

### Why is this issue important?

Ensuring that young people have the knowledge and skills to make informed decisions about their sexual health is key to enabling them to fulfill their potential and contribute to society. Poor sexual health is linked to social deprivation, health inequality and teenage pregnancy.<sup>1</sup>

Across England 28% of under 16s reported having sex; a greater proportion of young people had multiple sexual partners; and a greater proportion of men reported having had a same sex partner than two decades ago.<sup>2</sup>

There have been large increases in many sexually transmitted infections (STIs) over the last decade. Young people aged 15-24 years experience the highest rates of new infection. Increased diagnoses may in part be due to greater awareness of STIs and where to get tested, but risky behaviour remains a factor.

Chlamydia is the most commonly diagnosed bacterial STI and is increasing, especially in young people aged under 25. In 2014, over 1.6million chlamydia tests were carried out in England among young people aged 15–24 years. A total of 137,993 chlamydia diagnoses were made among this age group, equivalent to a detection rate of 2,012 per 100,000 population. Assuming one test per person, an estimated 35% of young females and 14% of young males were tested for chlamydia.<sup>3</sup> There are variations in detection rates between areas of residence and these mainly reflect different testing rates.<sup>3</sup>

### Key outcomes

- **Chlamydia diagnoses (15-24 year olds) (Public Health Outcomes Framework)**

<sup>1</sup>National institute for Health and Clinical Excellence. One to one interventions to reduce the transmission of sexually transmitted infections; 2007. <http://publications.nice.org.uk/one-to-one-interventions-to-reduce-the-transmission-of-sexually-transmitted-infections-stis-ph3> [Accessed on 26/08/2012].

<sup>2</sup>Johnson A, Mercer C, Erens B et al. Sexual behaviour in Britain: partnerships, practices, and HIV risk behaviours. *Lancet* 2001; 358 (9296):1835-42; 2001.

<sup>3</sup>Public Health England (2015) Sexually transmitted infections in England, 2014. *Health Protection Report 9(22)*.

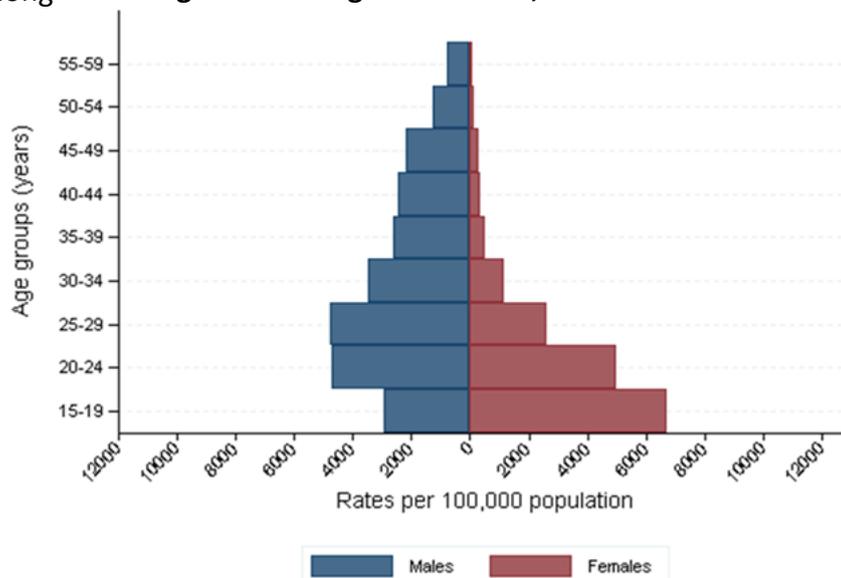
- **Reduction in inequalities in health outcomes for disadvantaged children and young people in the areas of obesity, sexual health, smoking and substance misuse (Brighton & Hove Commissioning Strategy: Health and Wellbeing of Children, Young People and Families 2015 – 2020)**
- **Young people know how & where to go to get help and report a positive experience of services (Brighton & Hove Commissioning Strategy: Health and Wellbeing of Children, Young People and Families 2015 – 2020)**

### Impact in Brighton & Hove

In Brighton & Hove in 2013, 47% of diagnoses of new STIs were in young people aged 15-24 years (Figure 1).

Young people are also more likely to become re-infected with STIs. In Brighton & Hove, an estimated 14% of 15-19 year old women and 12% of 15-19 year old men presenting with a new STI at a GUM clinic between 2009 and 2013 became re-infected with an STI within a year.<sup>4</sup>

**Figure 1: Rates of new STIs by age group and gender in Brighton & Hove, 2013**



**Source:** Data from Genitourinary Medicine Clinics and community settings (for Chlamydia only). Rates based on Office for National Statistics 2012 Mid-Year population estimates.

<sup>4</sup>Public Health England (2014) Brighton & Hove Local Authority sexual health epidemiology report (LASER): 2013.

## 7.2.7 Sexual health (young people)

Brighton & Hove JSNA 2015

Between 2008 and 2013 the number of 15-24 year olds who were screened for chlamydia in Brighton & Hove increased from just over 3,000 to around 24,000 per year. In 2013, Brighton & Hove was ranked 22<sup>nd</sup> of 326 district or unitary local authorities in England for chlamydia diagnoses.

In 2014 the numbers screened decreased and the detection rate fell below the 2,300 per 100,000 recommended by Public Health England as necessary to reduce chlamydia prevalence. This is likely to reflect the lower numbers screened in this year than in recent years.

**Table 1: Chlamydia screening programme performance, Brighton & Hove: 2012 - 2014**

Year	Est pop 15-24	Tests	% tested	% positive	Detection rate/100,000 15-24
2012	45,436	24,387	53	6.1	3,286
2013	47,503	23,857	50.9	6.2	3,132
2014	47,503	17,507	36.9	5.5	2,010

Source: Public Health England

### Where we are doing well

In April 2015 we began a programme of integration for sexual health and community contraception services. This will improve the sexual health of the local population by providing easy access to services through open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met in one place, usually by one health professional, in services with extended opening hours and accessible locations.

The 2014 Safe and Well School Survey showed that in Brighton & Hove, the majority (82%) of year 10 and 11 pupils (aged 14-16 years) had not had sex. The majority (61%) of 14-16 year olds felt that the sex and relationships lessons at school were useful.<sup>5</sup>

Overall, since 2011, the awareness of sexual health services among young people has improved / been maintained at a good level. In 2014:

- Those most likely to know about sexual health services are females, students aged 15–16 and sexually active students.
- 45% of 14–16 year olds know about chlamydia and where to get tested. Compared to 43% in 2010.
- Just under half (49%) knew where to get condoms free of charge compared to 52% in 2010.
- 81% recognised the C-card condom promotion scheme logo.
- 78% of 14–16 year olds reported confidence in using condoms compared to 69% in 2010.<sup>5</sup>

### Local inequalities

Data from the Safe and Well School Survey<sup>5</sup> shows that:

- Boys (83%) and girls (82%) are equally likely not to have had sex. There is no difference between ethnic groups. Older students are more likely to have had sex (25% of 15-16 year olds) than younger students (11% of 14-15 year olds). Lesbian, gay or bisexual students are also more likely to have had sex (33%) than heterosexuals (17%) or those who did not know or preferred not to disclose their sexual orientation (12%).
- Those who are more likely to engage in sexual activity at an earlier age are more vulnerable e.g. received extra help, have been bullied in the last term, are using drugs or alcohol, have truanted or been excluded from school.
- White British students are significantly more likely to be aware of C-card services and health-based school drop-ins (83% and 66% respectively) than Black or Minority Ethnic (BME) students (71% and 59% respectively).

We also know that females are significantly more likely to accept screening for chlamydia than males who account for only about 30% of screens.

<sup>5</sup> Brighton & Hove City Council. Safe and well at school survey. 2014. Available at: <http://www.bhconnected.org.uk/content/surveys> [Accessed 13/08/2015]

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### Predicted future need

Population projections suggest that the number of 10-19 year olds will increase by 2,200 over the next decade, to 31,700 young people,<sup>6</sup> implying a need for increased sexual health promotion and prevention work with this cohort.

### What we don't know

We do not yet know the extent to which young people feel the new sexual health and contraception (SHAC) service is accessible, particularly those living in deprived areas or from protected groups.

It is not clear how potential changes to youth information, advice and counselling services will affect the accessibility of condoms, chlamydia testing and pregnancy testing across the city.

### Key evidence and policy

A framework for Sexual Health Improvement in England (2013)

<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

NICE guidance for preventing sexually transmitted infections and under-18 conceptions (2011).

<http://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions>

NICE guidance - contraceptive services with a focus on young people up to the age of 25

<https://www.nice.org.uk/guidance/ph51>

### Recommended future local priorities

1. Ensure that early identification screening processes for sexual health are embedded in schools and youth services to a common minimum standard, and are supported by clear pathways to interventions, sexual health and contraception (SHAC) services and support.
2. Establish a dedicated young person's SHAC clinic in the west of the City.

3. Improve the chlamydia screening testing and detection rates among 15-24 year olds to at least recommended levels.
4. Reduce rates of STIs, particularly repeat infections, amongst young people through targeted interventions in clinic and revision of the pathway from clinic to the early help support in Children Services.
5. Address risk-taking behaviours associated with drugs and alcohol in clinic and through onward referral.
6. Ensure the voice of young people is heard in the design and evaluation of SHAC services.
7. Ensure that domestic violence, sexual exploitation, coercive and controlling behaviour are identified and addressed in SHAC services
8. Support primary, secondary and special schools to deliver a quality programme of sex and relationships education which supports the development of healthy and safe relationships.
9. Continue to identify and use evidence-based, effective health promotion to support young people to develop good sexual health.

### Key links to other sections

- Teenage pregnancy and teenage parents
- Substance misuse and alcohol (young people)
- Sexual health (adults and older people)

### Further information

Brighton & Hove Sexual Health Needs Assessment 2010

<http://www.bhconnected.org.uk/content/needs-assessments>

### Last updated

August 2015

<sup>6</sup> Office for National Statistics. Subnational Population Projections, 2012-based projections. May 2014. Available at <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-335242> [Accessed 13/08/2015]