

## **Sexual Health Chapter 0-19 JSNA**

### **What is a JSNA?**

The Joint Strategic Needs Assessment (JSNA) is the comprehensive assessment of the current and future health and social care needs of children and young people aged 0 to 19 (25 with SEND) and their families, with a focus on improving the health and wellbeing and reducing inequalities. There are nine individual chapters that comprise this JSNA.

A Joint Strategic Needs Assessment (JSNA) looks at all the information available around the current and future health and social care needs of populations in the local area. It will then use the data to inform and guide the planning and commissioning of health, well-being and social care services within a local authority. The implementation of recommendations will be overseen by the Health and Wellbeing Board.

As part of the JSNA's development, we have ensured the following principles and values have been considered:

- Think Family
- Our Way of Working and trauma informed practice.
- Prevention, early intervention and avoiding escalation of need.
- The voice of children, young people and families is central to the design, delivery and evaluation of service provision.
- Strength-based, personalised service provision focussed on relationships.
- Integrated services which mean that families tell their story once and can easily access seamless support.
- Equality.
- Reducing inequality.

### **Chapters Introduction**

Cheshire West and Chester Councils 0-19 (25 with SEND) JSNA aims to bring benefits by identifying key health, wellbeing, and social care needs. Findings will help the Council and its partners to make more informed decisions about how we provide support and services to achieve the best outcomes for our children, young people, and their families/carers.

Each chapter has considered literature relevant to the assigned area of focus, drawing on this information to highlight key points that could contribute to findings and recommendations.

Although each JSNA chapter can be read as an individual report. Throughout every chapter, there were common themes relating to how we collect and analyse data particularly in relation to outcome information for certain groups; how inclusive and consistent messages are communicated and how we would like to do more coproduction and peer mentoring.

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## **1. Introduction**

The World Health Organization defines sexual health as “a state of physical, emotional, mental and social well-being in relation to sexuality; It is not merely the absence of disease, dysfunction and infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.”

The average age that young people have sex for the first time in the UK is between 16 and 17 years old and by the end of their teenage years most young people in the UK will have had sex.<sup>1</sup> Furthermore, The British National Survey of Sexual Attitudes and Lifestyles (NATSAL) reports that 31% of males and 29% of females who are aged 16-24 had their first intercourse before the age of 16<sup>2</sup>.

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<sup>1</sup> NHS Borders, Underage Sexual Activity – Interagency Guidance, Sexual Activity and the under sixteens. [nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/underage-sexual-activity-interagency-guidance/sexual-activity-and-the-under-sixteens/](https://nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/underage-sexual-activity-interagency-guidance/sexual-activity-and-the-under-sixteens/)

<sup>2</sup> Natsal-3 Infographics, “Key findings from Natsal-3 – Infographics” [Infographics – NATSAL](#)

This highlights the importance of sexual health services and education for young people at an early age.

The consequences of poor sexual health can be severely damaging to both the mental and physical wellbeing of individuals and include:

- Unplanned pregnancies and abortions
- Psychological consequences, including from sexual coercion and abuse
- Poor educational, social and economic opportunities for teenage mothers, young fathers and children
- HIV transmission
- Cervical and other genital cancers
- Hepatitis, chronic liver disease and liver cancer
- Recurrent genital herpes
- Recurrent genital warts
- Other sexually transmitted infections
- Pelvic inflammatory disease, which can cause ectopic pregnancies and infertility
- Poorer maternity outcomes for mother and baby<sup>3</sup>

Provision of high quality, highly accessible, non-judgemental, inclusive and free sexual health and contraception services for young people, alongside high-quality relationships and sex education is crucial if we are to prevent and reduce the potential harms of poor sexual health. The 0-19 service has a role in the promotion of good sexual health practices and the delivery of sexual health services for young people and in promoting the wider provision of these services in an impactful way.

## **2. Summary**

- Sexual Health is an important Public Health concern for young people.
- There is a lot of data available both nationally and locally regarding sexual health from the United Kingdom Health Security Agency (UKHSA) and the Public Health Outcomes Framework.
- Sexual Health service provision is fairly diverse and complex with a choice of places to access services for young people.
- HPV vaccination uptake seems to have been affected by the covid-19 pandemic but is improving. This improvement needs to be maintained and a focus on improving vaccination rates in school year 8s is recommended in order to provide young people with the best protection.
- Some sexually transmitted infections are on the rise and are affecting young people. Increased promotion of condom use and testing and contact tracing for STIs is recommended. A multi-agency campaign should be considered. Promotion of The National Chlamydia Screening Programme is recommended. A review of our STI testing and National

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<sup>3</sup> Office for Health Improvement & Disparities, Guidance Sexual and reproductive health and HIV: applying All Our Health. Updated 10 March 2022. [Sexual and reproductive health and HIV: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/sexual-and-reproductive-health-and-hiv-applying-all-our-health)

Chlamydia Screening Programme delivery against NICE guideline NG221 “reducing sexually transmitted infections” could be considered and a review of the condom distribution scheme against NICE guideline NG68 “Sexually Transmitted Infections: condom distribution schemes” could be considered.

- Attendance of the under-25s at sexual health services in Cheshire West and Chester is in decline in both males and females but especially males. It is possible that this could be, in part, due to the covid pandemic and due to increased use of remote services, however, attendance rates for males in Cheshire West and Chester is below the England average. Promotion of sexual health services for young people, especially young males, is recommended and services need to review and consider their outreach offer to young people.
- Under-18s conception rates have halved over the last decade in Cheshire West and Chester and England as a whole. Conception rates have remained stable in recent years and on average Cheshire West and Chester’s rates are similar to the England average. However, there are 3 wards with consistently higher than average conception rates. It is recommended to complete the teenage pregnancy prevention framework self-assessment tool to identify areas for improvement. Any interventions made regarding teen pregnancy rates should consider being targeted for the 3 wards that have consistently higher than average conception rates.
- Relationships and sex education (RSE) in schools doesn’t seem to be consistent across all schools and young people did not all know about the services available to them. A review of relationships and sex education (RSE) in schools to improve consistency across the whole of Cheshire West and Chester may be beneficial and improved signposting to available services during RSE is recommended. Public Health nurses in schools could play a role in supporting this.
- Privacy is important to young people when speaking to a professional about their sexual health so services need to have appropriate private spaces to be able to provide the care that young people need.
- More work is recommended to better understand contraception choices in young people and to better understand young people’s attitudes and knowledge in relation to sexual health.

### **3. Sexual Health in Cheshire West and Chester**

#### **3.1 Human Papilloma Virus (HPV) Vaccination**

Human papillomavirus (HPV) is the name of a very common group of viruses. They do not always cause problems, but some types of HPV can cause cancer or genital

warts.<sup>4</sup> HPV infection with high-risk HPV types can cause cervical cancer and is associated with some cancers of the vulva, vagina, mouth/throat, penis and anus.<sup>5</sup> On the advice of the Joint Committee on Vaccination and Immunisation (JCVI), a HPV national vaccination programme was introduced in September 2008 to protect secondary school year 8 girls (aged 12 to 13 years old) against cervical cancer.<sup>6</sup> In September 2019 the HPV vaccination programme was extended to boys from 12 years of age.<sup>7</sup> The vaccine helps protect boys from HPV-related diseases and cancers, such as anal cancer, and also helps reduce the overall number of cervical cancers in women, through a process known as 'herd immunity'.<sup>8</sup> The HPV vaccine will reduce the chances of getting cervical cancer, but you can still get it and women are advised to still attend for cervical screening when invited to do so.<sup>9</sup> The original HPV vaccination introduced in 2008 protected against 2 types of HPV, this was replaced in September 2012 with a vaccine called Gardasil that protects against 4 types of HPV. In July 2022 the vaccine was changed to the Gardasil 9 vaccine which protects against 9 types of HPV.<sup>10</sup> Individuals who missed their vaccination at school remain eligible to receive the vaccine under the national NHS vaccination programme should they wish to up until their 25<sup>th</sup> birthday<sup>11</sup>, or up to and including the age of 45 years for Gay, Bisexuals and other Men who have sex with men (GBMSM).<sup>12</sup> Other at risk individuals, for example, women and men living with HIV, sex workers, and some transgender people are also eligible for the HPV vaccine<sup>13</sup>.

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<sup>4</sup> NHS, Health A to Z, Human Papillomavirus (HPV) (last reviewed May 2022) [Human papillomavirus \(HPV\) - NHS \(www.nhs.uk\)](https://www.nhs.uk/health-a-to-z/human-papillomavirus-HPV)

<sup>5</sup> World Health Organisation, Factsheets, Human papillomavirus and cancer (March 2024) [Human papillomavirus and cancer \(who.int\)](https://www.who.int/factsheets/fs104)

<sup>6</sup> UKHSA, Guidance HPV vaccination guidance for healthcare practitioners (Updated June 2023) [HPV vaccination guidance for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/hpv-vaccination-guidance-for-healthcare-practitioners)

<sup>7</sup> UKHSA, Guidance HPV vaccination guidance for healthcare practitioners (Updated June 2023) [HPV vaccination guidance for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/hpv-vaccination-guidance-for-healthcare-practitioners)

<sup>8</sup> Department of Health and Social Care, News story HPV vaccine to be given to boys in England (published 24 July 2018) [HPV vaccine to be given to boys in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/news/stories/hpv-vaccine-to-be-given-to-boys-in-england)

<sup>9</sup> UKHSA, Guidance Information on the HPV vaccination from September 2023 (updated 26 September 2023) [Information on the HPV vaccination from September 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/information-on-the-hpv-vaccination-from-september-2023)

<sup>10</sup> UKHSA, Guidance HPV vaccination guidance for healthcare practitioners (updated 20 June 2023) [HPV vaccination guidance for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/hpv-vaccination-guidance-for-healthcare-practitioners)

<sup>11</sup> UKHSA, Guidance Information on the HPV vaccination from September 2023 (updated 26 September 2023) [Information on the HPV vaccination from September 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/information-on-the-hpv-vaccination-from-september-2023)

<sup>12</sup> Patient.info, Immunisation HPV Vaccine Human Papillomavirus Immunisation, Last updated by Dr Colin Tidy, Peer reviewed by Dr Krishna Vakharia (last updated 19 May 2023) [HPV Vaccine \(Human Papillomavirus Immunisation\) | Patient](https://patient.info/immunisation/hpv-vaccine)

<sup>13</sup> NHS.uk, Vaccinations, HPV Vaccine (last reviewed September 2023) [HPV vaccine - NHS \(www.nhs.uk\)](https://www.nhs.uk/vaccinations/hpv-vaccine)

From 1 September 2023, based on advice from the [JCVI](#), the HPV vaccination schedule will change to:

- a 1 dose schedule for the routine adolescent programme and Gay, Bisexual and other Men who have sex with Men (GBMSM ) programme for eligible individuals less than 25 years of age
- a 2 dose schedule for the GBMSM programme for eligible individuals from the age of 25 years (0, 6 to 24 months)
- a 3 dose schedule for eligible individuals who are immunosuppressed and those known to be living with HIV, including those on antiretroviral therapy (0, 1, 4 to 6 month schedule)<sup>14</sup>

The World Health Organization has a Global Strategy towards elimination of Cervical Cancer as a public health problem. One of the strategy's measurable global targets is that by 2030, 90% of girls should be fully vaccinated with the HPV vaccine by 15 years of age.<sup>15</sup>

Data is available from the UK Health Security Agency (UKHSA) regarding HPV vaccine uptake both nationally and for Cheshire West and Chester for boys and girls for school years 8, 9 and 10 for the year 2021/2022. There is historic data available on fingertips for HPV vaccine uptake in 12- to 13-year-old (year 8) girls. The data indicates that vaccine uptake in 12- to 13-year-olds in Cheshire West and Chester has been historically similar to or slightly above the England average although the statistical significance of these figures has not been analysed. The coverage for a single dose of HPV vaccine in 12- to 13-year-olds before the pandemic in 2018/2019 was 92.6% in Cheshire West and Chester whilst the England average was 88.0%.<sup>16</sup> This dropped in 2019/2020 down to 72.6% in Cheshire West and Chester and 59.2% for the England average. The timing of this drop corresponds to the global Covid-19 pandemic. Vaccination rates for this age group improved in 2020/2021 to 89.5% in Cheshire West and Chester which was better than the England average of 76.7% but they have dropped again in 2021/2022 to 72.7% in Cheshire West and Chester, 69.6% for the England average.

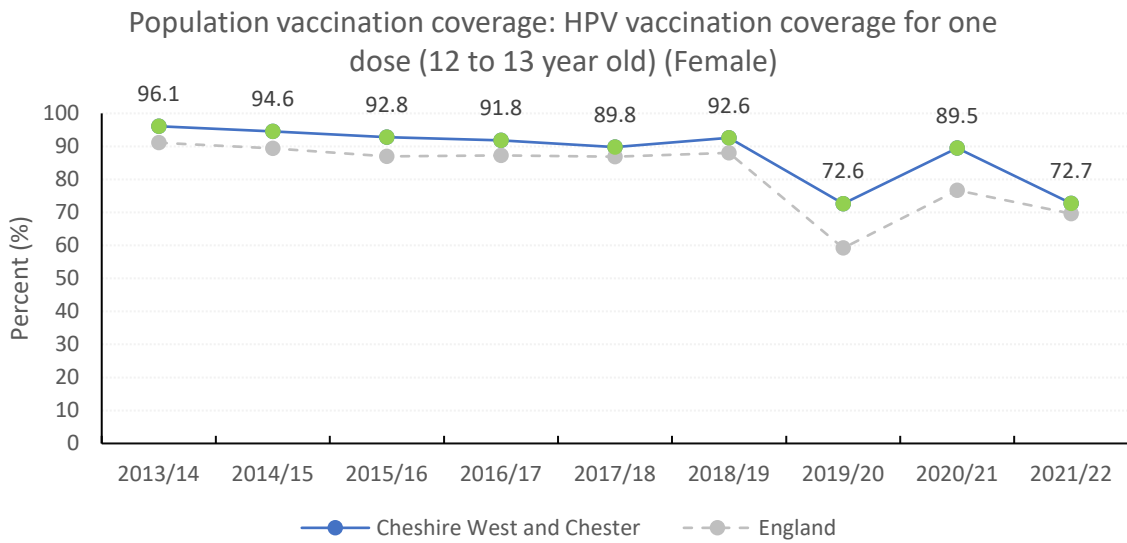
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<sup>14</sup> UKHSA, Guidance HPV vaccination guidance for healthcare practitioners (updated 20 June 2023) [HPV vaccination guidance for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/HPV-vaccination-guidance-for-healthcare-practitioners)

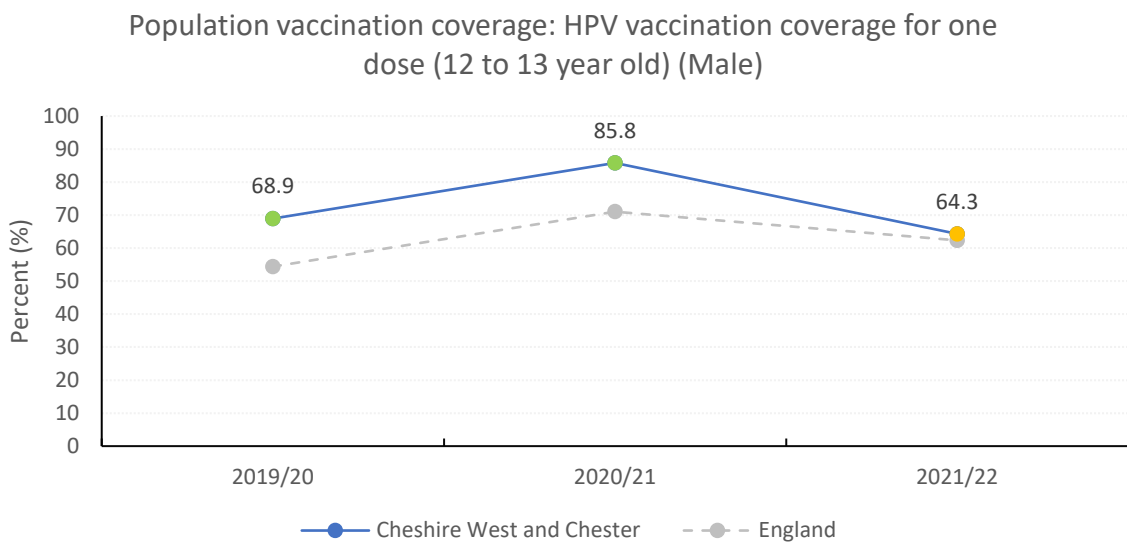
<sup>15</sup> World Health Organization, Reaching the 2030 targets for cervical cancer elimination: New WHO recommendations for screening and treatment (6 July 2021) [Reaching 2030 cervical cancer elimination targets - New WHO recommendations for screening and treatment of cervical pre-cancer](https://www.who.int/news-room/fact-sheets/detail/cervical-cancer)

<sup>16</sup> Office for Health Improvement and Disparities, Fingertips, Public health data [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications/fingertips)

**Chart 1: Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) female**



**Chart 2: Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) male**



**Table 1: Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)**

Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)										
Time period	Sex	Cheshire West and Chester					England			
		Count	Percent	LCI	UCI	Compared to England	Count	Percent	LCI	UCI
2013/14	Female	1,685	96.1	95.1	96.9	High	259,479	91.1	91.0	91.2
2014/15		1,025	94.6	93.0	95.8	High	251,007	89.4	89.3	89.5
2015/16		1,722	92.8	91.5	93.9	High	251,010	87.0	86.9	87.1
2016/17		1,805	91.8	90.5	92.9	High	260,959	87.2	87.1	87.3
2017/18		1,805	89.8	88.4	91.0	High	266,785	86.9	86.8	87.0
2018/19		1,823	92.6	91.3	93.7	High	276,296	88.0	87.9	88.1
2019/20		1,452	72.6	70.6	74.5	High	189,457	59.2	59.0	59.4
2020/21		1,925	89.5	88.1	90.7	High	256,851	76.7	76.5	76.8
2021/22		1,467	72.7	70.7	74.6	High	233,344	69.6	69.4	69.8
2019/20		Male	1,548	68.9	66.9	70.8	High	180,207	54.4	54.2
2020/21	1,927		85.8	84.3	87.1	High	247,049	71.0	70.9	71.2
2021/22	1,474		64.3	62.4	66.3	Average	216,548	62.4	62.2	62.5

Source: UK Health Security Agency (UKHSA)

The data available for 2021/2022 from UKHSA shows that the rate of uptake in males usually lags slightly behind that in females. It also shows that whilst the vaccination rate in 2021/2022 for 1 dose in school year 8 (12 to 13 year olds) fell when compared with 2020/2021, the uptake by school year 9 and year 10 in 2021/2022 is much improved up to 91.6% for 1 dose in year 9 females and 94% in year 10 females in Cheshire West and Chester. The vaccine uptake is 89% for 1 dose in year 9 males and 91.1% for 1 dose in year 10 males. These figures are better than the England average although this has not been statistically analysed for significance. (See Table 2 below)



**Table 2: HPV vaccine coverage by school year and gender, September 2021 to August 2022**

HPV vaccine coverage by school year and gender September 2021 to August 2022						
School year	Male			Female		
	Cheshire West and Chester	North West	England	Cheshire West and Chester	North West	England
Year 8 (1 dose)	64.3%	62.9%	62.4%	72.7%	70.9%	69.6%
Year 9 (1 dose)	89.0%	81.4%	77.6%	91.6%	85.7%	82.2%
Year 9 (2 dose)	78.7%	64.2%	62.4%	81.4%	69.6%	67.3%
Year 10 (1 dose)	91.1%	84.3%	81.5%	94.0%	90.5%	86.5%
Year 10 (2 dose)	86.2%	74.9%	70.9%	89.6%	82.8%	76.9%

Data Source: UKHSA. Human papillomavirus (HPV) vaccination coverage in adolescents in England: 2021 to 2022 Health Protection Report Volume 16 number 13 20 December 2022. HPV Vaccine Coverage in Adolescents ([England 2021 to 2022](#)): appendix

Whilst it is encouraging to see vaccine uptake improving by the time children are in year 9 and year 10, for the vaccine to be most effective it should be given before first sexual intercourse. Therefore, prioritising vaccination of those aged 12-13 (year 8) will mean that more children are vaccinated before their first sexual intercourse.

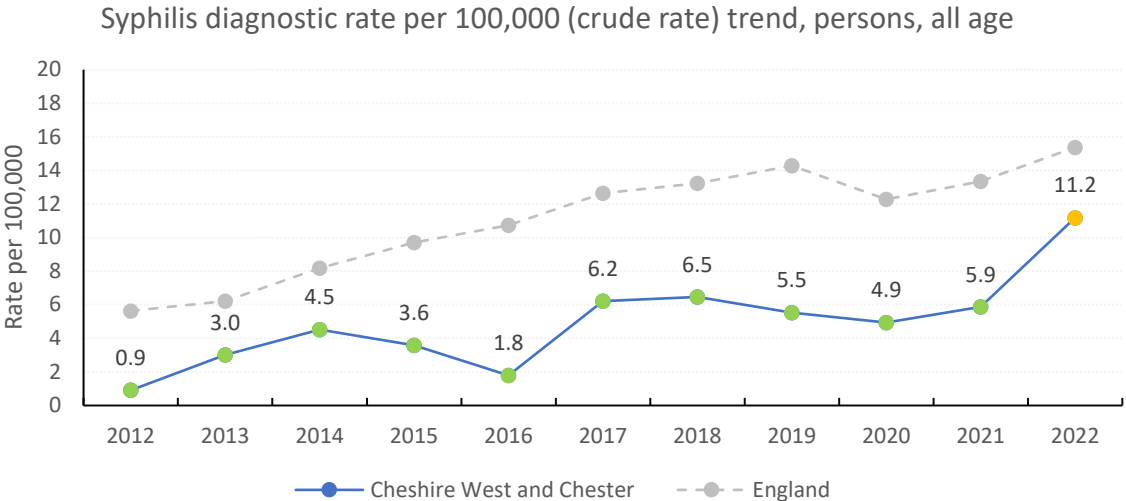
### **3.2 Sexually Transmitted Infections (STIs)**

Detection and treatment of STIs is important because if left undiagnosed or untreated STIs can cause serious and potentially life-threatening health problems including pelvic inflammatory disease, ectopic pregnancy, infertility, adverse pregnancy outcomes, neonatal infections, urethral strictures, epididymitis, cardiovascular and neurological disease.<sup>17</sup> Data is available on fingertips and there is the UKHSA national sexually transmitted infection surveillance data available up to 2022. Rates of Gonorrhoea and Syphilis have increased quite sharply both across England and in Cheshire West and Chester in 2022 compared with 2021. Gonorrhoea has seen the biggest increase. The rates of most sexually transmitted infections dropped in 2020, likely due to the Covid-19 pandemic when there was both reduced social mixing and changes in access to sexual health services. Some of the increase in rates in 2022 could be explained by a rebound surge after the Covid-19 pandemic, however, Gonorrhoea and Syphilis diagnostic rates are now higher than they were in 2019

<sup>17</sup> Public Health England, Guidance Health Matters: preventing STIs (published 21 August 2019) [Health matters: preventing STIs - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-matters-preventing-stis)

(before the Covid-19 pandemic) so it is possible that the rise reflects increased community circulation. The rates seen in Cheshire West and Chester are lower than the England average (statistical significance not tested) but given the increasing trend it should not be ignored. There does appear to have been a corresponding increase in testing for sexually transmitted infections in 2022 although not as big an increase as there has been in the diagnostic rate for Gonorrhoea and Syphilis which indicates that there could be increased community circulation. The testing data available at present should be interpreted with caution as it is limited and is for all STIs not Gonorrhoea and Syphilis alone. It could be worthwhile, if possible, in the future to obtain and analyse more detailed testing data relating to STIs.

**Chart 3: Syphilis diagnostic rate per 100,000 (crude rate) trend, persons, all age**

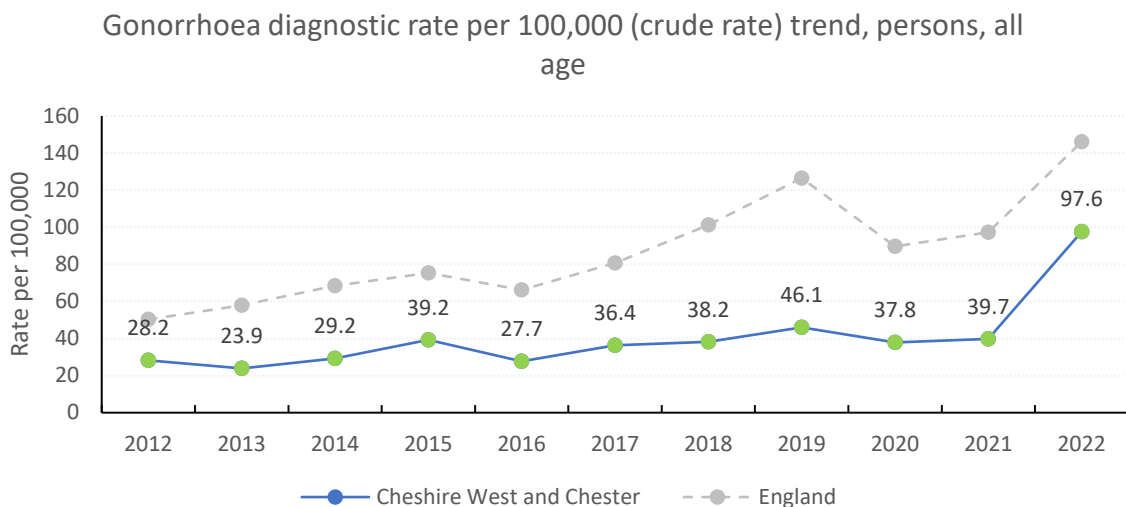


**Table 3: Syphilis diagnostic rate per 100,000 (crude rate) trend, persons, all age**

Syphilis diagnostic rate per 100,000 (crude rate) trend, persons, all age									
	Cheshire West and Chester					England			
Time period	Count	Rate per 100,000	LCI	UCI	Compared to England	Count	Rate per 100,000	LCI	UCI
2012	3	0.9	0.2	2.7	Low	3,014	5.6	5.4	5.8
2013	10	3.0	1.4	5.6	Low	3,345	6.2	6.0	6.4
2014	15	4.5	2.5	7.4	Low	4,445	8.2	7.9	8.4
2015	12	3.6	1.9	6.3	Low	5,313	9.7	9.4	10.0
2016	6	1.8	0.7	3.9	Low	5,932	10.7	10.5	11.0
2017	21	6.2	3.8	9.5	Low	7,036	12.7	12.4	12.9
2018	22	6.5	4.0	9.8	Low	7,405	13.2	12.9	13.5
2019	19	5.5	3.3	8.6	Low	8,040	14.3	14.0	14.6
2020	17	4.9	2.9	7.9	Low	6,941	12.3	12.0	12.6
2021	21	5.9	3.6	9.0	Low	7,543	13.3	13.0	13.6
2022	40	11.2	8.0	15.2	Average	8,692	15.4	15.1	15.7

Source: UK Health Security Agency (UKHSA)

**Chart 4: Gonorrhoea diagnostic rate per 100,000 (crude rate) trend, persons, all age**



**Table 4: Gonorrhoea diagnostic rate per 100,000 (crude rate) trend, persons, all age**

Gonorrhoea diagnostic rate per 100,000 (crude rate) trend, persons, all age									
Time period	Cheshire West and Chester					England			
	Count	Rate per 100,000	LCI	UCI	Compared to England	Count	Rate per 100,000	LCI	UCI
2012	93	28.2	22.7	34.5	Low	26,895	50.3	49.7	50.9
2013	79	23.9	18.9	29.7	Low	31,177	57.9	57.2	58.5
2014	97	29.2	23.7	35.6	Low	37,150	68.4	67.7	69.1
2015	131	39.2	32.8	46.5	Low	41,290	75.4	74.6	76.1
2016	93	27.7	22.4	33.9	Low	36,545	66.1	65.4	66.8
2017	123	36.4	30.2	43.4	Low	44,839	80.6	79.9	81.4
2018	130	38.2	31.9	45.3	Low	56,690	101.3	100.4	102.1
2019	158	46.1	39.2	53.8	Low	71,133	126.4	125.4	127.3
2020	130	37.8	31.6	44.9	Low	50,678	89.6	88.8	90.4
2021	142	39.7	33.4	46.8	Low	54,961	97.2	96.4	98.0
2022	349	97.6	87.6	108.4	Low	82,592	146.1	145.1	147.1

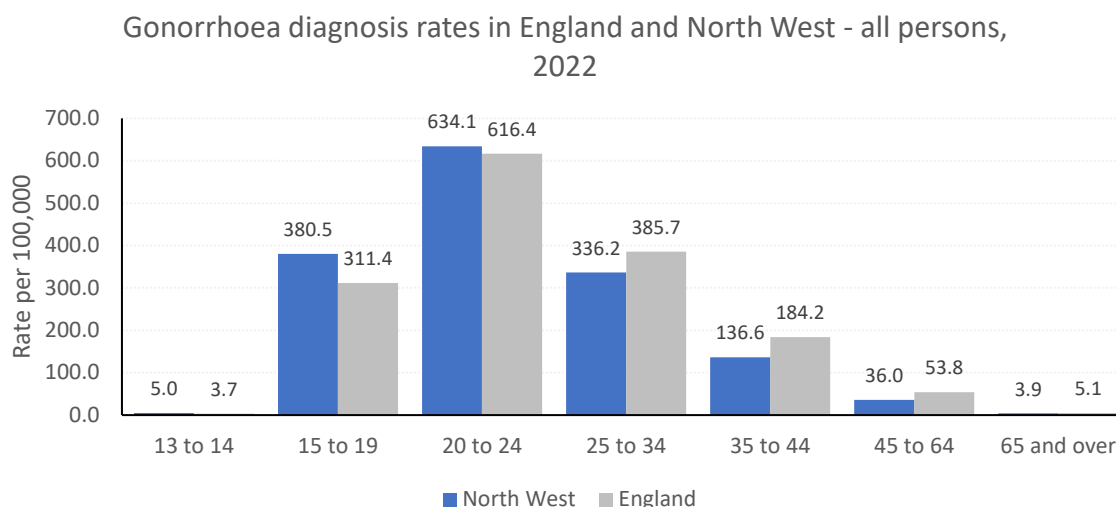
Source: UK Health Security Agency (UKHSA)

The available STI surveillance data for the North West region from the UKHSA shows that all age groups in the North West have seen an increase in gonorrhoea. The largest increase has been in young adults aged 19-24 but people aged 25 to 34 and young people aged 15-19 have also seen a significant increase. The biggest increases in the rates of syphilis according to North West region data have been in the 20 to 24 and 25 to 34 age groups.<sup>18</sup> The increase in syphilis diagnoses is affecting both Men and Women of all sexual orientations but is disproportionately affecting GBMSM (Men who are Gay or Bisexual and Men who have sex with Men).<sup>19</sup>

<sup>18</sup> UKHSA. Table 2: new STI diagnosis numbers and rates in England and regions by gender, sexual orientation, age group and ethnic group, 2018 to 2022. Ref: UKHSA publication number GOV-14785 [Sexually transmitted infections \(STIs\): annual data tables - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/sexually-transmitted-infections-stis-annual-data-tables)

<sup>19</sup> UKHSA. Table 2: new STI diagnosis numbers and rates in England and regions by gender, sexual orientation, age group and ethnic group, 2018 to 2022. Ref: UKHSA publication number GOV-14785 [Sexually transmitted infections \(STIs\): annual data tables - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/sexually-transmitted-infections-stis-annual-data-tables)

**Chart 5: Gonorrhoea diagnosis rates in England and North West region – all persons, 2022**

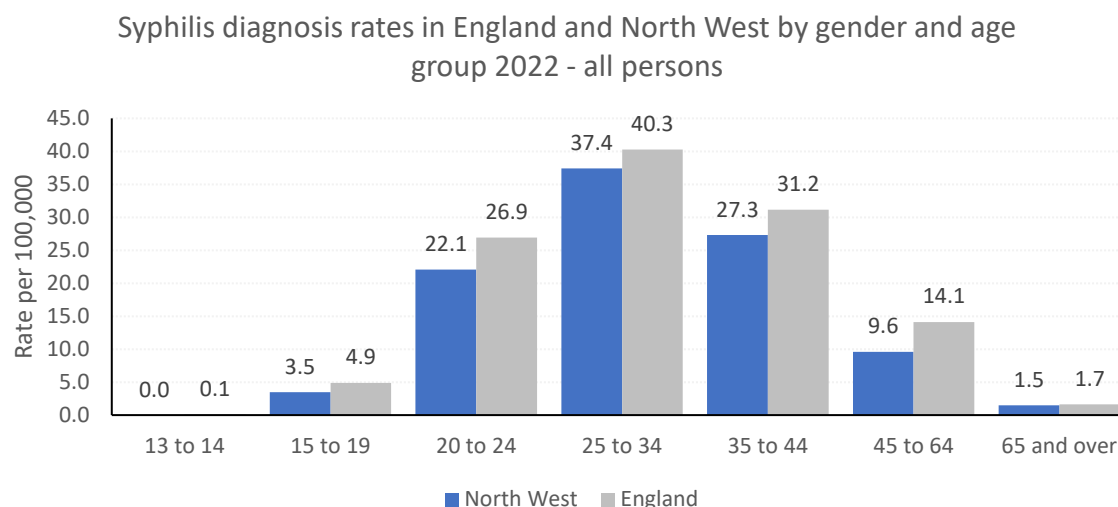


**Table 5: Gonorrhoea diagnosis rates in England and North West by gender and age group 2022**

Gonorrhoea diagnosis rates in England and North West by gender and age group 2022						
	Males		Females		All persons	
	North West	England	North West	England	North West	England
Age group	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000
13 to 14	0.0	2.2	4.6	4.1	5.0	3.7
15 to 19	239.5	231.0	402.5	345.8	380.5	311.4
20 to 24	591.7	674.9	493.5	479.6	634.1	616.4
25 to 34	433.6	615.6	149.4	134.5	336.2	385.7
35 to 44	200.0	322.0	39.0	39.0	136.6	184.2
45 to 64	53.3	95.3	6.5	8.4	36.0	53.8
65 and over	5.3	9.7	0.7	0.5	3.9	5.1

Source: UK Health Security Agency, National STI surveillance data 2022: Table 2

## Chart 6: Syphilis diagnosis rates in England and North West region – all persons, 2022



**Table 6: Syphilis diagnosis rates in England and North West by gender and age group 2022**

Syphilis diagnosis rates in England and North West by gender and age group 2022						
Age group	Males		Females		All persons	
	North West	England	North West	England	North West	England
	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000
13 to 14	0.0	0.1	0.0	0.0	0.0	0.1
15 to 19	4.5	5.7	0.9	3.4	3.5	4.9
20 to 24	32.3	38.9	4.8	10.5	22.1	26.9
25 to 34	60.0	70.0	5.4	7.7	37.4	40.3
35 to 44	45.7	56.7	3.4	3.9	27.3	31.2
45 to 64	15.6	26.0	0.4	0.8	9.6	14.1
65 and over	2.8	3.3	0.0	0.1	1.5	1.7

Source: UK Health Security Agency, National STI surveillance data 2022: Table 2

### HIV

The prevalence of diagnosed HIV per 1,000 people in Cheshire West and Chester aged 15 to 59 years in 2021 was 1.3, better than the rate of 2.3 in England.<sup>20</sup> The number of new diagnoses of HIV in children and young people up to the age of 24 in Cheshire West and Chester is too small to report.

<sup>20</sup> UKHSA, Summary profile of local authority sexual health, Cheshire West and Chester. Field service, Regions Directorate, Protection, Operations. 30 August 2023. [SPLASH Cheshire West and Chester 2023-08-30 \(phe.org.uk\)](https://pne.org.uk)

### **3.3 Chlamydia**

Chlamydia remains the commonest STI in England with a significant proportion of infections affecting young people.<sup>21</sup> Chlamydia often has no symptoms but if left untreated can cause serious and potentially life threatening health complications including pelvic inflammatory disease, ectopic pregnancy, and infertility.<sup>22</sup> Because of this, the UK has a National Chlamydia Screening Programme for young people aged 15 – 24. In June 2021, the primary aim of the National Chlamydia Screening Programme (NCSP) changed to focus on reducing reproductive harm of untreated infection in young women and so routine proactive screening is now for young women only.<sup>23</sup> Although full sexual health screening and testing is still available for anyone it is just that this is outside of the remit of the NCSP. There is data available specifically regarding chlamydia for young people aged 15 to 24 in the form of chlamydia detection rates, test positivity rates and proportion (percentage) screened.

#### **Chlamydia Detection rates**

Chlamydia detection rates for young people aged 15 to 24 in Cheshire West and Chester have seen an increase in 2022 compared with 2021 which had seen an increase when compared with 2020.<sup>24</sup> There was a dip in chlamydia detection rates in 2020 which corresponds to the timing of the Covid-19 pandemic. Chlamydia detection rates in Cheshire West and Chester are now slightly higher than the rate seen in 2019<sup>25</sup> (before the Covid-19 pandemic) although the statistical significance of this difference has not been analysed. This rise has also been seen across England and the North West with Cheshire West and Chester's

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<sup>21</sup>UKHSA. Table 2: new STI diagnosis numbers and rates in England and regions by gender, sexual orientation, age group and ethnic group, 2018 to 2022. Ref: UKHSA publication number GOV-14785 [Sexually transmitted infections \(STIs\): annual data tables - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables)

<sup>22</sup> UKHSA. Collection, Chlamydia: surveillance, data, screening and management. The surveillance, epidemiology, screening and prevention of chlamydia. Published 1 January 2011, Last updated 22 March 22. [Chlamydia: surveillance, data, screening and management - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/chlamydia-surveillance-data-screening-and-management)

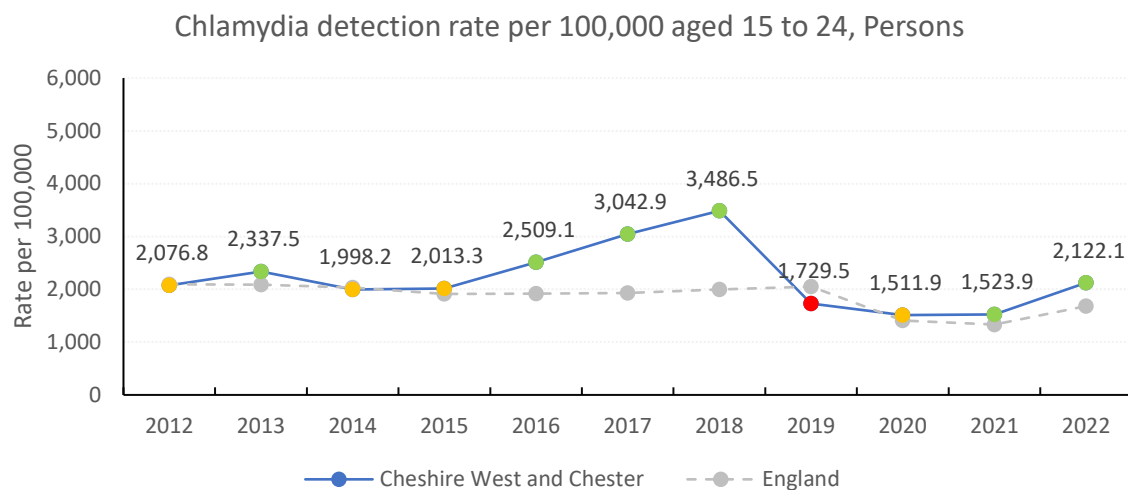
<sup>23</sup> UKHSA. Official Statistics: Sexually transmitted infections and screening for chlamydia in England: 2022 report. Updated 25 October 2023 [Sexually transmitted infections and screening for chlamydia in England: 2022 report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2022-report)

<sup>24</sup> Office for Health Improvement and Disparities. Fingertips. Public Health Data. Sexual and Reproductive Health Profiles. [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications-reports/sexual-and-reproductive-health-profiles)

<sup>25</sup> Office for Health Improvement and Disparities. Fingertips. Public Health Data. Sexual and Reproductive Health Profiles. [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications-reports/sexual-and-reproductive-health-profiles)

rates being slightly higher than the England average in 2022.<sup>26</sup> The graph below shows the chlamydia detection rates over time compared with the England average. Chlamydia detection rates were especially high in 2018 and a drop in rates was seen between 2018 and 2019. It is unclear why this was the case, but it might be related to a change in the delivery and administration of sexual health services at that time. Cheshire West and Chester's current rates are now more in line with the England average.

**Chart 7: Chlamydia detection rate per 100,000 aged 15-24, all persons**



<sup>26</sup> Office for Health Improvement and Disparities. Fingertips. Public Health Data. Sexual and Reproductive Health Profiles. [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications/fingertips/sexual-reproductive-health-profiles)



**Table 7: Chlamydia detection rates per 100,000 aged 15-24, all persons trend**

Chlamydia detection rate per 100,000 aged 15 to 24, all persons									
	Cheshire West and Chester					England			
Time period	Count	Rate per 100,000	LCI	UCI	Compared to England	Count	Rate per 100,000	LCI	UCI
2012	819	2,076.8	1,937.0	2,224.1	Average	144,694	2,094.6	2,083.9	2,105.5
2013	920	2,337.5	2,188.8	2,493.5	High	143,178	2,087.6	2,076.8	2,098.4
2014	791	1,998.2	1,861.3	2,142.4	Average	139,164	2,035.3	2,024.7	2,046.1
2015	793	2,013.3	1,875.5	2,158.4	Average	130,230	1,913.6	1,903.2	1,924.0
2016	972	2,509.1	2,353.8	2,671.9	High	129,189	1,916.9	1,906.5	1,927.4
2017	1,156	3,042.9	2,870.0	3,223.5	High	128,218	1,929.0	1,918.5	1,939.6
2018	1,307	3,486.5	3,300.1	3,680.8	High	132,136	1,999.3	1,988.5	2,010.1
2019	638	1,729.5	1,597.9	1,869.1	Low	134,879	2,050.4	2,039.5	2,061.4
2020	552	1,511.9	1,388.4	1,643.4	Average	92,680	1,406.7	1,397.7	1,415.8
2021	586	1,523.9	1,403.0	1,652.5	High	88,367	1,332.9	1,324.2	1,341.8
2022	816	2,122.1	1,978.9	2,272.8	High	111,380	1,680.1	1,670.2	1,690.0

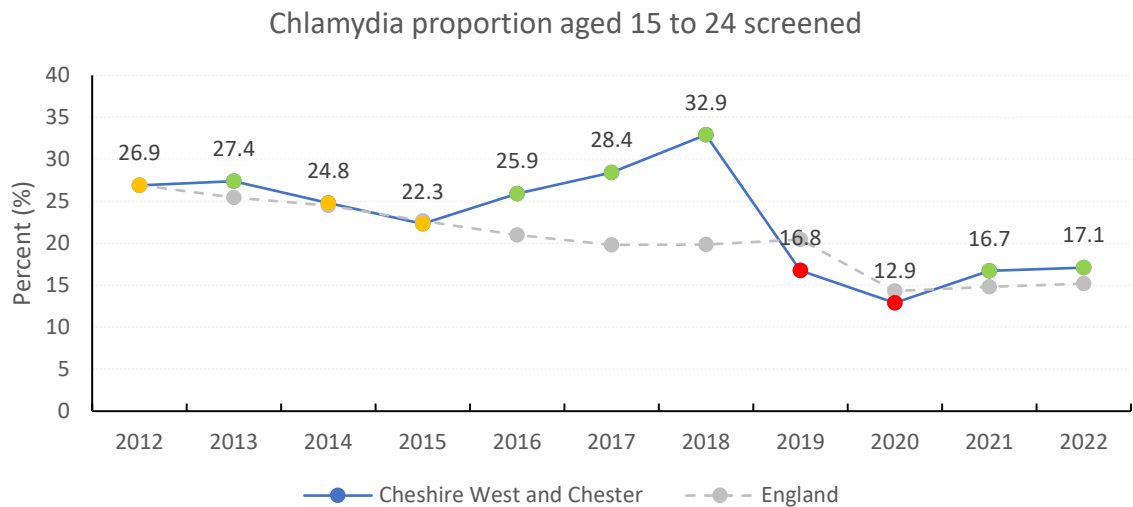
Source: UK Health Security Agency (UKHSA)

### Chlamydia Proportion Screened

Fingertips data shows that in both England and Cheshire West and Chester the proportion of age 15 to 24 screened for chlamydia dropped in 2020 to 14.3% and 12.9% respectively. This drop coincides with the Covid-19 pandemic. The percentage screened has improved in 2021 to 14.8% in England and 16.7% in Cheshire West and Chester. This figure improved further in 2022 to 15.2% in England and 17.1% in Cheshire West and Chester. In England the percentage screened has not yet returned to the pre-pandemic levels which saw 20.4% screened in 2019. In Cheshire West and Chester 16.8% were screened in 2019 which was below the England average and is similar to the proportion screened in 2022. The graph below shows the proportion screened over time compared to the England average. The proportion screened was especially high in 2018 and a drop in rates was seen between 2018 and 2019. It is unclear why this was the case but it might be related to a change in the delivery and administration of

sexual health services at that time. Cheshire West and Chester's current rates are now more in line with the England average.

**Chart 8: Chlamydia proportion aged 15-24 screened trend**



**Table 8: Chlamydia proportion aged 15-24 screened trend**

Chlamydia proportion aged 15 to 24 screened									
Time period	Cheshire West and Chester					England			
	Count	Percent	LCI	UCI	Compared to England	Count	Percent	LCI	UCI
2012	10,609	26.9	26.4	27.4	Average	1,860,606	26.9	26.9	27.0
2013	10,787	27.4	26.9	27.9	High	1,746,233	25.5	25.4	25.5
2014	9,818	24.8	24.3	25.3	Average	1,674,027	24.5	24.4	24.5
2015	8,790	22.3	21.9	22.8	Average	1,542,942	22.7	22.6	22.7
2016	10,041	25.9	25.4	26.4	High	1,417,836	21.0	21.0	21.1
2017	10,791	28.4	27.9	28.9	High	1,317,585	19.8	19.8	19.9
2018	12,337	32.9	32.3	33.5	High	1,311,946	19.9	19.8	19.9
2019	6,183	16.8	16.3	17.2	Low	1,344,172	20.4	20.4	20.5
2020	4,709	12.9	12.5	13.3	Low	942,829	14.3	14.3	14.3
2021	6,427	16.7	16.3	17.1	High	983,015	14.8	14.8	14.9
2022	6,593	17.1	16.7	17.6	High	1,006,625	15.2	15.2	15.2

Source: UK Health Security Agency (UKHSA)

It is worth noting that whilst the proportion screened has increased from 2021 into 2022, this has not increased as much as the chlamydia detection rate has. Furthermore, there is a slight increase in test positivity (the proportion of tests done that return a positive result) in the North West from 9.7% in 2021 to 12.7%

in 2022.<sup>27</sup> The statistical significance of this increase has not been analysed but these signs in the data might indicate that there could be increased community circulation of chlamydia in the population.

#### Location of Chlamydia Screening

The UKHSA have also published data demonstrating the settings in which chlamydia screening tests are carried out in England.<sup>28</sup> This data shows that the most common setting for chlamydia screening tests in England in women aged 15-24 years in 2022 were internet tests which accounted for 43.6% of all tests followed by specialist STI related care and General Practice which accounted for 24% and 17.2% respectively. The least common setting was pharmacy which accounted for 0.5% of tests in England. School was not listed as a test setting. This highlights the importance of the internet for young people both as a tool through which to offer services but also potentially as a route for promotion of services. It also highlights settings that could potentially be encouraged to be more proactive in offering the national chlamydia screening programme, for example pharmacies and public health nurses in schools.

### **3.4 Teen Pregnancy**

Teenage pregnancy is associated with poor outcomes for young women and their children. For mothers, there is a higher risk of poor educational attainment, social isolation and poorer mental and physical health, while their children are more likely to be born preterm or with low birthweight.<sup>29</sup> Many teen pregnancies are unplanned.

#### Under-18s Conceptions

The number and rate of under 18 conceptions has halved over the last decade, both in Cheshire West & Chester and England as a whole. In the ten years prior to 2011, there were over 200 under-18 conceptions each year in Cheshire West and Chester. In 2021, 76 females aged 15-17 in Cheshire West and Chester became pregnant, a rate of 13.2 per 1,000 which is similar to the

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<sup>27</sup> UKHSA, National chlamydia screening programme (NCSP): data tables. Information on chlamydia testing and diagnoses in 15 to 24 year olds in England by demographic characteristics and geographical region. Updated 25 October 2023.

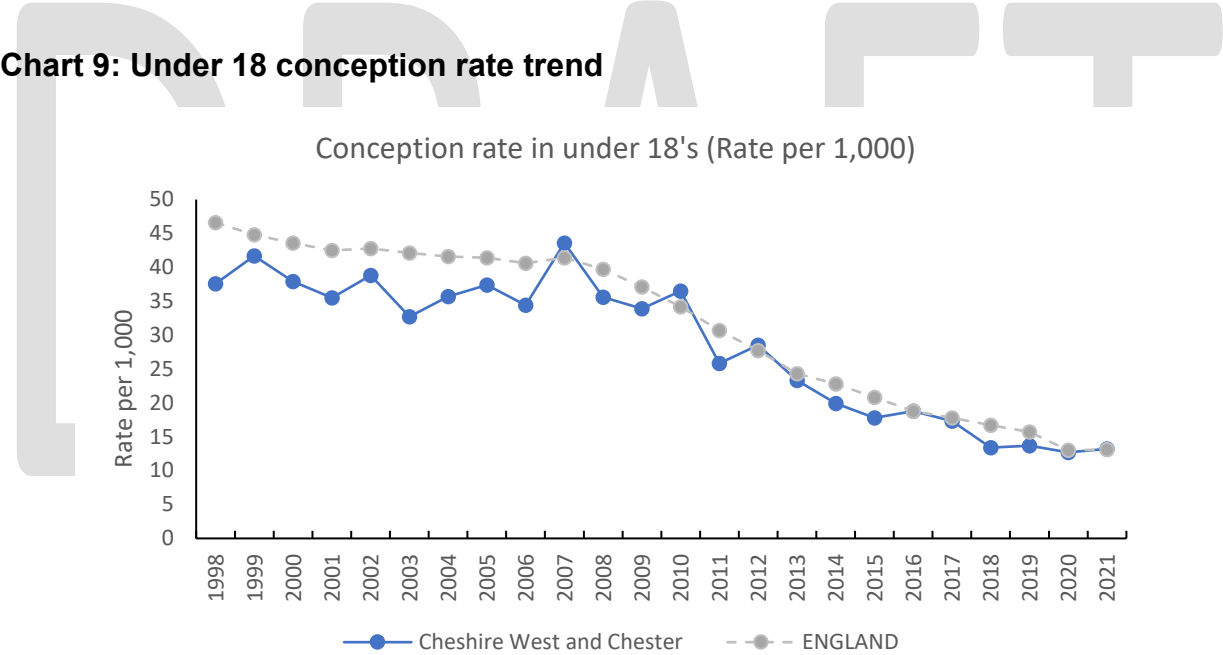
[National chlamydia screening programme \(NCSP\): data tables - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/national-chlamydia-screening-programme-ncsp-data-tables)

<sup>28</sup> UKHSA, Sexually transmitted infections and screening for chlamydia in England: 2022 report. Updated 25 October 2023. [Sexually transmitted infections and screening for chlamydia in England: 2022 report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2022-report)

<sup>29</sup> Royal College of Paediatrics and Child Health (2020). State of Child Health. London: RCPCH. Conceptions in young people. [Conceptions in young people – RCPCH – State of Child Health](https://www.rcpch.ac.uk/resources/state-of-child-health)

England rate of 13.1 per 1,000.<sup>30</sup> The rate of under-18s conceptions has remained stable in recent years.

Although overall teenage conception rates in Cheshire West and Chester are similar to the England average, at ward level there is variation across the borough, with some areas experiencing teenage pregnancy rates which are higher than the England average. For the 3 year period 2016-18, there were three wards where the conception rate was above the England average, these are Wolverham, Central & Grange and Blacon.<sup>31</sup> These wards have had consistently high rates for the last three periods of data. There were nine wards with rates significantly lower than the England average.<sup>32</sup>



Source: Office for National Statistics licensed under the Open Government Licence. Accessed 19-Oct-2023.

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<sup>30</sup> Office for National Statistics licensed under the Open Government Licence. Accessed 19-Oct-2023.

<sup>31</sup> Office for National Statistics/Office for Health Improvement and Disparities

<sup>32</sup> Office for National Statistics/Office for Health Improvement and Disparities

**Table 9: Under 18 conception rate trend**

Conception rate at age under 18 (Rate per 1,000)		
Year	Cheshire West and Chester	England
1998	37.6	46.6
1999	41.7	44.8
2000	37.9	43.6
2001	35.5	42.5
2002	38.8	42.8
2003	32.7	42.1
2004	35.7	41.6
2005	37.4	41.4
2006	34.4	40.6
2007	43.6	41.4
2008	35.6	39.7
2009	33.9	37.1
2010	36.5	34.2
2011	25.8	30.7
2012	28.5	27.7
2013	23.3	24.3
2014	19.9	22.8
2015	17.8	20.8
2016	18.8	18.8
2017	17.3	17.8
2018	13.4	16.7
2019	13.7	15.7
2020	12.7	13
2021	13.2	13.1

Source: Office for National Statistics licensed under the Open Government Licence. Accessed 19-Oct-2023.

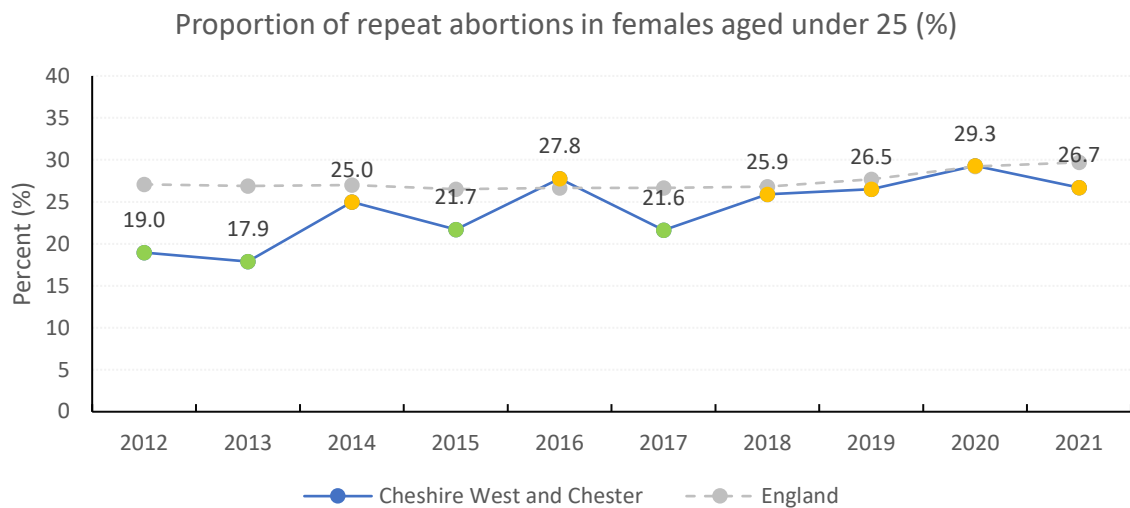
## Under-18s Abortion Rates

In 2021 55.3% of under-18s conceptions resulted in abortion in Cheshire West and Chester. This is similar to the England average rate of 53.4%.<sup>33</sup>

## Repeat Abortions

The percentage of abortions that were repeat abortions in the under 25s was 26.7% in Cheshire West and Chester in 2021, similar to the England average of 29.7%<sup>34</sup> There have been some fluctuations in this rate over previous years since 2012 but there is a gradually increasing trend over the years which has brought Cheshire West and Chester in line with the England average. In 2013 the rate was down at 17.9% in Cheshire West and Chester which was well below the England average at that time.

**Chart 10: Proportion of repeat abortions in females aged under 25 trend**



<sup>33</sup> Office for Health Improvement and Disparities. Fingertips. Public Health Data. Sexual and Reproductive Health Profiles. [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications/fingertips/public-health-data-sexual-and-reproductive-health-profiles)

<sup>34</sup> Office for Health Improvement and Disparities. Fingertips. Public Health Data. Sexual and Reproductive Health Profiles. [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications/fingertips/public-health-data-sexual-and-reproductive-health-profiles)

**Table 10: Proportion of repeat abortions in females aged under 25 (%) trend**

Proportion of repeat abortions in females aged under 25 (%)									
Time period	Cheshire West and Chester					England			
	Count	Percent (%)	LCI	UCI	Compared to England	Count	Percent (%)	LCI	UCI
2012	87	19.0	15.6	22.8	Low	22,065	27.1	26.8	27.4
2013	78	17.9	14.6	21.8	Low	21,248	26.9	26.6	27.2
2014	106	25.0	21.1	29.3	Average	20,566	27.0	26.7	27.3
2015	95	21.7	18.1	25.8	Low	19,569	26.5	26.2	26.8
2016	110	27.8	23.6	32.4	Average	18,949	26.7	26.3	27.0
2017	90	21.6	18.0	25.8	Low	18,969	26.7	26.4	27.0
2018	114	25.9	22.0	30.2	Average	19,490	26.8	26.5	27.1
2019	104	26.5	22.3	31.0	Average	20,350	27.7	27.3	28.0
2020	115	29.3	25.1	34.0	Average	20,538	29.2	28.9	29.5
2021	109	26.7	22.6	31.1	Average	21,158	29.7	29.4	30.0

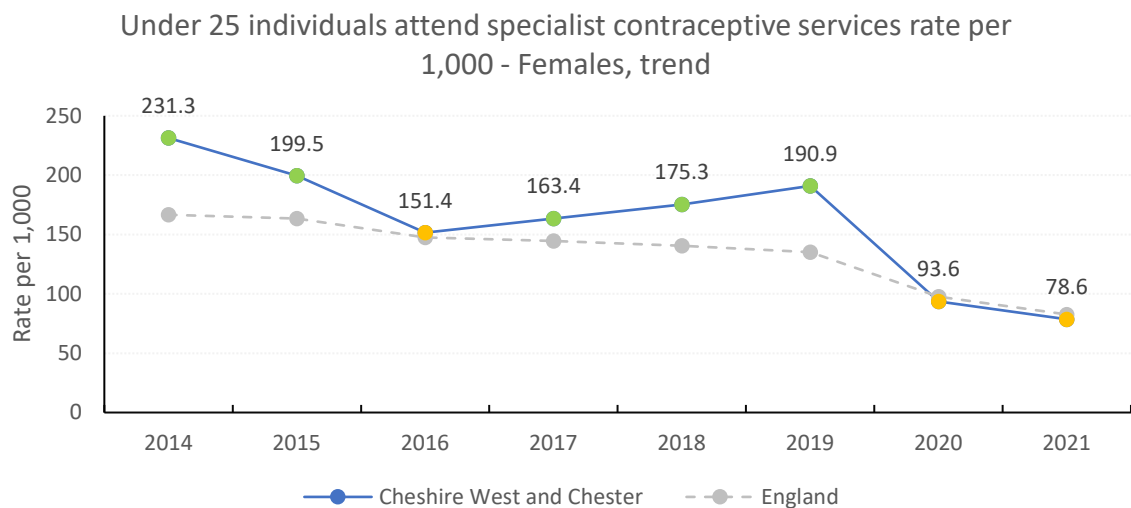
Office for Health Improvement and Disparities, Department of Health and Social Care based on data from abortion clinics

### **3.5 Young People's Access To Sexual Health Services**

There is data available on fingertips from the UK HSA regarding attendance rates of males and females aged under 25 at specialist contraceptive services from the year 2014 up until 2021. Attendance rates for females in Cheshire West and Chester dropped between 2019 to 2020, this coincides with the covid pandemic which impacted the delivery of services. The attendance rate has dipped slightly lower still between 2020 into 2021 to a rate of 78.6 per 1000 females. The attendance rate in 2021 is at the lowest level of the data available since 2014. This drop has also been seen in the England average rates and Cheshire West and Chester's average rate in 2021 is similar to the England average of 82.6 per 1000 females. The attendance rate for males aged under 25 at specialist contraceptive services also dipped in 2020 corresponding to the covid pandemic but this has dropped more sharply between 2020 and 2021. The England average rate also saw a dip at this time but the England average has not seen such a sharp dip as Cheshire West and Chester. Cheshire West and Chester's attendance rate for males has been below the England average since 2018. In 2021 the attendance rate for under 25 males at specialist contraceptive services

in Cheshire West and Chester was 3.9 per 1000 males. This is below the England average of 11.5 per 1000 males. This rate is calculated using the rate of face to face consultations so it is possible that young people are choosing to use the remote services instead of face to face. However, this trend needs further analysis to understand it better and ensure young people are accessing services when they need it. This data could indicate a need for increased promotion and awareness of sexual health services particularly for young males.

**Chart 11: Under 25 individuals attend specialist contraceptive services rate per 1,000 - Females, trend**



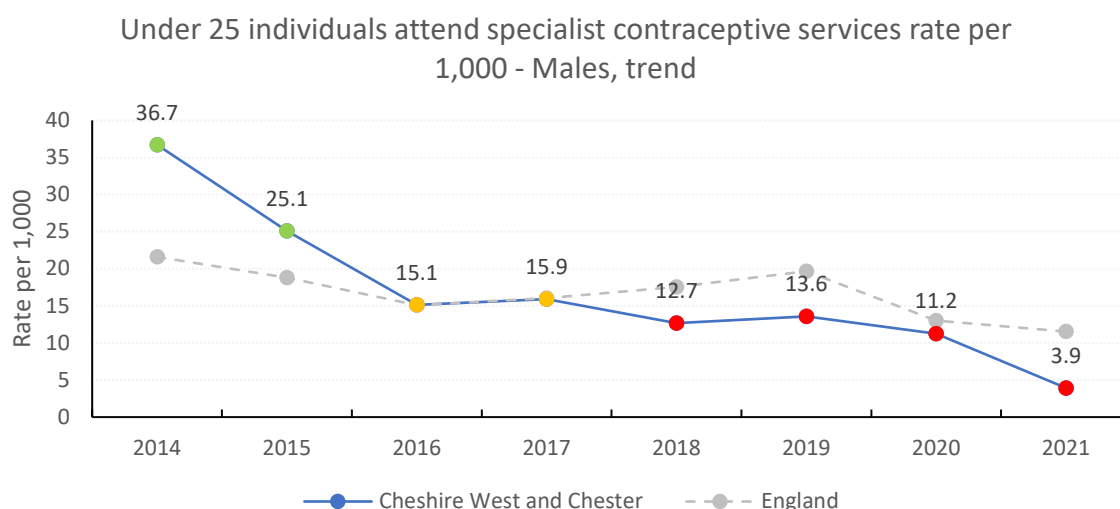
**Table 11: Under 25 individuals attend specialist contraceptive services rate per 1,000 - Females, trend**

Under 25 individuals attend specialist contraceptive services rate per 1,000 - Females, trend									
Time period	Cheshire West and Chester					England			
	Count	Rate per 1,000	LCI	UCI	Compared to England	Count	Rate per 1,000	LCI	UCI
2014	4,550	231.3	224.6	238.1	High	556,688	166.6	166.2	167.0
2015	3,905	199.5	193.3	205.8	High	542,866	163.4	163.0	163.8
2016	2,911	151.4	146.0	157.0	Average	484,415	147.5	147.1	147.9
2017	3,064	163.4	157.7	169.3	High	467,629	144.6	144.1	145.0
2018	3,277	175.3	169.3	181.4	High	451,174	140.4	140.0	140.8
2019	3,530	190.9	184.7	197.4	High	432,310	135.2	134.8	135.6
2020	1,710	93.6	89.3	98.2	Average	311,938	97.6	97.3	98.0
2021	1,520	78.6	74.7	82.7	Average	269,714	82.6	82.3	82.9

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



**Chart 12: Under 25 individuals attend specialist contraceptive services rate per 1,000 - Males, trend**



**Table 12: Under 25 individuals attend specialist contraceptive services rate per 1,000 - Males, trend**

Under 25 individuals attend specialist contraceptive services rate per 1,000 - Males, trend									
Time period	Cheshire West and Chester					England			
	Count	Rate per 1,000	LCI	UCI	Compared to England	Count	Rate per 1,000	LCI	UCI
2014	731	36.7	34.1	39.5	High	75,493	21.6	21.4	21.7
2015	497	25.1	22.9	27.4	High	65,420	18.8	18.6	18.9
2016	295	15.1	13.4	16.9	Average	52,173	15.1	15.0	15.2
2017	306	15.9	14.2	17.8	Average	54,782	16.1	15.9	16.2
2018	238	12.7	11.1	14.4	Low	59,622	17.6	17.4	17.7
2019	250	13.6	12.0	15.4	Low	66,517	19.7	19.5	19.8
2020	205	11.2	9.7	12.8	Low	44,172	13.0	12.9	13.1
2021	75	3.9	3.1	4.9	Low	38,790	11.5	11.4	11.6

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

### **3.6 Long Acting Reversible Contraception**

Additional data is available on fingertips from the UK HSA regarding the proportion of under-25s who choose Long-Acting Reversible Contraception (LARC) excluding injections at sexual and reproductive health (SRH) services from 2014 until 2021. LARC methods such as implants, the intra-uterine system and the intra-uterine device are highly effective as methods of contraception, more effective than the oral

contraceptive and condoms.<sup>35</sup> An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should also lead to a reduction in rates of unintended pregnancy.<sup>36</sup> Interestingly the proportion of under-25s who choose LARC excluding injections at sexual and reproductive health services did not see a dip in 2020 when the covid pandemic might have been expected to have had an impact. Instead, the proportion of under-25s who choose LARC at SRH services has increased year on year both in Cheshire West and Chester and in England since 2017. In 2021 the proportion has increased up to 34.9% in Cheshire West and Chester which is similar to the England average of 37.3%.

#### **4 Service Provision**

##### **4.1 HPV Vaccination**

HPV Vaccinations in the Cheshire West and Chester for the routine adolescent immunisation programme are usually delivered in school by the public health nurses and this is contracted by NHS England not the Local Authority. All state and independent schools are covered by this service as are home-schooled children. GPs can pick up missing vaccines to any child or young person who is registered at their practice. Individuals who missed their vaccination at school remain eligible to receive the vaccine under the national NHS vaccination programme should they wish to up until their 25<sup>th</sup> birthday<sup>37</sup>, or up to and including the age of 45 years for those eligible for the vaccine under the Gay, Bisexuals and other Men who have sex with men (GBMSM) HPV vaccination programme<sup>38</sup>. The public health nursing team are improving HPV vaccine uptake post-pandemic, this is evident in the data which shows vaccination rates for year 10 girls and boys are above 90% for one dose.<sup>39</sup> Continued efforts need to be made to improve HPV vaccination uptake for year 8 girls and boys in order to provide the best protection.

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<sup>35</sup> Public Health England. Guidance. Health matters: reproductive health and pregnancy planning. Published 26 June 2018. [Health matters: reproductive health and pregnancy planning - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning)

<sup>36</sup> Office for Health Improvement and Disparities. Fingertips. Public Health Data. Sexual and Reproductive Health Profiles. [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/sexual-reproductive-health-profiles)

<sup>37</sup> UK Health Security Agency. Guidance. Information on the HPV vaccination from September 2023. Updated 26 September 2023. [Information on the HPV vaccination from September 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/information-on-the-hpv-vaccination-from-september-2023)

<sup>38</sup> Patient.info, Immunisation HPV Vaccine Human Papillomavirus Immunisation, Last updated by Dr Colin Tidy, Peer reviewed by Dr Krishna Vakharia (last updated 19 May 2023) [HPV Vaccine \(Human Papillomavirus Immunisation\) | Patient](https://patient.info/immunisation/hpv-vaccine)

<sup>39</sup> UKHSA. "Human papillomavirus (HPV) vaccination coverage in adolescents in England: 2021 to 2022 Health Protection Report Volume 16 number 13 20 December 2022. HPV Vaccine Coverage in Adolescents ([England 2021 to 2022](#)): appendix"

## **4.2 Sexual Health Services**

Cheshire West and Chester Council currently commission HCRG Care Group (formerly Virgin Care) who acts as lead provider of specialist community sexual health services with a subcontract arrangement with Body Positive. HCRG deliver community based sexual and reproductive health services from their main base in Chester at the Fountains Monday through to Saturday. Spoke services are delivered on various days across the borough in Winsford, Northwich and Ellesmere Port. A fully comprehensive sexual health service is offered by HCRG including STI testing and treatment and a full range of contraceptive provision. A mix of appointment types are available including booked appointments, walk-in, face to face, and telephone. There are specific clinics for young people available in Chester and Ellesmere Port although young people can attend any clinic should they wish to. There is additionally a Chat Sexual Health texting service run by HCRG for young people aged 13-18 years old. Young people can text the service questions relating to their sexual health, it is not a live chat, the service aim to reply within 1 working day excluding weekends or bank holidays. This chat service is currently under-utilised and there are plans to increase use of this service by promotion among young people. There were 18 text messages received by the service between April and June 2023. Young People can also access some contraception and sexual health services at their GP surgery. Emergency contraception is also available at some walk in centres and over the counter at pharmacies in addition to the community sexual health service and GP surgeries. In addition to the face to face STI testing that is available, residents in Cheshire West and Chester aged over 16 can order free of charge, symptom free test kits for Chlamydia, Gonorrhoea, Syphilis and HIV online via HCRG to be delivered by post.

Body Positive as the subcontracted element of the community sexual health service, work on outreach promotion with people in underserved communities and those who are more vulnerable including young people, LGBTQ+ community and Men who have sex with men (MSM). They run a free condoms C-Card scheme aimed at 13–19-year-olds where Body Positive provides training and free condoms to be given out in a variety of locations that sign up to the scheme. Many organisations have signed up in Cheshire West and Chester including schools, pharmacies, colleges, and GP surgeries. It is encouraged that the C-card scheme is used as an opportunity to offer chlamydia screening, education in the correct use of condoms and STI testing. People aged over 19 can order free condoms online via Body Positive. People aged 16 and over can sign up to the C-Card scheme and also order free condoms online.

The nearest Sexual Assault Referral Centre (SARC) for Cheshire is St Mary's SARC in Manchester. There is a 24-hour helpline phone number that people can call for advice, assistance and counselling at any time or they can be referred by police services.

Public health nurses in schools offer drop-in appointments to young people in secondary schools which can be used for a variety of health matters including

sexual health. Public health nurses can provide advice and signposting regarding sexual health matters, and they can offer chlamydia screening, free condoms through the C-card scheme and pregnancy tests. Performance data shows that currently a small proportion of the drop-in appointments offered by school nurses are used for sexual health.

### **4.3 Teen Pregnancy Services**

Specific support is available in Cheshire West and Chester for young first time parents and their babies during pregnancy through to their child's second birthday from the Family Nurse Partnership. This service provides an intensive home visiting offer for parents who would benefit from an evidenced based programme that supports them to achieve life aspirations and improve health and wellbeing outcomes for themselves and their baby.

Abortion services are available in Chester from the British Pregnancy Advisory Service (BPAS).

### **4.4 Relationships and Sex Education**

Since September 2020 Relationships Education is compulsory for all pupils receiving primary education and Relationships and Sex Education (RSE) is compulsory for all pupils receiving secondary education in England.<sup>40</sup> Relationships and Sex Education is fundamental in order to support children and young people to develop healthy relationships and enable them to protect themselves from the potential physical and psychological harms of poor sexual health. There is evidence that high quality relationships and sex education reduces teen pregnancy.<sup>41</sup>

In July 2022 a survey of secondary schools in Cheshire West and Chester was conducted to find out how they deliver education regarding riskier behaviours including RSE. 13 mainstream schools and 1 independent school participated in the survey. The survey found that most schools had a publicly available RSE policy and 10 of the schools had engaged with parents/carers in its development. 10 of the schools were keen to engage with external providers for RSE across the year groups with 13 different providers delivering in their schools. 10 of the schools who responded are engaged with the public health nurse, with a mix of regular drop-in sessions and ad-hoc delivery. Of these schools, seven responded that they do not ask public health nurses to support around RSE delivery. Eight of the 14 schools who responded were aware of services for signposting. This ranged from local sexual health services to cross-border clinics and sexual assault support. Some schools that responded stated that they would like more

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<sup>40</sup> Department for Education. Government response. Relationships education, relationships and sex education (RSE) and health education: FAQs. Published 5 April 2019. Last updated 9 July 2020. [Relationships education, relationships and sex education \(RSE\) and health education: FAQs - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/relationships-education-relationships-and-sex-education-rse-and-health-education-faqs)

<sup>41</sup> Public Health England and Local Government Association. Teenage Pregnancy Prevention Framework. Published May 2018. [Teenage Pregnancy Prevention Framework \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684447/teenage-pregnancy-prevention-framework.pdf)

support from external sources, including national guidance, and more input from public health nursing. Recommendations from the survey included circulating The Sex Education Forum's guide and checklist for schools to use when considering using external providers to support delivery and to consider developing a preferred providers list based on the guidance in order to support schools when considering external providers. It was also recommended that all schools are given access to up-to-date lists and links to sexual health providers across Cheshire West and Chester to be used for signposting. Public health nurses in schools could have a greater role to play in supporting schools with RSE than they currently do.

## 5 Lived Experience

Two informal group interviews were conducted with young people in June 2023. One with a small group of young people from the Children in Care Council and one with the Youth Senate in Cheshire West and Chester. A number of themes were highlighted by both these groups:

- Relationships and Sex Education (RSE) in schools was reported as being variable in terms of its quality, what it covers and how it's delivered across these two small groups of young people. The young people identified education in this area to be important to them including their need for signposting to available services which was not consistent across the young people's experiences. The young people generally reported that they felt RSE is better done in small groups with more opportunity to ask questions rather than in large groups.
- The young people did not know about all the services available to them for their sexual health, especially the text chat service. They reported that better promotion of these services would be helpful.
- Ease of access and having a variety of different ways they could access services, for example text, face to face, phone, was important to the young people interviewed, including easy access to free condoms.
- Confidentiality and privacy of sexual health services should they need to speak to someone was of great importance to the Young People interviewed. They reported that a lack of confidentiality would be a barrier to them accessing services and highlighted the need for private spaces rather than public spaces in which to get help if they needed it.

Further work is recommended to gain a better and broader understanding of young people's attitudes and knowledge regarding sexual health in Cheshire West and Chester.

## 6. Evidence of What Works

There are nationally available frameworks and guidelines available relating to sexual health. Regarding reducing sexually transmitted infections there is a National Institute of Clinical Excellence (NICE) guideline available which covers

testing for STIs and partner notifications.<sup>42</sup> A review of our STI testing and National Chlamydia Screening Programme delivery against this guideline may allow us to assess whether there are any areas in the provision that can be improved upon. Additionally, there is a NICE guideline regarding condom distribution schemes which specifically makes recommendations for how condom distribution schemes should be delivered for young people.<sup>43</sup> A review of the condom distribution scheme run by body positive in Cheshire West and Chester against the recommendations in this guideline may allow us to assess whether there are any gaps or areas in this provision that can be improved upon.

There is a National Teenage Pregnancy Prevention Framework<sup>44</sup> Which highlights 10 key strategic factors to consider in reducing teenage pregnancy rates. Relationships and Sex Education (RSE) in school is a key element of the National Teenage Pregnancy Framework and there are some details given as to how this should be delivered and monitored. In the framework it recommends to “Establish clear pathways between RSE and 1 to 1 confidential advice within school and college or local services, maximising the contribution of school nursing, with the details of how to access 1 to 1 advice well publicised to students. The statutory RSE guidance requires all secondary schools to provide pupils with information about local sexual and reproductive health services.” The public health nurses in schools could play a role in the promotion of both healthy sexual behaviours and sexual health services available to young people. There is a self-assessment tool available regarding the National Teenage Pregnancy Prevention Framework which will be useful to complete to assess what we can improve upon in Cheshire West and Chester.

There is National guidance from the Department of Health available called the “You’re Welcome Strategy” which sets out how organisations and services can ensure that they are youth-friendly.<sup>45</sup> It is a requirement for the specialist community sexual health services in Cheshire West and Chester to undertake an annual assessment of their provision against the published criteria for ‘You’re Welcome’ standards and to use the “You’re Welcome” quality criteria when planning and implementing changes and improvements to the service. All

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<sup>42</sup> National Institute for Health and Care Excellence. Reduction sexually transmitted infections. NICE guideline [NG221]. Published 15 June 2022. [Recommendations | Reducing sexually transmitted infections | Guidance | NICE](#)

<sup>43</sup> National Institute for Health and Care Excellence. Sexually transmitted infections: condom distribution schemes. NICE guideline [NG68]. Published 6 April 2017. [Recommendations | Sexually transmitted infections: condom distribution schemes | Guidance | NICE](#)

<sup>44</sup> Public Health England and Local Government Association. Teenage Pregnancy Prevention Framework. Published May 2018. [Teenage Pregnancy Prevention Framework \(publishing.service.gov.uk\)](#)

<sup>45</sup> Office for Health Improvement and Disparities. Guidance “You’re Welcome”: establishing youth-friendly health and care services. Published 27 June 2023. ['You're Welcome': establishing youth-friendly health and care services - GOV.UK \(www.gov.uk\)](#)

organisations that provide sexual health services to young people should consider using the “You’re Welcome” quality criteria to help ensure their services are youth-friendly.

## **7. Recommendations**

1. HPV vaccination rates in Cheshire West and Chester for children in school year 10 are good but efforts need to be made to improve HPV vaccination uptake for school year 8 girls and boys in order to provide the best protection.
2. Increased promotion of the use of condoms and promotion of STI testing with robust contact tracing is recommended to reduce the spread of STIs. A multi-agency campaign should be considered to help tackle the increasing rates of some sexually transmitted infections.
3. Enhanced promotion of the National Chlamydia Screening Programme is recommended. All settings could be encouraged to promote the national chlamydia screening programme including pharmacies and public health nurses in schools.
4. A review of our STI testing and National Chlamydia Screening Programme delivery against the NICE guideline NG221 “Reducing sexually transmitted infections” could be considered and may allow us to assess whether there are any areas in the provision that can be improved upon.
5. A review of the condom distribution scheme in Cheshire West and Chester against the recommendations in the NICE guideline NG68 “Sexually Transmitted Infections: condom distribution schemes” could be considered and may allow us to assess whether there are any gaps or areas in this provision that can be improved upon.
6. It is recommended to complete the teenage pregnancy prevention framework self-assessment tool to identify areas for improvement. Any interventions should consider targeting the 3 wards with consistently higher than average conception rates.
7. A review of relationships and sex education in schools is recommended in order to improve consistency across all schools. Schools need to be supported in delivering the compulsory relationships and sex education.
8. Privacy is important to young people when discussing their sexual health with a professional. Services including the public health nurses, need to have appropriate, private spaces for young people to discuss their sexual health with professionals.
9. Promotion of sexual health services available to young people with a specific focus on males could be beneficial and services need to review and consider their outreach offer to young people.
10. All organisations that provide sexual health services to young people should consider using the “You’re Welcome” quality criteria to help ensure their services are youth-friendly.
11. Obtain and review more detailed contraception prescribing data.
12. More work is recommended to gain a better and broader “lived experience” understanding of young people’s attitudes and knowledge regarding sexual

health in Cheshire West and Chester. This could be taken forwards as part of a wider sexual health joint strategic needs assessment in the future.

## **8. Needs and Gaps**

- We have not done any work within the remit of this starting well JSNA on provision for adults or young people with Learning Difficulties. This is something that could be investigated in the future.
- We have not covered the relationship of alcohol and drugs with risky sexual behaviour in this JSNA.
- Female Genital Mutilation (FGM) has not been covered in this JSNA. It would be useful to look at data regarding FGM in Cheshire West and Chester in order to consider any recommendations in this area.
- We have not covered the role of sexual health services in safeguarding in this JSNA.

## **9. Conclusion**

Sexual health is important for our young people in Cheshire West and Chester. HPV vaccination uptake seems to have been affected by the covid-19 pandemic but is improving. This improvement needs to be maintained and a focus on improving vaccination rates in school year 8 is recommended in order to provide young people with the best protection. Some sexually transmitted infections are on the rise and are affecting young people. Promotion of condom use and testing for STIs with robust contact tracing is recommended. A multi-agency campaign should be considered. Promotion of The National Chlamydia Screening Programme is recommended. A review of our STI testing and National Chlamydia Screening Programme delivery against NICE guideline NG221 “reducing sexually transmitted infections” could be considered and a review of the condom distribution scheme against NICE guideline NG68 “Sexually Transmitted Infections: condom distribution schemes” could be considered. Face to face attendance of the under-25s at sexual health services in Cheshire West and Chester is in decline in both males and females but especially males. Promotion of sexual health services for young people is recommended, especially for males and a review of the outreach offer for young people of the sexual health service is recommended. Under-18s conception rates have halved over the last decade in Cheshire West and Chester and England as a whole. Conception rates have remained stable in recent years and on average Cheshire West and Chester’s rates are similar to the England average. However, there are 3 wards with consistently higher than average conception rates. It is recommended to complete the teenage pregnancy prevention framework self-assessment tool to identify areas for improvement and for any interventions to consider targeting the 3 wards with consistently higher than average conception rates. Relationships and sex education (RSE) in schools doesn’t seem to be consistent across all schools and young people did not all know about the services available to them. A review of relationships and sex education (RSE) in schools to improve consistency across the whole of Cheshire West and Chester may be



beneficial and improved signposting to available services during RSE is recommended. More work is recommended to better understand contraception choices in young people and to better understand young people's attitudes and knowledge in relation to sexual health. The public health nurses in schools could play an important contributory role in many of these recommendations by making every contact count. They could play an important role particularly in the promotion of healthy sexual behaviours, condom use, STI testing, promotion of the other sexual health services available to young people and in supporting RSE in schools. Privacy is important to young people when discussing their sexual health with a professional, so services need to have appropriate private spaces to be able to provide the care that young people need.

## 10. Glossary

Abortion	An abortion, when referred to in this document, is a procedure to end a pregnancy
HIV	HIV (Human Immunodeficiency virus) is a virus that damages the cells in your immune system and weakens your ability to fight everyday infections and disease. It is the virus that causes AIDS (acquired immune deficiency syndrome). It can be transmitted sexually as well as through blood and blood products
AIDS	Acquired Immune Deficiency Syndrome is the name used to describe a number of potentially life-threatening infections and illness that happen when your immune system has been damaged by the HIV virus
Hepatitis	Inflammation of the liver, it's usually the result of a viral infection or liver damage caused by drinking alcohol, it can be serious or life threatening
Genital herpes	A sexually transmitted infection caused by the herpes virus
Genital warts	Warts on and 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
Pelvic Inflammatory disease	An infection of the female reproductive system which includes the womb, fallopian tubes and/or ovaries, it can be serious or potentially life-threatening. Sometimes it can lead to infertility or increase the risk of ectopic pregnancy in the future.
Ectopic Pregnancy	An ectopic pregnancy is when a fertilised egg implants itself outside of the womb, usually in one of the fallopian tubes. Ectopic pregnancy poses a serious risk to health and can be life-threatening.
Infertility	When a couple cannot get pregnant despite having regular unprotected sex
UKHSA	The UKHSA (UK Health Security Agency) is a government agency that 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. They 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
HPV	HPV (Human Papillomavirus) is the name of a common group of viruses, some of which can cause cancer or genital warts
Gonorrhoea	A sexually transmitted infection caused by bacteria called <i>Neisseria gonorrhoeae</i> or gonococcus. Gonorrhoea can lead to serious or potentially life threatening health problems if it's not treated early.
Syphilis	A sexually transmitted infection. If it's not treated, it can cause serious and potentially life-threatening problems.
Chlamydia	A sexually transmitted infection caused by a bacteria. Chlamydia can lead to serious or potentially life threatening health problems if it's not treated early.
Conception	The moment when a sperm fertilises an egg. The onset of pregnancy
Fingertips	Fingertips is a large public health data collection
Neonatal infections	The presence in a newborn baby of an infection. This can be serious or potentially life threatening.
Urethral stricture	A narrowing of part of the urethra (the tube that carries urine outside the body from the bladder) which can be caused by different things including injury, infection or cancer. It causes a blocked or reduced flow of urine. It can be a serious problem that can lead to infections and other complications.
Epididymitis	This is where a tube at the back of the testicles becomes swollen and painful. Often caused by an infection. When it is treated complications are uncommon but it can lead to serious and potentially life threatening problems.
Cardiovascular	Relating to the cardiac (heart) and vascular system (blood vessels)
Neurological	Relating to the nervous system
Long-Acting Reversible Contraception	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
Contraceptive Implant	A small flexible plastic rod that's placed under the skin in the upper arm by a doctor or nurse to prevent pregnancy. It releases the hormone progestogen.
Intra-uterine System	A small T-shaped plastic device that's put into the womb (uterus) by a doctor or nurse. It releases the hormone progestogen. It is used to prevent pregnancy but can also be used for some other reasons too.
Intra-uterine Device	A small T-shaped plastic and copper device that's put into the womb (uterus) by a doctor or a nurse to stop you getting pregnant
Oral contraceptive	A form of contraception that is taken by mouth in tablet form

NICE	National Institute for Health and Care Excellence
C-card scheme	A free and confidential service offering free condoms
Condom	A thin, rubber sheath worn on a man's penis during sexual intercourse as a contraceptive or as a protection against infection

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