JSNA: Sexual and Reproductive Health

Wirral Intelligence Service

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Background to JSNA – Joint Strategic Needs Assessment
What is a JSNA? A Joint Strategic Needs Assessment, better known as a JSNA, is intended to be a systematic review of the health and wellbeing needs of the local population, informing local priorities, policies and strategies that in turn informs local commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities throughout the Borough. **Who is involved?** Information from Council, NHS and other partners is collected and collated to inform the JSNA and this reflects the important role that all organisations and sectors have (statutory, voluntary, community and faith) in improving the health and wellbeing of Wirral's residents. **About this document** This JSNA section looks to contain the most relevant information on the topic and provides an overview of those related key aspects. **How can you help?** If you have ideas or any suggestions about these issues or topics then please email us at wirralintelligenceservice@wirral.gov.uk or go to https://www.wirralintelligenceservice.org/

Intended or potential. audience	**External** • Wirral Health & Wellbeing Board. • Wirral Partnership **Internal** • Senior Leadership Teams • Colleagues in Integrated Care Boards by place/Hub and other teams
Links with other topic areas	State of the Borough Report, Cost of Living Crisis 2022-23, Local Inequalities, Maternity and Early Years, Maternity and Pregnancy, Maternity and Vitamin D Domestic Abuse and Domestic Violence Indices of Deprivation Population, Crime, Safety & Disorder

Version Control

Version Number	Date	Authors
1	September 2022	Matt Ray, Hayley Clifton, Rob Green, John Highton – first draft commenced – adding relevant data, insight and information
2	March 2023	Matt Ray, Hayley Clifton, Rob Green – reviewed final draft – amends made, alterations and changes as required
3	May 2023	Matt Ray, Hayley Clifton, Rob Green, John Highton – last changes to final report

Contents

Key findings and recommendations

Overall

Establish an appropriate multi-agency governance forum to oversee the delivery of sexual and reproductive health in Wirral.

Ensuring that we have a workforce that is well trained and skilled to deliver a broad range of specialist and non-specialist sexual health services is critical. Workforce pressures have the potential to significantly impact on delivery of these services. Workforce planning, development and training needs to be prioritised at a local and regional level.

Sexually Transmitted Infections (STIs)

STI diagnoses were greatly impacted by the pandemic. Whilst early indications show that STI diagnoses are beginning to increase following the pandemic drop-off, we need to continue to monitor STI diagnoses as it is difficult to draw any strong conclusions from data during 2020 and 2021.

Whilst Wirral sexual health services appear to be well utilised by people from our most deprived neighbourhoods, we need to continue to develop insight with our underserved and most at risk communities in Wirral and work with these groups to understand how we can develop the STI testing and treatment offer locally.

Qualitative feedback indicates there is a need to improve knowledge on how to access testing, both online and in clinic, ensuring services are discrete, non-judgemental and inclusive. There is also an identified need for improved education in schools, but also throughout the lifecourse.

In Wirral, there are fewer STI diagnoses (proportionately) amongst men when compared to national data**.** Further analysis is needed to understand the reason for this. Sexual health service provision should explore opportunities to engage with men and increase uptake of STI testing.

Improved recording of ethnicity, sexual orientation and gender identity within sexual health services is needed to help us understand if an equitable service is being provided and enable services to be developed accordingly. This is important as it is likely these encompass some of our underserved communities who are most vulnerable and at risk. Without this data, these communities are invisible.

Partner notification is crucial to help contain the spread of STIs and is an integral role of sexual health services, but identifying and treating anonymous partners remains a challenge. Opportunities and innovations to increase partner notification within our local sexual health service needs to be fully explored.

It is important that people engaging in Chemsex are able to access the right support to minimise risk. Local intelligence around the use of Chemsex is limited; further insight and intelligence is needed to inform future service provision for both sexual health and substance misuse services and to raise the profile locally.

Chlamydia and the National Chlamydia Screening Programme (NCSP)

Achievement of the revised female-only detection rate target of 3,250 per 100,000 (aged 15 to 24yrs) is unlikely to be met in Wirral without focussed activity to increase chlamydia screening, particularly within the community. A scaling up of the NCSP within community settings to increase chlamydia screening is needed, in particular settings such as outpatient departments, walk in centres, maternity and gynae services as well as settings specifically for young people such as colleges and youth services.

A guidance document to support the implementation of the NCSP outlines the minimum standards required to support an evidence-based and cost-effective approach. The local service should audit practice against the latest 2022 NCSP Standards to identify if any standards are not being met and possible areas for development.

National data suggests that chlamydia positivity is higher amongst Black communities. In Wirral, ethnicity recording for chlamydia testing has declined over recent years. Ethnicity recording needs to be improved so that equity of access can be effectively monitored.

HIV (Human Immunodeficiency Virus)

Wirral is not an area of high HIV prevalence but increasing the number of people that are diagnosed promptly should be a priority.

We need to increase the number of people being tested for HIV in Wirral. This includes those most at risk, (historically gay and bisexual men and other men who have sex with men (GBMSM)) but also amongst heterosexual men and women who nationally, make up a greater proportion of people diagnosed.

Opportunities to normalise HIV testing should be explored, including increasing provision of testing in primary care and emergency departments. Testing in a wider range of services such as drug and alcohol services, pharmacies and abortion services is also recommended.

There is a need for the continuation of outreach services to engage with high-risk communities such as people with multiple and overlapping sexual partners to improve access to testing. Other innovative methods for engaging with underserved communities should be explored.

HIV postal testing has proved to be a highly acceptable route for testing. This should continue to be widely promoted and other options for discrete delivery to be explored, such as a click and collect services. Improved equality monitoring of the postal offer is recommended to help identify inequities in access and improve engagement with those that are digitally excluded.

Stigma associated with HIV infection still exists. There is a need for continued work to address this including HIV social marketing campaigns that raise awareness of U=U (Undetectable = Untransmissable) and treatment as prevention.

Partner notification (PN) should remain a key part of sexual health service provision as an effective means to identify people with an undiagnosed HIV infection. There should be a consideration for alternative methods of PN including both digital and non-digital approaches.

Ensuring access to pre-exposure prophylaxis (PrEP) to all groups is important for all high-risk groups but in particular higher risk heterosexual men and heterosexual and bisexual women where uptake has been lower.

There is a need to further review the discrepancies between nationally and locally reported HIV testing coverage data in our Wirral sexual health service to understand whether performance is genuinely below recommended practice or whether this is a data recording issue.

Unplanned Pregnancy

Wirral has had a high abortion rate for many years. Women need good access to local contraception services with the full range of contraception options on offer. Engaging with underserved communities, including young women and women from deprived and disadvantaged communities in particular should be prioritised.

Sexual and reproductive health services should continue to deliver a comprehensive Long Acting Reversible Contraception (LARC) service, with outreach activity and enhanced provision for groups at greater risk of unplanned pregnancy, or who historically are underserved by mainstream provision (e.g., people with a disability, or people from different minority ethnic backgrounds).

System partners should build on the on a 2023/24 pilot which will provide an enhanced LARC service in the Brighter Birkenhead group of GP practices. Focussed work is needed with primary care to improve availability of contraception, and to ensure that a full range of contraceptives is proactively offered by healthcare professionals.

Maximum uptake of the NHS Community Pharmacy Contraception Pilot needs to be ensured, encouraging more pharmacies in the Wirral to provide this service. This will help to improve accessibility to oral contraception and help to relieve the burden on sexual health services and primary care, creating more capacity for focused delivery of LARCs. This appears to be highly acceptable amongst women with many stating they would be happy to get their contraceptive pill from non-traditional clinical settings such as pharmacies or online.

Postnatal and post-abortion contraception offers need to be improved. All women should be offered contraception following a termination, with clear pathways for provision. Postnatal contraception needs to be strengthened so that women are encouraged to consider their contraception preferences post-partum and are actively supported to take up their contraception of choice.

Ensure joined-up commissioning for gynaecological and reproductive health in line with the recommendations from the Women's Health Strategy. There should be a system-wide approach to women's reproductive health, with partners within the Wirral Integrated Care Partnership so that women and girls can have more of their health needs met within integrated services.

Teenage Conceptions

Wirral has a high conception rate for both under 18s and under 16s when compared to England as a whole. System wide strategic leadership is required in order increase the profile locally and to enable a co-ordinated response across a range of stakeholders.

To help identify gaps and opportunities locally, and to support a co-ordinated response, a review of the Teenage Pregnancy Framework guidance is recommended including completion of the self-assessment checklist.

Cervical Screening

Commissioners must work together to understand inequalities in Human papillomavirus (HPV) uptake, and develop focused plans to reduce these, including ensuring comprehensive catch up for those cohorts where rates were lower because of the pandemic.

The Wirral system must work to ensure that declines in cervical screening seen nationally and regionally are not seen in Wirral.

Primary Care Networks should explore models for increasing accessibility to cervical screening focusing on groups with low rates of uptake and consider how to address barriers to uptake (as identified in the qualitative research).

Women's Menstrual and Gynaecological Health

Overall, there is limited intelligence and insight available on women's wider reproductive and gynaecological health in Wirral. We recognise that menstrual and gynaecological health are important components of both reproductive health, and women's health through the life course.

This topic merits further investigation, as it was beyond the intended scope of this JSNA.

Introduction

About this Needs Assessment

The purpose of this Needs Assessment is to understand the Sexual and Reproductive Health (SRH) needs, demand and desires of the Wirral population. This will be used to inform and shape the provision of Wirral's SRH services in the future, to prioritise and identify key areas for development and ensure that any decisions are clearly based on the available evidence.

There is a wealth of intelligence that already exists on the topic of SRH so this needs assessment does not intend to repeat this and will signpost accordingly to the existing sources of information. Instead, this needs assessment will focus on specific topics where the latest intelligence tells us that improvement is required; we will scrutinise in more detail what, why and how improvements should be made in collaboration with our partners across the health and social care system.

The areas for improvement identified and explored in more detail are:

- Sexually Transmitted Infection (STI) testing
- Chlamydia Screening (young people aged 15-24yrs)
- HIV Late Diagnosis
- Teenage Conceptions
- Unplanned pregnancy
- Cervical Screening

What is Sexual and Reproductive Health?

Good sexual and reproductive health is an important contributor to our overall wellbeing. The World Health Organisation (WHO) defines sexual health as a state of physical, mental and social wellbeing in relation to sexuality. This means being able to live within an environment that is respectful of an individual's sexuality encouraging safe sexual experiences free from coercion, discrimination and violence[1].

Most adults are sexually active therefore good sexual and reproductive health is important to the overall health and wellbeing of individuals and society as a whole. SRH needs and behaviours will be impacted by a range of factors (which will be explored in further detail) including age, gender, sexuality, ethnicity, mental wellbeing, education, literacy and cultural factors but there are core requirements common to all to ensure positive SRH. This includes good quality information and education to support people to make informed choices, being free from stigma, discrimination and coercion and access to high quality services, treatment and interventions[2].

Poor sexual and reproductive health may be evidenced by sexually transmitted infections or unplanned pregnancies[3]. With some population groups significantly more likely to experience poor sexual health, this should be an important area of focus for public health alongside our NHS partners.

[1] WHO Sexual and Reproductive Health Research https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health
[2] OHID. Guidance: Sexual and Reproductive health and HIV: Applying All our Health. Updated 10 March 2022. Accessed: https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-applying-all-our-health/sexual-and-reproductive-health-and-hiv-applying-all-our-health
[3] NICE (2019) NICE impact sexual health. Accessed: https://www.nice.org.uk/media/default/about/what-we-do/into-practice/measuring-uptake/niceimpact-sexual-health.pdf

National and local context

National Context

Women's Health Strategy for England

The Women's Health Strategy for England[4] published by the Department for Health & Social Care in August 2022 recognises that historically the health and care system has been designed by men for men and not enough is known about issues that affect women only, such as endometriosis and the menopause. **It acknowledges that many women have to move from service to service to have their basic reproductive health needs met and women can struggle to access basic services such as contraception.**

Commitments include:

- Young people receiving high quality, evidence-based education on menstrual and gynaecological conditions so that they are no longer taboo subjects.
- **All women and girls are able to access high-quality, personalised care within primary and community care, including access to contraception for the management of menstrual problems and gynaecological conditions**; where more specialist care is needed, women and girls can access diagnostic and treatment procedures in a timely manner and disparities in access to care will be tackled.
- Healthcare professionals in primary care are well informed and trained in menstrual and gynaecological health and can offer women and girls evidence-based advice and treatment.
- Women can access high-quality, personalised menopause care within primary care and, if needed, specialist care in a timely manner, and disparities in access to menopause treatment are reduced. **Women are able to access the full range of treatment options, including contraception for the management of menopause symptoms.**
- **There is a system-wide approach to women's reproductive health –** as set out in the reproductive health consensus statement – based on reproductive wellbeing and supporting individual choice. This means national and local policies and services are centred on women and girl's needs, and reflect the life course approach, rather than being organised around a specific health issue or the needs of commissioners.
- **Women and girls have more of their health needs met at one time and in one place, through the development of local pathways that bring together and improve access to services** – for example, into women's health hubs. Achieving this ambition will require partnership working across all policy, commissioning, and delivery partners.
- Information about contraception after childbirth should be offered in the antenatal period to support informed decision-making. This enables women to plan any subsequent pregnancy and reduce short inter-pregnancy intervals, which are associated with poorer pregnancy outcomes. **Contraception in maternity settings is actively encouraged** with a case study provided on how this is being achieved in North-West London.

[4] DHSC (2022). Policy Paper. Women's Health Strategy for England. 30 August 2022. https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england

Sexual and Reproductive Health Action Plan

This national action plan is yet to be published but this is referenced in the Women's Health Strategy and will include a focus on increasing access and choice for all women who want contraception, including Long Acting Reversible Contraception (LARC), and for improving women's experiences, including during fitting and removal of an Intrauterine Device (IUD) or (Intrauterine system (IUS)

The Hatfield Vision

Developed by the Faculty of Sexual & Reproductive Healthcare (FSRH), The Hatfield Vision outlines priority goals and actions (endorsed by 28 organisations) in areas such as access to contraception, reproductive rights, menopause, menstrual health, cervical screening and maternal health outcomes in black women and women of colour[5].

The Hatfield Vision aims to connect the Government's Women's Health and Sexual and Reproductive Health (SRH) Strategies and Action Plans in England, driving meaningful transformation across different parts of the system and enabling women and girls to experience high quality reproductive health at every stage of their lives. At the heart of The Hatfield Vision is an ambitious target, which advocates that by 2030, reproductive health inequalities will have significantly improved for all women and girls, enabling them to live well and pursue their ambitions in every aspect of their lives. This target will be reached and can be measured by success in achieving 16 goals in different areas of women and girls' SRH, including addressing unplanned pregnancies and improving access to chosen methods of contraception.

Breaking point: Securing the future of sexual health services

The Local Government Association (LGA) and English HIV and Sexual Health Commissioners' Group (EHSHCG) produced this report in November 2022, focusing on demand and funding pressures. The report reviews the trends since local authorities took responsibility for sexual health services in 2013, looking at the social and economic context in which they occurred[6]. Key messages include:

- Significant increase in the number of consultations at Sexual Health Services over the last 10 years.
- Number of screens and the overall number of services offered has increased, public awareness of Sexually Transmitted Infections (STIs) and contraception has grown.
- Local councils have been engaged in one of the biggest modernisation exercises in the history of public health, such as a rapid channel shift to online consultations, app, home testing and home sampling.
- Evidence from across the sector shows the capacity of councils to further innovate and create greater efficiencies is now limited.
- Unless greater recognition and funding is given to councils to invest in prevention services, a reversal in the encouraging and continuing fall in some STIs and more unwanted pregnancies is now a real risk as is their ability to respond to unforeseen challenges such as Monkeypox.
- Behavioural change has increased demand.
- Equitable access to contraception remains a problem.

[5] FSRH (2022). Faculty of Sexual and reproductive Healthcare Hatfield Vision. A Framework to Improve Women and Girls' Reproductive Health Outcomes. July 2022. https://www.fsrh.org/documents/fsrh-hatfield-vision-july-2022/
[6] Local Government Association (2022). Breaking point: Securing the future of sexual health services. 15 Nov 2022. https://www.local.gov.uk/publications/breaking-point-securing-future-sexual-health-services

Joint United Nations Programme on HIV/AIDS (UNAIDS) (UNAIDS 90-90-90 Target)

The Joint United Nations Programme on HIV/AIDs (UNAIDS) 90-90-90 aims to eliminate AIDS by 2030, by ensuring that in 2020:

- 90% of people living with HIV would know their status.
- 90% of people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART)
- 90% of people receiving ART will have viral suppression.

In 2017, the UK was one of the first countries to meet this target[7]. In 2019, an estimated 94% of people living with HIV had been diagnosed, 98% of those diagnosed were on treatment and 97% of those on treatment had an undetectable viral load – meaning they cannot pass on the infection[8].

Towards Zero – An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England 2022 – 2025[9]

This national plan published in December 2021 by the Department for Health and Social Care sets out how an 80% reduction in new HIV infections will be achieved by 2030 with a focus on four key themes – prevent, test, treat and retain. **The overarching ambition is to achieve zero new infections, AIDS and HIV-related deaths in England by 2030**. The plan provides a framework for how this will be achieved via the following objectives:

1. **Ensure equitable access and uptake of HIV prevention programmes.**
   Evidence suggests that awareness, accessibility, availability and uptake of primary prevention initiatives is variable in different demographics and addressing this disparity is key to HIV prevention. There is also a need to make up any lost ground due to the impact of the COVID-19 pandemic and understand how it has affected HIV prevention.
2. **Scale up HIV testing in line with national guidelines.**
   HIV testing is essential so that everyone with an HIV infection can be offered lifesaving treatment, which also prevents onward HIV transmission by reducing viral load to undetectable and untransmittable levels. However, many people that would benefit from testing are still being missed. Testing must be made more accessible, particularly for those groups being under-diagnosed. We must tackle the stigma or other barriers which can stop someone taking up a test when offered.
3. **Optimise rapid access to treatment and retention in care.**
   Rapid access to and retention in HIV treatment can support those diagnosed with HIV to maintain an undetectable viral load, meaning they cannot transmit the infection to their sexual partners (Undetectable viral load = Untransmittable levels of virus (U=U). It is essential to ensure everyone who is diagnosed is referred to treatment rapidly and ensure that inequalities in access to and retention in treatment are tackled.

[7] https://www.gov.uk/government/news/hiv-diagnoses-continue-to-fall-as-uk-exceeds-unaids-target
[8] 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#executive-summary
[9] DHSC (2021). Policy paper. Towards Zero: the HIV Action Plan for England – 2022 to 2025. Dec 2021. https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025

4. **Improve quality of life for people living with HIV and addressing stigma**
   Increasing retention in, and adherence to, care supports achieving good health outcomes and reduces HIV transmission but for some people living with HIV it can be challenging to prioritise their HIV care and adherence to treatment if they are experiencing personal, financial, housing, immigration, or mental health difficulties.

HIV Fast Track Cities

Fast-Track Cities is an international initiative to end new cases of HIV by 2030. Launched on World AIDS Day in 2014, over 300 cities across the world are part of this movement to get to zero new cases of HIV, zero preventable deaths, zero stigma and discrimination and a better quality of life for people living with HIV. Liverpool formally joined the Fast Track Cities Initiative on 1 December 2018 and is committed to extending the UNAIDS 90-90-90 target to 95-95-95 through accessible high-quality service delivery, support, information and choices to people living with HIV and HCV[10]. Liverpool has since achieved 95-95-95 target, which means 95% of people living with HIV are aware of their status, 99.8% are in treatment and 98% are virally suppressed[11]

Syphilis Action Plan[12]

The Public Health England (PHE) action plan published in June 2019 focuses on the main affected populations in recognition that there is a **need to strengthen public health measures to reduce transmission of syphilis**. It focusses on 4 prevention pillars fundamental to syphilis control and prevention. These are:

- **Increase testing frequency of high-risk men who have sex with men (MSM)** and re-testing of syphilis cases after treatment.
- Deliver **partner notification** to British Association for Sexual Health and HIV (BASHH) standards.
- Maintain **high antenatal screening coverage** and vigilance for syphilis throughout antenatal care.
- Sustain **targeted health promotion.**

National Chlamydia Screening Programme (NCSP)[13]

Changes to the NCSP were announced in 2021 to focus on reducing reproductive harm of untreated infection in young women. Chlamydia screening in community settings such as GPs and pharmacies, will only be proactively offered to young women. Services provided by sexual health services remain unchanged.

Commissioning arrangements for Sexual and Reproductive Health

The commissioning responsibilities of local government and the NHS are set out in the Health and Social Care Act 2012. Local government responsibilities for commissioning sexual health services are further outlined in The Local Authorities Regulations 2013. The tables below summarise the key commissioning responsibilities of Local Authorities and NHS partners[14]

[10] https://fasttrackcities.london/cities/liverpool/
[11] UKHSA (2022). Restricted data source.
[12] PHE (2019). Syphilis: Public Health England Action Plan. June 2019. https://www.gov.uk/government/publications/syphilis-public-health-england-action-plan
[13] PHE (2021). Policy paper. Changes to the National Chlamydia Screening Programme. 24 June 2021. https://www.gov.uk/government/publications/changes-to-the-national-chlamydia-screening-programme-ncsp
[14] PHE (2014). Making it Work. A guide to whole system commissioning for sexual health, reproductive health and HIV. Revised March 2015. https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services

Local authorities commission:

Comprehensive sexual health services. These include:

1. **Contraception** (including the costs of LARC devices and other methods such as condoms) and advice on preventing unintended pregnancy – in specialist services and those commissioned from primary care (GP/community pharmacy)
2. **STI testing and treatment** in specialist services and primary care, chlamydia screening as part of the National Chlamydia Screening Programme (NCSP), HIV testing including population screening in primary care and general medical settings and partner notification for STIs and HIV
3. **Sexual health** aspects of psychosexual counselling
4. **Any sexual health specialist services,** including young people's sexual health services, outreach, HIV prevention and sexual health promotion, service publicity, services in schools' colleges and pharmacies.

Social care services (which sit outside the Public Health ring fenced grant), including:

1. **HIV social care**
2. **Wider support for teenage parents**

Integrated Care Boards (formerly Clinical Commissioning Groups) commission:

1. **Abortion services,** including STI and HIV testing and contraception provided as part of this abortion pathway (except abortion for fetal anomaly by specialist fetal medicine services – see NHS England commissions).
2. **Female sterilisation.**
3. **Vasectomy.**
4. **Non-sexual health elements of pyschosexual health services.**
5. **Contraception primarily for gynaecological (non-contraceptive) purposes.**
6. **HIV testing** when clinically indicated in CCG-commissioned services (including A&E and other hospital departments).

NHS England commission:

1. **Contraceptive services** provided as an additional service under the GP contract.
2. **HIV treatment and care services** for adults and children, and cost of all antiretroviral treatment.
3. **Testing and treatment for STIs (**including HIV testing) in general practice when clinically indicated or requested by individual patients, where provided as part of 'essential services' under the GP contract (i.e.**,** not public health commissioned services but relating to the individual's care).
4. **HIV testing** when clinically indicated in other NHS England-commissioned services.
5. **All sexual health elements of healthcare in secure and detained settings.**
6. **Sexual assault referral centres.**
7. **Cervical screening** in a range of settings.
8. **HPV immunisation programme.**
9. **Specialist fetal medicine services,** including late surgical termination of pregnancy for fetal anomaly between 13-24 gestational weeks.
10. **NHS Infectious Diseases** in Pregnancy Screening Programme including antenatal screening for HIV, syphilis, hepatitis B

Local Context

The Council's Wirral Plan 2021-2026 was agreed in September 2021. Central to the strategy is ensuring brighter futures, active and healthy lives and reducing inequalities. We want 'inclusive services which recognise the different needs of residents, families and communities.' [15] Whilst there is no explicit action around sexual health, some of our priorities will be supported by positive action in this area, such as:

- **Break the cycle of poor outcomes**: sometimes linked to unplanned pregnancies or first-time young parents. The Family Nurse Partnership (FNP) is aimed to support all first-time pregnant mothers aged 18 and under, to promote a healthy pregnancy, positive parenting and attachment.
- **Tackle health inequalities**: Poor sexual and reproductive health outcomes are often experienced by minority, vulnerable and underserved groups, including Black ethnic minorities, gay/bisexual men and people from deprived communities.
- **Prioritise prevention:** Prevention is a critical part of good SRH services. We need to ensure accessible treatment but also promote good sexual health by education, making different contraception pathways accessible and promoting HIV prevention.

Most recently, Wirral's Health and Wellbeing Strategy 2022-2027 promotes 'All Together Fairer', Cheshire and Merseyside's approach to tackling inequalities.[16]

- Priority 1: **Create opportunities to get the best health outcomes from the economy and regeneration programmes.** Residents' health is considered a key priority when considering what, where and how we will spend our money and use our buildings. Ensuring accessibility is especially relevant in the SRH services lens.
- Priority 2**: Strengthen health and care action to address differences in health outcomes.** Minority groups, such as Black ethnic minority groups and MSM groups are often disproportionately affected by HIV and STIs nationwide, with stigma as a main barrier to accessing services. Increasing accessibility of SRH services encourages better SRH for everyone in Wirral.
- Priority 3**: Ensure the best start in life for all children and young people**. This is a key priority to delivering good SRH services, covering actions like preventing unplanned pregnancies and promoting quality SRH education.
- Priority 4: **Create safe and healthy places for people to live that protect health and promote a good standard of living.**
- Priority 5: **Create a culture of health and wellbeing, listening to residents and working together.** Nationwide there is a need to address taboos around SRH and in particular, women's health. Ensuring quality SRH services means reducing stigmas around the topic and integrating SRH into a wider lens of health protection.

Cheshire and Merseyside's 'All Together Fairer' movement is also prioritised in the new Integrated Care Partnership meetings. The first meeting was on 8th November 2022 and highlighted very similar priorities to the above; also, critical priorities to providing quality SRH services.

[15] Wirral Plan 2021-2026, https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-plan-2021-2026/
[16] Health and Wellbeing Strategy for Wirral, 2022- 2027, https://www.wirralintelligenceservice.org/media/3681/209_healthandwellbeingstrategy_v8.pdf

In 2022 Wirral was chosen as one of 12 local authorities awarded up to £1 million from the Government's Family Hubs Transformation Fund.

- Support for families is key to delivering good SRH outcomes, as children are given the best start in life and parents supported through uncertain times. A good start in childhood can help avoid many risk-taking behaviours linked to adverse childhood experiences (ACEs), including risky sexual behaviour into adulthood.

What this means for direction in sexual health commission and wider SRH future in Wirral

- Strengthening joint commissioning arrangements

Wirral population and demographics

Overview of Wirral

Wirral is a borough of contrasts, both in its physical characteristics and demographics. Rural and urban areas sit side by side in a compact peninsula of just 60 square miles, with an overall population of 324,336 (Wirral State of the Borough, 2022, ONS, Mid-Year Estimates for 2020).

Demographically, Wirral differs slightly to England as it has a lower proportion of younger adults in their 20s and 30s and a higher proportion of older people. The area also has significant inequalities, especially in relation to deprivation which is most prevalent in the eastern part of the borough. The most recent Indices of Multiple Deprivation (IMD, 2019), showed that around 1 in 3 of the total population (114,900 people or 35.6%) lived in areas classed as deprived (meaning that those areas are within the 20% most deprived areas in England), see **Map 1**. Life expectancy for both men and women is lower than the England average.

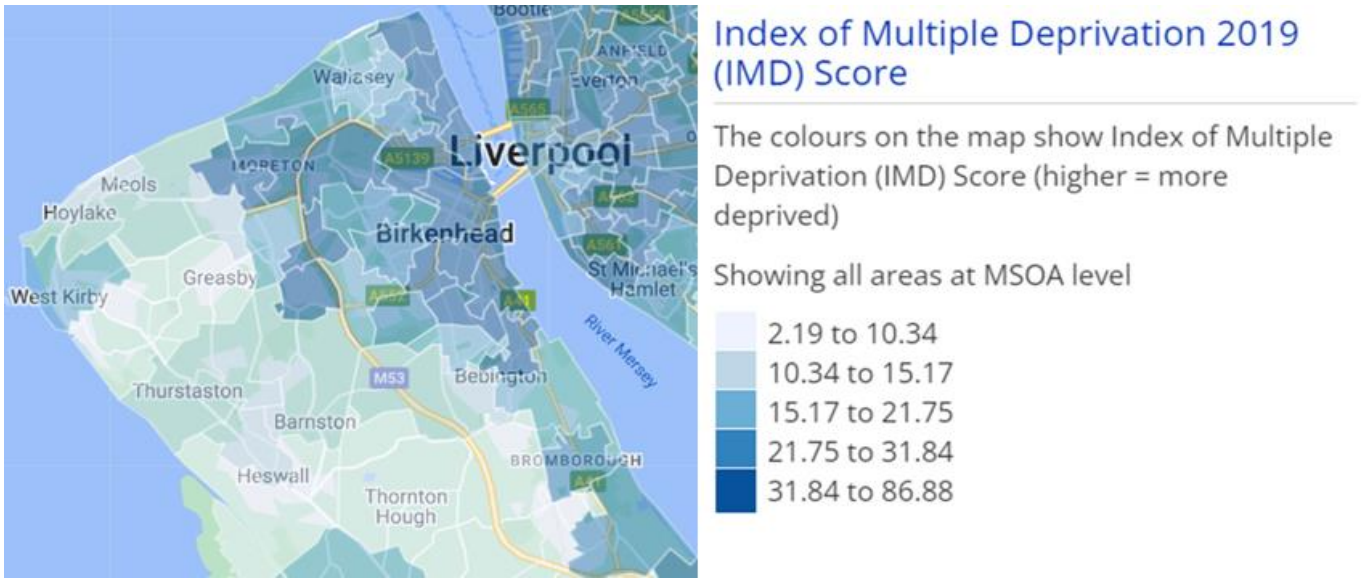
According to the 2021 Census (see Wirral State of the Borough report for Wirral Census full ethnicity results), 95.2% of residents classified themselves as White; this was significantly higher than England overall. The 'White' group includes 1.8% who responded that they were 'Other White;' the largest proportion of these were Polish and Romanian and this was actually Wirral's largest group (after the UK/British); Polish was the most frequently spoken non-English language. Within the 4.8% of residents who classified themselves as being from backgrounds other than White, the largest grouping was Asian/Asian British (2.3% of the Wirral population; within this Chinese, Indian and Other Asian were the largest groups, all were 0.6% of residents).

The 2021 census collected some new protected characteristics for the first time and the results can be found on the Wirral Intelligence website. In the 2021 census there were 165,122 women (51.6% of the overall population) and 155,077 men (48.4%) in Wirral.

Gender identity was also asked for the first time and the results for the Wirral are 94.9% of residents aged 16+ had the same gender identity as sex registered at birth, whilst 4.8% did not answer the question. The remaining 0.3% reported that their gender identity was different from their sex registered at birth, whether that be a trans woman (0.1%), a trans man (0.1%) or with no specific gender identity given (0.1%).

Sexual orientation was also asked in the census for the first time and the results are as follows for the Wirral, with approximately 90.7% of residents aged 16 and over identified as straight or heterosexual, whilst almost 6.5% of residents did not answer the question. The remaining 2.8% of residents identified with an LGB+ in some way. This includes those who identify as gay or lesbian (1.6%), bisexual (1.0%) and pansexual (0.2%). The remaining sexualities, including asexual and queer, made up 0.1% of residents aged 16+.

Map 1: Deprivation in Wirral, according to the Index of Multiple Deprivation (IMD, 2019)



Source: Local Insight, 2022

Groups most at risk

Risk factors

Poor sexual health varies by age, gender, deprivation, sexuality and ethnicity, nationally and in Wirral. These are described in more detail in the succeeding chapters, but overall, the following groups are most at risk of poor sexual and reproductive health outcomes:

- Young people
- Women
- Gay and bisexual men and other men who have sex with men (GBMSM)
- Transgender, non-binary and gender diverse people
- Deprived populations
- Ethnic minority groups
- Those impacted by adverse childhood experiences (ACEs)

Young People

Younger people are more likely to be diagnosed with an STI, which is most likely linked to the higher rates of partner changes amongst this group.[17] Chlamydia diagnoses in particular are more marked in younger people under the age of 25 (hence the national chlamydia screening programme).

[17] UKHSA (2022). Official Statistics. Sexually transmitted infections and screening for chlamydia in England: 2021 report. 4 October 2022 https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2021-report#main-points

There are higher rates of unplanned pregnancies amongst younger people clearly evidenced by high termination rates [18]. In Wirral, the teenage conception rate is higher than national and local comparators.

Women

Findings from a study using data from more than 13,000 people from Britain's third National Survey of Sexual Attitudes and Lifestyles (Natsal) found that nearly half of British women experience poor sexual and reproductive health (a considerably higher number than men). With issues ranging from risk of unplanned pregnancy, STIs and sexual function problems including, lack of interest in sex, painful sex and sexual coercion[19].

Research conducted by Public Health England found that symptoms associated with reproductive health had an important impact on women's wellbeing; 80% of the 7,500 women surveyed described experiencing unwanted reproductive health symptoms such as heavy menstrual bleeding, severe menopausal symptoms or postnatal symptoms[20].

Gay and bisexual men and other men who have sex with men (GBMSM)

GBMSM are more likely to be diagnosed with bacterial STIs than other men. Historically, GBMSM have also been disproportionately affected by HIV, although new diagnoses for HIV have seen the greatest reduction over recent years amongst this group.

Transgender, non-binary and gender diverse people

Globally, transgender people face higher rates of HIV, with risk of transmission up to 12 times greater than the general population. We do not know about STI rates in trans, non-binary and gender diverse people in England. The binary data system excludes anyone who is not cis gender, so the data is not available. Without relevant statistics, these communities are not able to be adequately included in planning for sexual and reproductive health services. [21]

Now is more important than ever for Wirral to support better SRH outcomes for minority populations, following the increasing numbers of monkeypox cases affecting GBMSM across the country[22], and a string of anti-LGBTQ+ hate crimes in Merseyside in 2021[23] and the recent high-profile murder of a 16-year-old trans teenager in Cheshire.[24]

Deprived Populations

Rates of STIs are strongly associated with socioeconomic deprivation, with the highest rates found among people living in the most deprived areas of England[25].

[18] 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.* s.l. : FSRH Policy and External Affairs, 2020.
[19] FSRH Statement: new study shows women disproportionately experience poor sexual and reproductive health10 January 2020. https://www.fsrh.org/news/fsrh-statement-study-half-women-poor-sexual-reproductive-health/
[20]PHE (2018). What do women say? Reproductive health is a Public Health issue. June 2018. https://www.gov.uk/government/publications/reproductive-health-what-women-say
[21] https://www.tht.org.uk/news/fight-better-sexual-health-must-not-exclude-trans-and-non-binary-people
[22] BASHH August 2022, https://www.bashh.org/news/news/monkeypox-cases-in-the-uk-rise-to-2-546-in-latest-ukhsa-update/ ; Merseyside Police, June 2021
[23] https://www.merseyside.police.uk/news/merseyside/news/2021/june/patrols-increased-in-response-to-lgbt-hate-crimes-in-liverpool/
[24] https://www.standard.co.uk/news/uk/hate-crime-protected-characteristics-b1060441.html
[25] PHE (2019) Guidance. Health Matters: Preventing STIs. Published 21 August 2019. https://www.gov.uk/government/publications/health-matters-preventing-stis/health-matters-preventing-stis

There is also a clear relationship between deprivation and the rate of abortion; as the rate of deprivation in an area increases, the abortion rate in that area also rises[26].

Ethnic Minority Groups

Different minority ethnic groups are affected disproportionately by STIs. The diagnosis rates of STIs are particularly high in black ethnic communities. Black communities are also at a greater risk of contracting HIV [27]. Socio economic deprivation, as stated above is a known determinant of poor sexual health outcomes but other cultural influences on sexual behaviour are likely to contribute towards increased risk of STIs among ethnic groups[25].

Nationally, it has been reported that higher rates of emergency contraception have been observed amongst Black Caribbean communities and multiple terminations are also higher amongst women from Black ethnic groups[26].

Those impacted by adverse childhood experiences (ACEs)

Recent research has suggested strong connections between childhood trauma and poor sexual health outcomes in adult life, meaning it is critical to maintain a good quality relationships and sex education (RSE) curriculum. International literature suggests that adults exposed to four or more adverse childhood experiences (ACEs) are three times more likely to have sex before age 16, and six times more likely to report an STI in their lifetime.[28]

Other risk factors for poor sexual and reproductive health outcomes include:

- People with learning disabilities
  Evidence suggests that young people with a mild to moderate learning disability are more likely to practice unsafe sex and more likely to have been pregnant when compared to young people from the general population. Uptake of cervical screening is also lower for women with a learning disability[29].

- Substance misuse
  The use of drugs can lead to a loss of inhibition resulting in unplanned sexual activities, this is more likely to have a negative impact such as increasing the likelihood of contracting a STI, an unwanted pregnancy or experiencing regret, shame and mental anguish[30].

[26] L. Ewbank and D. Maguire (2021). Understanding trends in use of abortion services in England: an exploratory briefing. The Kings Fund. https://www.york.ac.uk/media/healthsciences/images/research/prepare/reportsandtheircoverimages/Understanding%20trends%20in%20use%20of%20abortion%20services.pdf

[27] PHE (2021). Variation in outcomes in sexual and reproductive health in England. A toolkit to explore inequalities at a local level. 12 May 2021. https://www.gov.uk/government/publications/sexual-health-variation-in-outcomes-and-inequalities

[28] Sara Wood et al., International Journal of Environmental Research and Public Health, Bangor University, July 2022: https://research.bangor.ac.uk/portal/files/48870267/ijerph_19_08869.pdf

[29] PHE. Health Inequalities: Sexual Health. https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjKpPDxhvX9AhWREMAKHaqvC1MQFnoECA4QAQ&url=https%3A%2F%2Ffingertips.phe.org.uk%2Fdocuments%2FHealth%2520Inequalities_Sexual%2520health.pdf&usg=AOvVaw2TScAlhTQKM_Ld6TsgHlcS

[30] European Monitoring Centre Drugs and Drug Addiction. Spotlight on……. Addressing sexual health issues associated with drug use. 21 October 2021. https://www.emcdda.europa.eu/spotlights/addressing-sexual-health-issues-associated-drug-use_en

Research indicates a strong link between binge drinking and/ or drug use and risky sexual behaviours amongst young people[31]. Earlier alcohol use is associated with early onset of sexual activity and is a marker of later sexual risk-taking, including lack of condom use, multiple sexual partners, sexually transmitted infection and teenage pregnancy. Sexual assault is strongly correlated with alcohol use by both victim and perpetrator[32].

- Sex workers
  Sex workers are at an increased risk of poor physical and mental health. Many work in unsafe environments and the stigma associated with this work means they are marginalised and socially excluded. Whilst sex workers are predominantly women, there is a significant minority of male and trans sex workers; most people using these services are men[33]. Street sex workers have often experienced extensive trauma including child abuse and domestic and sexual violence. Health issues generally in this population are further impacted by the experience of discrimination and stigma, leading to reduced health service seeking behaviour[34].

Other trends being observed include:

Age at first heterosexual intercourse has decreased, the number of sexual partners has increased and attitudes toward same-sex partnerships have become more tolerant (Mercer et al, 2013).[35] In recent years, progress has been made to teach SRH at younger ages, so young people have the skillset to maintain healthy relationships and good sexual health throughout adulthood. From 2020, primary schools have been required to teach relationships education, and in recent years, RSE curriculums have become more inclusive of LGBTQ+ young people.

Child Sexual Exploitation (CSE) is recognised nationally as one of the most important challenges facing agencies today. There is currently no local dataset available, so it is not possible at present to assess whether it is more of a problem in Wirral than in other areas across the country. National data from the children in need census (an annual statutory census that collects data on children who are referred to local authority social care services in England), showed that in the year ending March 2021, of the total 496,030 episodes of children in need; 16,830 identified child sexual exploitation (CSE) as a factor and CSE was identified in more episodes of need for girls (11,230) than boys (5,490) – a pattern consistent over time.

Nationally there is an increase in the rate of some Sexually Transmitted Infections (STIs) emerging in older people who are embarking on new sexual relationships without considering the risks of unprotected sex.[36]

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[31] Khadr SN, Jones KG, Mann S*, et al* Investigating the relationship between substance use and sexual behaviour in young people in Britain: findings from a national probability survey. *BMJ Open* 2016;**6:**e011961. doi: 10.1136/bmjopen-2016-011961

[32] Royal College of Physicians and BASHH (2011). Alcohol and sex: a cocktail for poor sexual health. https://www.ias.org.uk/uploads/pdf/Women/rcp_and_bashh_-_alcohol_and_sex_a_cocktail_for_poor_sexual_health.pdf

[33] https://www.nihr.ac.uk/documents/2327-interventions-to-improve-health-outcomes-for-sex-workers/32727

[34] Potter, L. C. , Horwood, J., & Feder, G. S. (2022). Access to healthcare for street sex workers in the UK: perspectives and best practice guidance from a national cross-sectional survey of frontline workers. BMC Health Services Research, 22(1), [178]. https://doi.org/10.1186/s12913-022-07581-7

[35] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62035-8/fulltext

[36] Local Government Association. 2022. Breaking point: Securing the future of sexual health services. https://www.local.gov.uk/publications/breaking-point-securing-future-sexual-health-services

This trend is not repeated on the Wirral for the older population with regards to STI's in the last 8 years (up to 2021) and will be continued to be monitored locally to see if there are any changes compared to the reported national picture.

National rates of sexual offences and violent offences towards women have been rapidly increasing following the start of the COVID-19 pandemic; Refuge reported a 61% increase in calls per month to their helpline between April 2020 and February 2021.[37] Given that working from home has become normality for many to this day, the risk of domestic abuse remains higher than before home working arrangements were announced.

Sexual violence amongst the LGBT+ community is not widely discussed, but quantitative and qualitative research undertaken by Galop found that sexual violence was part of the lived experience of a significant proportion of people, seriously impacting on wellbeing whilst not being adequately served by the systems that are supposed to be providing protection and support.[38]

Sexual Health Services in Wirral should always be targeted towards and within easy reach of people who are living with the 'vulnerabilities' listed above in order to strengthen preventative and reactive care.

Sexual and Reproductive Health Profile

The key findings from the Summary profile of local authority sexual health (Wirral) report (27 January 2023) summarises the latest available sexual and reproductive health data for Wirral. As a response to the COVID-19 pandemic, the Government implemented national and regional lockdowns and social and physical distancing measures since March 2020. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider these factors, especially when comparing with data from pre-pandemic years.

Key findings

Figure 1 below shows the local performance on key SRH indicators (as a coloured circle), against the range of results for England (shown as a grey bar). The line at the centre of the chart shows the England average.

[37] Refuge, March 2021, https://refuge.org.uk/news/a-year-of-lockdown/
[38] Galop (2022) LGBT+ People & Sexual Violence. https://galop.org.uk/wp-content/uploads/2022/04/Galop-LGBT-People-Sexual-Violence-April-2022.pdf

Figure 1: Key sexual and reproductive health indicators in Wirral compared to the rest of England

Indicator	Period	Wirral			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate per 100,000	2021	↓	10	3.1	11.0	13.3	145.7		0.0
Gonorrhoea diagnostic rate per 100,000	2021	↓	139	43	67	90	1,006		11
Chlamydia detection rate per 100,000 aged 15 to 24	2021	↓	574	1,729	1,330	1,334	382		3,063
Chlamydia proportion aged 15 to 24 screened	2021	↓	6,212	18.7%	13.7%	14.8%	5.5%		40.6%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2021	↓	-	304	322	394	2,634		103
HIV testing coverage, total	2021	↓	3,067	41.6%	41.8%	45.8%	17.0%		82.9%
HIV late diagnosis in people first diagnosed with HIV in the UK <25% 25% to 50% ≥50%	2019 - 21	–	15	51.7%	40.7%	43.4%	100%		0.0%
New HIV diagnosis rate per 100,000	2021	→	7	2.2	4.4	4.8	22.2		0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59 <2 2 to 5 ≥5	2021	→	234	1.33	2.06	2.34	12.67		0.59
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female) <80% 80% to 90% ≥90%	2020/21	↓	1,751	89.0%	79.5%	76.7%	25.0%		98.3%
Under 25s repeat abortions (%)	2021	↑	211	38.1%	31.9%	29.7%	39.8%		17.3%
Abortions under 10 weeks (%)	2021	↑	1,181	89.1%	89.6%	88.6%	79.9%		92.2%
Total prescribed LARC excluding injections rate / 1,000	2021	↓	2,305	41.9	37.8	41.8	4.4		75.1
Under 18s conception rate / 1,000	2020	→	88	16.4	16.7	13.0	30.4		2.7
Under 18s conceptions leading to abortion (%)	2020	→	47	54.5%	54.4%	53.0%	24.3%		82.9%
Violent crime - sexual offences per 1,000 population	2021/22	→	902	2.8	3.5*	3.0*	1.4		6.3

Source: [Summary profile of local authority sexual health (Wirral) report, 2023]

Key areas for improvement, according to the above key indicators are:

- HIV testing coverage
- HIV late diagnosis
- Under 25s repeat abortions
- Under 18s conception rate

A wider review of sexual and reproductive health data also identified the following areas as being worthy of further investigation, due to either change in trends / or benchmarking data:

- Sexually Transmitted Infection (STI) testing
- Chlamydia Screening (young people aged 15-24yrs)
- Cervical Screening

These will all be explored in more detail in the following chapters.

Sexually Transmitted Infection (STI) testing

Headline: Wirral's STI testing rate has been consistently lower than the England and North West rate as well as our statistical neighbours.

Key Messages

How Wirral performs?

- Consistently lower STI testing rate overall, compared to national and regional figures. Rates dropped during the pandemic but have now bounced back.
- Consistently lower STI positivity, compared to national and regional figures. Positivity fell during the pandemic and has continued to fall.
- The rate for all new STI diagnoses in Wirral is lower than national and regional figures.
- Consistently lower gonorrhoea diagnostic rate than national and regional rates. Clear increase in rate before the pandemic but following a sharp decline has remained at lower levels in 2021.
- The number of syphilis diagnoses remains low overall, below national and regional levels and declined during the pandemic.
- Chlamydia diagnoses (amongst over 25s) have declined over the last four years and are below national and regional averages.
- Chlamydia forms a greater proportion of STI diagnoses in Wirral than in other areas.

Who is affected?

- Nationally the burden of sexually transmitted infections (STIs) is greatest in young people aged 15-24 years, black ethnic minorities, GBMSM and areas of deprivation.
- 49% of patients diagnosed with an STI in Wirral come from the 20% most deprived areas in Wirral.
- Over 61% of people diagnosed with an STI in Wirral are female (this excludes chlamydia amongst under 25s; chlamydia detection is also higher amongst younger women and is discussed in the next chapter).
- Ethnicity is poorly recorded – we cannot say how STIs affect different ethnic groups in Wirral.
- In Wirral, the highest rates of STIs are found in those aged between 19-32 years. This excludes chlamydia in under 25s which would account for an even greater number of diagnoses amongst young people.
- 80% of people diagnosed with an STI in Wirral define themselves as heterosexual, but for 11% of people sexual orientation is unknown.

What this means?

- In Wirral there are increasing testing rates paired with lower test positivity which implies a decrease in STI prevalence overall.
- Sexual health services were seriously impacted by the pandemic, so caution is needed when drawing conclusions from data during 2020 and 2021.
- Wirral sexual health services are well utilised by people from our most deprived neighbourhoods.
- It is difficult to determine whether an equitable service is being provided for ethnic minority groups and GBMSM, this is important as STI diagnoses are higher amongst these groups.

- In Wirral, there are fewer STI diagnoses amongst men, in contrast to the national picture where there are more STI diagnoses in men over the age of 25.

Recommendations

- Continue to monitor trends in STIs diagnoses, which were all greatly impacted during the pandemic.
- There should be ongoing work with underserved and high-risk communities in Wirral to better understand and inform how to develop the STI testing and treatment offer locally and in line with best practice guidance (including Public Health England Guidance on promoting the sexual health and wellbeing of gay, bi sexual and other men who have sex with men[39]).
- Further analysis is needed to understand the reason for the low proportion of STI diagnoses amongst men in Wirral. Sexual health service provision should explore opportunities to engage with men and increase uptake of STI testing.
- Improved recording of ethnicity, sexual orientation and gender identity within sexual health services so equity of access to services can be effectively monitored and services developed accordingly. Ensuring services are accessible and adapted appropriately for people with a disability, including learning disability is also essential.
- Consider opportunities and innovations to increase partner notification within sexual health services.
- Develop intelligence around the use of Chemsex in Wirral to inform future service provision for both sexual health and substance misuse services and raise the profile locally.
- Qualitative feedback indicates there is a need to improve knowledge on how to access testing, both online and in clinic, ensuring services are discrete, non-judgemental and inclusive.
- Strengthen sexual health promotion, prevention and treatment efforts in non-clinical settings, including increased options for discrete and anonymous STI testing.
- Improve the education and access to information on sexual health and STIs, in schools, but also throughout the lifecourse.

Overview

Sexually transmitted infections (STIs) are a major public health concern. If left undiagnosed (or untreated), common STIs may cause complications and long-term health problems, including:

- Pelvic inflammatory disease, ectopic pregnancy, postpartum endometriosis, infertility and chronic abdominal pain in women
- Adverse pregnancy outcomes including abortion, intrauterine death and premature delivery.
- Neonatal and infant infections and blindness
- Urethral strictures and epididymitis in men
- Genital malignancies, proctitis, colitis, and enteritis in men who have sex with men (MSM)
- Cardiovascular and neurological damage[40]

[39] PHE (2021). Sexually transmitted infections: promoting the sexual health and wellbeing of gay, bi sexual and other men who have sex with men. Published September 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021121/HPRU1_MSM_PHE_UCL_Report__1_.pdf

[40] PHE (2019). Health matters: Preventing STIs. https://www.gov.uk/government/publications/health-matters-preventing-stis/health-matters-preventing-stis

Increasing resistance and decreased susceptibility to antimicrobials used to treat STIs has reduced treatment options, so this is an area of emerging concern – most notably for gonorrhoea.

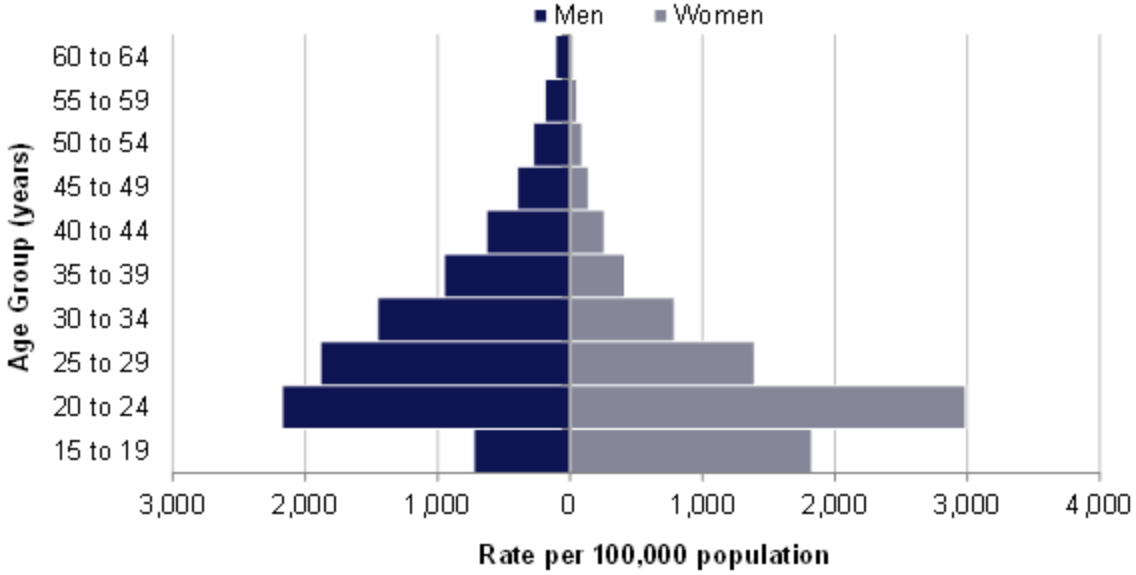
Prevention is critical to achieving good sexual health outcomes; education, condom use, diagnosis and treatment are key interventions for the prevention and control of STIs.
Partner notification is also crucial to help contain the spread of STIs. It is important that people diagnosed with an STI understand the importance and benefits of notifying their partners, this will help to prevent reinfection and reduce the transmission of STIs.

Sexual health service providers should ensure that processes are in place for discussions about partner notification with patients upon diagnosis. For some patients this could mean potentially difficult conversations with their partners; people should be made aware of the different partner notification methods available including the option to remain anonymous. In this instance, provider referral may be the most appropriate method[41]. Sex arranged using geospatial networking apps can make partner notification difficult, but there is also potential to use these apps for partner tracing and notification.

Groups most at risk

Young people are more likely to be diagnosed with an STI, which may be due to higher rates of partner change amongst this population group[42]. In 2019, it was reported nationally that heterosexual men and women aged 15-25 were three and half and seven times more likely (respectively) to be diagnosed with an STI than their older counterparts (aged 25 to 64yrs), most markedly chlamydia and gonorrhoea[43]. It is clear from the graph below that **young women aged 20-24yrs have the highest diagnosis rate for all STIs** (note: chlamydia accounts for the majority of these diagnoses), but this reduces considerably with age. See **Figure 2** below:

Figure 2: Rates of new STI diagnosis by age and gender group: England, 2021



Source: https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables

[41] NICE Guideline (2022). Reducing sexually transmitted infections [NG221]
[42] https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2021-report#main-points
[43] PHE 2021 toolkit for exploring inequalities in SRH at a local level: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984393/SRH_variation_in_outcomes_toolkit_May_2021.pdf

Men over the age of 25 are more likely to be diagnosed with an STI than their female counterparts. Rates of gonorrhoea, syphilis and genital warts are all higher amongst men than women. For women, chlamydia and genital herpes are higher.

Gay and bisexual men or other men that have sex with men (GBMSM) are more likely to be diagnosed with bacterial STIs than other men. The majority of syphilis and gonorrhoea diagnoses in men were in GBMSM accounting for 81% of syphilis cases and 66% gonorrhoea cases[43]. Furthermore, HIV–diagnosed GBMSM are three times more likely to be diagnosed with an acute bacterial STI than those that are HIV–negative or of unknown HIV status[43]. Repeat infection with gonorrhoea may contribute to infection persistence and onward transmission. In England, GBMSM are almost 4 times more likely to present with a repeat infect of gonorrhoea at a sexual health service within 12 months compared to women and heterosexual men[44].

Chemsex refers to sexual activity, mostly between men, while under the influence of drugs. People take part in chemsex for different reasons. Some people take part in chemsex to feel less inhibited and to enhance pleasure. Other reasons for taking part in chemsex are associated with feelings of stigma and issues around self-esteem.

The most common chemsex drugs are methamphetamine, mephedrone and GHB/GBL.

Chemsex is often associated with higher risk sexual behaviour and can also lead to drug addiction. Chemsex is associated with a higher risk of STIs and HIV.

It is important that people engaging in chemsex are able to access the right support to minimise their risk. This might include:

- Condoms and lube, and other barrier protection like dental dams
- Education around safer chemsex
- Needle exchange services
- PrEP/Post Exposure Prophylaxis (PEP) to protect against HIV.
- Regular testing for STIs/HIV[45]

There is limited STI epidemiological data available on trans and non-binary people and without data, the needs of these communities are invisible[46]. Without an adequate understanding of the potential inequalities that exist for trans and non-binary people, it is not possible to develop services to meet their needs.

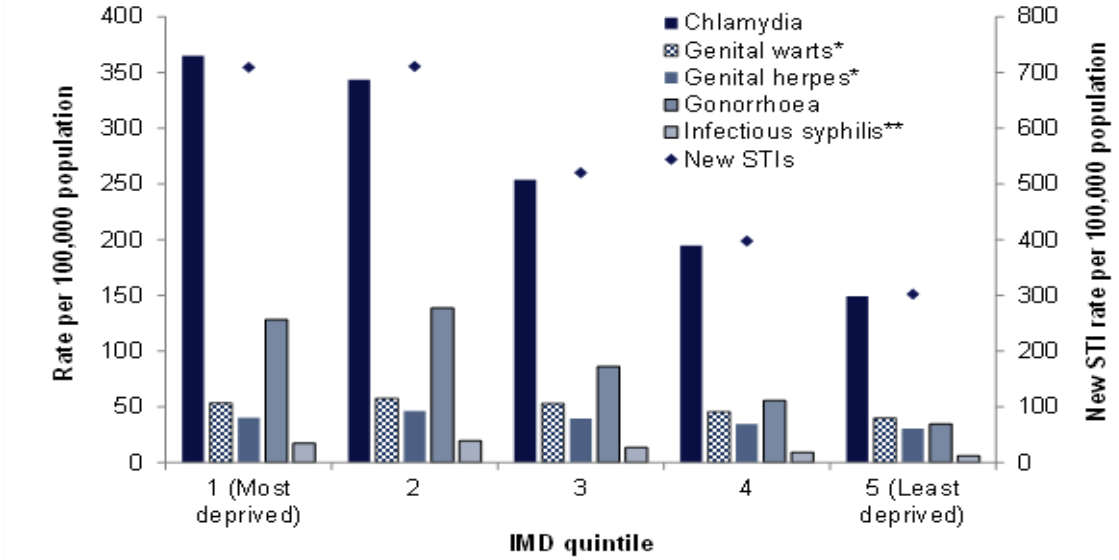
Black and Asian Minority Ethnic populations are disproportionately affected by STIs, in particular for gonorrhoea (3.5 times higher diagnoses rate) and trichomoniasis (nine times higher diagnoses) compared to the general population [43]. It is likely that ethnic disparity in STIs is likely influenced by underlying socioeconomic factors rather than clinical or behavioural specific causes[47].

[44] https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables
[45] Change Grow Live. 2023. https://www.changegrowlive.org/advice-info/alcohol-drugs/chemsex-drugs.
[46] THT, BASHH (2020). The State of the Nation – Sexually Transmitted Infections in England. https://www.tht.org.uk/our-work/our-campaigns/state-of-the-nation
[47] https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2021-report

Rates of new STI diagnosis are shown to be consistently higher in more deprived populations.

STI diagnoses data analysed by index of multiple deprivation (IMD) clearly demonstrates that rates of chlamydia, anogenital warts, anogenital herpes, gonorrhoea and syphilis and all STIs are highest in most deprived areas and lowest in least deprived areas, as indicated in figure 3 below.

Figure 3: Rates of STI diagnoses by Index of Multiple Deprivation quintile, England, 2021



Source: https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables

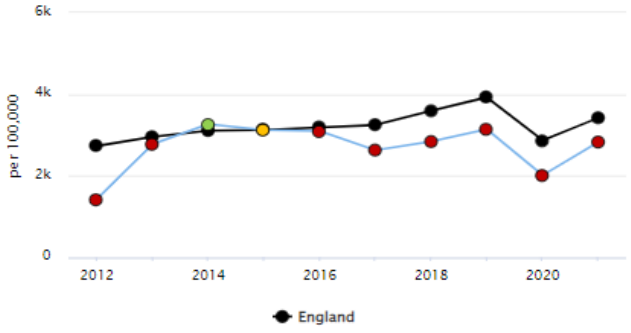
Data (current and trend)

Sexually Transmitted Infections (STI)

As STIs are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important. Early detection and treatment can reduce long-term consequences, such as pelvic inflammatory disease, infertility and ectopic pregnancy. STI testing rates and diagnosis rates are closely linked. Low rates of testing will mask undetected, higher rates of STIs.

The STI testing rate and positivity rate in **Figure 4** and **Figure 5** below are for HIV, syphilis, gonorrhoea and chlamydia (aged 25 years and older) combined and include GUMCAD data only.

Figure 4: Trend in STI testing rate per 100,000 (excluding chlamydia aged under 25), 2012 to 2021, Wirral and England



Recent trend: ➡ No significant change

Period		Wirral Count	Wirral Value	Wirral 95% Lower CI	Wirral 95% Upper CI	North West	England
2012	●	-	1,425.8	1,384.7	1,467.7	2,320.2	2,732.3
2013	●	-	2,777.3	2,719.9	2,835.6	2,649.2	2,959.3
2014	●	-	3,268.1	3,205.9	3,331.2	2,784.6	3,109.8
2015	●	-	3,124.3	3,063.6	3,186.0	2,663.7	3,127.5
2016	●	-	3,098.2	3,037.8	3,159.6	2,716.9	3,186.6
2017	●	-	2,630.8	2,575.1	2,687.3	2,655.1	3,246.0
2018	●	-	2,841.3	2,783.5	2,900.0	2,848.0	3,597.3
2019	●	-	3,143.4	3,082.7	3,205.1	3,058.8	3,926.1
2020	●	-	2,014.9	1,966.3	2,064.3	1,976.6	2,870.8
2021	●	-	2,827.9	2,770.3	2,886.4	2,556.2	3,422.4

Source: UK Health Security Agency (UKHSA)

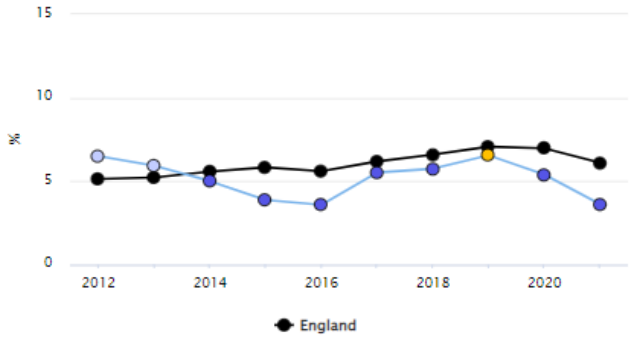
Source: Public Health Fingertips sexual health profile, 2023

Since 2012, (with the exception of 2014 and 2015) Wirral has been statistically significantly worse than England for testing rates (excluding chlamydia <25) per 100,000 of the population but better than the North West and our CIPFA nearest neighbours (Chartered Institute of Public Finance and Accountancy).

Unsurprisingly, the testing rate dipped, nationally and locally, in response to the COVID-19 pandemic but picked back up in 2021. This similarly impacted on testing positivity rates, as evidenced in **Figure 5** below.

Wirral is testing fewer people for HIV, syphilis, gonorrhoea and chlamydia (aged 25 years and older) combined when compared against national and regional data.

Figure 5: Trend in STI testing positivity (excluding chlamydia aged under 25), 2012 to 2021, Wirral and England



Recent trend: ➡ No significant change

Period		Wirral Count	Wirral Value	Wirral 95% Lower CI	Wirral 95% Upper CI	North West	England
2012	○	297	6.5%	5.8%	7.3%	5.2%	5.1%
2013	○	529	5.9%	5.4%	6.5%	4.6%	5.2%
2014	●	527	5.0%	4.6%	5.5%	4.7%	5.6%
2015	●	390	3.9%	3.5%	4.3%	4.6%	5.8%
2016	●	359	3.6%	3.2%	4.0%	5.1%	5.6%
2017	●	469	5.5%	5.0%	6.0%	6.0%	6.2%
2018	●	528	5.7%	5.3%	6.3%	6.6%	6.6%
2019	●	668	6.6%	6.1%	7.1%	6.9%	7.1%
2020	●	353	5.4%	4.9%	6.0%	6.8%	7.0%
2021	●	333	3.6%	3.3%	4.0%	6.0%	6.1%

Source: UK Health Security Agency (UKHSA)

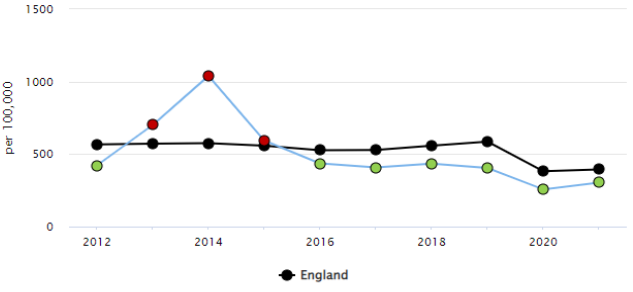
Source: Public Health Fingertips sexual health profile, 2023

Wirral has historically had a lower positivity rate than both England and its CIPFA nearest neighbours since 2014 (excluding 2019).

Whilst a lower STI positivity rate is generally welcomed, it needs to be considered whether this is partly reflected by the lower testing rate overall. **In Wirral, the testing rate increased in 2021, but the proportion of positive tests continued to fall which suggests a reduced infection rate overall. This could still potentially be attributed to the effects of the pandemic, so will need to be monitored to see if this recent trend is reversed.**

New STI diagnoses (excluding chlamydia in under 25-year-olds) (**Figure 6**) among people accessing sexual health services is presented below. This includes all diagnoses so provides a more complete picture.

Figure 6: New STI diagnoses (excluding chlamydia aged under 25) per 100,000, Wirral and England



Recent trend: ⬇ Decreasing & getting better

Period		Wirral Count	Wirral Value	Wirral 95% Lower CI	Wirral 95% Upper CI	North West	England
2012	●	-	422	400	445	508	567
2013	●	-	702	673	731	514	572
2014	●	-	1,040	1,005	1,076	527	575
2015	●	-	594	567	621	483	559
2016	●	-	435	413	459	472	527
2017	●	-	407	386	430	461	528
2018	●	-	434	412	457	503	558
2019	●	-	405	383	427	500	587
2020	●	-	257	240	275	305	382
2021	●	-	304	285	324	322	394

Source: UK Health Security Agency (UKHSA)

Source: Public Health Fingertips sexual health profile, 2023

Wirral has a lower rate for all STI diagnoses compared to England and the North West. In 2014 there was a sharp rise in the number of new STI diagnoses. Further analysis of the data indicates that this was due to non-specific genital infection and may be due to mis-coding rather than a true reflection of activity.

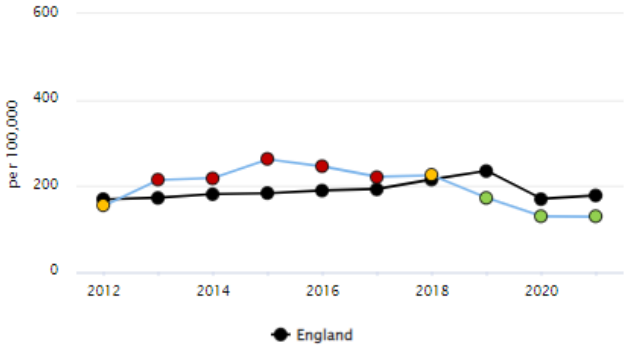
Further analysis of chlamydia, gonorrhoea and syphilis infection rates are presented in more detail below. They all demonstrate a consistent picture; prior to the pandemic there was a steady increase in diagnoses for all of these STIs, which then dropped off dramatically in 2020.

Chlamydia diagnosis (in people aged 25 and over)

Chlamydia causes avoidable sexual and reproductive ill-health. While chlamydial infections are more commonly found among young adults aged <25 years, women and men aged 25 and over are also at-risk of chlamydia.

Note: chlamydia rates for young people aged under 25 are considered separately as part of the National Chlamydia Screening Programme.

Figure 7: Trend in chlamydia diagnostic rate per 100,000 aged 25+ years, 2012 to 2021, Wirral and England



Recent trend: ⬇ Decreasing & getting better

Period		Wirral Count	Wirral Value	Wirral 95% Lower CI	Wirral 95% Upper CI	North West	England
2012		351	154	139	171	154	169
2013		489	214	196	234	154	173
2014		502	219	200	239	167	181
2015		604	262	242	284	175	184
2016		569	246	226	267	183	190
2017		516	222	203	242	179	193
2018		525	225	206	245	194	216
2019		404	172	156	190	192	236
2020		305	130	116	145	134	171
2021		303	129	115	144	152	178

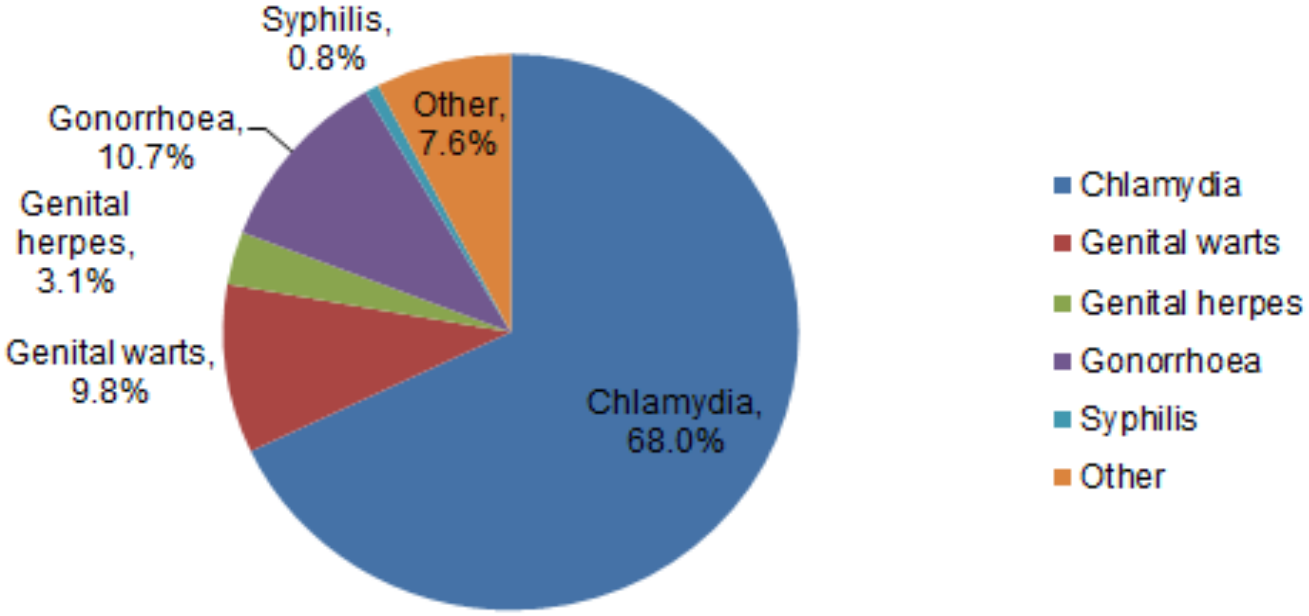
Source: UK Health Security Agency (UKHSA)

Source: Public Health Fingertips sexual health profile, 2023

Chlamydia diagnostic rates for those aged over 25+ have decreased over the last three years but we need to be cautious about the interpretation of this (Figure 7). During the pandemic there was reduced STI testing (nationally and locally), but this was also supported by changes in behaviour due to national lockdowns reducing opportunities for STI transmission.

It is recognised that Chlamydia was the most commonly diagnosed STI among all Wirral residents during 2021, accounting for 68.0% of all diagnoses, followed by genital warts and gonorrhoea as shown in **Figure 8** below.

Figure 8: Proportion of STIs diagnosed in Wirral, all persons, 2021



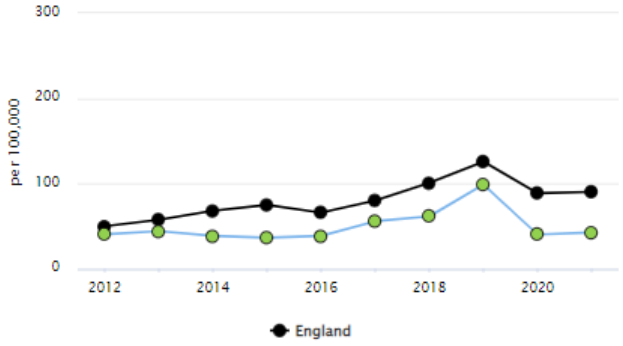
Source: Public Health Fingertips sexual health profile, 2023

There was a much higher proportion of chlamydia diagnoses in Wirral than nationally, as less than half (48.6%) of all STI diagnoses nationally were chlamydia in 2021, compared to more than 2 in 3 (68%) in Wirral. It is difficult to fully understand the reasons for this but **as a prominent STI in Wirral, testing for Chlamydia should be widely available supported by more targeted prevention interventions.**

Gonorrhoea

Wirral has consistently had a lower gonorrhoea rate (per 100,000) than England and the Northwest as demonstrated in **figure 9** below.

Figure 9: Trend in Gonorrhoea diagnostic rate per 100,000, 2012 to 2021, Wirral and England



Recent trend: ⬇ Decreasing & getting better

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2012	●	130	41	34	48	45	50
2013	●	142	44	37	52	43	58
2014	●	125	39	32	46	45	68
2015	●	118	37	30	44	45	75
2016	●	125	39	32	46	50	66
2017	●	181	56	48	65	64	80
2018	●	199	62	53	71	82	101
2019	●	321	99	89	111	98	126
2020	●	131	40	34	48	58	89
2021	●	139	43	36	51	67	90

Source: UK Health Security Agency (UKHSA)

Source: Public Health Fingertips sexual health profile, 2023

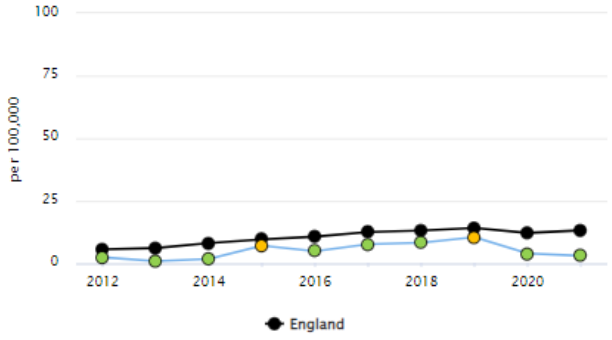
Figure 9 above also compares favourably against the CIPFA neighbours' average. Higher rates of gonorrhoea in the community are generally reflective of riskier sexual behaviours, with the majority of cases being diagnosed amongst GBMSM. **The Wirral gonorrhoea rate dropped considerably in 2020 and has remained stable in 2021, but prior to the pandemic rates were on the rise so it will be important to monitor this trend over the next few years.**

Provisional data published on 16 March 2023 indicates that gonorrhoea cases have resurged in England since the easing of COVID-19 restrictions, with diagnoses now higher than they were in 2019[48].

Syphilis

Wirral has consistently had a lower syphilis rate (per 100,000) than England and the Northwest as shown in **figure 10**. The trend in syphilis diagnosis is similar to that of gonorrhoea. Syphilis diagnoses are small overall but case numbers were rising prior to the pandemic.

Figure 10: Trend in Syphilis diagnostic rate per 100,000, 2012 to 2021, Wirral and England



Recent trend: ⬇ Decreasing & getting better

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2012	●	8	2.5	1.1	4.9	5.5	5.6
2013	●	3	0.9	0.2	2.7	4.4	6.2
2014	●	6	1.9	0.7	4.1	5.8	8.2
2015	●	23	7.1	4.5	10.7	6.3	9.7
2016	●	16	5.0	2.8	8.1	8.4	10.7
2017	●	25	7.7	5.0	11.4	10.9	12.6
2018	●	27	8.4	5.5	12.2	12.2	13.2
2019	●	34	10.5	7.3	14.7	13.6	14.2
2020	●	13	4.0	2.1	6.9	9.6	12.2
2021	●	10	3.1	1.5	5.7	11.0	13.3

Source: UK Health Security Agency (UKHSA)

Source: Public Health Fingertips sexual health profile, 2023

Whilst syphilis overall is not currently an STI of concern locally, this position should be monitored over time.

It is important to consider whether we are engaging with those groups at an increased risk of exposure to STIs.

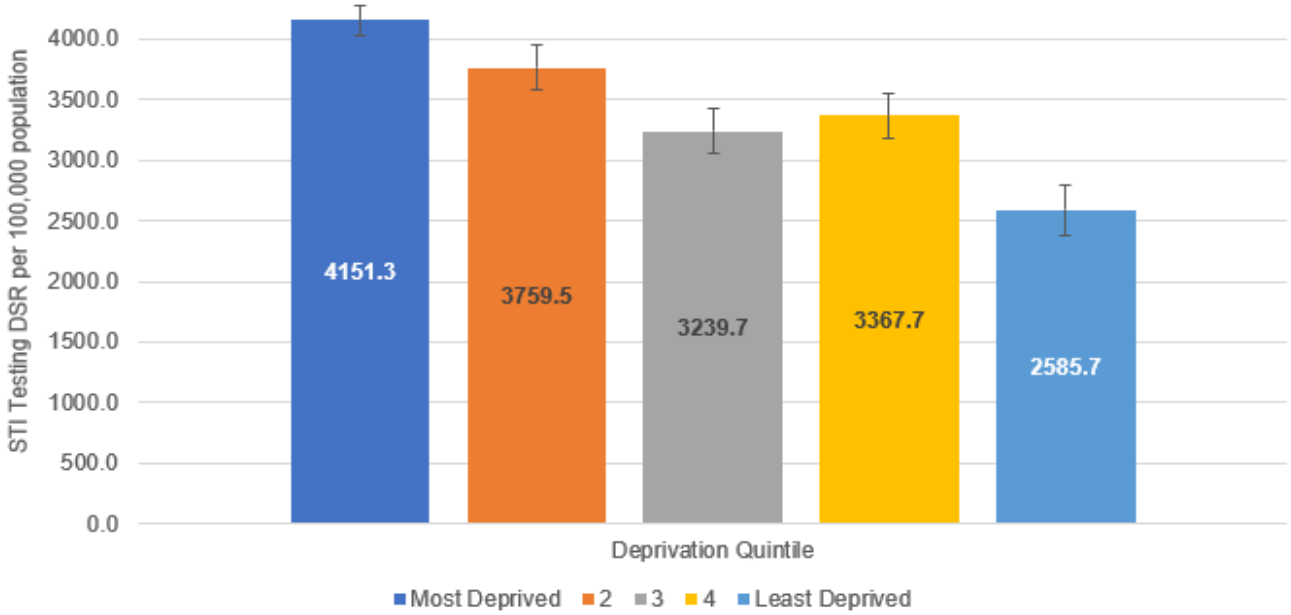
Data from Wirral's sexual health service is scrutinised in more detail and presented below.

STI Testing Rates by Deprivation

Wirral's directly standardised rate (DSR) shows the adjusted or "standardised" rate that is obtained by dividing the total of cases by the standard population as per **Figure 11** below demonstrates for STI testing by deprivation.

[48] https://www.gov.uk/government/news/ukhsa-urges-those-with-new-or-multiple-sexual-partners-to-get-tested-after-gonorrhoea-cases-resurge

Figure 11: Wirral STI Testing Directly Standardised Rate (DSR) per 100,000 population Breakdown by IMD quintile (all STIs excluding chlamydia in under 25's) in 2021



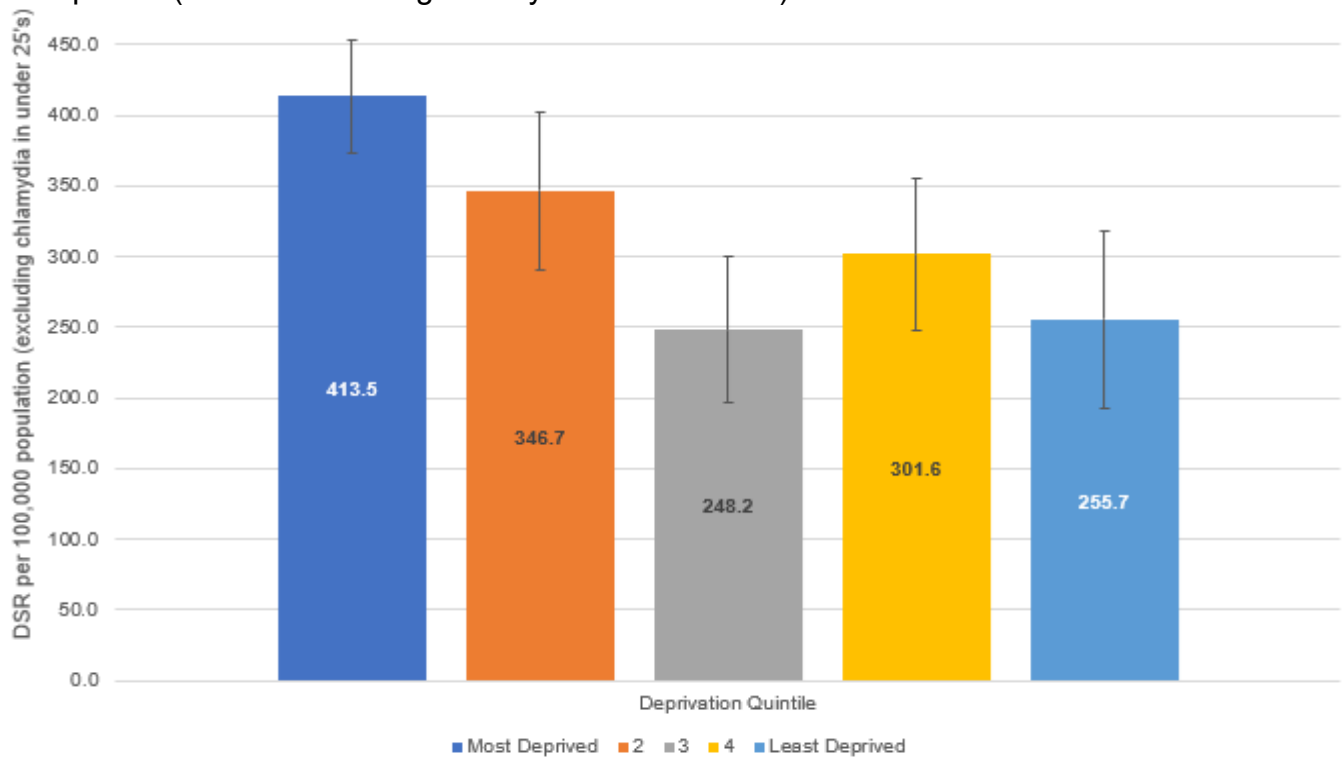
Source: Genitourinary Medicine Clinic Activity Dataset (GUMCAD) (restricted data source), 2022

Figure 11 above shows that quintile 1 (most deprived) had the highest DSR with 4,151.3 per 100,000 population tested, followed by the second most deprived quintile (2) with 3759.9 per 100,000. Quintile 5 (most affluent) had the lowest DSR for STI testing in 2021.

STI diagnostic rates by Deprivation

Figure 12 below shows the STI diagnosed DSR by deprivation quintile in the Wirral. This shows that, accounting for the age-structure of different areas, rates of STIs are higher in the more deprived areas, broadly mirroring the testing rates.

Figure 12: Wirral STI Diagnosed Directly Standardised Rate (DSR) per 100,000 Breakdown by IMD quintile (all STIs excluding chlamydia in under 25's) in 2021

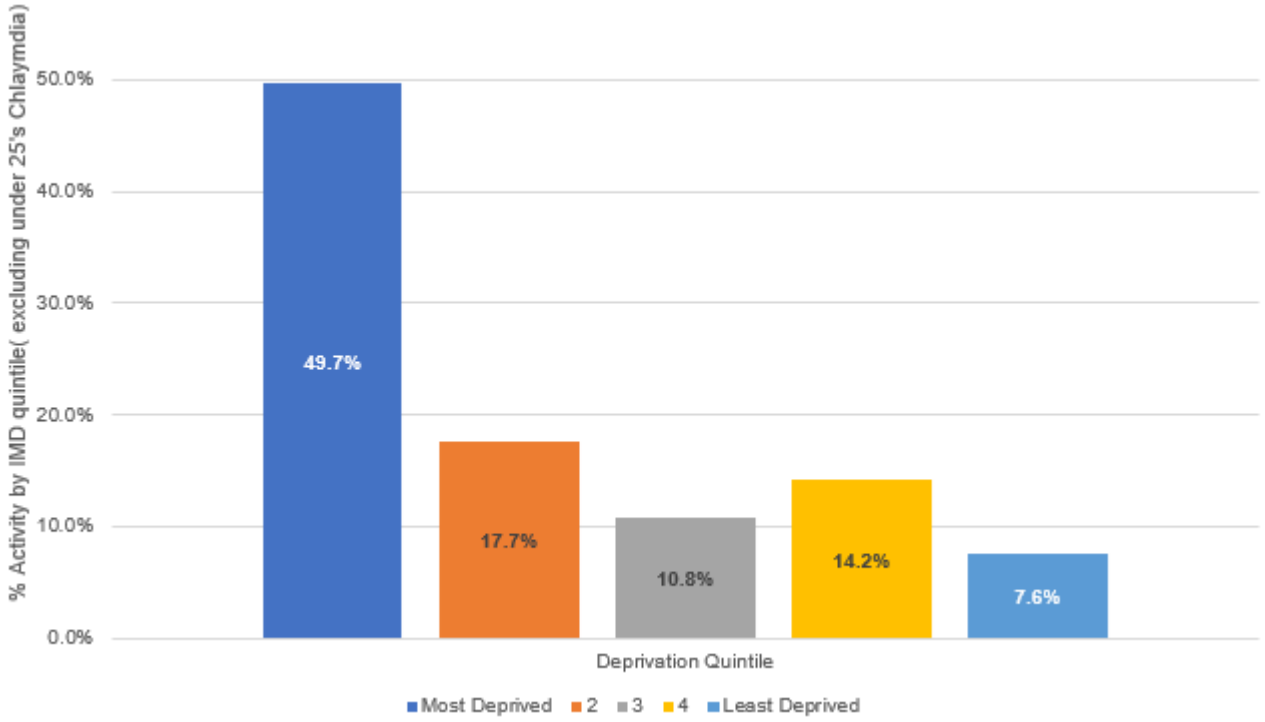


Source: Genitourinary Medicine Clinic Activity Dataset (GUMCAD) (restricted data source), 2022

Figure 12 above shows that quintile 1 had the highest DSR with 413.5 per 100,000 population tested followed by the second most deprived quintile (2) with 346.7 per 100,000. Quintile 3 had the lowest DSR for STI diagnosed in 2021.

Looking at overall activity levels, a significant majority of **STI diagnoses are in the more deprived areas of Wirral**. **Figure 13** shows 37.7% of all diagnoses are in people living in the most deprived quintile in Wirral.

Figure 13: Wirral STI Diagnosed Breakdown by Index of Multiple Deprivation (IMD) quintile (all STIs excluding chlamydia in under 25's) in 2021



Source: Genitourinary Medicine Clinic Activity Dataset (GUMCAD) (restricted data source), 2022

Understanding the reasons for this is important. It could be an indication of higher risk sexual behaviours (such as condomless sex with casual or multiple partners). This also reinforces the importance of ensuring accessible services in these areas; providing rapid treatment and partner notification can reduce the risk of STI complications and infection spread. **With higher rates of infection, and higher absolute numbers, resources need to be focused in areas of higher deprivation.**

STI diagnoses by sex

In Wirral, women account for 61.2% of STI diagnoses, compared to 38.7% for men.[49]

Whilst nationally, there are more diagnoses amongst young women between the age of 15-24 years, the reverse is true for men over the age of 25. **It is therefore important to ensure that the Wirral service is accessible and acceptable to men, suggesting that there may be some focussed work required to ensure men understand when and how to test for STIs locally**.

[49] All STI diagnoses excluding chlamydia in under 25's. 2021. **Source**: Genitourinary Medicine Clinic Activity Dataset (GUMCAD) (restricted data source), 2022 **Note:** data is for 2021 calendar year.

STI diagnoses by ethnicity

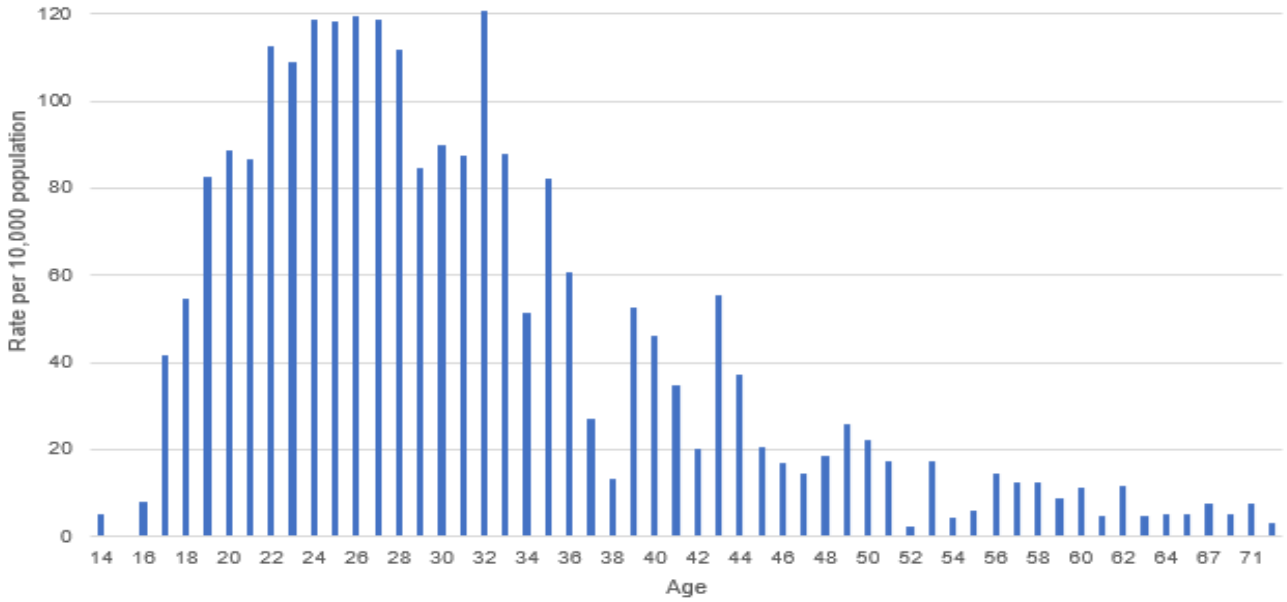
In 2021, 72.1.% of STIs diagnosed in Wirral were in people recorded as White British, while 5.3% of diagnoses were in other ethnic groups. Unfortunately, over 1 in 5 of all diagnoses (22.6%) had no ethnicity recorded[50] meaning that it is difficult to draw valid conclusions about ethnicity and STI diagnosis locally.

The sexual health service has worked to increase its ethnicity recording, whilst 22.6% have no ethnicity recorded this was an improvement on recording in the previous year (30.8%). **Ensuring that sexual health services are recording the ethnicity of its service users is key to understanding whether the service is equitable.**

STI diagnoses by age

Analysis of STI diagnoses by age indicates that rates are weighted towards adults in their twenties and early thirties. See **Figure 14** below which shows 2021 (calendar year).

Figure 14: Wirral STI diagnosed rate per 10,000 population, breakdown by age (all STIs excluding chlamydia in under 25's) in 2021



Source: Genitourinary Medicine Clinic Activity Dataset (GUMCAD) (restricted data source), 2022

This data excludes chlamydia diagnoses for young people under 25 years so the peak in activity amongst this cohort would be more marked. This is generally reflective of the national picture.

STI diagnoses by Sexual Orientation

In the Wirral Sexual Health Service for the calendar year 2021, 71.5% of people diagnosed with an STI defined themselves as heterosexual.

Sexual orientation for almost 15% of service users diagnosed was unknown. Improving the recording of sexual orientation is important for equality monitoring purposes as we know that GBMSM in particular are more at risk of some STIs and we need to ensure that the service currently being provided is equitable to these groups. From the data currently provided, it would be difficult to draw any conclusions.

[50] All STI diagnoses excluding chlamydia in under 25's. 2021. **Source**: Genitourinary Medicine Clinic Activity Dataset (GUMCAD) (restricted data source), 2022 **Note:** data is for 2021 calendar year.

Services

Specialist Sexual Health Service

Wirral's specialist sexual health service, 'Sexual Health Wirral' is delivered by Wirral Community Health and Care NHS Foundation Trust (WCT), in partnership with Wirral University Teaching Hospital NHS Foundation Trust, The Royal Liverpool and Broadgreen University Hospitals NHS Trust, Brook and SH:24.

Sexual Health Wirral provides an integrated STI and contraception service offering free sexual health screens, treatment, results management and advice on STIs as well as delivering the full range of contraception (and contraception counselling) to men and women of all ages. The service also supports people who are having problems with their sexual health including psychosexual therapy.

The service is delivered by a team of professionals including doctors, nurses, therapists and administrators. The service operates clinics from Monday to Saturday across four venues, with the option to book appointments in advance via telephone or online. 'Walk in and wait' (non-bookable appointments) were halted during the pandemic but these have now been re-introduced. The service has a well-developed remote offer, with availability of online STI postal kits, a contraception postal service and screening at community locations. GP practices and pharmacies are also supported by the service to deliver additional sexual and reproductive health services. There is a specific young peoples' service available for young people under the age of 19 years delivered by Wirral Brook.

Partner notification is an integral part of the service, and this is monitored by routine reporting to commissioners on several partner notification indicators in line with best practice. Identifying and treating anonymous partners however remains a challenge for services; they can only contact partners if the index case (patient documented with an STI) is able and willing to share partner contact details.

Sexual Health Wirral also have a Link Team to support people with additional needs to access their services, as well as support for carers. The Link team can arrange clinic visits outside of regular opening hours for people if necessary. The service also has a dedicated member of staff to establish links with partners and identify how the service can engage with underserved communities.

It is important to note that workforce pressures are a real concern for sexual health services. Nationally, morale amongst the sexual health workforce is reportedly low, attributed to a range of factors such as funding cuts, organisational changes, clinic closures and increased demand. Retention and recruitment are also challenging; there is an aging workforce and there are difficulties in recruiting appropriate staff to replace the skills lost[51]. This is an issue faced by local services – both in Wirral and across Cheshire and Merseyside.

STI Digital Service

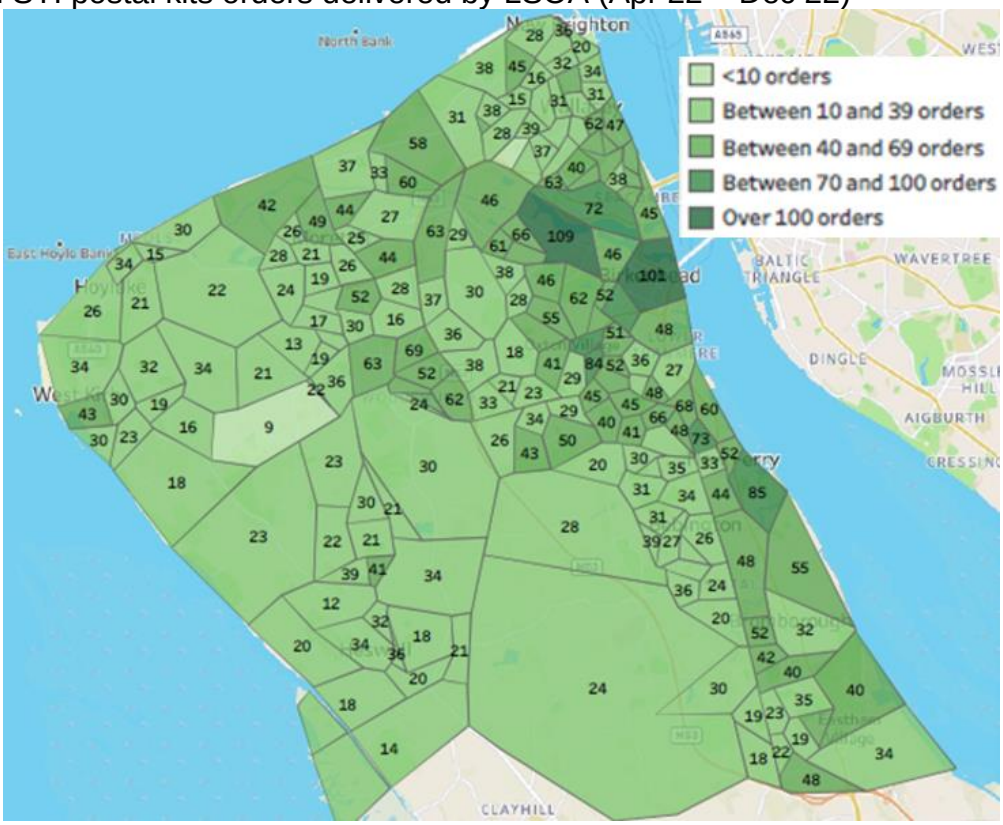
Free STI postal kits are available to any residents living in Wirral aged 16 years plus. These are particularly suitable for people without any symptoms and were more widely used during the pandemic when face to face appointments within the service were limited to nationally defined urgent criteria. The kits test for four key STIs – Chlamydia, Gonorrhoea, Syphilis and HIV.

[51] House of Commons Health and Social Care Committee (2019). Sexual Health. Fourteenth Report of Session 2017-19 https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1419/full-report.html#heading-10

This service is delivered by SH:24 with pathways to advise which kit is most suitable to individual need. Furthermore, SH:24 can provide free treatment by post for all reactive tests for Chlamydia. For all other reactive test results, the clinical team will facilitate access into a Sexual Health Wirral clinic. Further information on the STI postal kits can be found on the Sexual Health Wirral website.

Map 2 below outlines the number of postal kits delivered by Wirral Lower Super Output Area (LSOA) (April 2022 – December 2022). Darker shading indicates a greater number of tests delivered. The map indicates there are a greater number of tests being ordered by residents living in areas of higher deprivation.

Map 2: Wirral STI postal kits orders delivered by LSOA (Apr 22 – Dec 22)



Source: SH:24 service data 2022 (restricted data source)
Note: shows orders delivered in LSOAs where more than 5 kits were delivered

Postal kit activity data is presented in **Table 1** below.

Table 1: SH:24 postal kit activity (April- Dec 22)

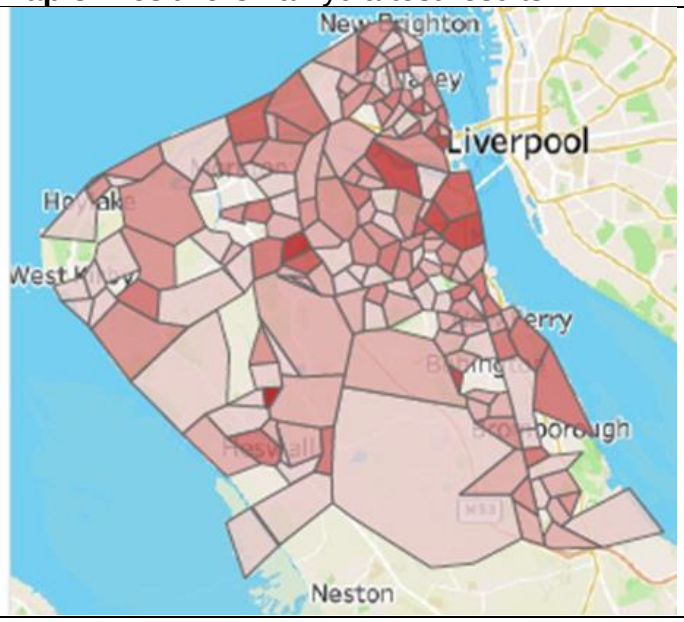
Activity	Number or Percentage (%) Apr-Dec 2022
Number of kits ordered	7,748
Return rate	67.2%
Kits tested	5,709
Reactive results: Syphilis	38
Reactive results: Chlamydia	439
Reactive results: Gonorrhoea	87
Reactive results: HIV	Less than 5
Diagnostic rate	10.4%

Source: SH:24 service data 2022 (restricted data source)

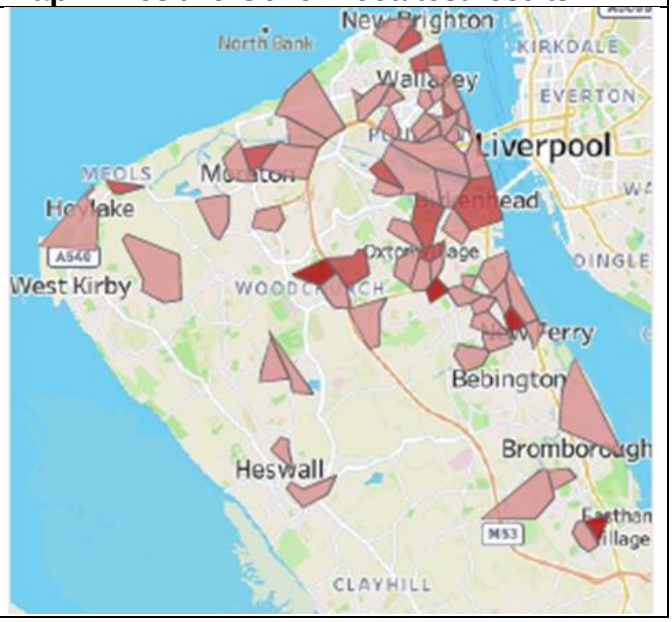
Note: the STI postal tests are sensitive and not all reactive results elicit a positive test result upon confirmatory testing. This means that false positives are possible but this is preferable rather than missing a positive result (i.e. false negative).

The distribution of reactive/ positive tests for chlamydia and gonorrhoea by Wirral LSOA is displayed in the **maps 3 and 4 below** and may suggest a social gradient, although chlamydia positives are being picked up across the borough.

Map 3: Positive Chlamydia test results



Map 4: Positive Gonorrhoea test results



S**ource**: SH:24 service data 2022 (restricted data source)

Kits were most commonly used by people aged 20-34years. Almost two thirds of people requesting kits said they were female, 93.2% were white British and 767 (9.9 %) stated they were MSM.

STI Community Testing

Sexual Health Wirral can provide healthcare partners with community testing kits that test for chlamydia and gonorrhoea. Kits are issued to service users for self-testing on the premises and the samples are returned by the partner organisation to Sexual Health Wirral for laboratory analysis. All test results are returned to Sexual Health Wirral and any reactive results are picked up directly by the team for either further testing or treatment. The community testing offer has dropped off since 2020 but is in the process of being reinstated.

Change, Grow, Live (CGL): Wirral Ways to Recovery

CGL/Wirral Ways to Recovery (adult drug and alcohol treatment provider in Wirral) work with Sahir House to promote their chemsex service provision, including at local Pride events and outreach through Sahir House's team. There are currently ongoing conversations around better integration of services such as needle exchange.

Data is not collated on chemsex in Wirral, but UK level data suggests chemsex is widespread[52].

[52] https://www.sciencedirect.com/science/article/abs/pii/S095539591730378X?via%3Dihub

Qualitative Insights from Wirral residents

During February and March 2023, members of the Wirral Council Qualitative Insight Team (on behalf of Public Health) conducted qualitative research with Wirral residents and professionals to gather insight into people's experiences and preferences around STIs and STI testing. A copy of the full report including the methodologies used is available on Wirral Intelligence Service website but an overview of the key themes is presented below. The researchers adopted a broad range of methods including focus groups, research grids, in-depth interviews, semi structured interviews etc., to make the participants feel as comfortable as possible given the sensitive/personal nature of the research topics.

Key themes from the research were:

- Education and knowledge on STIs and STI testing
    - Difficulty finding trusted information sources.
    - Inclusivity of education
    - Lack of education at schools and from families
    - Information across the lifecourse

- Access to STI testing and awareness of current access.
    - The need for discrete services for young people
    - A lack of awareness of current services – e.g. not knowing postal services would be discrete, acting as a barrier.
    - Open conversations around testing

Overall, there was a consensus from the qualitative research that residents generally did not feel confident in their knowledge of STIs with regards to testing and the resources and information available for them. Particularly, not knowing how to source the testing, such as what websites to order home-testing from or where they could go for in-person testing.

Most of the insights gathered were from young people. The insights reveal a big gap between knowledge of available services and preferences. Young people were clearer on their preferences, expressing the importance of discreteness for STI testing. Whilst testing at college was somewhere that young people said they would look for testing, there were also concerns that this may be too visible. Needing an STI test and/or testing positive were things the students want to keep secret because of a fear of judgement and gossiping:

> *"You'll be looked at as dirty, which is stupid because you can't put shame on someone for following their natural instinct, but I'm not sure how you stop the shame."*

There were differences in opinion among young people about how they would prefer to access an STI test. For example, some would rather order a postal test as they knew or heard that the packaging is discrete, but for some the prospect of their parents seeing the package would be too awkward or could lead to conflict.

Reflecting on STI education received within schools, students remembered having one-off half or full day workshops and found the amount of information in this one-off session overwhelming. The preference was for the learning to be reinforced throughout the years.

"I would say make talks more frequent and reduce the group sizes in schools to 10 or less."

Some young people expressed that their sex education at school was *"rubbish"* and not memorable, an experience tainted with embarrassment and joking around, or non-existent. Young people were more positive towards the sex education that is delivered by external organisations, but professionals described how limitations to resources are a barrier.

The conversations with young people showed that relationships with family members can be an enabler or a barrier to young people's sex education. One student explained that they did not have a good relationship with their parents, so they chose to educate their sibling on sexual health topics. A professional said: *"How can we expect young people to have conversations at home when the parents didn't get sex education themselves."*

Through conversations with women there was a need also expressed for information on sexual health and services outside of traditional education settings. Also, women's lack of confidence using their GP for sexual health information and services was noted. The women had the following preferences around sex education:

"Information needs to be more accessible in women only settings."

"More education and awareness. GPs aren't the best."

"Information easily available and accessible (where not judged)"

There was also emphasis on the need for sex education to be more inclusive, as one 23-year-old woman said: *"I would like to see a lot more education and inclusivity (for different age ranges and sexualities)"*. Women and young people agreed that there should be more information about LGBTQ sex, another woman asked, for *"More teaching and empowerment for LGBT sex."*

Chlamydia and the National Chlamydia Screening Programme (NCSP)

Headline: Historically, Wirral has performed well with regards to the National Chlamydia Screening Programme, exceeding the recommended detection rate of 2,300 per 100,000 (population aged 15 to 24) but since 2019 performance has dropped considerably below target.

Key messages

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England. The National Chlamydia Screening Programme (NCSP) promotes opportunistic screening to sexually active young people aged under 25.

How Wirral performs?
Prior to 2019, Wirral was meeting the recommended chlamydia detection rate of 2,300 per 100,000 population (aged 15-24). Performance has improved more recently but the current detection rate is still below the recommended target.

Who is affected?
Women aged 15-24 are the most at-risk group for chlamydia diagnoses.

Overall, chlamydia detection is higher amongst young people from our more deprived areas, in line with the national picture. However, the actual rates of diagnoses in our more deprived areas are lower, suggesting that there is more to be done to improve detection in these communities.

What this means?
In 2018, Wirral was effectively targeting those most at risk, as evidenced by a high detection rate paired with a lower screening rate. In this year, there were more tests undertaken in settings defined as 'other,' which includes NHS services such outpatient departments, walk in centres, maternity and gynaecology as well as schools (via school nurses), youth services, colleges and outreach events. Since 2019 the detection rate has decreased, in parallel with activity in settings classed at the above settings.

Achievement of the revised female-only detection rate target of 3,250 per 100,000 (aged 15 to 24yrs) is unlikely to be met in Wirral without focussed activity to increase chlamydia screening, particularly within the community.

Recommendations

- Audit practice against the 2022 NCSP Standards to identify if there are any standards that are not currently being met.
- An overall focus on improving rates of chlamydia detection in our more deprived neighbourhoods.
- A scaling up of the NCSP within community settings particularly aimed at providing an enhanced service for groups likely to have higher rates of undetected infections.
- Improved ethnicity recording for chlamydia testing so that equity of access can be effectively monitored.
- An overall focus on achieving the new, female only, chlamydia detection rate target.

Overview

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates highest in young adults. Left untreated, women, can bear more serious complications than men such as pelvic inflammatory disease, ectopic pregnancy and infertility. Transgender people and other people with a womb are also at risk[53]. Men who have chlamydia are at a much lower risk of harm; in asymptomatic individuals the infection can resolve without treatment[54].

A successful chlamydia control programme combines opportunistic screening with efforts to reduce the time between testing and treatment, strengthening partner notification and re-testing after treatment[55].

The National Chlamydia Screening Programme (NCSP) promotes opportunistic screening to sexually active young people aged under 25 years. The chlamydia detection rate among under 25-year-olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission. This indicator monitors the delivery of accessible, high volume chlamydia screening. A higher detection rate is indicative of increased control activity; the detection rate is not a good measure of the prevalence of disease.

In June 2021, the programme changed from a unisex approach, to focus on young women aged under 25 years. The focus was shifted to females as part of a targeted harm reduction approach because the most harmful effects of chlamydia are seen amongst people with a womb or ovaries. A review of the evidence indicated that screening of both sexes at realistic levels has not reduced chlamydia prevalence in the population[56].

Screening for chlamydia amongst younger people (under 25 years) in community settings, such as primary care will only be proactively offered to young women, men will not be proactively offered a test without an indication. Specialist sexual health service provision remains unchanged.

Local authorities are currently monitored against a detection rate target of at least 2,300 cases per 100,000 population aged 15 to 24. The recommendation was set as a level that would encourage high volume screening and diagnoses, be ambitious but achievable and high enough to encourage community screening, rather than specialist sexual health clinic, which would be likely to result in a continued chlamydia prevalence reduction.[57]

However, to reflect the focus towards female targeted screening, the UK Health Security Agency (UKHSA) recommends that local authorities should now be working towards the revised female-only benchmark detection rate of 3,250 per 100,000 aged 15 to 24 (Female). Performance on this new indicator will be reported in the Public Health Outcomes Framework in 2023 (reporting on 2022 data).

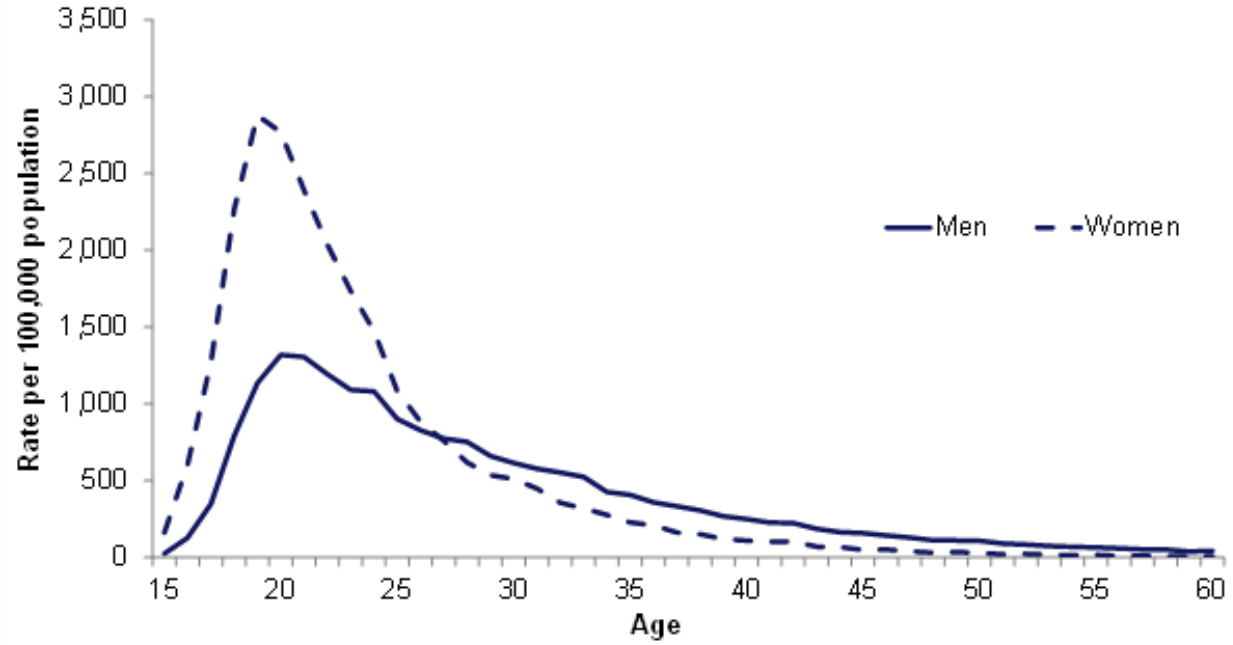
[53] Sarah C. Woodhall et al., BMJ, August 2015, https://sti.bmj.com/content/sextrans/92/3/218.full.pdf
[54] https://www.gov.uk/government/publications/ncsp-programme-overview/ncsp-programme-overview
[55] https://www.gov.uk/government/collections/national-chlamydia-screening-programme-ncsp
[56] https://www.gov.uk/government/publications/ncsp-programme-overview/ncsp-programme-overview
[57] Public Health Outcomes Framework, 2022

Groups most at risk

Nationally, women aged 15-24 are the most at-risk group for chlamydia diagnoses.

This is outlined in **Figure 15** below showing that diagnosis rate is highest in females around the age of 20. From the age of 27, chlamydia prevalence reverses and is higher amongst men albeit at a reduced rate.

Figure 15: Rates of chlamydia diagnosis by age and gender, England 2021



Source: UK Health Security Agency, 2022

In 2021, an estimated 14.8% of young people (21.8% of young women and 7.6% of young men) were tested for chlamydia in England with a detection rate of 1,334 per 100,000 population aged 15 to 24[58]. The number of chlamydia tests and diagnoses was higher among young women than young men, with young women accounting for 71.1% of all tests and 64.1% of all diagnoses in 2021. However, positivity among young women was lower than among young men (8.1% vs 11.3%)[58].

The majority of testing occurred among those of White ethnicity, accounting for almost 58% of all tests in 2021 resulting in a higher proportion of diagnoses amongst this group (58.4% of diagnoses). Positivity was highest among those of Black 'Other' (non-African or -Caribbean) ethnicity (12.9%) followed by those of Black Caribbean ethnicity (12.5%) compared to those of White ethnicity (9.1%)[58].

As with other STIs, chlamydia prevalence is associated with socioeconomic status. In 2021, chlamydia detection rates were highest among those living in the most deprived quintile in England, which was almost double the rate of those living in the least deprived quintile[58].

[58] https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2021-report#tab1a

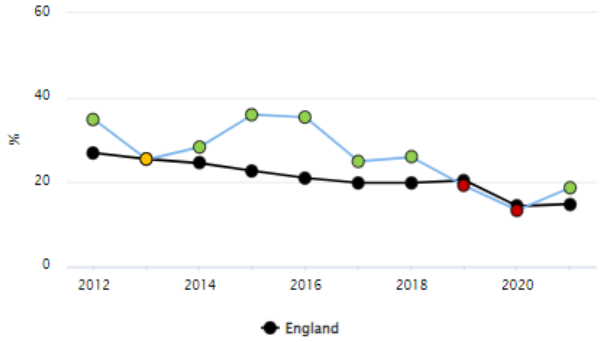
Data (current and trend)

Chlamydia screening

Proportion Screened

Wirral has historically outperformed the national rates of chlamydia screening of 15- to 24-year-olds. **Figure 16** shows trends in the proportion of young people screened over time.

Figure 16: Trend in the proportion of people aged 15-24 screened for chlamydia, 2012 to 2021, Wirral and England



Recent trend: ⬇ Decreasing & getting worse

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2012		13,021	34.8%	34.2%	35.4%	27.8%	26.9%
2013		9,330	25.4%	24.9%	25.9%	25.5%	25.5%
2014		10,198	28.3%	27.8%	28.9%	25.8%	24.5%
2015		12,665	36.0%	35.4%	36.6%	25.4%	22.7%
2016		12,112	35.3%	34.7%	35.9%	23.0%	21.0%
2017		8,349	24.9%	24.4%	25.5%	20.5%	19.8%
2018		8,582	25.9%	25.4%	26.5%	19.9%	19.9%
2019		6,345	19.2%	18.7%	19.6%	18.6%	20.4%
2020		4,448	13.4%	13.0%	13.8%	11.7%	14.3%
2021		6,212	18.7%	18.2%	19.2%	13.7%	14.8%

Source: UK Health Security Agency (UKHSA)

Source: Public Health Fingertips sexual health profile, 2021

Screening rates have been trending downwards, locally and nationally since 2015. Rates have increased slightly since the peak of the pandemic, and it is difficult to determine future longer-term trends.

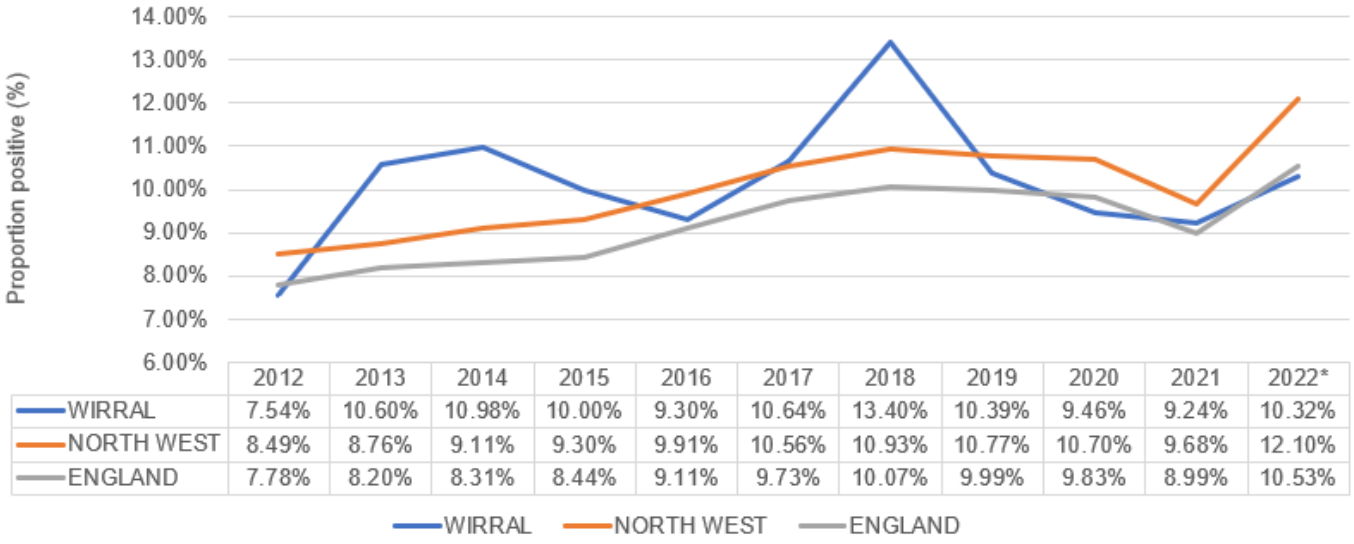
A higher screening rate will generally be associated with a higher detection rate. A high screening rate with low detection rates would suggest that the programme is not targeting higher risk groups.

Chlamydia Test positivity

Data from 2012 to 2021 (**figure 17 below**) shows fluctuating test positivity to the year 2022 and so it is difficult to identify any trends.

However, the rising test positivity since the pandemic needs to be monitored closely – this may suggest that we are testing more of the right people, or that the background prevalence is increasing.

Figure 17: Trend in proportion of positive chlamydia tests in those aged 15-24 years, England, North West and Wirral, 2012 to 2021)



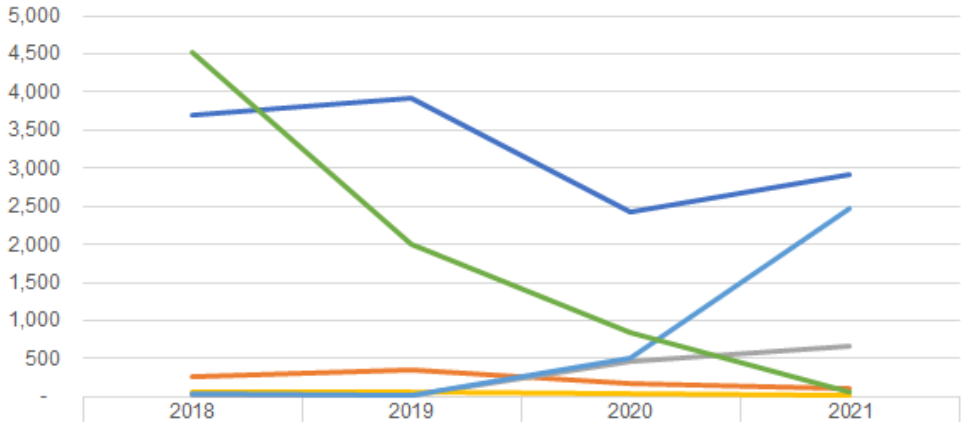
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022*
WIRRAL	7.54%	10.60%	10.98%	10.00%	9.30%	10.64%	13.40%	10.39%	9.46%	9.24%	10.32%
NORTH WEST	8.49%	8.76%	9.11%	9.30%	9.91%	10.56%	10.93%	10.77%	10.70%	9.68%	12.10%
ENGLAND	7.78%	8.20%	8.31%	8.44%	9.11%	9.73%	10.07%	9.99%	9.83%	8.99%	10.53%

Source: HIV/STI data exchange (restricted data source) 2021
Note: * last quarter for 2021 and 3 quarters for 2022

Service level chlamydia testing activity

More detailed analysis of testing service activity (**figure 18 below**) shows decline in tests undertaken in the 'Other' category, from 4,526 tests in 2018 to 65 in 2021. The 'other' category includes NHS services such outpatient departments, walk in centres, maternity and gynae as well as schools (via school nurses), youth services, colleges and outreach events.

Figure 18: Trend in number of chlamydia tests by testing service type in 15–24-year-olds (2018 to 2021)



	2018	2019	2020	2021
Sexual Health Service - Specialist STI-Related Care	3,688	3,914	2,415	2,919
Sexual Health Services - Non-Specialist STI-Related Care	255	350	177	98
GP	13	24	473	653
TOP	63	54	30	14
Internet	35	10	515	2,460
Other	4,526	1,992	832	65

Source: HIV/STI data exchange (restricted data source) 2021

A reduction in this type of wider NHS and outreach testing work, in parallel with a reduction in test-positivity suggests that outreach testing was previously key to reaching more at-risk groups.

While postal kit tests ordered online (label: internet) have increased in number from 35 in 2018 to 2,460 in 2021, this has not reached the level of previous testing models, and may not be reaching the same groups, but will remain an important component of achieving high rates of screening.

With chlamydia testing remaining considerably below recommended levels, a refocus on testing from 'other' sites is recommended to ensure we are reaching higher risk groups, while maintaining access through other provision.

Chlamydia screening equity

Ethnicity

It is important to ensure that the testing offer is accessible and equitable. National data suggests that chlamydia positivity amongst young people is highest amongst Black communities. **Table 2 below** shows ethnicity recording of chlamydia screening in Wirral.

Table 2: Wirral numbers of chlamydia tests undertaken by ethnicity, 15–24-year-olds (2018–21)

Year	Asian	Black African	Black Caribbean	Black other	Mixed	White	Unknown
2018	34	12	8	5	70	6,931	1,510 (17.6%)
2019	48	12	16	14	72	4,750	1,418 (22.3%)
2020	21	8	<5	5	36	2,383	1,988 (44.7%)
2021	33	13	<5	7	66	2,863	3,432 (53.4%)

Source: HIV/STI data exchange (restricted data source) 2021

Table 2 indicates that **in Wirral the recording of ethnicity for NCSP testing has declined year on year since 2018**. In 2018, ethnicity was not recorded in 17.6% of NCSP tests compared to 53.4% in 2021. The number of tests across minority ethnic communities recorded above has remained relatively static over the years albeit it at low recorded levels. However, with poor recording, it is difficult to make conclusions as to whether the testing programme in Wirral is adequately serving people from diverse communities.

With the increase in using the internet for home testing, it could be that the increase in unknowns is attributed to people choosing not to disclose. **Recording of ethnicity is essential so that services can be effectively monitored to ensure they are equitable and reflective of our diverse communities**.

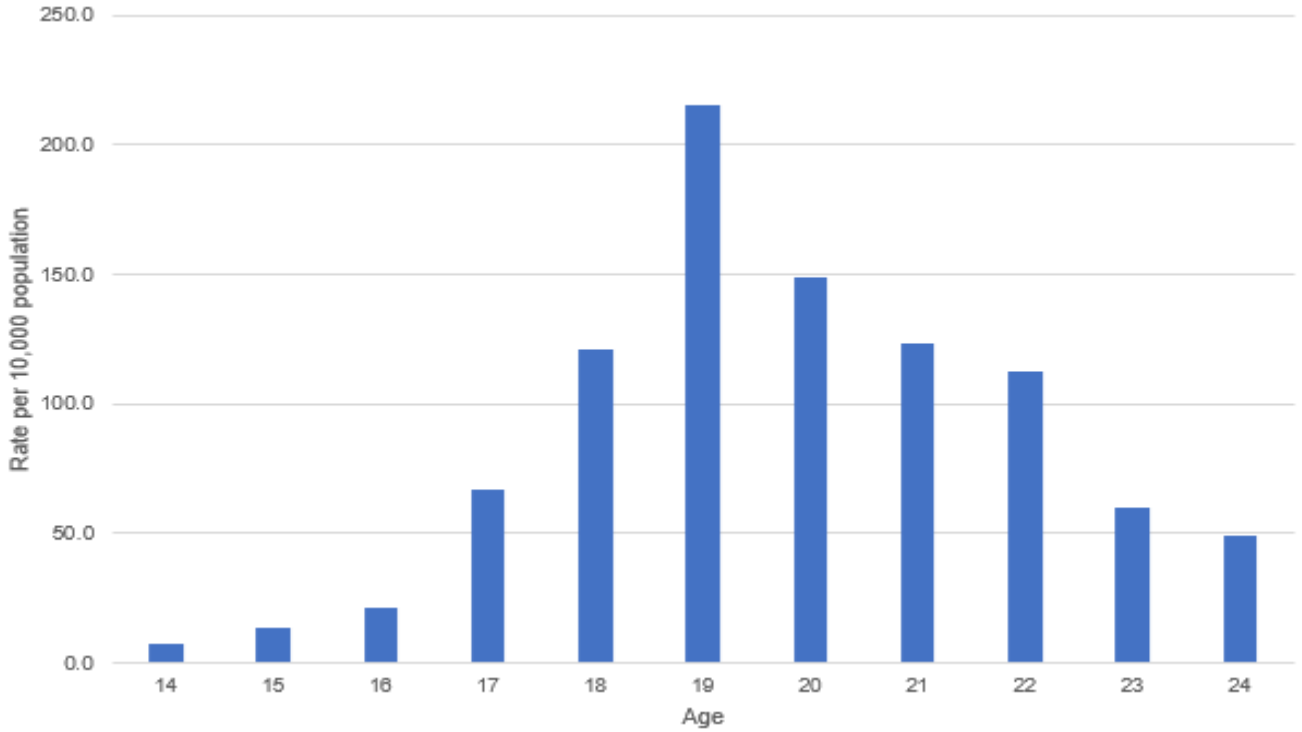
Data on chlamydia diagnoses shows however shows a better picture with ethnicity recorded more routinely upon diagnosis; just under 8% of all chlamydia diagnoses for young people have no ethnicity recorded (according to the 2021 GUMCAD submission by the Wirral Sexual Health Service).

Ethnicity data shows that over three quarters (86.4%) of chlamydia diagnosed in 2021 was in those that identifying as White British. 9.5% of activity had no ethnicity recorded and 4.1% of activity came from people from other ethnic groups, with no one ethnic group making up more than 1% of activity.

Age

Analysis of diagnosis data by age indicates that chlamydia diagnoses peaks at age 19 years in Wirral, see **Figure 19** below:

Figure 19: Wirral chlamydia diagnosis breakdown by Age (rate per 10,000 <25-year-olds), 2021



Source: Genitourinary Medicine Clinic Activity Dataset (GUMCAD) (restricted data source), 2022 (calendar year)

Figure 19 above shows that in 2021 (in Wirral) chlamydia rates were highest amongst the 18–22-year-olds, and in particular, those aged 19 years. This is reflective of the national picture.

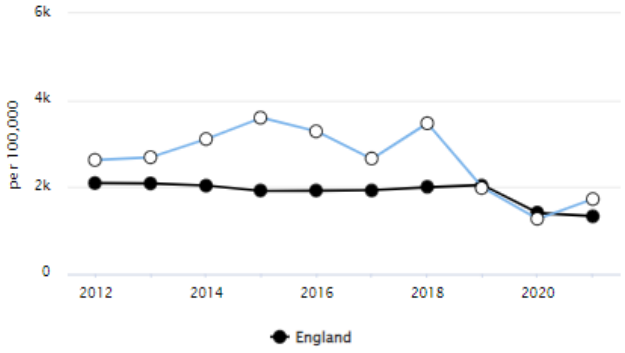
Deprivation

A robust breakdown of screening by deprivation is not available, but chlamydia diagnoses by deprivation are shown in the subsection on chlamydia diagnoses below. It is likely that Wirral services are screening more people from communities with higher levels of deprivation, but in insufficient numbers to adequately address the health inequalities seen in chlamydia diagnoses.

Chlamydia detection and diagnoses

Prior to 2019, Wirral had a higher rate for chlamydia detection than England and the North-West (as well as the Chartered Institute of Public Finance and Accountancy (CIPFA) statistical neighbours). This suggests that Wirral had an effective and accessible chlamydia screening programme which was exceeding the recommended detection rate of 2,300 per 100,000 (population aged 15 to 24). The detection rate dropped considerably in 2019 – (**see Figure 20**).

Figure 20: Trend in chlamydia detection rate per 100,000, aged 15 - 24, 2012 to 2021, Wirral and England



Recent trend: ⬇ Decreasing

Period		Wirral Count	Wirral Value	Wirral 95% Lower CI	Wirral 95% Upper CI	North West	England
2012	○	982	2,627	2,466	2,797	2,361	2,095
2013	○	989	2,689	2,524	2,862	2,236	2,088
2014	○	1,120	3,108	2,929	3,295	2,354	2,035
2015	○	1,266	3,599	3,403	3,803	2,361	1,914
2016	○	1,127	3,286	3,097	3,483	2,277	1,917
2017	○	888	2,651	2,479	2,831	2,168	1,929
2018	○	1,150	3,472	3,274	3,678	2,176	1,999
2019	○	659	1,990	1,841	2,148	2,003	2,050
2020	○	421	1,268	1,150	1,395	1,256	1,407
2021	○	574	1,729	1,590	1,876	1,330	1,334

Source: UK Health Security Agency (UKHSA)

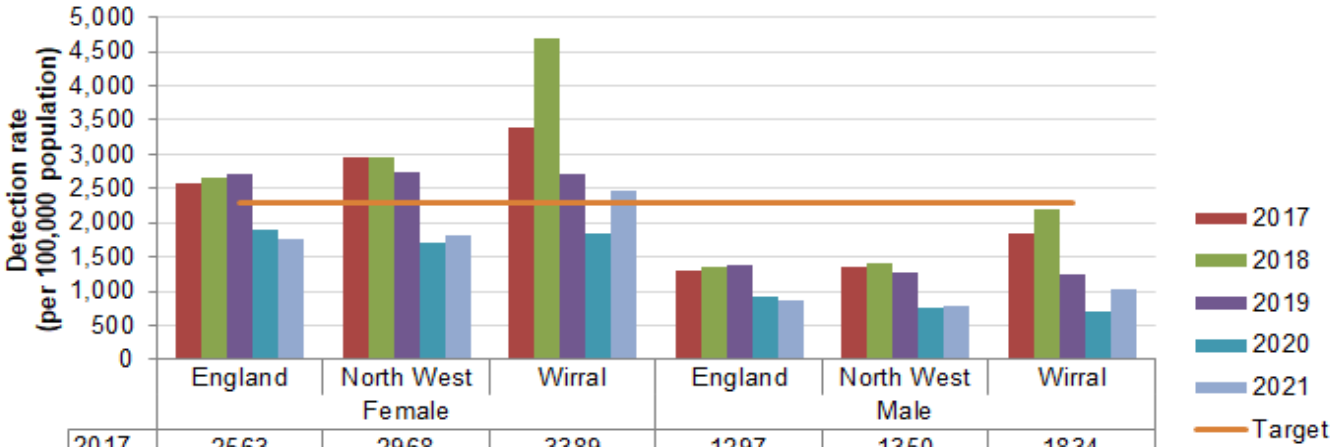
Source: Public Health Fingertips sexual health profile, 2021

Figure 20 shows a decline in the chlamydia detection rate in 2019 slipping below national and regional rates. The reduction in detection rates seen in Wirral was greater than the reductions seen in England and the North-West. Rates fell further in 2020 during the pandemic, in line with falls in other healthcare activity. Whilst the rate in 2021 has improved, and is above national levels, it is still significantly below the recommended target of 2,300 cases per 100,000 15- to 24-year-olds. **Further analysis of the chlamydia screening offer locally is important to help identify where focused attention is needed to get the programme back on track.**

Sex

As **Figure 21** below shows detection rates by sex over time, comparing Wirral, North-West and national trends.

Figure 21: Trend in chlamydia detection rate per 100,000 population aged 15-24 years old by sex, Wirral, North-West and England, 2017 to 2021



	England Female	North West Female	Wirral Female	England Male	North West Male	Wirral Male
2017	2563	2968	3389	1297	1350	1834
2018	2651	2951	4683	1352	1404	2198
2019	2717	2727	2711	1378	1272	1254
2020	1889	1717	1850	912	756	715
2021	1762	1809	2469	860	782	1041
Target	2300	2300	2300	2300	2300	2300

Source: Public Health Fingertips sexual health profile, 2021

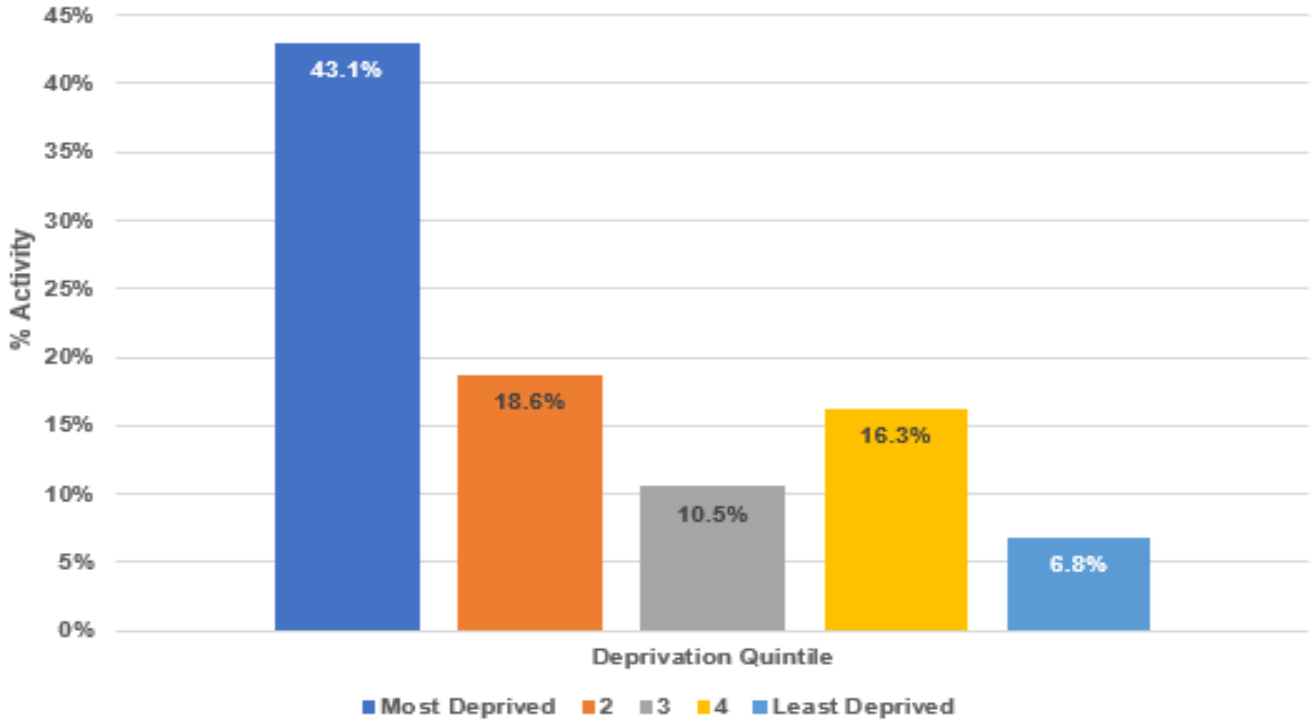
The **female detection rate is more than double that of males in Wirral over the last 4 years**, with a rate in 2021 of 2,469 per 100,000 aged 15 to 24 for females and 1,041 for males.

The relative success in reaching females provides a good foundation for the National Chlamydia Screening Programme (NCSP) new focus on females, but it does mean that **achievement of the revised female-only detection rate target of 3,250 per 100,000 (aged 15 to 24 years) is some way off, not just for Wirral but regionally and nationally.**

Deprivation

Data provided by Sexual Health Wirral enables analysis of chlamydia diagnoses by deprivation quintiles (quintile 1 being the most deprived, and 5 the least)[59]. **Figure 22** below shows the proportion of diagnoses by deprivation quintile.

Figure 22: Wirral chlamydia diagnoses proportion (%) by Index or Multiple Deprivation (IMD) quintile (under 25-year-olds), 2021



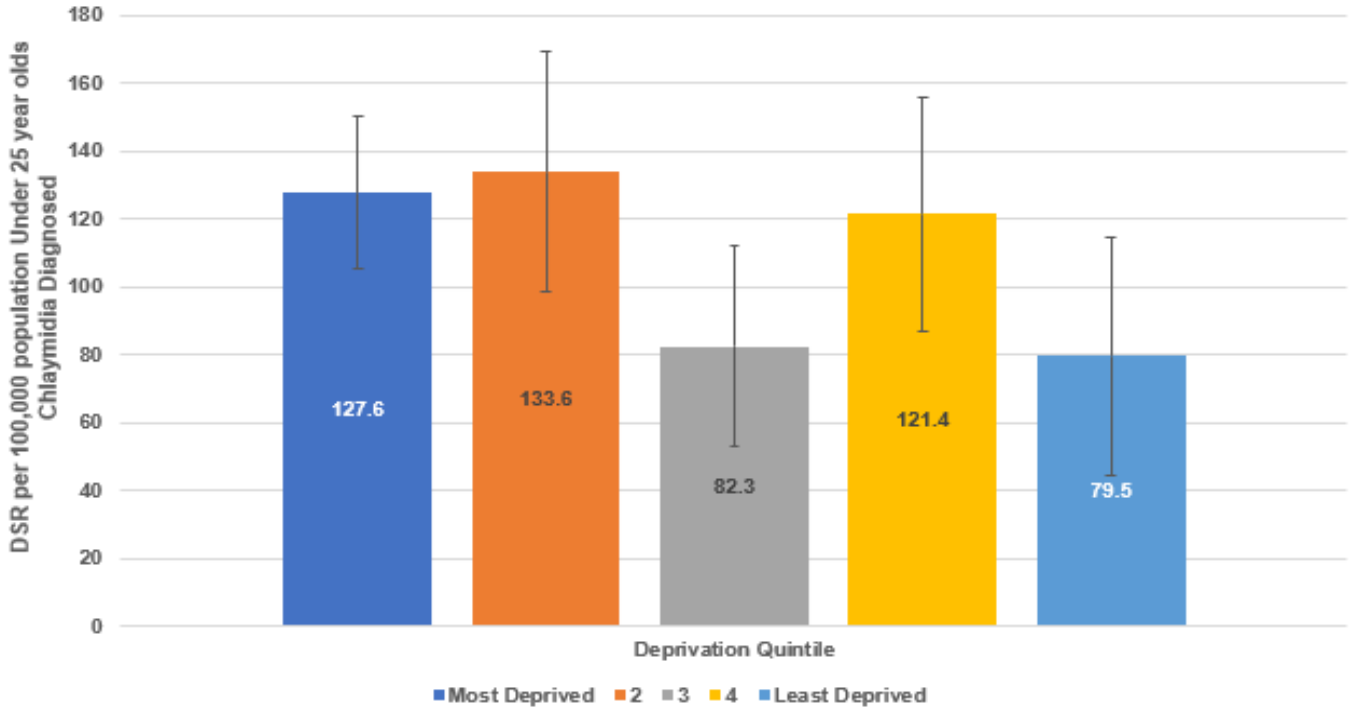
Source: Genitourinary Medicine Clinic Activity Dataset (GUMCAD) (restricted data source), 2022 (calendar year)

Figure 22 shows that just under 43.1% of diagnoses of chlamydia in under 25s in 2021 were among those in the most deprived quintile. This is reflective of the national picture, which also shows a strong social gradient, however directly comparable figures are not available.

Figure 23 below in contrast shows that ***rates*** (directly standardised rate which take age into account) of chlamydia diagnosis per 100,000 population aged 15–24 are lower in quintile one than quintile two.

[59] This data is not directly comparable to the data from the NCSP above and is provided via GUMCAD.

Figure 23: Rate of Wirral chlamydia diagnoses by IMD quintile (age 15-25-year-olds), 2021



Source: Genitourinary Medicine Clinic Activity Dataset (GUMCAD) (restricted data source), 2022

While absolute *numbers* of chlamydia diagnoses may be higher in our most deprived quintile, a comparatively lower rate of diagnoses in Quintile 1 compared to Quintile 2, suggests we may not be screening enough people in areas with higher deprivation.

There is a need for focused provision and prevention interventions in areas of deprivation but also recognition that chlamydia infections are not just confined to these areas and are spread across all quintiles.

Services

Wirral's Specialist Sexual Health Service (Sexual Health Wirral) is the lead provider locally for the National Chlamydia Screening Programme. The service co-ordinates the distribution of tests to allow for wider chlamydia screening for young people in the community, not just within service.

Younger people under the age of 25 can also test for chlamydia using the postal kits as described in the earlier chapter (STI testing). Between April and December 2022, 258 chlamydia tests for young people tested positive for chlamydia, resulting in a positivity rate of 12%. This is comparable to national, regional and local positivity overall.

Qualitative Insights from Wirral residents

Please see STI Community testing section for qualitative insight from young people on STI testing, which includes testing for chlamydia.

HIV (human immunodeficiency virus)

Headline: Latest data available indicates that Wirral is diagnosing a greater proportion of people at a later stage of HIV infection compared to both England and the North West, with over 50% of cases diagnosed late.

Key Messages

How Wirral performs?
Wirral is not an area of high HIV prevalence and amongst those diagnosed, 98.5% of people have an undetectable viral load (which exceeds the UNAIDS target of 80%).

Too many residents in Wirral are being diagnosed at a late stage of infection which could have a detrimental impact on their health and life expectancy and increase transmission of the virus. This is across all population groups and is not just applicable to gay and bisexual men and other men who have sex with men (GBMSM). It is important to note however that the number of HIV diagnoses in Wirral overall is low and the small numbers can give an inflated percentage of late diagnoses.

Who is affected?
Historically, GBMSM and ethnic minority groups have been disproportionately affected by HIV. But since 2020, transmission via heterosexual contact for men and women combined has overtaken transmission by GBMSM.

What this means?
There is a need locally to increase and normalise HIV testing. This includes amongst those most at risk, which historically has been the GBMSM community but also amongst heterosexual men and women who nationally, make up a greater proportion of people diagnosed.

Recommendations

- Opportunities to normalise HIV testing should be explored, including increasing provision of testing in primary care and emergency departments. Testing in a wider range of services such as drug and alcohol services, pharmacies and abortion services is also recommended.

- To review the discrepancies between national and local HIV testing coverage data to understand whether there is a need for Wirral to improve in this area.

- There is a need for the continuation of outreach services to engage with high-risk communities such as people with multiple and overlapping sexual partners to improve access to testing. Other innovative methods for engaging with underserved communities should be explored.

- HIV postal testing has proved to be a highly acceptable route for testing. This should continue to be widely promoted and other options for discrete delivery to be explored, such as a click and collect services. Improved equality monitoring of the postal offer is recommended to help identify inequities in access and improve engagement with those that are digitally excluded.

- Ensuring access to PrEP to all groups is important for all groups but in particular heterosexual men and heterosexual and bisexual women where uptake has been lower.

- Stigma associated with HIV infection still exists. There is a need for continued work to address this including HIV social marketing campaigns that raise awareness of U=U (undetectable = untransmissible) and treatment as prevention.

- Consider how misinformation and stereotypes around HIV can be addressed in sexual health and drugs education, such as addressing people's perception of not being at risk.

- Partner notification (PN) should remain a key part of sexual health service provision. There should be a consideration for alternative methods of PN including both digital and non-digital approaches.

Overview

HIV (Human Immunodeficiency Virus) is a virus which attacks the immune system. **Whilst there is no cure for HIV, treatment can keep the virus under control and the immune system healthy so that a long and healthy life is attainable.** However, without medication people with HIV can develop AIDS (Acquired Immune Deficiency Syndrome), an advanced stage of infection when the immune system is seriously compromised.

Someone with AIDS has both HIV and at least one of a specific list of 'AIDS-defining' diseases, which include tuberculosis, pneumonia and some types of cancer [60]. If untreated, it is estimated that the time from HIV infection to AIDS and death is a decade[61]. Reducing the number of people unaware of their HIV infection is critical to ensure that they can access the necessary treatment to maintain their health and prevent onward transmission.

As people can live with HIV for many years without being aware of their status, it can be difficult to measure transmission of HIV. New HIV diagnoses is a useful proxy indicator to estimate transmission, although this will be influenced by testing patterns and reporting delays and will not indicate whether the infection was acquired within the UK[61].

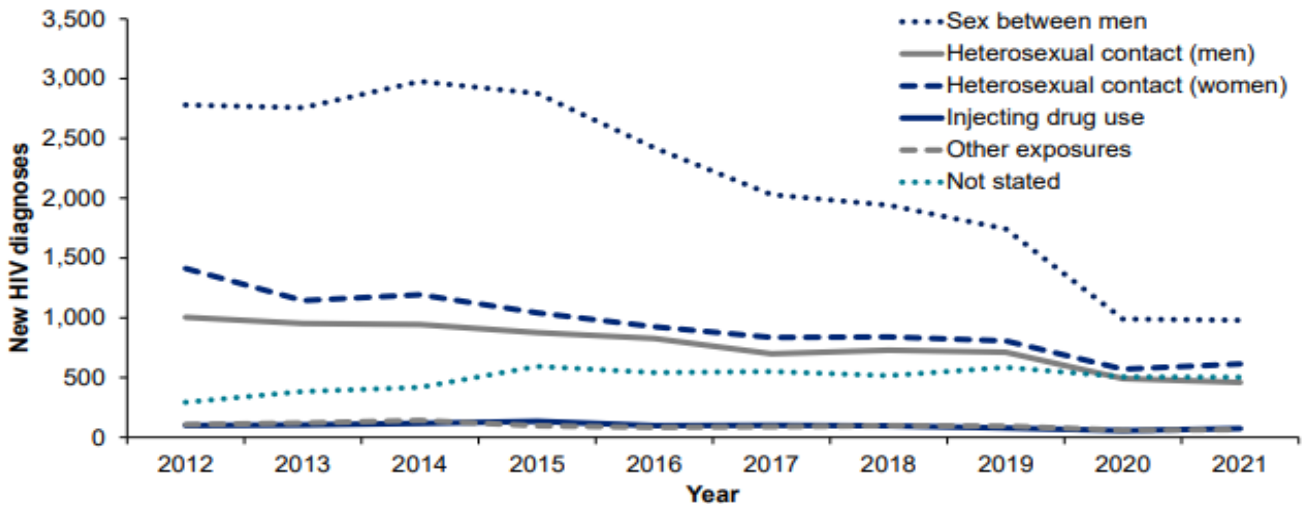
Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Measuring late diagnosis is therefore critical, helping to evaluate the success of expanded HIV testing and indirectly informs our understanding of the proportion of HIV infections undiagnosed.

Groups most at risk

Historically worldwide, GBMSM and ethnic minority groups have been disproportionately affected by HIV. Ten years ago, it was found that GBMSM acquire HIV at rates 44 times higher than other men and 40 times greater than women.[62] Nationally, the new HIV diagnosis rate has been greatest amongst GBMSM but this has declined considerably since 2019[63], as illustrated in **Figure 24** below.

[60] https://www.nat.org.uk/about-hiv/understanding-hiv
[61] https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025/annex-a-background-document-to-support-the-action-plan-towards-ending-hiv-transmission-aids-and-hiv-related-deaths-in-england
[62] APA, 2012 https://www.apa.org/pi/aids/resources/exchange/2012/04/discrimination-homophobia
[63] UKHSA (2022). HIV in England 2022 slide set. https://www.gov.uk/government/statistics/hiv-annual-data-tables

Figure 24: New HIV diagnosis (all persons), by probable route of exposure and gender; England, 2012 to 2021



Source: HIV in England slide set, UKHSA October 2022[64]

Since 2020, HIV transmission via heterosexual contact for men and women combined has overtaken transmission by GBMSM, likely due to targeted interventions like PrEP pill availability and routine testing[65]. However, GBMSM continue to be a group at risk of HIV, and stigma surrounding HIV testing still exists. Following multiple anti-LGBTQ+ hate crimes in the Liverpool City Region in 2021, it is more important than ever to remove stigma surrounding HIV and testing.[66]

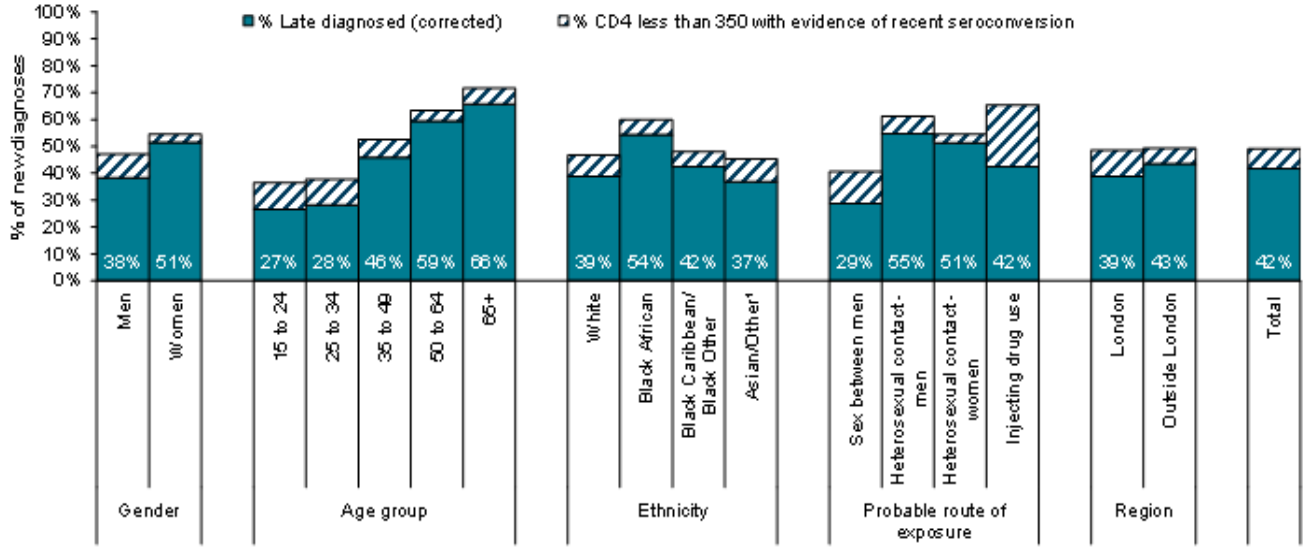
Among people who probably acquired HIV through injecting drug use, new HIV diagnoses remain stable and low at around 100 per year nationally. Other transmission routes remain rare in the UK.

Black communities are also at a higher risk of contracting HIV.[67] Although Black African men and women made up only 1.8% of the UK population in 2018, they accounted for almost a third of those accessing HIV care[68].

Data for 2020 shows that people of Black African and Black Caribbean/Black Other ethnicity, as well as women and older age-groups (aged 50 and over) were more likely to be diagnosed at a late stage compared to men, younger age groups (aged 15 to 49) and people of white or other ethnicity. See **Figure 25 below**.

[64] HIV in England 2022 Slide set: https://www.gov.uk/government/statistics/hiv-annual-data-tables
[65] Terrence Higgins Trust February 2022, https://www.tht.org.uk/news/heterosexual-hiv-diagnoses-overtake-those-gay-men-first-time-decade
[66] https://www.liverpoolecho.co.uk/news/liverpool-news/liverpool-charitys-future-uncertain-after-24660623
[67] PHE Toolkit May 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984393/SRH_variation_in_outcomes_toolkit_May_2021.pdf
[68] Rachel Margaret Coyle, et al., 2018 https://sti.bmj.com/content/sextrans/94/5/384.full.pdf

Figure 25: Adults diagnosed with a CD4 count of <350 cells/mm3, by age, gender, ethnicity, probable route of exposure and region, England, 2020



* Includes people aged 15 and older

Source: HIV in England slide set, UKHSA December 2022

The graph shows that in 2020, 55% of men who were exposed through heterosexual contact and 51% of women exposed through heterosexual contact were diagnosed at a late stage, compared to 29% of men exposed through sex between men.

Chemsex (use of mood and behaviour altering injectable and addictive drugs before or during sexual activity) can lead to higher sexual risk taking, increasing the risk of contracting HIV. GBMSM are more likely to engage in 'chemsex' than other groups[69].

Data (current & trend data)

HIV Diagnosis & Treatment

Prevalence rate per 1,000

In 2017, NICE HIV testing guidelines[70] defined high HIV prevalence local authorities as those with a diagnosed HIV prevalence of between 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 **(see Figure 26)**.

Wirral is not an area of high HIV prevalence.

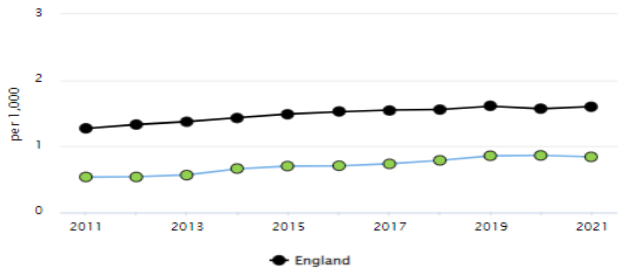
[69] Janey Sewell et al, June 2019, https://www.sciencedirect.com/science/article/pii/S0955395919300854
[70] https://www.nice.org.uk/guidance/NG60

Figure 26: HIV diagnosed prevalence rate per 1,000, Wirral and England

HIV diagnosed prevalence rate per 1,000 New data

Crude rate - per 1,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Benchmarking against goal: <2 | 2 to 5 | ≥5

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	Neighbrs average	England
2011	●	171	0.53	0.46	0.62	0.63*	1.27
2012	●	173	0.54	0.46	0.63	0.65*	1.33
2013	●	183	0.57	0.49	0.66	0.69*	1.38
2014	●	212	0.66	0.57	0.75	0.71*	1.44
2015	●	226	0.70	0.61	0.80	0.78*	1.49
2016	●	227	0.70	0.62	0.80	0.81*	1.52
2017	●	238	0.74	0.65	0.84	0.83*	1.55
2018	●	255	0.79	0.70	0.89	0.88*	1.56
2019	●	278	0.86	0.76	0.96	0.92*	1.61
2020	●	280	0.86	0.77	0.97	0.92*	1.57
2021	●	273	0.84	0.74	0.95	0.92*	1.60

Source: UK Health Security Agency (UKHSA)

Source: Public Health Fingertips sexual health profile, 2021

HIV diagnosed prevalence in Wirral has historically been lower than both England and the North West as well as our CIPFA (Chartered Institute of Public Finance and Accountancy) nearest neighbours. Based on a target of less than 2 per 1,000 (crude rate) Wirral's latest rate is 0.84 so significantly better than England's rate of 1.60. The trend has been on an upward trajectory, but Wirral's rates have still been significantly lower than any comparators (since 2011).

New HIV diagnosis rate per 100,000

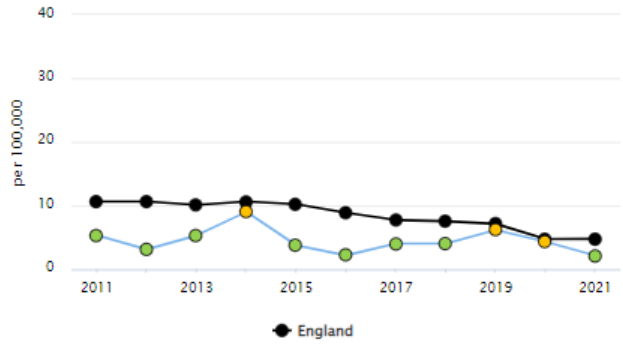
The number of people residing in Wirral who are newly diagnosed with HIV is small overall, ranging from a high of 29 (in 2014) to just 7 (in 2021) so a degree of caution is needed when interpreting this data due to the small numbers involved **(See Figure 27).**

Figure 27: New HIV diagnosis rate per 100,000, Wirral and England

New HIV diagnosis rate per 100,000 New data

Crude rate - per 100,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2011	●	17	5.3	3.1	8.5	7.5	10.6
2012	●	10	3.1	1.5	5.7	6.8	10.6
2013	●	17	5.3	3.1	8.5	7.4	10.1
2014	●	29	9.0	6.0	13.0	8.3	10.6
2015	●	12	3.7	1.9	6.5	7.2	10.2
2016	●	7	2.2	0.9	4.5	7.1	8.9
2017	●	13	4.0	2.1	6.9	6.7	7.7
2018	●	13	4.0	2.1	6.9	6.9	7.5
2019	●	20	6.2	3.8	9.5	5.4	7.1
2020	●	14	4.3	2.4	7.2	4.3	4.7
2021	●	7	2.2	0.9	4.4	4.4	4.8

Source: UK Health Security Agency (UKHSA)

Source: Public Health Fingertips sexual health profile, 2021

Over the last 11 years, the new HIV diagnosis rate has been lower in Wirral than in England and the North West.

A HIV key strategic priority is to decrease HIV-related mortality and morbidity through reducing the proportion and number of HIV diagnoses made at a late stage of HIV infection. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Among those diagnosed in England, those diagnosed late in 2020 were 11 times more likely to die within a year of diagnosis compared to those diagnosed promptly[71].

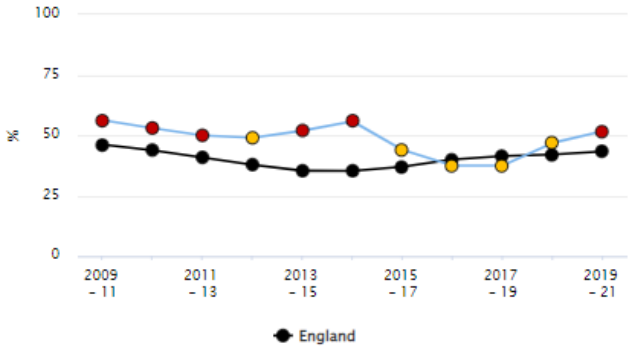
The number of residents in Wirral newly diagnosed with HIV at a late stage of infection (defined as a CD4 count less than 350 cells per mm^3) is low so data is pooled for three years to account for these smaller numbers **(See Figure 28).**

Figure 28: Trend in the proportion of HIV late diagnosis first diagnosed with HIV in the UK, 2019-21, Wirral and England

HIV late diagnosis in people first diagnosed with HIV in the UK **New data**

Proportion - %

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: Could not be calculated

Benchmarking against goal: <25% | 25% to 50% | ≥50%

Period		Wirral Count	Wirral Value	Wirral 95% Lower CI	Wirral 95% Upper CI	North West	England
2009 - 11	●	18	56.3%	37.7%	73.6%	47.3%	46.2%
2010 - 12	●	18	52.9%	35.1%	70.2%	47.6%	43.8%
2011 - 13	●	19	50.0%	33.4%	66.6%	44.2%	40.9%
2012 - 14	●	25	49.0%	34.8%	63.4%	41.5%	37.8%
2013 - 15	●	27	51.9%	37.6%	66.0%	39.0%	35.4%
2014 - 16	●	24	55.8%	39.9%	70.9%	40.0%	35.3%
2015 - 17	●	11	44.0%	24.4%	65.1%	39.3%	37.0%
2016 - 18	●	9	37.5%	18.8%	59.4%	39.5%	40.0%
2017 - 19	●	12	37.5%	21.1%	56.3%	39.1%	41.5%
2018 - 20	●	15	46.9%	29.1%	65.3%	38.3%	42.1%
2019 - 21	●	15	51.7%	32.5%	70.6%	40.7%	43.4%

Source: UK Health Security Agency (UKHSA)

Source: Public Health Fingertips sexual health profile, 2021

Latest data available indicates that Wirral is diagnosing a greater proportion of people at a later stage of infection compared to both England and the North West, with over 50% of cases frequently diagnosed late over the years, including for the most recently available data (2019-21). **Whilst the numbers diagnosed overall are low, data shows that late HIV diagnosis is an area that requires improvement in Wirral.**

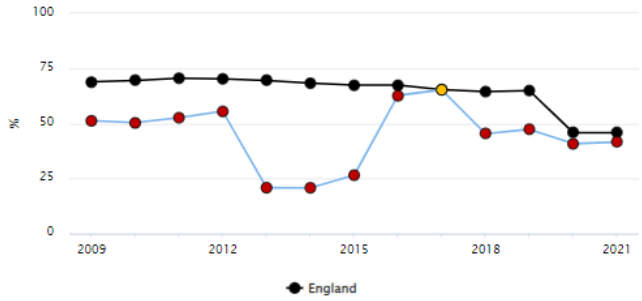
As the numbers are very small locally regarding late diagnosis it is difficult to come to any reliable conclusions about the probable route of infections. However, over the last 6 years just over half of all late diagnoses are amongst GBMSM in Wirral, but **as a proportion there are more late diagnoses amongst heterosexual men and heterosexual/ bi sexual women in Wirral than GBMSM**.

This does need to be interpreted with some caution due to the small numbers involved but this is reflective of the national picture.

[71] UKHSA (2021). HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report. Updated 1 December 2022. https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2022-report

As previously noted, HIV testing is integral to the treatment and management of HIV infection. **Official figures indicate that Wirral's HIV testing coverage has consistently been below the England and North West average over the last thirteen years.** Testing coverage refers to the number of people tested for HIV within specialist sexual health services against those people considered eligible for an HIV test **(see figure 29 below)**.

Figure 29: HIV testing coverage, total, Wirral and England 2021



Recent trend: Decreasing & getting worse

Period		Wirral Count	Wirral Value	Wirral 95% Lower CI	Wirral 95% Upper CI	North West	England
2009		2,648	51.3%	49.9%	52.7%	64.8%	68.9%
2010		2,682	50.4%	49.1%	51.8%	62.0%	69.5%
2011		2,703	52.6%	51.3%	54.0%	60.5%	70.5%
2012		2,645	55.5%	54.1%	57.0%	62.1%	70.2%
2013		3,406	20.9%	20.2%	21.5%	57.8%	69.5%
2014		3,835	20.8%	20.2%	21.4%	55.4%	68.3%
2015		3,572	26.5%	25.8%	27.3%	52.1%	67.4%
2016		3,639	62.7%	61.5%	64.0%	54.8%	67.4%
2017		2,553	65.3%	63.7%	66.8%	50.6%	65.3%
2018		3,534	45.4%	44.3%	46.5%	52.3%	64.4%
2019		4,255	47.3%	46.3%	48.4%	56.6%	64.9%
2020		2,745	40.8%	39.7%	42.0%	36.9%	45.8%
2021		3,067	41.6%	40.4%	42.7%	41.8%	45.8%

Source: UK Health Security Agency (UKHSA)

Source: Public Health Fingertips sexual health profile, 2021

HIV testing coverage has fluctuated over the years but more recently has remained around the 41% coverage mark and should be an area for improvement. Coverage for both men and women are outliers against national figures, with women having a lower proportion tested (34.9%) in the latest year (2021) compared to men 56.6%. For GBMSM testing coverage is not significantly different from England.

Figure 29 above shows a significant dip in testing coverage between 2013 and 2015, despite the total number of people tested being higher than in preceding years. In 2013 the sexual health service was integrated for the first time to include support for both STIs and reproductive health. It is likely that this is a data issue rather than a performance issue, with changes in how the denominator has been calculated.

The Wirral Sexual Health Service is closely monitored on this indicator and local performance differs significantly to that reported on the Public Health Fingertips sexual health profile. **Current performance reported by the provider indicates 85% HIV testing coverage. Understanding the discrepancies between these two reported figures would be helpful to understand whether there is a need for improvement in this area.**

Nationally HIV testing among GBMSM in 2021 exceeded the testing levels seen prior to the pandemic (2019) but testing in other groups such as heterosexual men remained at reduced levels in 2021[72].

Antiretroviral therapy (ART) coverage in people accessing HIV care

Free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic, but manageable condition. **People living with HIV in the UK can now expect a near normal life expectancy if diagnosed promptly and they adhere to treatment.**

[72] https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2022-report#ref7

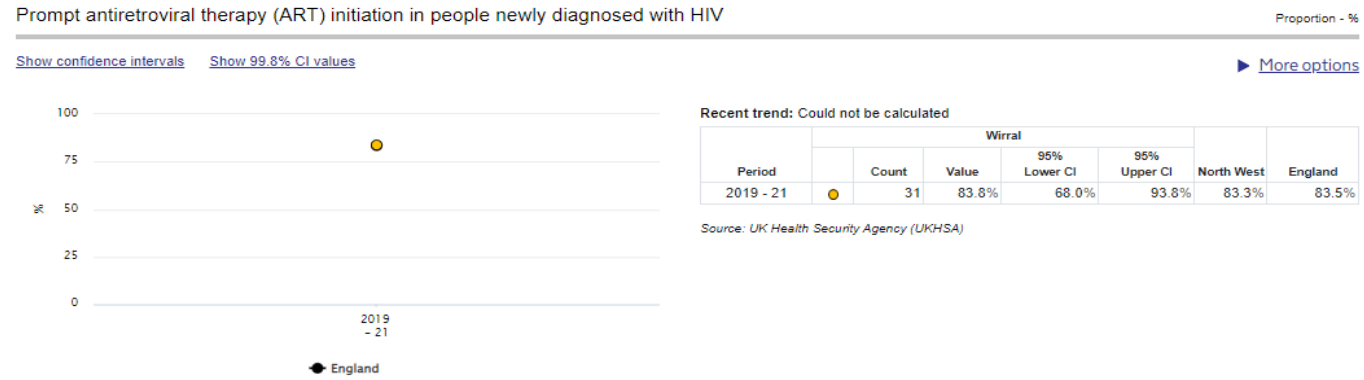
In addition, those on treatment are unable to pass on HIV, even if having unprotected sex (undetectable=untransmissible [U=U]).

Figure 30: Antiretroviral therapy (ART) coverage in people accessing HIV care, Wirral and England

Source: Public Health Fingertips sexual health profile, 2021

Figure 30 above is a new indicator available on the sexual health fingertips profile for 2021 therefore trend data is not available as the figure above has been published for the first time. Wirral (98.9%) has hit the benchmarking goal of greater than 95% in accessing ART and also has better performance than both England (98.3%) and also our CIPFA nearest neighbours (98.2%).

Figure 31: Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV, Wirral and England



Source: Public Health Fingertips sexual health profile, 2021

Figure 31 above is a new indicator available on the sexual health fingertips profile for 2019 - 2021 therefore trend data is not available. This indicator presents the number and proportion of people newly diagnosed with HIV who start ART within 91 days of their diagnosis. The indicator measures prompt treatment initiation which reduces the risk of onward HIV infection to partners. Successful ART decreases a person's viral load and HIV transmission does not occur when the viral load is undetectable.

Wirral's ART initiation in people newly diagnosed with HIV (83.8%) is similar to the England average (83.5%) and very slightly below our CIPFA nearest neighbours (84.4%). Another new indicator now being reported on in the sexual health fingertips profile is virological success in adults accessing HIV care. This indicator presents the number and proportion of people accessing HIV care with an undetectable viral load (VL) (VL<200 copies/ml).

This indicator measures the proportion of people who are virally suppressed (also known as an undetectable viral load) in different geographical areas which has implications in the potential for onward transmission of HIV.

In Wirral, 98.5% of people accessing HIV care have an undetectable viral load, which compares favourably with the England and Northwest averages of 97.8% and 97.3% respectably.

Pre Exposure Prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) is a drug taken by HIV-negative individuals before they have sex to stop them acquiring HIV. Specialist sexual health services (SHS) are responsible for the delivery of PrEP to those at higher risk of acquiring HIV.

A summary of Wirral PrEP activity for the latest calendar year (2022) is provided below:

- 369 attendances at Sexual Health Wirral for PrEP
- A total of 205 individuals accessed PrEP.
- Three were female; 202 were male.
- The vast majority were GBMSM (ten people defined themselves as heterosexual, eight were unknown)

Source: Wirral Community Health and Care NHS Foundation Trust (service level data)

Recent research suggests that there are significant issues across the country in terms of access to PrEP, estimating that two thirds of people who want to access PrEP are unable to do so. The research, which was conducted by National AIDS Trust, Terrence Higgins Trust, PrEPster, Sophia Forum and One Voice Network, found the most common waiting time for a PrEP appointment at a sexual health clinic was 12 weeks (35%) with people trying to access PrEP for the first time facing the biggest hurdles. Workforce issues (in particular lack of capacity) were cited by clinicians as impacting on their ability to deliver PrEP[73].

The independent HIV Commission recommend that PrEP be made available outside of sexual health services (for example, in GP surgeries, maternity units, gender clinics and pharmacies) in order to improve access[74].

Initiation or continuation of PrEP (among those with PrEP need) is an indicator that assesses what proportion of individuals accessing specialist SHS with a PrEP need, start or continue PrEP. The higher the proportion, the better PrEP need is being met. A lower proportion indicates that more people with need are leaving the service without PrEP, the reason for which will be multifactorial. This is a new indicator being reported on the sexual health fingertips profile for the first time.

Latest data for 2021 indicated that only 52.6% of Wirral people attending a sexual health service with identified need for PrEP (following an assessment of individual risk) have initiated and/or are continuing to take PrEP. This compares to an England average of 69.9% and regional average of 58.9%.

PrEP initiation and continuation is therefore an area for focus and potential improvement; further understanding is required locally on how this indicator is being measured nationally and why performance in Wirral appears to be lower than we had anticipated.

[73] https://www.nat.org.uk/sites/default/files/publications/Not%20PrEPared.pdf
[74] https://www.hivcommission.org.uk/wp-content/uploads/2020/12/HIV-Commission-Executive-Summary_online_final_pages.pdf

Services

Sahir House is the local provider commissioned to deliver services around HIV prevention and support. The service works innovatively taking a risk reduction approach to target high risk individuals, in particularly men that have sex with men (MSM). The team maintains trusted relationships with multiple sex on premise venues, those that regularly frequent sex parties and underground sex events, plus works across public sex environment sites. The service works closely with the staff of the HIV treatment service and Sexual Health Wirral to facilitate service user access to sexual health testing and treatment services as well as providing HIV point of care testing to service users directly. The service also acts in an advisory capacity on LGBT sexual health and related issues across the health and social care economy.

The service also offers a non-clinical support service to Wirral residents living with HIV to address health and social issues that impact on their health and wellbeing. The service offers time bound counselling and promotes a model of positive prevention and self-management. Sahir House also supports children and young people living with HIV in partnership with CHIVA, the Women's Hospital, Alder Hey Children's Hospital and Royal Liverpool University Hospital.

Sexual Health Wirral (Wirral's Specialist Sexual Service) offers HIV testing at all their clinics; all patients that attend for STI support should be offered a routine HIV test. Free STI postal kits can also be ordered online for Wirral residents over the age of 16 years so they can discreetly test for HIV at home.

National data indicates that in 2021, internet testing was the main route of access to HIV testing in England but was disproportionately accessed by GBMSM, especially outside London[75]. The postal testing data in Wirral is not broken down by STI so it is not possible to see whether this is replicated in Wirral. **Activity data shows that postal kits are used more by women than men overall but we cannot see what tests specifically are being requested. It would be useful to have this further breakdown so we can see if there is any inequity in access to internet testing locally that needs to be addressed.**

HIV partner notification (PN) is a process in which contacts of people with HIV are identified and offered HIV testing. PN is a highly effective HIV prevention strategy which is an extremely efficient way to find people with an undiagnosed HIV infection and provides the opportunity to maintain the HIV status of those partners who test negative. HIV PN is a critical function provided by Sexual Health Wirral.

HIV testing is available within GP practices although testing in primary care is generally low and is not routinely offered. Testing will be provided if the patient presents with symptoms and/or signs consistent with an HIV indicator condition.

Opt-out HIV testing is also embedded in the care pathway at antenatal clinics so every pregnant woman should be routinely offered an HIV test.

[75] https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2022-report#ref7

National testing data[76] indicates that positive tests are more likely to be picked up in the following settings:

- Specialist HIV Services (5.7% positivity)
- Specialist Liver Service (1.0%)
- HIV self-sampling (OHID), UKHSA and LAs (0.7%)
- Sexual Health Services (0.9 %)
- Accident & Emergency (0.6%)
- Community outreach (0.5%)

This data is not available at a local level but it is likely that Wirral would not be significantly different to the national picture.

Liverpool University Hospitals NHS Foundation Trust (LUHFT) provide a specialised HIV service with clinics provided from Clatterbridge Hospital, which includes a full package of care for monitoring, treatment and management of HIV positive patients. Currently LUHFT (at the Royal Liverpool Hospital) is the HIV hub for all HIV services in Cheshire and Merseyside and deliver HIV treatment and care services in other clinics across the region, including Crewe, Chester, Halton, Macclesfield, Warrington, and Wirral. The service is commissioned by NHS England and are delivered in line with the service requirements outlined in the NHS England Specialised HIV Service Specification[77].

Wirral Ways to Recovery (Adult Substance Misuse Treatment Service) routinely offer HIV testing to all new entrants to service via a fingerprick test, along with other routine blood borne virus (BBV) testing. Anyone testing positive is referred to the sexual health service for confirmatory testing, and subsequent engagement with HIV services. Clients are routinely counselled as to the risks of BBVs throughout treatment.

Qualitative Insights from Wirral residents

HIV-associated stigma remains a significant factor in people's experience of living with HIV and significantly inhibits testing and prevention interventions. The 2021 'HIV: Public knowledge and attitudes' report found that only a third of the public completely agree they have sympathy for all people living with HIV, regardless of how it was acquired.

Between February and March 2023, members of the Wirral Council Qualitative Insight Team (on behalf of Public Health) conducted qualitative research with local residents and professionals to gain an insight into people's knowledge and understanding of HIV and preferences for testing and support. A copy of the full report including the methodologies used is available on Wirral Intelligence Service website but an overview of the key themes is presented below.

Lack of knowledge around HIV was a key theme identified. Professionals felt that people often assume they are not at risk of contracting HIV; there is a general assumption that certain groups of people with a particular sexual orientation are the only ones who can get the virus.

[76] UKHSA. Research and analysis. Annual report from the sentinel surveillance of blood borne virus testing in England: data for January to December 2021. Published 7 March 2023

[77] https://www.england.nhs.uk/wp-content/uploads/2013/06/b06-spec-hiv-serv.pdf

Professionals working in the drugs and alcohol space described how they can often see this attitude among people who use steroids. According to the professionals, steroid users can feel like they are not vulnerable to HIV because they do not feel associated with the stereotypical 'drug addict' profile:

"Even trying to tell a steroid user about the dangers of using other people's equipment, they'll say. 'oh, no, no, no. I'm with John, he's spotless."

Lack of knowledge about HIV was reflected in the research grids and conversations held with older men and women who mostly communicated that they do not know enough about HIV, testing, symptoms and who is at risk.

The young people included in the research did not seem to have much knowledge when it comes to HIV. One young person said: *"I barely know anything about HIV. That's actually concerning."* The students felt their limited knowledge of HIV/AIDS came from TV and popular culture, such as Grey's Anatomy and Freddie Mercury's death. One student said: *"wasn't there a pandemic in the 80's?".* In terms of testing, they communicated that they would not know where to go besides their GP.

Students from all the focus groups said that HIV was *"associated with gay people"* and some students mentioned a connection with Birkenhead, Liverpool and people who use drugs.

Attitudes may reflect a persisting stigmatisation of HIV and GBMSM. One young person recounts their experience:

"When I was in high school, HIV would only be thought of as a 'gay' thing, but anyone can get it. Also, a stigma around the spread of HIV, the fear around it etc. Less common now, but when I was young, I remember people referring to anything bad as "AIDS" e.g., "that's AIDS."

Organisations that provide support for people struggling with drug addiction also talked about how they provide support for blood born viruses associated with drug use. They have raised an alarm with concerns on increasing rates of Hepatitis C (Hep C):

"I can't remember the last time we got a HIV positive, but Hep C, every week. We're seeing positives for HEP C all the time…."

Professionals explained that some GBMSM do not identify as LGBTQ+ and have families and relationships they want to maintain in separate spheres of their lives. The discreteness of services is important for these individuals, as well as ease of access at different times of the day:

"A lot of the clinic is men who have sex with men who are essentially in quite stable heterosexual relationships... I think you just have to kind of really appreciate that, the stress of trying to juggle your life, or bits of your life, and there's a real onus on the person to be discreet."

Unplanned pregnancy

Headlines:

Since 2012, Wirral has had a significantly higher abortion rate in comparison to England, the North West and our CIPFA (Chartered Institute of Public Finance and Accountancy) nearest neighbours.

Since 2011, Wirral has consistently been prescribing less Long Acting Reversible Contraception (LARC) in primary care when compared to national and regional averages.

Key messages

How Wirral performs?
It is estimated that nationally half of all pregnancies are unplanned.

Wirral consistently performs poorly on a range of abortion indicators, including overall abortion rate, abortion rate amongst the under 25s, repeat abortions in under 25s and abortions following a birth.

The number of women fitted with LARC had been increasing in Wirral, but due to the pandemic dropped considerably in 2020.

Wirral's sexual health service has consistently provided a good level of LARC fits (with the exception of 2020) and these have been taken up by women from some of Wirral's more disadvantaged areas. LARC fits in primary care however have been lower than national and regional averages.

Who is affected?
Unplanned pregnancies are higher amongst vulnerable and socially disadvantaged groups, including women misusing drugs and alcohol, women with poor mental health, women experiencing domestic abuse, women with complex needs, young women and women from ethnic minority communities.

What this means?
There is a need for improving the uptake and utilisation of reliable contraception methods amongst women locally and potentially missed opportunities within healthcare services.
It is essential that women have good local access to contraception services with the full range of contraception options on offer, including LARC methods, which are the most and cost-effective contraception over other user dependent hormonal methods and condoms.
Engaging with underserved communities, including young women and women from deprived and disadvantaged communities in particular should be prioritised.

Recommendations

- Continue to deliver a comprehensive LARC service via sexual and reproductive health services, with outreach activity and enhanced provision for groups at greater risk of unplanned pregnancy, or who historically are underserved by mainstream provision (e.g. people with a disability, or people from different minority ethnic backgrounds).

- Build on the 2023/24 pilot to provide an enhanced LARC service in the Brighter Birkenhead group of GP practices. Focussed work is needed with primary care to improve availability of contraception, and to ensure that a full range of contraceptives is proactively offered by healthcare professionals.

- Ensue maximum uptake of the NHS Community Pharmacy Contraception Pilot, encouraging more pharmacies in the Wirral to provide this service. This will help to improve accessibility to oral contraception and help to relieve the burden on sexual health services and primary care, creating more capacity for focused delivery of LARCs. This appears to be highly acceptable amongst women with many stating they would be happy to get their contraceptive pill from non-traditional clinical settings such as pharmacies or online.

- Improve the contraception offer post-termination and postnatally. All women should be offered contraception following a termination, with clear pathways for provision. Postnatal contraception needs to be strengthened so that women are encouraged to consider their contraception preferences post-partum and are actively supported to take up their contraception of choice.

- Ensure joined-up commissioning for gynaecological and reproductive health in line with the recommendations from the Women's Health Strategy. There should be a system-wide approach to women's reproductive health, with partners within the Wirral Integrated Care Partnership so that women and girls can have more of their health needs met within integrated services.

Overview

More than 3 in 4 women at any one time want to either prevent or achieve pregnancy; contraception and pre-conception care are therefore a day-to-day reality for the majority of women for most of their reproductive years[78]. Choice and control over reproduction is important to ensure that as many pregnancies as possible are planned and wanted, health is optimised both before a first pregnancy and in the inter-pregnancy period, and women who do not wish to have children can effectively prevent becoming pregnant. **It is estimated that around 45% of pregnancies and one third of births in England are unplanned or associated with feelings of ambivalence** [78]. Higher rates of unplanned pregnancies are evidenced amongst key vulnerable or socially disadvantaged groups [78].

[78] PHE (2018). Health matters: reproductive health and pregnancy planning. Accessed at: https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning

There is clear evidence that **unplanned pregnancies result in poorer outcomes for women and their babies due to late presentations for antenatal care and a wide range of obstetric complications during the pregnancy, delivery and postnatal period**.
Mental health outcomes can also be impacted with increased incidence of antenatal and postnatal depression [78]. There are also psychological costs associated with termination of pregnancy. One large scale review of evidence estimated that around 20% of women will experience negative psychological effects ranging from anxiety to clinical depression, also highlighting that it was more likely to affect vulnerable groups[79].

Contraception is the single most cost-effective intervention in healthcare. Public Health England (PHE) estimated that every £1.00 invested in the provision of contraception achieves a £9.00 saving across the public sector[80]. The effectiveness of the barrier method and oral contraceptive pills depends on their correct and consistent use unlike the effectiveness of long-acting reversible contraceptive (LARC) methods, such as an intrauterine device/ system (IUD/S) or implant, which are less likely to be impacted by user error [81]. It is widely agreed that LARC methods are more effective and cost-effective at preventing pregnancy than any other hormonal methods and condoms. **An increase in the provision of LARC will almost certainly lead to a reduction in rates of unintended pregnancy[82]**.

The Faculty of Sexual and Reproductive Health (FSRH) Clinical Guideline, Contraception after Pregnancy (2017, amended October 2020) states that **maternity services should provide Intrauterine contraception (IUC) and progestogen-only methods, including implant (IMP), injectable (POI) or pill (POP), to women before they are discharged from the service after childbirth**. Childbirth presents an opportunity for providing contraception at a time when women are attending a service staffed by healthcare providers with the skills to offer a full range of methods and when women may be highly motivated to start using an effective method. **This also provides a great opportunity to engage with the most vulnerable and marginalised women who are at increased risk of an unplanned pregnancy and poor outcomes.**

The All-Party Parliamentary Group on Sexual and Reproductive Health (APPG - SRH) in the UK opened an enquiry in 2019 to look at access around contraception for women, this was in response to reports that women were unable to access contraception in a way that met their needs[83]. Evidence was re-submitted from May 2020 to account for the pandemic.
They found that:

- **Women in England are facing increasing difficulty in accessing contraception which suits their needs.**
- This is due to a combination of funding cuts and a fragmented commissioning system which means that care is not structured around women's needs.
- There is an **urgent need to structure care around the needs of women, especially underserved groups** such as ethnic minority groups, young women and women from poorer communities.

[79] Fine-Davis, Margaret. *Psychological Effects of Abortion on Women: A Review of the Literature.* Dublin : Crisis pregnancy agency report, 2007. 20.
[80] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730292/contraception_return_on_investment_report.pdf
[81] https://www.nice.org.uk/guidance/cg30/resources/longacting-reversible-contraception-pdf-975379839685
[82] Exellence, National Institute for Clinical. Long Acting Reversible Contraception: Clinical Guideline. [Online] 2005. https://www.nice.org.uk/guidance/cg30/resources/longacting-reversible-contraception-pdf-975379839685.
[83] 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.* s.l. : FSRH Policy and External Affairs, 2020.

Groups most at risk

The evidence illustrates that **unplanned pregnancies is a health inequalities issue, resulting in disproportionately poorer physical and mental health outcomes for women and their babies from our most vulnerable groups**. Higher rates of unplanned pregnancies are evidenced amongst the following groups:

- Teenagers
- Women using drugs and alcohol.
- Women with poor mental health
- Women experiencing domestic abuse.
- Women with multiple complex needs[78]

Abortion rates are also higher amongst some Black and Ethnic Minority groups, which suggests higher rates of total unplanned pregnancies and barriers to contraception. Similarly, there is inequality by deprivation with the abortion rate amongst the most deprived populations more than double the rate in the least deprived[84].

Abortion rates have been rising gradually over the last ten years, with rates at their highest (2019) since the Abortion Act 1967. Overall, abortion rates are highest amongst 20–24-year-olds, although they have been declining along with under 18s since 2007. The increase has been observed in women over the age of 30 indicating a rise in unplanned conceptions among this group[83].

In 2019, 40% of women receiving abortion care had one or more previous abortions, a proportion that has increased steadily from 34% in 2009[83]. This suggests a longstanding unmet need for contraception and missed opportunities within the healthcare system.

It is also **estimated that one in 13 women presenting for abortion or delivery conceive within 1 year of giving birth**[85]. Women underestimate the return of fertility post pregnancy, they also underestimate when they are likely to resume sexual intercourse (50% resume intercourse within 6 weeks of birth[86], before they would routinely see their GP to discuss a contraceptive plan).

Women in the post-partum period need to be aware of the risks and supported to plan their contraception of choice following their pregnancy.

Another group which should be prioritised are women whose LARC fitting has expired or is due for replacement or removal. Some LARC fittings can safely be left in place past their expiry date, but this can lead to unplanned pregnancies if another contraception method is not used immediately following its expiry date (https://www.brook.org.uk/your-life/myths-about-long-acting-reversible-contraception-larc/).

[84] 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. 2020.
[85] *Heller R, Cameron S, Briggs R, et al. Postpartum contraception: a missed opportunity to prevent unintended pregnancy and short inter-pregnancy intervals. J Fam Plann Reprod Health Care 2016;42:93–98.*
[86] McDonald EA, Brown SJ. Does method of birth make a difference to when women resume sex after childbirth? *BJOG* 2013;**120**:823–30

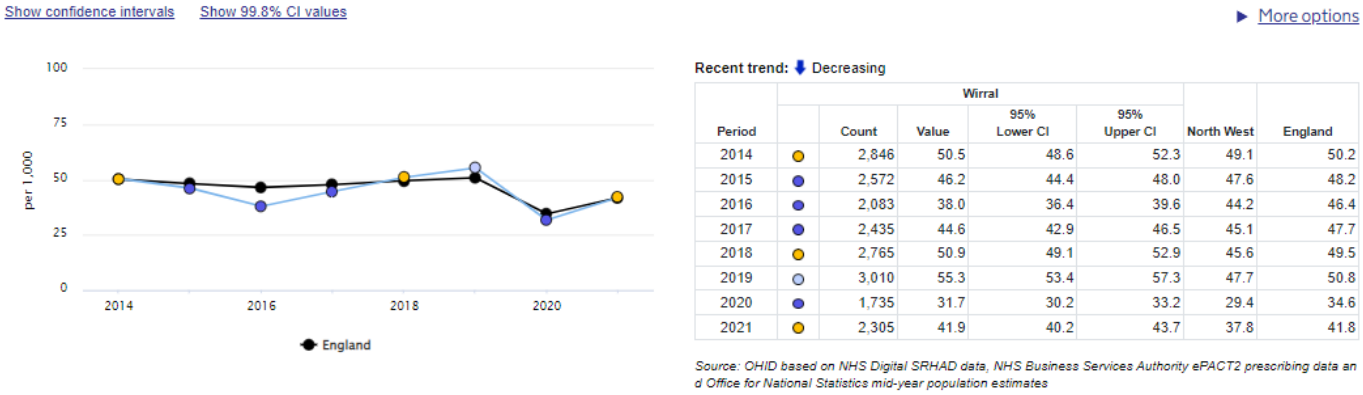
Data (current & trend data)

Unplanned pregnancy key data

Contraception

Between 2016 and 2019 Wirral was on upward trajectory increasing the number of Long Acting Reversible Contraception (LARC) fits locally, but this dropped considerably in 2020 across the country as a direct result of the pandemic, however for 2021 Wirral has seen and improvement in performance against England, **See Figure 32 below**.

Figure 32: Total prescribed Long Acting Reversible Contraception (LARC) excluding injections rate per 1,000 population, Wirral and England



Recent trend: Decreasing

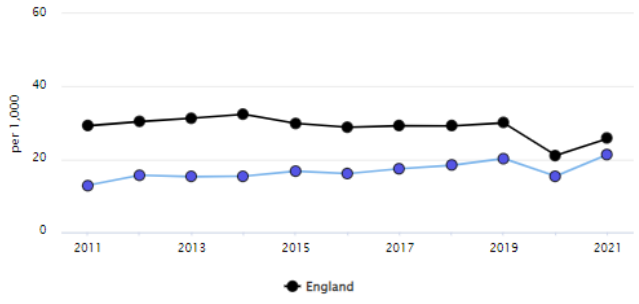
Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2014		2,846	50.5	48.6	52.3	49.1	50.2
2015		2,572	46.2	44.4	48.0	47.6	48.2
2016		2,083	38.0	36.4	39.6	44.2	46.4
2017		2,435	44.6	42.9	46.5	45.1	47.7
2018		2,765	50.9	49.1	52.9	45.6	49.5
2019		3,010	55.3	53.4	57.3	47.7	50.8
2020		1,735	31.7	30.2	33.2	29.4	34.6
2021		2,305	41.9	40.2	43.7	37.8	41.8

Source: OHID based on NHS Digital SRHAD data, NHS Business Services Authority ePACT2 prescribing data and Office for National Statistics mid-year population estimates

Source: Public Health Fingertips sexual health profile, 2021

The trend for GP prescribed LARC demonstrates that Wirral has consistently been prescribing fewer LARCs when compared to national and regional averages, since 2011.

Figures 33: GP prescribed Long Acting Reversible Contraception (LARC) excluding injections rate per 1,000 population, Wirral and England



Recent trend: No significant change

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2011		755	12.9	12.0	13.9	20.3	29.2
2012		905	15.7	14.7	16.7	21.9	30.4
2013		871	15.2	14.2	16.3	22.8	31.3
2014		867	15.4	14.4	16.4	23.1	32.3
2015		935	16.8	15.7	17.9	21.6	29.8
2016		884	16.1	15.1	17.2	20.7	28.8
2017		951	17.4	16.3	18.6	21.0	29.2
2018		997	18.4	17.2	19.5	21.4	29.2
2019		1,101	20.2	19.1	21.5	21.7	30.0
2020		843	15.4	14.4	16.5	14.6	21.1
2021		1,172	21.3	20.1	22.6	19.3	25.7

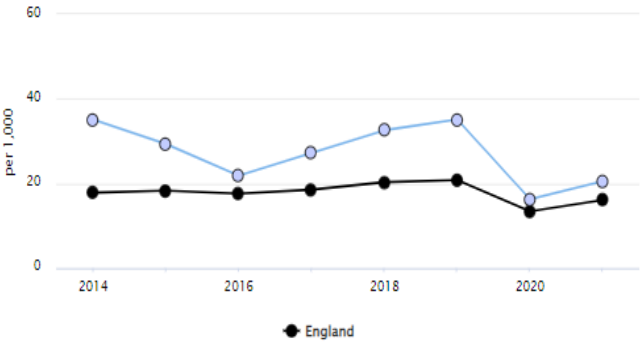
Source: OHID based on NHS Business Services Authority ePACT2 prescribing data and Office for National Statistics mid-year population estimates

Source: Public Health Fingertips sexual health profile, 2021

Figure 33 above however does show that **the difference has been slowly narrowing in rates for GP prescribed LARC,** the difference in 2011 between Wirral and England was 16.3 compared to a difference in 2021 of 4.4. Wirral rates compared to our CIPFA (Chartered Institute of Public Finance and Accountancy) nearest neighbours (for the same time period) have also been significantly worse. The impact of the pandemic is also clearly shown in 2020.

LARCs fitted by the Sexual Health Service in Wirral have been significantly higher than England and our CIPFA nearest neighbours since 2014 as **figure 34 below** describes.

Figures 34: Sexual and Reproductive Health (SRH) services prescribed Long Acting Reversible Contraception (LARC) excluding injections rate per 1,000 population, Wirral and England



Recent trend: ⬇ Decreasing

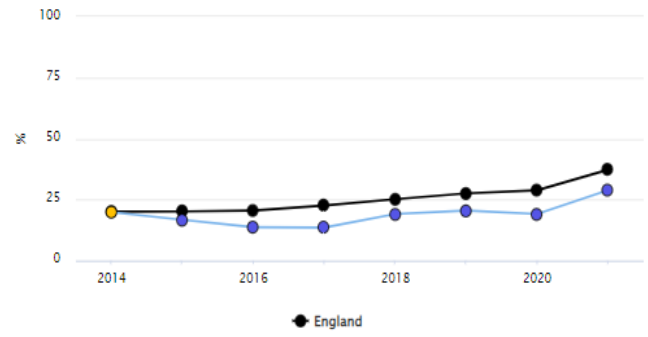
Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2014		1,979	35.1	33.6	36.7	26.0	17.8
2015		1,637	29.4	28.0	30.8	26.0	18.3
2016		1,199	21.9	20.6	23.1	23.5	17.6
2017		1,484	27.2	25.8	28.6	24.1	18.5
2018		1,768	32.6	31.1	34.1	24.2	20.3
2019		1,910	35.1	33.5	36.7	26.0	20.8
2020		890	16.3	15.2	17.4	14.8	13.4
2021		1,130	20.6	19.4	21.8	18.5	16.1

Source: OHID based on NHS Digital SRHAD data and Office for National Statistics mid-year population estimates

Source: Public Health Fingertips sexual health profile, 2021

Since 2016, **the trend had been increasing in sexual health service LARC prescribing and the gap between Wirral and England widening. However, in 2020 this trend was reversed which again is attributed to the effects of the pandemic**, however the trend is showing signs of improving in 2021.

Figure 35: Under 25s choose Long Acting Reversible Contraception (LARC) excluding injections at Sexual and Reproductive Health Services (SRH), Wirral and England



Recent trend: ⬆ Increasing

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2014		997	19.8%	18.8%	21.0%	17.9%	20.1%
2015		783	16.8%	15.7%	17.9%	16.7%	20.2%
2016		563	13.7%	12.7%	14.8%	17.0%	20.6%
2017		578	13.6%	12.6%	14.7%	18.1%	22.6%
2018		687	19.1%	17.9%	20.5%	19.6%	25.2%
2019		780	20.5%	19.3%	21.9%	21.8%	27.6%
2020		430	19.1%	17.6%	20.8%	23.0%	28.8%
2021		440	28.9%	26.6%	31.1%	31.4%	37.3%

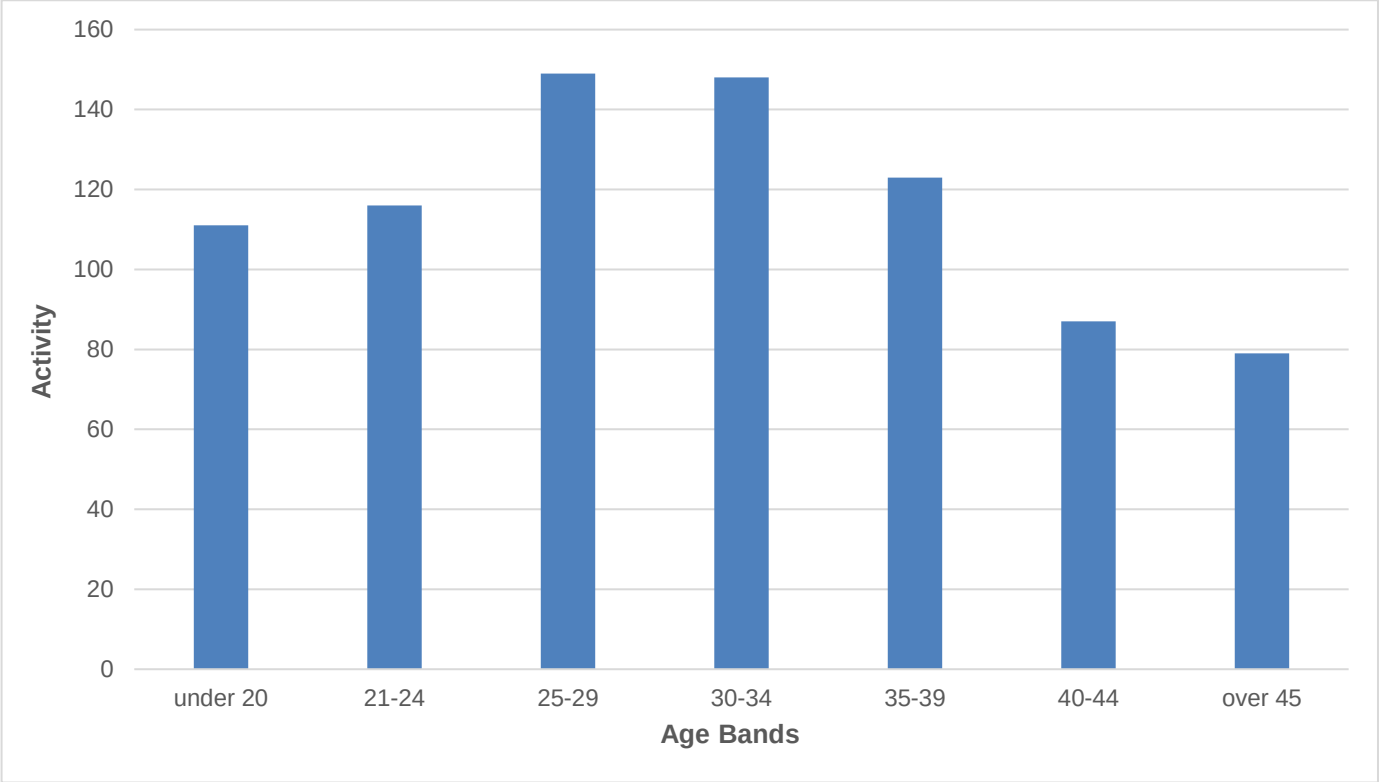
Source: OHID based on NHS Digital SRHAD data

Source: Public Health Fingertips sexual health profile, 2021

Figure 35 above shows that **in Wirral we have been an outlier for under 25 years olds choosing LARC (excluding injections) at SRH services since 2015**, significantly below England, the North West and also our CIPFA nearest neighbours.

Further analysis of the sexual health service provider LARC data by age band demonstrates that activity is the greatest in those aged between 25 and 34 **(see Figure 36 below).**

Figure 36: Quarters 1 and 2 in 2022/23, Long Acting Reversible Contraception (LARC) fittings by age bands within the Sexual Health Service



Source: restricted local provider Long Acting Reversible Contraception (LARC) prescribed contraception, 2022

Those aged between 25-29 had 18.3% of all LARC activity and similarly 18.2% for those aged 30-34. The activity declines from age 35 years onwards, with the lowest uptake for those aged over 45 (9.7%) of activity.

Table 3 below shows the rate of contraception uptake for LARC by the sexual health service provider for the first 6 months of 2022/23 by deprivation quintile.

Table 3: Quarter 1 & 2 2022/23 Long Acting Reversible Contraception (LARC) by deprivation quintile within the Sexual Health Service

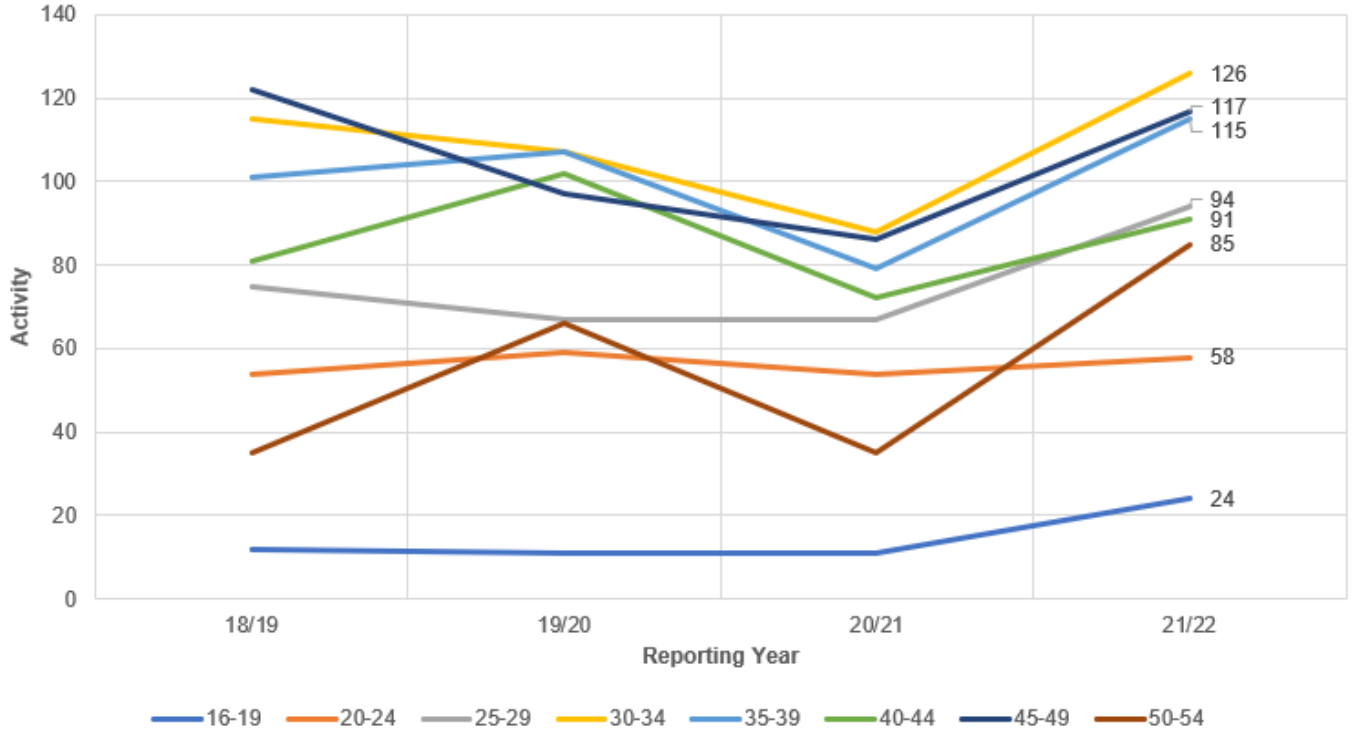
Deprivation Quintile	LARC rate per 1,000 15-44
Most Deprived	17.6
2	13.3
3	12.3
4	11.2
Least Deprived	11.3

Source: restricted local provider Long Acting Reversible Contraception (LARC) prescribed contraception, 2022

The most deprived quintile (quintile 1) has the highest rate (17.6 per 1,000 population aged 15-44) in the first 6 months of 2022/23. The lowest rate is in quintile 4 (11.2 per 1,000 population aged 15-44) followed by the least deprived quintile (quintile 5) with 11.3 per 1,000 population. This demonstrates that the **LARC contraception offer by the sexual health service is being taken up by residents in some of the more deprived areas in Wirral and indicates there is equitable access to the service.** However, this may also mean that women in more deprived areas are facing barriers to accessing LARC via their GP, some of whom are then turning to the sexual health service.

Further analysis of the GP LARC fitting data shows that more women are fitted for IUD/S in primary care aged 30-39years and 45-49years (**See Figure 37 below**).

Figure 37: GP Long Acting Reversible Contraception (LARC) intrauterine device/ system (IUD/S) fittings, broken down by age band by reporting years

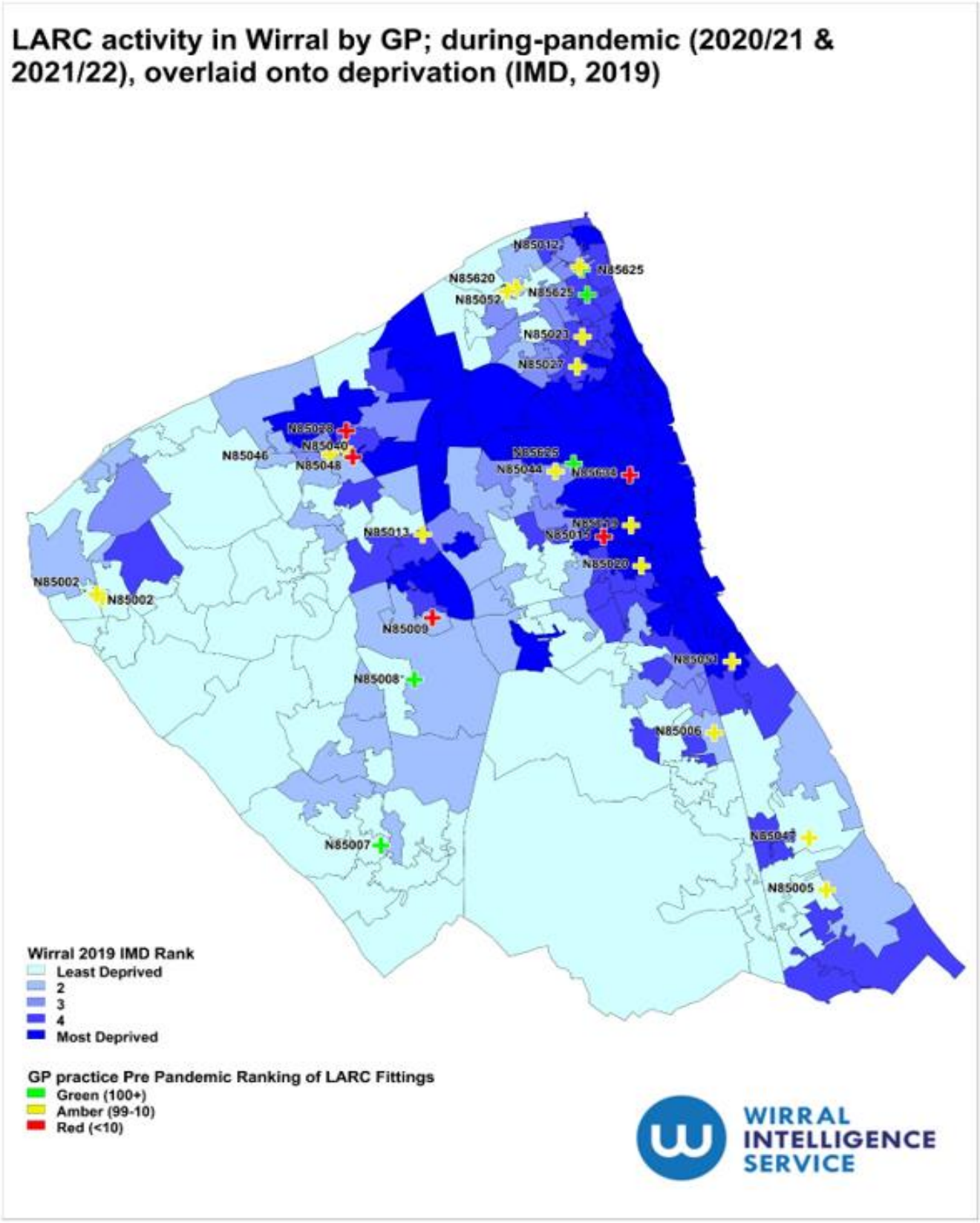


Source: restricted access, Pharmoutcomes, 2022

Under 25s (20-25s) are most at risk of a termination of pregnancy so increasing the number of LARC fits in primary care and the sexual health service amongst this cohort should be an area of focus in Wirral.

Reviewing the location of practices fitting IUD/S enables us to identify gaps in provision across Wirral (**See map 5 below).**

Map 5:



Source: Wirral Intelligence Service 2023

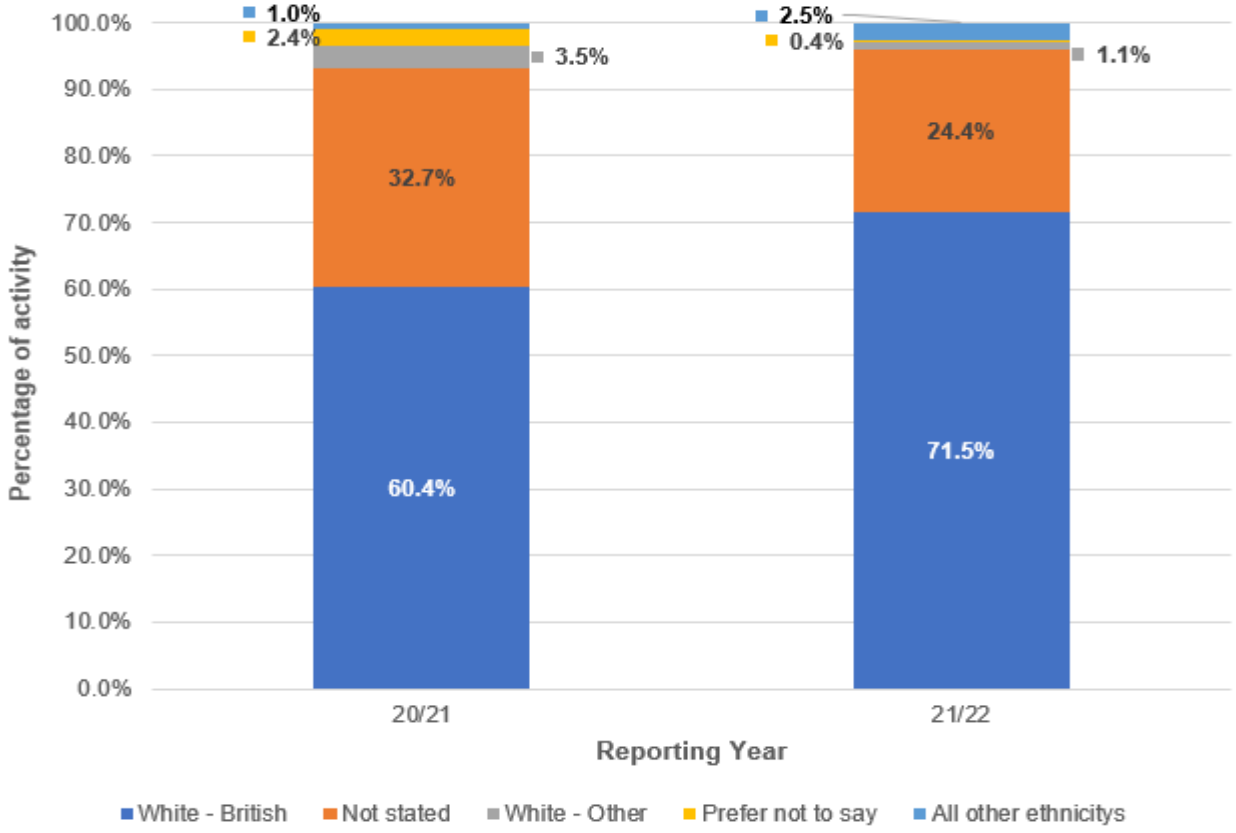
The map above shows the variation in IUD/S fitting activity geographically. Many of the practices with lowest rates of LARC (IUD/S) fittings provide services to our more socioeconomically disadvantaged communities. **Ensuring all practices in Wirral are able to provide an accessible LARC service will be key to reducing inequalities in unplanned pregnancy**. Further detail is provided in **table 4 below**.

Table 4: RAG (Red/Amber/Green) rating of GP's Long Acting Reversible Contraception (LARC) provision during the COVID-19 pandemic:

GP Practice Code	GP Practice Name	IUD/S Fits
N85007	Heswall & Pensby Group Practice	100+
N85008	West Wirral Group Practice (The Warrens)	100+
N85625	Earlston and Seabank Medical Centre	100+
N85625	Field Road Health Centre	100+
N85625	Miriam Medical Centre	100+
N85044	Paxton Medical Group	99-10
N85012	St Georges Medical Centre	99-10
N85013	Upton Group Practice	99-10
N85051	Parkfield Medical Centre	99-10
N85051	Sunlight Group Practice	99-10
N85005	Eastham Group Practice	99-10
N85046	Hoylake Road Medical Centre	99-10
N85052	Grove Road Surgery	99-10
N85006	Civic Medical Centre	99-10
N85023	Manor Health Centre	99-10
N85027	Central Park Medical Centre	99-10
N85038	Vittoria Medical Centre (G)	99-10
N85020	St Catherines Surgery	99-10
N85040	Moreton Health Clinic	99-10
N85047	Orchard Surgery	99-10
N85019	Whetstone Medical Centre	99-10
N85002	Estuary Medical Centre	99-10
N85002	Marine Lake Medical Practice	99-10
N85620	The Village Medical Centre	99-10
N85634	Vittoria Medical Centre (K)	>10
N85048	Moreton Medical Centre	>10
N85015	Devaney Medical Centre	>10
N85009	Commonfield Road Surgery	>10
N85028	Moreton Cross Group Practice	>10

Reviewing GP prescribed LARC by ethnicity is problematic as the number of patients whose ethnicity has not been stated means it is not possible to draw any strong conclusions about the uptake amongst the ethnic minority communities (**See figure 38 below)**.

Figure 38: GP Long Acting Reversible Contraception (LARC) intrauterine device/ system (IUD/S) fittings, broken down by ethnicity by reporting year



Source: Pharmoutcomes IUD/S, restricted access, 2022

This again reinforces the need to improve the recording of ethnicity to ensure services can be effectively monitored.

Termination of Pregnancy

Wirral has been an outlier in many of the key measurements against abortion and abortion rates as per the **figures 39 – 43 below**.

Figure 39: Overview of key abortion measures for UK Health Security Agency (UKSHA) (2021)

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the North West UKHSA Region.

Compared to England:

Better Similar Worse *or* Lower Similar Higher *or* Not compared

Benchmark Value

Worst/Lowest 25th Percentile 75th Percentile Best/Highest

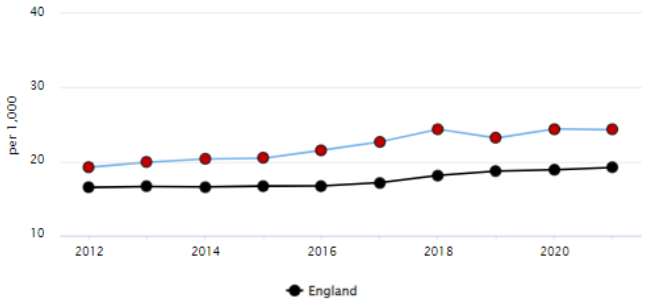
Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
Total abortion rate / 1,000	2021	1,329	24.3	19.2	32.2	11.3
Under 18s abortions rate / 1,000	2021	48	9.0	6.5	2.0	14.6
Over 25s abortion rate / 1,000	2021	775	20.0	17.9	29.4	10.2
Under 25s repeat abortions (%)	2021	211	38.1	29.7	39.8	17.3
Under 25s abortion after a birth (%)	2021	181	32.7	26.0	47.2	8.2

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

Source: Public Health Fingertips sexual health profile, 2022

Wirral has a high abortion rate in comparison to England and the North West.

Figure 40: Total abortion crude rate per 1,000 population, Wirral and England



Recent trend: ➡ No significant change

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2012	●	1,112	19.2	18.1	20.4	17.6	16.5
2013	●	1,139	19.9	18.8	21.1	17.6	16.6
2014	●	1,152	20.4	19.2	21.6	18.2	16.6
2015	●	1,145	20.5	19.3	21.7	18.5	16.7
2016	●	1,187	21.5	20.3	22.8	18.9	16.7
2017	●	1,236	22.7	21.4	24.0	19.5	17.2
2018	●	1,322	24.4	23.1	25.7	20.7	18.1
2019	●	1,261	23.2	21.9	24.5	21.3	18.7
2020	●	1,335	24.4	23.1	25.8	21.9	18.9
2021	●	1,329	24.3	23.0	25.6	23.0	19.2

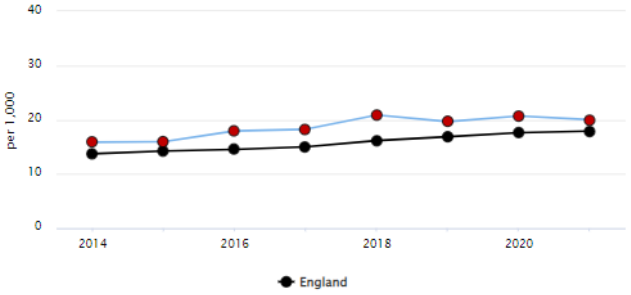
Source: Office for Health Improvement and Disparities, Department of Health and Social Care based on data from abortion clinics

Source: Summary profile of local authority sexual health Wirral, 2021

As **figure 40 above** shows, Wirral has been statistically significantly worse than England, the North West and our CIPFA (Chartered Institute of Public Finance and Accountancy) nearest neighbours since reporting in 2012. The overall trend has not significantly changed (over the last 5 reported years) when compared to our statistical comparators in that same time period.

Wirral's abortion rate for 25-year-olds is also high in comparison to national and regional averages.

Figure 41: Over 25-year-olds abortion rate per 1,000 population, Wirral and England



Recent trend: ➡ No significant change

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2014	●	620	15.9	14.6	17.2	14.5	13.7
2015	●	620	16.0	14.7	17.3	15.3	14.2
2016	●	692	17.9	16.6	19.3	16.1	14.5
2017	●	701	18.2	16.9	19.6	16.7	15.0
2018	●	799	20.9	19.4	22.4	18.1	16.2
2019	●	757	19.7	18.3	21.1	18.7	16.9
2020	●	799	20.7	19.3	22.1	19.9	17.6
2021	●	775	20.0	18.7	21.5	20.9	17.9

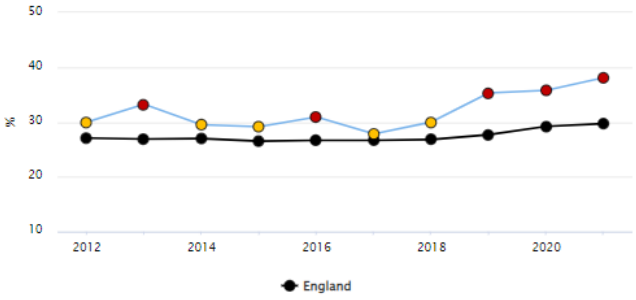
Source: Office for Health Improvement and Disparities, Department of Health and Social Care based on data from abortion clinics

Source: Public Health Fingertips sexual health profile, 2021

Figure 41 above (like the total abortion rate) shows, Wirral has been statistically significantly worse than England, the North West and our CIPFA neighbours since reporting in 2014. The overall trend has been increasing and getting worse (over the last 5 reported years) when compared to our statistical comparators in that same time period.

Repeat abortions amongst under 25-year-olds has also been consistently higher than national and regional figures (See figure 42 below).

Figure 42: Under 25-year-olds repeat abortions expressed as a percentage, Wirral and England



Recent trend: ↑ Increasing & getting worse

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2012		174	30.0%	26.4%	33.9%	26.2%	27.1%
2013		181	33.2%	29.4%	37.3%	25.7%	26.9%
2014		157	29.5%	25.8%	33.5%	26.8%	27.0%
2015		153	29.1%	25.4%	33.2%	26.4%	26.5%
2016		153	30.9%	27.0%	35.1%	27.5%	26.7%
2017		149	27.9%	24.2%	31.8%	27.5%	26.7%
2018		157	30.0%	26.2%	34.1%	27.1%	26.8%
2019		178	35.3%	31.3%	39.6%	28.3%	27.7%
2020		192	35.8%	31.9%	40.0%	30.7%	29.2%
2021		211	38.1%	34.1%	42.2%	31.9%	29.7%

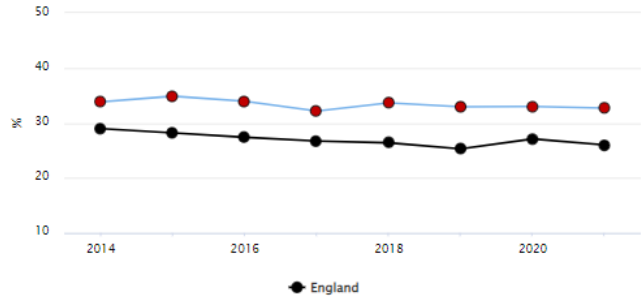
Source: Office for Health Improvement and Disparities, Department of Health and Social Care based on data from abortion clinics

Source: Public Health Fingertips sexual health profile, 2021

This data shows that in Wirral in 2021, 38.1% of residents under the age of 25 attending for an abortion had already had a termination of pregnancy previously. This is significantly higher than England and our comparators and indicates a lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method.

Similarly, **abortions after a birth in the under 25s (**who had a previous birth in any year) **is consistently higher in comparison to national and regional figures (See figure 43 below).**

Figure 43: Under 25-year-olds abortion after birth (%), Wirral and England



Recent trend: → No significant change

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2014		180	33.8%	29.9%	38.0%	32.2%	29.0%
2015		183	34.9%	30.9%	39.0%	31.7%	28.2%
2016		168	33.9%	29.9%	38.2%	30.6%	27.4%
2017		172	32.2%	28.3%	36.2%	30.2%	26.7%
2018		176	33.7%	29.7%	37.8%	29.5%	26.4%
2019		166	32.9%	29.0%	37.2%	27.6%	25.3%
2020		177	33.0%	29.2%	37.1%	30.1%	27.1%
2021		181	32.7%	28.9%	36.7%	27.7%	26.0%

Source: Office for Health Improvement and Disparities, Department of Health and Social Care based on data from abortion clinics

Source: Public Health Fingertips sexual health profile, 2021

This indicator details the percentage of females (under 25 years) having an abortion, who had a previous birth in any year. **The number of women in Wirral (Under 25 years) having an abortion following a birth is high** (32.7% of Wirral women under 25 years presenting at a termination of pregnancy service have had a previous birth). The rate is significantly higher than the North West and England and is **a clear indication of need to improve the post-partum contraception offer.**

In Wirral and England, women aged 20-24 years have the highest abortion rate as indicated in table 5 below.

Table 5: Abortions (all ages) crude rate per 1,000 women, Wirral and England 2019 to 2021

	Year	Crude rate per 1,000 women aged under 18	Crude rate per 1,000 women aged 18 to 19	Crude rate per 1,000 women aged 20 to 24	Crude rate per 1,000 women aged 25 to 29	Crude rate per 1,000 women aged 30 to 34	Crude rate per 1,000 women aged 35+
Wirral	2021	9.0	41.0	50.2	37.8	25.4	8.9
	2020	8.9	36.8	49.7	36.0	27.9	9.9
	2019	11.6	28.3	46.7	39.3	23.1	8.5
England	2021	6.5	22.4	30.9	27.3	22.5	10.7
	2020	6.8	22.2	29.9	26.4	22.0	10.7
	2019	8.0	24.0	30.2	26.3	21.0	9.8

Source: UK Government, 2022

Key findings from this data include:

- **Wirral has a higher abortion rate across all age groups when compared to the national average,** with the exception of women over the age of 35.
- **Abortions amongst 18-19 and 20-24- and 30–34-year-olds have increased in the last three years, with the biggest increase seen in women aged 18-19**. This does not reflect the national picture.

Services

Specialist Sexual Health Service

Sexual Health Wirral provides an integrated sexually transmitted infection (STI) and contraception service offering free sexual health screens, treatment, results management and advice on STIs as well as delivering the full range of contraception (and contraception counselling) to men and women of all ages.

GP Services in the Community

Sexual Health Wirral also works in close partnership with local GPs to provide specialised methods of contraception such as coils or implants. A list of participating GP Practices is available on the Sexual Health Wirral website.

A pilot programme will commence in April 2023 with the Brighter Birkenhead group of GP practices to provide an enhanced Long Acting Reversible Contraception (LARC) service to patients; inter-practice referrals are a key element of the new model. This model should improve the availability and uptake of LARCs for registered patients; the pilot will be evaluated, and lessons learnt will inform how this is developed across Wirral.

A key member of the Sexual Health Wirral team is the GP champion whose role is to develop the working relationship between the service and local GPs and ensure general practice is an integral part of local action to address sexual and reproductive health needs.

Pharmacy Services in the Community

Sexual Health Wirral works in close partnership with local pharmacies to offer free emergency contraception. A list of participating pharmacies is available on the Sexual Health Wirral website.

NHS Community Pharmacy Contraception Pilot

The overall aim of the pilot is to expand patient access to contraception to improve choice and convenience. The pilot has two tiers:

- **Tier 1:** Repeat prescribing of contraceptive pill. Community pharmacies to continue the supply of oral contraception for people who have previously had a supply initiated in general practice or sexual health clinics.

- **Tier 2**: Initiation of contraceptive pill. Community pharmacy teams to initiate the supply of oral contraception for people wishing to start. This is due to be rolled out in October 2023 (later than the original start date of October 2022).

The pilot should create more capacity in primary care and sexual health clinics through the access to oral contraception via community pharmacy. This should help to relieve the burden on wider primary care and sexual health clinics and improve access for patients.

More information on the pilot can be accessed on the NHS Business Services Authority website.

Wirral is a pilot site and has 11 pharmacies delivering the tier 1 service. Between February 2022 and January 2023 there have been a total of 723 consultations within Wirral pharmacies. There are a number of Wirral pharmacies that are committed to delivering tier 2 later in 2023.

Qualitative Insights from Wirral residents

In 2017/18, Public Health England undertook a comprehensive engagement exercise with women and stakeholders (through focus groups and an online survey) to gain a better understanding of women's experiences of and preferences for reproductive health and healthcare. Some of the headlines include:

- Knowledge of reproductive health was seen as a key factor in women being able to both manage unwanted symptoms and having a voice in making positive reproductive choices.

- For most women, preventing pregnancy was the most important reproductive issue throughout most of their lives. This priority was most marked for younger women who were also most likely to use the least reliable contraceptive methods such as pills and condoms. Older women tended to use more effective methods such as the IUD. One in 4 women who used condoms for contraception admitted that they did not use them regularly, significantly increasing their risk of unintended pregnancy.

- In general, women reported that General Practice (GP) was their preferred place to obtain their contraception including for the implant or IUD, although a significant minority preferred a sexual health setting. Women under 35 were more likely to receive their IUD in sexual health clinics compared with women over 35 receiving them in GP clinics. A total of 80% of women using pills received them from the GP although more than half would prefer to receive them elsewhere such as in pharmacy or online.

- Symptoms associated with reproductive health also had an important impact on women's wellbeing. 80% of women in the survey described experiencing unwanted reproductive health symptoms such as heavy menstrual bleeding, severe menopausal symptoms or postnatal symptoms. Menstrual problems were particularly common in women under 25.

The full report can be found on the Public Health pages of the Government website.

In the public survey, which supported the development of the Women's Health Strategy, gynaecological conditions were the most commonly reported topic for inclusion in the strategy, with menstrual health also a popular topic referenced for inclusion. It is important to note the role that hormonal contraception methods can have to support gynaecological health, having a range of benefits other than the primary purpose of pregnancy prevention.

Between February and March 2023, members of the Wirral Council Qualitative Insight Team (on behalf of Public Health) conducted qualitative research with local residents and professionals to gain an insight into people's thoughts on contraception and preventing unplanned pregnancies. A copy of the full report including the methodologies used is available on Wirral Intelligence Service website but an overview of the key themes is presented below.

Young women between the ages of 15-24 indicated that one of the biggest issues when it came to contraception is inadequate information on the types of contraception available including side effects and therefore, they do not feel confident making choices. Researchers asked students about their knowledge of contraception. They could list a few contraceptive methods, but they could not breakdown what each of them entailed or how they worked. They had heard about them from social media, conversations with other women in their lives, and some classes from school. This showed a gap in knowledge when it comes to types of contraception, side effects and where to get it. The students also expressed fear around being pregnant or getting someone pregnant when asked to write down their sexual health concerns:

"I'm always fearful that I'll get someone pregnant by accident."

"Being pregnant at this age."

These quotes show there is a need to improve awareness of contraception among both sexes. As one male student said: "Lads also need to know the benefits of contraception."

Engagement with women over twenty-four revealed that the biggest hurdle is not knowing how or being able to access contraception. The theme of GP access and contraception came up a lot in the research. Most people believe that this is due to the residual effect of COVID-19 and its impact on health services in general, not only sexual health. The commonly held view is that during COVID-19, GP practices *"changed the way they work and never got back to pre-COVID working."*

With regards to abortion women are not confident in their knowledge. Social media was pointed out as a key theme in information/misinformation when it comes to abortion, such as it being presented as a joke on Tik Tok.

Professionals from an organisation that supports families indicated that most women are not confident about the contraception available to them after they have just given birth. They said that contraception is not at the forefront of parent's minds after giving birth: *"It's the last thing people want to talk about after giving birth."* Nevertheless, the professionals cautioned that *"...this is also the period that they are very fertile"* and so awareness of fertility and contraception options is important. However, the professionals identified barriers preventing parent's awareness, for example they noted that since COVID-19, there have not been antenatal classes at the local hospital, meaning that parents are not getting the same access to post-natal contraception advice as before COVID-19.

Teenage conceptions

Headline: Trend data shows that Wirral has consistently had a high conception rate for both under 18s and under 16s in comparison to England.

Key Messages

How Wirral performs?
Wirral has a high conception rate for both under 18s and under 16s when compared to England as a whole and our CIPFA (Chartered Institute of Public Finance and Accountancy) nearest neighbours – most notably for under 18 conceptions.

Poverty and education attainment are strongly associated with teenage conception rates. Overall, Wirral has fewer children living in poverty compared to regional and national averages and educational attainment is similar overall although children in care perform particularly poorly.

Who is affected?
Teenage conceptions are strongly linked to child poverty and unemployment. This is clearly evidenced in Wirral, with teenage conceptions considerably higher amongst girls from our more deprived areas.

What this means?
There is a general downward trend locally for teenage conceptions but whilst this is reducing, improvement lags behind our comparators. More needs to be done in Wirral to address this.

Recommendations

- System wide strategic leadership is required in order increase the profile locally and to enable a co-ordinated response across a range of stakeholders.

- Review the Teenage Pregnancy Framework and complete the self-assessment checklist to identify gaps and opportunities locally.

Overview

Most teenage pregnancies are unplanned and around half end in an abortion.

While for some young women having a child can be a positive event, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child[87].

Research shows teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers.

The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems[87].

[87] Sexual and Reproductive Health Profile. Under 18 Conception Rate, Indicator Definition and Supporting Information.

"*Building the knowledge, skills, resilience and aspirations of young people, and providing easy access to welcoming services, helps them to delay sex until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy"88.*

A multi-agency whole system approach is essential for effective action to address teenage conceptions. Health, education, social care and safeguarding sectors all need to come together and consider their role and how they can act.

The Teenage Pregnancy Prevention Framework provides guidance for local areas on maintaining reductions and narrowing inequalities in under 18 conception rates, with a self-assessment checklist to identify and address gaps. A number of factors are noted as being key to success, including:

- High quality Relationships and Sex Education (RSE) programmes using trained mentors.
- Effective and accessible contraception offer for young people.
- Delivered via youth friendly services.

Groups most at risk

Child poverty and unemployment are deprivation indicators that have the greatest influence on under18 conception rate in an area. Other individual risk factors include:

- Free school meal eligibility
- Being a looked after child
- Persistent school absence by age 14
- Poor academic progress between 11 – 14 years
- Sex before the age of 16
- Child sexual exploitation or abuse[89]

The importance of relationships and sex education (RSE) has been acknowledged through the following guidance which was issued in September 2020: *Statutory guidance from the Department for Education (DfE) Relationships Education, Relationships and Sex Education (RSE) and Health Education Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teacher.*

It contains information on what schools should do and sets out the legal duties with which schools must comply when teaching Relationships Education, Relationships and Sex Education (RSE) and Health Education. This will be reviewed every 3 years. Resources have been developed to support delivery of a range of topics.

Research published following this guidance demonstrates that there is variation in how RSE is delivered in schools which will obviously impact on the quality of the support/outcomes[90].

[88] PHE (2018). Teenage Pregnancy Prevention Framework. Supporting young people to prevent unplanned pregnancy and develop healthy relationships.
[89] PHE (2021) Variation in outcomes in sexual and reproductive health in England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984393/SRH_variation_in_outcomes_toolkit_May_2021.pdf
[90] Relationships Education, RSE and Health Education: School Practice in Early Adopter Schools Research report May 2021 Ipsos MORI and the PSHE Association.

Evidence exists to suggest that young people who do not experience quality RSE at school or from parents/other sources are more likely to engage in risky behaviours as they age. This includes an increased risk of unplanned teenage pregnancies. Quality RSE teaches children and young people to recognise signs of healthy relationships and understand consent.

A study of young people in England found that only 32% of respondents learned in RSE how to confidently talk to a partner about using condoms. Of the total respondents, 28% said that buying condoms can be embarrassing, even after learning about them in RSE lessons.[91] This shows that quality RSE can have a significant impact on reducing the risk of unplanned teenage pregnancies, by tackling embarrassment and misunderstanding surrounding contraception and consent.

The PHE Strategic Action Plan for Sexual and Reproductive Health referenced young women aged 16-19 have the highest proportion (45%) of unplanned pregnancies, and rates of abortion are highest for women aged 20-24.[92] Teaching awareness of risks early can help prevent unplanned teenage pregnancies, at which age mothers and babies are at increased risk of poor mental and physical health.

Recent research around adverse childhood experiences (ACEs) has also revealed a link between trauma and risky sexual behaviour. A recent study including young people's views has also suggested young people who have faced trauma are less likely to practice safe sex; those who had faced/are currently facing psychological distress between ages 16-19 were 10% less likely to use contraception.[93]

Another study found that exposure to four or more ACEs increased an individual's likelihood of becoming pregnant in their teenage years fourfold.[94] Again, we must not assume direct links between childhood trauma and behaviours, but make sure support is available for those groups whom evidence suggests might be at increased risk.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/989293/Relationships_Education__RSE_and_Health_Education_Ipsos_Mori_research_report.pdf

[91] UKHSA blog, https://ukhsa.blog.gov.uk/2016/09/22/a-look-at-the-sexual-health-of-young-londoners/

[92] PHE Health Promotion for Sexual & Reproductive Health & HIV: Strategic action plan 2016-2019 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/488090/SRHandHIVStrategicPlan_211215.pdf

[93] Sexual risk taking research brief, November 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1035862/SRE_and_sexual_risk-taking_research_brief_Nov21.pdf

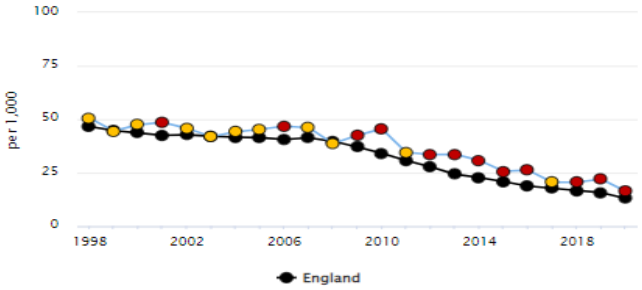
[94] Sara Wood et al, July 2022 https://research.bangor.ac.uk/portal/files/48870267/ijerph_19_08869.pdf

Data (current & trend data)

Conceptions

Wirral's under 18 conception rate has been consistently higher than the England rate over the last two decades (See figure 44 below).

Figure 44: Trend in under 18s conception rate (per 1,000), Wirral and England, 1998 to 2020



Recent trend: ➡ No significant change

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
1998		-	50.6	45.2	56.5	50.3	46.6
1999		-	44.5	39.5	50.0	48.8	44.8
2000		-	47.5	42.3	53.0	47.5	43.6
2001		-	48.6	43.4	54.2	45.1	42.5
2002		-	45.8	40.8	51.3	45.4	42.8
2003		-	42.0	37.2	47.2	45.2	42.1
2004		-	44.2	39.3	49.5	46.0	41.6
2005		-	45.3	40.3	50.7	46.9	41.4
2006		-	46.8	41.7	52.3	44.2	40.6
2007		-	46.1	41.0	51.6	46.6	41.4
2008		-	38.6	34.0	43.8	44.8	39.7
2009		-	42.5	37.6	48.0	42.6	37.1
2010		-	45.5	40.3	51.2	39.6	34.2
2011		-	34.6	30.0	39.6	35.3	30.7
2012		-	33.5	29.0	38.6	31.6	27.7
2013		-	33.7	29.1	38.8	27.6	24.3
2014		-	30.8	26.5	35.7	26.8	22.8
2015		-	25.7	21.6	30.2	24.7	20.8
2016		-	26.2	22.1	30.9	22.3	18.8
2017		-	20.5	16.9	24.7	21.9	17.8
2018		-	20.6	16.9	24.8	21.7	16.7
2019		-	22.0	18.2	26.4	19.4	15.7
2020		-	16.4	13.2	20.2	16.7	13.0

Source: Office for National Statistics (ONS)

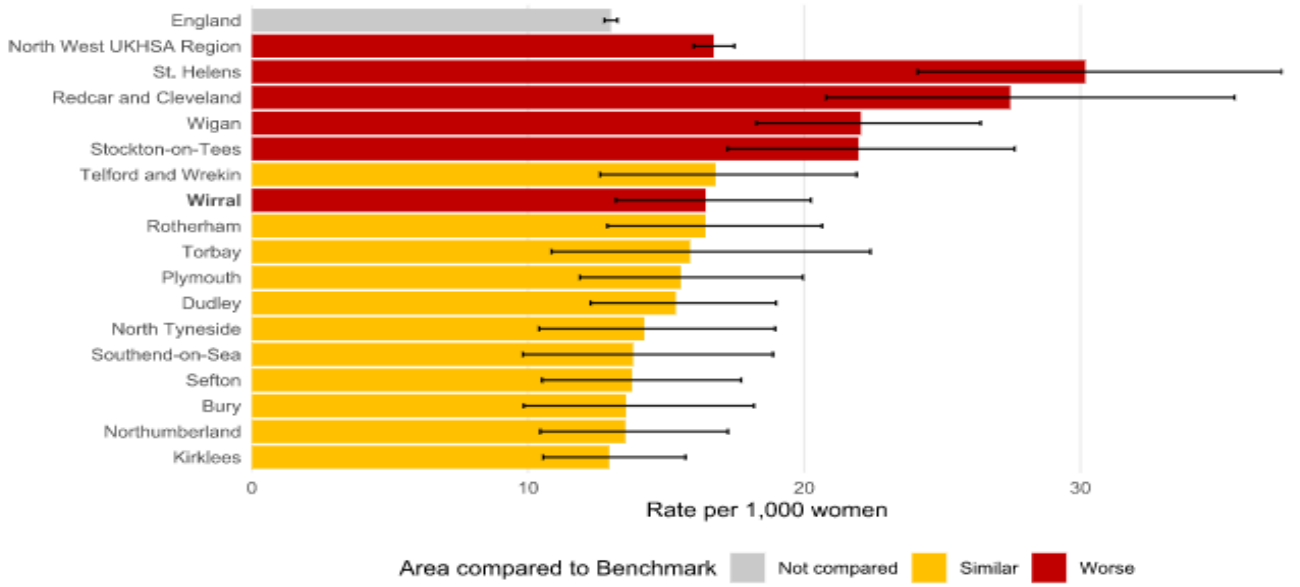
Source: Public Health Fingertips sexual health profile, 2021

In eight of the last ten years, **Wirral's under 18 conception rate has been statistically worse than England's.** Although the general overall trend is that of decreasing teen conception rates since first reported in 1998, Wirral remain as an outlier in this key area for sexual health.

Performance is also poor when compared to our CIPFA nearest neighbours, as indicated in **figure 45** below.

As referenced in the previous chapter, termination of pregnancy data for under 18s improved slightly between 2019 and 2021, although is still higher than the national average. Terminations for 18–19-year-olds increased considerably between 2019 and 2021 and is significantly higher than England.

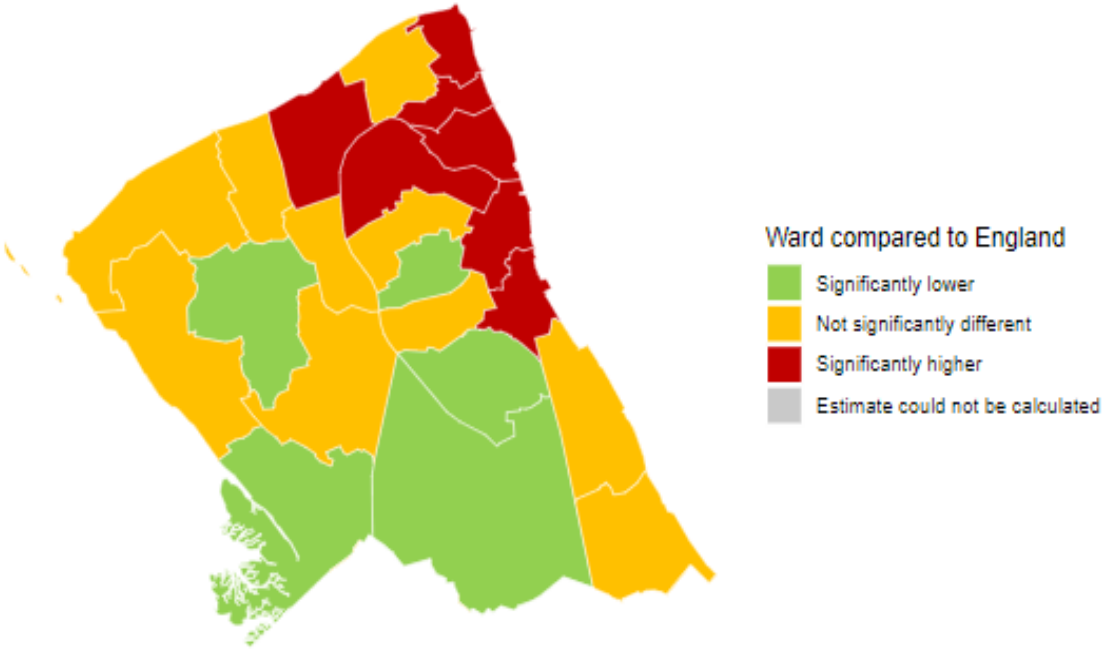
Figure 45: Under-18s conception rate per 1,000 women in 16 similar local authorities and the North West UKHSA Centre, compared to England: 2020



Source: Summary profile of local authority sexual health, 2023
Note: The CIPFA (Chartered Institute of Public Finance and Accountancy) Nearest Neighbour Model adopts a scientific approach to measuring the similarity between authorities taking into account a range of economic, social and physical characteristics (PHE explanation of use of nearest neighbour model)

As **figure 45** above shows, Wirral is significantly worse than England for under 18 conceptions and is also (when compared to our statistical neighbours) an outlier with the sixth worse performance in 2020.

Map 6: Under 18s conceptions in Wirral by ward, compared to England: three-year period between 2018-20



Source: Summary profile of local authority sexual health, 2023

As **map 6 above** shows, **the Middle layer Super Output Areas (MSOA's) with the highest conception rate per 1,000 is predominantly in the most deprived area of the borough** (highlighted in red above). The areas in green are some of the more affluent areas in the borough and these have significantly lower rates than England. The areas in yellow (not significantly different to England) are a mixture of mainly affluent areas of the borough.

The wards which are significantly higher than England on **Map 6**, contain the five most deprived wards in Wirral, while the areas significantly lower than England are the most affluent wards in Wirral, underlining the relationship between teenage conceptions and deprivation.

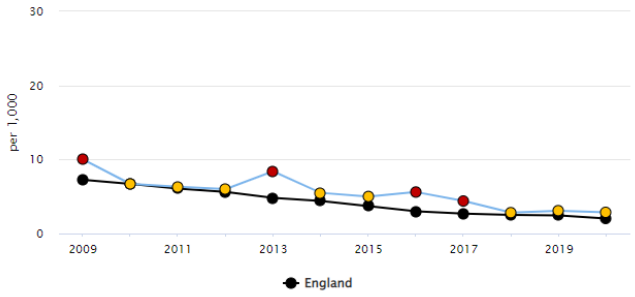
The number of under 16 conceptions have also seen a general downward trend over the last decade **(See figure 46 below)**.

Figure 46: Trend in under 16s conception rate (per 1,000), Wirral and England, 2009 to 2020

Under 16s conception rate / 1,000

Crude rate - per 1,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2009	●	59	10.0	7.6	12.9	8.7	7.3
2010	●	39	6.7	4.8	9.2	7.8	6.7
2011	●	36	6.3	4.4	8.7	7.0	6.1
2012	●	34	6.0	4.2	8.4	6.6	5.6
2013	●	47	8.4	6.2	11.2	5.8	4.8
2014	●	30	5.5	3.7	7.8	5.1	4.4
2015	●	27	5.0	3.3	7.3	4.6	3.7
2016	●	29	5.6	3.7	8.0	3.8	3.0
2017	●	23	4.4	2.8	6.6	3.5	2.7
2018	●	15	2.8	1.6	4.6	3.3	2.5
2019	●	17	3.1	1.8	4.9	3.0	2.5
2020	●	16	2.9	1.6	4.6	2.7	2.0

Source: Office for National Statistics (ONS)

Source: Public Health Fingertips sexual health profile, 2021

Wirral's performance has been consistently higher than the national rate for under-16 conceptions although numbers are low overall.

Risk Indicators for Teenage Conceptions

Looking at performance on other risk indicators for teenage conceptions can be helpful in providing context for the higher teenage conception rates in an area. The **figure 47** below shows the local performance on key risk indicators for teenage conceptions compared against England average.

Figure 47: Teenage conceptions risk indicators in Wirral, compared to England.

Indicator	Period	Wirral			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Children in care (Persons, <18 yrs)	2021	→	827	123	97	67	210		24
Children in absolute low income families (under 16s) (Persons, <16 yrs)	2020/21	→	7,064	11.7%	16.6%	15.1%	39.2%		2.7%
Children in low income families (under 16s) (Persons, <16 yrs)	2016	↓	11,190	19.2%	18.0%	17.0%	31.8%		1.7%
Children in relative low income families (under 16s) (Persons, <16 yrs)	2020/21	→	9,413	15.7%	21.2%	18.5%	42.4%		3.3%
Average Attainment 8 score (Persons, 15-16 yrs)	2020/21	–	182,505	51.1	49.6	50.9	42.9		60.9
Average Attainment 8 score of children in care (Persons, 15-16 yrs)	2021	–	1,558	27.8	24.1	23.2	14.2		38.3
Average Attainment 8 Score among children eligible for Free School Meals (FSM) (Persons, 15-16 yrs)	2020/21	–	29,742	38.5	37.5	39.1	30.7		50.6
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2020	→	370	5.1%	5.3%	5.5%	13.8%		0.6%

Source: Public Health Fingertips sexual health profile, 2021

Figure 47 above shows that Wirral has significantly more children in care than the England average and more children living in low income families. Whilst educational attainment across the borough is above the national average, this hides poorer attainment levels amongst more vulnerable groups, such as those on free school meals and children looked after.

Services

Brook Wirral is a key delivery partner for Sexual Health Wirral, offering a specialised service for young people aged 13-19 years. They provide a range of services to support the sexual health and wellbeing of young people, including sexually transmitted infection (STI) screening and treatment, contraception including emergency contraception, pregnancy testing, free condoms as well as advice and counselling.

There is a comprehensive training offer for professionals (mainly schools, but also other agencies) provided by Brook Wirral. Topics cover a range of areas, including, gender and sexuality, and pressure, sex and online safety.

Brook (nationally) have produced a new, free e-learning course entitled 'Introduction to Relationships and Sex Education (RSE)' in partnership with the Open University and Cardiff University. The self-directed course will help teachers prepare for delivering RSE by giving them a grounding in the core themes of sex and relationships education. Free resources covering topics such as consent, STI's, puberty, 'HoRew to deliver RSE,' 'Enduring Love,' Contraception and Abortion are also available.

Brook Wirral delivers a variety of face-to-face and virtual targeted RSE sessions across Wirral secondary schools, colleges, alternative education providers and youth services and offer a full range of RSE topics, which can be adapted to meet the needs of young people and the school's RSE curriculum. During outreach sessions, they provide advice and guidance to young people around sexual health and signposting to appropriate services; young people receive a condom demonstration, emphasising the importance of using condoms correctly, and encourage regular STI testing. Young people are also offered chlamydia and gonorrhoea tests, as well as free condoms and lubricants. For 13- 16-year-olds who request STI testing and condoms, a Client Core Records and Fraser Competency assessments are completed.

Sessions are evaluated and in the annual review (Sept 21-22), as an example, for the following statements, over 96% of young people scored 4 or 5 out of 5:

I know how to distinguish between positive, negative and risky sexual behaviours.

I know where to ask for support when I have an issue with my sexual health and/or relationship.

At present there is not an RSE/PHSE dedicated lead across Wirral, however, there is currently a programme of work in Wirral which aims to gain insight, map current local services and explore options around support needed for children and young people around risk taking and resilience/health related behaviours. This will be used to inform future service developments and delivery.

Qualitative Insights from Wirral residents

The qualitative summary presented below was designed to explore young people, parents and professional's views on young people's risk-taking behaviours and the pressures in their lives. It also aimed to explore what helps or prevents young people and families from accessing support and services.

This work was completed during October/November 2023 by Wirral Council's Qualitative Insight Team and provides in-depth insights into young people and family's experiences and needs around risk and resilience, helping to ensure their voices and needs shape the design and delivery of the local offer. It contributes to the discovery phase of a project around the offer in Wirral for children and young people around 'risk and resilience' (health-related behaviours within the Healthy Child Programme). This includes areas such as sexual health/healthy relationships/ substance misuse.

The aim is to develop a more co-ordinated, evidence-based approach to promoting resilience and reducing vulnerability to risk and the consequences of risk-taking behaviours. The discovery phase is focused on collating new and existing insight (both qualitative and quantitative) around young people's risk-taking and health-related behaviours, mapping current support, and ensuring that links are made with other relevant programme areas and strategies.

Professionals raised the following concern around social media:

"The professionals group also highlighted the challenges associated with risk education on social media, in relation to sexual health and crime. There is a concern that social media can circulate misinformation and inconsistent messaging around sexual health. Influencers on TikTok can influence young people's decision around sexual health as they can be read and heard as 'fact' and seen as appropriate ways to act, such as songs promoting not to use contraception. This content poses many challenges as influencers who have large amounts of followers can be considered more powerful voices than professional advice."

Feedback from young people who took part in the focus groups can be summarised by the following:

"Not living up to norms and pressures around appearance, body image and sexuality can lead to bullying. The pressure to fit in makes young people feel like they have to pretend to be someone they're not, which can be a pathway to risk-taking behaviour and can negatively impact their mental health and self-worth."

"Young people were concerned they'd be judged if they asked for help, for being too young or uncool."

"When discussing reasons why young people may not get help or advice around contraception, the Year 9s felt the experience could be embarrassing for some young people. One male student said he'd feel embarrassed talking to someone about contraception because he'd feel judged for being "too young" and to avoid the embarrassment and the risk of friends spreading gossip, this student said he'd "rather go online" for information on contraception. In contrast, a female student said she wouldn't feel embarrassed talking about contraception, and she would feel comfortable talking to her friends about it."

"The Year 9s raised some barriers around their PHSE lessons. Firstly, sexual health education. The Year 9s had not been taught about contraception in PHSE yet. They felt they didn't know much about contraception, and that they should know more at their age. They noted that sex education is delivered in form groups. While some would prefer sex education to be separate for males and females, they understood that the benefit of doing it together is that you learn about what each sex is going through. Secondly, the Year 9s said that PHSE is not taken seriously by most pupils as "most people just joke about it" and shout out inappropriate things, which "can be funny, but it's not". One person thought that PHSE should be taught by teachers who are stricter and more serious."

For information on young people's insight on contraception and unplanned pregnancies, refer to the Unplanned Pregnancy section.

Cervical Cancer – Human papillomavirus (HPV) vaccination and cervical screening

Headline: Cervical cancer screening and HPV vaccinations fell in 2020/21 as a result of the pandemic

Key Messages

How Wirral performs?

- The incidence (new cases) of cervical cancer in Wirral in 2020 was 17. Numbers are low and fluctuate over the years, but overall rates have been slightly higher in Wirral compared to England (in 2020 the Wirral rate was 10.3 per 100,000 versus England rate of 8.5 per 100,000).
- The HPV vaccination programme was seriously impacted during the pandemic. First dose coverage for females (aged 12-13yrs) has bounced back to 89% in 2020/21 (higher than national average of 79.5%). A further breakdown of the data is not available, so we are unable to identify whether HPV vaccination uptake is lower in any particular group (for example by ethnicity or geographical area).
- Cervical screening for 25- to 49-year-olds in Wirral remains stable in 2021/22, and above the national average (72.5%, vs 68.6%).
- Cervical screening in 2021/22 for 49- 64-year-olds is below the national rate and declining locally and nationally (72.9% and 74.7%)
- Primary Care Networks in more deprived areas have lower screening rates.

Who is affected?
Cervical screening uptake is lowest in our more deprived neighbourhoods. Nationally, uptake is lower amongst the following groups: people from areas of higher deprivation, people from black or other minority ethnic groups, people with disabilities, people with mental illness and people from LBT community.

Research has shown that lesbian and bisexual women are up to 10 times less likely to have had a cervical screening test in the past three years than heterosexual women[95].

There is a misconception that lesbian and bisexual women do not need to attend screening if they do not have sex with men. However, the human papillomavirus (HPV), which causes the vast majority of cases of cervical cancer, is a common virus that is passed on through body fluids[96].

Females who have not received the HPV vaccine are at a higher risk of cervical cancer. The groups with lower cervical screening uptake strongly overlap with those with lower HPV vaccine uptake.

[95] Fish, J, Cervical screening in lesbian and bisexual women: a review of the worldwide literature using systematic methods. De Montfort University. https://dora.dmu.ac.uk/bitstream/handle/2086/4743/Fish%20cervical%20screening.pdf?sequence=1&isAllowed=y
[96] PHE (2021) Cervical screening for lesbian and bisexual women https://www.gov.uk/government/publications/cervical-screening-lesbian-and-bisexual-women/cervical-screening-for-lesbian-and-bisexual-women

What does this mean?
To reduce inequalities in screening – and therefore cervical cancer, it will be important to continue to support patient choice and provide women with an alternative setting to primary care to have their cervical sample taken.

Women need to be able to access screening at a location, time and service appropriate to them.

Recommendations

- Commissioners must work together to understand inequalities in HPV uptake, and develop focused plans to reduce these, including ensuring comprehensive catch up for those cohorts where rates were lower because of the pandemic.

- The Wirral system must work to ensure that declines in cervical screening seen nationally and regionally are not seen in Wirral.

- Primary Care Networks should explore models for increasing accessibility to cervical screening focusing on groups with low rates of uptake and consider how to address barriers to uptake (as identified in the qualitative research).

Overview

Cervical cancer is the 14th most common cancer in UK women but is the most common cancer in women under 35, killing approximately 850 women every year in the UK[97]. Nearly all cervical cancers are caused by an infection with high-risk types of human papillomavirus (HPV), which is sexually transmitted. Cervical cancer is therefore an important issue for sexual health.

Two public health programmes are key to preventing cervical cancer: the HPV vaccination programme and the cervical screening programme. Preventing cervical cancer requires high, equitable uptake of both programmes.

Cervical screening is available to women and people with a cervix aged 25 to 64 in England. People aged 25 to 49 receive invitations every three years. People aged 50 to 64 receive invitations every 5 years.

Screening involves taking a sample of cells from the cervix, and testing for the presence of HPV. If HPV is found then cell cytology will be used to look for any abnormal cells. If abnormal cells are found, the person will then be referred to colposcopy for investigation of a possible cancer.

Cervical screening is commissioned by NHS England (NHSE) and is primarily delivered by GPs. NHSE have worked with local authorities in Cheshire and Merseyside to also provide cervical screening though community sexual health services.

[97] UKHSA (2018) Ten years on since the start of the HPV vaccine programme – what impact is it having? https://ukhsa.blog.gov.uk/2018/06/18/ten-years-on-since-the-start-of-the-hpv-vaccine-programme-what-impact-is-it-having/

HPV vaccination is offered to girls and boys aged 12 to 13 years over two doses and protects against over 95% of HPV related cancers (cervical, anogenital and some head and neck cancers).

The programme is school based, with catch up available via GP. Men who have sex with men (MSM) are eligible to receive the vaccine via sexual health services or HIV clinics up to the age of 45.

Around 80% of all cervical cancers are caused by HPV types 16 and 18. Since the introduction of the vaccination programme the number of these infections have reduced by 86%, which is expected to have a knock-on effect on cervical cancer rates in years to come [97]. The vaccine protects against the majority of cancer-causing HPV infections but it does not eliminate all infection so it is therefore important that all women invited for cervical screening should still attend their appointment, even if they have been vaccinated.

Groups most at risk

There are several factors associated with an increased cervical cancer and HPV risk, including:

- Sexual history (due to increased exposure to HPV) – becoming sexually active at a younger age, having many sexual partners, having a partner with HPV or who has many sexual partners)
- Smoking
- Having a weakened immune system (such as HIV, or people with an autoimmune disease)
- Previous STI or chlamydia infection
- Economic status (women living in areas of deprivation)
- Long term use of oral contraceptives
- Lack of use of barrier methods of contraception
- Family history of cervical cancer[98]

Females who have not received the HPV vaccine are at a higher risk of cervical cancer. Studies have shown the vaccine to reduce cervical cancer rates by 90% in 20-year-olds who received the vaccine at ages 12 or 13.[99]

Key groups of people with lower cervical screening uptake include people from areas of higher deprivation, people from black or other minority ethnic groups, people with disabilities, people with mental illness and LGBTQ+.

Insight work shows that approximately 10% of women screened prefer to have their cervical screen in community sexual health services. The rate of detection of cervical abnormalities is higher in sexual health services[100] suggesting these may be people from higher risk groups.

It is important to understand the barriers that exist to individuals taking up the offer of screening and also whether there is a role for better/improved education of the importance and benefits of screening.

[98] https://www.cancer.org/cancer/cervical-cancer/causes-risks-prevention/risk-factors.html
[99] Milena, F. et al (2021). 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. The Lancet, Vol 398, Issue 10316. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02178-4/fulltext
[100] Cervical Screening Programme, England - 2016 - 17: Data tables. https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-annual/cervical-screening-programme-england-2016-17

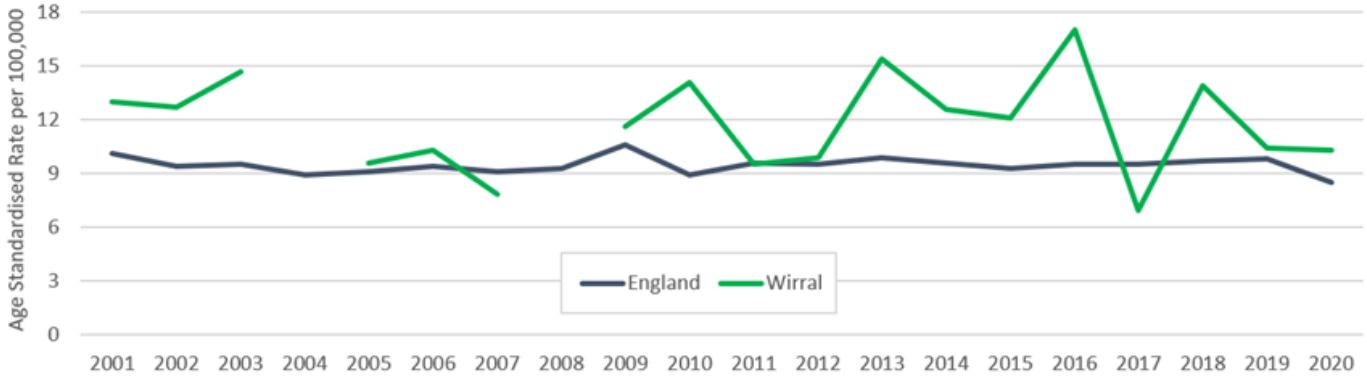
Data (current and trend)

Cervical Cancer data

Cervical cancer incidence

Incidence (new cases) of cervical cancer in Wirral numbered 17 in 2020; since 2001, annual incidence has ranged from 28 to fewer than 10 (low cases is the reason for the missing data in the chart, as cancerdata.nhs.uk do not produce rates on such low numbers).

Figure 48: Trend in cervical cancer incidence rate (age-standardised); Wirral & England 2001-20



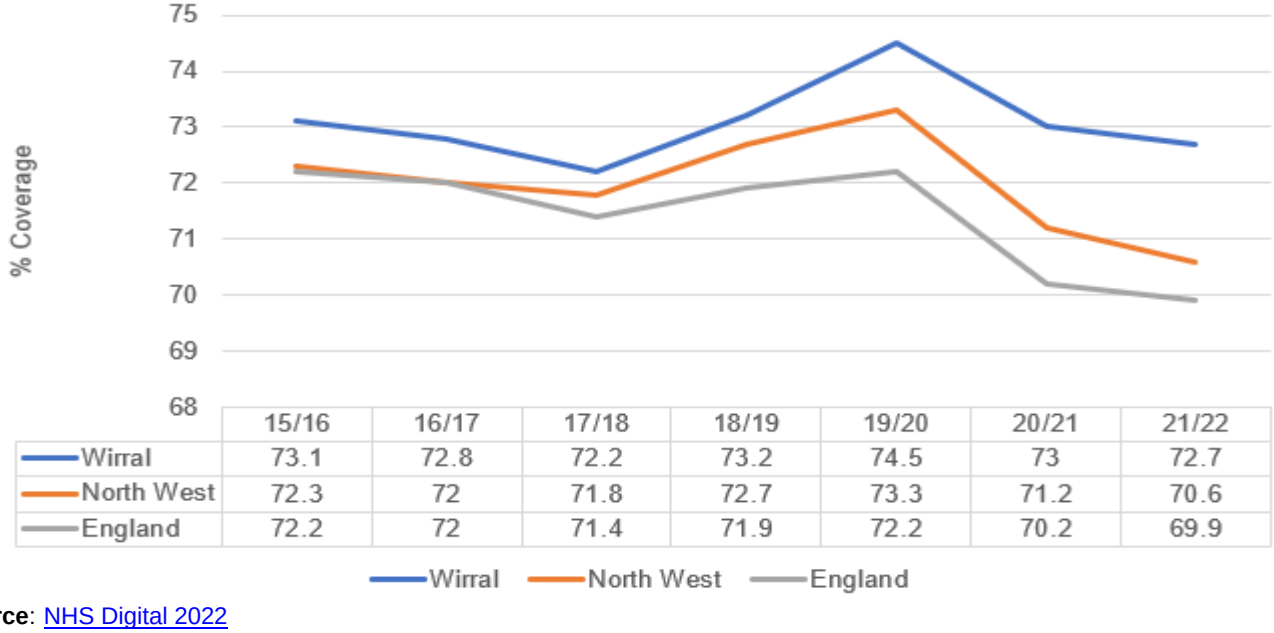
Source: CancerData from 2 National Cancer Registration and Analysis Service (NCRAS) 2022
Note: number of cases in some years suppressed due to low number/rate of cases

As **figure 48** shows, rates in Wirral fluctuate more than England overall (which is characteristic of smaller datasets), but generally speaking, rates have been slightly higher than England and this was true in 2020 (most recent year for which data is available), when the England rate was 8.5 per 100,000 compared to 10.3 per 100,000 in Wirral. As the chart also shows, there was a downturn in incidence in England overall in 2020, likely due to the COVID-19 pandemic, although this was not matched locally, where incidence rates remained stable compared to 2019.

Cervical Screening

Wirral has had higher screening coverage than regional and national levels since 2016/17.

Figure 49: Trend in Cervical Cancer Screening coverage, 2015/16 - 2021/22 (women aged 25-49 and 50-64 years combined).



	15/16	16/17	17/18	18/19	19/20	20/21	21/22
Wirral	73.1	72.8	72.2	73.2	74.5	73	72.7
North West	72.3	72	71.8	72.7	73.3	71.2	70.6
England	72.2	72	71.4	71.9	72.2	70.2	69.9

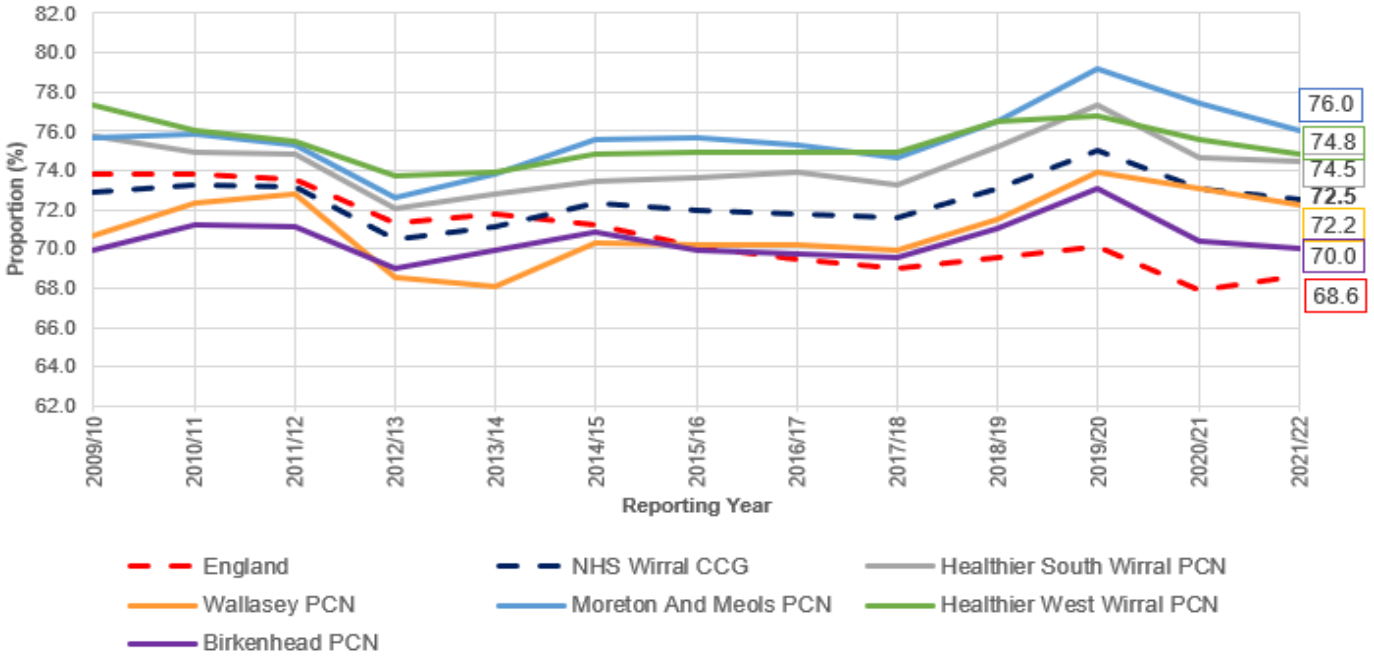
Source: NHS Digital 2022

Despite falls in cervical screening coverage during the pandemic, coverage in Wirral remains higher than both Wirral in the pre-COVID-19 period and England and the North-West. Overall coverage for both age bands does however, mask consistently better coverage among those aged 25-49 and below average performance amongst 50–64-year-olds **(see Figure 49).**

Screening coverage by Primary Care Network (PCN)

Screening coverage in Wirral can be further analysed at primary care network level. **Figures 50** and **51** show the level of coverage for each of the five Wirral Primary Care Networks (PCNs). Overall, coverage for PCNs in the more deprived parts of Wirral is lower than that of the less deprived areas and the inequality gap has been widening in recent years.

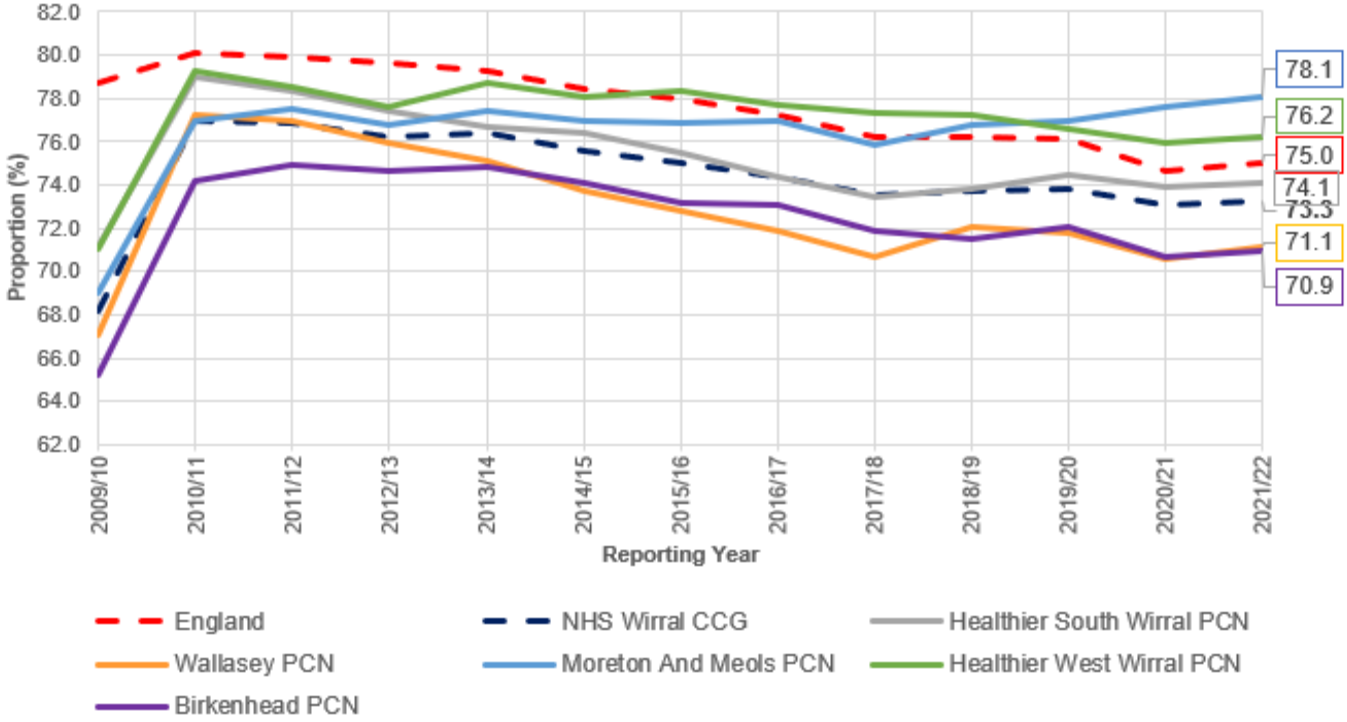
Figure 50: Persons, 25-49, attending cervical screening within target period (3.5 year coverage, %) by Wirral PCN (2021/22)



Source: Public Health Fingertips cancer service profile 2022

The highest coverage PCN in Wirral in the latest reporting year (2021/22) was Moreton and Meols PCN with 76.0% coverage compared to Birkenhead PCN with the lowest coverage of 70.6%. Coverage for all Wirral PCNS (72.5%) was still higher than the national average (68.6%).

Figure 51: Persons, 50-64, attending cervical screening within target period (5.5-year coverage, %) by Wirral Primary Care Network (PCN) (2021/22)



Source: Public Health Fingertips cancer service profile, 2022

Coverage for 50–64-year-olds is not as high in Wirral overall (73.3%) in comparison to national coverage (75.0%). Only two PCNS (Moreton and Meols and Healthier West Wirral) had greater coverage than England.

Data is not available at the right level of detail to understand screening coverage in key groups in Wirral. While commissioners continue to work to reduce inequalities in screening coverage, it is important that a more accurate picture of screening inequalities is available.

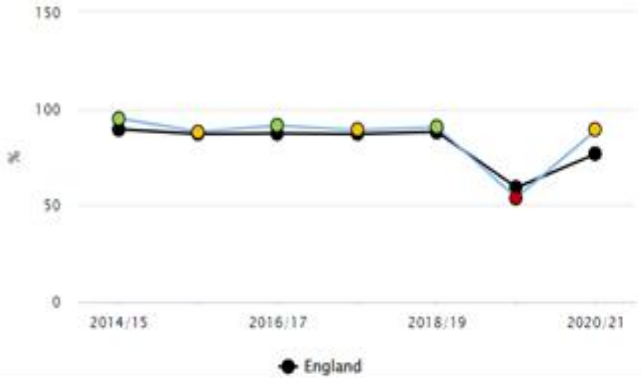
Human papillomavirus (HPV) Vaccination

The HPV national vaccination programme was introduced in 2008 to protect adolescent females against cervical cancer. At the time, a 3-dose schedule was offered routinely to secondary school Year 8 females (aged 12 to 13) alongside a catch-up programme targeting females aged 13 to 18. In September 2014, the programme changed to a 2-dose schedule based on evidence that showed that 2 doses were as effective as 3 doses.

From September 2019, 12- to 13-year-old males became eligible for HPV immunisation alongside females, based on Joint Committee on Vaccination and Immunisation (JCVI) advice [9]. From 2021, the age limit for receiving the HPV vaccination was also raised from 18 to 25 years.

As **Figure 52** shows below, in 2019/20 when COVID-19 caused the HPV programme in schools to cease, vaccination dropped in Wirral from 90.5% to 53.9% coverage. By 2020/21, rates had almost recovered and were 89.0%.

Figure 52: Trend in rate of Human papillomavirus (HPV) vaccination coverage (one dose, 12–13-year-olds) (Females), Wirral and England, 2014/15 – 2020/21



Recent trend: Decreasing & getting worse

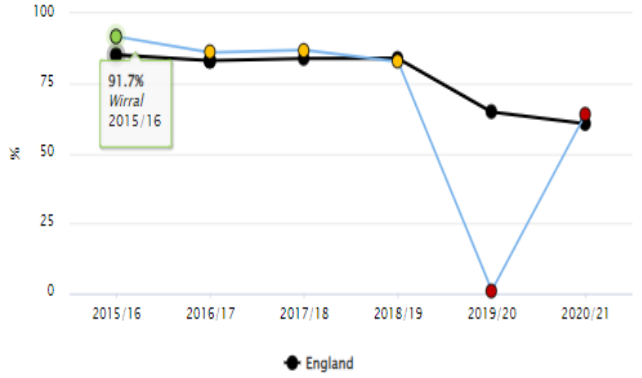
Benchmarking against goal: <80% | 80% to 90% | ≥90%

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2014/15		1,649	94.9%	93.8%	95.9%	91.2%	89.4%
2015/16		1,612	88.2%	86.6%	89.6%	88.2%	87.0%
2016/17		1,697	91.3%	90.0%	92.5%	88.5%	87.2%
2017/18		1,665	89.0%	87.5%	90.3%	87.2%	86.9%
2018/19		1,685	90.5%	89.1%	91.7%	88.4%	88.0%
2019/20		975	53.9%	51.6%	56.2%	68.4%	59.2%
2020/21		1,751	89.0%	87.5%	90.3%	79.5%	76.7%

Source: PHOF, OHID, 2022

Coverage rates were also affected for those receiving 2 doses of the HPV vaccination (which is required for full protection) see **Figure 53** below, but the data presented does not accurately reflect the actual take up; additional data from 19/20 onwards has been submitted but is still to be uploaded.

Figure 53: Trend in rate of Human papillomavirus (HPV) vaccination coverage, 20 (two dose, ages 13-14) (Females), Wirral and England, 2015/16 – 2020/21



Recent trend: Decreasing & getting worse

Benchmarking against goal: <80% | 80% to 90% | ≥90%

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2015/16		1,593	91.7%	90.3%	92.9%	87.8%	85.1%
2016/17		1,535	86.0%	84.4%	87.6%	84.9%	83.1%
2017/18		1,617	86.9%	85.3%	88.4%	83.6%	83.8%
2018/19		1,569	82.8%	81.0%	84.4%	84.8%	83.9%
2019/20		21	1.1%	0.7%	1.7%	73.5%	64.7%
2020/21		1,216	64.2%	62.1%	66.4%	67.1%	60.6%

Source: UK Health Security Agency (UKHSA)

Source: PHOF, OHID, 2022

A further breakdown of HPV coverage, by deprivation for example, is unavailable from NHS England and represents a gap in our knowledge.

Following the Joint Committee on Vaccination and Immunisation (JCVI) recommendation in August 2022, NHS England has now received a formal policy decision from Department of Health and Social Care (DHSC) to implement the HPV programme changes from September 2023. The agreed changes which were set out in the Commissioning Intentions 23/24, and require implementation nationally are:

1. The new Year 8 cohort eligible from September 2023 (2023/24 academic year) will follow a 1 dose HPV schedule with the exception of those living with HIV.

2. The previous cohort of children who were eligible for a 2 dose HPV vaccination programme in the 2022/23 academic year i.e. from September 2022 will only need 1 dose HPV vaccine from September 2023 if they are completely unvaccinated at that time. Children in this cohort who have had 1 dose of the HPV vaccine would not need a 2nd dose. The same principle will apply for children eligible in the previous years who are completely or partially vaccinated.

Services

Human papillomavirus (HPV) vaccination is commissioned by NHS England (NHSE) and is routinely delivered in schools by Wirral Community Health and Care NHS Foundation Trust as part of the Wirral 0-19 Health and Wellbeing Service.

Cervical screening is also commissioned by NHSE and is primarily delivered in primary care.

Cervical screening was removed from the community sexual health service specification in 2013 when commissioning responsibility for the programme transferred from Primary Care Trusts to NHS England leaving a gap in provision and reduced patient choice.

Consequently, NHSE have worked with local authorities in Cheshire and Merseyside to also provide cervical screening though community sexual health services. In Wirral, the specialist sexual health service delivers opportunistic cervical screening, some limited clinic appointments and undertakes some targeted outreach work with partner agencies to deliver screening to vulnerable and disadvantaged women. A separate contract (outside of the main local authority sexual health contract) is in place between NHS England and Wirral Community Health and Care NHS Foundation Trust.

Whilst it is anticipated that the majority of cervical screens will be taken in primary care, the role of sexual health service cervical screening cannot be under-estimated as the rate of detection of cervical abnormalities is higher in sexual health services[100].

Qualitative information

NHS England commissioners have committed to conducting insight work between April – July 2023 in part of the Northwest with the poorest coverage rates in the two age groups to understand more about barriers to uptake of cervical screening. Commissioners will undertake insight work at Place level targeting the Places with the lowest coverage rates. Separate insight work will be carried out with 25-29- and 50–64-year-olds.

Working with System and Community partners with links to different community groups, engagement will be in the form of focus groups with individuals, questionnaires and interviews to understand whether some of the reasons outlined above – identified in national surveys - as being barriers to uptake are the same for local NW residents or whether there are any bespoke to any specific NW Places, e.g. lack of access to screening.

NHSE in the North-West area will share these findings with system partners including Cancer Alliances, Primary Care, Community Sexual Health clinics and Place to identify ways that collaboratively we can work together to improve access to cervical screening.

NHSE in the North-West area will also develop an annual communication plan for all Section 7a Screening and Immunisation services beginning in 2023/24.

The findings from cervical screening insight work will inform communications specific to cervical screening. This will include the best media to reach the target population.

National studies have attempted to identify key barriers to cervical screening. A study of those aged 25-29 in 2016[101] showed reasons for not taking up the offer of cervical screening included:

- Over a quarter (26.7%) are too embarrassed to attend cervical screening
- Over two thirds (70%) do not think cervical screening reduces a woman's risk of cervical cancer.
- 72% of the 25–29-year-olds surveyed do not feel comfortable getting undressed in front of doctors or nurses however in stark contrast just under one in ten (8.4%) would consider surgery to alter the way their genitals look.
- Over half (51%) of the women surveyed reported delaying or not attending screening with almost one quarter (24%) admitting they have delayed for over one year and almost one in ten (9%) having never attended the test.
- Reasons for not attending include simply putting it off (33%), worrying it would be embarrassing (27%), or worrying it would be painful (25%).

Research carried out with 50–64-year-olds in 2019[102], showed that whilst all women had heard of cervical screening many felt they had poor knowledge. Reasons for non-attendance were wide-ranging and included:

- discomfort and embarrassment,
- negative perceptions of health professionals,
- worry and trust in the results,
- concern about the procedure and
- extreme negative experiences.

Between February and March 2023, members of the Wirral Council Qualitative Insight Team (on behalf of Public Health) conducted qualitative research with local residents and professionals to gain an insight into people's insights on cervical screening. A copy of the full report including the methodologies used is available Wirral Intelligence Service website but an overview of the key themes is presented below.

The research found that there are a few barriers around smear test appointments, including waiting times, location, and cis-normative language in online booking systems.

Anxiety and discomfort stood out in the engagement as key barriers. The whole smear test process, including booking, waiting for the appointment, undergoing the procedure, waiting for the results and in some cases having to re-test, is an anxious time for some people. It was apparent that this anxiety can stem from the fear of the unknown, misconceptions, past negative experiences, or from stories shared by family.

"To be honest with you I was quite reluctant to return because the previous test had just been so horrible, but I did go, and it was better this time. People in healthcare need to understand how vulnerable and intimate that procedure is."

[101] Jo's Cervical Cancer Trust (2017). Barriers to cervical screening among 25–29-year-olds. https://www.jostrust.org.uk/about-us/our-research-and-policy-work/our-research/barriers-cervical-screening-among-25-29-year-old

[102] Marlow, L. et al (2019). Barriers to cervical screening among older women from hard-to-reach groups: a qualitative study in England. BMC Women's Health, 19 (38). https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-019-0736-z

Professionals described how anxiety is a particular barrier for people with learning disabilities (LD). For some people with LD, familiarity and consistency are important, and so its key that tailored support is offered.

The location of smear test appointments is an important factor for making women feel comfortable. There was a consensus among sexual health professionals about the need to bring services like smear tests into the community spaces that people are familiar with. This was highlighted as important for women who have experienced abuse: *"I know that a lot of women wouldn't want to go a different place, but because they feel safe in our environment, they will get a smear with us."*

Having trusted professionals and familiar faces in the space also eases stress; for example, substance misusers/sex workers are reluctant to go to the GP because they feel judged for their lifestyle, line of work and drug use.

Professionals working with people in the LGBTQ+ community said that transgender people can be discriminated against during the online booking system for smear tests. Transgender people can struggle to access services for their gender assigned at birth. For example, a trans-male who was assigned female at birth cannot book a smear test because once he selects 'male' as his gender on the form, smear tests are not listed.

Women's Menstrual and Gynaecological Health

Following the publication of the Women's Health Strategy, Wirral Public Health produced a Women's Health Briefing (November 2022) providing an overview of the issues, data and evidence relating to women's health. Where possible information has been presented at a Wirral level. Information on menstrual health, gynaecological conditions, fertility, pregnancy loss, post-partum support and menopause is included in the briefing.

Summary of key themes include:

- Delayed diagnosis is a significant issue for the estimated 1 in 10 women with endometriosis,
- Around 1 in 10 women are estimated to have the hormonal disorder PCOS (Polycystic Ovary Syndrome)
- Menopausal women are the fastest growing demographic in the workforce and almost eight out of 10 of menopausal women are in work.
- Since 2018/19, there has been 54% increase in HRT (hormone replacement therapy) prescriptions dispensed in Wirral, compared to a 57% increase in England overall.

Overall, there is limited intelligence and insight available on women's wider reproductive and gynaecological health in Wirral. It is recognised that menstrual and gynaecological health are important components of both reproductive health, and women's health through the life course.

This topic merits further investigation, as it was beyond the intended scope of this JSNA.

Gaps in knowledge

- We cannot be confident that sexual health services in Wirral are providing equitable support as the equality monitoring data is incomplete in particular for ethnicity, sexual orientation and gender identity. This is not an issue just pertinent to Wirral or sexual health services, but it is important as it is likely these encompass some of our underserved communities who are most vulnerable and at risk of poor sexual health outcomes.

- Research around ACEs is relatively new, and little data exists for Wirral as an area of need. For now, we can make links between areas of high deprivation in Wirral and high probability of ACEs, from national research. Work is in progress to incorporate ACEs across public health.

- Local intelligence around the use of Chemsex is limited; further insight and intelligence is needed to inform future service provision for both sexual health and substance misuse services and to raise the profile locally.

- HPV vaccination data is only available at a Wirral level; without a further breakdown of the data, then it is not possible to identify whether HPV vaccination coverage is equitable.

- Termination of pregnancy data is only available at a Wirral level so it is not possible to identify any socio demographic groups with a greater utilisation of the service.

- Contraception prescribing data is not available within Wirral termination services, so then it is not possible to know whether there is a need locally for focussed action to strengthen the contraception offer.

- There is limited intelligence and insight available on women's wider reproductive and gynaecological health in Wirral. This was outside of the scope of this needs assessment and possibly warrants further consideration.

Conclusions/next steps

This JSNA demonstrates that there is a lot of good work happening locally on the sexual and reproductive health agenda. Overall, local STI rates are lower than national and regional rates, Wirral is an area of low HIV prevalence and contraception activity in our specialist sexual health service is consistently higher than England, most notably in the areas most deprived communities.

But there is clearly more work that can be done. Our rates of STI testing are below the national rate, and although activity is higher in our more deprived communities, it is not clear if this is proportionate to the level of need. Long Acting Reversible Contraception (LARC) prescribing in general practice lag behind the national rate, and there is work to be done to ensure women have better access to contraceptive options.

Recommendations are made at the beginning of the document and the evidence for these are weaved throughout the chapters but overall, key priorities can be summarised as:

- Programme of action to address high termination of pregnancy rates and under 18 conceptions in the borough.

- Develop the contraception offer within the community and wider healthcare settings, ensuring that contraception is accessible and minimise missed opportunities to prevent unplanned pregnancies.

- Prioritising prevention and access for vulnerable groups, including effective and clinically focused outreach that enables rapid support and identification of STIs and HIV in high-risk populations.

- The need to understand who is using our services, and more importantly who is not. Improved recording of ethnicity, sexual orientation and gender identity will enable us to identity if we are providing an equitable service to communities that are often underserved and/ or at risk of poor SRH outcomes.

- Rebuild and scale up the delivery of the National Chlamydia Screening Programme, particularly within community settings that engage effectively with groups likely to have higher rates of undetected infections.

- Improved local partner notification to curb the onward spread of infection.

- The sexual health workforce needs to be developed and nurtured locally (including both specialist and non-specialist provision)

- Develop data and insight on women's wider reproductive and gynaecological health in Wirral and use this intelligence to inform future service provision.

Nationally there is a renewed focus on sexual and reproductive health. For example, the publication of the Women's Health Strategy with clear commitments on how women should expect to experience high quality reproductive health throughout the life course and the HIV Action Plan with the ambition to achieve zero new infections, AIDS and HIV-related deaths in England by 2030. It is important that action is aligned with these national directives and they are embedded at a local level.

In order to facilitate delivery of the priorities and recommendations made within this JSNA, a Wirral multi-agency governance SRH group should be established.

This will facilitate a much-needed system wide, co-ordinated action on sexual and reproductive health in Wirral.

Key Resources

- UKHSA. Official Statistics: Sexually transmitted infections (STIs): annual data tables. Including 'England STI slide set 2021 for presentational use'. https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables

- UKHSA (2022). HIV in England 2022 slide set. https://www.gov.uk/government/statistics/hiv-annual-data-tables

- UKHSA. Collection. Chlamydia: surveillance, data, screening and management. https://www.gov.uk/government/collections/chlamydia-surveillance-data-screening-and-management

- OHID open data source: https://fingertips.phe.org.uk/profile/sexualhealth

- UKHSA (2023). Summary profile of local authority sexual health. Wirral. 1 Feb 2023. https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2023/E08000015.html?area-name=Wirral

- PHE (2018). Health matters: reproductive health and pregnancy planning. Published 26 June 2018. https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning

Glossary

Adapted from BASHH Recommendations for Integrated Sexual Health Services for Trans, including Non-binary, People, NHS Dumfries and Galloway Glossary (www.sexualhealthdg.co.uk), also Oxfordshire County Council Sexual Health Needs Assessment 2018 and Surrey Sexual Health Needs Assessment 2021

Abortion: Ending a pregnancy through medical intervention

ACEs: Adverse Childhood Experiences (ACEs) are "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence

AIDS: (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged by the HIV virus.

Antiretroviral therapy (ART): This is the treatment of HIV infection using a combination of HIV medicines from different drug classes that suppress or stop the virus. It is also called highly active antiretroviral therapy (HAART) or combination therapy. HIV is a retrovirus that carries its genetic information in RNA and transcribes it into DNA5. ART reduces the likelihood of the virus developing resistance.

Bisexual: A person who is sexually attracted to both men and women. Can also be known as 'bi'

CCG: Clinical Commissioning Group - as an organisation it ceased to exist in July 2022 and has been replaced with Integrated Care Boards at Sub-Regional level and with Wirral Integrated Care Partnership at a local, Wirral level who in turn share responsibility for local service commissioning.

CD4 count: CD4 count is a measure of immune function. By measuring someone's CD4 levels you can see how HIV has affected their immune system, showing how far the virus has progressed.

Census 2021: The census happens every 10 years and gives us a picture of all the people and households in England and Wales. Your answers to census questions help organisations make decisions on planning and funding public services in your area, including transport, education and healthcare

Chemsex: Chemsex means sexual activity, mostly between men, while under the influence of drugs.

Chlamydia: A sexually transmitted infection (STI) which is very common among men and women under 25. If untreated, Chlamydia can lead to infertility in women. Pregnant women can also pass it onto their babies. It is easily treated with antibiotics. Partners must be treated as well.

CIPFA nearest neighbours: The Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours model seeks to measure similarity between Local Authorities. This is done by following the traditional 'distance' approach whereby a selection of variables (see below) is standardised (with a mean value of zero and a standard deviation of one) and the Euclidian distance between all possible pairs of local authorities is calculated[1]. These distances are then summed across every single subject and 'rebased' (by assigning a distance of 1 to the farthest neighbour meaning all overall distances will lie between zero and one) to calculate the final distance.

Coil: A contraceptive device usually made of plastic or copper, also known as an IUD or IUCD. It is inserted into the womb and stops fertilised eggs from settling and growing.

Community Pharmacy: This is a pharmacy that deals directly with people in the local area and provides pharmaceutical and cognitive services. It is one of the four pillars of the primary care system in England and has responsibilities including compounding, counselling, checking and dispensing of prescription drugs. It can operate out of big or small chain shops, grocery stores, or independent pharmacies. It may also be called retail pharmacy, drug outlet, or private pharmacy in some countries.

Condom: A thin, rubber sheath (cover) worn over the penis or placed inside the vagina to protect against unplanned pregnancies and sexually transmitted infections (STIs).

Consent: Another word for permission. It is against the law for anyone to have sex with another person without their consent. It is also against the law to have sex with a young person under 16 (17 in Northern Ireland) This is known as the age of consent.

Contraception: The word used to describe the prevention of conception (pregnancy) by artificial means. There are many different contraceptive methods and different methods suit people at different times of their lives.

CSE: Child Sexual Exploitation

Emergency Contraception: Pills that can be taken up to 120 hours after unprotected sex to prevent pregnancy. The earlier it is taken the more effective it is. Also known as Emergency Hormonal Contraception (EHC) and the morning after pill.

Fertility: When a woman or man has a healthy reproductive system and they are able to get pregnant or to produce healthy sperm, they are known as fertile, if not they are said to have FERTILITY PROBLEMS

FNP: Family Nurse Partnership

Gay: A word meaning homosexual or lesbian. Someone who fancies people of the same sex. Men who is sexually attracted to men and women who are sexually attracted to women.

Gender: Identifying a person as male or female.

Genital Warts: Small growths on or around the genitals caused by a virus.

Genitals: The sex organs that you find between your legs. In a woman these are the vagina and vulva and in a man, these are the penis and testicles. Also called genitalia.

GP: General Practitioner is name for your family or Practice Doctor

Gonorrhoea: This causes avoidable sexual and reproductive ill-health. Gonorrhoea is used as a marker for rates of unsafe sexual activity.

GUMCAD: Genitourinary Medicine Clinic Activity Dataset

Heterosexual: feelings involving sexual attraction to people of the opposite sex. Also known as straight.

HIV: Human Immunodeficiency Virus, - the virus that causes AIDS. HIV can be transmitted during unprotected sex as well as through blood and blood products. When the virus enters the blood stream it begins to destroy the body’s defence system against infection. There is no cure but it can be treated. HOMOSEXUAL: Someone who is sexually attracted to people of the same sex.

Hormones: Naturally occurring chemicals that guide the changes that take place in the body. As well as causing physical changes, hormones cause emotional changes too. Hormones cause sexual developments such as puberty to start in men and puberty and periods in women.

Human papillomavirus (HPV): This is the name of a very common group of viruses. They do not cause any problems in most people, but some types can cause genital warts or cancer.

IMD: The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOAs). It is a combined measure of deprivation based on a total of 37 separate indicators that have been grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals living in an area.

Implants: A very reliable type of contraception where the hormone is in a small, plastic rod, which a specially trained doctor, or nurse inserts under the skin on a woman's arm. The implant works for 3 years and is over 99% effective at stopping pregnancy.

Infection: An illness caused by a bacteria or virus.

Intercourse: When the penis is put inside / penetrates the vagina or anus during sex

IUD: (Intrauterine Device) A very reliable type of contraception. The IUD is another name for the coil. It is a small device made of plastic and copper which is inserted into the womb to inactivate the sperm and stop fertilised eggs from settling and growing. Lasts up to ten years and is over 99% effective at stopping pregnancy. It can be used up to 5 days following unprotected sex to stop unwanted pregnancy.

IUS: (intrauterine system) A very reliable type of contraception similar to IUD. It is a small, plastic T-shaped device containing hormones. It sits in the womb and works for five years. It is more than 99% effective at stopping pregnancy.

Lesbian: A woman who is sexually attracted to another woman.

LGBTQ+ Lesbian, Gay, Bisexual, Trans, Queer plus is a generic term for individuals who do not identify as heterosexual

Long Acting Reversible Contraception (LARC): Contraceptive methods that require administration less than once per cycle or month, including copper intrauterine devices, progestogen-only intrauterine systems, progestogen-only injectable contraceptives and progestogen-only subdermal implants

LSOA: Lower Layer Super Output Areas (MSOA) are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales.

Morning after pill: Proper name is emergency hormonal contraceptive pills. It can be taken up to 120 hours after unprotected sex to prevent pregnancy. However, the sooner it is taken the more effective it is.

MSM: Men who have Sex with Men

GBMSM: gay and bisexual men and other men who have sex with men

MSOA: Middle Layer Super Output Areas (MSOA) are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales.

NATSAL National Survey of Sexual Attitudes and Lifestyles

NCSP: National Chlamydia Screening Programme

NICE: National Institute for Health and Care Excellence

Non-Binary: This is a term for individuals whose gender identity does not align with either of the binary categories of 'man,' 'woman' or 'male,' 'female.' Non-binary identities may be static, or fluid. Some non-binary people may include some aspects of male and female into their identities, others may reject them entirely. For some, 'non-binary' is an identity in itself, for others it is a way of describing or categorising their gender (or lack of) or distinguishing between binary and non-binary genders.

Oral Contraception: A hormonal form of contraception which is taken by the mouth in tablet form.

Period: Once a woman reaches puberty she will have a menstrual bleed, or period, each month. The bleeding happens when an egg is not fertilised and comes out of the vagina. Periods can start from 8-16 years old but it is usually between 12 -13 years old.

PHE: Public Health England

PHOF: Public Health Outcomes Framework

PrEP: PrEP, or pre-exposure prophylaxis, is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use. PrEP can stop HIV from taking hold and spreading throughout your body

Primary Care Network: From 1 July 2019, all patients in England should be covered by a primary care network (PCN). PCNs are made up from groups of neighbouring general practices. The networks employ staff to deliver services to patients across the member practices.

Safe sex: Ways of having sex that lowers the risk of pregnancy and catching an STI e.g. kissing, mutual masturbation and using condoms

Sexual intercourse: The insertion of an erect penis into the vagina or anus. Also known as penetration

Sexual Orientation: Whether we prefer sexual relationships with opposite sex or same sex.

Sexuality: How we feel about ourselves as a sexual being and how others see us. Emotions, feelings, behaviour and culture can shape our sexuality and it develops throughout our lives.

Smear: A medical test to detect any changes in a woman's cervix

Sexually Transmitted Infection or STI: Sexually transmitted infections (STIs) are passed from one person to another through sexual contact. This includes anal, oral or vaginal sex. There are more than 30 different pathogens that cause STIs. These include bacteria like Chlamydia and viruses like HIV.

Straight: Common word for heterosexual.

Syphilis: A sexually transmitted infection which causes a painless sore. It may go unnoticed and can spread without either partner knowing. It is passed during sex or sexual activity and can be serious if left untreated.

Termination: Another word for abortion. Operation or procedure to end a pregnancy.

UK Health Security Agency (UKHSA): The UK Health Security Agency (UKHSA) is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation's health secure.

Unprotected Sex: Sex without a condom or contraception - carries the risk of pregnancy and catching an STI

WHO: World Health Organisation

Womb: Another name for the uterus

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