Cumbria Sexual Health Needs Review 2012

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1 Introduction

Sexual health is an important part of physical and mental health and social wellbeing. The consequences of poor sexual health can be serious.

The National Strategy for HIV and Sexual Health defines sexual health as a key part of our identity as human beings, together with the fundamental human right to privacy and a family life with freedom from discrimination.

Essential elements of good sexual health are equitable relationships and sexual fulfilment, with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

Sexual health is influenced by a complex web of factors ranging from sexual behaviour and attitudes and societal factors, to biological risk and genetic predisposition. It includes the problems of HIV and STIs, unintended pregnancy and abortion, infertility and cancer resulting from STIs. Although sexual health has been implicitly understood to be part of the reproductive health agenda, the emergence of HIV and STIs has highlighted the need to focus more explicitly on the promotion of good sexual health.

1.1 Consequences associated with poor sexual health include:

- **Human** - The human costs of unplanned pregnancy, STIs and HIV cannot be ignored. The life changing and adverse psychological impact of unplanned pregnancy (especially among teenagers) and ill health caused by HIV and STIs among undiagnosed people is avoidable. Earlier diagnosis and treatment can also prevent deaths from HIV related illness.
- **Social** - Significant social costs arise from the growth in sexual health need. The burden of sexual health is not equally distributed among the population but concentrated amongst the most vulnerable groups, including women, gay men, teenagers, young adults, black and ethnic minority groups.
- **Economic** – Treating STIs and their consequences costs the NHS an estimated £1 billion every year. Studies by the Department of Health show that significant financial savings can be made by prevention of unplanned pregnancy and reduction in the termination of pregnancy rate.

2 National Social and Policy Context

2.1 As stated in the white paper Healthy Lives, Healthy People, the Government will work towards an integrated model of service delivery to allow easy access to confidential, non-judgmental sexual health services, including for sexually transmitted infections, contraception, abortion, health promotion and prevention.

A new national sexual health strategy is due to be published in December 2012.

The Government's National Strategy for Sexual Health and HIV aims to reduce the spread of STIs through more rapid detection and treatment. To support this, the Health Protection Agency (HPA) is helping to improve diagnostic, treatment and prevention services, and identifying areas for action, with a particular focus on helping to increase chlamydia screening and reduce the levels of undiagnosed HIV infection among men who have sex with men.

From April 2013, in line with the Health and Social Care Act (2012), NHS Cumbria will be dissolved and its commissioning responsibilities we be transferred to three organisations, each responsible for different elements of sexual health commissioning.

Local Authorities will commission:
Comprehensive sexual health services, including:

- Contraception, including LESs (implants) and NESs (intrauterine contraception) – but excluding contraception provided as an additional service under the GP contract)
- STI testing and treatment, including post-exposure prophylaxis after sexual exposure, chlamydia screening as part of the National Chlamydia Screening Programme and HIV testing)
- sexual health aspects of psychosexual counselling
- Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies

Clinical Commissioning Groups (CCG) will commission:

- Fully integrated and comprehensive termination of pregnancy services (*although there will be a further consultation about the best commissioning arrangements in the longer term*)
- Sterilisation
- Vasectomy

NHS Commissioning Board (NCB) will commission:

- Contraception provided as an additional service under the GP contract
- HIV treatment and care [*although work is continuing to determine whether CCGs should commission some elements of the pathway*]
- Promotion of opportunistic testing and treatment for STIs and patient requested testing by GPs

The Local Authority will be mandated to provide confidential, open access STI testing and treatment services and contraception services, including free supply of any STI treatment and reasonable access to all methods of contraception.

3 Demography

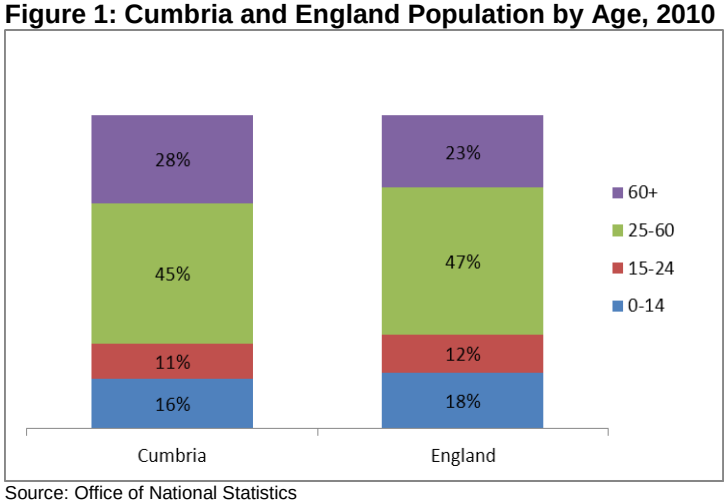
3.1 Geography

- Cumbria is England's second largest county, representing 48% of the land mass in the North West, with an estimated population of 495,000.
- 51% of Cumbria's total population live in rural areas. This compares to 19% of the population of England and Wales.
- Cumbria contains six district councils: - Allerdale, Barrow, Carlisle, Copeland, Eden and South Lakes.
- There are 73 people per km^2 of Cumbria. Population density is highest in Barrow at 906 people per km^2 and lowest in Eden at 24 people per km^2.
- Since 2001 the population of Cumbria has risen by 1.3% compared to a 5.3% rise nationally.

Population

- There were 5,068 live births and 5,431 deaths in Cumbria during 2010.
- Life expectancy in Cumbria is on average 79.9 years which is slightly lower than the national average.
- The population of Cumbria is older than the national average. Young people tend to leave the area to enter education and employment. Conversely, a considerable number of older people settle in the county following retirement.

Figure 1: Cumbria and England Population by Age, 2010



Source: Office of National Statistics

Table 1: Cumbria Population Estimates 2010 (thousands)

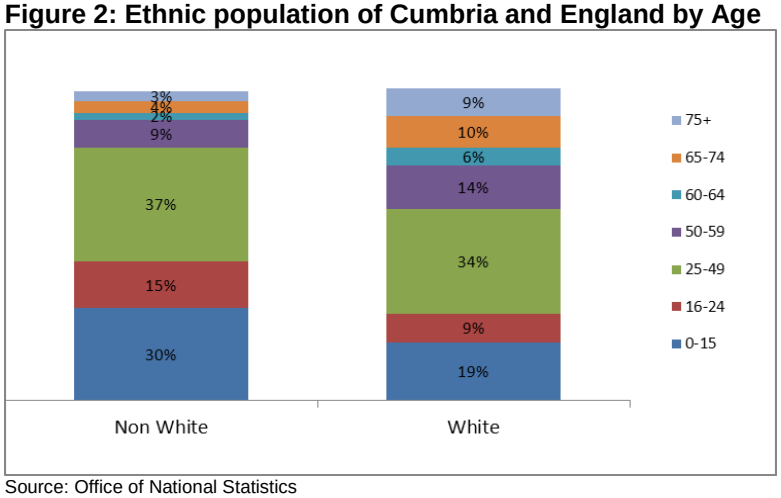
	All Ages				Ages 15-24		
	Male	Female	Persons		Male	Female	Persons
Allerdale	46.2	47.9	94.1		5.3	4.7	10.0
Furness	34.8	35.8	70.6		4.7	4.3	9.0
Carlisle	51.0	53.5	104.5		6.6	6.3	12.9
Copeland	35.0	34.6	69.6		4.2	3.7	7.9
Eden	25.7	26.1	51.8		2.7	2.5	5.2
South Lakeland	50.9	52.9	103.8		5.8	5.0	10.8
CUMBRIA	**243.6**	**250.8**	**494.4**		**29.3**	**26.5**	**55.8**

Source: Office of National Statistics

Social

- 31% of working age residents in Cumbria are qualified to NVQ level 4 or higher.
- 13% of Cumbrian children live in poverty, which is lower than the national average of 21%.
- 85% of adults in Cumbria report that they were satisfied with their local area as a place to live compared to 80% for England as a whole
- 31% of people in Cumbria feel that they can influence decisions affecting their area.
- The average household income in Cumbria is £ 26,004 - nearly £ 3000 less than the national average.
- The number of people unemployed and claiming Job Seekers allowance rose by 238 between January 2012 and February 2012 to reach 9,853 (3.2%). This is the highest it has been since January 2000.
- 13.8% of households in Cumbria have an annual income of less than £ 10,000.
- Out of the 149 counties in England, Cumbria is the 85th most deprived. Barrow is the most deprived district in Cumbria while South Lakeland is the least deprived.
- 4.9% of Cumbria's population are from black, minority and ethnic groups compared to 16.7% in England and Wales.

Figure 2: Ethnic population of Cumbria and England by Age



Source: Office of National Statistics

Table 2: Ethicity in Cumbria (Census 2001)

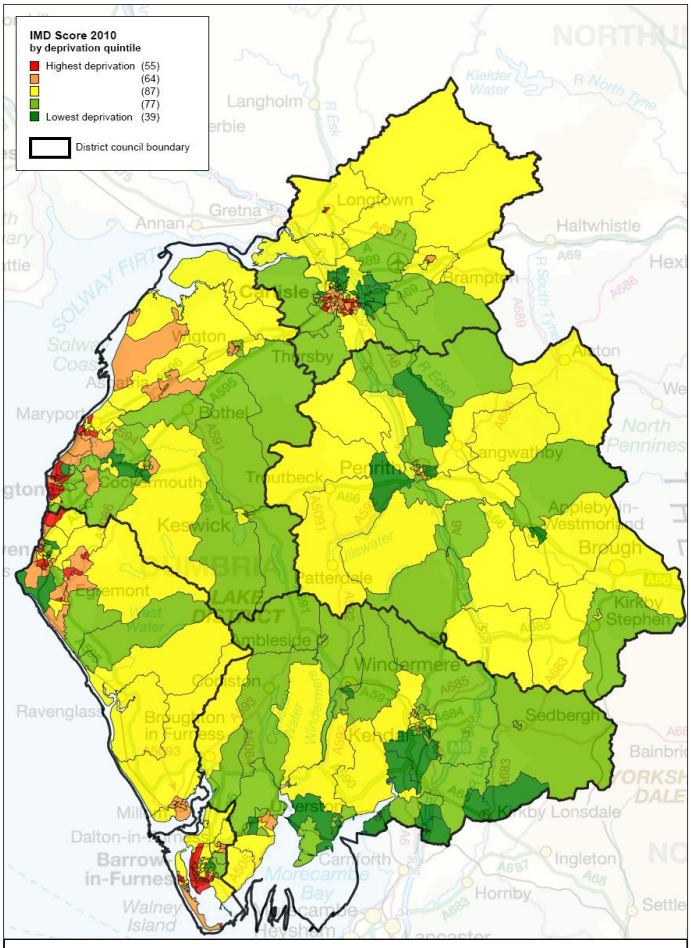
	Total White		Total Mixed	Total Asian or Asian British	Total Black or Black British	Total Chinese or other Ethnic Group	Total Non Whtie	
Allerdale	92,920	*99%*	234	127	45	166	572	*1%*
Furness	71,413	*99%*	212	161	43	151	567	*1%*
Carlisle	99,846	*99%*	300	284	70	239	893	*1%*
Copeland	68,833	*99%*	183	145	40	117	485	*1%*
Eden	49,564	*100%*	90	39	14	69	212	*0%*
South Lakeland	101,481	*99%*	374	104	89	253	820	*1%*
CUMBRIA	**484,057**	***99%***	**1,393**	**860**	**301**	**995**	**3,549**	***1%***

Source: Office of National Statistics. Note: Percentages have been rounded to nearest whole number

- At the end of December 1011 Cumbria had 564 looked after children (CLA). Barrow-in-Furness has the highest rate with 79.1 CLA per 10,000 population.
- Around 800 Gypsies and Travellers also live in Cumbria. This number increases in June each year when Gypsies and Travellers congregate in Appleby for the Horse Fair.
- In Cumbria there are 9,329 people registered with a learning disability in 2010, this is predicted to increase to 10,074 by 2030.

3.2 Key Challenges

- Cumbria covers a large geographical area. 52% of the population is classified as living in rural areas, with limited transport availability, particularly for young people.
- The population of Cumbria is ageing. Future population growth is expected to increase this trend resulting in an increasing strain on resources.
- Whilst the percentage of the population from black and minority ethnic (BME) groups is very small, they form a younger population than the white population. Due to small numbers, the health needs of BME groups in Cumbria have not been seen as a priority in terms of needs assessment and service provision.
- Whilst the county as a whole is close to the England average for levels of deprivation, parts of Barrow, West Cumbria and Carlisle show above average levels of deprivation. In addition to the impact on general health, deprivation is also associated with high conception rates, including teenage pregnancy, and high levels of risk taking behaviour.



Source: NHS Cumbria: Jennifer Clay, Performance & Intelligence Team, May 2011
Contains Ordnance Survey data © Crown copyright database rights 2011

Figure 3: Cumbria Index of Multiple Deprivation 2012

The Index of Multiple Deprivation is presented at a level of geography knows as a lower super output area (LSOA). England consists of 32,482 such areas. These output areas nest within electoral ward boundaries. Each LSOA has a roughly comparative population size, hence, a ward with a small population may only consist of one LSOA whereas a more populous one may contain several.

Figure 3 shows that the most deprived parts of the county are found in Barrow in Furness, the city of Carlisle, along the West coast in parts of Maryport, Whitehaven and Workington, around the Egremont area and in Millom. Of the 32,482 lower super output areas in England, part of Central ward in Barrow in Furness is ranked as the 215th most deprived in the country. At the other end of the scale part of Christchurch ward in Allerdale is ranked as the 31,870th least deprived.

Table 3: Cumbria Standardised Mortality Ratios, All Causes, 2008-10

	Allerdale	Furness	Carlisle	Copeland	Eden	South Lakes	CUMBRIA
All ages	109	105	109	105	88	90	**103**
Under 75	105	117	114	110	80	84	**102**

Source: Compendium of Clinical & Health Indicators

A standardised mortality ratio (SMR) compares the number of deaths you would *expect* to seen in a local population with the *actual* number of deaths. A SMR of 100 represents the national average.

4 Sexually Transmitted Infections

4.1 Sexually Transmitted Infections (STIs) are diseases that can be transmitted by unprotected sex. STIs can cause significant illness ranging from the acute and chronic symptoms of HIV, to complications such as pelvic inflammatory disease, ectopic pregnancy, infertility and cervical cancer.

The number of newly diagnosed STIs in the UK rose by 3% between 2008 and 2009, continuing the trend observed over the past decade. This increase is largely attributable to increasingly sensitive diagnostic tests used throughout the past decade and to the more recent expansion of community based Chlamydia screening in young people.

There is a large geographic variation in the distribution of STIs, with highest rates observed in deprived urban areas. The greatest impact of poor sexual health is in young heterosexual adults and in men who have sex with men (MSM). Sexual behaviour is thought to be contributing to the overall rise in STIs, particularly diagnoses among MSM. BME communities and MSM are disproportionately affected by blood borne viruses including HIV and viral hepatitis.

Chlamydia is the most commonly diagnosed STI in the UK, affecting both men and women. Highest rates are seen mainly in young people aged under 25 years. If left untreated, chlamydia can lead to pelvic inflammatory disease, ectopic pregnancy and infertility in women. In men it may cause urethritis and epididymitis. In both sexes it can cause arthritis. Most people with chlamydia have no symptoms so many cases remain undiagnosed. Infection can be diagnosed and treated very easily. The National Chlamydia Screening Programme (NCSP) is aimed at young people aged 15 to 24 years.

Genital Warts is the most common viral STI diagnosed in the UK, with highest rates of new cases in 20-24 year old men and 16-19 year old women. In England, they are the second most common type of sexually transmitted infection (STI) after chlamydia. The number of genital warts cases diagnosed in the UK population has continuously risen since records began in 1971.

Genital Herpes is the most common ulcerative sexually transmitted disease in the UK. Symptoms can start with mild soreness and groups of small painful blisters appearing on the genitals and surrounding areas. Further episodes of these symptoms can occur from time to time as recurrent episodes.

Gonorrhoea is the second most common bacterial STI in the United Kingdom. Young people are most commonly infected, with current rates highest in males aged 20-24 years and females aged 16-19 years.

Syphilis is caused by a bacterial infection which can be transmitted between partners during sexual intercourse and from an infected pregnant woman across the placenta to a developing baby.

4.2 Cumbria Statistics

- There were 6,370 STI screens in Cumbria GUM Clinics during 2011

Table 4: Cumbria First Time Attendees at all Specialist GUM Clinics, 2008-2011

	Number of First Time Attendees	Number of Sexual Health Screens Taken	% of Sexual Health Screens Taken
2008	8,461	6,956	*82%*
2009	8,407	6,729	*81%*
2010	7,720	6,400	*83%*
2011	7,493	6,370	*85%*

Source: Health Protection Agency

Table 5: Cumbria First Time Attendees by Specialist GUM Clinics Location, 2011

	Number of First Time Attendees	Number of Sexual Health Screens Taken	% of Sexual Health Screens Taken
Furness General Hospital	2,381	2,060	*87%*
Workington Community Hospital	2,320	1,954	*84%*
Cumberland Infirmary	2,299	1,971	*86%*
Other Clinics	494	386	*79%*
Total	**7,494**	**6,371**	***85%***

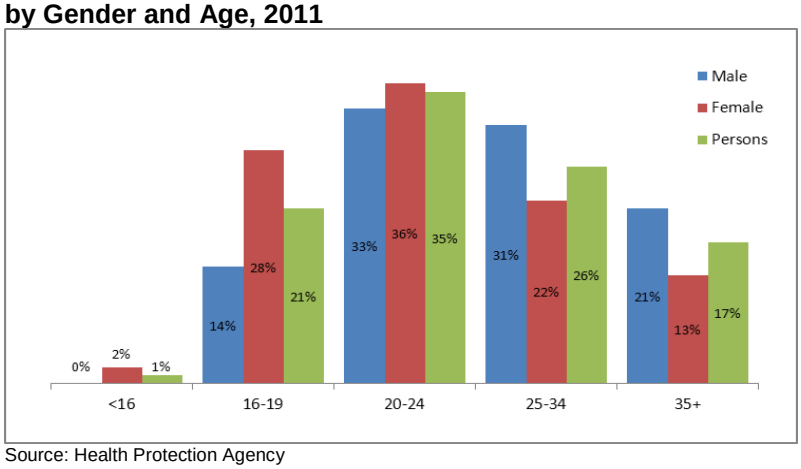
Source: Health Protection Agency

Table 6: Cumbria First Time Attendees at Specialist GUM Clinics by Gender and Age, 2011

Age Group	Male	Female	Persons
<16	16	66	82
16-19	531	1,053	1,584
20-24	1,215	1,385	2,600
25-34	1,143	820	1,963
35+	789	475	1,264
Total	**3,694**	**3,799**	**7,493**

Source: Health Protection Agency

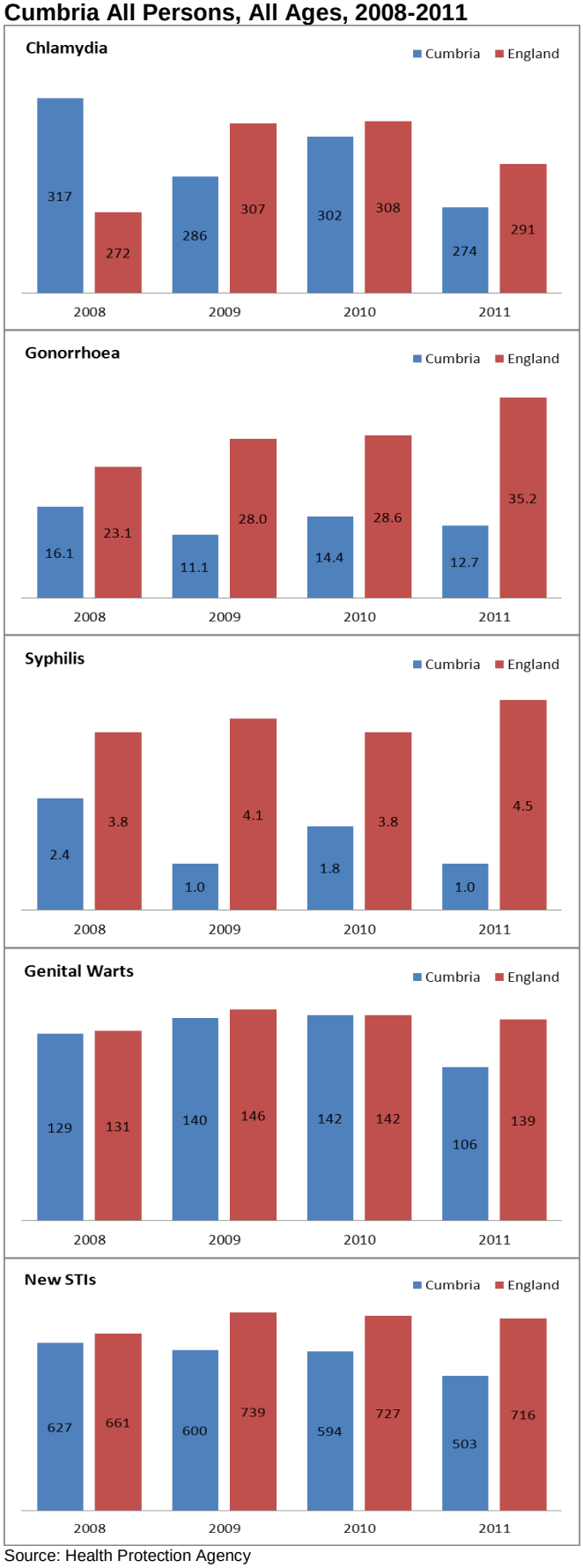
Figure 4: Proportion of First Time Attendees at Specialist GUM Clinics in Cumbria by Gender and Age, 2011



Source: Health Protection Agency

- The number of positive diagnoses in Cumbria fell between 2010 and 2011 for chlamydia, syphilis, genital warts and 'new STIs'.
- The number of diagnoses of 'other STIs' increased by 18% between 2010 and 2011.
- Gonorrhoea diagnoses in women rose by 8% between 2010 and 2011.
- Herpes diagnoses increased between 2010 and 2011 for both men (8%) and women (16%).
- Whilst diagnostic rates across Cumbria are generally below the national average, sub-county level data for 2010 shows that Carlisle, in particular, has higher than national average diagnostic rate for chlamydia, gonorrhoea, genital warts and acute STIs. Barrow-in-Furness has a higher than national average in genital warts.

Figure 5: Selected STI Trends - Rates per 100,000 Population
Cumbria All Persons, All Ages, 2008-2011



Source: Health Protection Agency

Table 7: Cumbria Annual Trend for Selected STIs by Gender, 2008-2011

Condition	Gender	Number of Diagnoses				Change from 2010
		2008	2009	2010	2011	
Chlamydia	Male	641	587	586	524	*-11%*
	Female	935	829	904	827	*-9%*
	Persons	**1,576**	**1,417**	**1,491**	**1,354**	***-9%***
Gonorrhoea	Male	52	34	45	35	*-22%*
	Female	28	21	26	28	*8%*
	Persons	**80**	**55**	**71**	**63**	***-11%***
Syphilis	**Total**	**12**	**5**	**9**	**5**	***-44%***
Herpes	Males	69	81	74	80	*8%*
	Female	97	92	76	88	*16%*
	Persons	**166**	**173**	**150**	**168**	***12%***
Genital Warts	Male	330	370	391	294	*-25%*
	Female	309	321	309	230	*-26%*
	Persons	**639**	**691**	**700**	**524**	***-25%***
New STIs	Males	1,643	1,627	1,540	1,247	*-19%*
	Female	1,470	1,343	1,395	1,234	*-12%*
	Persons	**3,113**	**2,971**	**2,936**	**2,484**	***-15%***
Other STIs	Male	338	319	323	373	*15%*
	Female	206	195	190	231	*22%*
	Persons	**544**	**514**	**513**	**604**	***18%***

Source: Health Protection Agency

Table 8: Selected STIs, Diagnostic Rate per 100,000 Population, 2010 By Cumbria Locality

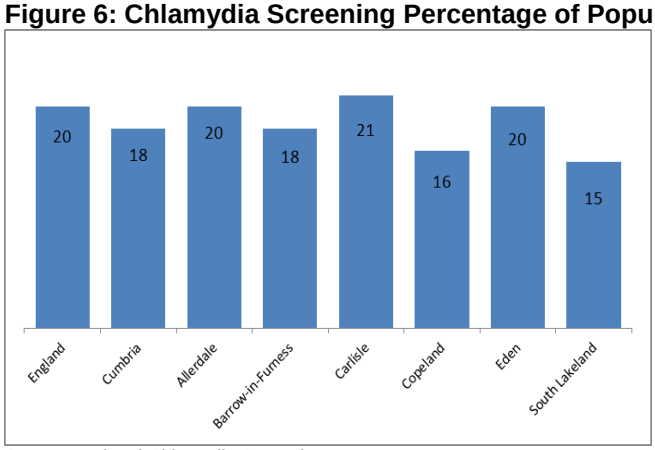
	Chlamydia	Gonorrhoea	Herpes	Genital Warts	Acute STIs
England	359.4	30.8	55.6	141.7	778.9
Cumbria	**304.6**	**16.0**	**33.5**	**140.8**	**600.1**
Allerdale	268.4	26.5	37.1	142.2	614.3
Furness	287.8	1.4	35.3	169.3	562.9
Carlisle	465.4	35.4	50.6	167.2	878.2
Copeland	281.1	11.5	10.0	160.7	549.4
Eden	287.8	3.9	27.0	88.8	509.9
South Lakeland	208.2	5.8	30.8	105.0	405.7

Source: Health Protection Agency

- Of those people who have been tested for chlamydia in Cumbria, 8% have tested positive. This is just above the national average of 7%. Barrow-in-Furness has the highest proportion (10%) of young people testing positive for chlamydia. Higher diagnostic rates in Cumbria do not necessarily mean higher prevalence. It may just indicate better screening of the right people and following through with contact tracing.
- More females tested than males as part of the NCSP in Cumbria.
- There is a consistently higher proportion of gonorrhoea diagnosed in men than in women.

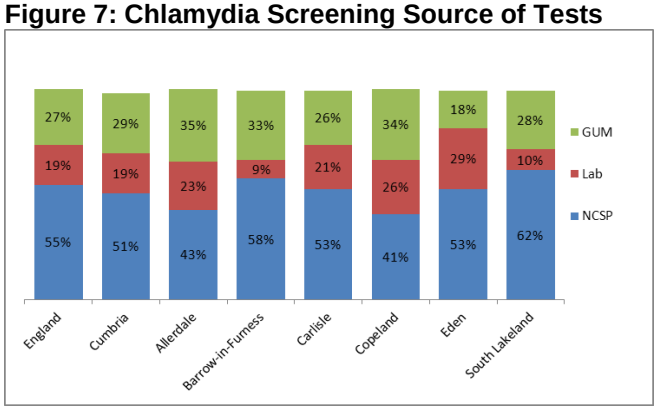
Chlamydia Screening in Cumbria Statistics 1 April to 31 December 2011

Figure 6: Chlamydia Screening Percentage of Population Tested



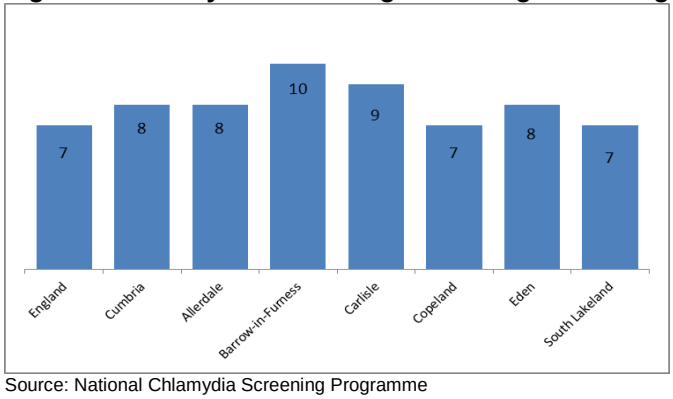
Source: National Chlamydia Screening Programme

Figure 7: Chlamydia Screening Source of Tests



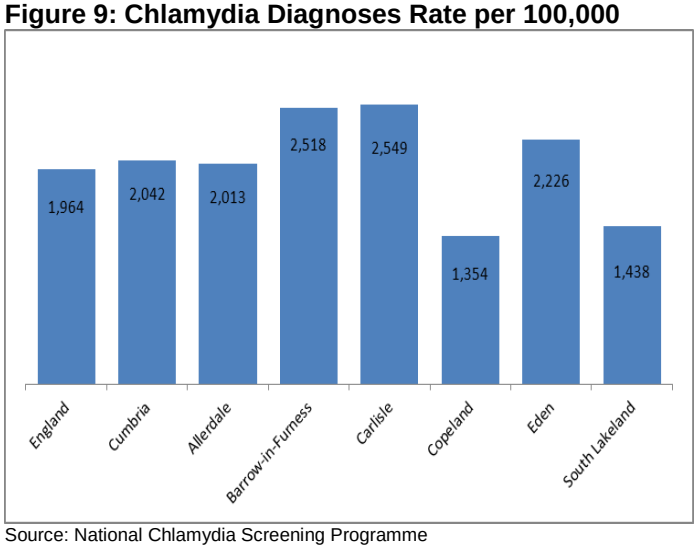
Source: National Chlamydia Screening Programme

Figure 8: Chlamydia Screening Percentage of Young People Testing Positive



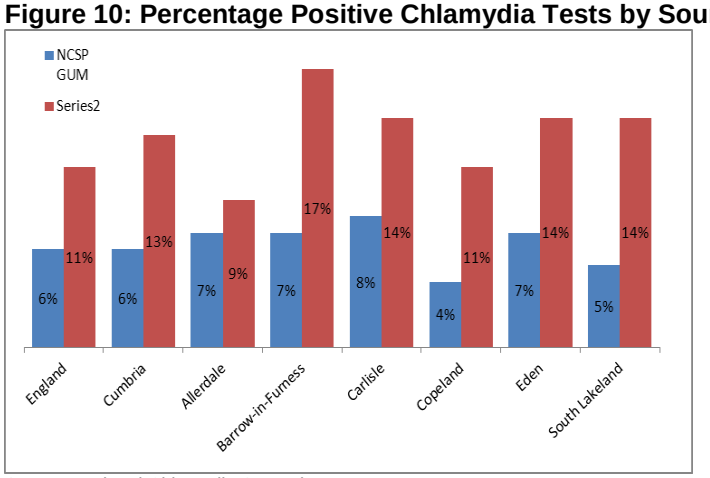
Source: National Chlamydia Screening Programme

Figure 9: Chlamydia Diagnoses Rate per 100,000



Source: National Chlamydia Screening Programme

Figure 10: Percentage Positive Chlamydia Tests by Source



Source: National Chlamydia Screening Programme

4.3 Key Challenges

- Promotion of testing for all STIs.
- Ensure prevention through improved awareness raising and signposting to services.
- Increased promotion of regular annual testing.
- Improved awareness raising aimed at men.
- Improved provision of the NCSP through a variety of settings to increase the diagnostic rate.

5 Human Immunodeficiency Virus (HIV)

5.1 The HIV virus weakens the body's ability to fight infections and cancer. It is most commonly transmitted through unprotected sex or sharing infected needles to inject drugs.
There is no cure for HIV but there are treatments to enable most people with the virus to live a long and healthy life. AIDS (Acquired Immune Deficiency Syndrome) is the final stage of HIV infection, when the body can no longer fight life-threatening infections.
HIV continues to be one of the most important communicable diseases in the UK. It is associated with serious morbidity, high costs of treatment and care, significant mortality and high number of potential years of life lost. Each year, many thousands of individuals are diagnosed with HIV. The infection is still frequently regarded as stigmatising and has a prolonged 'silent' period during which it often remains undiagnosed. Highly active antiretroviral therapies have resulted in substantial reductions in AIDS incidence and deaths in the UK.

The number of people living with HIV in the UK reached an estimated 91,500 in 2010. A quarter of these people were unaware of their infection (i.e. undiagnosed).
By the end of 2012 it is expected that more than 100,000 people will be living with HIV in the UK.

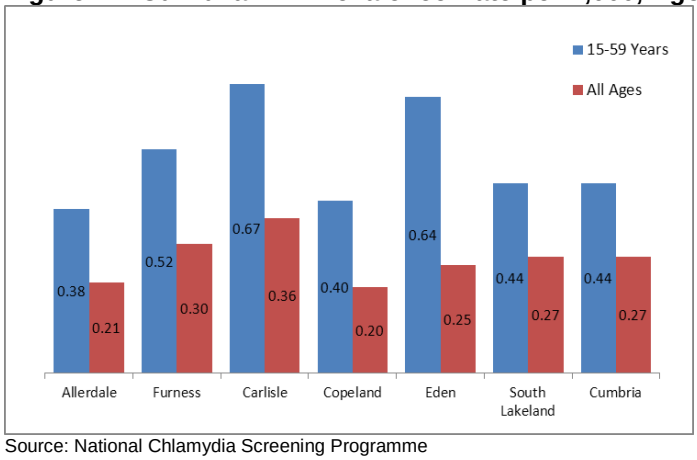
In the UK, the estimated prevalence of HIV in 2010 was 1.5 per 1,000 population of all ages (2.0 per 1,000 men and 0.9 per 1,000 women).
HIV prevalence is high amongst men who have sex with men (MSM) in the UK.
Assuming that 3.4% of the adult male population are MSM, one in 20 gay men is living with HIV nationally (47 per 1,000 population)
Black African men and women living in the UK also have a high prevalence at 47 per 1,000 population (England and Wales only). This was 31 per 1,000 population amongst black African men and 64 per 1,000 amongst black African women.

5.2

Cumbria Statistics

- HIV infections in Cumbria are well below the national and regional average of 1.5 per 1,000 population.
- Carlisle and Eden districts have the highest infection rates for 15-59 year olds (0.67 and 0.64 per 1,000 respectively)
- Allerdale has the lowest infection rate for 15-59 year olds (0.38 per 100,000)

Figure 11: Cumbria HIV Prevalence Rate per 1,000, Ages 15-59, 2010



Source: National Chlamydia Screening Programme

- 135 people were living with HIV in Cumbria in 2010
- 76% of infections are found in men (103 infections).
- 87% of infections are in the white population (118 people)

- The highest proportion of all cases (28%) reside in the Carlisle area
- Eden district has the second highest HIV prevalence in the county (but the lowest number of reported cases (13).
- Only 2% of all cases of HIV in the North West region are found in Cumbria.
- Over half of all cases of HIV (53%) are found in men who have sex with men (MSM) (North West 50%) The proportion is highest in Eden (77%) and lowest in Barrow-in-Furness (33%)
- The majority of HIV infection in Barrow has been transmitted heterosexually (67%). This is above the Cumbria average of 38% and regional average of 41% and could be attributed to higher levels of risk taking behaviour.
- The proportion of people at different stages of HIV disease will impact on the funding of HIV treatment and care, as those at a more advanced stage require more hospital care. A quarter of all cases within Cumbria are in the later stage of infection (AIDS). This is above the regional average of 21%
- Between 2005 and 2010 the number of people living with HIV in Cumbria has increased by 78%.
- Barrow-in-Furness shows an increase of 425%. Whilst this may seem alarming it is based on very small numbers (an increase from 5 cases in 2005 to 21 cases in 2010)
- During 2010 there were 12 newly reported cases of HIV and AIDS in Cumbria, equating to a 25% reduction on the previous year's figure.
- The number of new cases of HIV/AIDS in Cumbria peaked in 2008 (23 cases). This was due to a sudden increase in the number of infections in the heterosexual population (14 cases). For 2010 the number of new cases amongst the heterosexual population was 4.

Table 9: Trend in All Cases of HIV and AIDS in Cumbria, by Local Authority of Residence

	2005	2006	2007	2008	2009	2010	% Change 2005-2010	% Change 2009-2010
Allerdale	12	12	16	18	19	20	*67%*	*5%*
Furness	4	8	13	15	19	21	*425%*	*11%*
Carlisle	20	22	26	30	36	38	*90%*	*6%*
Copeland	13	11	13	15	15	14	*8%*	*-7%*
Eden	10	14	13	15	14	13	*30%*	*-7%*
South Lakeland	17	20	24	29	27	28	*65%*	*4%*
Unknown	0	2	1	1	1	1		
Cumbria	**76**	**89**	**106**	**123**	**131**	**135**	***78%***	***3%***

Source: Health Protection Agency

There are four specialist treatment centres for HIV infection within Cumbria:

- Cumberland Infirmary, Carlisle (CIC)
- Furness General Hospital, Barrow-in-Furness (FGH)
- Westmorland General Hospital, Kendal (WGH)
- Workington Community Hospital, Workington (WCH)

The majority of the county's 127 patients (46%) were seen at CIC.
Across Cumbria, there was an outpatients attendance rate of 4.5 per patient. This was highest at WCH (5.4 average) and lowest at FGH (3.4).
9 home visits were made across Cumbria during 2010, the majority of which were for patients attending WCH.

5.3 Key Challenges

- Ensure joined up commissioning from Primary Care Trust (PCT) to a larger footprint under NHS Commissioning Board (NCB).

- Maintenance of low prevalence of HIV in Cumbria through prevention and awareness raising, and targeting of those who are most at risk.
- Promotion of early testing across all disciplines, e.g. primary care and A&E, with increased use of NAAT testing (nucleic acid amplification testing).
- Ensure that PEPSE (post exposure prophylaxis after sexual exposure) pathways and protocols are in place.

6 Under 18 Conceptions

6.1 Most teenage pregnancies are unplanned and around half end in an abortion. The evidence shows that children born to teenage mothers are more likely to experience a range of negative outcomes in later life and are more likely, in time, to become teenage parents themselves – perpetuating the disadvantage that young parenthood brings from one generation to the next. Teenage pregnancy is a cause of health inequalities and child poverty.

Each year, around 40,000 young women under 18 become pregnant in England (around 4 in every 100 young women). Where young women choose to go ahead with the pregnancy, they are at greater risk of experiencing a range of poor outcomes. For example:

- Teenage mothers are less likely to finish their education, and more likely to bring up their child alone and in poverty.
- The infant mortality rate for babies born to teenage mothers is 60 per cent higher than for babies born to older mothers.
- Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth.
- Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing and poor health, and have lower rates of economic activity in adult life.

The National Teenage Pregnancy Strategy was launched by the Government in 1999 with two national targets:

- Halve the under 18 conception rate in England by 2010
- Increase the participation of teenage mothers in education, training or work to 60% by 2010 to reduce the risk of long term social exclusion

An updated strategy was published in 2010: Teenage Pregnancy Strategy – Beyond 2010

6.2 ## Cumbria Statistics

In 1999 Cumbria's baseline conception rate was 42 conceptions per 1,000 women aged 15 to 17 years (362 conceptions). A reduction of 50% would lead to a rate of 21 per 1,000 (181 conceptions)

Latest figures for 2010 were released in February 2012:

- In Cumbria the under 18 conception rate for 2010 had fallen to 31 conceptions per 1,000 women aged 15 to 17 years.
- This is a reduction of 26% compared with the baseline year of 1998. (Better than the national average of 24% reduction)
- The 2010 target has not been met nationally or locally.

Quarterly figures released by NHS North West show that under 18 conception rates continued to fall in 2011. Figures for Cumbria in quarter 2, 2011 reveal an under 18 conception rate of 7.2 per 1,000. This is lower than both the national and regional rates per 1,000 (8.6 and 10.3 respectively)

Scaling the quarterly Cumbria figure for the whole of 2011 would give an estimated 28.8 per 1,000.

- Between 2007 and 2011 the number of under 18 terminations recorded fell by almost one third (32%). There was no change between 2010 and 2011.
- There has been a reduction of 20% in the number of recorded births to mothers under 18 between 2007 and 2011.
- Overall there has been a reduction of 29% in the number of pregnancies between 2007 and 2011. Between 2010 and 2011 there was a reduction in pregnancies of 13%.
- The youngest recorded age at conception in Cumbria is 13 years. Between 2007 and 2011 there was 1 pregnancy each year at age 13. In 2012, 2 pregnancies at

age 13 have been recorded so far.

- Pregnancies for those aged under 16 fell by 38% between 2007 and 2011. During the first 6 months of 2012, 21 pregnancies in under 16s have so far been recorded in Cumbria. If this rate continues at the current level for the remainder of the year, it will result in an increase of 45% in the number of under 16 pregnancies when compared with 2011.
- For women aged 16 and 17 there was a reduction in the number of pregnancies between 2007 and 2011 of 27%. During 2012 81 pregnancies have so far been recorded. If this rate continues it will show a 14% reduction in the number of pregnancies for this age group in Cumbria when compared with 2011.

Table 10: Under 18 Conceptions

	Number of Conceptions		Conception rate per 1,000 (aged 15-17 years)			% leading to abortion	
Area	**1988**	**2010**	**1988**	**2010**	**% Change**	**1988**	**2010**
England	41,089	32,552	46.6	35.4	*-24%*	*42*	*50*
Cumbria	362	281	41.9	31.1	*-26%*	*47*	*42*
Allerdale	61	59	35.5	34.8	*-2%*	*54*	*49*
Furness	76	56	62.0	39.2	*-37%*	*36*	*38*
Carlisle	76	68	41.0	38.2	*-7%*	*53*	*34*
Copeland	67	43	51.5	35.8	*-30%*	*39*	*
Eden	30	16	37.1	17.9	*-52%*	*60*	*
South Lakeland	52	39	30.1	19.2	*-36%*	*50*	*59*

Source: Department for Education, Office of National Statistics
* For conceptions leading to abortions, rates based on fewer than 10 events have been surpressed

6.3 Key Challenges

- Retention of downward trend in under 18 and under 16 pregnancies.
- Reduction in repeat terminations.
- Promotion of LARC (long acting reversible contraception).

7 Termination of Pregnancy

7.1 Department of Health policy is that women who are legally entitled to an abortion should have access to the procedure as soon as possible. Evidence shows that the risk of complications increases the later the gestation.

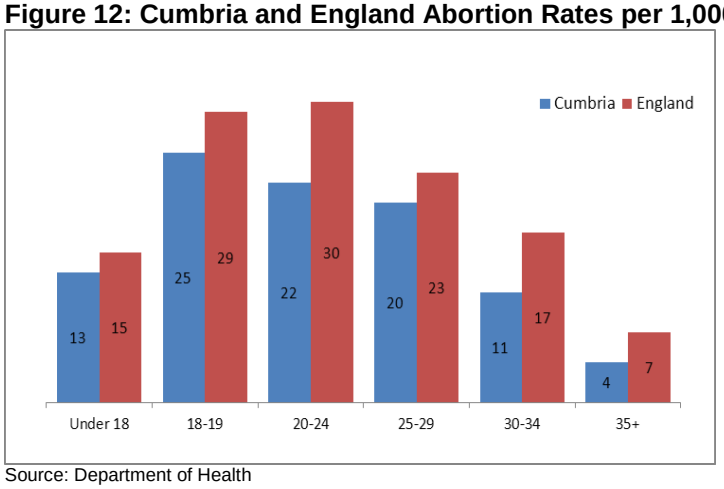
The Chief Medical Officer recommendation is that all PCTs should aim for at least 70% of NHS funded abortions performed before 10 weeks gestation.

7.2

Cumbria Statistics

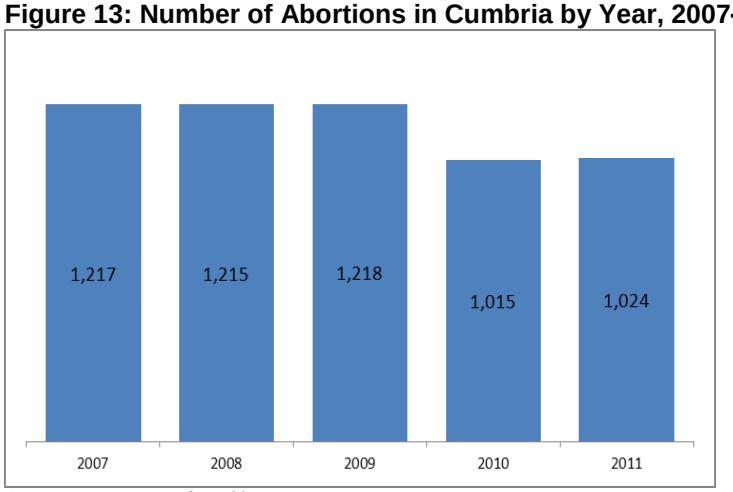
- Abortion rates within Cumbria continue to be below the national average. For 2011 the age standardised abortion rate in Cumbria was 13 abortions per 1,000 women aged 15 to 44 years. Nationally it was 18 per 1,000.

Figure 12: Cumbria and England Abortion Rates per 1,000 by Age Group, 2011



Source: Department of Health

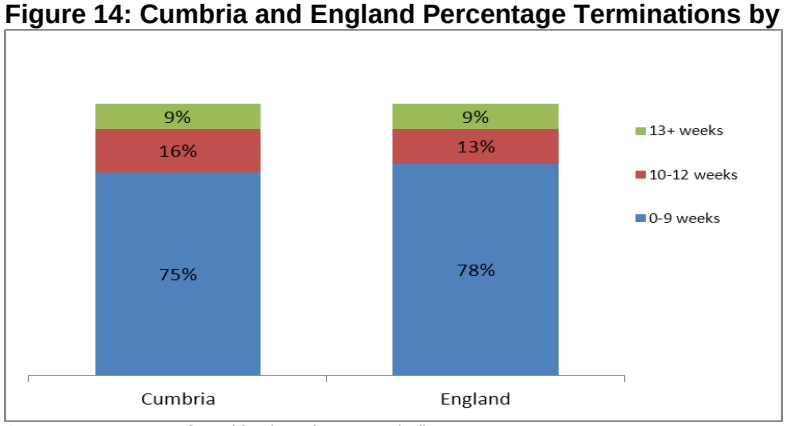
Figure 13: Number of Abortions in Cumbria by Year, 2007–2011



Source: Department of Health

- Data for 2010 and 2011 show a reduction of around 16% in the number of terminations compared with 2009.
- Of the 1,024 terminations in Cumbria during 2011 94% were carried out in NHS premises. This compares with 34% nationally.
- In 2011 in Cumbria 75% of abortions were performed before 10 weeks gestation, compared with 65% in 2006

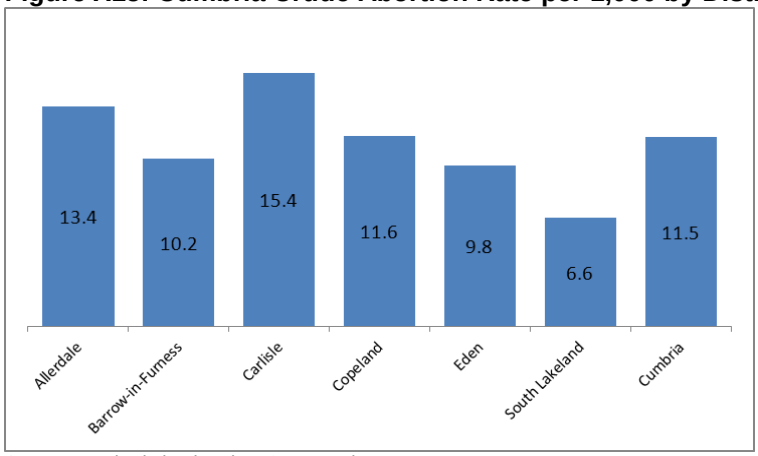
Figure 14: Cumbria and England Percentage Terminations by Gestational Age, 2011



Source: Department of Health (Numbers rounded)

- 91% of abortions in Cumbria during 2011 were before 13 weeks gestation.
- In Cumbria, the percentage of repeat abortions during 2011 in women aged under 25 years is 18%. Nationally the figure is 36%
- Between 2009 and 2011, 89 terminations in Cumbria were to women aged below 16 years. This gives a rate of 3 per 1,000 women – just below the national average of 4 per 1,000 women.
- In Cumbria, 11% of all abortions are undertaken on women aged below 18 years. This is higher than the national average of 8%
- Abortion rates show geographical variation across the county. Evidence demonstrates that as deprivation increases, so does the rate of Under 18 conceptions and abortions.
- Admitted Patient Care data for 2011 shows that across Cumbria the abortion rate is on average 11 per 1,000 women aged 15-44 years. The rate was highest in Carlisle (15 per 1,000) and lowest in South Lakeland (7 per 1,000).

Figure X15: Cumbria Crude Abortion Rate per 1,000 by District Council, 2011



Source: Local Admitted Patient Care Database

7.3 Key Challenges

- Ensure smooth transfer of commissioning responsibilities of TOP services to Cumbria Clinical Commissioning Group (CCG) to provide equitable, accessible, robust services in each of Cumbria's six localities, based on patient need and in line with national guidance.
- Increased uptake of contraception following termination.

8 Conception and Contraception

8.1 Nationally, around 4 million people use contraception services each year. Roughly three-quarters see a GP and the remainder attend specialist community contraception services. Contraception services are available, free of charge, to all those in need. Improving access to contraceptive services is one of the key aims of the Government's White Paper 'Healthy Lives, Healthy People'. Patient choice is paramount and both men and women requesting contraceptives should be given information about all methods, including long-acting reversible contraceptive (LARC) methods. It is recommended that information be provided on the advantages, disadvantages, and relative failure rates of each method. Emergency Hormonal Contraception (EHC) can prevent pregnancy after unprotected sex or if the usual contraceptive method has failed.

Contraceptive Services in Cumbria are provided:

- Within general practice
- Community Contraception and Sexual Health Clinics (CASH)
- Within school sexual health clinics
- Community Pharmacies - (EHC)
- Young People's settings e.g. Inspira, Carlisle Youth Zone
- Specialist GUM services
- Termination of Pregnancy providers (following abortion)

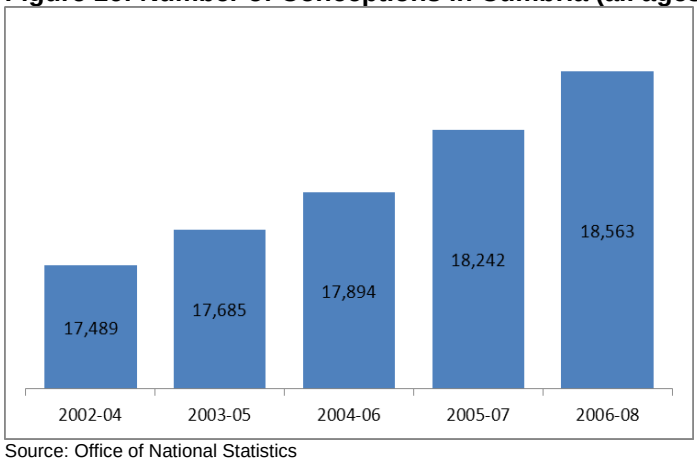
8.2 Cumbria Statistics - *Conception*

Table 11: Female Population Aged 15-44 in Cumbria by Age Group, 2010

	15-19	20-24	25-29	30-34	35-39	40-44	15-55	%
Allerdale	2.7	2.0	2.1	2.1	3.0	3.7	15.6	*19%*
Furness	2.3	2.0	2.0	1.8	2.3	2.7	13.1	*16%*
Carlisle	3.2	3.4	3.1	2.7	3.4	3.7	19.5	*23%*
Copeland	2.0	1.7	1.7	1.8	2.2	2.6	12.0	*14%*
Eden	1.4	1.1	0.9	1.0	1.6	2.1	8.1	*10%*
South Lakeland	3.1	1.9	1.8	2.1	3.0	3.8	15.7	*19%*
Cumbria	**14.7**	**12.2**	**11.6**	**11.5**	**15.4**	**18.7**	**84.1**	

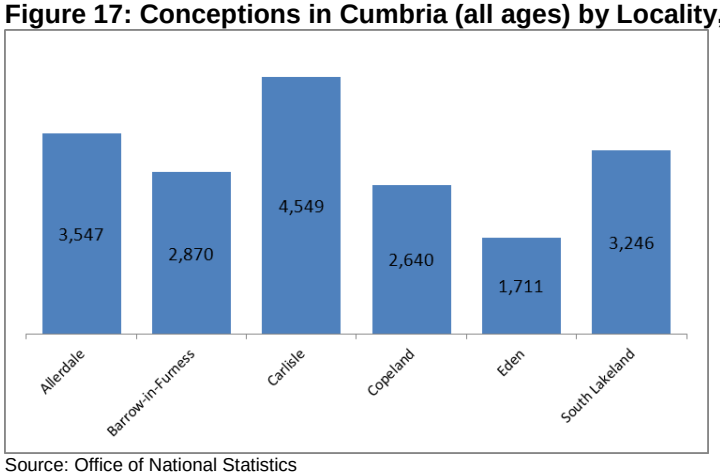
Source: Office of National Statistics

Figure 16: Number of Conceptions in Cumbria (all ages) 2002-2008



Source: Office of National Statistics

Figure 17: Conceptions in Cumbria (all ages) by Locality, 2006-2008



Source: Office of National Statistics

Table 12: Percentage of Live Births By Cumbria Locality and Age of Mother, 2010

		% Number of all live births to mothers aged:				
	Live Births	Under 20	20-24	25-34	35-39	40+
Allerdale	1,012	7.9%	20.3%	54.2%	14.5%	3.1%
Furness	742	9.7%	26.8%	52.3%	8.6%	2.6%
Carlisle	1,275	9.4%	20.0%	55.8%	12.2%	2.6%
Copeland	745	8.2%	22.1%	54.8%	12.3%	2.6%
Eden	452	5.1%	13.7%	57.7%	19.0%	4.4%
South Lakeland	842	4.3%	15.8%	55.3%	20.1%	4.5%
Cumbria	5,068	7.7%	20.1%	54.9%	14.1%	3.2%
E & W	722,959	5.6%	19.0%	55.5%	3.8%	3.7%

Source: Exeter Patient Registration System

Cumbria Statistics – *Contraception*

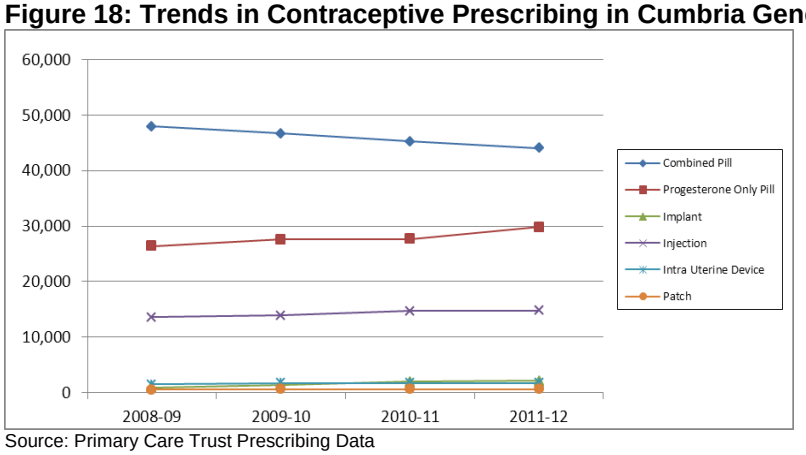
- Figures from PCT primary care prescribing between April 2008 and March 2012 show over 368,000 prescriptions for contraception (excluding EHC)

Table 13: Contraceptive Prescribing in Cumbria, 2008-2012

	Combined Pill	Progestorone Only Pill	Implant	Injection	Intra Uterine Device	Patch	Total
2008-09	47,973	26,403	990	13,568	1,468	583	**90,985**
2009-10	46,722	27,584	1,380	13,904	1,715	604	**91,909**
2010-11	45,263	27,670	2,013	14,701	1,738	648	**92,033**
2011-12	44,021	29,819	2,111	14,796	1,770	615	**93,309**
Total	**183,979**	**111,473**	**6,494**	**57,149**	**6,691**	**2,450**	**368,236**

Source: Primary Care Trust Prescribing Data

Figure 18: Trends in Contraceptive Prescribing in Cumbria General Practice 2008-2012



Source: Primary Care Trust Prescribing Data

- There was a small year on year increase in prescriptions for contraception from 90,985 in 2008-9 to 93,309 from 2011-12

Table 14: Oral Contraceptive and LARC as a % of all Contraceptive Prescribing 2008-2012

	Oral Contraception	Oral Contraception as % of Total	LARC	LARC as a % of Total	Total
2008-09	74,376	82%	16,609	18%	**90,985**
2009-10	74,306	81%	17,603	19%	**91,909**
2010-11	72,933	79%	19,100	21%	**92,033**
2011-12	73,837	79%	19,472	21%	**93,309**

Source: Primary Care Trust Prescribing Data

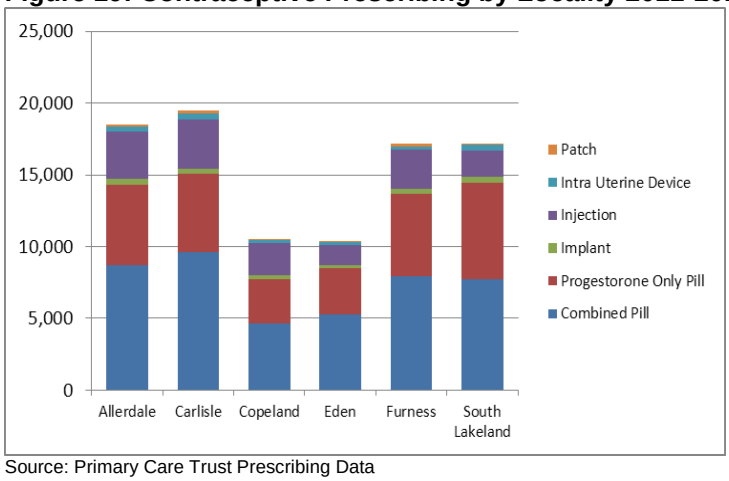
- The combined pill continues to be the most often prescribed form of contraception, although this has reduced between 2008 and 2012 to around 3,600 prescriptions per month.
- The second most prescribed form of contraception is the progesterone only pill. Prescriptions have increased between 2008 and 2012 to around 2,400 prescriptions per month.
- The injection is the third most popular form of contraception, with increasing usage over recent years – 2012 data shows around 1,200 prescriptions per month.
- Prescribing of long acting reversible contraception (LARC) (contraceptive implants, injections and patches) has increased from 18% of prescription in 2008-9 to 21% of prescriptions in 2011-12.
- The highest proportion of LARC is provided in Copeland, where it accounts for 27% of all contraceptive prescribing. The lowest proportion is provided in South Lakeland where it accounts for 15%

Table 15: Contraceptive Prescribing by Cumbria Locality 2011-2012

	Combined Pill	Progestorone Only Pill	Implant	Injection	Intra Uterine Device	Patch	Total
Allerdale	8,698	5,614	435	3,273	361	126	**18,507**
Carlisle	9,643	5,403	376	3,451	421	182	**19,476**
Copeland	4,619	3,117	265	2,271	174	82	**10,528**
Eden	5,296	3,170	208	1,449	216	35	**10,374**
Furness	7,969	5,679	387	2,747	204	162	**17,148**
South Lakeland	7,701	6,770	420	1,785	392	25	**17,093**
Cumbria	**43,926**	**29,753**	**2,091**	**14,976**	**1,768**	**612**	**93,309**

Source: Primary Care Trust Prescribing Data

Figure 19: Contraceptive Prescribing by Locality 2011-2012



Source: Primary Care Trust Prescribing Data

Table 16: Cumbria Contraception Clinic Acitvity, 2010-2012

	2010-11	2011-12	% Difference
Clinic attendance	17,272	16,956	-2%
Average weekly attendance at clinic	332	326	
Clinic sessions for people under 25 years	638	445	-30%
Total contacts in young persons clinics	6,880	7,722	12%
Average attendance at young persons clinics	11	17	61%
First contacts in financial year **Females**	6,729	6,621	-2%
First contacts in financial year **Males**	761	719	-6%

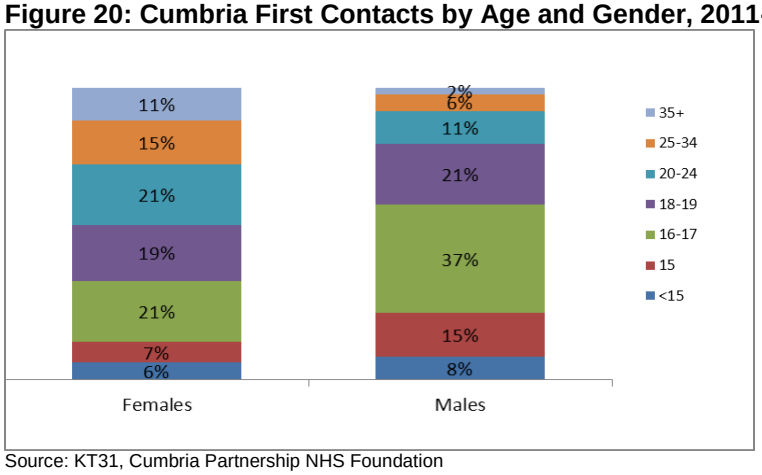
Source: KT31, Cumbria Partnership NHS Foundation Trust

Table 17: Clinic Attendance by Cumbria Sector, 2011-2012

Sector	Number of Contacts	Total Contacts Young Persons	Proportion Young People	Clinic Sessions	Average Clinic Attendance
East	8,862	3,877	44%	165	54
South	5,276	2,331	44%	145	36
West	2,818	1,514	54%	135	21
Cumbria	**16,956**	**7,722**	**46%**	**445**	**38**

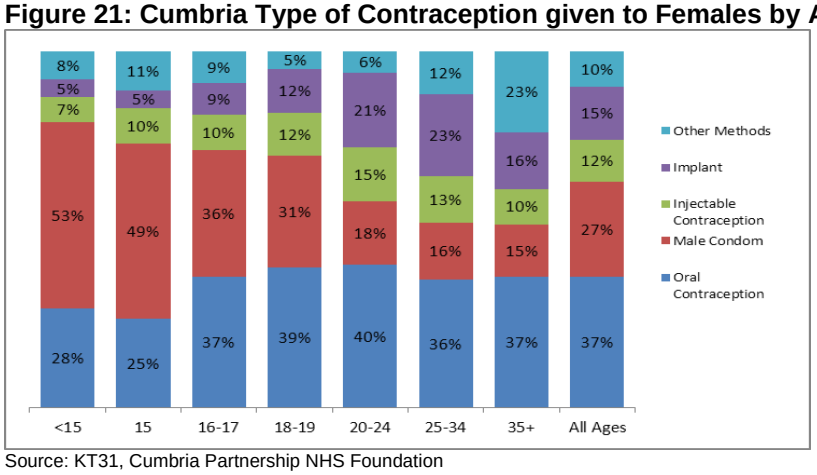
Source: KT31, Cumbria Partnership NHS Foundation

Figure 20: Cumbria First Contacts by Age and Gender, 2011-2012



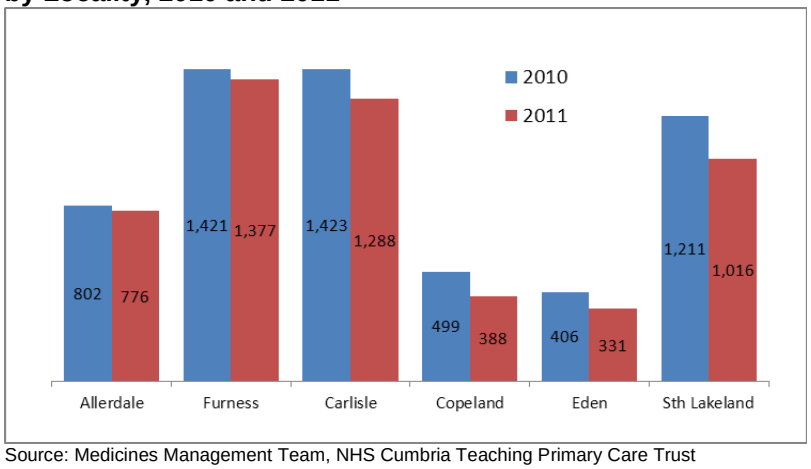
Source: KT31, Cumbria Partnership NHS Foundation

Figure 21: Cumbria Type of Contraception given to Females by Age Group, 2011-2012



Source: KT31, Cumbria Partnership NHS Foundation

Figure 22: Supply of Emergency Hormonal Contraception in Pharmacy by Locality, 2010 and 2011



Source: Medicines Management Team, NHS Cumbria Teaching Primary Care Trust

Table 18: EHC Consultations and Prescribing in Pharmacy by Age of Cient, 2010-2011

	2010				2011		
Age Group	**Consultations**	**EHC Given**	**%**		**Consultations**	**EHC Given**	**%**
<16	306	296	*5%*		258	246	*5%*
16-18	1,395	1,350	*23%*		1,137	1,092	*21%*
19-29	2,870	2,767	*48%*		2,690	2,598	*50%*
30-39	1,023	985	*17%*		929	892	*17%*
40+	344	332	*6%*		313	308	*6%*
missing	34	32	*1%*		42	40	*1%*
Cumbria	**5,972**	**5,762**	***100%***		**5,369**	**5,176**	***100%***

Source: Medicines Management Team, NHS Cumbria Teaching Primary Care Trust

Table 19: North Cumbria Contraception Intervention by Age Group, 2011-12 (11 months data)

	Under 18	18-24	25-35	36+	Total
Women receiving abortion care	37	153	*152*	61	**403**
Number who received contraception advice	37	153	*152*	61	**403**
	100%	*100%*	*100%*	*100%*	***100%***
Number who received contraception	**18**	**51**	***43***	**12**	**124**
% receiving contraception	***49%***	***33%***	***28%***	***20%***	***31%***
Contraception Method:					
Injection/implant	14	30	*18*	4	**66**
	78%	*59%*	*42%*	*33%*	***53%***
Pill	4	19	*19*	4	**46**
	22%	*37%*	*44%*	*33%*	***37%***
Other	0	2	*6*	4	**12**
	0%	*4%*	*14%*	*33%*	***10%***
All contraception	18	51	*43*	12	**124**

Source: North Cumbria University Hospitals NHS Trust

8.3 Key Challenges

- Ensure equitable access to services across all six Cumbria localities.
- Ensure access to contraception and sexual health in multi-agency settings.
- Maintain open access to emergency hormonal contraception (EHC) through community pharmacies.
- Increased promotion of LARC

9 Sexual Health and Young People

9.1 Sex and relationships education (SRE) and consultation with young people in Cumbria takes place in a variety of settings, such as schools, clinics, young people's drop in centres and youth groups.
SRE in schools is concerned with the learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and health.

9.2 The Legal Framework for SRE

- The sex education elements of the National Curriculum Science Order are mandatory for all pupils of primary and secondary school age. They cover anatomy, puberty, biological aspects of sexual reproduction and use of hormones to control and promote fertility.
- Secondary Schools are required to provide an SRE programme which includes (as a minimum) information about STIs and HIV/AIDS.
- Other elements of personal, social and health education (PHSE) are non-statutory.
- Parents have the right to withdraw their child from any or all parts of SRE outside of the National Curriculum Science.

Government Guidance on SRE (England)

- Emphasis should be on developing knowledge, skills and attitudes through appropriate teaching methods.
- Primary schools should ensure that both boys and girls know about puberty before it occurs.
- Policies should be developed in consultation with parents, young people, teachers and governors.
- The needs of all pupils should be met, regardless of sexual orientation, ethnicity or disability.
- Topics which should be covered are: puberty, menstruation, contraception, abortion, safer sex, HIV/AIDS, and STIs.
- SRE should be planned and delivered as part of PHSE and citizenship

9.3 The School Nursing Service in Cumbria works with young people aged from 5 to 19 years. They provide a drop-in service at the majority of secondary schools across the county. Using the Fraser guidelines and adhering to safeguarding practice, school nurses offer a confidential service for advice, pregnancy testing, condoms and emergency contraception. They also provide referral to other services such as primary care, contraceptive services and GUM.

9.4 The Health Related Behaviour Survey has taken place every two years in Cumbria since 1998. In 2010 it was conducted with a cohort of Year 6, 8 and 10 pupils across seventeen primary and ten secondary schools. The results were compared with those obtained from a wider national reference group.

Key summary points in relation to sexual health and relationships were observed as follows:

- Primary school pupils in Cumbria were more likely to say they knew enough about body changes (77% compared with 66% nationally).
- 62% of secondary school students were aware of where to obtain contraception free of charge (significantly higher than observed in 2008).
- Year 10 pupils in Cumbria were more likely to know of a local source of sexual health information (65% compared with the national figure of 38%).
- 78% of all pupils stated that they had never had sex. 22% of Year 10 pupils said they had had sex, with 9% currently in a sexual relationship. 12% of all Year 10 pupils reported to have had unprotected sex.

9.5 **Key Challenges:**

- Engagement with existing and potential service users for development of service plans and delivery.
- Ensure consistency of messages and approach across existing and potential service providers.
- Ensure all vulnerable groups of young people have access to educational information and advice and aware of how to access young people's sexual health services.
- Work closely with Youth Offending Service to ensure access to information, advice and screening.
- Develop advice and treatment services in partner organisations, in the form of 'one-stop-shops' specifically for young people.
- Support development of PSHE.
- Maintain reduction in teenage pregnancies.
- Review condom distribution scheme.

10 Sexual Assault Referral Centre (SARC)

10.1 Sexual assault covers several offences ranging from indecent exposure to rape. There are currently no dedicated sexual assault referral services in Cumbria. These are to be included in the third phase of the local modernisation of sexual health services.

Referral links are in place to SARCs in the North West.

A multi-agency task group is in place to review the provision of care for victims of sexual assault and rape in Cumbria

Police referral for forensics is to SARC in Preston. Counselling tends to be referred within Cumbria to third sector organisations such as Rape Crisis Safety Net, Independent Sexual Violence Advocates.

10.2 Cumbria Statistics

- Between November 2007 and October 2009 there were a total of 654 cases of sexual assault reported to the police in Cumbria. Numbers of reported sexual assault have increased by 11% over the previous 12 months,
- Although reported rates remain relatively low, no data is available for unreported sexual assaults. It is understood that the vast majority of sexual assault incidents are not reported to the police.

10.3 Key Challenges

- Develop robust referral pathways between services
- Ensure close care pathways links between SARC and Sexual & Reproductive Health services.

11 At Risk Population Groups

11.1 A Number of population groups are identified in the national strategy for sexual health as being of higher risk of poor sexual health, including unwanted pregnancy and incidence of sexually transmitted infection. These groups include:

- Gay and bisexual men and men who have sex with men (MSM)
- Young people in or leaving local authority care –
- Injecting drug misusers
- People from (or who have significant contact with) countries with a high prevalence of HIV infection, including asylum seekers
- Women and men who work in the sex industry
- People in prisons and youth offending establishments

11.1 Cumbria Statistics

Gay and bisexual men and MSM

Due to the dispersed population and the relatively small size of Cumbria's towns and villages, there is little visible gay community infrastructure. A small number of gay-friendly bars exist in Carlisle, Barrow and Workington and one gay sauna in Carlisle. Gay men in Cumbria tend to travel to larger towns such as Blackpool, Newcastle or Manchester to access the commercial gay scene. The 2011 census recorded XX households within Cumbria that ere classed as same sex couples. This compares with 366 households recorded in 2001.

Young people in or leaving local authority care

At the end of 2011 there were 564 looked after children (CLA) in Cumbria. Barrow has the highest rate and South Lakeland has the lowest (79.1 and 23.3 per 10,000 population over 18 respectively). The number of CLA fell steadily between 2004 and 2008 but has risen sharply since then. Numbers are now at their highest since 2004. Over half of looked after children are aged 10 years or older. 37.6% are aged 10 to 15 years.

Table 20: Looked After Children in Cumbria
At 31 December 2011

	Allerdale & Copeland	Furness & South Lakes	Carlisle & Eden	CUMBRIA
Number of Children Looked After	226	169	169	564
Rate per 10 ,000 Population aged 0-17	70.0	49.4	56.5	58.5

Source: Cumbria County Council

Table 21: Looked After Children in Cumbria by Age
As at 31 December 2011

				CUMBRIA	
Age	Allerdale & Copeland	Furness & South Lakes	Carlisle & Eden	Number	%
Under 1	14	13	12	39	*6.9%*
1 to 4	61	18	34	113	*20.0%*
5 to 9	49	36	31	116	*20.6%*
10 to 15	78	71	63	212	*37.6%*
16 and over	24	31	29	84	*14.9%*
Total	**226**	**169**	**169**	**564**	**-**

Source: Cumbria County Council

Injecting drug misusers
Quantifying the number of injecting drug misusers within Cumbria is difficult.
Injecting drug misusers run the risk of contracting Hepatitis B and C, prevalence of which is difficult to measure amongst this group.
The Health Protection Agency classifies Cumbria as at medium risk for prevalence of Hepatitis C. This equates to prevalence amongst injecting drug misusers of between 25 and 50%. Prevalence of infections amongst this group is of concern as evidence collected by DAAT reveals that sex is often sold to feed a users' drug addiction.

People from countries with high prevalence of HIV, including asylum seekers
Cumbria is not currently a dispersal site for asylum seekers. The PCT is notified of travellers entering the county from countries with high incidence of tuberculosis but not HIV. There is some anecdotal evidence of an increased incidence of sex tourism to countries such as Thailand and a small number of reports from GUM of STIs being acquired in this way.

Women and men who work in the sex industry
Anecdotal evidence suggests that sex workers target lorry parks along the M6 motorway in Cumbria, and on the army site in Eden district. Advertisements placed in national newspapers indicate there are establishments in Cumbria providing sexual services.

Prison and youth offending establishments
HMP Haverigg near Millom is the only prison in Cumbria. Figures from a general health needs assessment conducted in 2009 showed that the prison houses around 680 inmates, around 30 of whom have been sentenced to life imprisonment. A programme of full sexual health screening for all new inmates is currently being developed.
Cumbria Youth Offending Service works primarily with children and young people age 10-17 yrs. In Cumbria there are just under 50,000 10-17 year olds living in the county. During 2010-11, just over 1,300 were involved in criminal activity; this represents approximately 2.5% of the youth population. There were 40% less young people entering the criminal justice system for the first time in 2010-11, compared to 2009-10.

11.2 Key Challenges

- Engage with 3rd sector support groups
- Ensure robust pathways for referral and access to sexual and reproductive health (SRH) services
- Ensure referral pathways and access to sexual health and relationship information and advice for looked after children
- Promotion of prevention and testing for STIs with injecting drug users
- Ensure that strategies and services meet the cultural needs of the local population, particularly vulnerable groups.
- Following research conducted during 2010-11 into exploitation within Cumbria's sex industry; ensure appropriate services are provided for sex workers.
- Support HMP Haverigg and the Youth Offending Service in providing sexual health and relationship information and advice, and ensuring that screening and support are in place within pathways.

12 Sexual Health Services in Cumbria

12.1 Following the 2010 strategic review, a new model of sexual health provision was commissioned. There has been significant progress in the model's implementation since the 2010 strategic review.

The component parts of the model and the current commissioned providers are outlined below:

12.2 Single Point of Access

Integrated sexual health services are open access. However, a single telephone line was launched in 2011 to ensure increased patient choice and access to all sexual health service providers. Sexual Healthline Cumbria is currently hosted by NHS Cumbria's Booking Centre and has been widely promoted through the provision of materials in healthcare and community settings along with social media advertising. The service provides basic triage and signposts callers to the most appropriate service for their needs.

12.3 Universal Health Promotion

All service users are provided with information and advice about sexual health, regardless of which service they access. Much of the universal sexual health promotion activity across Cumbria is currently provided by non NHS partner Drugs and Sexual Health Service (DASH) in conjunction with Inspira (formerly Connexions).
The remit is to engage with young people around drugs, sexual health and risk taking behaviour.
Between April 2009 and December 2011, 13,191 young people in Cumbria had contact with DASH.
During its three years of operation, the most common reasons for intervention have been alcohol (33%) and sexual health (37%). DASH workers also provide training for foster carers and run single gender training programmes on positive relationships for 'at risk' young people, including looked after children.

12.4 Condom Distribution Scheme

The C-Card scheme is run by Inspira (previously Connexions) and offers young people the opportunity to confidentially access free condoms in universal young people's community settings across Cumbria. Information and advice are also available with signposting to other agencies where appropriate.
Between April 2011 and March 2012 there were 1059 registrations to the C-Card scheme (387 females and 672 males). Further guidance is expected with the national sexual health strategy, due to be published in December 2012.

12.5 Pharmacy Based Sexual Health Services

There are currently 107 community pharmacies in Cumbria.
Since 2008 they have been commissioned under a local enhanced service (LES) to provide emergency hormonal contraception (EHC) and chlamydia screening as part of the EHC consultation.
During 2010 there were 5,972 consultations where EHC was sought. This number reduced by 10% in 2011 to 5,368 consultations.

12.6 GP Led Services

The level of sexual health activity taking place within primary care has increased substantially since the 2010 strategic review. At present there are 81 GP practices in Cumbria.

Five local enhanced service (LES) agreements currently focus on sexual health:

- IUD Insertion/Removal (70 practices)
- Chlamydia Screening 15-24s (66 practices)
- Level 1 Management: Asymptomatic STIs (53 practices)
- Level 2 Management: Symptomatic STIs (15 practices)
-

Table 22: Provision of Primary Care STI Services in Cumbria at end March 2012

	Total GP Practices	Level 1 Service	Level 2 Services
Allerdale	18	15	*2*
Carlisle	13	8	
Copeland	10	10	
Eden	10	10	
Furness	17	10	
South Lakes	22	17	
Cumbria	**90**	**70**	**2**

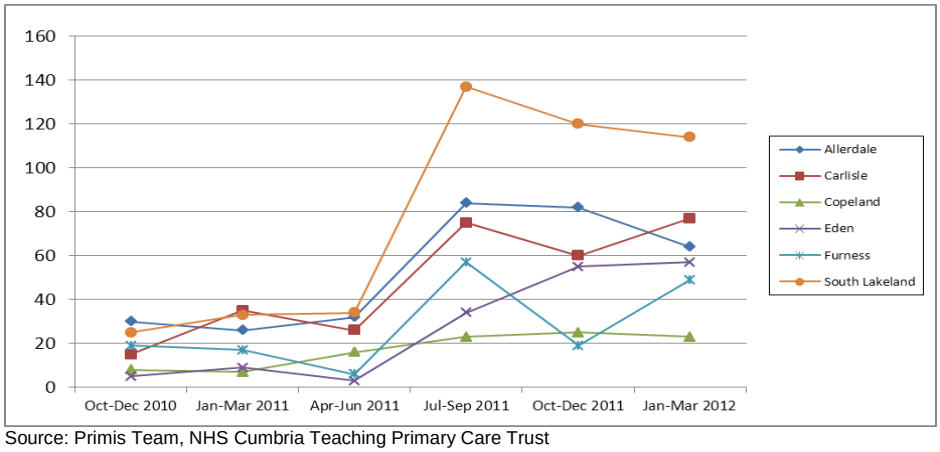
Source: Primis Team, NHS Cumbria Teaching Primary Care Trust

Table 23: Sexual Health Level 1 Screens Undertaken in Cumbria GP Practices, October 2010-March 2012

	2010-2011		2011-2012			
	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sep 2011	Oct-Dec 2011	Jan-Mar 2012
Allerdale	30	26	32	84	82	64
Carlisle	15	35	26	75	60	77
Copeland	8	7	16	23	25	23
Eden	5	9	3	34	55	57
Furness	19	17	6	57	19	49
South Lakeland	25	33	34	137	120	114
Cumbria	**102**	**127**	**117**	**410**	**361**	**384**

Source: Primis Team, NHS Cumbria Teaching Primary Care Trust

Figure 23: Sexual Health Screens Undertaken in Cumbria GP Practices, October 2010-March 2012



Source: Primis Team, NHS Cumbria Teaching Primary Care Trust

Table 24: Percentage of Screens in Cumbria GP Practices Resulting in Follow-up October 2010 to March 2012

	Total Screens	Follow-ups	% of Screens Resulting in Follow-up
Allerdale	318	19	*6%*
Carlisle	288	41	*14%*
Copeland	102	11	*11%*
Eden	163	14	*9%*
Furness	167	4	*2%*
South Lakes	463	24	*5%*
Cumbria	**1,501**	**113**	***8%***

Source: Primis Team, NHS Cumbria Teaching Primary Care Trust

12.7 Integrated Sexual and Reproductive Health Services - Level 1, 2 and 3

Open access, integrated SRH services are commissioned from Cumbria Partnership Foundation Trust and operate from various sites around the county, including young people's and further education venues. The Level 3 service is offered at sites located in Carlisle, West Cumbria, Kendal and Barrow-in-Furness. They provide confidential advice, support, treatment and ongoing care to patients. They also have a key training role with other health professionals.

A newly appointed GUM Consultant leads this service across the county.

12.8 Termination of Pregnancy Services

These are currently commissioned from:

- University Hospitals of Morecambe Bay Trust who provide services in Barrow;
- North Cumbria University Hospitals Trust who provide services in Carlisle and West Cumbria
- Cumbria Partnership Foundation Trust who provide services in Kendal, and
- British Pregnancy Advisory Service (BPAS) who provide and out of county service on a case by case basis.

12.9 School Nursing Service

The School Nursing Service in Cumbria works with young people aged from 5 to 19 years. They provide a drop-in service at the majority of secondary schools across the county. Using the Fraser guidelines and adhering to safeguarding practice, school nurses offer a confidential service for advice, pregnancy testing, condoms and emergency contraception. They also provide referral to other services such as primary care, contraceptive services and GUM.

12.10 Key Challenges

- Ensure consistency of service during transfer of commissioning responsibility to Local Authority.
- All sexual health providers are currently paid on a block contract. Negotiations will take place during 2013 to consider whether this is continued or moved to tariff based system.
- Maintain capacity of needs-led services in line with demand, to provide open access.
- Prevention and awareness raising with looked after children and universal PHSE delivered across all Cumbria schools

13 User Engagement

13.1 Service users are able to provide valuable information regarding existing services. Engaging with service users is an important aspect of the Needs Assessment in order to ensure that the views and experiences of people currently using Cumbria's services are accounted for and that they are central to the review and development of services.
In addition, the views of potential users need to be taken into consideration to discover why services are not currently meeting their needs and how services need to change to address this.

The following strategies were adopted to involve service users and potential users:

- 'Mystery Shopper'
- Outreach Sexual Health Promotion
- Social Media
- GUM clinic survey
- Condom Scheme Evaluation
- Young People's Sexual Health Survey

Key priorities have been identified around access, quality, choice and equity:

- Awareness raising through promotion of sexual health services.
- Making information on services and opening times easy to find.
- Flexibility with appointment bookings and opening times, providing both walk-in and booked clinics, and maintaining open access.
- Patient choice of service should be respected.
- Recognise that whilst some patients prefer to be seen in anonymous centralised services, others prefer to access services through primary care.
- Recognise that patients want access to a range of services including cervical cytology, termination of pregnancy, contraception, conception and menstrual issues at different locations, including CASH, GUM and their GP surgery.
- Provision of an integrated sexual and reproductive health service.
- Ensure privacy at reception, in the waiting room and during consultation.
- Ensure complete confidentiality.
- Making services young people friendly, recognising the special needs of young people and addressing them in line with 'You're Welcome'
- Friendly and respectful communication with patients.
- Access to trained specialists who can deal with sexual health problems quickly.
- Support General Practice to ensure local access to high quality contraception and STI services.
- Promoting a choice of methods of contraception, particularly LARC
- Ensure appropriate access to sexual health counselling services

13.2 Key Challenges

- Formalise procedures to obtain existing and potential service user feedback.
- Take into account views of the wider public, not just service users, in order to shape service development in the future.

14 How We Perform Against Sexual Health Indicators

14.1 Sexual Health and the Public Health Outcomes Framework

Three sexual health indicators are included in Improving Outcomes and Supporting Transparency. Part 1: A public health outcomes framework, 2013-2016

Under 18 conceptions

Inclusion of this indicator signals the continuing importance of teenage pregnancy as a key measure of heath inequalities and child poverty.

Chlamydia diagnoses (15-24 year olds) through NCSP

Inclusion of this indicator will allow progress that has already been made towards establishing widely available access to chlamydia screening through a range of health services. Monitoring has recently changed from coverage to diagnosis rate. The Health Protection Agency recommends a rate of at least 2,400 per 100,000 people aged 15-24

People presenting with HIV at a late stage of infection

The late diagnosis indicator is essential to evaluate and promote public health and prevention efforts to tackle the impact of HIV infection. Over half of patients newly diagnosed in the UK are diagnosed late and 90% of deaths among HIV positive individuals within 1 year of diagnosis are among those diagnosed late.

Table 25. Sexual Health Indicators 2010, Cumbria vs. England Average

National Indicator	Cumbria	England Average	Cumbria vs. England Average
Under 18 conceptions, 2010	31.1	35.4	☺ Significantly lower
Chlamydia diagnoses (15-24 year olds) through NCSP, 2010	2,358	2,220	☺ Significantly higher
People presenting with HIV at a late stage of infection	*No data*	*No data*	*No data*

Source: Cumbria Public Health Outcomes Framework 2012

14.1 Key Challenges

- Improved provision of the NCSP through a variety of settings to increase the diagnostic rate.
- Maintain downward trend in under 18 conceptions.
- Ensure a robust, regular reporting system is in place with commissioned providers to enable onward reporting to national commissioners and continued population surveillance.
- Promotion or prevention and early detection of HIV

15.1

1. Given the strong relationship between deprivation and poor sexual health, teenage conception and abortion rates, Public Health interventions should be targeted appropriately to reach key prevention groups disproportionately affected by sexual ill health.
2. Establish a multi-agency commissioning group to ensure joined up sexual and reproductive health and education commissioning across sectors.
3. Increase the scope of community pharmacies to provide sexual health information, advice and treatment.
4. The enhancement of STI testing and contraception should be encouraged in General Practice, particularly within areas that have higher estimated sexual ill health, based upon population structure, to provide increased access and choice.
5. Commissioning of Primary Care Level 1 and Level 2 services across all six Cumbrian localities.
6. Commissioning for open access Integrated Sexual Health services across all six Cumbrian localities.
7. Ensure that strategies and services meet the cultural needs of the local population, particularly vulnerable groups.
8. Health promotion and awareness raising are essential to preventing STIs and HIV through improving public awareness and encouraging safer sexual behaviours. A gap that has been identified is a lack of understanding of primary prevention work carried out through partner organisations i.e. PHSE, Saunas etc. It is recommended that a primary prevention audit be conducted.
9. Promoting access to testing and early detection is key, to ensure that Cumbria remains a relatively low prevalence area for STIs and people presenting with HIV at late stage of infection.
10. The provision of access to and uptake of effective contraception for young people, particularly those most at risk of teenage pregnancy, is a priority in addressing health inequalities. Increasing effective contraception use results in better outcomes for women and a reduced cost to the health service. Adults should be encouraged to access contraceptive services through primary care to allow more provision of young people's sexual and reproductive health services through multi-agency young people's providers, across all six Cumbrian localities.
11. Development of clear pathways between all internal and external service providers.
12. Sexual and reproductive health services should be provided in the areas of most need.
13. Consideration should be given to entering a 3 year re-tendering process for this service.
14. Consider a payment by results (PBR) tariff post 2014
15. Ensure appropriate pathways are in place around sexual exploitation and violence.
16. This Sexual Health Needs Review should inform Cumbria's Sexual Health Commissioning Strategy for 2013 and beyond.

16 Glossary

AIDS	Acquired Immune Deficiency Syndrome
BASHH	British Association of Sexual Health and HIV
BME	Black and Minority Ethnic Groups
BPAS	British Pregnancy Advisory Service
CASH	Contraception and Sexual Health Service
CCG	Clinical Commissioning Group
DH	Department of Health
EHC	Emergency Hormonal Contraception
GUM	Genito Urinary Medicine
HPA	Health Protection Agency
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
IUS	Intrauterine System
LA	Local Authority
LARC	Long Acting Reversible Contraception
LES	Locally Enhanced Service
LGBT	Lesbian Gay Bisexual Transgender
MSM	Men who have Sex with Men
NCB	National Commissioning Board
NCSP	National Chlamydia Screening Programme
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
PBR	Payment by Results
PHSE	Personal Health and Social Education
SRE	Sex and Relationship Education
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection