

Sexual Health Needs Assessment (SHNA) update

September 2023

Patsy Richards
Public Health Principal



North
Northamptonshire
Council

SHNA introduction



The SHNA aims to gain full understanding of the needs, demands and gaps, including service users' and providers' perspectives.



It will inform the future commissioning of sexual health service across both unitary councils.



Overseen by a multi-agency steering group comprised of Health, Local Authority, Education, Social Care, Children Trust, ICB and Healthwatch/Voluntary Sector stakeholders.



SHNA Methods

Best practice review

Demography, epidemiology

Quantitative service activity data

- Service activity data
- Short online survey

Qualitative (engagement)

- Interviews
- Focus groups

Final draft report due in October 23



Demography

NNC has a total population of 359,525 (2021 Census), a 13.5% increase since 2011.

NNC's population has become increasingly diverse, with White British falling from 88% of the total population in 2011, to 80% in 2021.

Within the Black/African/Caribbean/Black British subgroup, NNC has seen a 153.7% increase in the Black African background population and a 118% increase in the Black Caribbean background population.



Engagement and survey work to support the SHNA

Key stakeholder/informant
interview

Wider partnership staff survey
& focus group (health,
education, social care,
community etc)

Online survey for adults

Sexual Health in North Northants

The rate of new Sexually Transmitted Infections (STIs) diagnosed among NNC residents was 351.8 per 100,000. This is lower than East Midlands' and England's rate.

Of those diagnosed with a new STI, 39% were men and 52% were women.

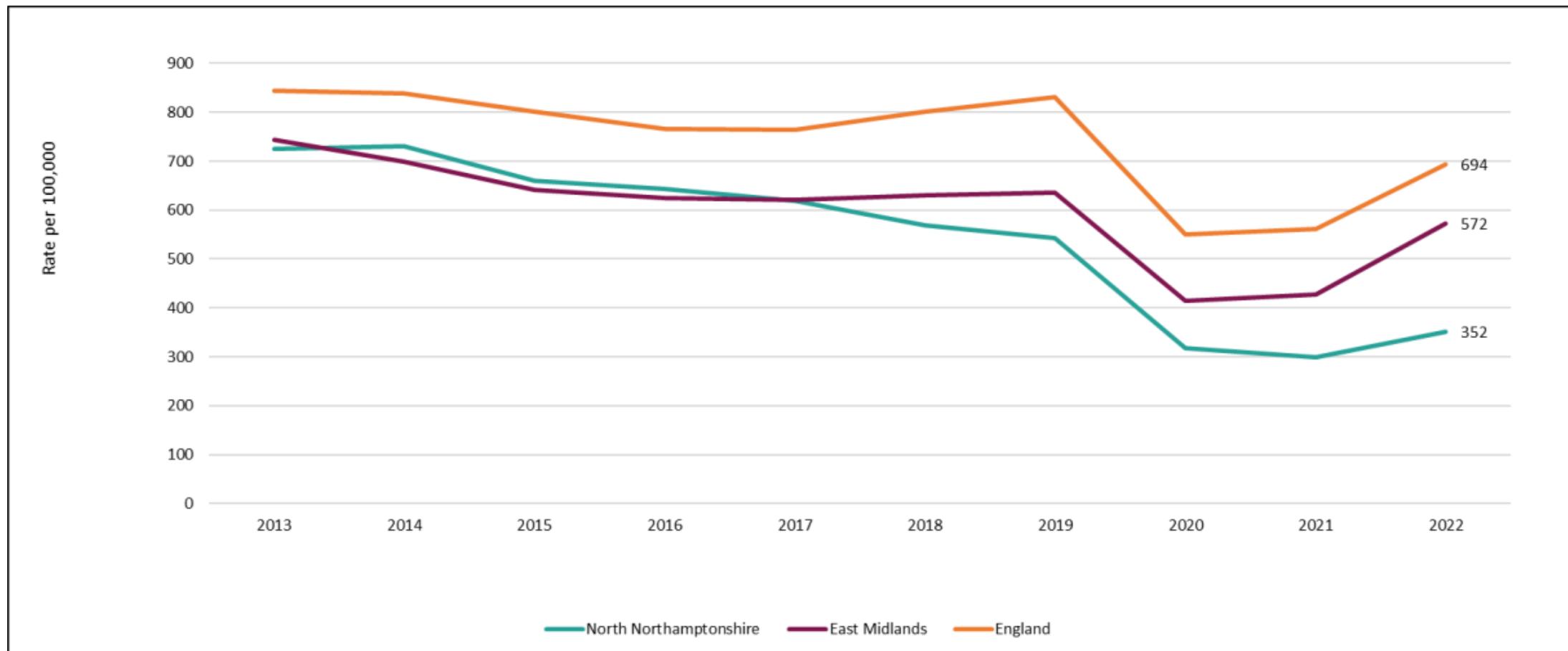
Chlamydia remains the most commonly diagnosed STI with a rate of 232.8 per 100,000.

Young people aged 15 to 24 years remain at the highest risk of the most common STIs.

Genital warts diagnostic rate continues to be on a downward decline and better than regional and national rates.



New STI diagnostic rate per 100,000 population in North Northamptonshire with East Midlands and England comparisons, 2013 - 2022.



Sexual and Reproductive Health

In 2021, NNC's total prescribed Long Acting Reversible Contraception (LARC) rate (excluding injections) was significantly higher than England's and East Midlands's rate, and most were prescribed by GPs.

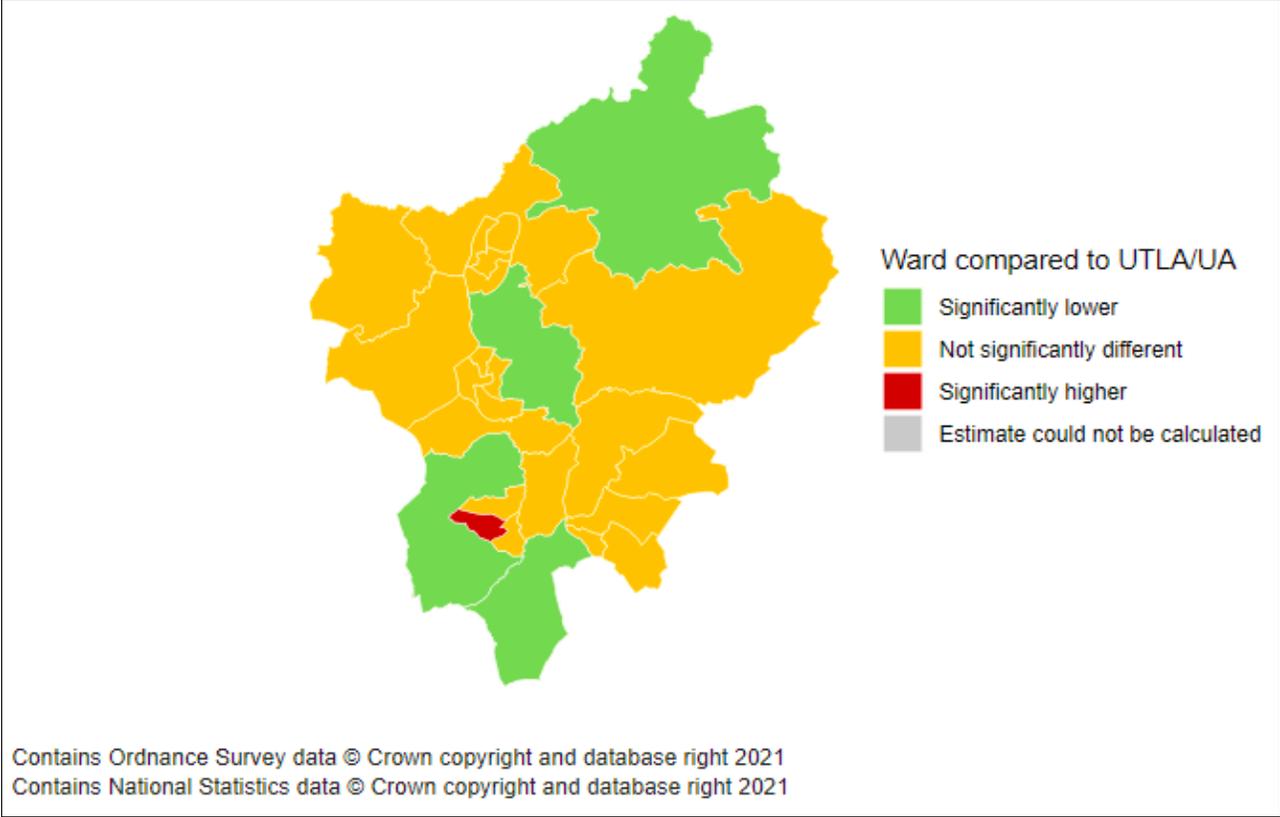
Between 2020 - 2021, there was a greater decrease in teenage pregnancy rates compared to pre-pandemic rates - believed to be linked to the nationwide lockdown restrictions.

49% of under 18s conceptions in North Northamptonshire led to an abortion.

In 2021, the abortion rate in females aged 15 to 44 was 21.1 per 1,000 - worse than East Midlands' and England's rates.



Under-18s conception in NNC by ward, compared to the rate for North Northamptonshire: three-year period between 2018 and 2020



Sexual Offences

The rate of sexual offences has increased since 2015/16.

There were 300 sexual assault offences on females aged 13 and over in the financial year 2022-23.

There were 289 rape offences among females aged over 16 (includes attempts to rape).

111 police reported sexual activities involving a child under 13.

47 police reported sexual grooming activities in 2022-23 – a 62% increase.



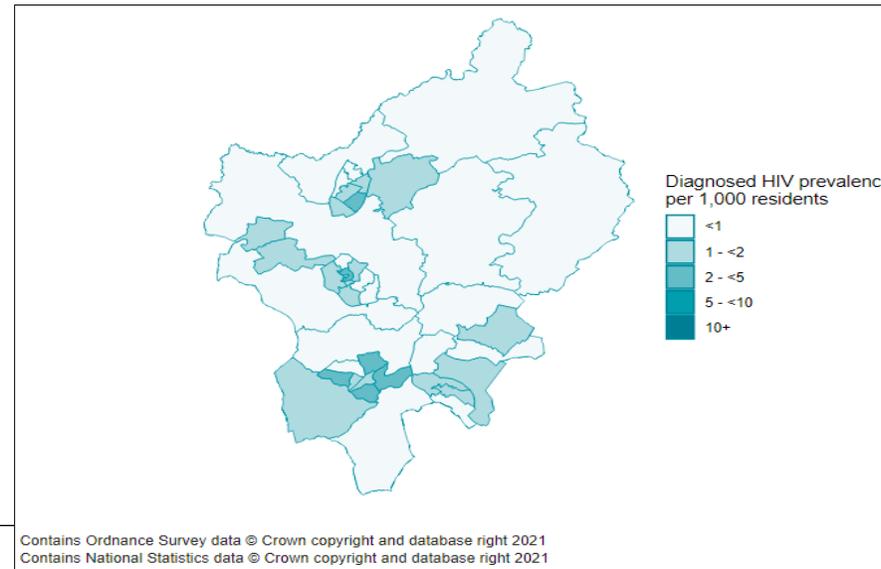
People living with HIV

The number of North Northamptonshire residents of all ages who were newly diagnosed with HIV in the UK was 11 - a rate of 3.1 per 100,000 which is similar to England's rate but worse than East Midlands's rate of 1.9.

All diagnoses in heterosexual men were made late.

Heterosexual contact was the most common route of exposure in people seen for HIV care.

There is local variation in diagnosed HIV prevalence rate.



Emerging qualitative insights (Key Informants interviews)

Leadership, commissioning and communication - Sexual health needs to be a strategic priority within the wider system with clear vision and ownership by system leaders/partners and commissioners.

Integrated Sexual Health Service - Clinicians and staffs perceived as 'focused and motivated' resident can walk-in to receive testing and treatment.

Access to service - Improve accessibility across the county 'some travel long way to access SH service'.

Prevention - Health promotion, education, engagement, and marketing of SH services are highlighted as areas of need to improve reproductive sexual health and HIV.



Emerging qualitative insights (KI interviews)

Key high risk groups – YP (engaged in risky behaviour, in care/excluded, LGBT), Adults in 40s and 50s (coming out of long-term relationship), Female (multiple termination), sex workers and BME (in particular Black African Men) and those homeless.

Future roles – GPs, PCN and community pharmacies seen as the foundational blocks of community-based service providers.

Workforce issues – ISHS staff capacity to meet demands. Need for mixed skilled workforce across partnership competent and confident about having conversation about sexual health (provide brief advice, information and refer).



Next Steps



Ongoing analysis of qualitative findings (KI interviews, workshops and focus groups), data from the online survey.



Drafting SHNA report.



Stakeholder feedback/engagement to share findings.



The information and intelligence captured in the needs assessment will be used to inform sexual health strategy and commissioning of Integrated Sexual Health Service.



Commissioners from LA, ICB and NSHE to look at findings to make further improvements in sexual health provisions across Northamptonshire, reduce health inequalities and target resource effectively.

