JSNA Topic report: Sexual and Reproductive Health

1. Introduction

This JSNA report on Sexual and Reproductive Health has been informed by the 2022 Buckinghamshire Sexual Health Needs Assessment[1]. This Health Needs Assessment was prepared by the Public Health Action Support Team (PHAST) to inform Buckinghamshire Council about the sexual health profile for the area and performance on key sexual health indicators and trend analysis. It is important to note the sexual health needs assessment was undertaken during the Covid pandemic. This resulted in less face-to-face contact with key stakeholders. Services were markedly altered in response to national lockdowns, and this will have inevitably altered the patterns of clinics, delivery of sexual health services and detection of STIs. As we emerge over the next few years from the pandemic it will be important to identify which groups of people have found it challenging to access sexual health services during this time and how this has impacted on their sexual health and well-being.

The methodology has included comparisons of the key sexual health indicators with the 15 statistical neighbours to Buckinghamshire referred to as CIPFA nearest neighbours (Nearest Neighbour Model) as known at the time of completing the report, as well as the performance of England. In addition, the needs assessment included online surveys distributed to service users, staff, GPs, pharmacists, as well as 19 key stakeholder interviews.

This report addresses the provision of integrated sexual health services including testing and treatment for sexually transmitted infections and provision of the full range of contraception. The health needs assessment reviewed the latest available data (at the time the needs assessment was conducted in 2021) for Buckinghamshire for each of these priority areas and Public Health Outcomes Framework (PHOF) indicators. It also included feedback from stakeholders on their assessment of current needs.

2. Summary of risk factors

Improving sexual health is a national and local public health priority. The Framework for Sexual Health in England states that sexual ill health is influenced by a complex network of factors ranging from sexual behaviour, the quality of relationships and sex education (RSE), as well as the impact of health inequalities, which extend beyond health. The Health Promotion for Sexual and Reproductive Health and HIV: Strategic Action Plan, 2016 - 2019 recommends that sexual health activities should aim to promote an honest and open culture around sexual health by enhancing knowledge and awareness, signposting to appropriate services, providing appropriate clinical and nonclinical prevention services and combating stigma and discrimination.

[1] If you require a copy of the full Sexual and Reproductive Health Needs Assessment, please email Public Health PHAdmin@buckinghamshire.gov.uk

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and ethnic minority groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.[2]

3. Summary of local need

The following three data tables offer a snapshot of all the sexual health results indicating where Buckinghamshire is performing well and less well.

For each of the tables below the following applies.

Indicator Information

ID	The sort order that the indicator would normally appear on the PHE interface.
Name	Indicator name and description
Year	The year of data collection
Range	The population targeted by the indicator that dictates the denominator used to calculate the indicator value from the count.
+ Result	Shows if a high or low value is considered as a Positive Result

Buckinghamshire values

Count	The number of recorded incidences
Value	The rate or percentage of the indicator where the numerator is the count and the denominator is dictated by the population of the range column.
Rating	The rating in the Bucks column is the designated PHE fingertips performance Better Similar Worse or Higher Similar Lower compared to the CIPFA average value or a custom PHE benchmark value. Each denotes the significant differences with the comparators.
Trend	The trend shows how the indicator has performed over the last few years, with the trend arrow showing if the indicator has gone up or down or remained constant and the colour coding showing if this change can be considered positive, negative or neutral.

CIPFA Values

Mean	The CIPFA mean average
Median	There are 15 statistical neighbours to Bucks (16 total) so the median lies half way between the 8th and the 9th neighbours sorted value. On the spine chart the median will be where the second quartile boundary transitions into the third.
Bucks Rank	Buckinghamshire performance is benchmarked as a rank out of 16 from Best to Worst or for Indicators coloured in blue a ranking from lowest to highest has been performed. The colour coding in the Rank column indicating the CIPFA quartile to which Buckingham has been assigned.

[2] Overview | Reducing sexually transmitted infections | Guidance | NICE

Table 1 shows Buckinghamshire STI and HIV indicators ranked best to worst against CIPFA 15. The table shows that Buckinghamshire SH services are performing better[3] compared to CIPFA in the following nine areas.

- Repeat HIV testing in MSM (%)
- Chlamydia diagnostic rate/100,000 aged 25+
- HIV testing coverage MSM (%)
- HIV testing coverage Men (%)
- STI testing/100,000 for syphilis, HIV, gonorrhoea and chlamydia (excluding Chlamydia aged <25)
- HPV vaccination coverage for one dose (female 12-13)
- HIV testing coverage, total (%)
- HIV testing coverage, women (%)
- HIV diagnosed prevalence rate/1000 aged 15-59

Buckinghamshire sexual health services are lower compared to the CIPFA average in the following:

- STI testing positivity % for syphilis
- HIV, gonorrhoea and chlamydia (excluding chlamydia aged < 25) (low diagnosis rate and a low testing positivity rate)
- chlamydia diagnostic rate per 100,000
- all new STI diagnosis rate per 100,000

Buckinghamshire sexual health services are performing less well in the following indicators compared to the CIPFA average:

- HIV late diagnosis percent in heterosexual men
- HIV late diagnosis (%)
- HIV late diagnosis (%) in heterosexual women

[3] The rating is based on designated PHE fingertips performance . performance Better Similar Worse or Higher Similar Lower compared to the CIPFA average value or a custom PHE benchmark value.

Table 1: Buckinghamshire STI and HIV indicators ranked best to worst against CIPFA 15 (2019)

ID	SRH Indicator - STIs and HIV	Year	Range	+ Result	Buckinghamshire				CIPFA		Bucks Rank
					Count	Value	Rating	Trend	Mean	Median	
A14	STI testing positivity % for Syphilis, HIV, Gonorrhoea and Chlamydia (exc Chlamydia aged <25)	2019	Age 15-64	↓	771	1.5%	Lower	→	1.8%	1.8%	1 / 16
A7	Chlamydia diagnostic rate / 100,000	2019	All	↓	1,103	203	Lower	→	275	259	1 / 16
B5	Repeat HIV testing in MSM (%)	2019	Initial Tests	↑	363	48.7%	Better	↑	42.0%	41.2%	1 / 16
B12	Virological success in adults accessing HIV care (%)	2019	Accessing HIV Care	↑	490	99.2%	Similar	-	98.2%	98.5%	2 / 16
A8	Chlamydia diagnostic rate / 100,000 aged 25+	2019	Age 25+	↓	409	107	Better	→	140	132	4 / 16
B2	HIV testing coverage, MSM (%)	2019	New GUM MSM	↑	739	90.7%	Better	→	86.5%	88.8%	4 / 16
B3	HIV testing coverage, men (%)	2019	New GUM Male	↑	4,171	82.3%	Better	↑	75.6%	78.5%	4 / 16
B11	Prompt ART initiation in people newly diagnosed with HIV (%)	2017-19	Last 3 Years	↑	55	87.3%	Similar	-	79.5%	80.4%	5 / 15
A13	STI testing rate / 100,000 for Syphilis, HIV, Gonorrhoea and Chlamydia (exc Chlamydia aged <25)	2019	Age 15-64	↑	53,034	15,816	Better	↑	14,716	14,167	6 / 16
A11	All new STI diagnosis rate / 100,000	2019	All	↓	2,852	524	Lower	→	548	534	7 / 16
A15	HPV vaccination coverage for one dose (female 12-13) ≥ 90%	2018/19	Female 12-13	↑	3,078	91.1%	Better	→	90.2%	90.6%	7 / 16
B9	HIV late diagnosis (%) in heterosexual men ≥ 50%	2017-19	Hetro Men	↓	7	58.3%	Worse	↑ P	60.2%	61.6%	7 / 15
A6	Chlamydia proportion aged 15-24 screened	2019	Age 15-24	↑	9,181	16.5%	Worse	→	17.8%	16.5%	9 / 16
A1	Syphilis diagnostic rate / 100,000	2019	All	↓	30	5.5	Similar	→	6.0	5.3	9 / 16
A10	Genital herpes diagnosis rate / 100,000	2019	All	↓	267	49.1	Similar	→	46.8	49.0	9 / 16
A9	Genital warts diagnostic rate / 100,000	2019	All	↓	420	77.2	Similar	↓	77.1	75.7	9 / 16
B1	HIV testing coverage, total (%)	2019	New GUM Attendees	↑	9,407	66.7%	Better	↓	61.8%	67.3%	9 / 16
B4	HIV testing coverage, women (%)	2019	New GUM Women	↑	5,235	57.9%	Better	↓	52.9%	59.6%	9 / 16
B7	HIV late diagnosis (%) ≥ 50%	2017-19	Last 3 years	↓	29	50.9%	Worse	↑ P	49.0%	48.1%	9 / 15
B8	HIV late diagnosis (%) in MSM 25% to 50%	2017-19	MSM	↓	12	44.4%	Similar	↑ P	42.3%	40.6%	10 / 15
A2	Gonorrhoea diagnostic rate / 100,000	2019	All	↓	324	60	Similar	↑	59	58	11 / 16
B10	HIV late diagnosis (%) in heterosexual women ≥ 50%	2017-19	Hetro Women	↓	6	50.0%	Worse	-	49.2%	50.0%	11 / 16
B13	HIV diagnosed prevalence rate / 1,000 aged 15-59 < 2	2019	Age 15-59	↓	465	1.53	Better	→	1.36	1.23	12 / 16
A12	New STI diagnoses (exc chlamydia aged <25) / 100,000	2019	Age 15-64	↓	2,133	636	Worse	↑	597	596	13 / 16
A3	Chlamydia detection rate / 100,000 aged 15-24 < 1900	2019	Age 15-24	↑	692	1245	Worse	→	1,637	1,526	14 / 16
A4	Chlamydia detection rate / 100,000 aged 15-24 (Male)	2019	Male 15-24	↑	237	819	Worse	→	1,075	1,059	14 / 16
A5	Chlamydia detection rate / 100,000 aged 15-24 (Female)	2019	Female 15-24	↑	455	1706	Worse	→	2,193	2,056	14 / 16
B6	New HIV diagnosis rate / 100,000 aged 15+	2019	Age 15+	↓	29	6.6	Similar	→	5.0	5.0	14 / 16

Buckinghamshire's lower testing rates of infection may indicate that Buckinghamshire have lower rates of infection. However, areas with low testing rates (in A13 in the table above), but higher rates of infection could indicate that Buckinghamshire are only screening those at greatest risk or with symptoms. Buckinghamshire have high rates of HIV testing in Men who have Sex with Men (MSM) (B2 in the table above), the low HIV detection rates may indicate lower incidences of HIV.

For syphilis, HIV, gonorrhoea and chlamydia (excluding chlamydia age <25) combined, Buckinghamshire has a high testing rate, a low diagnosis rate and a low testing positivity rate. This suggests the true prevalence of these could be low within Buckinghamshire,

although it is important to note the testing rates are higher compared to other areas but this will not encompass the whole population.

In accordance with the national changes to the NCSP, opportunistic chlamydia screening will focus on women. In practice this means that chlamydia screening in community settings, such as GP surgeries and community pharmacies, will only be proactively offered to young women. Services provided by sexual health services remain unchanged. These changes will affect all indicators for under 25 chlamydia screening. The programme detection rate indicators will be revised and will be measured against females only. There is no change to the calculation of the detection rate indicator, which will continue to be reported at the population level with male and female breakdowns. The changes in the programme aim to keep the existing levels of screening activity but focus them on screening women. Given this shift in activity (from male opportunistic screening to additional screening in females and improved management of positive cases,) it is expected that an increase in female diagnoses will be observed.

The percentage of HIV diagnoses made at a late stage in Buckinghamshire needs to be reduced overall; however, as more infections are prevented, the percentage diagnosed late will increase until all are found.

Table 2: Buckinghamshire Reproductive Health and Teenage Pregnancy indicators ranked

ID	Reproductive Health and Teenage Pregnancy	Year	Range	+ Result	Buckinghamshire				CIPFA		Bucks Rank
					Count	Value	Rating	Trend	Mean	Median	
C9	SRH Services prescribed LARC excluding injections rate / 1,000	2019	Female 15-44	↑	2,405	25.5	Higher	↑	16.2	15.7	1 / 16
D1	Under 18s conception rate / 1,000	2019	Female 15-17	↓	73	7.5	Better	→	11.6	11.8	1 / 15
D4	Under 18s abortions rate / 1,000	2019	Female 15-17	↓	45	4.6	Lower	↓ P	6.3	6.5	1 / 16
D5	Under 18s births rate / 1,000	2019	Female 15-17	↓	12	1.2	Better	→	2.6	2.7	1 / 16
C3	Under 25s abortion after a birth (%)	2019	Female < 25	↓	Supressed	< 21.8	Better	-	23.4%	23.8%	1 / 16
D6	Teenage mothers	2019/20	Female 12-17	↓	15	0.3%	Better	→	0.5%	0.5%	3 / 16
C5	Abortions under 10 weeks (%)	2019	Total Abortions	↑	1,327	84.4%	Better	↑ P	82.6%	82.3%	4 / 16
C15	Under 25s Females attend contraceptive services rate / 1000	2019	Female 15-24	↑	3,685	138.1	Higher	→	107.1	104.3	4 / 16
D2	Under 16s conception rate / 1,000	2019	Female 13-15	↓	11	1.1	Better	→	1.8	1.7	4 / 16
D3	Under 18s conceptions leading to abortion (%)	2019	Female 15-17	↑	47	64.4%	Similar	→	59.3%	63.0%	5 / 15
C16	Under 25s Males attend contraceptive services rate / 1000	2019	Male 15-24	↑	205	7.1	Lower	→	16.6	14.3	10 / 16
C7	Total prescribed LARC excluding injections rate / 1,000	2019	Female 15-44	↑	5,670	60.1	Similar	↑	61.0	0.6	11 / 16
C1	Total abortion rate / 1000	2019	Female 15-44	↓	1,592	16.9	Similar	↑ P	16.2	15.9	12 / 16
C4	Over 25s abortion rate / 1000	2019	Female 25 - 44	↓	1,093	16.1	Worse	↑ P	14.6	14.0	13 / 16
C8	GP prescribed LARC excluding injections rate / 1,000	2019	Female 15-44	↑	3,268	34.6	Lower	→	44.8	47.2	14 / 16
C2	Under 25s repeat abortions (%)	2019	Female < 25	↓	154	30.9%	Worse	-	26.2%	25.5%	16 / 16

The summary table above shows Buckinghamshire has performed very well for all teenage pregnancy indicators 2019. Buckinghamshire's total abortion rates and abortion rates for over 25s are high and have steadily increased in the last three years at a similar rate to CIPFA neighbours. Under 25s repeat abortions are also very high.

Buckinghamshire services achieved the highest rate of services prescribing Long-Acting Reversible Contraception (LARC). LARC methods are highly effective and cost efficient and can remain in place for years. Buckinghamshire is in the mid-range for the percentage of women choosing: LARC, Injection's, IUDs and oral contraceptive pills. This indicates that a full range of contraception is available, and that one method of contraception is not being promoted at the expense of others. Buckinghamshire has a low (compared to benchmark areas) rate of GP prescribed LARC and would need to increase its rate by at least 30% to exceed the CIPFA average value.

Table 3: Summary key results – indicators that should be monitored carefully

ID	SRH Indicator		Year	Range	+ Result	Buckinghamshire Count	Buckinghamshire Value	Buckinghamshire Rating	Buckinghamshire Trend	CIPFA Mean	CIPFA Median	Bucks Rank
A12	New STI diagnoses (exc chlamydia aged <25) / 100,000		2019	Age 15-64	↓	2,133	636	Worse	↑	597	596	13 / 16
A2	Gonorrhoea diagnostic rate / 100,000		2019	All	↓	324	60	Similar	↑	59	58	11 / 16
A6	Chlamydia proportion aged 15-24 screened		2019	Age 15-24	↑	9,181	16.5%	Worse	→	17.8%	16.5%	9 / 16
A3	Chlamydia detection rate / 100,000 aged 15-24	< 1900	2019	Age 15-24	↑	692	1245	Worse	→	1,637	1,526	14 / 16
A4	Chlamydia detection rate / 100,000 aged 15-24 (Male)		2019	Male 15-24	↑	237	819	Worse	→	1,075	1,059	14 / 16
A5	Chlamydia detection rate / 100,000 aged 15-24 (Female)		2019	Female 15-24	↑	455	1706	Worse	→	2,193	2,056	14 / 16
B13	HIV diagnosed prevalence rate / 1,000 aged 15-59	< 2	2019	Age 15-59	↓	465	1.53	Better	→	1.36	1.23	12 / 16
B6	New HIV diagnosis rate / 100,000 aged 15+		2019	Age 15+	↓	29	6.6	Similar	→	5.0	5.0	14 / 16
B7	HIV late diagnosis (%)	≥ 50%	2017-19	Last 3 years	↓	29	50.9%	Worse	↑ P	49.0%	48.1%	9 / 15
B8	HIV late diagnosis (%) in MSM	25% to 50%	2017-19	MSM	↓	12	44.4%	Similar	↑ P	42.3%	40.6%	10 / 15
B9	HIV late diagnosis (%) in heterosexual men	≥ 50%	2017-19	Hetro Men	↓	7	58.3%	Worse	↑ P	60.2%	61.6%	7 / 15
B10	HIV late diagnosis (%) in heterosexual women	≥ 50%	2017-19	Hetro Women	↓	6	50.0%	Worse	-	49.2%	50.0%	11 / 16
C1	Total abortion rate / 1000		2019	Female 15-44	↓	1,592	16.9	Similar	↑ P	16.2	15.9	12 / 16
C4	Over 25s abortion rate / 1000		2019	Female 25 - 44	↓	1,093	16.1	Worse	↑ P	14.6	14.0	13 / 16
C2	Under 25s repeat abortions (%)		2019	Female < 25	↓	154	30.9%	Worse	-	26.2%	25.5%	16 / 16
C7	Total prescribed LARC excluding injections rate / 1,000		2019	Female 15-44	↑	5,670	60.1	Similar	↑	61.0	0.6	11 / 16
C8	GP prescribed LARC excluding injections rate / 1,000		2019	Female 15-44	↑	3,268	34.6	Lower	→	44.8	47.2	14 / 16

ID	SRH Indicator	Year	Range	+ Result	Buckinghamshire Count	Buckinghamshire Value	Buckinghamshire Rating	Buckinghamshire Trend	CIPFA Mean	CIPFA Median	Bucks Rank
B1	HIV testing coverage, total (%)	2019	New GUM Attendees	↑	9,407	66.7%	Better	↓	61.8%	67.3%	9 / 16
B4	HIV testing coverage, women (%)	2019	New GUM Women	↑	5,235	57.9%	Better	↓	52.9%	59.6%	9 / 16

The indicators in the summary table above have been rated as worse in Buckinghamshire compared to CIPFA average, or have been ranked in the bottom 6 out of 16 CIPFA Areas. These indicators should be monitored carefully. It is important to note that as national chlamydia screening guidance has changed, future results will not be comparable.

For the following indicators below, it may well be that Buckinghamshire has a high level of screening and is just not identifying infection because there is a lower prevalence of the STI's listed in Buckinghamshire. This should be monitored over the next five years.

- New STI diagnosis (excluding chlamydia aged < 25)/100,000 (A12)
- Gonorrhoea diagnostic rate/100,000 (A2)
- HIV diagnosed prevalence rate/1,000 aged 15-59 (B13)
- New HIV diagnosis rate/100,000 aged 15 + (B6)

The 7 indicators with worsening trends in the table 3 (red arrows) and the additional two indicators listed B1 and B4 should be monitored closely over the next five years.

- MSM
- HIV late diagnosis (%) in heterosexual men
- Total abortion rate/1000
- Over 25's abortion rate/1000
- HIV testing coverage, total (%)
- HIV testing coverage, women (%)

Current national and local Sexual and Reproductive Health Profiles are available online.

4. Current services, local plans and strategies

The Buckinghamshire Sexual Health services have been commissioned as an integrated model under one joint service specification with two providers (Buckinghamshire Healthcare NHS Trust (BHT) and Terrence Higgins Trust (THT), working in partnership to deliver integrated sexual health service across the county within a shared common branding, Buckinghamshire Sexual Health & Wellbeing Service (bSHaW).

Buckinghamshire council commissions open access sexual and reproductive health services, which provide the following:

- Sexual health services including STI testing and treatment, partner notification, contraception, chlamydia screening; except for Level 1 services provided under the General Medical Services (GMS) contract at general practice level.

- HIV outreach and prevention including support to those living with HIV, education/training and improving access to rapid testing.

- Specialist services including young people's sexual health, teenage pregnancy services and health promotion/outreach.

- Sexual health promotion services in the community, schools and colleges.

- Sexual health services provided by community pharmacies excluding any services provided under the NHS Pharmacy Contract.

- All schools and colleges are offered free RSE (Relationships and Sex Education) training through the WISH (Wellbeing in Sexual Health) programme, accessed via the sexual health website.

Together these services aim to:

- Meet the sexual health needs of an individual in one visit wherever possible, rather than a service user being required to visit multiple service locations for different aspects of

sexual health care; utilising the skills of clinicians and non-clinicians in a cost effective and clinically appropriate manner.

- Integrate sexually transmitted infection (STI) management and contraception provision in to one visit with clear referral and use of integrated pathways, including a robust pathway into the HIV treatment and care and sexual assault services commissioned by NHS England.

- Involve innovative and digital approaches across IT, information systems and communication.

- Include the specialist expertise, clinical governance and standardised training/professional development and skills of clinicians across the whole sexual health system.

- Provide opportunities for co-ordinated working on cross cutting issues such as risk taking, substance misuse issues, child sexual exploitation/vulnerable young people and a coordinated approach with general practice and community pharmacy provision across the county.

A service user online survey was conducted as part of the Health Needs Assessment. Unfortunately, only 50 people completed this survey and therefore it is not fully representative of people who use Buckinghamshire sexual health services. The results showed:

- 76% of respondents found confidential and privacy most important 62% found courtesy and respect shown to you by the doctor or nurse as important and 58% found friendly staff who listen to you as important.

- 58% thought services could be improved through improved opening hours in the evening and weekends 38% thought integrated services could be improved 24% wanted improved waiting times.

- All respondents lived in Buckinghamshire 20% of respondents were aged 16 to 19, 40% aged 20 to 29 and 36% aged 30 to 49, only 4% were aged 50 to 64. 88 % were female and 10% were male. 78% were straight or heterosexual, 6% were gay or lesbian, 4% were bisexual and 10% preferred not to say. 10% had a disability.

Following the completion of the Health Needs Assessment a refresh of the Buckinghamshire Sexual and Reproductive Health Strategy is planned for early 2023. This refresh will be completed in conjunction with a range of partners and stakeholders to ensure the strategy reflect a whole system approach to sexual and reproductive health.

5. Summary of evidence of what works

Sexual health is an important area of public health. Most of the adult population of England is sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its existing publication: A Framework for Sexual Health Improvement in England (2013). An updated framework is due in 2022. A Framework for Sexual Health Improvement in England.[4]

In 2021, the Department for Health and Social Care launched the HIV Action Plan setting out its plans to achieve an 80% reduction in new HIV infections in England by 2025. Its aim is to ensure that partners across the health system and beyond, maintain and intensify work around four core themes – prevent, test, treat and retain. This includes:

- preventing people from getting HIV.
- ensuring those who get HIV are diagnosed promptly.
- preventing onward transmission from those with diagnosed infection.
- delivering interventions which aim to improve the health and quality of life of people with HIV and tackle stigma.

The provision and evidence base for integrated sexual health services is supported by accredited training programmes and guidance from relevant professional bodies including Faculty of Sexual and Reproductive Health (FSRH), British Association for Sexual Health and HIV (BASHH), British HIV Association (BHIVA), Royal College of Obstetricians and Gynaecologists (RCOG) and National Institute for Health and Care Excellence (NICE) and relevant national policy and guidance issued by the Department of Health and Social Care (DHSC) and UK Health Security Agency (UKHSA) formerly Public Health England (PHE).

Service delivery should reflect local requirements; however, guidance recommends, fully integrated consultant led sexual health services that include primary and secondary prevention and contraceptive care. Open access services, rapid access to diagnosis and treatment and promotion of outreach primary prevention to educational establishments and high-risk groups are all recommended. In addition, and in line with national guidance[5] sexual and reproductive health services must be evidence based and

- recognise the three key areas of safety, effectiveness and patient experience.
- maintain a focus on primary prevention including the use of condoms and effective contraception and the delivery of vaccinations.
- ensure new areas of innovation are identified, implemented where appropriate and evaluated.
- offer appropriate digital technologies to support access to services and information.

[4] A Framework for Sexual Health Improvement in England (publishing.service.gov.uk)
[5] What Good Sexual Health, Reproductive Health and HIV Provision Looks Like, PHE, 2019

- implement evidence-based interventions and new models of service delivery which are flexed to meet the needs of key groups.

Public Health England (now UKHSA) published a report Sexual and reproductive health: return on investment tool on the economic return on investment (ROI) of Sexual and Reproductive Health for 15-24 year olds. The report found that the benefits of spending on STI testing interventions significantly outweigh the costs (even though more diagnoses can lead to higher treatment costs in the short-term). These estimates are likely to underestimate the true ROI of STI interventions, as they do not capture the benefits of secondary cases averted by additional testing and treatment. Early testing for HIV reduces treatment costs. In 2016, the cost of HIV treatment per annum when HIV is diagnosed quickly was estimated to be around £14,000 per case compared with £28,000 per case when diagnosed late. Investment in STI prevention will not only provide health benefits but also provide a long-term financial benefit to the healthcare system by reducing healthcare costs as a result of avoided new infections and delayed disease progression.[6]

According to a Public Health England (PHE) report, Health matters: reproductive health and pregnancy planning, 78% of women of reproductive age require support with contraception and/or preconception at any one time. Provision of contraception reduces the number of unplanned pregnancies which have high financial cost to both individuals, the health service and to the state.

PHE published a report in 2018[7] estimating the ROI for publicly funded contraception in England. The report advised:

- Publicly funded contraception is a highly cost-effective public health intervention.
- All forms of contraception should be made available to provide the full range of choice for women.
- Longer acting methods, including implants and intra-uterine devices, are and the most cost-effective.

The effectiveness of the barrier method and oral contraceptive pills depends on their correct and consistent use. However, the effectiveness of Long-Acting Reversible Contraception (LARC) methods does not rely on user competence and once fitted can last for up to 10 years depending on device. The combination of reliability and cost effectiveness has led to the National Institute for Clinical Excellence (NICE) issuing guidance to professionals so they can help women make an informed choice about their contraception and seek to increase the uptake of LARC as a proportion of all contraception.

Benefits for contraception are usually measured as the number of pregnancies averted by its use, or as the cost savings that result from these averted pregnancies. The PHE ROI report

[6] Projected Lifetime Healthcare Costs Associated with HIV Infection - PubMed (nih.gov)
[7] Contraception: Return on Investment (ROI) report (publishing.service.gov.uk)

identified that the averted costs can be broadly categorised into healthcare costs and wider costs to the public sector. There will also be lifetime costs to the parent which were not included in the analysis. The report found that summing all cost categories gives a cost saving per averted pregnancy of £23,909 over 10 years. This includes:

- Healthcare costs of £6,591
- Public Health costs of £398
- Education costs of £7,714
- Housing benefit costs of £519
- Children in Care costs of £1,035

The report further found that return on investment for averted birth costs:

- From a healthcare perspective, the ROI is £1.51 for every £1 spent after one year. This grows to £2.82 for every £1 spent over 5 years and £3.68 over 10 years.

- The ROI for total cost savings across the public sector is £1.86 after one year, £4.64 over 5 years and £9.00 over 10 years for every £1 spent.

The analysis only refers to direct savings to public sector budgets and not the wider societal impacts of unplanned pregnancy and therefore gives a conservative estimate of ROI. In the longer term there are increasing savings from averted education and welfare costs, resulting in an ROI of £1.82 over 5 years and £5.32 over 10 years. Overall, spending through the Public Health grant is up to four times as cost effective as NHS spending.[8]

The analysis suggests that cuts to contraceptive services will cost national and local government in both the short term and long term, through increase in healthcare, education and welfare costs from unplanned pregnancies.

Building on the ROI contraception tool published in 2018, ROI evidence is now available for maternity and primary care settings. For every £1 invested on the maternity intervention, there is a saving of £32 for the public sector. Investment in the provision of additional LARC by GPs has even greater potential cost savings, with an ROI of £48 for every £1 invested.[9]

6. Considerations/recommendations for Health and Well Being Board and Commissioners

Whilst there are a series of indicators where Buckinghamshire is performing better than the CIPFA average, there are also a series of indicators where Buckinghamshire's performance is similar to CIPFA average.

[8] Martin, S., Lomas, J. & Claxton, K., 2019. Is an Ounce of Prevention Worth a Pound of Cure? Estimates of the Impact of English Public Health Grant on Mortality and Morbidity. CHE Research Paper 166. York: University of York.

[9] Contraception return on investment tool - maternity and primary care settings (publishing.service.gov.uk)

It is recommended that Buckinghamshire sexual health services should focus on the following indicators where Bucks is performing worse than CIPFA average or is ranked in the bottom 6 out of 16 CIPFA areas.

- Chlamydia proportion aged 15-24 screened
- Chlamydia detection rate aged 15-24 (Female)
- HIV late diagnosis
- HIV late diagnosis in MSM
- HIV late diagnosis in heterosexual men
- HIV late diagnosis in heterosexual women
- Total abortion rate
- Over 25s abortion rate
- Under 25s repeat abortions
- Total prescribed LARC excluding injections rate
- GP prescribed LARC excluding injections rate

In addition, the following indicators should be monitored closely:

- HIV testing coverage total
- HIV testing coverage in women.
- HIV diagnosed prevalence rate aged 15-59
- New HIV diagnosis rate aged 15+
- New STI diagnoses
- Gonorrhoea diagnostic rate
- Total prescribed LARC excluding injections rate

The stakeholder engagement has identified areas where Buckinghamshire sexual health services could be improved. The service users recommend:

- improving the opening hours.
- offering appointments in the evenings and weekends.
- improve waiting times for appointment.
- make waiting areas more discreet.
- make more sexual health services available online.

The key stakeholders, GPs, pharmacists and sexual health staff identified the following key areas that should be improved:

- the lack of a surgical termination site in Buckinghamshire.
- the lack of outreach sexual health services to Travellers, Roma and Gypsies.
- difficulty in getting emergency oral contraception from pharmacies.
- the telephone answering service.

- delays in appointments to have an IUD fitted especially in GP practices.

It was considered there should be more sexual health services offered by GPs and pharmacists and improved training of school nurses and relevant school staff.

A key focus of several interviews was how to make services more accessible for people with relevant protected characteristics, especially homeless people, women with HIV, transgender, looked after children and care leavers, travellers and young people. Alongside this, the importance of normalising attending sexual health clinics and normalising being tested for STIs was recommended.

It was also recommended that sexual health information to the Buckinghamshire's sexually active population should be improved, including signposting, ensuring they inform all current and future service users of what sexual health services are available and how they can be accessed. The sexual health information should be age and ability appropriate, using different social media approaches to target all relevant demographic groups in Buckinghamshire. Outreach sexual health initiatives should be introduced that target hard to reach and high-risk groups. Prevention and health promotion interventions should then be optimised to maintain low STI rates.

Recommendations directed at sexual health commissioners included:

- NHS to commission a surgical termination of pregnancy clinic within Buckinghamshire.

- commission NHS psychosexual services as part of NHS sexual health services in Buckinghamshire.

- review the increased housing in the north of the county and consider commissioning outreach clinics to support these new populations.

- commission integrated Sexual Health services in Buckinghamshire from a single provider.

- identify which groups of people have found it challenging to access sexual health services during Covid and how this has impacted on their sexual health and well-being.