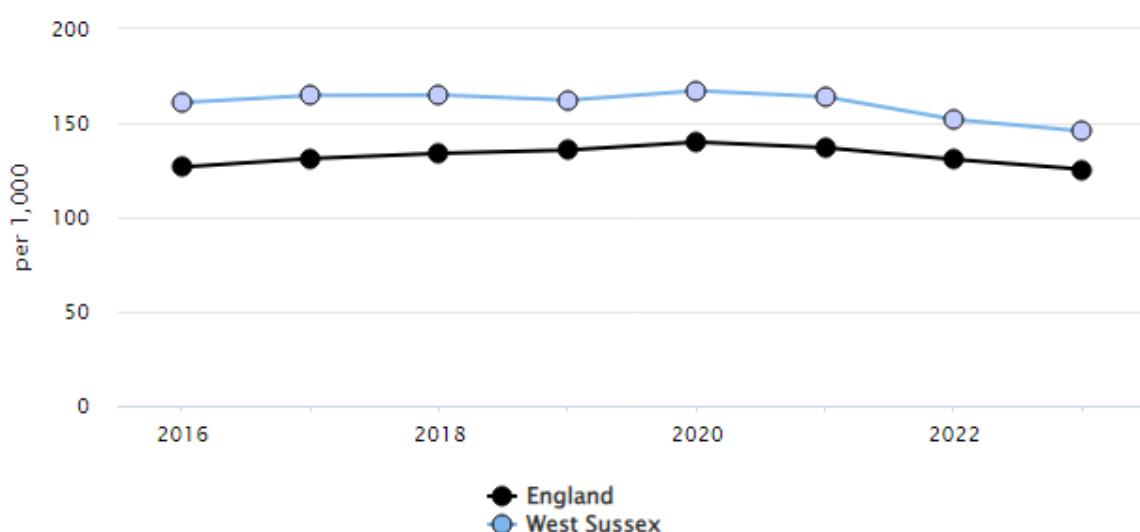
## Progestogen Only Pill

The progestogen only pill is a short acting form of contraception which contains the hormone progestogen. In 2023:

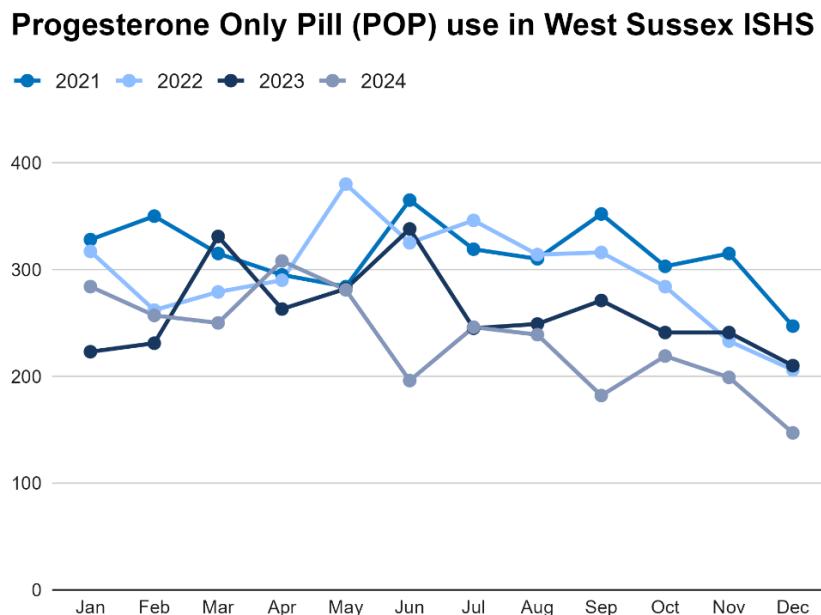
- **Through General Practice**, the progestogen only pill was prescribed at a higher rate in West Sussex at 145.8 per 1000 females aged 15 to 44 years (n= 2,290) than in England 125.5 per 1000 females.
- **Through the integrated sexual health service**, the progestogen only pill was prescribed at a higher rate in West Sussex at 14.9 per 1000 females aged 15 to 44 years (n= 22,405) than national rate of 11.6 per 1000 females.

Whilst the rates of prescriptions of progestogen only pill from GP practices and integrated sexual health services in West Sussex are higher than national rates, these rates have declined slightly in recent years. Figure 76 demonstrates a decline in the rate of progestogen only pills prescribed to women from GP practices in West Sussex. Figure 77 uses service data specific to sexual health services in West Sussex and shows that there has additionally been a decline in 2024 in the rate of prescribed progestogen only pill from sexual health services in West Sussex.

**Figure 76: Prescribed progestogen only pill from GP practices in West Sussex in comparison to England (Source: Fingertips)**



**Figure 77: Progestogen only pill activity from sexual health services in West Sussex, monthly activity 2021 to 2024 (Source: West Sussex sexual and reproductive health services - service dashboard)**



In each district and borough in West Sussex, rates of prescribed progestogen only pill from GP were higher than the average national rate. Despite this, rates of prescribed progestogen only pill from GP practices are declining in each district and borough in West Sussex, as shown by Table 22.

**Table 22: Rate of GP prescribed progestogen only pill per 1000 females aged 15 to 44 years by district and borough (Source: Fingertips, 2023)**

District and borough	Count of females prescribed	Rate per 1000	Trend over last 5 years
Adur	1,730	165.7	Decreasing
Arun	4,140	159.2	Decreasing
Chichester	2,720	131.2	Decreasing
Crawley	3,610	143.1	Decreasing
Horsham	3,730	153.3	Decreasing
Mid-Sussex	3,780	138.6	Decreasing
Worthing	2,705	137.9	Decreasing
<b>West Sussex</b>	<b>22,405</b>	<b>145.8</b>	<b>Decreasing</b>

## NHS Community Pharmacy Contraception Service<sup>177</sup>

The Community Pharmacy Contraception Service is an advanced service, which is commissioned by NHS England. Since 1st December 2023, the service has included both initiation and on-going supply of Oral Contraception.

Individuals do not need to be registered with a GP to access this service. To be eligible to access this service a person must be an individual seeking to be initiated on an oral contraception (OC), or seeking to obtain a further supply of their ongoing OC:

- Combined Oral Contraceptive (COC) – from menarche up to and including 49 years of age, or,
- Progestogen Only Pill (POP) – from menarche up to and including 54 years of age.

NHS Sussex report that 119 of the 145 (approximately 80%) community pharmacies in West Sussex were signed up to deliver this service at September 2024. It should however be noted that pharmacies that provide one form of contraception do not necessarily provide both. This is an NHS service and the supply of oral contraception is therefore exempt from prescription charges. Through this service, an individual can be supplied up to three months of oral contraception when supplied as initiation or up to twelve months when an on-going supply.

Table 23 outlines the number of consultations were initiated and ongoing for contraception in West Sussex community pharmacies showing gradually increasing activity reflecting that the service started in December 2023, particularly in the volume of the on-going supply of oral contraception over seven months of activity from February to August 2024.

**Table 23: Number of Community Pharmacy Contraceptive Initiation Consultations and ‘Ongoing consultations’ in West Sussex community pharmacies (Source: WCS PCS data)**

Service type	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Initiation	6	7	29	22	26	35	40
On-going	124	165	195	202	202	298	263

## Long Acting Reversible Contraception use in West Sussex

Long-acting reversible contraception (LARC) refers to contraception which is administered once and provides protection against unplanned pregnancies for a longer duration of time. Examples of LARC includes the intra-uterine system (IUS) and the intra-uterine device (IUD). LARC can be a positive choice for many individuals as it can provide longer term protection and is not user dependent.

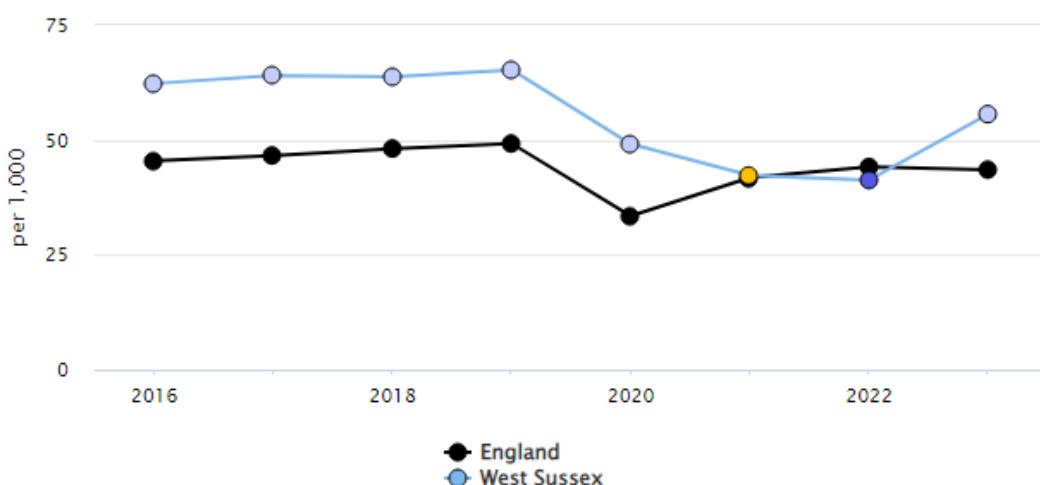
LARC is delivered through the integrated sexual health service. WSCC also commissions local GPs to provide the fitting and implanting of IUS and IUD's as part of the provision of LARC in West Sussex. Other contraception services provided by GPs are commissioned by NHS England as part of the GP Contract. LARC provided for non-contraceptive purposes is not funded by West Sussex County Council and is instead funded by NHS Sussex.

<sup>177</sup> NHS England. NHS Pharmacy Contraception Service. [internet] Accessed 14<sup>th</sup> March 2025. Available from: [NHS England » NHS Pharmacy Contraception Service](#)

## Total prescribed LARC in West Sussex

Higher total (provided by the integrated sexual health service and GPs) rates of prescribed LARC were reported in West Sussex in comparison to the national rate, in 2023. The most recent figures suggest that rates of LARC prescribed have not yet recovered to the rates seen in 2019, before the COVID-19 pandemic. At 55.6 per 1000 females aged 15-44 years (n=8,545) in 2023, the rate of total prescribed LARC in West Sussex is significantly higher than the rate of LARC prescribed nationally (43.5 per 1000 females), as highlighted by Figure 78. Please note the data for 2021 and 2022 for this indicator is affected by the data reporting issues from the sexual and reproductive health service noted earlier in this section.

**Figure 78: Total LARC Prescribed (excluding injections) /1000 in West Sussex. Source: Fingertips.**



Total prescribed rates of LARC vary by district and borough. Table 24 highlights that lower rates of total prescribed LARC were reported in Chichester and Crawley, with rates decreasing in these areas.

**Table 24: Total prescribed LARC excluding injections rate/1000 by D+B (Source: Fingertips, 2023)**

District and Borough	Count	Rate	Trend over last five years
Adur	690	66.1	Stable
Arun	1410	54.4	Stable
Chichester	1050	50.6	Decreasing
Crawley	1170	46.4	Decreasing
Horsham	1505	61.9	Stable
Mid Sussex	1440	52.8	Stable
Worthing	1280	65.2	Stable
<b>West Sussex</b>	<b>8,545</b>	<b>55.6</b>	<b>Stable</b>

## LARC prescribed from GPs

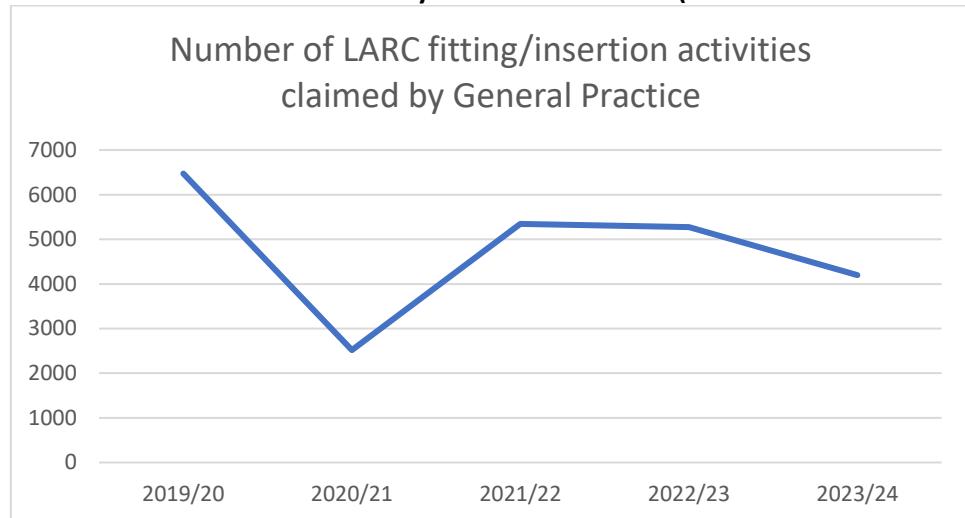
### General Practice LARC provision

At January 2025, all 75 GP practices were contracted to insert IUDs/IUS's, and 71 GPs were contracted to provide the contraceptive implant. A cross-referral mechanism exists which allows GP practices to refer their registered patients to another GP practice within their PCN to facilitate access to LARC across the county.

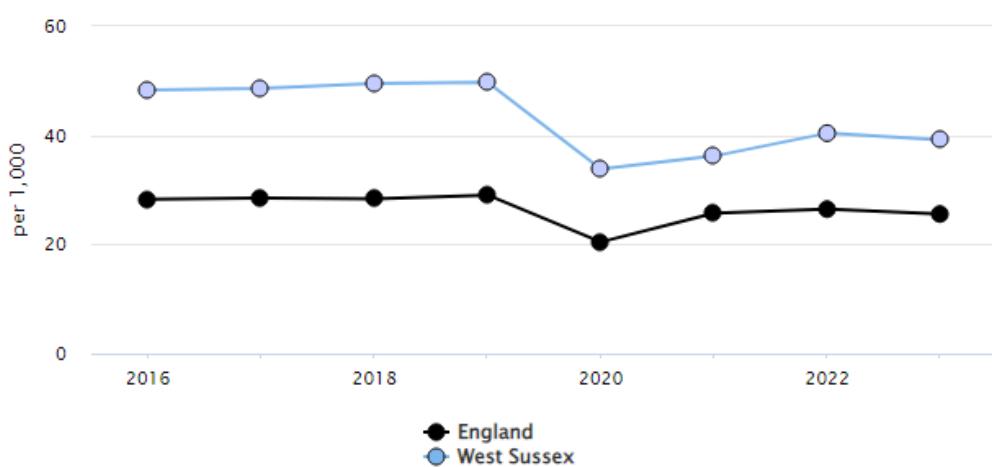
However, through contract monitoring, it is noted that there is variation in LARC activity between GP practices.

In 2023, the rate of GP prescribed LARC in West Sussex was 39.2 per 1000 females aged 15-44 years (n=6,020), which is significantly higher than the England average of 25.6 per 1,000 females. Rates of LARC prescribed by GPs declined nationally in 2020 and are yet to recover to the rates of prescribed LARC seen prior to the Covid-19 pandemic. A small decrease in LARC prescribed from West Sussex GPs was reported between 2022 (40.4 per 1000) and 2023 (39.2 per 1000, n=6,130). More current LARC activity data taken from monthly contract monitoring data from GP practices to WSCC suggests that there has been a decrease in activity between 2022/23 and 2023/24 in West Sussex as shown in Figure 88. It should be noted that the crude numbers in Figure 79 and Figure 80 do not match and therefore there is no differentiation between activity paid for by WSCC or by NHS Sussex.

**Figure 79: Number of LARCs fitted or inserted by GPs in West Sussex (Source: GP service data)**



**Figure 80: GP prescribed LARC in West Sussex, excluding injections per 1000 (Source: Fingertips)**



There are differences in the rate of prescribed LARC from GPs by district and borough in West Sussex, as highlighted by Table 25. Rates of LARC prescriptions from GPs were notably lower in Crawley. It should however be highlighted that the rate of prescriptions in Crawley is still similar to the national average rate.

**Table 25: Rate of GP prescribed LARC excluding injection rate per 1000 females by district and borough  
(Source: Fingertips, 2023)**

District and Borough	Count	Rate (per 1000 females aged 15-44 years)
Adur	515	49.3
Arun	1,015	39.0
Chichester	710	34.2
Crawley	690	27.4
Horsham	1,235	50.8
Mid-Sussex	1,020	37.4
Worthing	840	42.8
<b>West Sussex</b>	<b>6020</b>	<b>39.2</b>

Index – Red shading indicates worse than national average, amber indicates similar to national average, green indicates better than national average.

### **Survey of GP practice staff on LARC service provision**

A snapshot survey of GPs providing LARC was undertaken in July 2023. Several aspects of provision were described as working well, including the use of dedicated LARC clinics, the service enabling provision of LARC in rural areas in addition to the provision of LARC by the integrated sexual health service from its hub and spoke clinic locations.

There were other aspects of provision identified which could be built on to improve the provision of LARC through primary care. These included increasing the accessibility to LARC which could be achieved through increasing weekend and evening appointments and improving awareness of the service. Further training for GP practice staff to insert LARC was identified as an opportunity and increasing the collaboration between GP practices. Health promotion was identified as a key opportunity to allow informed decisions to be made about contraception, in line with the principles set out in the Women's Health Strategy<sup>178</sup>.

Challenges to LARC delivery were also reported, including that often there was only one member of staff available to provide LARC in each GP practice. Additionally, the pathway into specialist sexual health services for complex contraception was reported to be a challenge.

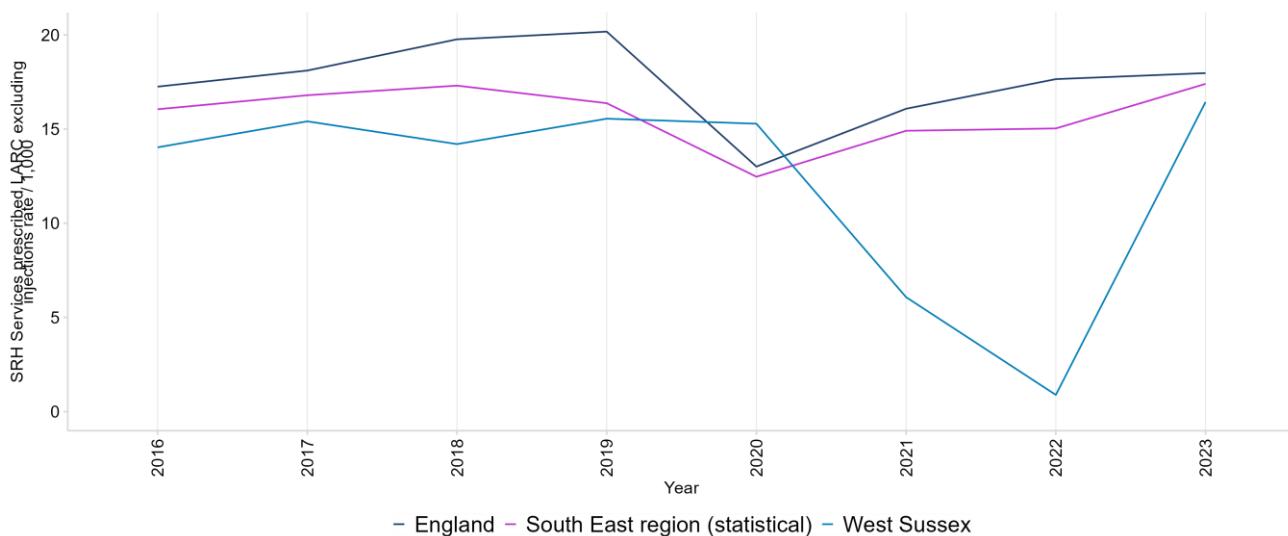
### **LARC prescribed from integrated sexual health services in West Sussex**

In 2023, LARC was prescribed from sexual health services in West Sussex at a slightly lower rate (16.4 per 1000 females aged 15-44 years, n=2,525) than the average national rate (18.0 per 1000 females). Rates of prescribed LARC from integrated sexual health services in West Sussex are relatively stable, as shown by Figure 81. Please note the data for 2021 and 2022 for this indicator is affected by the data reporting issues from the sexual and reproductive health service noted earlier in this section.

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<sup>178</sup> Department of Health and Social Care. Women's Health Strategy for England. August 2022. Available from: [Women's Health Strategy for England - GOV.UK](https://www.gov.uk/government/publications/womens-health-strategy)

**Figure 81: LARC activity in integrated sexual health services in West Sussex by year (Source: Pathway Fingertips)**

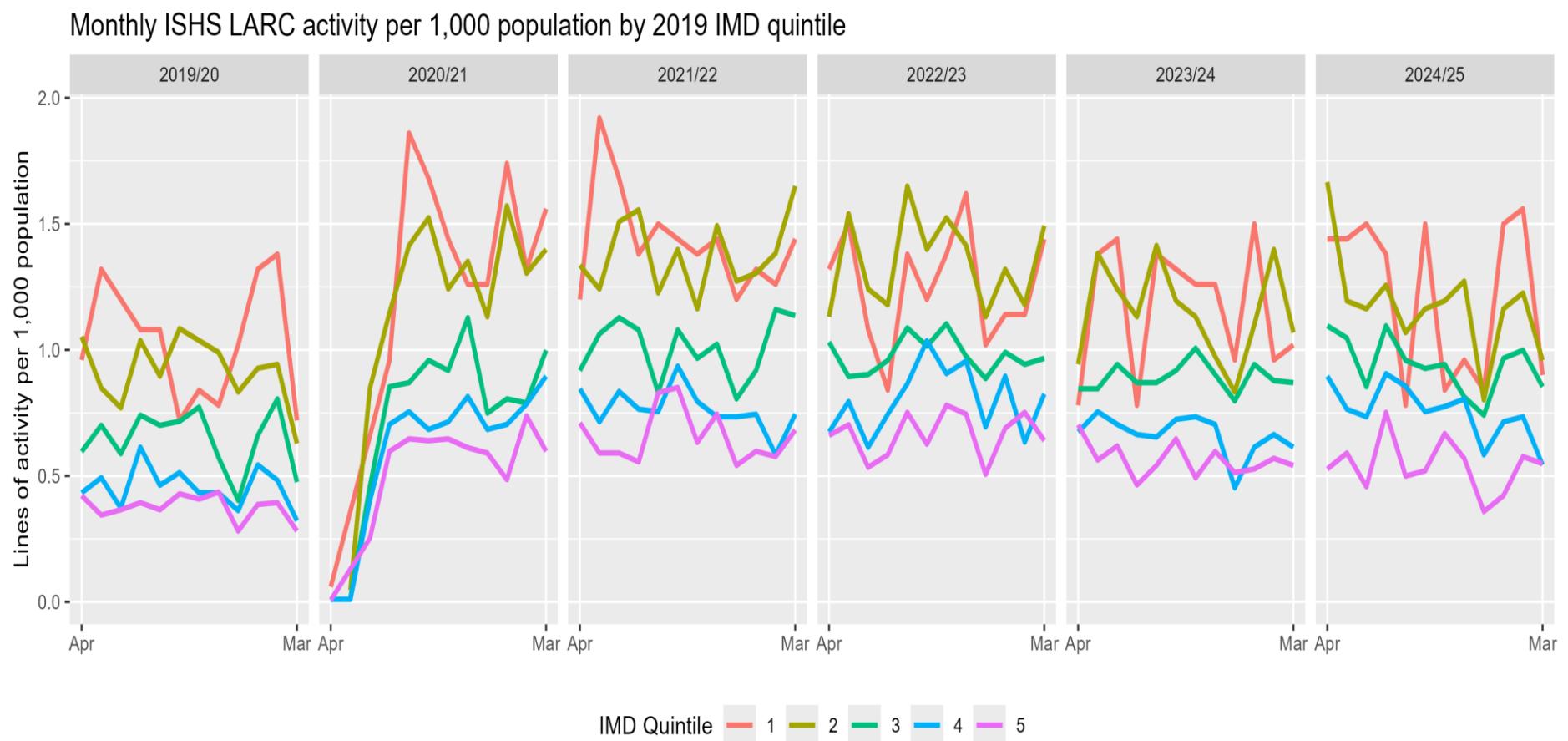


These trends suggest that since the Covid-19 pandemic, fewer women are accessing LARC in primary care, but rates of provision of LARC from ISHS, where the provision of LARC occurs in much smaller numbers, have remained stable.

Figure 82, which uses data from the integrated sexual health service, suggests LARC provision in this setting has consistently over time been highest from women living in the more deprived quintiles (quintiles 1 and 2) of the West Sussex population.

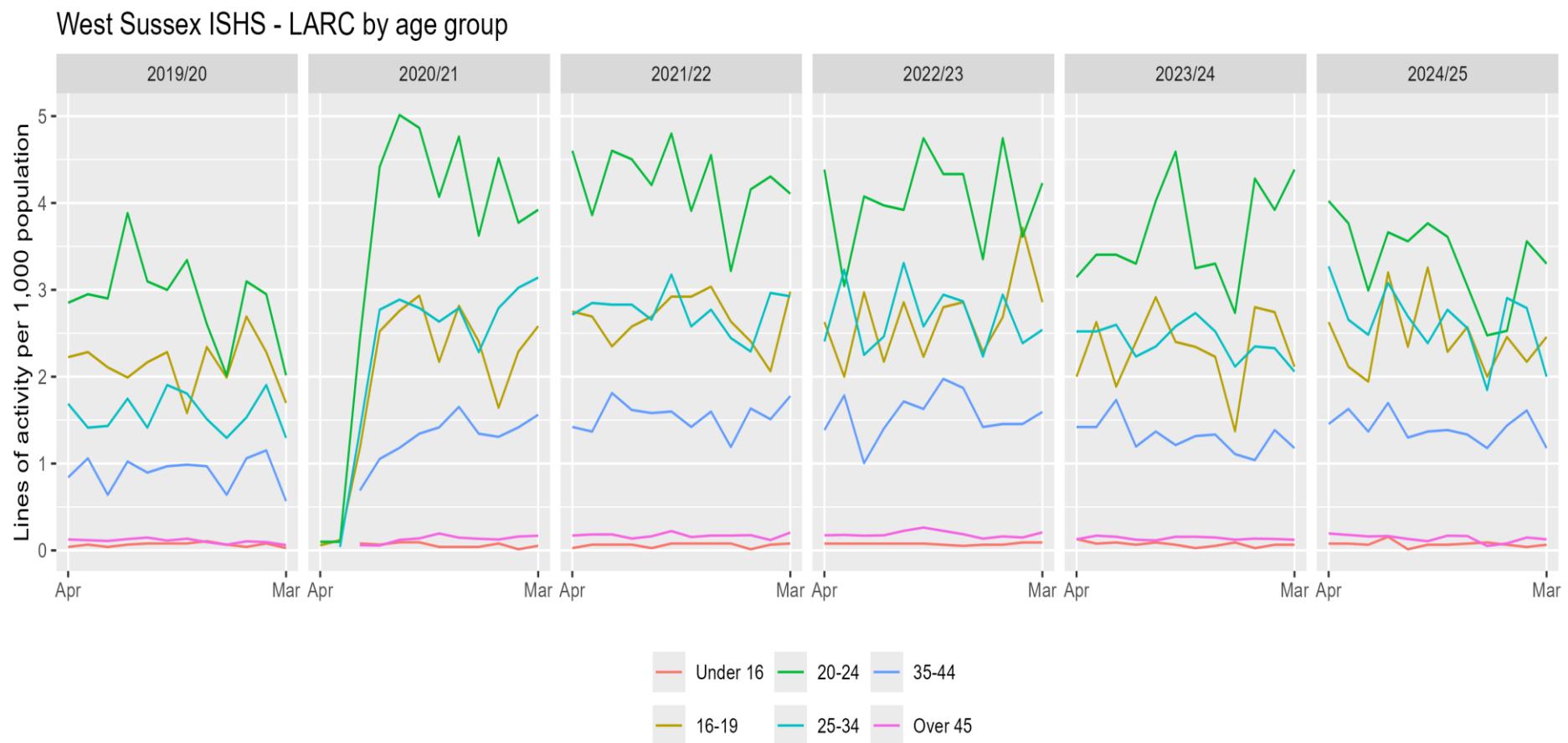
Over time, LARC use from the integrated sexual health service has consistently been highest amongst 20 to 24-year-olds from 2020/21 to 2023/24 (Figure 83). In addition, there appears to be a decreasing trend in LARC use in more recent months (September to December 2024).

**Figure 82: Activity of LARC provision in West Sussex by deprivation quintile. (Source: Pathway analytics, IMD,ONS)**



Source: Pathway analytics, IMD, ONS

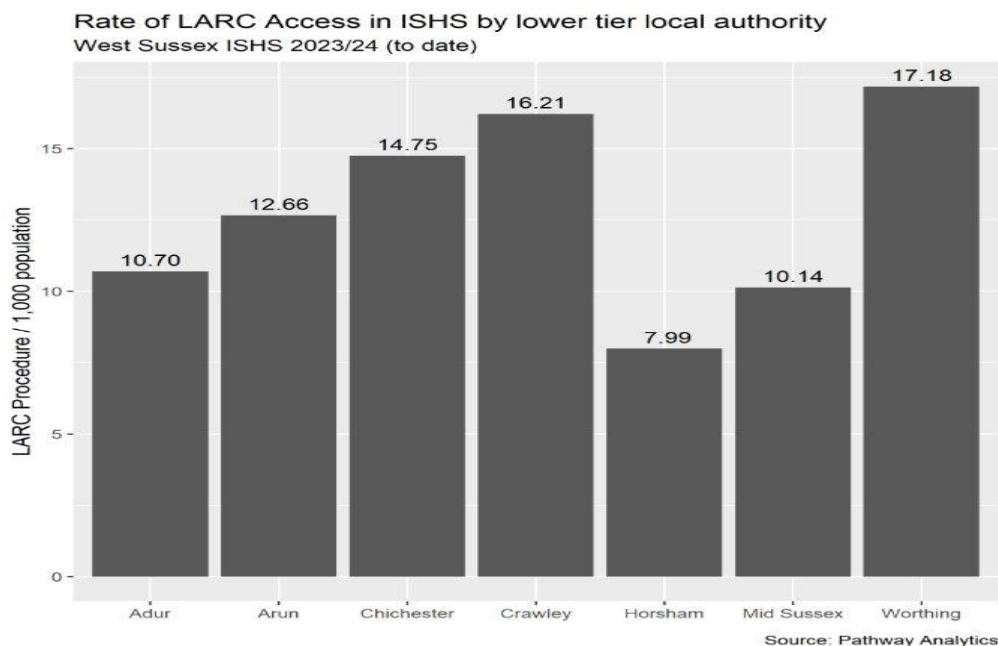
**Figure 83: LARC use by age group from integrated sexual health services in West Sussex. (Source: Pathways analytics, ONS)**



Source: Pathway analytics, ONS.

Figure 84, shows that with regards to district and boroughs in West Sussex, the highest rate of LARC activity in 2023/24 through the integrated sexual health services was for the resident populations of Worthing and Crawley, followed by Chichester (the locations where the main hub clinics are), with the lowest rates of LARC activity in Horsham and Mid Sussex. There are ‘spoke’ clinics which provide LARC in Horsham and Bognor (within Arun), which offer more limited availability and opening times.

**Figure 84: Rate of LARC access in integrated sexual health services by lower tier local authority (Source: Pathway analytics)**



#### Proportion of individuals choosing LARC from sexual health services in West Sussex

The proportion of individuals choosing LARC at sexual health services can give an indication of the extent in which individuals have access to a range of different contraceptive methods<sup>179</sup>. This is because a wide range of contraceptive options should be available at specialist sexual health services and therefore, in this setting individuals are making an informed choice about using LARC rather than another method. The proportion of people aged over 25 (44%, n=2,100) who were recorded to have chosen LARC in West Sussex is considerably higher than the proportion of people aged under 25 (33%, n=960) who were recorded to have chosen LARC. A lower proportion of people, both aged under and over 25 however choose LARC in comparison to what is reported on a national level, as 35% of those under 25, and 49.6% over 25, visiting sexual health services choose LARC nationally.

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<sup>179</sup> Department for Health. Fingertips – Definition. Available from [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](https://www.gov.uk/government/statistics/sexual-and-reproductive-health-profiles-data-fingertips)

## The contraceptive implant

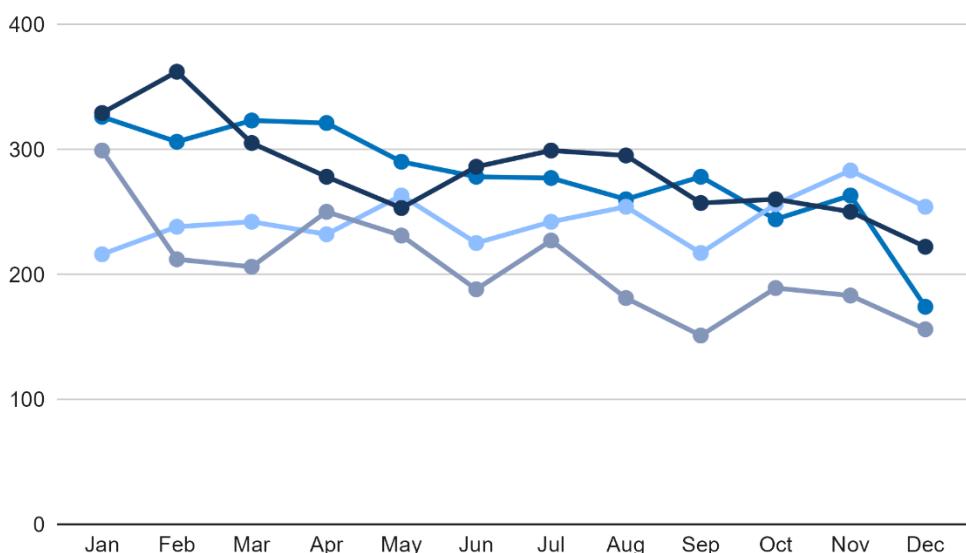
The contraceptive implant activity contributes to the LARC indicators from 'Fingertips' presented above. This additional information specific to the contraceptive implant is drawn from the integrated sexual health service activity data.

Figure 85 suggests that there has been a decrease in the use of the contraceptive implant in West Sussex between 2023 and 2024 (n=2,473).

**Figure 85: Provision of the contraceptive implant in sexual health services in West Sussex. (Source: West Sussex sexual health service data)**

### Provision of contraceptive implant in West Sussex ISHS

● 2021 ● 2022 ● 2023 ● 2024



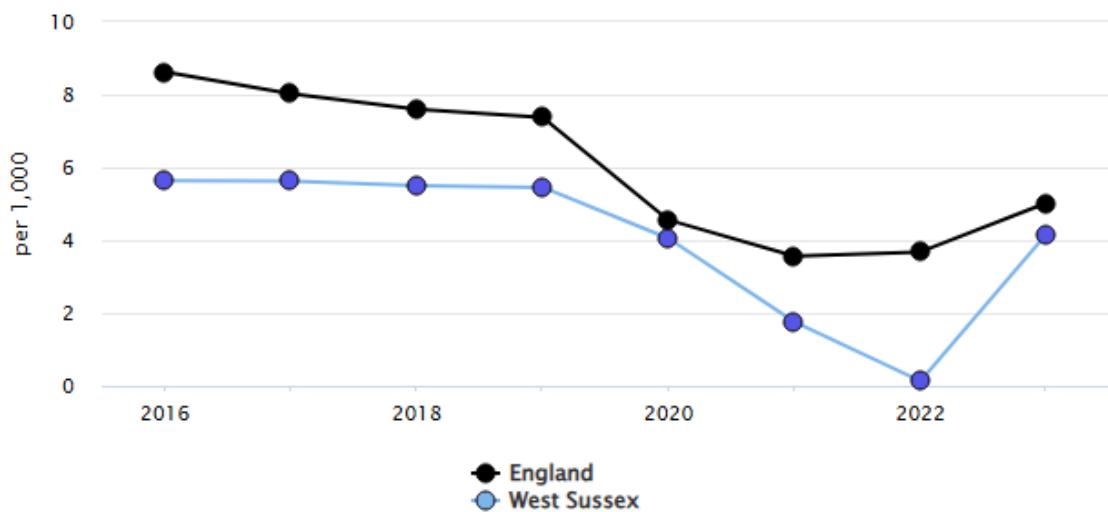
## Injectable contraceptives

Based on 2023 data, the rate of women prescribed injectable contraception through:

- GP practices in West Sussex was at a rate of 16.4 per 1000 females aged 15 to 44 years (n= 2,515) and was lower than the national rate of 25.1 per 1000.
- Integrated sexual health services was at a rate of 4.2 per 1000 females aged 15 to 44 years (n= 640) which was similar to the national rate of 5.0 per 1000.

Data from the sexual health services in West Sussex show that there has been a slight decrease in provision of contraceptive injections in sexual health services between 2016 and 2023, as demonstrated by Figure 86. Please note the data for 2021 and 2022 for this indicator is affected by the data reporting issues from the sexual and reproductive health service noted earlier in this section.

**Figure 86: Provision of injectable contraception through sexual health services in West Sussex. (Source: Fingertips)**



### Emergency contraception

Access to emergency contraception is an essential part of good reproductive health. Typically, there are two forms of emergency contraception, oral emergency hormonal contraception (EHC) and the intrauterine device (IUD). The IUD is typically considered the gold standard of emergency contraception. Generally emergency contraception can be accessed from GPs, from sexual health services, community pharmacies and in some cases other urgent care services. The FSRH reports that access to emergency contraception is reported to be difficult in the UK<sup>180</sup>. Despite this, nationally collated data from sexual health services suggests that between 2022-23 and 2023-24, there was an increase of 13% in the uptake of emergency contraception use in the country.<sup>181</sup> Nationally, according to NATSAL 3, the use of emergency contraception is higher in women who are from a higher educational background, and in individuals who are single.<sup>182</sup>

Emergency Hormonal Contraception in West Sussex is available through:

- A prescription issued by a GP as part of the NHS England General Medical Services contract
- Community Pharmacies, either:

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<sup>180</sup> Faculty of Sexual and Reproductive Health Care. Access to Emergency Contraception is still far too difficult. December 2024. Available from: [Access to Emergency Contraception still far too difficult | FSRH](#)

<sup>181</sup> NHS Digital. Sexual and Reproductive Health Services, England (Contraception), 2023-24. Published September 2024. Available from: [Sexual and Reproductive Health Services, England \(Contraception\), 2023-24 - NHS England Digital](#)

<sup>182</sup> Black KI, Geary R, French R, Leefe N, Mercer CH, Glasier A, Macdowall W, Gibson L, Datta J, Palmer M, Wellings K. Trends in the use of emergency contraception in Britain: evidence from the second and third National Surveys of Sexual Attitudes and Lifestyles. *BJOG* 2016; 123: 1600–1607.

- Free of charge when issued by community pharmacies participating in the West Sussex County Council locally commissioned service with the EHC supply made using a Patient Group Direction.
- Paid for as a private sale to the community pharmacy (available through many community pharmacies, though the supply is made in this way at the decision of the pharmacist)
- The Integrated Sexual Health Service commissioned by West Sussex County Council.

Intrauterine Device Emergency Contraception in West Sussex is available through:

- General Practice commissioned by West Sussex County Council (however, not possible to differentiate use for this purpose through contract monitoring data)
- The Integrated Sexual Health Service commissioned by West Sussex County Council.

Overall provision (crude numbers) of emergency contraception through the sexual health service in the form of EHC or emergency IUD, or through community pharmacy has increased in the years 2021 to 2024.

However, this does not take account of emergency contraception provision through General Practice, which is likely to be an important contributor to the overall picture. In recent years, service data from the West Sussex sexual health service shows an increase in the use of EHC with higher crude numbers issued in 2023 and 2024, demonstrated in Table 26. There has also been an increase in the provision of emergency IUD's in 2023 and 2024. It should however be noted that the absolute figures of emergency IUDs provided in West Sussex are relatively small. Community Pharmacies contribute to the provision of EHC with 2024 observing the highest crude number from the figures presented. At January 2025, 24 out of approximately 140 (less than 20%) community pharmacies were participating in the West Sussex County Council emergency hormonal contraception locally commissioned service. Access to EHC through this service has no age limit (previously had an upper age limit of 21 before December 2024).

**Table 26: Number of emergency contraception provided from sexual health services and community pharmacies in West Sussex by year (Source: West Sussex Integrated Sexual Health Services Dashboard - January 2025, PharmOutcomes)**

Year	Number of EHC provided from sexual health services in West Sussex	Number of Emergency IUDs provided from sexual health services in West Sussex	Number of EHC provided by Community pharmacies in West Sussex	Total
2021	907	57	231	1,195
2022	929	69	220	1,218
2023	1,115	102	194	1,411
2024	1,122	96	270	1,488

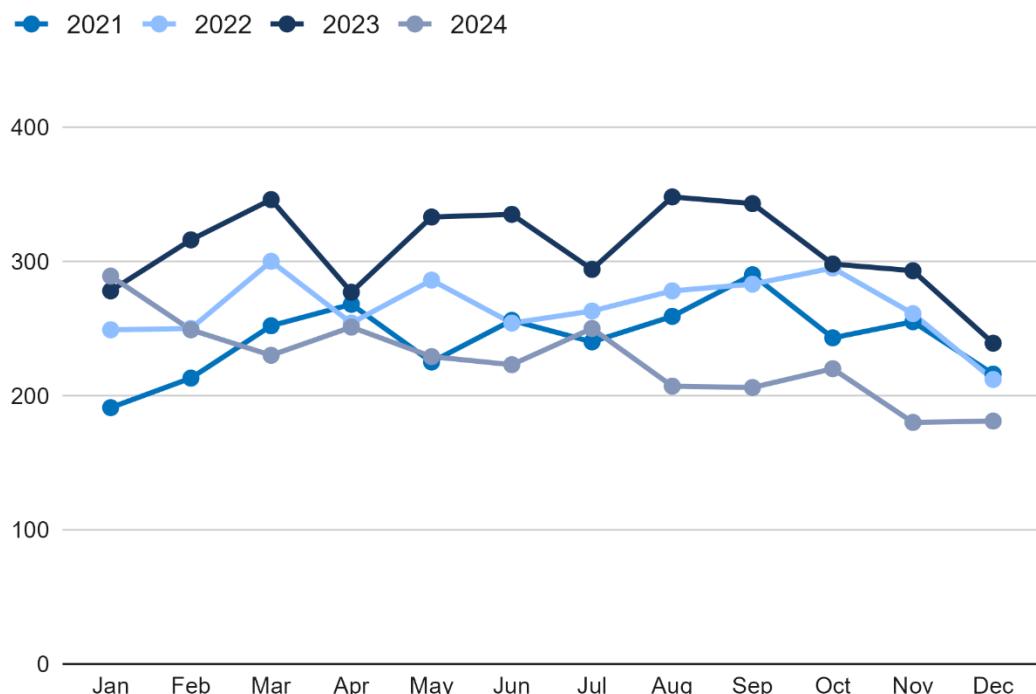
From December 2024, it has also been possible to supply condoms and a chlamydia test kit when making a supply of EHC. West Sussex County Council Public Health are in the process of commissioning a service to enable digital access to EHC provision. It should also be noted that whilst the available data from sexual health services and community pharmacies show an increase in emergency hormonal contraception provision, data from primary care on emergency contraception provision is not available.

## Condom distribution

Condoms are a form of barrier contraception. They help to protect against the transmission of STIs and should be used alongside long-acting reversible contraception. 97% of the contraception provided to males in sexual and reproductive health services across England are condoms with spermicides and natural family planning representing the only other options available<sup>183</sup>. Figure 87 highlights a notable drop in 2024 figures in the provision of condoms from the integrated sexual health service in West Sussex, with 2,701 units of activity recorded, from high rates recorded in 2023. In West Sussex in 2023/24, 14% of the total contraception provided were for the male condom.<sup>184</sup>

**Figure 87: Provision of condoms through the integrated sexual health service in West Sussex (Source: West Sussex Sexual and Reproductive Health Services Service data)**

### Provision of condoms through West Sussex ISHS



## Condom distribution scheme

The condom distribution scheme in West Sussex enables individuals to request condoms online. Condoms will then either delivered confidentially to their home, or alternatively they can be delivered to a range of

<sup>183</sup> NHS Digital. Sexual and Reproductive Health Services, England (Contraception), 2023-24. Published Sep 2024. Available from: [Part 2: Methods of contraception - NHS England Digital](#)

<sup>184</sup> NHS digital. Sexual and Reproductive Health Activity Dataset. 2023-24. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2023-24/data-tables>

different locations in West Sussex, through a ‘Click and Collect’ method<sup>185</sup>. This includes family hubs, Young Person’s Hubs in Chichester and sexual health clinics in Chichester and Crawley. This scheme is specifically for individuals aged between 13 and 24.

## Vasectomy and sterilisation

Vasectomy refers to a surgical procedure to prevent the release of sperm<sup>186</sup>. It acts as a form of permanent contraception for men but does not protect against the transmission of STIs. Across England and Wales, the rate of vasectomies performed was 22.8 per 1000<sup>187</sup>. Most procedure are performed in individuals aged 35-39, with 32% of procedure performed in this age group. From a West Sussex perspective, there were 621 vasectomy procedures performed in 2023/24. In the following most recent period, up until October 2024, there were 522 vasectomy procedures performed, which suggests vasectomy activity is increasing though further monitoring of this activity is needed to verify<sup>188</sup>.

Female sterilisation is alternatively known as tubal litigation. It is a permanent form of contraception. There is no data available for the number of female sterilisation procedures which occur in West Sussex for the purpose of this needs assessment. Female sterilisation is performed nationally at a rate of 10.6 per 1000 population.<sup>189</sup>

## Natural family planning

Natural family planning is the process of tracking the natural female body cycle to prevent pregnancy. This can be through tracking periods to prevent pregnancy, or through breastfeeding to delay the onset of ovulation post childbirth.<sup>190</sup> Some individuals use natural family planning as an alternative to contraception. Insight work from the sexual health roundtable and 1:1 interviews with colleagues working in integrated sexual health services, in combination with service data, show that there has been a shift in attitudes towards natural family planning, as there has been an increase in the uptake of natural family planning in West Sussex. Figure 88 shows the increase in the use of natural family planning in West Sussex in the years 2023 and 2024 compared to 2021 and 2022.

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<sup>185</sup> NHS Sexual Health West Sussex. Condom Distribution Scheme. [internet]. Accessed 17<sup>th</sup> Feb 2025. Available from: [Order condoms online - Sexual Health West Sussex](#)

<sup>186</sup>NHS. What is a vasectomy? [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [What is a vasectomy? - NHS](#)

<sup>187</sup>NHS digital. Sexual and reproductive health service data 2023-24.Published Sept 2024. Available from: [Statistics on Sexual and Reproductive Health Services \(Contraception\): Data Tables - NHS England Digital](#)

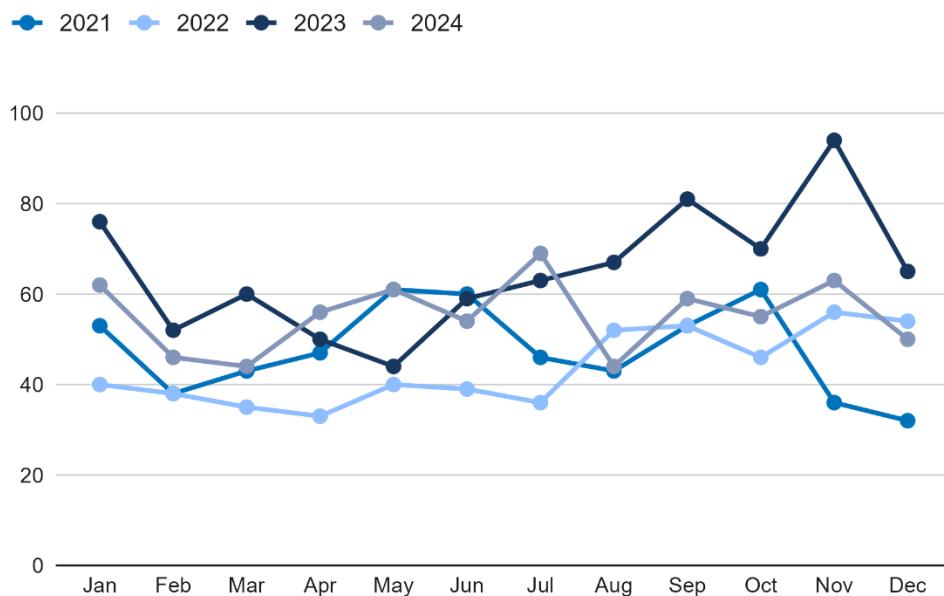
<sup>188</sup> West Sussex sexual and Reproductive Health Service data. Provided by Nikki Brooker.

<sup>189</sup> NHS digital. Sexual and Reproductive Health Activity Dataset. 2023-24. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2023-24/data-tables>

<sup>190</sup>NHS. Natural family planning. [internet]. Accessed 17<sup>th</sup> Feb 2025. Available from: [Natural family planning - NHS](#)

**Figure 88: Recorded activity in the use of Natural Family Planning methods in sexual health services in West Sussex, 2021 to 2024. (Source: West Sussex Sexual Health Services - service data)**

### Trends in the use of natural family planning in West Sussex ISHS



The effectiveness of natural family planning is variable. Lactational amenorrhea is a relatively effective form of contraception, with effectiveness rates of 99%.<sup>191</sup> Fertility awareness methods however have more variable rates of effectiveness. When the instructions relating to fertility awareness are followed correctly, this method can be between 91% and 99% effective. However, if instructions are not followed precisely, the effectiveness of natural family methods drops to 76%. It can therefore be difficult to ensure that this method is working effectively. This is highlighted by a recent study, which showed how in women presenting to abortion services, the proportion of individuals reporting using natural family planning methods around the time of conception had increased from 0.4% in 2018 to 2.5% in 2023.<sup>192</sup> Natural family planning as a contraceptive method is therefore associated with a higher degree of risk in terms of effectiveness, and it is important that women are aware of these risks. Decisions about contraception should be informed, and therefore it is essential that individuals make decisions on contraception based on accurate information.

### Teenage Conception and Abortions

Conceptions in under 18's, alternatively known as teenage pregnancies, are important to consider as a part of sexual health and wellbeing as it can serve as a possible indicator of access to information and skills which can support young people to engage in sexual activity safely, as well as access to contraception. Pregnancies

<sup>191</sup> NHS. Natural family planning. [internet]. Accessed 17<sup>th</sup> Feb 2025. Available from: [Natural family planning - NHS](#)

<sup>192</sup> McNee R, McCulloch H, Lohr PA, et al. Self-reported contraceptive method use at conception among patients presenting for abortion in England: a cross-sectional analysis comparing 2018 and 2023. *BMJ Sexual & Reproductive Health*. doi: 10.1136/bmjsrh-2024-202573

that occur in under 18's can lead to poorer health and social outcomes for both the infant and the mother<sup>193</sup>, and can be associated with both infant and adult poverty.<sup>194</sup>

### National changes in the age profile of conception

Across England and Wales, there has been an increase in the median age of becoming pregnant. The highest number of conceptions now occur between the ages of 30 and 34<sup>195</sup>. This corresponds with a decrease in the number of conceptions in individuals under the age of 18 in England by more than half since 2011, despite a small rise between 2020 and 2021<sup>196</sup>. In 2021, the number of conceptions in women aged under 18 in England was 13.2 per 1000 women. The number of conceptions in individuals under the age of 16 also decreased between 2011 and 2021, with a rate of conception in under 16's of 2.1 per 1000 in 2021.

### Teenage Pregnancy Prevention Framework

In 1999, the UK government launched the 'Teenage Pregnancy Strategy'<sup>197</sup> which aimed to reduce the number of pregnancies in teenagers. This strategy is considered a success, as the number of pregnancies in teenagers seen in the UK has fallen since its introduction. The UK's Teenage Pregnancy Prevention Framework published in 2018, aimed to further reduce inequalities in teenage pregnancies nationally<sup>198</sup>. This framework comprised the following domains:

- Strategic leadership and accountability
- Strong use of data for commissioning and monitoring of progress
- Relationships and sex education (RSE) in schools and colleges
- Support for parents to discuss relationships and sexual health
- Youth friendly contraceptive/sexual health services and condom schemes
- Targeted prevention for young people at risk
- Training on relationships and sexual health for health and non-health professionals
- Advice and access to contraception in non-health, education and youth settings
- Consistent messages to young people, parents and practitioners
- Support for pregnant teenagers and young parents, including prevention of subsequent pregnancies

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<sup>193</sup> Nuffield Trust. Teenage pregnancy. 2023. Available from: [Teenage pregnancy | Nuffield Trust](#)

<sup>194</sup> Local Government Association and Public Health England. Teenage pregnancy and young parents. May 2018. Available from: [Good progress but more to do: Teenage pregnancy and young parents](#)

<sup>195</sup> Office for National Statistics. Births in England and Wales: 2023. Published Oct 2024. Available from: [Births in England and Wales - Office for National Statistics](#)

<sup>196</sup> Department of Health and Social Care. Fingertips. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

<sup>197</sup> A. Hadley et al. Implementing the United Kingdom Government's 10-Year Teenage Pregnancy Strategy for England (1999e2010): Applicable Lessons for Other Countries. Journal of Adolescent Health 59 (2016) 68e74 , [Implementing the United Kingdom Government's 10-Year Teenage Pregnancy Strategy for England \(1999–2010\): Applicable Lessons for Other Countries - ScienceDirect](#)

<sup>198</sup> Public Health England and the Local Government Association. Teenage Pregnancy Prevention Framework. May 2018. Available from: [Teenage Pregnancy Prevention Framework](#)

## Teenage conceptions in West Sussex

In West Sussex, teenage pregnancy rates since 2011 have declined, reflecting national trends. The latest figures from 2021 show that the rate of conceptions in under 18's in West Sussex was 8.1 per 1000 (n=113) which is lower than England (13.1) and the South East (10.7), as shown in Figure 89.

**Figure 89: Change in conception rate in under 18's between 1998 and 2021 in West Sussex (blue) in comparison to England (navy) (Source: Fingertips)**



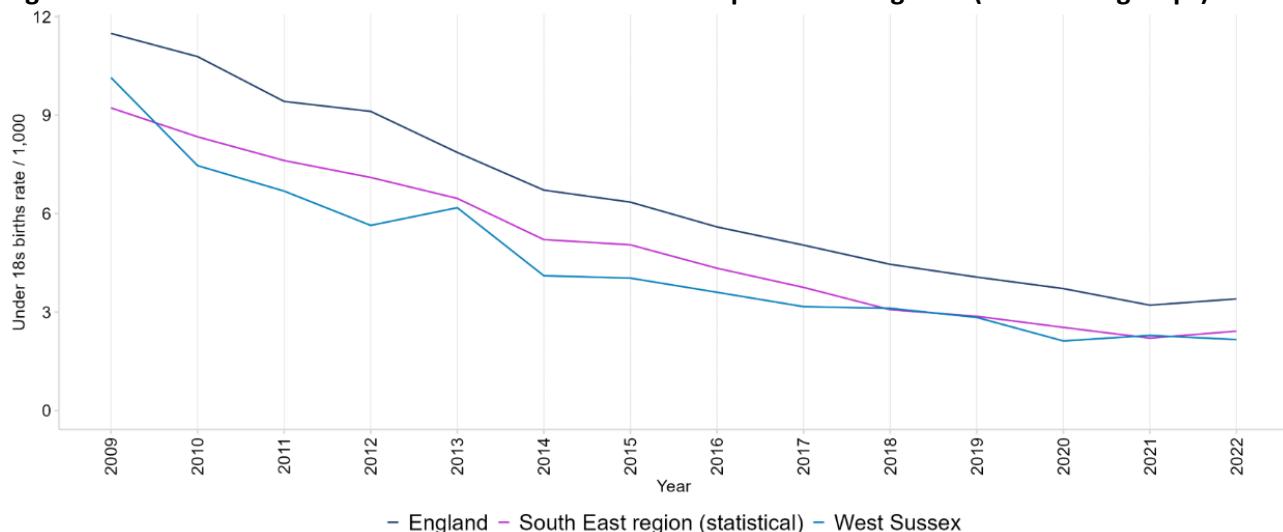
## Teenage births in West Sussex

The number of teenage mothers in West Sussex can provide an indication of conceptions being carried to term. West Sussex is reported to have fewer teenage mothers (0.3% of the teenage women population) in comparison to England (0.6%) which is the lowest of 'similar' local authorities. It was reported that there were 25 individuals who became teenage mothers in West Sussex in the period of 2022/23.

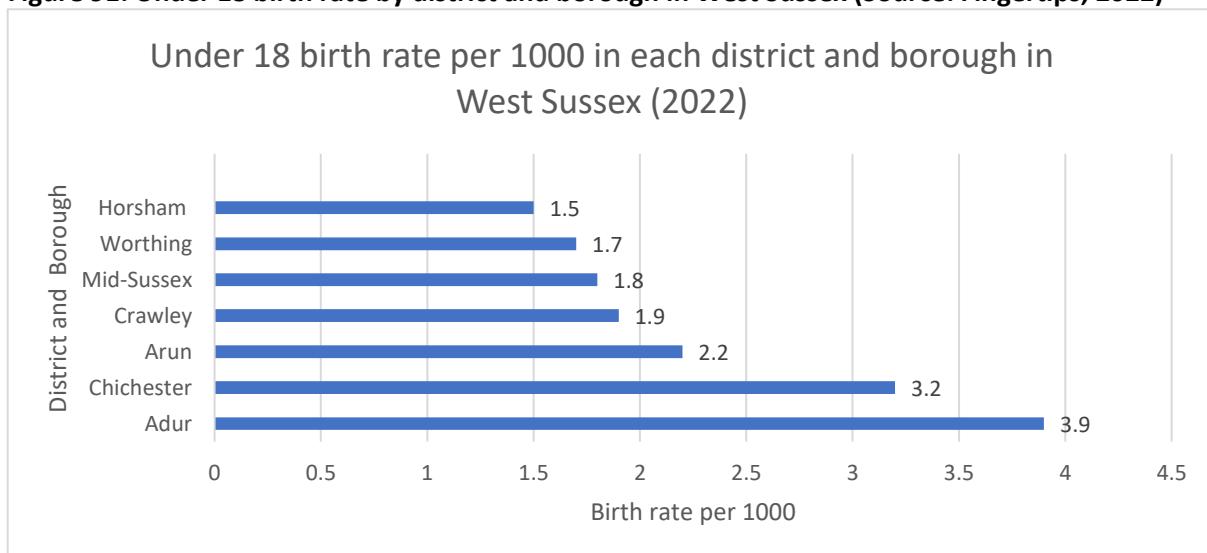
Figure 90 show how the rate of births in under 18s in West Sussex has fallen since 2019 and is below the rate in England. In 2022, the under 18s birth rate in West Sussex was 2.2 per 1000 (n=31), which is lower than the England rate of 3.4 per 1000.<sup>199</sup> Figure 91 shows that Adur (3.9 per 1000, n=4) had the highest birth rate in under 18s in West Sussex in 2022, which does exceed the England rate, though the absolute number is very small. The lowest birth rates in under 18s in West Sussex was in Horsham (1.5 per 1000, n=4). It is worthwhile noting that relatively small numbers can experience notable fluctuations year on year.

<sup>199</sup> Department of Health and Social Care. Fingertips. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

**Figure 90: The birth rate in under 18s in West Sussex in comparison to England. (Source: Fingertips)**



**Figure 91: Under 18 birth rate by district and borough in West Sussex (Source: Fingertips, 2022)**

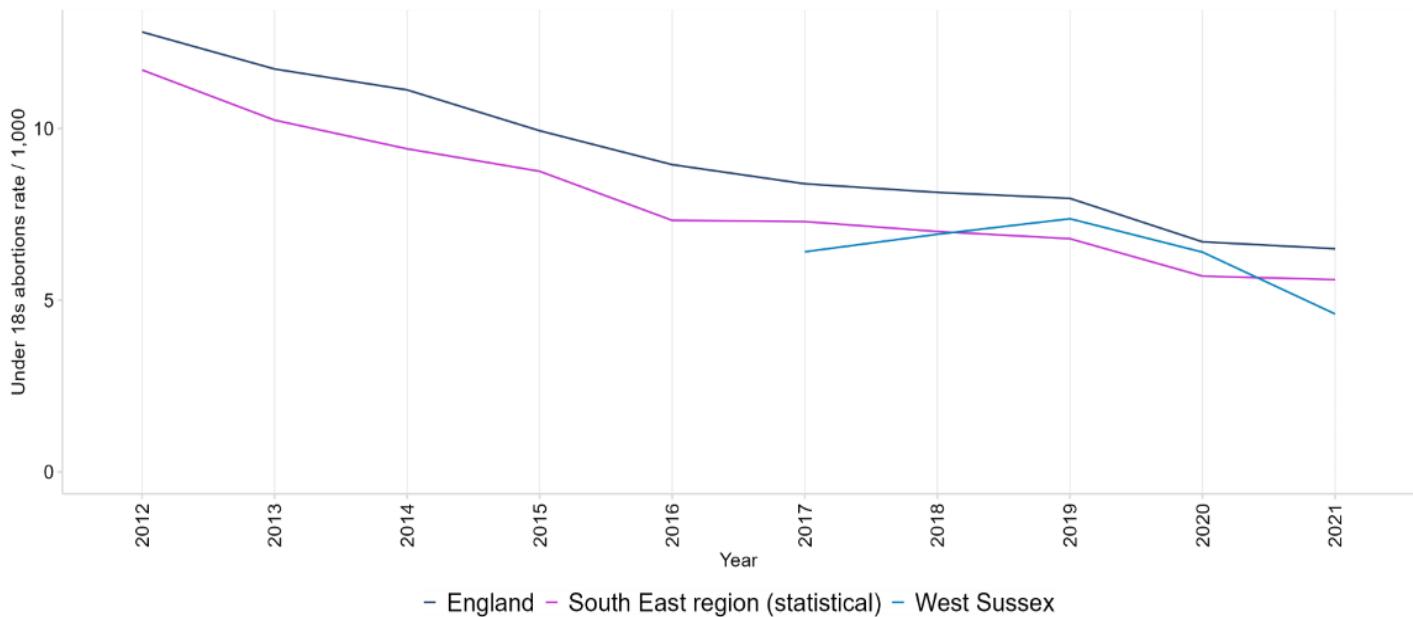


### Teenage abortions

Across England, the rate of abortions in under 18s has decreased since the introduction of the national Teenage Pregnancy Prevention Framework. West Sussex data are only available from 2017 onwards. Since 2019 the rate of abortions in under 18s has decreased in West Sussex as highlighted by Figure 92. The most recent (2021 data) abortion rate for under 18s in West Sussex indicated a rate of 4.6 per 1000 population ( $n=62$ ), which is lower than the England rate of 6.5 per 1000.<sup>200</sup> Despite this, these data are only available up until 2021, and it has been suggested by colleagues working with children and young people across West Sussex that rates of teenage pregnancies may have recently started to increase which needs verification through data but nevertheless, is a concern.

<sup>200</sup> Fingertips data. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](https://www.fingertips.phe.gov.uk/profiles/statistical-profiles/sexual-and-reproductive-health-profiles)

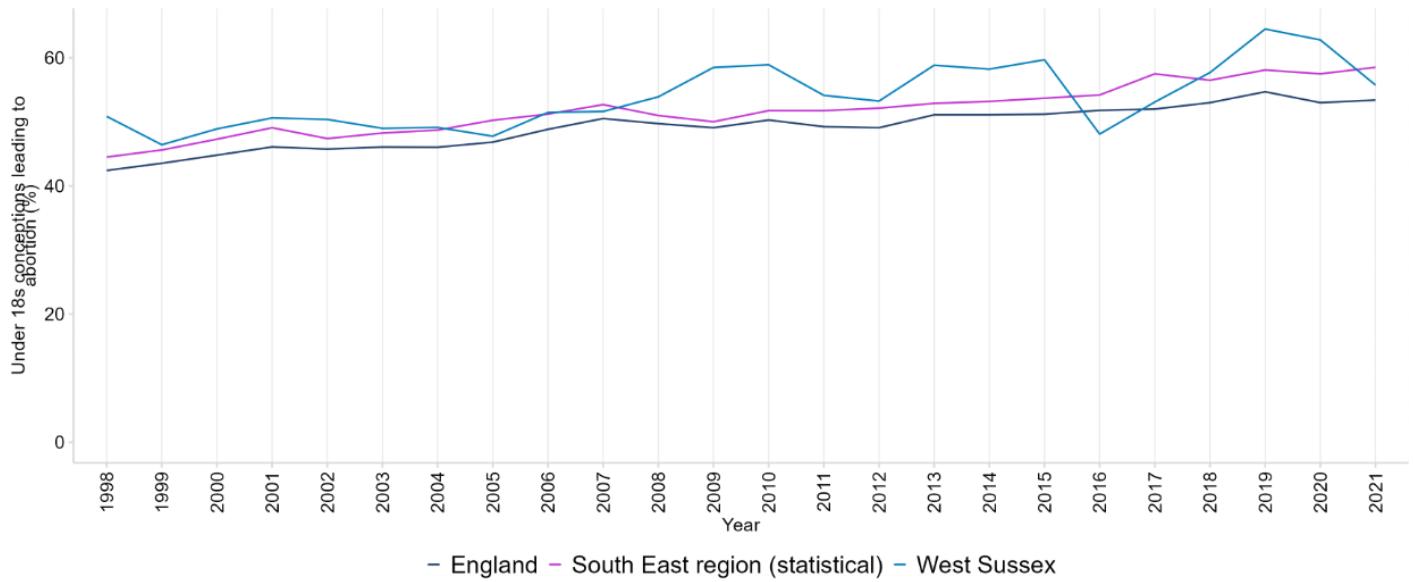
**Figure 92: Change in the under 18s abortion rate in West Sussex in comparison to South East and England (Source: Fingertips)**



In England, the rate of conceptions in under 18's which led to an abortion was 53.4% in 2021 ( $n=63^*$ ). This is marginally lower than the proportion seen in West Sussex of 55.8% in 2021. For West Sussex, this proportion increased between 2016 and 2019 but has since started to fall, as shown in Figure 93. It is essential that support and information is provided to each individual aged under 18 who falls pregnant, regardless of whether the conception is carried to term, or whether an individual has an abortion.

\* Note: This absolute number of 63 differs from the number of 62 stated in the previous paragraph for the same measure of abortion rate for under 18s (2021 data). These are both taken directly from nationally published data. It is likely that the difference can be accounted for by small number manipulation or a slight difference in the data period captured within each measure.

**Figure 93: The proportion of individuals aged under 18 who decide to have an abortion in England (navy) and in West Sussex (blue). (Source: Fingertips)**



The proportion of pregnancies in under 18s that lead to an abortion can be assessed at a district and borough level as seen in Table 27. It should nevertheless be noted that as the number of total conceptions in under 18s is relatively low, small changes in the number of individuals who elect to have an abortion can cause large swings in the proportions shown. 81.8% of the conceptions in under 18s in Adur led to an abortion in 2021 (n=9). This was the highest proportion across West Sussex, albeit based on a relatively small number. The lowest proportion as seen in Chichester, where 42.9% of conceptions in under 18s led to an abortion (n=6).

**Table 27: Proportion of conceptions in under 18s which lead to abortion (Source: Fingertips, 2021)**

District and Borough	Count of conceptions leading to abortions in under 18s	Percentage of conceptions in under 18s leading to abortion (%)	Trends over last five years
Adur	9	82	Stable
Arun	12	50	Stable
Chichester	6	43	Stable
Crawley	16	59	Stable
Horsham	5	56	Stable
Mid-Sussex	9	50	Stable
Worthing	6	60	Stable
West Sussex	63	56	Stable

National data shows that while the rate of conceptions in under 18's is higher in more deprived areas, the proportion of pregnancies in under 18s that lead to an abortion are generally higher in least deprived areas.

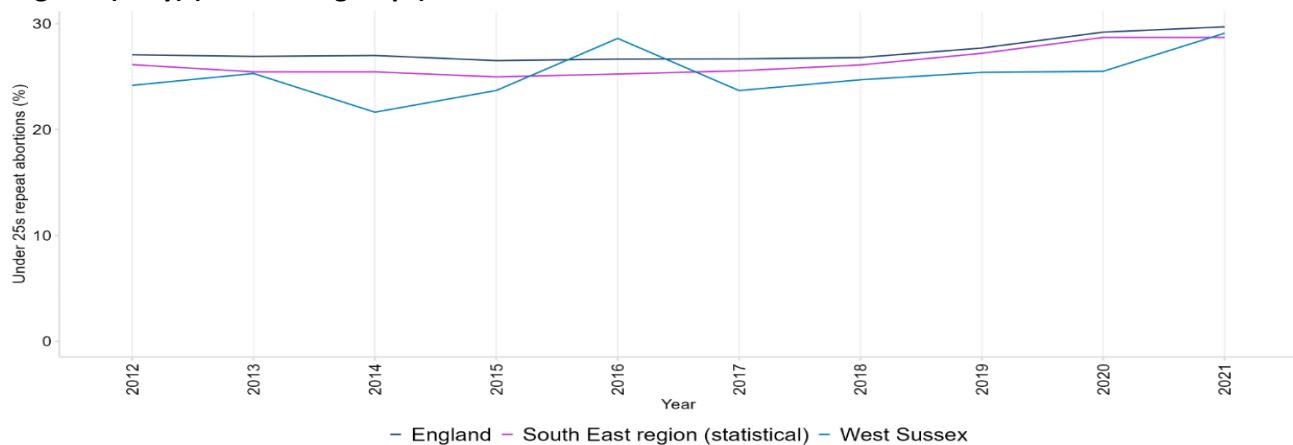
### Repeat Abortions in under 25s

Repeat abortions in under 25s refers to the proportion of abortions that occur in individuals aged under 25 who have had a previous abortion. This can act as an indicator of access to reproductive health information and contraception<sup>201</sup>. The rate of repeat abortions in under 25's in West Sussex at 29.1% (n=225) is similar to the rate in the South East (28.7%) and in England (29.7%), as shown in Figure 94 and the trend has remained fairly stable over the last decade.

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<sup>201</sup> Department for Health and Social Care. Fingertips. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

**Figure 94: Trends in repeat abortions in individuals aged under 25 in West Sussex (blue) in comparison to England (navy) (Source: Fingertips)**



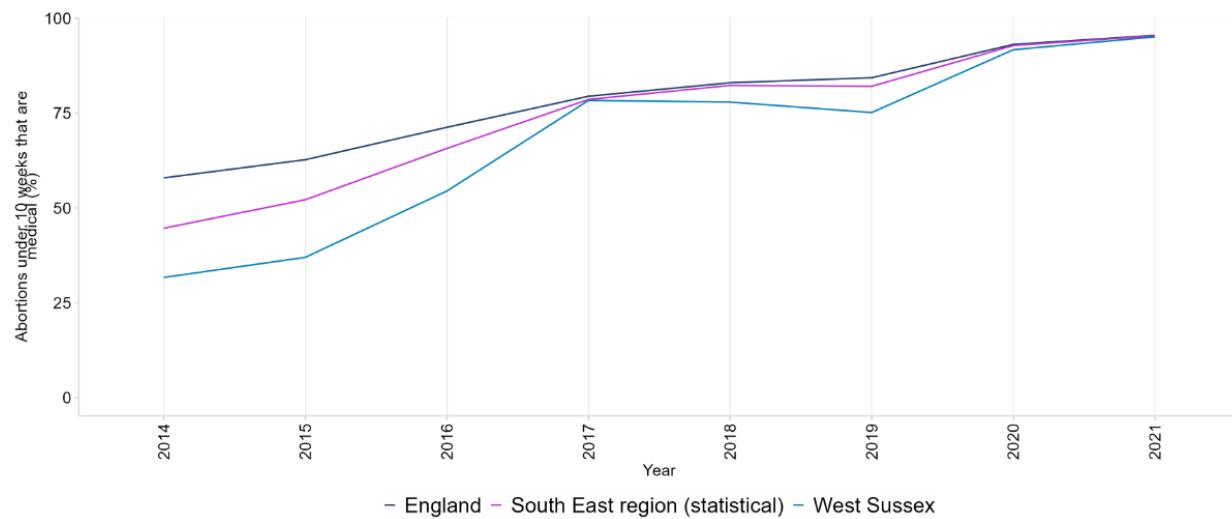
### Abortions under 10 weeks

The proportion of abortions that occur under 10 weeks can serve as an indicator of access to abortion services. Abortions that happen earlier are safer and are associated with fewer complications<sup>202</sup>. It is defined as an “early” medical abortion if the pregnancy has not exceeded nine weeks and six days. The proportion of abortions in West Sussex that occur prior to 10 weeks which are medical increased in line with national rates between 2017 and 2020 as shown in Figure 95. A total of 1,945 abortions were performed in West Sussex in 2021 before 10 weeks, of which 1,849 (95%) were medical abortions. No more recent data is yet available.

Before Covid-19, arrangements in England for early medical abortion involved taking the first tablet (mifepristone) at a hospital or clinic, while the second tablet (misoprostol) could typically be taken at home. To ensure access to early medical abortion during the pandemic, and to reduce the risk of Covid-19 transmission, temporary measures were approved by the Health Secretary on 30 March 2020. These temporary measures allowed both tablets for early medical abortion to be taken at home, without the need to attend a hospital or clinic first. The same medical consultation requirements remained but could be provided via a video link, over the telephone or by other electronic means. The provision of early medical abortion at home in England was scheduled to end on 29 August 2022. Following a consultation and due Parliamentary process following a proposed Lords amendments to the Health and Care Bill, the Bill received Royal Assent on 28 April 2022 with Section 178 amending the Abortion Act 1967 to make early medical abortion at home (where the pregnancy has not exceeded nine weeks and six days), via telemedicine, an ongoing option in England and Wales. It commenced on 30 August 2022 to coincide with the temporary approval ending on 29 August 2022.

<sup>202</sup> Department of Health and Social Care. Fingertips

**Figure 95: The change in the proportion of abortions that occur before 10 weeks that are medical in West Sussex (blue) in comparison to England (navy) and the South East (purple). (Source: Fingertips)**

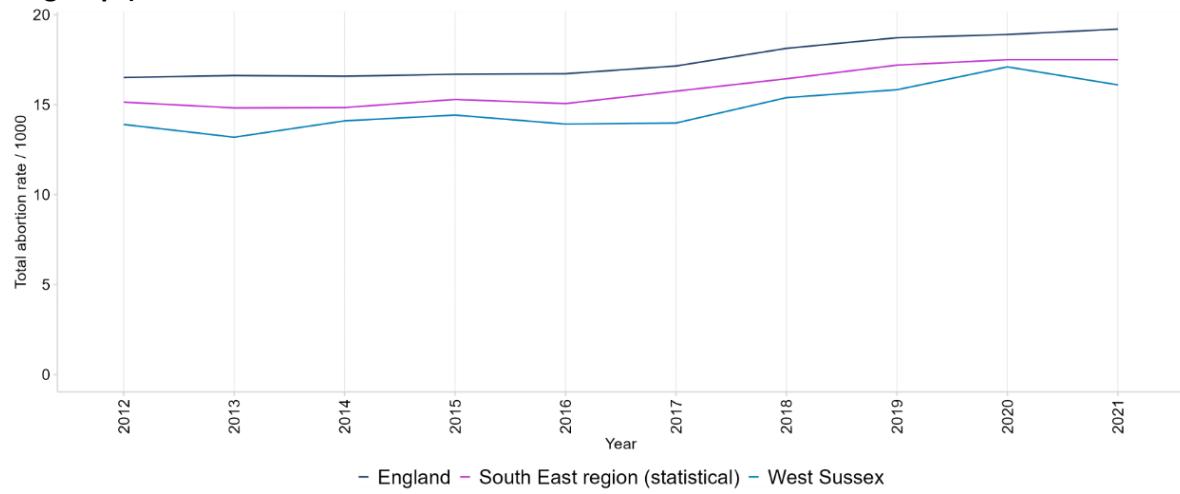


#### Total abortion rate

Good reproductive healthcare includes equitable access to abortion services. Ensuring that individuals can access efficient and safe abortion services is a key part of reproductive healthcare. Whilst access to abortion is a critical part of reproductive health, the total abortion rate can be indicative of a difficulty in accessing contraceptive services.<sup>203</sup>

The total abortion rate (total number of women having an abortion per 1000 female population aged 15-44 years) in West Sussex was 16.1 per 1000 (2021) ( $n=2,273$ ) which is below the total abortion rate for England (19.2 per 1000) and the South East (17.5 per 1000). Overall, there has been an increase in the total abortion rate in West Sussex between 2017 and 2021, similar to trends seen in England and the South East as illustrated by Figure 96. There has however been a small fall in West Sussex between 2020 and 2021. It should be noted that the latest data available is from 2021.

**Figure 96: Total abortion rate in West Sussex in comparison to England and the South East. (Source: Fingertips)**



<sup>203</sup> Department of Health and Social Care. Fingertips. Available from: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

## Abortion and Contraception - Attitudes and Experiences of women in Sussex – NHS Sussex<sup>204</sup>

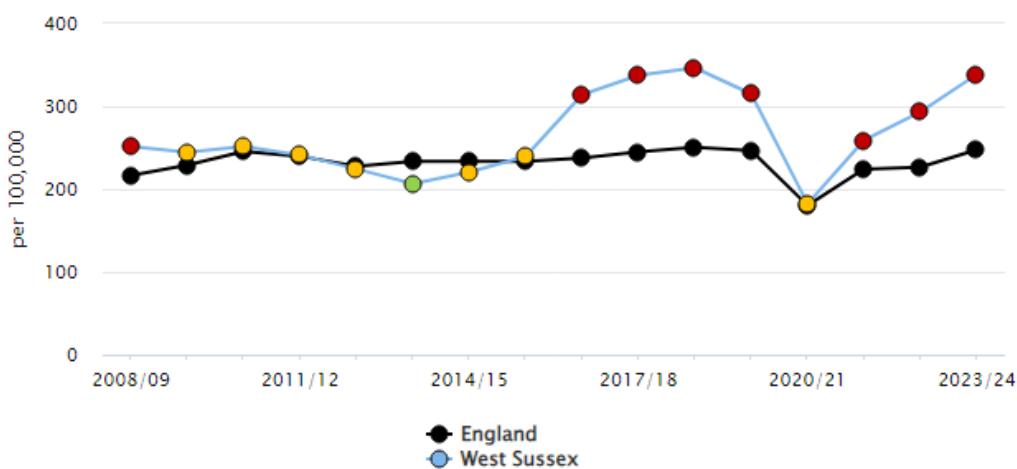
NHS Sussex asked women about their experiences and views to explore the views of women undergoing abortion across Sussex – note – these findings are not specific to West Sussex. This work included data to suggest that across Sussex, there has been an 88% increase in the number of medical abortions before nine weeks (2023/24 data compared to 2022/23). This was noted to be primarily among women aged 34-44 in areas of deprivation. It was also noted that there had been an 21% increase among teenage women. For the year 2023/24, 6,501 abortions were undergone across services provided in Sussex. Of these, 5,621 were early medical abortions and 880 were surgical abortions. The findings of this report highlight that, as reflected in the service data, a proportion of women are moving away from hormonal contraception.

### Pelvic inflammatory disease

Pelvic inflammatory disease (PID) is a chronic condition affecting women and people with a womb and ovaries, which is characterised by long term inflammation and scarring of the reproductive organs. PID can be caused by a variety of different factors. One of the key factors which can contribute to cases of PID is STIs, such as chlamydia and gonorrhoea<sup>205</sup>. However, the underlying cause of PID can sometimes be unknown. Promoting barrier contraception can be an important contributory factor to reducing the risk of onward transmission of STIs which can then lead to PID.

The England rate of PID admissions in women aged 15-44 years per 100,000 population has slightly increased over the last decade, from a rate of 233.7 in 2013/14 to 247.5 in 2023/24. In West Sussex, between 2020/21 and 2023/24 rates of PID increased as shown in Figure 97. For 2023/24, the rate of admissions to hospital due to PID was 338.5 per 100,000 (n=520). This is higher than the England rate of 247.5 per 100,000 and higher than 'similar' neighbours. Further data is subsequently required to understand the underlying cause of this increased rate of admissions to hospital with pelvic inflammatory disease in West Sussex.

**Figure 97: Trends in the rate of admission to hospital due to pelvic inflammatory disease in West Sussex (blue), the South East (purple) and England (navy) (Source: Fingertips)**



<sup>204</sup> NHS Sussex. Termination and Contraception - Attitudes and Experiences of women in Sussex. July 2024.

<sup>205</sup> NHS. Pelvic inflammatory disease. [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [Pelvic inflammatory disease - Causes - NHS](#)

All districts and boroughs apart from Chichester have higher (but not always statistically significantly higher explaining why several are 'amber' rated) rates of admissions to hospital with pelvic inflammatory disease than the national rate (247.5 per 100,000) as shown in Table 28.

**Table 28: Rate of admissions to hospital with pelvic inflammatory disease per 100,000 (Source: Fingertips, 2023/24)**

District and Borough	Count	Rate (per 100,000)	Trends over last five years
Adur	40	383.1	Stable
Arun	75	288.5	Stable
Chichester	40	192.9	Stable
Crawley	130	515.4	Stable
Horsham	75	308.3	Stable
Mid-Sussex	75	275.0	Increasing
Worthing	85	433.3	Stable
<b>West Sussex</b>	<b>520</b>	<b>338.5</b>	<b>Increasing</b>

Index – Red shading indicates worse than national average, amber indicates similar to national average, green indicates better than national average.

### Ectopic pregnancies

An ectopic pregnancy is a type of pregnancy where a fertilised egg implants itself outside of the womb<sup>206</sup>. This type of pregnancy is not viable and is considered a medical emergency. It can be associated with significant health implications for the individual, and the pregnancy must be terminated to ensure that the safety of the mother is protected. There are several different factors which can increase the chances of an ectopic pregnancy, including a previous history of an ectopic pregnancy or previous gynaecological surgery. Smoking is another risk factor for an ectopic pregnancy.<sup>207</sup> A history of pelvic inflammatory disease is strongly associated with an increased risk of an ectopic pregnancy<sup>208</sup>. Furthermore, Wang et al<sup>209</sup> highlighted how despite a global decrease in rates of pelvic inflammatory disease and ectopic pregnancies between 1990 and 2019, increasing rates of both ectopic pregnancies and pelvic inflammatory disease were noted in Western Europe. Moreover, it has been noted in national data that the rate at which ectopic pregnancies happen is changing, especially across different age groups, and may be rising in young women<sup>210</sup>. Research is underway to explore the changing trends of incidence.

<sup>206</sup>NHS. Ectopic pregnancy. [internet]. Accessed 17<sup>th</sup> Feb 2025. Available from: [Ectopic pregnancy - NHS](#)

<sup>207</sup> Horne AW, Brown JK, Nio-Kobayashi J, et al. 2014, 'The Association between Smoking and Ectopic Pregnancy: Why Nicotine Is BAD for Your Fallopian Tube', PLoS ONE, 2014;9(2): e89400.

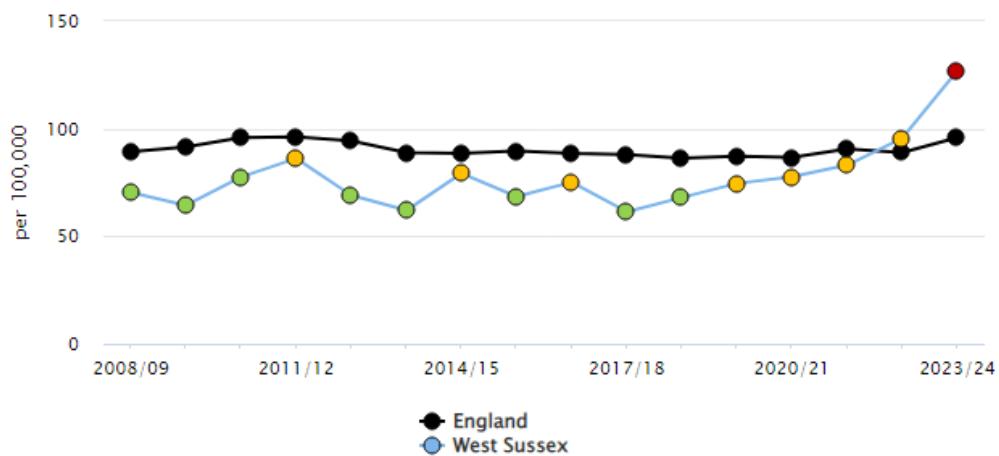
<sup>208</sup>He, D., Wang, T. & Ren, W. Global burden of pelvic inflammatory disease and ectopic pregnancy from 1990 to 2019. *BMC Public Health* **23**, 1894 (2023). [Global burden of pelvic inflammatory disease and ectopic pregnancy from 1990 to 2019 | BMC Public Health | Full Text](#)

<sup>209</sup>He, D., Wang, T. & Ren, W. Global burden of pelvic inflammatory disease and ectopic pregnancy from 1990 to 2019. *BMC Public Health* **23**, 1894 (2023). [Global burden of pelvic inflammatory disease and ectopic pregnancy from 1990 to 2019 | BMC Public Health | Full Text](#)

<sup>210</sup>Clinical Practice Research Datalink. Incidence and Prevalence of Ectopic Pregnancy. May 2024. Available from: [Incidence and Prevalence of Ectopic Pregnancy | CPRD](#)

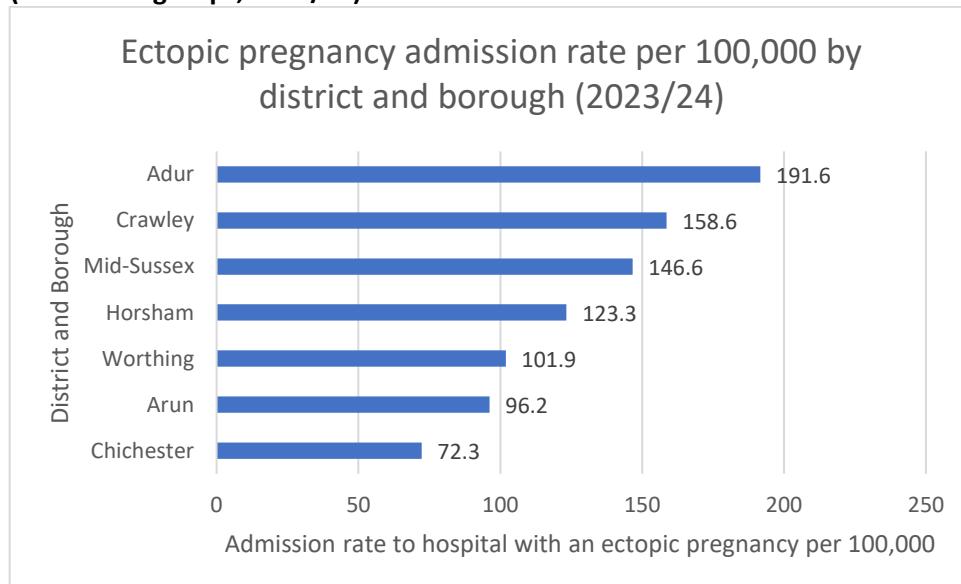
The England rate of ectopic pregnancy admissions to hospital in women aged 15-44 years per 100,000 population has remained stable over the last decade, from a rate of 88.8 in 2013/14 to 88.9 in 2022/23 and then with a slight increase to 95.8 in 2023/24 (n=195), Figure 98. In West Sussex since 2017/18, rates of admissions to hospital with an ectopic pregnancy in West Sussex have increased year on year. The increased observed in the latest data (2023/24) now mean that the ectopic pregnancy admission rate in West Sussex is significantly higher than the rate seen nationally and in the South East, at 126.9 per 100,000 (England 95.8 per 100,000).

**Figure 98: Changes in the rates of admission to hospital due to an ectopic pregnancy in West Sussex in comparison to England and the South East (Source: Fingertips)**



In 2023/24, the rate of admissions to hospital due to ectopic pregnancies was higher in Adur than other District and Boroughs in West Sussex, with an admission rate of 191.6 per 100,000 (n=20) as shown in Figure 99. Rates of admission to hospital with an ectopic pregnancy are higher than the national rate in every district and borough in West Sussex part from Chichester.

**Figure 99: Rate of admission to hospital due to ectopic pregnancy in West Sussex by district and borough (Source: Fingertips, 2023/24).**



## Recurrent Care Proceedings

A care proceeding refers to the process where there is a concern about the welfare of a child<sup>211</sup>. This can lead to a care order, where the local authority finds an alternative place for the child. National research from England and Wales suggests that a proportion of mothers who have one care proceeding are subsequently involved in a care proceeding for a future child. Nationally, between 2010/11 and 2020/21 approximately 14% of mothers who had a care proceeding returned for a repeat care proceeding<sup>212</sup>. A care proceeding can be a traumatic process. Supporting women to plan for pregnancy and during pregnancy can help parents and families feel supported in caring for their children. Cohorts identified as being at increased risk of a care proceeding include younger women<sup>213</sup> and care leavers.<sup>214 215</sup> All women who are part of a recurrent care proceeding should be supported in their sexual and reproductive health and particularly in access to contraception.

## The PAUSE Programme

The PAUSE programme supports mothers who have had a child removed following a care proceeding, or at risk of having a child removed<sup>216</sup>. This programme uses a trauma informed response to support women. The programme (which has a nationally set approach) seeks to engage women in using contraception at the outset of the programme. Evidence from an evaluation of this scheme shows that this is an effective programme<sup>217</sup>. There is currently a PAUSE scheme operating within West Sussex in coastal areas, which supports a relatively small number of mothers, and currently refers individuals directly to sexual health services in West Sussex should they require contraception.

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<sup>211</sup> GOV.UK If your child is taken into care: Care proceedings. [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [If your child is taken into care: Care proceedings - GOV.UK](https://www.gov.uk/guidance/if-your-child-is-taken-into-care-care-proceedings)

<sup>212</sup> Nuffield Family Justice Observatory. Mothers in recurrent care proceedings: New evidence for England and Wales. November 2022. Available from: [Mothers in recurrent care proceedings: New evidence for England and Wales - Nuffield Family Justice Observatory](https://nuffieldfamilyjusticeobservatory.org/mothers-in-recurrent-care-proceedings-new-evidence-for-england-and-wales/)

<sup>213</sup> Broadhurst, K., Mason, C., Bedston, S., Alrouh, B., Morrissey, L., McQuarrie, T., Palmer, M., Shaw, M., Harwin, J. and Kershaw, S. (2017). Vulnerable birth mothers and recurrent care proceedings. University of Lancaster. [http://wp.lancs.ac.uk/recurrent-care/files/2017/10/mrc\\_final\\_main\\_report\\_v1.0.pdf](http://wp.lancs.ac.uk/recurrent-care/files/2017/10/mrc_final_main_report_v1.0.pdf)

<sup>214</sup> Boddy, J., Bowyer, S., Godar, R., Hale, C., Kearney, J., Preston, O., Wheeler, B. and Wilkinson, J. (2020). Evaluation of Pause. Department for Education. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/932816/Pause\\_-Sussex.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932816/Pause_-Sussex.pdf)

<sup>215</sup> Broadhurst, K., Alrouh, B., Yeend, E., Harwin, J., Shaw, M., Pilling, M., Mason, C. and Kershaw, S. (Connecting events in time to identify a hidden population: Birth mothers and their children in recurrent care proceedings in England. The British Journal of Social Work, 2015;45(8):2241–2260. <https://academic.oup.com/bjsw/article/45/8/2241/2494830>

<sup>216</sup> PAUSE scheme. [internet] Accessed 17<sup>th</sup> Feb 2025. Available from: [Pause – Creating Space for Change](https://www.pauseuk.org/pause-creating-space-for-change)

<sup>217</sup> Boddy, J., Bowyer, S., Godar, R., Hale, C., Kearney, J., Preston, O., Wheeler, B. and Wilkinson, J. (2020). Evaluation of Pause. Department for Education. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/932816/Pause\\_-Sussex.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932816/Pause_-Sussex.pdf)

## National perspectives on inequalities in access to contraception

### Breaking barriers - Inequalities in access to contraception in England – August 2024<sup>218</sup>

A national report highlighted population groups which experience inequalities accessing and experiencing contraceptive care, including women with physical disabilities; women from the Gypsy, Roma and Traveller communities; and women living in sheltered or temporary accommodation. Findings from this report further suggest that discussions around the choice of contraception are not being fully explored with some women.

A national contraception survey (1,068 respondents) was performed to inform the Breaking Barriers report. The opportunity to answer this survey was open for all individuals living in England who require contraception. There was a particular focus on the voice of marginalised communities and their perspectives on contraceptive choices and where individuals access their contraception from.

The most common reason for accessing contraception was due to the desire not to get pregnant, which was then followed by individuals reporting that they have problematic periods. A higher proportion of individuals from marginalised groups reported that they accessed contraception to avoid catching a sexually transmitted infection in comparison to non-marginalised groups.

While the findings were encouraging with respect to awareness of most contraceptive methods as well as use of contraception in marginalised communities, some inequalities were highlighted. For instance, women with physical disabilities were the most likely to report access to contraception being difficult or very difficult; Gypsy, Roma and Traveller communities and women living in temporary or sheltered accommodation reported significantly lower than average awareness of different contraceptive methods; and marginalised women overall were much more likely to report difficulties making an appointment with their GP.

These findings are not specific to West Sussex. However they can be used as an indication of the patterns of use of contraception that are seen nationally, which can help inform contraception provision in West Sussex.

## Comparative insights with other local authority areas

A key part of implementing effective services requires an understanding of interventions that are working well elsewhere. A comparative exploration with other local authorities was performed. Selected metrics where West Sussex has improvement to make were assessed and the top three performers of West Sussex's similar local authorities identified. The areas listed in Table 29 were contacted to understand actions which may be contributing to their good performance. Comparisons were made based on 2022 data prior to updated data becoming available for 2023. The three listed areas remain high performing local authorities based on 2023 data with East Sussex being another addition.

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<sup>218</sup>Advisory group on contraception. Breaking barriers – Inequalities in access to contraception in England. August 2024. Available from: [b7e87d\\_00f34527e63d44908c4377cefce84e75.pdf](https://www.gov.uk/government/publications/breaking-barriers-in-inequalities-in-access-to-contraception-in-england-august-2024/b7e87d_00f34527e63d44908c4377cefce84e75.pdf)

### Indicator

Total LARC prescribed excluding injections rate by GP and sexual health services/1,000 (includes for non-contraceptive purposes) (2023): **West Sussex: 55.6 per 1,000.**

**Table 29: Comparative insights of other local authorities amongst West Sussex statistical neighbours according to 2022 indicators in relation to total LARC prescribed**

Top three local authority performers	Performance in 2022(trend)	Comments
<b>Gloucestershire</b>	2022 data - 73.1 per 1,000 (decreasing)	<ul style="list-style-type: none"> <li>- Provision is via sexual health service and through GPs</li> <li>- GP sign up to LARC provision is high</li> <li>- Gloucestershire is quite rural overall, so GP provision is important and there is good uptake in rural parts of county</li> </ul>
	Updated 2023 data - 72.5 per 1000 (2023)	<ul style="list-style-type: none"> <li>- They also have an enhanced service contact with 11 practices to hold sexual health clinics, including LARC, with practices offering this PCN wide.</li> <li>- Managed backlog from Covid through setting up temporary additional GP clinics</li> <li>- Sexual health service supports LARC fitting training to GP practice staff</li> </ul>
<b>Hampshire</b>	2022 data - 58.5 per 1,000 (stable)	<ul style="list-style-type: none"> <li>- Provision is via sexual health service and through GPs</li> <li>- About 90% of GP practices in area deliver the service with the majority being active providers.</li> </ul>
	Updated data for 2023 - 57.6 per 1000	<ul style="list-style-type: none"> <li>- The sexual health service leads on delivery of place based networks with the expectation that primary care to be a key part of those networks and LARC access a key area for the network to work on collaboratively.</li> <li>- Sexual health service supports LARC fitting training to GP practice staff as well as a pharmaceutical company.</li> <li>- Hampshire Isle of Wight Integrated Care Board has created a community of practice for women's health which will include looking at LARC provision.</li> </ul>
<b>Worcestershire</b>	2022 data - 57.7 per 1,000 (stable)	<ul style="list-style-type: none"> <li>- Provision is via sexual health service and through GPs</li> <li>- The local authority commissions the sexual health service who in turn lead on the arrangements with primary care provision of LARC</li> </ul>
	Updated 2023 data - 57.4 per 1,000	<ul style="list-style-type: none"> <li>- LARC referrals are received by the sexual health services and triaged into red, amber or green. A nominated clinician is responsible for monitoring the LARC waiting list and ensuring individuals have an appointment in a timely way</li> </ul>

## Brief literature reviews related to reproductive health

Within the scoping for this needs assessment, a point of interest was:

**Stakeholder perspectives have shared the view that Long-Acting Reversible Contraception demand is reducing locally and abortions are increasing. Could there be an association?**

This question has been addressed from a brief review of the literature.

In September 2024, the Department for Health and Social Care undertook some work taking a national view of whether an increase in the rate of abortions observed in England was associated with difficulty in accessing contraception<sup>219</sup>. The report concluded that there has been a reduction in the provision of contraception, and this in combination with good access to early abortion services may contribute to abortion rates increasing. For example, findings from the Women's Reproductive Health Survey in 2023 showed that post-conception or post-delivery contraceptive advice was generally considered poor. Furthermore, knowledge relating to contraception amongst women and girls was generally considered to be poor, which was suggested to contribute to the reduction noted in the number of women accessing contraceptive services. The report summarised that reducing the rate of abortions would require a renewed focus on access to contraception and an improved understanding of the choices of women around contraception.

This report is complimented by recent qualitative work by Linton et al which aimed to explore potential barriers to the use of LARC<sup>220</sup>. Findings from this work were summarised under three themes, which were trustworthiness, control and system. This research highlighted the role of primary care in improving rates of LARC use, by tackling misinformation and misconception.

Overall, data from West Sussex suggests that user dependent hormonal methods of contraception appear to be decreasing, use of emergency contraception appears to be increasing and rates of total LARC prescribed have not yet recovered to the rates seen in 2019, before the Covid-19 pandemic. Furthermore, the abortion rate in West Sussex has increased. This is in keeping with the summary of the report by the Department of Health and Social Care. Local data, perspectives from colleagues working across the area, and insights, also suggest that there may be a growing preference to use natural family planning methods particularly in younger women, which may also be part of the picture and recognises that sexual health attitudes and behaviours have an integral part in reproductive health and wellbeing. Nevertheless, further work is required to ensure an improved understanding of why women, locally, are choosing not to use contraception.

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<sup>219</sup> Department of Health and Social Care. Is poor access to contraception leading to an increase in abortions in England? September 2024.

<sup>220</sup> Linton, E. et al; Understanding barriers to using long-acting reversible contraceptives (LARCs) in primary care: a qualitative evidence synthesis. BMJ Sex Reprod Health 2023 Oct;49(4):282-292. doi: 10.1136/bmjsrh-2022-201560.

## **Findings from Sexual health Roundtable event in relation to reproductive health**

Reproductive health, including contraception was discussed at the West Sussex sexual health roundtable event. Strengths of service provision and the challenges and opportunities to improve reproductive health outcomes within West Sussex were discussed.

The provision of contraceptive services to young people was identified as a challenge. There was a recognition that young people mainly receive information about contraception from social media. Attitudes towards contraception were reported by roundtable participants to be changing, with young people reported to be more conscious of the potential effects of hormones in their bodies, as a method of contraception and an increasing desire to use natural contraceptive methods.

It was noted that there were anecdotal concerns regarding an increase in the number of abortions which warranted further exploration within the context of West Sussex and acknowledging the discussions about natural contraceptive methods.

Groups were identified which are at risk of inequalities, and a variety of strategies were discussed which could be expanded to address these inequalities including more tailored communication, ensuring accuracy of information, ensuring access is clear, and potential for reaching specific population groups differently.

## **Perspectives from key stakeholders with relevance to contraception**

### **Perspectives from postnatal lead midwives from maternity services across West Sussex**

Generally, there was enthusiasm in offering women a more comprehensive postnatal contraception offer, particularly at University Hospitals Sussex NHS Foundation Trust. It was noted that at University Hospitals Sussex NHS Foundation Trust, the current offer was dependent on site arrangements with work underway to establish a Trust wide protocol / procedure across. The Surrey and Sussex Healthcare NHS Trust, which provides maternity services utilised by the Crawley population, does not have a postnatal contraception offer established. For both Trusts it was noted that information on contraception is shared with all women through Badgernet (the system which women use to access information about their maternity care). There were mixed views expressed in whether it may be too early for some women to be happy discussing contraception. The collaboration needed to ensure a well functioning pathway was recognised, including ensuring follow up arrangements for on-going contraceptive checks or supply following discharge from maternity services.

### **Perspective from the NHS Sussex community pharmacy integration lead**

It was discussed that a current NHS Sussex initiative, as part of the national Primary Care Recovery Plan, is establishing and increasing activity in the NHS Pharmacy Contraception Service. This national service commissioned by NHS England was implemented in December 2023. Now that the service is in place in most community pharmacies in West Sussex, the work will centre around identifying individuals who are only accessing a GP for oral contraception and aiming to shift their care to the community pharmacy. Challenges of community pharmacies in providing sexual and reproductive healthcare services were also discussed, such as the lack of linked up IT systems with GP practices, however, there are hopes that this could change in the coming years.

## **Perspectives from colleagues working in sexual health services**

In young people, and particularly in young women, it was reported by colleagues working in the specialist sexual health service that there was a lack of knowledge around contraception. Individuals aged under 16, were reported to be particularly lacking in education relating to sexual health and wellbeing.

It was reported that there had been a shift in attitudes towards contraception has been reported, with fewer individuals using hormonal methods, with some citing unfounded concerns about hormone containing methods. It was also noted that natural family planning, which is less effective at preventing pregnancy, has grown in popularity.

An opportunity for further development included suggestion of clearer pathways between primary care and the sexual health service to ensure a common understanding of services being provided.

## **Perspectives of colleagues working in General Practice – Findings in relation to contraception**

Generally, GP colleagues reported that the population was well-informed with regards to contraception and that access to LARC within primary care was reported as good. This was reported to be especially true in individuals in later life and particularly around medication and issues relating to the menopause. GPs reported that there needs to be more information on where to refer individuals on to if they require emergency contraception (IUD) fitting.

The population accessing GPs for contraceptive services was described. One GP serving a largely rural area described two groups of young people who attend the practice seeking contraception; i) young people (16+) who are well supported by their mothers and who attend the GP practice together seeking contraception, ii) young people who attend via a more circuitous route and see a GP because there are no other provision in the area. It was felt that for this second group GPs are not always the most appropriate professional / service which could lead to missed opportunities to broaden the consultation to ensure that the individuals sexual health and wellbeing needs are fully addressed.

## **Perspective of commissioner of abortion services within NHS Sussex**

The NHS Sussex commissioner of abortion services reported an increase in service activity since the COVID-19 pandemic. Several suggestions were made as to why this may be the case, including the impacts of the cost-of-living crisis, a lack of education around conception and contraception with some reporting a perception that early medical abortion may be being thought of as a form of contraception. The potential of working with primary care was also mentioned to ensure a strong contraceptive offer in practices where the abortion referral rate is high and also developing greater links with the sexual health service. Furthermore, it was suggested that more visible communications are needed to promote the contraception offer, including where it can be accessed, including emergency contraception.

From a data perspective, abortion services can provide information around the type of termination performed, whether STI testing is performed and whether contraception, including LARC, is discussed with individuals. It was described contraception (and STI testing) is offered to people accessing abortion services but that the discussion was led by the women.

It was also noted that safe access buffer zones came into force in England and Wales around abortion clinics on 31 October 2024 to bring in stronger safeguards for women accessing services. Issues had not presented which raised concerns in women accessing these services but nevertheless it serves to prevent barriers to access.

## **West Sussex County Council Public Health Sexual Health Needs Assessment Survey**

A full summary of the survey is available in the section of this report in the sexual health services section. The following findings relating to contraception are available below.

### **Question 8: Which of the following contraceptive services in West Sussex are you aware of?**

This question explored contraceptive services specifically whether participants were aware of contraceptive services available in West Sussex.

Over a quarter of participants to the main survey (28 out of 101 participants, 27.7%) reported that they were aware of and knew where to access contraception from GP services, with a further 65 participants (out of 101, 64.4%) reporting that they were aware of contraception from GPs. Furthermore, 27 of the 101 respondents (26.7%) reported that they were aware of and knew how to access LARC available from GPs, with a further 55 out of 101 respondents reporting that they were aware of LARC from GPs (54.5%).

Most participants were aware of the following contraceptive services:

- Contraceptive advice from sexual health services (57/101 aware, 57.6%, 18/101, 18.2% aware and knew how to access)
- Long Acting Reversible Contraceptive available from sexual health services. (48/101 aware, 47.5%, 18/101, 17.8% aware and know how to access)
- Free emergency contraception available from pharmacies (49/101 aware, 48.5%, 16/101, 15.8% aware of and know where to access)
- Free emergency contraception available from GPs (44/101 aware, 43.6%, 14/101 aware of and know where to access, 13.9%)
- Free emergency contraception available from sexual health services. (43/101 aware, 42.6%, 14/101 aware of and know where to access, 13.9%)

A notable finding is that most participants of the survey were not aware of contraception available from pharmacies without the need to see a doctor (70 out of 101 participants, 70%).

Participants who identified as men were more likely to report being:

- Unaware of contraceptive services from GPs,
- Unaware of contraceptive advice from sexual health services, and,
- Unaware of LARC.

Awareness of emergency contraception was more similar for men and women from pharmacies and from GPs. However, men were more likely to be unaware of emergency contraception from sexual health services.

There was low awareness of on-going contraception from community pharmacies among men and women.

Participants answering the EasyRead survey reported:

- Good awareness of contraceptive services provided by the GP and just over half of the respondents reported that they were aware of contraceptive services available from sexual health services.
- There was lower awareness of free emergency contraception from GPs, sexual health services, and pharmacies.
- There was also low awareness among these respondents of pharmacies that offer the contraceptive pill without the need to visit a GP.

### **Question 9: Do you ever use condoms?**

For the participants who answered the main survey 55.4% (56/101) of participants reported that they **used** condoms, with the remaining 44.6% (45/101) reporting that they did **not** use condoms.

Generally, when participants were asked where they got their condoms from, answers could broadly be divided into either the shop or pharmacy. This reflects the fact that the majority of participants report that they purchase their condoms. 10% of respondents reported getting their condoms free from sexual health services, either online or from clinic.

For participants who answered the EasyRead version of the survey, a higher proportion of individuals reported that they did **not** use condoms than the main version of the survey.

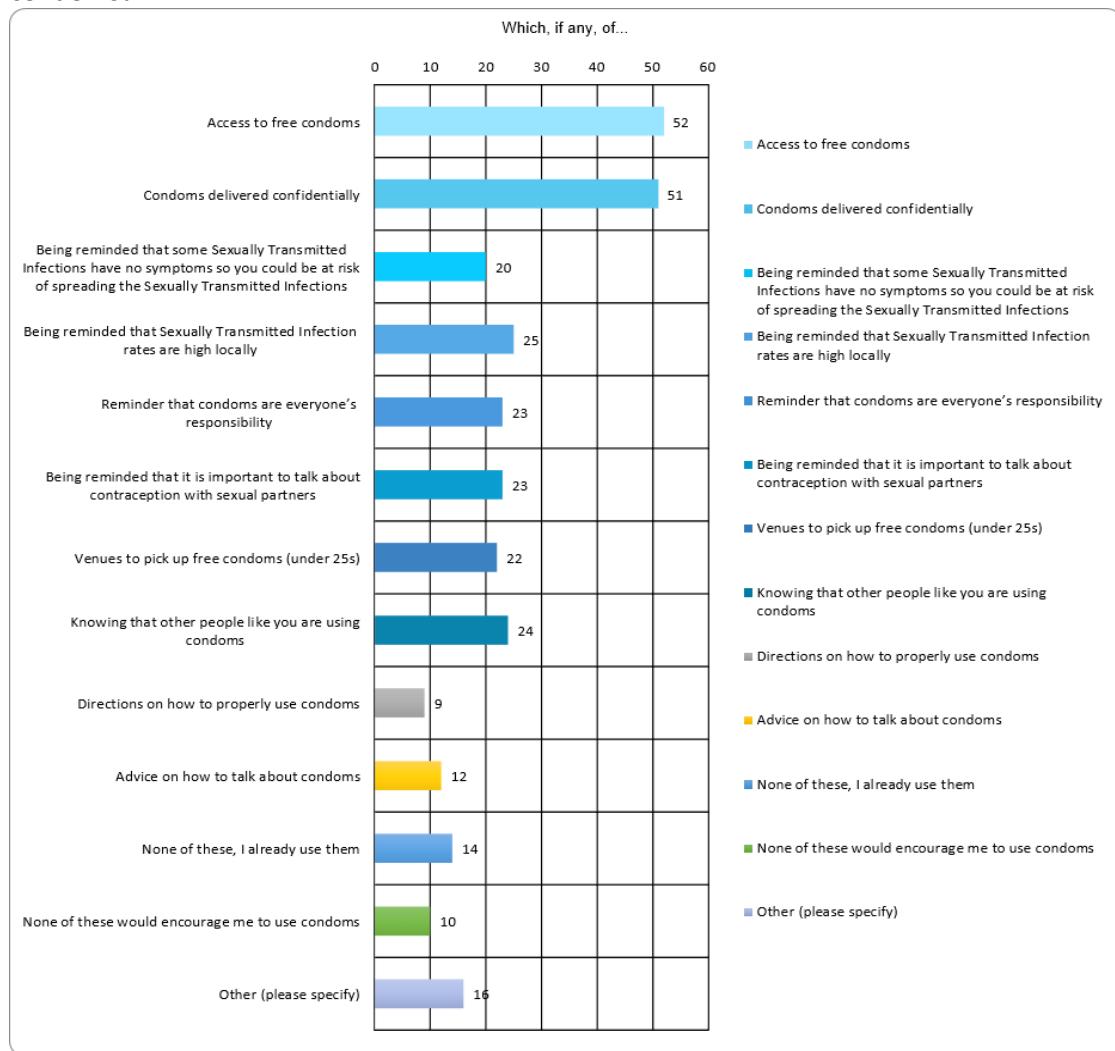
### **Question 10: Which, if any, of the following would encourage you to use condoms? (tick all that apply)**

For the main survey from which responses are displayed in Figure 100, the most selected answer to this question was access to free condoms (52/101, 51.5%). Confidentiality was another issue which was identified as a barrier to people using condoms, as 51 participants selected this answer (51/101, 50.5%). 10 participants out of 101 (9.9%) reported that none of these options would encourage them to use condoms, which suggests further work is required to explore people's motivation for using condoms. **Figure 100**

For both men and women the two most common answers to encourage use of condoms were access to free condoms and confidentiality. For men the third most common answer was being reminded that many STIs have no symptoms and so you can be risk of spreading the infection. However, this answer had lower salience for women, and was chosen by few young people. For women the third most common answer was knowing other people like me are using condoms. For LGBTQI+ respondents the third most common answer was access to venues to pick up free condoms, and for older people the third most common answer was being reminded that condoms are everyone's responsibility.

Amongst the EasyRead responses, the most frequently provided answers to this question were condoms being delivered to my home confidentially.

Error! Reference source not found. Figure 100: Survey responses to what would encourage you to use condoms?





## Areas of focus – Reproductive Health

### Opportunity to develop a closer, on-going local understanding of quantitative data relating to contraceptive use and related outcomes

- **To develop a dashboard of contraceptive activity by drawing on a range of data sources to provide a clear local understanding, across all services and settings, supporting informed local action. To ensure the dashboard is meaningful and useful, it should include:**
  - o Data describing the West Sussex population with a potential contraceptive need, given the population size is expected to increase until 2032.
  - o Data from NHS Sussex, NHS England and West Sussex County Council commissioned contraception provision (emergency and on-going), including prescribing data to enable GP activity to inform a whole system view.
  - o Data relating to abortion and other relevant outcomes, which should include data from abortion services given the time lag observed in nationally published abortion data at the time of writing (latest data from 2021).
  - o Data enabling understanding at smaller geographical areas and of population groups that may experience inequalities relating to reproductive health and including aspects of pre-conception care where data is available.
- **To undertake further exploration of the high rates of admission to hospital with pelvic inflammatory disease and ectopic pregnancies,** to inform understanding of demographic and clinical characteristics to inform whether preventative actions may be possible.

### Opportunity to acknowledge changing attitudes and preferences to contraception and work alongside young people to make informed choices

- **To ensure a ‘local contraceptive offer’ is clearly articulated and communicated to the West Sussex population** which covers the range of access points and credible information about the different types of contraception available to raise awareness of services available and specifically building awareness of the NHS community pharmacy oral contraception service and the forthcoming (expected October 2025) NHS community pharmacy emergency hormonal contraception service.
- **To continue engaging with the West Sussex population, with a focus on young people and people in defined population groups, to support informed decision making around contraceptive choices.** The aim being to:
  - o **Ensure credible and consistent information is available** utilising channels which will reach these population groups, including use of local webpages.
  - o **Work alongside young people and specific population groups to co-design information.** This should acknowledge that the average age of first sexual intercourse is occurring at a younger age, nationally reported as 17 years in both men and women, and that there are changing attitudes towards contraception, with a particular focus on changing attitudes towards natural family planning with a move away from hormonal contraceptive methods (including exploration of whether this is a universal change in attitudes amongst young people or within some population groups).
  - o **Stimulate a wider support network for young people, and all groups within the local population.** While the integrated sexual health service is reaching young people on contraceptive activities to a similar extent to other services nationally, the vast majority of young people are not seen in these services and therefore there is a need to ensure consistent information is available in relevant settings (including community and voluntary sector led settings who often have trusted relationships with specific population groups they are working with) as well as through education settings, parents/carers as well as others who may be working with or supporting young people. This also recognises that while this needs assessment did aim to reach a range of population groups through a survey, it was

limited in reach and it is imperative that information and advice reaches all in our local population, including where it may need a tailored approach.

- **Take a place based approach where it may be warranted.** For example, data suggests Crawley experiences the lowest rate of GP prescribed LARC and GP prescribed combined hormonal contraception, the highest number of teenage conceptions which lead to an abortion, the highest fertility rate, and the highest rates of PID and ectopic pregnancies.

**Opportunity to ensure contraceptive services are accessible, and that where applicable, individuals are supported in their care to access contraception through clear pathways which span across services**

- **To increase awareness and accessibility of emergency contraception through:**
  - Increasing the number of community pharmacies signing up to and actively delivering the EHC locally commissioned service to align with access to on-going oral contraception available through this setting, and without waiting for implementation of the forthcoming NHS community pharmacy EHC service, expected October 2025.
  - Continuing to work towards online access to EHC to ensure timely access is available across the county.
  - Ensure a clear pathway is understood for timely access to the integrated sexual health service where needed for emergency contraception for specific groups.
  - Ensure emergency contraception is considered within specific safeguarding pathways, for instance in working with missing, exploited and trafficked children and young people.
- **To increase awareness and accessibility of condoms through:**
  - Working alongside individuals from priority populations to scope settings/routes through which access can be improved, as well as, increase motivation to and use of condoms as well as reducing barriers. This could include promoting condoms as a non-hormonal contraceptive method for young people. This should also ensure population groups are reached where HIV transmission may be the primary concern such as people from the Black African community and GBMSM.
- **To establish collaborative working to ensure access to all contraceptive methods and specifically LARC to improve support to individuals, such as through:**
  - Considering methods of access to all contraceptive methods and including LARC, acknowledging the request for drop in provision, and bearing in mind that the rate of female under 25s attending specialist contraceptive services has gradually reduced over time.
  - Formalising pathways for looked after children, individuals being supported through the PAUSE programme, and others, to ensure timely support.
  - Ensuring clear pathways for ongoing contraception for people accessing abortion services (with the aim of particularly understanding the 'repeat abortion' group and reflecting on whether there may be opportunities to strengthen the contraception offer at the first attendance to this service) and sexual assault referral centres.
  - Facilitating support and collaboration between primary care and the sexual health service, for instance, through establishing a local forum/network, as well as recently established women's health hubs to ensure a comprehensive offer.
  - Ensuring a clear post-natal contraceptive offer, including LARC, through maternity services which meets national guidance and addresses inequalities, and with pathways to on-going contraceptive care and provision linked into wider services.
  - Considering if there are specific approaches or considerations needed in different geographical areas or for specific population groups.

**To understand patterns of service utilisation within the sexual health service by different population groups e.g. evenings and weekends, and alongside developing a greater understanding of service capacity**

## 10. Healthy relationships

### Key points

A key part of sexual health and sexual wellbeing is promoting healthy relationships. Within this needs assessment, healthy relationships have been interpreted in two parts, namely that:

- Individuals should be protected against sexual harms and exploitation, and that,
- Promoting and fostering healthy relationships and healthy attitudes and views towards sex is an essential part of promoting good sexual wellbeing.

#### **Individuals should be protected against sexual harms and exploitation:**

- There are estimated to be 7,410 children sexually abused each year in West Sussex (source given in main report). In 2022/23, related to child sexual abuse, there were 0.23 (n=41) child protection plans (CPPs) per 1,000 children living in the area in West Sussex indicating substantial under identification by statutory services.
- According to national survey data gathered in NATSAL-3 (data collected 2010-2012), 1 in 10 women and 1 in 71 men said they had experienced non-volitional sex since the age of 13. The median age of the most recent occurrence of non-volitional sex was 16 for males and 18 for females. In most cases the person responsible was known to the individual.
- Whilst rates of sexual offences in West Sussex are lower than rates seen nationally and seen generally across the South East, the rate of sexual offences in the population of West Sussex has increased to 2.4 per 1000 population in 2022/23 (n=2,125).
- Increasing reports of sextortion have been observed by online safety colleagues in West Sussex County Council with data indicating that 14 to 17 year olds were more likely to become the victim of this type of crime.

#### **Promoting and fostering healthy relationships and healthy attitudes and views towards sex is an essential part of promoting good sexual wellbeing:**

- According to national survey data gathered in NATSAL -3, the median age of first heterosexual intercourse reported was 17 years in both men and women.
- Information specific to supporting recognition of a healthy relationship was identified on Your Space (West Sussex County Council webpages for teens) and Health for Teens (national NHS led webpages with some local information able to be locally tailored). However, there was no similar information on the sexual health service webpage.
- From September 2020, Relationships Education (RE) has been compulsory for all primary school pupils, and Relationships and Sex Education (RSE) has been compulsory for all secondary pupils. RSE curriculum information and credible resources are within the Education 4 Safeguarding (E4S) online platform accessible to all schools in West Sussex, not only West Sussex County Council maintained schools. There was reported to be good engagement with the materials from primary schools but more limited engagement from secondary schools. Stakeholder feedback noted their impression of variable RSE provision in schools and knowledge of young people.
- The role of parents and carers in supporting sexual health and wellbeing was not a prominent part of what was heard through stakeholder engagement.
- Challenges to promoting healthy conversations by people working with and supporting young people were noted including a lack of confidence and a lack of cultural competence.
- Unmet needs for supporting healthy relationships were evident in considering specific population groups, for instance, there is only limited local insight into Chemsex, needs are not being adequately met for people living with a learning disability, there is likely to be low awareness of healthy relationships and sexual health in older adults, and, the association of mental health and sexual health is only beginning to be recognised in published literature.

## **Introduction**

A key part of sexual health and sexual wellbeing is promoting healthy relationships. Within this needs assessment, healthy relationships has been interpreted in two parts, namely that:

- Individuals should be protected against sexual harms and exploitation, and that,
- Promoting and fostering healthy relationships and healthy attitudes and views towards sex is an essential part of promoting good sexual wellbeing.

## **Impact of Covid-19 pandemic**

Colleagues working in children's and adult's social care services adapted to working during the Covid-19 pandemic, continuing to care for people and protect them from harm<sup>221</sup>. During the Covid-19 restrictions, some people were less visible to professionals, which increased the risk that evidence of harm to them was not being identified. The Covid-19 pandemic is also considered to have compounded issues for some groups of young people including disruption to relationships and support networks. Furthermore, the impact of the Covid-19 pandemic on school education resulted in class disruption and fragmented online teaching. In a qualitative study, teachers reported to find it difficult to deliver high quality RSE lessons because of concern that available material would be inappropriate for virtual delivery, with impacts on healthy peer-on-peer relationships remaining impacted<sup>222</sup>.

## **Protection against sexual harms and exploitation**

### **Safeguarding**

Safeguarding individuals from harm is everyone's responsibility and requires multi-agency working as set out in statutory guidance including 'Working Together to Safeguard Children 2023'<sup>223</sup>. This needs assessment aims to explicitly acknowledge the relevance of sexual harm and exploitation as being detrimental to sexual health and wellbeing and recognises that safeguarding concerns of a sexual nature must follow West Sussex safeguarding procedures for both adults and children.

In relation to adult safeguarding concerns, sexual harms can include<sup>224</sup>:

- Sexual abuse, which may involve a person being made to take part in sexual activity when they do not, or cannot, agree to this. It includes rape, indecent exposure, inappropriate looking or touching, or sexual activity where the other person is in a position of power or authority.
- Modern slavery which takes the form of sexual exploitation, where victims are pressurised to perform non-consensual or abusive sexual acts, such as prostitution, escort work and pornography. Women and children make up the majority of victims, but men can also be affected.

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<sup>221</sup> OFSTED. Children's social care 2022: recovering from the COVID-19 pandemic. July 2022. Available from: [Children's social care 2022: recovering from the COVID-19 pandemic - GOV.UK](https://www.gov.uk/government/publications/childrens-social-care-2022-recovering-from-the-covid-19-pandemic)

<sup>222</sup> Horan, C., Stephenson, J., & Bailey, J. V. (2023). Relationships and Sex Education teaching in English secondary schools and the impact of the COVID-19 pandemic. *Sex Education*, 25(1), 54–66.

<sup>223</sup> HM Government. Working Together to Safeguard Children 2023. December 2023. Available from: [Working together to safeguard children 2023: statutory guidance](https://www.gov.uk/government/publications/working-together-to-safeguard-children-2023-statutory-guidance)

<sup>224</sup> Types of Abuse. West Sussex County Council 2025. Accessed on 17<sup>th</sup> April via [Types of abuse | Safeguarding Adults | West Sussex Connect to Support](https://www.westsussex.gov.uk/protect-and-support/abuse/types-of-abuse/)

Physical and sexual abuse in childhood has been associated with a host of subsequent risk behaviours, including early sexual activity; alcohol, tobacco and drug abuse; multiple sexual partners; choosing abusive partners later in life; and lower rates of contraceptive and condom use. Women who report a history of early sexual abuse often report feelings of worthlessness and difficulty distinguishing sexual from affectionate behaviour, maintaining appropriate personal boundaries, and refusing unwanted sexual advances. Studies have consistently linked a history of child sexual abuse with a higher risk of experiencing sexual violence later in life.

**The following paragraph provides a summary of female genital mutilation, as defined by the World Health Organisation:**<sup>225</sup>

**“Female Genital Mutilation (FGM)** has serious health implications and no health benefits. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls’ and women’s bodies. All forms of FGM can cause immediate bleeding and pain and are associated with risk of infection. The presence of FGM increases the risks of obstetric complications and perinatal death. The more severe forms of FGM cause the greatest harm. Sexual problems are also more common among women who have undergone FGM – they are 1.5 times more likely to experience pain during sexual intercourse, experience significantly less sexual satisfaction, and are twice as likely to report a lack of sexual desire.”

**Child Sexual Exploitation (CSE)** is a type of sexual abuse where children and young people are manipulated or forced to perform sexual activities often in exchange for things like money, drugs, gifts, affection, food, and accommodation. Child sexual exploitation can have long-term effects on a child or young person, including pregnancy at a young age, struggling with trust, fearful of forming new relationships among many other mental health and wider health related concerns<sup>226</sup>. In West Sussex, sexual exploitation is within the scope of the West Sussex A County against Exploitation Strategy 2019-2024<sup>227</sup>.

**Child Sexual Abuse (CSA):** Protecting and safeguarding our children is a priority within the West Sussex Safeguarding Children Partnership business plan 2023 – 2026<sup>228</sup>. The West Sussex Safeguarding Children Partnership annual report 2023/24 noted the ISHS safeguarding practice in spotting the signs of CSE:

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<sup>225</sup> World Health Organisation. Understanding and addressing violence against women. [internet] Accessed 24<sup>th</sup> Feb 2025. Available from; [WHO RHR 12.43 eng.pdf;jsessionid=D8C332ACD9456C4FD8A54FBD8B931837](https://www.who.int/publications/m/item/understanding-and-addressing-violence-against-women)

<sup>226</sup> West Sussex Safeguarding Children Partnership. Child sexual exploitation. [internet]. Accessed 24<sup>th</sup> Feb 2025. Available from: [Child Sexual Exploitation \(CSE\) - West Sussex SCP](https://www.westsussex.gov.uk/children-and-families/child-protection-and-safeguarding/child-exploitation/)

<sup>227</sup> West Sussex County Council. West Sussex A County against Exploitation Strategy 2019-2024. 2020. Available from: [West Sussex: A county against exploitation strategy 2019-2024](https://www.westsussex.gov.uk/children-and-families/child-protection-and-safeguarding/child-exploitation-strategy-2019-2024/)

<sup>228</sup> West Sussex Safeguarding Children Partnership. Business Plan 2023-2026. Available from: [West Sussex Safeguarding Children Partnership Business Plan April 2023 – March 2026](https://www.westsussex.gov.uk/children-and-families/child-protection-and-safeguarding/business-plan-2023-2026/)

### **West Sussex Safeguarding Children Partnership annual report 2023/24**<sup>229</sup>

The Integrated Sexual Health Service (ISHS) ensures all service users under 18 years have a safeguarding and risk assessment for CSE using the ‘Spotting the Signs’ template. ISHS’s quarterly reports include learning from protocol. The ISHS introduced an under 18 ‘Did Not Attend Protocol’. In 2021-22, the ISHS expanded online testing pathways to under 18s, following the development and embedding of robust safeguarding arrangements for this age group. Evidencing impact: Baseline audit demonstrated achievement of all local and national standards.

Related to child sexual abuse, in 2022/23 there were<sup>230</sup>:

- 0.23 (n=41) child protection plans (CPPs) per 1,000 children living in the area in West Sussex. This is marginally higher than the national average of 0.20 CPPs per 1,000 children. This local figure has stayed fairly stable over recent years.
- 0.24 (n=42) assessments per 1,000 children living in the area in West Sussex. This is lower than the national average of 2.84 assessments per 1,000 children. It should be noted that this local figure may be an anomaly given the number of assessments in every year since 2015/16 has exceeded 500.

However, there are estimated to be 7,410 children sexually abused each year in West Sussex indicating substantial under identification by statutory services.

This estimate was calculated using single-year prevalence estimates by age group (Radford et al. 2011). Childhood abuse and neglect in the UK today and the Office for National Statistics mid-year population estimates 2022.

### **Sexual attitudes and lifestyles survey**

NATSAL-3 reports a section on non-volitional sex which is relevant to considering sexual harms. According to NATSAL-3<sup>231</sup>(data collected 2010-2012), the median age of the most recent occurrence of non-volitional sex was 16 for males and 18 for females. It was also noted that in most cases the person responsible was known to the individual. Refer to earlier section for a more comprehensive summary of NATSAL findings.

### **Violent crime – sexual offences**

There is very little quantitative data to inform local understanding ‘healthy relationships’. The Public Health Outcomes Framework indicator describing sexual offences is however relevant in quantifying serious harm.

Sexual offences in West Sussex and in England have gradually been increasing year by year. Whilst rates of sexual offences in West Sussex are lower than rates seen nationally and seen generally across the South East, the rate of sexual offences in the population of West Sussex has increased to 2.4 per 1000 population in 2022/23 (n=2,125) as shown in Figure . This is the 4<sup>th</sup> lowest rate out of 16 areas in the same statistical neighbouring group, Figure .

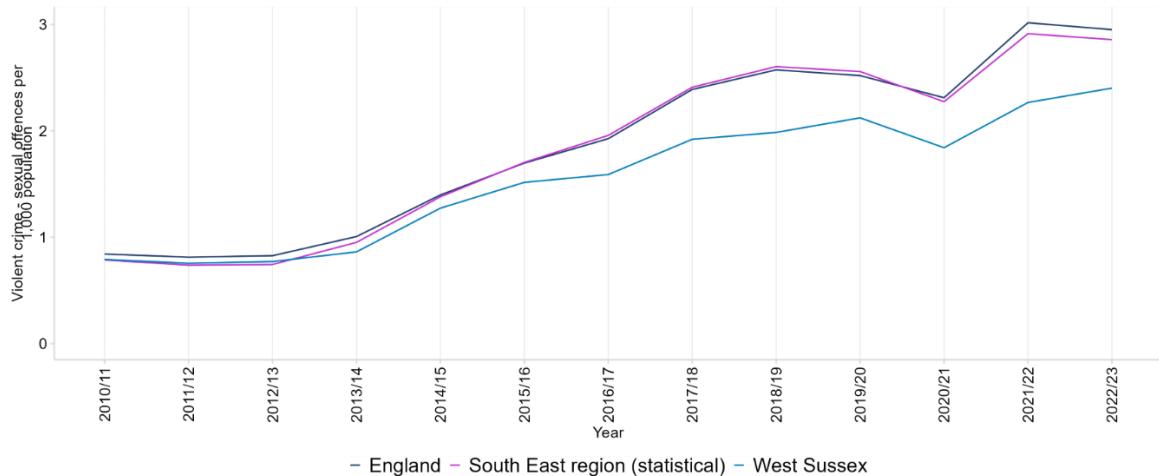
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<sup>229</sup> West Sussex Safeguarding Children Partnership. Annual Report 2023/34. Available from: [West Sussex Safeguarding Children Partnership](#)

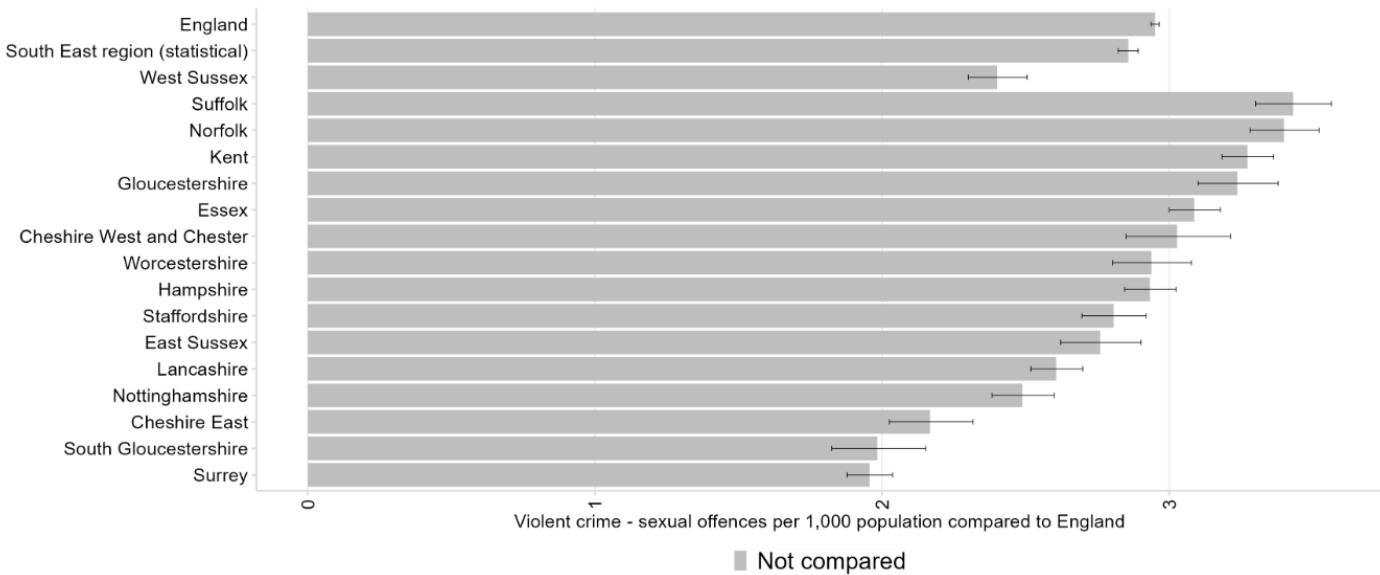
<sup>230</sup> Centre of expertise on child sexual abuse. The Data Insights Hub. [internet]. Accessed 25<sup>th</sup> Feb 2025. Available from: [Data Insights Hub | CSA Centre](#)

<sup>231</sup> National Survey of sexual attitudes and lifestyles. NATSAL 3. Available from: [Natsal-3-infographics.pdf](#)

**Figure 110: Changes in the rate of violent crime per 1000 population (Source: Fingertips)**



**Figure 111: Rate of violent crimes - sexual offences per 1000 population in West Sussex compared to its statistical neighbours (Source: Fingertips, 2022-23)**



## Stakeholder perspectives

West Sussex County Council community safety colleagues reported that safeguarding against violence against women and girls was considered a key priority in West Sussex County Council and across the County with a partnership group in place. Sexual violence is considered within scope of the violence against women and girls work.

From a community safety perspective, violence against women and girls and sexual violence was recognised as a being associated in part with some public areas. Similarly to other areas of the country, initiatives to promote safety are being implemented such as safety marshals during evenings in some town centres. It was considered there may be opportunity to ensure safety marshals have information to support harm reduction measures in relation to sexual health services and alcohol, for instance.

As part of a preventative approach within the violence against women's and girls work, the importance of promoting healthy relationships through education to prevent misogyny in schools has been noted. [Note: misogyny is defined as dislike of, contempt for, or ingrained prejudice against women.] Training provision within education settings to address toxic masculinity and misogyny had been commissioned which included reference to misinformation available online and the effects of online influencers.

Furthermore, in-depth engagement work to better understand serious violence in West Sussex was undertaken during summer 2024 by West Sussex County Council community safety colleagues. This had highlighted that physical, mental, and emotional trauma experienced in childhood had lasting impacts on participants' wellbeing, normalising violence among young people, who often described 'generational' cycles of poor mental health, addiction, and harm, for example:

"It's not really our fault, as children [...] we are brought up around drugs and violence and sexual assault [...]" Serious violence in West Sussex: June 2024

### Online harms relevant to sexual health

Within the scoping for this needs assessment, a point of interest was that:

- There are concerns about online harms in relation to sexual health and wellbeing e.g. sexting but also in terms of a source of information for young adults including sometimes inaccurate information. Do we understand the scope of these risks and local efforts to counter this?

This question has been addressing from a brief review of the literature as well as contributions from relevant stakeholder perspectives.

- Brief overview of published literature:

The evidence suggests that a sizeable minority of children in the UK – at least one in 20, but potentially up to a quarter – have encountered sexual risks when they have been online. The most common types of sexual risk were online sexual harassment by peers (8–26 % prevalence) and technology-assisted child sexual abuse by adults (5–25 % prevalence). Intimate image abuse by peers was relatively less widespread (e.g., 5–11 % prevalence for receiving unwanted sexual images)<sup>232</sup>

Taking a global view, a recent systematic review, published in early 2025, suggests that an estimated 8.1% of children under the age of 18 reported online child sexual exploitation and abuse in the past year<sup>233</sup>. This highlights the high rates of exposure to harm amongst children and young people.

More specifically, a meta-analysis published in 2019 considered associations of sexting with a range of outcomes<sup>234</sup>. Sexting is the exchange of sexual messages, photographs, or videos via technological devices.

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<sup>232</sup> NSPCC. Online risks to children: evidence review. Nov 2023. Available from: [Online risks to children: evidence review | NSPCC Learning](#)

<sup>233</sup> Fry D, et al. Prevalence estimates and nature of online child sexual exploitation and abuse: a systematic review and meta-analysis. *The Lancet Child & Adolescent Health*; 9(3):184 - 193

<sup>234</sup> Mori C, Temple JR, Browne D, Madigan S. Association of Sexting With Sexual Behaviors and Mental Health Among Adolescents: A Systematic Review and Meta-analysis. *JAMA Pediatr*. 2019;173(8):770–779.

This meta-analysis of 23 studies comprised 41 723 participants and found that adolescent sexting was significantly associated with sexual activity, multiple sexual partners, lack of contraception use, delinquent behaviour, internalizing problems, and substance use. The associations between sexting and multiple sexual partners, drug use, smoking, and internalizing problems were stronger in younger compared with older adolescents.

### **Stakeholder engagement**

West Sussex County Council colleagues noted that extensive work is occurring across West Sussex which focuses on maintaining online safety, particularly addressing fraud and sexual exploitation. Dating and romance fraud, and sextortion are viewed as key areas of concern relevant to sexual health and safety. Sextortion means 'financially motivated sexual extortion'. It is a type of online blackmail where criminals threaten to share sexual pictures, videos, or information about a person. Criminals may also be trying to take money or force the victim to do something else they don't want to.

Increasing reports of sextortion have been observed by online safety colleagues in West Sussex County Council with data indicating that 14- to 17-year-olds were more likely to become the victim of this type of crime. Although this crime can target anyone, it was noted that almost all victims in recent data had been male.

Recent Home Office recording rules around sextortion have changed it to a blackmail offence and under 18's are no longer being recorded as victims which means on-going local data is not possible to track. (source) However, the Internet Watch Foundation (IWF) has noted sextortion reports have risen by 19% in the first half of 2024 with victims now even younger with reports of those as 11 years of age becoming victims<sup>235</sup>. The IWF also reported that whilst previously males were disproportionately targeted, female victims are now on the rise.

To address the increasing concern around young people being victims of sextortion in West Sussex, a survey with all West Sussex secondary schools was undertaken in summer 2024. This aim of this survey was for students to use findings in producing awareness products by and for young people on how to avoid sextortion and what to do if happens. The survey had generated 346 respondents (14-17 years of age). In response to the question 'please tell us what you feel would help keep young people safe from sextortion?' there were 251 responses which responses focusing on:

- More education
- Don't talk to strangers online
- Images or information like that [sensitive/sexual] don't share
- How to filter messages on social media
- More education, specifically on how to handle the situation
- Reporting made easier
- Make sure it's taught from 10-11 years old
- Spread awareness
- Videos for and by children and young people, not a box-checking exercise
- Increase punishments
- Parents and schools to teach children and young people
- Disclaimers/warnings put on apps

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<sup>235</sup> The Internet Watch Foundation. 'Exponential increase in cruelty' as sextortion scams hit younger victims. August 2024. [internet]. Accessed 24<sup>th</sup> Feb 2024. Available from: [Exponential Increase in Cruelty as Sextortion Scams Hit Younger Victims](#)

A focus group with colleagues working in Children Young People and Learning (CYPL) services highlighted the difficulties of young people getting most of their knowledge, attitudes and beliefs through social media that often promotes disinformation or problematic views about gender and relationships, and through easily accessible online pornography.

### Promoting and fostering healthy relationships

Healthy and fulfilling sexual relationships are important for good reproductive health, and for reducing the risk of acquiring STIs and HIV. Promoting and fostering healthy relationships is therefore important in supporting all people to navigate and counter challenges they might experience as part of a life course approach, as well as considering specific population groups where needs might differ.

### Sexual attitudes and lifestyles survey

Refer to earlier section for a more comprehensive summary of NATSAL findings.

NATSAL-3 reports a section on median age at first intercourse and birth of first child. According to NATSAL-3 (data collected 2010-2012) the median age of first heterosexual intercourse reported was 17 years in both men and women. This age is decreasing by year of birth cohorts. This highlights the importance of understanding what a healthy relationship means before (and beyond) age 17.

### Information and advice on healthy relationships

West Sussex young people facing webpages were reviewed to ascertain what information is available to young people in supporting recognition of a healthy relationship. Meaningful information specific to promoting and recognising healthy relationships was identified.

 The logo for Your Space For Teens features a blue background with a red silhouette of the United Kingdom map. The word 'YOUR' is written in white, bold, sans-serif font across the top of the map, and 'SPACE' is in white, bold, sans-serif font at the bottom right. Below the map, the words 'FOR TEENS' are written in a smaller, white, bold, sans-serif font on a black rectangular background.	Your Space For teens  West Sussex County Council	<a href="#">Healthy relationships - West Sussex County Council</a>
	Health for Teens  Linked to from the West Sussex School Nursing Service webpage  NHS led with some local information able to be locally tailored	<a href="#">What's a healthy relationship?   Health For Teens</a>

Similarly, the West Sussex sexual health service webpages were reviewed with no information on healthy relationships found. However, it was noted that information is included on webpages from some other sexual health services, for instance Brighton and Hove (service also provided by NHS University Hospitals Sussex NHS Trust) and Essex.

	West Sussex sexual health service NHS University Hospitals Sussex NHS Trust	No information on healthy relationships <a href="#">Sexual Health West Sussex - Sexual Health Services West Sussex</a>
	Brighton and Hove sexual health service	<a href="#">Harmful relationships: signs and support - Brighton SHAC</a>
	Essex sexual health service	<a href="#">What makes a healthy or unhealthy relationship? – Essex Sexual Health Service</a>

The National Society for the Prevention of Cruelty to Children (NSPCC) webpage provides useful information on healthy relationships to support parents and carers in talking to children about healthy relationships.

	National Society for the Prevention of Cruelty to Children	<a href="#">Healthy relationships   NSPCC</a>
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## Relationships and Sex Education in Schools

West Sussex County Council has 280 primary schools and 92 secondary schools. Evidence shows that young people who learn about sex and relationships mainly at school are less likely to report poor sexual health outcomes. They're also more likely to delay sex, less likely to experience a sexually transmitted infection (STI) and less likely to report unsafe, distressing or non-consensual sex.

Under sections 34 and 35 of the Children and Social Work Act 2017 Act<sup>236</sup>, from September 2020, Relationships Education (RE) has been compulsory for all primary school pupils, and Relationships and Sex Education (RSE) has been compulsory for all secondary pupils. Review of the RE, RSE and Health Education statutory guidance was consulted on in 2024 with the outcome awaited.

## Stakeholder perspectives

The West Sussex County Council Link Adviser for Safeguarding in Education, School Effectiveness, Children Young People and Learning (CYPL), provided an overview of the support for schools in implementing the primary and secondary RE or RSE requirements. RSE curriculum information is within the Education 4 Safeguarding (E4S) online platform accessible to all schools in West Sussex, not only West Sussex County Council maintained schools. Locally tailored curriculum suggestions are made for each settings through an online tool. Credible sources of lesson plans e.g. NSPCC and (free) Personal, Social, Health and Economic education (PSHE) Association are linked to. There is good engagement with the materials from primary

<sup>236</sup> UK Public General Acts. Children and Social Work Act 2017.

schools but more limited engagement from secondary schools. Each school has a named PSHE lead. While there is no requirement for schools to report what they deliver on RSE, there are some opportunities to hear from schools, for instance, when it is discussed proactively by schools at termly visits by the WSCC standards and effectiveness team. While schools may be delivering high quality RE and RSE, there is no mechanism to assure quality, engage regularly or offer on-going support to schools (secondary schools elected not to establish a PSHE network when the curriculum requirements for RE and RSE were introduced.)

Discussion at the focus group with colleagues working in CYPL services:

- Recognised that many schools and colleges were excellent at raising young people's awareness of sexual health services, but that this was not always the case, and that for young people not in education awareness of sexual health services can be low. It was also felt that there needs to be more information and signposting to sexual health services available outside of education settings.
- Discussed a mixed information and advice landscape for young people. Participants pointed to excellent information and support in further and higher education, but that there seemed to be gaps in awareness amongst younger people.

A consultant in sexual and reproductive health working within the West Sussex sexual health service felt there is a lack of understanding around sexual and reproductive health across all ages. In young people, and particularly in young women, a lack of knowledge around contraception and sexual health was identified. Young people under 16 years of age were reported to be particularly lacking in education and information relating to sexual health and wellbeing.

West Sussex County Council – Public Health are working alongside the CYPL directorate to undertake a School Health Check survey which will support schools in understanding areas which they would like to develop further in relation to pupils health and wellbeing. This survey includes questions about sexual health and wellbeing.

### **Role of parents and carers**

Children and young people from families in which sex and relationships are openly discussed are more likely to delay the age at which they first have sex, to have fewer partners, and to use contraception when they do have sex.<sup>237</sup>

The role of parents and carers in supporting sexual health and wellbeing was not a prominent part of what was heard through stakeholder engagement for this needs assessment. Where it was mentioned, observations evidenced how some young people are supported by parents and carers, however, some challenges were also noted.

GP serving a largely rural area:

"[We see some...] young people (16+) who are well supported by their mothers and who attend the GP practice together seeking contraception"

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<sup>237</sup> Public Health England. Teenage Pregnancy Prevention Framework; Supporting young people to prevent unplanned pregnancy and develop healthy relationships. January 2018.

Focus group with colleagues working in CYPL services:

“...Parents do sometimes mention the challenge of supporting young people given range of information given around sexuality, sex, including online content...”

The West Sussex County Council Link Adviser for Safeguarding in Education, School Effectiveness, CYPL, noted that resources to support parents and carers are linked to on the E4S platform which schools could share with parents and carers. For instance, the NSPCC PANTS rules (tips and advice to help keep your kids safe)<sup>238</sup>.

### **Role of those working with or supporting young people**

A positive familial environment provides children with secure attachment and are a healthy blueprint for future relationships. Negative, harmful relationships have consequences to physical and emotional health and, in some cases, may drive a cycle of unhealthy behaviour. This evidences the preventative role of health visiting and early help in supporting children and families.

The range of roles working with or supporting young people across West Sussex is broad and includes statutory services as well as the community and voluntary sector. Furthermore, young people may informally choose a ‘trusted adult’ who they feel as a safe figure that listens without judgment, agenda or expectation, but with the sole purpose of supporting and encouraging positivity within a young person’s life. These sources of support may offer particular opportunity where young people are experiencing difficulties at school or home. Identifying potential harmful relationships as well as providing basic sexual health information and signposting could be considered useful information for many of these roles. In the focus group with colleagues working in CYPL services it was suggested that colleagues working in Family Hubs may be well placed to be equipped with basic information and conversation skills around sexual health given they are click and collect locations for condoms and STI tests.

### **Findings from sexual health roundtable in relation to healthy relationships**

Participants at the sexual health roundtable identified that education and accessible information was an important resource to enable people to understand what a healthy relationship is, including both emotional and sexual aspects of a healthy relationship. This was highlighted as particularly important in giving people the confidence to address problems and during periods of transition, such as from childhood to adulthood.

Challenges to promoting healthy conversations were noted including a lack of confidence by those working with young people in having these conversations and a lack of cultural competence. School nursing representatives reflected that young people do not generally approach them on issues related to sexual health and wellbeing, whether in person or through ChatHealth (text messaging service). Furthermore, keeping up to date on language which young people were using was felt to be a challenge which was important for generating understanding and trust with young people. It was felt that this could be influenced by young people getting information they need online and also perhaps unsure of asking for support on this topic through a school setting. Social media was identified as an influence on what a healthy relationship looks like.

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<sup>238</sup> NSPCC. PANTS (The Underwear Rule) [internet]. Accessed 24<sup>th</sup> Feb 2025. Available from: [Let's talk PANTS with Pantosaurus! | NSPCC](https://www.nspcc.org.uk/keeping-children-safe/sexual-abuse/pants-the-underwear-rule/)

Opportunities identified centred on the need to increase awareness and foster openness about healthy relationships. Suggestions to move towards this included training and awareness for those working and supporting young people on the need to have conversations on healthy relationships perhaps through expanding “Making Every Contact Count” to incorporate a healthy relationships or sexual health module.

### **Role of healthy relationships in specific population groups**

#### **Chemsex**

Chemsex is a term for the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience. Chemsex commonly involves crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs (also known as slamming). These substances pose significant health risks and risk of overdose.

Prevalence of chemsex use ranges between 3–29% of men who have sex with men. Chemsex participation can have a range of adverse physical, mental health and social outcomes<sup>239</sup>. A harm reduction approach to Chemsex has recognised the relevance of healthy relationships, for instance in discussing or creating exit strategies can help create boundaries before engaging in sexual activities<sup>240</sup>.

No local information on estimated prevalence of Chemsex activity is currently available. Sexuality is also not reported within the National Drug Treatment Monitoring System (NDMTS). As part of this work it has not been explored with the substance misuse services whether information on sexuality is collected which could form the basis of exploring potential local need.

The local Towards Zero (HIV) local engagement work (2024) noted that Chemsex is engaged in by local people, considered to be at Chemsex parties rather than within specific settings. However, no proactive feedback has been reported by sexual health or substance misuse services on this issue.

#### **Individuals with a learning disability**

In 2023/24, there were 5,690 individuals (all ages) registered with a GP in West Sussex and recorded on the GP practice learning disability register.<sup>241</sup>

West Sussex County Council colleagues supporting individuals living with a learning disability shared their experiences. This included that while individuals express their desire to connect with others, understanding of sexual health can be low. It was specifically noted that ensuring relationships were conducted in a safe manner was a priority, including protecting individuals against exploitation including online exploitation. Therefore, given the focus was often around safeguarding, it was recognised that there was a lack of discussion and education around what a safe and healthy relationship looks like, or that individuals with a

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<sup>239</sup> Public Health England. Substance misuse services for men who have sex with men involved in chemsex. November 2015. Available from: [Substance misuse services for men involved in chemsex - GOV.UK](#)

<sup>240</sup> Hawkinson DE, Witzel TC, Gafos M. Exploring practices to enhance benefits and reduce risks of chemsex among gay, bisexual, and other men who have sex with men: A meta-ethnography. Int J Drug Policy. 2024 May;127:104398.

<sup>241</sup> Office for Health Improvements and Disparities. Fingertips data. 2022/23.

learning disability do have sexual relationships. The period of transition between childhood and adulthood services was identified as an important period to consider.

Opportunities were also identified, such as:

- Promoting positive attitudes to sexual health and wellbeing and healthy relationships
- Producing resources that were available in an accessible way, including EasyRead materials
- Ensuring awareness of local sexual health services including how to choose contraception.

## Older adults

Older adults can lead their living in care settings or be living independently. This section aims to provide some consideration relevant to both these groups.

In 2019, the Care Quality Commission published, 'Relationships and sexuality in adult social care services: guidance for CQC inspection staff and registered adult social care providers'<sup>242</sup>. The document recognises that,

"It is healthy to experience sexual feelings and desires, and to want to express sexuality in our everyday lives.

When people receive personal care and support, they are likely to lose some privacy. People may feel restricted or judged by those providing their care. Some people may find that their health condition leads them to become vulnerable, as they behave in ways that they would not have done before. Providers need to understand the importance of enabling people to manage their sexuality needs. This includes making sure people have access to education and information to help them develop and maintain relationships and express their sexuality. Providers also need to understand the risks associated with people's sexuality needs."

The National Institute for Health Research published a report exploring sexual health in older adults (2023)<sup>243</sup>. A summary of considerations relevant to sexual health in later life is give here:

### Considerations about sexual health in later life

Sexuality can be an important part of healthy ageing. Yet age-related factors may hinder older people's sexual health and wellbeing. These factors include the impact of long-term conditions, spousal caring, losing a partner, and living in a care home. Social norms of penetrative sex may be unhelpful and off-putting for some older people. Older groups may prefer a definition of sex that includes alternative forms of sexual expression and physical intimacy.

Older people are not a homogenous group: needs, vulnerabilities and levels of risk will vary. Further diversity of sexual health needs will arise from different sexual, gender and ethnic identities within older populations. Challenging assumptions of sexual inactivity among older people is important. Equally, new policy directions should also acknowledge that some older people are sexually inactive either by choice or circumstance.

<sup>242</sup> Care Quality Commissioner. Relationships and sexuality in adult social care services. Available from: [Microsoft Word - 20190110 Sexuality in Care V0.09 Clean for approval PUBLICATION.docx](https://www.cqc.org.uk/sites/default/files/2019-10/Relationships_and_Sexuality_in_Care_V0.09_Clean_for_approval_PUBLICATION.docx)

<sup>243</sup> National Institute for Health Research. Promoting sexual health in older adults: integrated summary of findings. February 2023. Available from: [display.aspx](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9500000/)

### **Seeking help for sexual health**

Older people worry that their sexual health problems will be dismissed as a normal part of ageing. This makes it difficult for older people to get the help they need.

Societal assumptions of later life asexuality can also undermine older people's confidence to discuss their concerns. Stigma and taboo about being sexually active may further deter older people from seeking help. This may be exacerbated by the poor visibility of older people in sexual health promotion materials. Older people may be put off from using sexual health services because they think these services are geared towards younger people. Promoting awareness and understanding of sexual health

### **Knowledge of sexual health and safe practices may be limited in older populations.**

More information is needed to support older people's understanding of: the risk of sexually transmitted infection; the potential for an HIV diagnosis later in life; and, the impact of long-term conditions on sexual health.

## **West Sussex information**

In West Sussex, there is information on the sexual health service webpage on sexual health and wellbeing for all ages which has a focus on sexual health and wellbeing in later life: [Sexual health and wellbeing for all ages - Sexual Health West Sussex](#)

Sexual health service data for 2023 also indicates a small proportion (<5%) of service activity in the 65 years and over age group, indicating that the service does reach some adults in this later stage of life.

### **Sexual Health in the Over 45s (SHIFT) East Sussex**

In East Sussex, there is current project being performed to improve sexual health in individuals over 45 years old. The purpose of this project is to increase openness around sexual health in this population. This resulted in the development of accredited training, including for health and social care worker, and the publication of a website providing information<sup>244</sup>.

## **Stakeholder perspectives**

West Sussex County Council colleagues who commission social care services for older adults shared their perspective for this needs assessment. It was recognised that there is a focus on the importance of safeguarding against sexual harms which can be linked with changing behaviour in some individuals due to age and health status, for instance, dementia can lead to sexual disinhibited behaviour. It was noted that this can be challenging to manage from a residential care perspective.

Examples of good work within adult social care services were discussed, including in supporting individual sexual identity, particularly for older adults who are part of the LGBTQI+ community. This has included providing training and support to individuals working in care homes. Individuals are often asked about their sexual health needs when they move into residential care settings.

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<sup>244</sup> East Sussex County Council.SHIFT. [internet]. Accessed 25<sup>th</sup> Feb 2025. Available from: [SHIFT – Sexual Health in the over 45s | East Sussex County Council](#)

## Association of mental health and sexual health

Within the scoping for this needs assessment, a point of interest was:

**What is the bidirectional intersection between mental health and sexual health? What is understood about this (from published literature or local stakeholders / insights) and are there evidence based approaches to addressing this?**

This question has been addressed from a brief review of the literature.

In summary, whilst current published findings are limited, it has been observed that mental health and sexual health are linked bidirectionally, with both mental health and physical health having the capacity to influence each other.

A systematic review performed by Harmanci et al. explored the interaction between mental health and sexual health<sup>245</sup>. It identified a relative lack of research exploring this interaction and specifically captured three studies concluding:

- Sex before age 16 and/or unprotected sex at age 16 was found to be positively associated with anxiety and depression at age 18
- Compared to young people who engaged in no sexual activity at age 14, those engaged in kissing, touching under clothes, genital touching, and all sexual activities were more likely to report self-harm at age 17. This association was attenuated by early life adversity and mental health at baseline. However, the association between the 'all sexual activities' class and self-harm remained statistically significant post-adjustment.
- In the only article reporting on a specific sexually transmitted infection, depression score changes between the ages of 10 and 16 were associated with increased odds of Chlamydia infection at age 17.

Findings from Natsal 3 suggest an association between individuals participating in risky sexual and depression.<sup>246</sup>

Furthermore, a blog produced by Brook highlights that interaction with sexual health services can lead to concerns in terms of stigma and shame, and they suggest that this may in turn lead to concerns relating to mental health<sup>247</sup>. This blog therefore advocates for the inclusion of mental health support services into sexual health services. This blog also highlights how sex can be used as young people as a coping mechanism for poor mental health. This demonstrates how this association works bidirectionally, as mental health can influence sexual health. Furthermore, the mental health of individuals may be impacted by sexual health issues such as unwanted pregnancies or sexually transmitted infections, highlighting how mental health can be affected by sexual health.

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<sup>245</sup> Harmanci D, Edelman N, Richardson D, Lunt A, Llewellyn C. How are young people's mental health related to their sexual health and substance use? A systematic review of UK literature. *Int J Adolesc Med Health*. 2023 Jan 16;35(2):131-158. doi: 10.1515/ijamh-2022-0090. PMID: 36636992

<sup>246</sup> Field N, Prah P, Mercer CH, et al. Are depression and poor sexual health neglected comorbidities? Evidence from a population sample. *BMJ Open* 2016;6:e010521

<sup>247</sup> Brook. Bridging the Gap: an integrated approach to mental and sexual healthcare. Sept 2024. Available from: [Bridging the Gap: an integrated approach to mental and sexual healthcare – Brook](#)

## Areas of focus – Healthy Relationships

**Opportunity to advocate the importance of a preventative approach in keeping people safe from the harms of unhealthy relationships, through:**

- **Actively supporting strategies to identify child sexual abuse to reduce unmet need**, and ensuring relevance to sexual health and wellbeing needs of individuals are considered, through the West Sussex Children's Safeguarding Partnership.
- **Supporting work to prevent sexual harms experienced online and associated with the nighttime economy through** supporting the West Sussex County Council community safety and online safety teams and raising awareness with young people in education settings, as well as wider initiatives. This could include working alongside community safety partnerships to explore how a harm reduction approach could incorporate information about sexual health services in addition to provision of information about alcohol, for instance.
- **Ensuring the West Sussex Violence Against Women and Girls Partnership is aware of the rising number of recorded sexual offences** and the relevance to sexual health and wellbeing.

**Opportunity to increase prominence of sexual health and wellbeing information and advice and ensure support is wrapped around young people, through:**

- **Utilising a trauma informed approach within sexual health services** to ensure individuals who have or are experiencing an unhealthy relationship or harmful sexual experience feel supported to access and continue accessing sexual health services.
- **Ensuring high quality and consistent public facing information is accessible for young people** to raise awareness and recognition of healthy relationships across a range of online front doors.
- **Enhancing and responding to data on young people's sexual health** gathered through the West Sussex School Health Check, including ensuring action supports and informs equitable approaches, for example for children who have Special Education Needs and Disabilities, are Electively Home Educated, and other groups
- **Supporting colleagues working in WSCC Education, and schools, to ensure Relationship and Sex Education (RSE) curriculum delivery is of consistent high quality across all schools**
- **Supporting parents and carers are equipped to appropriately support their children** in understanding healthy relationships and know to tell someone if they experience sexual harms.
- **Supporting people working with children and young people**, including in community and voluntary sector, and statutory services, to ensure they are equipped to offer appropriate support in understanding healthy relationships and know to tell someone if they experience sexual harms.
- **Ensuring sexual health services meet youth friendly standards** to support young people to feel confident in accessing services

**Opportunity to recognise the role of healthy relationships for specific population groups and the tailored approach which may be needed, through:**

- **Undertaking further work alongside the substance misuse service to gain a greater local understanding of Chemsex**, for instance, initially to explore recording of sexual orientation, with the aim of reduce potential harm and ensure appropriate support for individuals engaging in Chemsex.

- **Raising awareness of healthy relationships in later life and consider what may be helpful for community and formal care settings** to support individuals and ensure practice takes account of relevant CQC guidance.
- **Ensuring needs of people living with a learning disability are met, for instance through producing resources that are accessible**, including EasyRead materials.
- **Ensuring the bidirectional association between mental health and sexual health in young people is considered** to ensure young people can be supported and particularly how these services have a good awareness of services available to support both aspects.

## 11. Other relevant local work

Children and Young People's mental health 2023-2024  
[West Sussex Pharmaceutical Needs Assessment \(PNA\)](#)

Appendix 4 – Recommendations from LGBTQ+ Needs Assessment, Children and Young People's mental health 2023-204

Below are the full list of recommendations from the LGBTQ+ children and young people's mental health needs assessment conducted in 2023.

**1) Educational settings:**

- A training needs assessment should be carried out to understand educational staff need around feeling confident in supporting LGBT+ pupils and delivering LGBT+ topics in the classroom.
- This should include the needs of LGBT+ pupils with Special Educational Needs and Disabilities (SEND) and LGBT+ Black and Minority Ethnic (BAME) pupils.
- Educational settings should consider ways in which LGBT+ topics can be covered across a range of curriculum areas including SRE, history and literature.
- Pupils should be supported around developing resilience and coping strategies.
- Engagement with parents, families and carers should support LGBT+ positivity.
- Structures / process should be in place to support LGBT+ pupil / student voices.
- Pupils / students should be made aware of available LGBT+ resources, support, and services.
- Anti-bullying policies and procedures should be reviewed to ensure they address the bullying of LGBT+ pupils / students including cyberbullying,
- Education-related activity to support LGBT+ children and young people should include those who are home schooled and those who are experiencing Emotionally Based School Avoidance. The activities above should take place within the context of Whole School Approaches to Mental Health and Emotional Wellbeing

**2) Parents, carers and families:**

- Communications, resources and training / education for parents, families and carers should foster understanding and support for LGBT+ children and young people.
- Parents, families and carers should be made aware of resources, support and services for LGBT+ children and young people.
- Parents, families and carers should be able to access support networks or groups where families can connect with others facing similar experiences.

**3) Organisations, services and professionals supporting LGBT+ CYP Mental Health and Wellbeing:**

- Professionals should receive training on LGBT+ mental health and wellbeing and working with LGBT+ children and young people. This training should include: a) Risk factors for inequalities in LGBT+ mental health and wellbeing largely have a social basis in terms of experience of homo, bi and transphobia. b) Increased risk for specific conditions, including suicide and self-harm. c) Not all aspects of poor mental health and wellbeing in LGBT+ children and young people are related to sexual orientation or gender identity. d) The impact of the media / social media on mental health and wellbeing including the reporting of homophobic, transphobic, and bi-phobic incidents.
- All services should offer the option for confidential engagement.
- Services should be accessible and safe, and recognise, affirm and value diverse LGBT+ identities and experiences.
- Services, support and resources should be co-produced with LGBT+ children and young people.

- Health services should ensure the provision of / referral to non-clinical or medical interventions in addition to clinical care including assessing the possibility of social prescribing provision.
- Health improvement programmes in areas associated with LGBT+ health inequalities should include an explicit focus on LGBT+ children and young people, including suicide and self-harm prevention, tackling loneliness and social isolation, digital inclusion and safety. • The importance LGBT+ visibility including Pride events in supporting wellbeing should be recognised and supported.

4) Environments and law:

- Safe and supportive physical and digital environments should be in place for LGBT+ children and young people.
- Environments should include visible displays of support including inclusive imagery, diverse representation and signage for physical environments.
- Activity around digital environments should recognise the protective role of online LGBT+ peer support and networks and also specific risks such as cyberbullying.
- LGBT+ children and young people, parents families and carers and professionals should be aware of relevant equality legislation and what action to take in the event of unlawful discrimination.
- Robust mechanisms and procedures should be in place for reporting and responding to hate crimes.
- Support for victims of hate crimes should recognise the specific mental health and wellbeing impacts of experiencing LGBT+ hate crime.

5) Gaps in knowledge:

- Data collection to recognise wide range of categories for self-definition.
- Research required amongst specific groups including intersectionality.
- Further research is required on protective factors.
- Robust research and evaluation is required on the effectiveness of interventions aimed at improving LGBT+ children and young people's mental health and wellbeing.
- Research on the family / family members as protective factors.

## 12.Appendices

### Appendix 1- Commissioning responsibilities

#### **Services that are commissioned by West Sussex County Council:**

- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- STI testing and treatment, chlamydia screening and HIV testing
- specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

#### **Services that are NOT commissioned by West Sussex County Council:**

##### **NHS England commissions**

- oral contraception provided through the NHS Pharmacy Contraception Service (since 2023)
- contraception provided as an additional service under the GP contract
- HIV treatment and care (including drug costs for post-exposure prophylaxis following sexual exposure (PEPSE))
- promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
- sexual health elements of prison health services
- sexual assault referral centres
- cervical screening
- specialist fetal medicine services
- termination services for patients with medical complexity and or significant co-morbidities requiring treatment in a specialist hospital
- NHS England specialised commissioning is expected to be delegated to integrated Care Boards by April 2025

##### **NHS Sussex commissions**

- most abortion services (other than those commissioned by NHSE)
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynaecology including any use of contraception for non-contraceptive purposes

#### **Levels of sexual health service provision can be found in further detail here:**

[bashhstandardsforstimanagement2019.pdf](#)

Level 1: Asymptomatic

Level 2: Symptomatic

Level 3: Complex / specialist

## **APPENDIX 2: Guidance, policies and strategies applicable across sexual and reproductive health**

- **Department for Health. A framework for sexual health<sup>248</sup> (2013).**  
A national guideline which was published in 2013. Provides a general guide for the improvement of sexual health through guidance on the commissioning of services.
- **Department for Health. Commissioning sexual health services and interventions<sup>249</sup> (2013).**  
Provides guidance on what should occur for the commissioning of sexual health services and informs local authorities on what should be provided from a commissioning perspective.
- **Office for Health Improvements and Disparities. Sexual and Reproductive health and HIV: applying All Our Health Principle<sup>250</sup> (2022).** This document provides an overview of the resources and educational materials available which can help improve sexual and reproductive health.
- **Public Health England and Associate of Directors of Public Health. What Good Sexual Health, Reproductive Health and HIV Provision Looks Like<sup>251</sup> (2019).** This document provides an overview of best practice with regards to sexual and reproductive health provision looks like. It advocates for system leadership and resilience, in addition to safe and effective practice and equity.
- **Public Health England. Practical guidance to SPOT for improving sexual and reproductive health<sup>252</sup> (2017).** Guidance for local authorities for the spend and outcomes tool used to improve sexual health.
- **Public Health England. Making it work a guide to whole systems commissioning for sexual health, reproductive health and HIV<sup>253</sup>(Revised 2015).** This provides guidance on how to incorporate a whole systems approach to commissioning sexual and reproductive health services.

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<sup>248</sup> Department for Health. A framework for sexual health improvement in England. March 2013. Available from: [A Framework for Sexual Health Improvement in England \(publishing.service.gov.uk\)](https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england)

<sup>249</sup> Department for Health. Commissioning sexual health services and intervention. March 2013. Available from; [Commissioning Sexual Health services and interventions](https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions)

<sup>250</sup> Office for Health Improvement and Disparities. ‘Sexual and Reproductive health and HIV: applying All our Health Principle. March 2022. Available from: [Sexual and reproductive health and HIV: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-applying-all-our-health-principle)

<sup>251</sup> Public Health England and Associate of Directors of Public Health. What good sexual and reproductive health and HIV provision looks like. 2019 [cited Dec 13<sup>th</sup> 2024]. Available from: [What-Good-Sexual-and-Reproductive-Health-and-HIV-Provision-Looks-Like.pdf](https://www.gov.uk/government/publications/what-good-sexual-and-reproductive-health-and-hiv-provision-looks-like)

<sup>252</sup> Public Health England. Practical guidance to SPOT for improving sexual and reproductive health. November 2017. Available from: [Practical guidance to SPOT for improving sexual and reproductive health](https://www.gov.uk/government/publications/practical-guidance-to-spot-for-improving-sexual-and-reproductive-health)

<sup>253</sup> Public Health England. Making it work a guide to whole systems commissioning for sexual health, reproductive health and HIV. Revised March 2015. Available from: [Making\\_it\\_work\\_revised\\_March\\_2015.pdf](https://www.gov.uk/government/publications/making-it-work-revised-march-2015)

- **Public Health England. Sexual Health, Reproductive Health and HIV: Evaluation Framework Workbook<sup>254</sup> (2018).** This workbook provides guidance on evaluating sexual health, reproductive health and HIV.
- **Public Health England. Using audit in sexual health commissioning sexual health, reproductive health and HIV services<sup>255</sup> (2019).** This document outlines how audit can potentially be used to improve sexual and reproductive health services.
- **Office for Health Improvement and UK Health Security Agency. National template sexual health service specification, principles of cross charging and clinical governance<sup>256</sup> (Updated 2023).** Provides a link to the specification document for sexual health services.

## STIs policies and guidelines

- **UK Health Security Agency. STI Prioritisation Framework<sup>257</sup> (2024).** National framework developed by UKHSA which takes a Situation, Target Groups Intervention Approach to prioritise different interventions which can be implemented to tackle different STIs.
  - **National Institute of Clinical Excellence. Reducing sexually transmitted infections (NICE guideline)<sup>258</sup>(2022).** This guideline, produced by the National Institute of Clinical Excellence provides guidance which can be used by commissioning services to inform them on how they could potentially reduce STIs and their transmission. The recommendations outlined with the guidelines have been co-produced.
  - **British Association for Sexual Health and HIV. Standards for the management of sexually transmitted infections (STIs) in outreach services<sup>259</sup> (2016).** This document provides guidance on how outreach service should be provided.
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<sup>254</sup> Public Health England. Sexual Health, Reproductive Health and HIV: Evaluation Framework Workbook. June 2018. Available from: [Sexual Health, Reproductive Health and HIV: Evaluation Framework Workbook](https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-evaluation-framework-workbook)

<sup>255</sup> Public Health England. Using audit in sexual health commissioning sexual health, reproductive health and HIV services. April 2019. Available from: <https://www.gov.uk/government/publications/audit-and-commissioning-sexual-health-services>

<sup>256</sup> Office for Health Improvement and UK Health Security Agency. National template sexual health service specification, principles of cross charging and clinical governance. Updated March 2023. Available from: <https://www.gov.uk/government/publications/public-health-services-non-mandatory-contracts-and-guidance-published>

<sup>257</sup> UK Health Security Agency. STI Prioritisation framework. Oct 2024. Available from: [STI Prioritisation Framework \(publishing.service.gov.uk\)](https://www.gov.uk/government/publications/sti-prioritisation-framework)

<sup>258</sup> National Institute of Clinical Excellence. Reducing sexually transmitted infections. June 2022 Available from: [Rationale and impact | Reducing sexually transmitted infections | Guidance | NICE](https://www.nice.org.uk/guidance/reducing-sexually-transmitted-infections)

<sup>259</sup> British Association for Sexual Health. Standards for the management of sexually transmitted infections (STIs) in outreach services. July 2016. Available from: [British Association for Sexual Health and HIV](https://www.bashh.org.uk/standards-for-the-management-of-sexually-transmitted-infections-stis-in-outreach-services/)

- **Department for Health and Social Care. Health Protection (Notification) Regulations 2010: proposed amendments<sup>260</sup>(2024).** This is a review of a consultation and rationale of why to not include two sexually transmitted infections on to the health protection notification regulations.
- **Public Health England. Internet Based Chlamydia screening – Guidance for commissioning<sup>261</sup> (2015).** This document outlines guidelines that can be used to inform the commissioning of internet-based chlamydia screening programmes.
- **UK Health Security Agency. National chlamydia screening programme<sup>262</sup> (2003).** Outlines the detail of the programme to screen for chlamydia in young women aged under 25.

## Reproductive health

- **Public Health England. Teenage Pregnancy Prevention Framework<sup>263</sup> (2018).** National framework developed by Public Health England which outlines actions that can be taken by Local Authorities to reduce teenage pregnancies. Provides an overview of the ten different evidence-based actions which can be used to reduce teenage pregnancies.
- **Faculty of Sexual and Reproductive Healthcare: Hatfield Vision<sup>264</sup> (2022).** The Hatfield Vision is a vision set out by the Faculty of Sexual and Reproductive Healthcare which aims to improve the reproductive health of women and girls by 2030. The Hatfield Vision places a focus on providing women and girls with the right to choose when to have families and to provide an improved access to contraceptives, preconception care and abortion services.

## HIV

- **Department for Health and Social Care. Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025<sup>265</sup> (2021).**

<sup>260</sup> Department for Health and Social Care. Health Protection (Notification) Regulations 2010: proposed amendments. December 2024. Available from: [Health Protection \(Notification\) Regulations 2010: proposed amendments - GOV.UK](https://www.gov.uk/government/collections/health-protection-regulations-2010-proposed-amendments)

<sup>261</sup> Public Health England. Internet based chlamydia – guidance for commissioning. March 2015. Available from: [Internet based chlamydia screening \(publishing.service.gov.uk\)](https://www.gov.uk/government/publishing/service.gov.uk/internet-based-chlamydia-screening)

<sup>262</sup> UK Health Security Agency. National Chlamydia Screening Programme. Published Jan 2003. Available from: <https://www.gov.uk/government/collections/national-chlamydia-screening-programme-ncsp>

<sup>263</sup> Public Health England. Teenage pregnancy framework. May 2018 Available from: [Teenage Pregnancy Prevention Framework \(publishing.service.gov.uk\)](https://www.gov.uk/government/publishing/service.gov.uk/teenage-pregnancy-prevention-framework)

<sup>264</sup> Faculty of Sexual and Reproductive Healthcare. Hatfield Vision. July 2022. Available from: [fsrh-hatfield-vision-july-2022.pdf](https://www.gov.uk/government/collections/faculty-of-sexual-and-reproductive-healthcare-hatfield-vision-july-2022-pdf)

<sup>265</sup> Department for Health and Social Care. Towards Zero – An action plan towards ending HIV transmission , AIDS and Hiv-related deaths in England – 2022 to 2025. Dec 2021. Available from: [Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/towards-zero-an-action-plan-towards-ending-hiv-transmission-aids-and-hiv-related-deaths-in-england-2022-to-2025-gov-uk)

A plan to reduce the transmission of HIV in the UK to zero by 2030 in the UK.

- **British HIV Association (BHIVA), British Association for Sexual Health and HIV (BASHH), British Infection Association (BIA) and Royal College of Emergency Medicine (RCEM).** Rapid guidance on opt-out blood-borne virus testing in high-prevalence and extremely high prevalence acute medical settings and emergency departments<sup>266</sup>(2024). This document provides a framework for Accident and Emergency Departments to produce opt out testing for blood-borne viruses, including HIV.
- **British Association for Sexual Health and HIV. BASHH guidelines on HIV pre-exposure prophylaxis**<sup>267</sup>(2018). Specific guidelines on the use of pre-exposure prophylaxis, to be taken before sex to protect against HIV.
- **National Institute of Clinical Excellence. HIV testing – encouraging uptake**<sup>268</sup>(2017). Identifies interventions which can be used to increase the uptake of HIV testing.

## Women's health

- **Department for Health and Social Care. Women's Health Strategy** <sup>269</sup>(2022). General strategy for women's health including a range of different health aspects such as contraception and reproductive health.
- **All Party Parliamentary Group on Sexual and Reproductive Health in the UK. Women's Lives, Women's Rights: Strengthening Access to Contraception Beyond the Pandemic - a progress review**<sup>270</sup>(2022). Assesses progress against indicators measuring progress on access to contraception.

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<sup>266</sup> British HIV Association (BHIVA), British Association for Sexual Health and HIV (BASHH), British Infection Association (BIA) and Royal College of Emergency Medicine (RCEM) joint working group: rapid guidance on opt-out blood-borne virus testing in high-prevalence and extremely high prevalence acute medical settings and emergency department. February 2024. Available from: [rapid-guidance-on-opt-out-blood-borne-virus-testing.pdf](https://www.bashh.org.uk/assets/documents/rapid-guidance-on-opt-out-blood-borne-virus-testing.pdf)

<sup>267</sup> BHIVA. BHIVA/BASHH guidelines on the use of HIV pre-exposure prophylaxis (PrEP). 2018. Available from: [2018-PreP-Guidelines.pdf](https://www.bashh.org.uk/assets/documents/2018-PreP-Guidelines.pdf)

<sup>268</sup> National Institute of Clinical Excellence. HIV testing – encouraging uptake. September 2017. Available from: [Overview | HIV testing: encouraging uptake | Quality standards | NICE](https://www.nice.org.uk/guidance/ng193)

<sup>269</sup> Department for Health and Social Care. Women's Health Strategy. August 2022. Available from: [Women's Health Strategy for England - GOV.UK](https://www.gov.uk/government/publications/womens-health-strategy)

<sup>270</sup> All Party Parliamentary Group on Sexual and Reproductive Health in the UK. Women's Lives, Women's Rights: Strengthening Access to Contraception Beyond the Pandemic - a progress review. September 2022. Available from: [lappg-on-srh-access-to-contraception-2022-progress-update-final.pdf](https://www.parliament.uk/business/committees/committees-a-z/life-and-well-being/womens-lives-womens-rights-strengthening-access-to-contraception-beyond-the-pandemic-a-progress-review-2022-progress-update-final.pdf)

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