HEALTH AND SOCIAL SERVICES DEPARTMENT

SEXUAL HEALTH STRATEGY 2015-2020

HEALTH AND SOCIAL SERVICES
A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Contents

Foreword

The Health and Social Services Department are pleased to introduce the draft Sexual Health Strategy for 2015 to 2020, and to invite public engagement with the principles and recommendations of the Strategy.

HSSD is responsible for promoting good health and wellbeing across the whole community, and improving outcomes for those who use health and social care services in every part of the system. We are pleased with the work that has been done by HSSD staff, in collaboration with an island-wide Sexual Health Forum, to prepare a Strategy that takes a holistic view of good sexual health, and focuses on the most important challenges for sexual health in Guernsey and Alderney.

The draft Sexual Health Strategy 2015-2020 is based on strong local evidence about the islands' sexual health needs, following a local Sexual Health Needs Assessment conducted in 2013. Its recommendations cover a broad range of issues, and have a common focus on protecting vulnerable groups: from reducing the teenage pregnancy rate, to tackling the stigma associated with HIV.

Following a period of public consultation, the Health and Social Services Department will reflect on the feedback received and consider whether any changes are required to the Strategy. The Department will then work up a plan for putting the recommendations of the Strategy into action, and will bring the finalised Strategy to the States for debate during 2015.

From our early engagement with many health service providers and community groups, through the Sexual Health Forum, we are confident that islanders will recognise the importance of good sexual health and relationships that are free from coercion and harm. We look forward to hearing your responses to the draft Strategy, and to working with many of you to put it into practice across the community.

Mark Dorey
Health and Social Services Minister

Martin Storey	Barry Brehaut	Elis Bebb	Al Brouard
Deputy Minister	Member	Member	Member

Executive Summary

The Sexual Strategy for the Bailiwick of Guernsey sets out our priorities for 2015 – 2020. Fundamental to this strategy is the principle that all people living within our community have the right to good sexual health.

The Bailiwick's Sexual Health Strategy 2015-2020 has been informed by the Bailiwick's Sexual Health Needs Assessment 2014 and produced in consultation with the Bailiwick's Sexual Health Forum. This partnership working has enabled us to address priorities for local services to ensure that we use our resources effectively to improve the sexual health of our local population. At a time of increasing financial pressures, this partnership working is more crucial than ever.

The Sexual Health Strategy will now undergo further consultation and feedback from this consultation process will be considered for inclusion prior to submission to the States of Deliberation.

Recommendations from this strategy include the provision of a full range of contraceptive choices, free at the point of access, for women under the age of 21 years. Targeted interventions to reduce sexual health inequalities, focusing on vulnerable individuals, also need to be introduced. In particular, the recommendation for free long acting reversible contraception (LARCS) for vulnerable groups was identified as a strategic priority.

The introduction of a Chlamydia Screening Programme to reduce the burden of long term health problems associated with undiagnosed chlamydial infections is a key strategic recommendation. In addition to this, people living with HIV should be able to live longer and healthier lives with the continued provision of effective HIV services. Testing for HIV should be increased to prevent transmission and reduce late diagnosis and measures should be in place to tackle the stigma and discrimination of living with HIV. There is also a need to monitor local trends in sexually transmitted infections to help inform service provision for our Islands.

A holistic approach to the provision of sexual health services is recommended which means that education and health promotion programmes take an equal footing with the provision of clinical services. This should be delivered through multi-agency partnership working aimed at improving coordination and provision of local sexual health services. Prevention should be prioritised with sexual health promotion integral to the development of sexual health services in the Bailiwick.

The central role of our service users is acknowledged in service development and evaluation. This strategy also aims to empower service users to take responsibility for their own sexual health and make healthy choices.

We look forward to implementing the finalised recommendations from this strategy, whilst acknowledging the challenges we will face. Our focus is to provide high quality evidence-based local services that focus on our service users.

Finally, I would like to thank all the members of the Sexual Health Forum for their hard work and dedication, together with those providing feedback through the public consultation process. This input is pivotal in the development of a Sexual Health Strategy for the Bailiwick.

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Chair, Guernsey Sexual Health Forum
Consultant Virologist and Assistant Director, Medical Public Health
Health and Social Services, A States of Guernsey Government Department

Introduction

The Sexual Health Strategy sets out the priorities for sexual health services within the Bailiwick over the next five years. By sexual health services, we mean all of the following:

- Contraception and sexual health services;
- Sexual Health Services provided by Primary Care (including GPs and pharmacies);
- Termination of Pregnancy services;
- Chlamydia screening;
- HIV testing, treatment and care;
- Sexual health promotion and HIV prevention;
- Teenage pregnancy prevention.

Sexual health is not only about disease or infection but also about promoting positive sexual health and well being. As well as improving the sexual health of the Bailiwick as a whole, we are committed to reducing any inequalities and have focused on the secure provision of sexual health services to the young people of the Bailiwick, as well as to vulnerable groups living within our community.

This Sexual Health Strategy has been developed to promote an outcomes based approach. The strategy will support the progress towards, and achievement of, a small number of high level outcomes. This focuses on shared ownership and joint working with a strong focus on challenging inequalities.

The Bailiwick's Sexual Health Needs Assessment provides a comprehensive review of local trends in sexual health and sexually transmitted infections.[1] This Sexual Health Strategy builds on the Needs Assessment, using specific examples of different sexually transmitted infections, trends in conception and the availability and potential availability of local service providers to underpin the recommendations outlined in this Sexual Health Strategy.

Purpose

The Sexual Health Strategy sets out our priorities for 2015-2020. This strategy builds on the Sexual Health Needs Assessment for Guernsey and Alderney, is informed by the Bailiwick's Sexual Health Forum and has been written with reference to other relevant strategies and programmes including the States of Guernsey 2020 Vision, the Drug and Alcohol Strategy, the Disability and Inclusion Strategy and the Children and Young People's Plan.

Vision

Sexual health services in the Bailiwick will be built upon the belief that all people have the right to good sexual health. Sexual health is not only concerned with disease or infection but with promoting good sexual health in a wider context in line with the following WHO definition:

"Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or 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."[2]

Aims

The overall aims of the sexual health strategy are:

- To improve the sexual health of the population of the Bailiwick.
- To reduce sexual health inequalities between the general population and vulnerable and socially disadvantaged groups who are most at risk of poor sexual health in the Bailiwick.

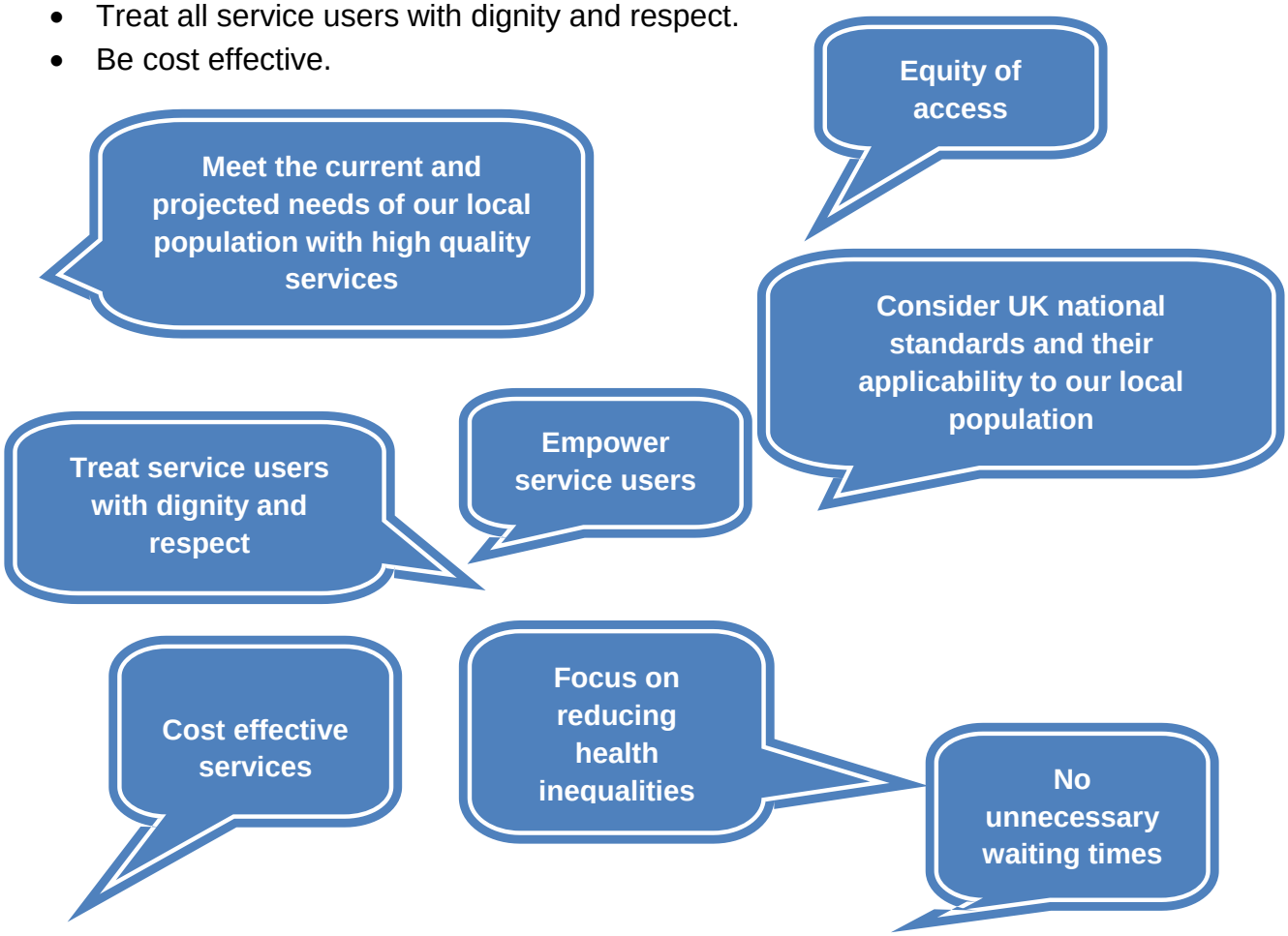
We will achieve our overall aims by:

- Improving sexual health promotion and disease prevention interventions.
- Reducing the prevalence of undiagnosed sexually transmitted infections, in particular chlamydial and HIV infections.
- Reducing the number of under-18 conceptions with the secure provision of free contraceptive services.
- Fewer unintended pregnancies in vulnerable groups of service users with the secure provision of contraceptive services.
- Ensuring that the workforce can deliver modern, integrated sexual health services.
- Improving links to other relevant strategies, for example, the Drug and Alcohol Strategy, Disability and Inclusion Strategy, the Domestic Abuse Strategy and the Children and Young Peoples Plan.

Principles

Sexual health services in the Bailiwick will:

- Meet the current and projected needs of our local population with high quality services.
- Consider UK and other national standards and their applicability to our local population.
- Be focused on reducing health inequalities.
- Involve service users in service development and evaluation.
- Be delivered in a variety of clinical and community settings so that people can use the service of their choice.
- Be easy to access.
- Have low, or no, waiting times and no unnecessary waiting.
- Be developed in line with patient need, including locations and timings of services.
- Encourage and empower service users to take responsibility for their own sexual health and support them in making healthy choices.
- Treat all service users with dignity and respect.
- Be cost effective.

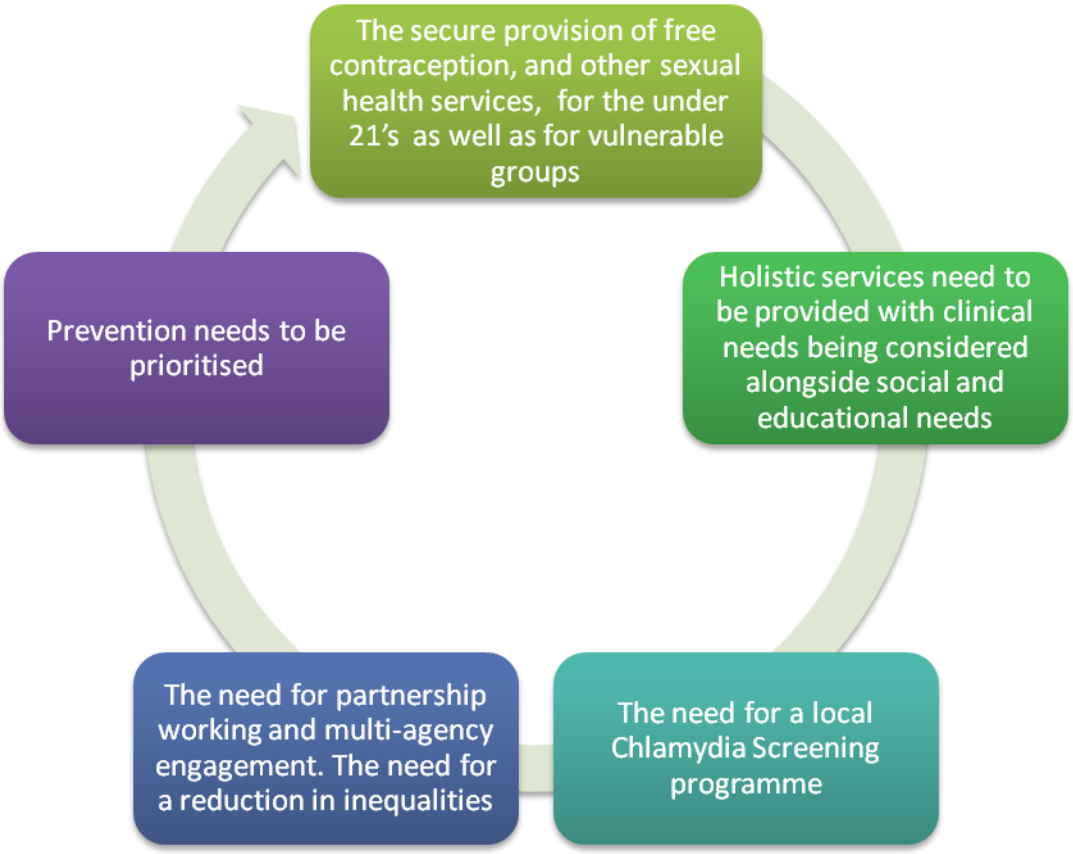


Sexual Health Needs Assessment for Guernsey and Alderney

The Sexual Health Needs Assessment focused on identifying the sexual health needs of the population of the Bailiwick. This was the first integrated Sexual Health Needs Assessment undertaken in this format and was carried out using an epidemiological and corporate health needs assessment. The epidemiological needs assessment consisted of a review of clinical activity and services, together with a literature review for evidence and effectiveness. The corporate needs assessment looked at local and potential stakeholders, both from traditional healthcare and community and voluntary providers.[1]

The Sexual Health Needs Assessment for Guernsey and Alderney highlighted the need to consider a "whole systems" approach to the development of a comprehensive sexual health programme locally. This approach means that education and health promotion programmes take an equal footing with service provision, which includes the diagnosis and management of sexually transmitted infections, together with the provision of contraceptive services.[1]

Figure 1: Sexual Health Needs Assessment – Identified Priorities

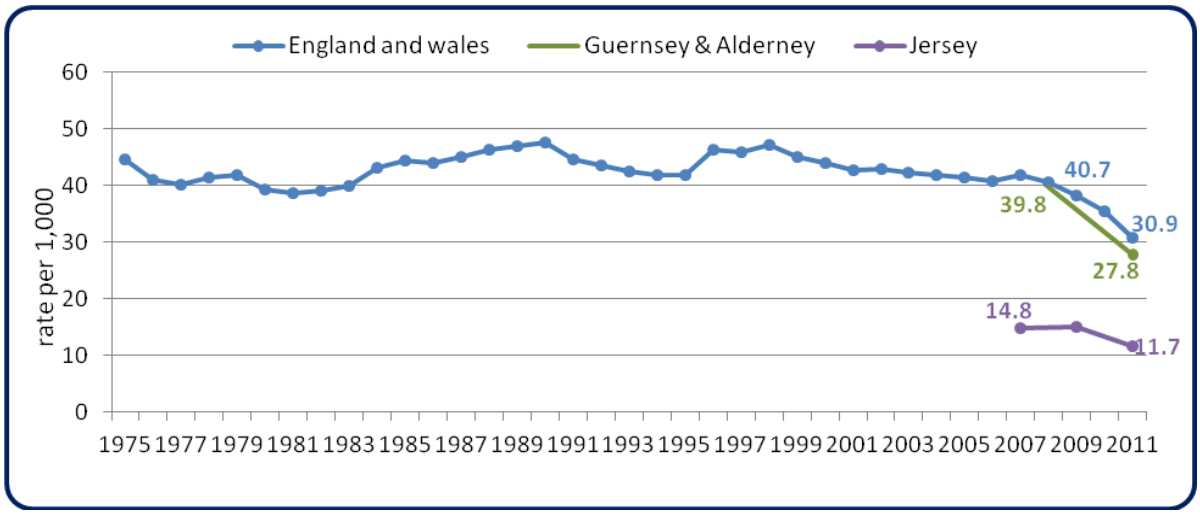


Under 16 and Under 18 conceptions

In 2010-12 there were 13 under 16 conceptions in Guernsey and Alderney. This equates to a rate of 4.3 per 1,000 women aged 13 to 15 years (95% CI 2.3 to 7.4).* Sixty-two percent (8 out of 13) of these conceptions ended in a termination of pregnancy (95% CI 36 to 82%).* These rates are comparable to those of England and Wales where the rate of under 16 conceptions was 6.7 per 1,000 with 60.9% ending in termination.[3]

There were 87 under 18 conceptions in Guernsey and Alderney between 2010-12 which equates to a rate of 27.8 per 1,000 women aged 15 to 17 years. Forty per cent (35 of 87) of these conceptions ended in termination (95% CI 30.6 to 50.7%).* Again, these rates are comparable to those of England and Wales where the rate of under 18 conceptions was 30.9 per 1,000 with 48.8% ending in termination of pregnancy. As illustrated in Graph 1, the rates of under 18 conceptions in Guernsey and Alderney have fallen considerably between 2008 and 2010-12 (39.8 per 1,000 to 27.8 per 1,000) in line with trends in England and Wales, but are still significantly higher than rates in Jersey (see below).[3,4]

Graph 1: Trends in Under 18 Conceptions
England and Wales 1975-2011 and Guernsey and Jersey 2008-11



From Health Profile for Guernsey and Alderney 2010-2012

The rate of under 18 conceptions in Jersey in 2012 was 7.5 per 1,000 women with a cumulative rate over a three-year period (2010-12) of 11.4 per 1,000 women.[4] Conception rates in Guernsey over a comparable three year period (2010-12) were significantly higher at 27.8 per 1,000 women (95% CI 22.3 to 34.3).*[4] In contrast to services offered in Guernsey and Alderney, Jersey provides a free comprehensive contraceptive and sexual health service dedicated for under 21 use only. This includes the provision of free long-acting reversible contraceptive (LARC) methods.

*95% CI: 95% Confidence Interval. The 95% confidence interval is used as a way of quantifying the uncertainty of an estimate.

Reducing unintended under-18 pregnancies is a high strategic priority for the Bailiwick. The need for this has also been highlighted in England by the inclusion of under 18 conceptions as an indicator in the Public Health Outcomes Framework (2013-16).[5] Evidence from the UK suggests that of all young people not in education, training or employment, 15% are teenage mothers or pregnant teenagers; teenage parents are 20% more likely to have no qualifications at age 30; teenage mothers are 22% more likely to be living in poverty at 30, and much less likely to be employed or living with a partner and teenage mothers have three times the rate of postnatal depression and a higher risk of poor mental health for three years after the birth.[6]

Implementing the recommendations in the guidance is expected to increase the use of contraception by young people and reduce both the number of unintended pregnancies leading to birth and the number of abortions for young women. Long acting reversible contraception methods (LARC), which includes the use of intrauterine devices, injectable contraceptives and implants, have been proven to be more cost effective than oral contraceptives. The economic analysis has demonstrated that, despite high initiation costs, LARC methods were more cost effective than the combined oral contraceptive (COC) pill with significantly lower failure rates.[7]

Increasing the number of people who use condoms locally is also expected to decrease the number of unintended pregnancies, as well as having the added advantage of helping prevent the transmission of sexually transmitted infections (STIs). Ensuring that free condoms are readily available to individuals under the age of 21 years forms an essential part of the Sexual Health Strategy. This is in keeping with the recommendations from NICE Public Health Guidance 51 which states that relevant staff should ensure free condoms are readily accessible to young people and, where possible, young people should be shown how to use these correctly.[8] This could be done locally through a C-Card or equivalent scheme which provides access to free condoms from a range of clinical and community settings. These providers should be trained in demonstrating best practice in condoms use and how to discuss issues around sex and relationships in young people.

Whilst this strategy focuses on the provision of contraceptive services to women and men under the age of 21 years, it is intended that contraceptive services for individuals over the age of 21 years will continue to be provided, similar to what is currently available.

Under 18 Conceptions

40% of under 18 conceptions and 62% of under 16 conceptions in Guernsey and Alderney ended in termination of pregnancy.
The rate of under 18 conceptions in Guernsey and Alderney is significantly higher than in Jersey.

Recommendation One

A full range of contraceptive services for women under the age of 21 years, provided free at the point of access, should be available in the Bailiwick.
A cut off age of 21 years (and not 25) was selected as the aim of this intervention is the reduction of unintended pregnancies in teenagers.

Free condoms should be provided to men and women under the age of 21 years.

Outcome Measure

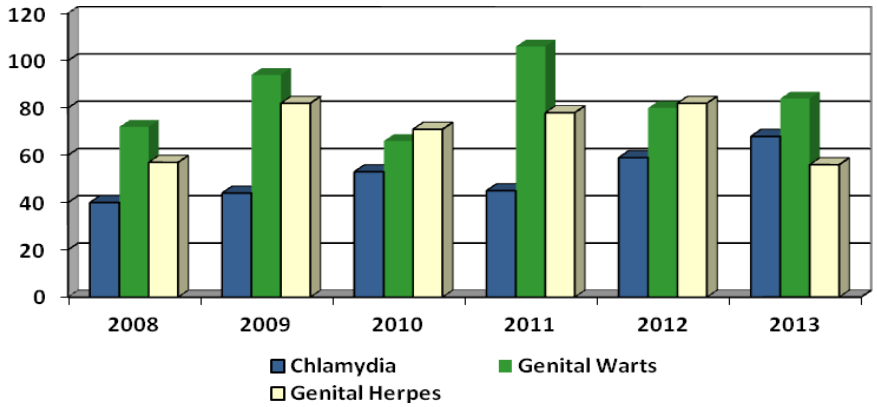
A 50% reduction in under 18 conceptions by 2020.
The target is 20 conceptions per 1,000 for women aged 16 to 17 years and 2 per 1,000 for women aged 13 to 15 years (a reduction of 50% using the 2008 conception rate as a baseline).

Sexually Transmitted Infections

The three most common sexually transmitted infections (STIs) diagnosed within the Orchard Clinic (Guernsey Sexual Health Unit) are chlamydia, genital herpes and genital warts. Comparative data from 2007 through to 2013 is illustrated in Graph 2. Rates of genital herpes and warts vary year on year without significant decreases or increases.

Chlamydia, HIV and gonorrhoea will be considered separately as both chlamydia and HIV are included as strategic priorities in the *Health Protection Domain* of the *Public Health Outcomes Framework for England (2013-2016)* and gonorrhoea is highlighted as an additional outcome that would bring significant further benefits to public health as it is a marker for unsafe and high risk sexual activity.[5,6]

Graph 2: Number of Cases of Chlamydia, Genital Warts and Genital Herpes The Orchard Clinic: 2007-13.



Graph 2 includes both primary and recurrent genital herpes and genital warts.

Low risk Human Papillomavirus (HPV) infections, caused by HPV 6 and 11, are responsible for the majority of cases of genital warts. HPV immunisation is offered to all girls in the Bailiwick at the age of 12-13 years. This programme was started in 2006 and initially consisted of immunisation with a vaccine containing the high risk HPV types (HPV 16 and 18) which have been linked to cervical, vulval and vaginal cancers. More recently the immunisation programme has been changed to use a vaccine that protects against genital cancers, as well as genital warts (the quadrivalent vaccine). However, immunisation of boys should also be considered to protect them against penile and anal cancers, as well as genital warts. The need to immunise boys with the HPV vaccine will be assessed by the local Immunisation Advisory Group.

Chlamydia

Chlamydia trachomatis is the most common curable sexually transmitted infection in Britain. Prevalence studies conducted by the Department of Health demonstrated that approximately 10% of 16 – 24 year olds were infected with Chlamydia.[9] Risk factors for infection include an age of under 25 years, a new sexual partner or more than one sexual partner in the past year and lack of consistent use of condoms.

Chlamydia often has no symptoms but can lead to a wide range of complications, including pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility in women and epididymitis in men, and represents a significant public health concern for Guernsey and Alderney. Price *et al.* recently estimated that 16% (95% CI intervals 6% - 25%, assuming a constant rate of developing PID over the course of infection) of untreated chlamydial infections result in the development of clinical PID.[10] Asymptomatic infections in both men and women sustain ongoing transmission in the community.

The recorded chlamydia rates in Guernsey at 245.9 per 100,000 are lower than the crude chlamydia rate per 100,000 (all ages, both male and female) in England and Wales at 356.5 per 100,000.[11] However, the Guernsey and Alderney figures are likely to be an underestimate as there is no local screening programme and data from England diagnoses includes positive results obtained through the National Chlamydia Screening Programme (in addition to the normal clinical indications for testing) and therefore gives a truer picture of the prevalence of chlamydial infections.

The National Chlamydia Screening Programme (NCSP) in England sets standards, monitors activity and quality assures chlamydia screening in England. Recent research indicates that this programme may already be having an impact on the prevalence of chlamydia in England. It has also raised awareness of chlamydia, in particular, and sexual health in general amongst young people.[12] The NCSP recommends that all sexually active under 25 year old men and women are screened annually for chlamydia or on change of sexual partner (whichever is the more frequent). This is because young adults are at risk of infection, and therefore of the complications associated with chlamydial infections.[11] Chlamydia screening does not replace diagnostic chlamydia testing; men and women with symptoms suggestive of a STI should see a clinician.

The peak prevalence of diagnosis of chlamydia in Guernsey and Alderney is in the 16 – 25 year olds with 72% of local diagnoses being made in this age group. It has been estimated that approximately 10% of sexually active women and men between 16 and 25 years in England are infected with chlamydia.[9] Trends in infection in Guernsey and Alderney mirror those in England. Analysis of the cumulative 5 year diagnoses of chlamydia (2008-12) and the cumulative population between 16 and 25 years living in Guernsey and Alderney during this time, demonstrates that 1.4% of the target population were diagnosed with chlamydia locally (where we would predict an approximately 10% infection rate). This is of concern as the burden of undiagnosed infections (estimated as up to 90%) will impact on the future health and healthcare costs of the population of Guernsey and Alderney.

The importance of enhanced chlamydial diagnosis has been highlighted by Public Health England and a target of greater than 2,300 diagnoses per 100,000 has been set.[5] At present the rates in Guernsey are far lower at 1,400 per 100,000 in 15-24 year olds. Increased diagnoses indicate increased control and are not a marker of morbidity. The 114th Annual MOH Report for the Bailiwick of Guernsey recommended the introduction of a local Chlamydia Screening Programme and this Sexual Health Strategy endorses and supports this recommendation.[13]

Recommendation Two

The introduction of a Chlamydia Screening Programme (CSP) to reduce the burden of long term complications associated with undiagnosed chlamydial infections.

Outcome Measure

An increase in chlamydia diagnoses in the Bailiwick from 1,400 per 100,000 in 2013 to greater than 2,300 per 100,000 by 2020 to be achieved through the introduction of a Chlamydia Screening Programme.

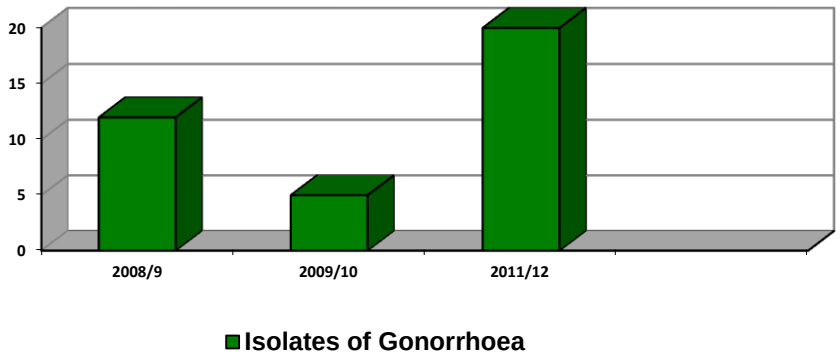
Gonorrhoea

Gonorrhoea is the condition of being infected with the Gram negative diplococcus *Neisseria Gonorrhoeae.* The primary sites of infection are the mucous membranes of the urethra, endocervix, rectum, pharynx and conjunctiva. Transmission is by direct inoculation of infected secretions and clinical features in men include urethral discharge. However, rectal and pharyngeal infections are frequently asymptomatic. In women endocervical infections are asymptomatic in up to 50% of individuals with altered or increased vaginal secretions being the most common clinical features.

Gonorrhoea is the second most common bacterial STI in England. In 2011, new diagnoses rose to nearly 21,000, jumping 25% when compared to 2010.[14] Whilst the numbers are small, trends in Guernsey show a similar increase in the number of infections with 2012 recording the highest number of cases in the past five years (Graph 3). These figures need

to be interpreted with caution as the number of cases of gonorrhoea seen annually in Guernsey is small. However, analysis of local data and trends is important as gonorrhoea is a marker of high risk sexual activity.

Graph 3: Trends in Infection with *Neisseria Gonorrhoea* Guernsey and Alderney (2007 – 2012)



The monitoring of local trends in sexually transmitted infections in general helps inform current and future service provision, as well as the Bailiwick's public health programmes. Annual analysis of local trends in STIs, including antibiotic susceptibility patterns, will provide the information required to review service provision and institute changes as required.

Recommendation Three

Continued monitoring of local trends in sexually transmitted infections (STIs) to inform local service provision.

Outcome Measure

Annual analysis of trends in STIs should be used to review service provision.

Human Immunodeficiency Virus (HIV)

HIV infection has been transformed from a fatal to chronic life-long infection as a result of the introduction of effective antiretroviral therapy (ART) in the mid-1990s. Delayed HIV diagnosis is associated with an increased risk of AIDS and death. People diagnosed late have a tenfold increased risk of death within one year of HIV diagnosis compared to those diagnosed promptly. Late diagnosis also means that a person has remained unaware of their HIV status for many years, increasing the risk of onward transmission. Prompt HIV diagnosis therefore helps to prevent further HIV transmission events and provides earlier opportunities for partner notification and behaviour change counselling. Early HIV diagnosis therefore has both individual and public health benefits.[15]

The UK National Guideline for HIV testing recommends increasing normalisation of HIV testing.[15] This includes the recommendation for testing of all individuals with HIV clinical indicator diseases and all patients with sexually transmitted infections. By the end of 2010, an estimated 91,500 (85,400-99,000) people were living with HIV in the UK, of whom 24% (19%-30%) remained undiagnosed and were therefore unaware of their infection. This affects morbidity and mortality as people living with diagnosed HIV in the UK and the Bailiwick can expect a near-normal life expectancy, particularly if diagnosed promptly.[15,16,17] The aims of a modern and effective local service for people living with HIV should therefore include the reduction of new HIV transmissions and cases of undiagnosed HIV, together with ensuring access to high quality HIV treatment and care.

Whilst the scientific understanding of HIV, and how to treat it, has developed rapidly over the last two decades, social and societal attitudes are changing much more slowly. Information from the National AIDS Trust (NAT) indicates that one in three people living with HIV in the UK have faced discrimination. The issue of stigma and discrimination remains a concern locally, although some progress has been made through education and participation in initiatives such as World AIDS Day. The need consider our attitudes to HIV as a society is echoed by a local service user who said: “This is such a beautiful island, it’s my home, with great people living here, but it’s a small place, still relatively conservative, people can be quick to judge others, people worry what their friends and family think about them. Please don’t judge others, just because lightning struck them. HIV is a reality, even here in Guernsey.”

Our ambition is that the implementation of this Sexual Health Strategy will mean that:

- Individuals living in the Bailiwick will continue to have prompt access to confidential HIV testing;
- Individuals will know how to reduce the risk of transmission of HIV;
- We will reduce the number of undiagnosed and late diagnosed HIV infections in our community, allowing people to live longer and healthier lives;
- We will tackle the stigma surrounding HIV.

Recommendation Four

Testing for HIV in Guernsey and Alderney should be increased to decrease transmission and reduce late diagnosis enabling people to live longer, healthier lives.

Outcome Measure

The HIV test uptake in people attending for STI screening should be monitored with 97% being offered an HIV test and 80% accepting the offer of HIV testing in line with national guidance in England.[18]

Recommendation Five

High quality cost-effective services should continue to be provided for individuals living with HIV enabling them to live longer and healthier lives.

Outcome Measure

On-Island Multidisciplinary Team HIV Clinics with links to National Centres of Excellence should continue to be provided with benchmarking of services against UK National Standards.

Recommendation Six

Measures should be in place to tackle issues of stigma and discrimination associated with living with HIV.

Outcome Measure

An outcome measure for this recommendation will be developed through partnership working (Health, Social Care, Education and Community and Voluntary Organisations, as well as the media).

Service Provision

To accurately reflect the complexity of sexual health we need to recognise the range of services, education and promotion of sexual health that exist within Guernsey and Alderney. We must also focus on areas of future service provision and the role of our service users in developing our services is acknowledged here. Whilst the diversity of providers helps to provide comprehensive local services, it is important to avoid duplication in a small community to optimise the use of existing resources. We want people to stay healthy and know how to access appropriate services and interventions when they need them. It is crucial that the differing needs of different age groups in our society are also considered when planning services and interventions. This strategy focuses on the building of resilience and self-esteem in our young people to reduce the range of risky activities that they may undertake. Key here is for all young people to have easy access to appropriate sexual health and reproductive services. However the needs of the wider community in the Bailiwick must also be taken into consideration with the provision of secure sexual health services across the age groups.

Current service providers include:

1. ***The Orchard Clinic (Guernsey Sexual Health Unit):***

   The Orchard Clinic is currently located in a purpose built clinic within the Castel Hospital. This is a diverse service which includes the provision of information and advice on sexually transmitted infections and sexual health, screening for sexually transmitted infections, HIV, Hepatitis A, B and C testing and services for the management and treatment of all sexually transmitted infections. It is anticipated that in 2014/15 this service will expand to include the provision of a paid contraceptive and cervical screening services.

The Orchard Clinic (Guernsey Sexual Health Unit)

2. ***Primary Care*:**

   Primary care offers service users access to a comprehensive integrated contraception and sexual health services together with treatment of some sexually transmitted infections. Services offered in Primary Care also include the provision of a service for coil and implant fitting, together with cervical screening.

3. ***The Guernsey Contraceptive Service***

   The Guernsey Contraceptive Service provides a number of services including contraceptive advice and supplies, emergency contraception, coil and implant fitting, pregnancy diagnosis with counselling, cervical smears, testing for sexually transmitted infections, blood testing for HIV, Hepatitis B & C and syphilis as well as arranging domiciliary visits for disabled clients. The clinic welcomes sexually active men or women of any age, with or without their partner, parents, or friends to their confidential clinic.

4. ***Health Promotion***

   Sexual Health promotion is fundamental to achieving good sexual health. Through awareness of the issues associated with sexual health and knowledge of where to access relevant services, the population of the Bailiwick will be able to enjoy relationships that are safe, healthy and consensual, as well as being free from discrimination and infection.

   The specific schemes to promote sexual health which are delivered locally include:

   i. The Health Promotion Unit and the Personal, Social and Health Education (PSHE) Adviser support schools undertaking the National Healthy School Standard which outlines the need for schools to have a current Sex and

Relationships Policy. The Health Promotion Unit also supplies resources such as leaflets, models and posters to others more directly involved in sexual health services, as well as teachers, charity groups and parents.

ii. Sexual Health and Relationship Educators (SHARE). This service, a part of the Education Department, provides courses relating to sex education in primary, secondary and special schools and colleges, together with advice and support to schools in planning sex and relationship education.

iii. Contraceptive and Sexual Health Websites. Both the Guernsey Sexual Health Unit (The Orchard Clinic) and the Guernsey Contraceptive Service have a website to promote local services.

iv. The Health and Social Services Department annual communication plan links with national and coordinated local campaigns around specific issues in sexual health, for example Sexual Health Week and World AIDS Day.

5. ***The Medical Specialist Group***

The Medical Specialist Group (MSG) offers full secondary level obstetric and gynaecological services, together with urological services. These include services for the termination of pregnancy and in the investigation of infertility.

6. ***Other services with HSSD***

Rising demand for sexual health services also impacts on the HSSD Pathology Service which is asked to perform an increasing number of investigations for bacterial, fungal and parasitic infections as well as seminal analysis, and cervical cytology. In addition the Mental Health Services provide support for service users with underlying mental health problems.

7. ***Health Visitors and School Nursing:***

Health visitors and school nurses deliver sexual health provision as part of their day to day work. This includes addressing specific sexual health requirements as well as focusing on issues relating to general health and wellbeing. The school nurses also provide an HPV immunisation programme.

8. ***Other community-based providers:***

Emergency hormonal contraception is provided in some Community-Based Pharmacies. Services such as the Community Drug and Alcohol Team (CDAT), Drug Concern and organisations, for example, Action for Children and The Hub (Barnados) are key in the provision of sexual health services to the wider community. The Youth Worker in Alderney also supports the provision of sexual health services and it is anticipated that the Youth Commission will play a central role in future service provision. Primary Care provides first line services for victims of sexual assault.

Current health policy in Guernsey and Alderney, as outlined in the 2020 vision, emphasises the need to put people using services at the centre of any local activity. This is echoed by the Marmot Review 'Fair Society, Healthy Lives' (2010) where it is acknowledged that *'Effective local delivery requires effective participatory decision-making at a local level. This can only happen by empowering individuals and local communities'.*[19] At the collective level, the involvement of users in the planning and organisation of sexual health services can help

us become more responsive to individuals and communities. The development of local services needs to take into account the vital role of our service users in shaping our service provision.

The use of social media in healthcare is increasing with social networks influencing us as individuals, groups and organisations. Social media is already being used in different ways across the health sector in the UK creating new models of care. This form of communication can also be used to support service user engagement as messages shared through social media may be more effective than targeted messages. The role of social media in promoting good sexual health and signposting to relevant services in the Bailiwick needs to be investigated further.

Recommendation Seven

This supports the provision of a holistic approach to sexual health embracing the complementary roles of social and educational models with clinical needs. This should also include exploring the role of social media in the provision of sexual health services.

Outcome Measure

Evidence of partnership working and multi-agency engagement aimed at improving coordination and provision of local sexual health services. This should include evidence of the use of social media in the delivery of local sexual health services.

Recommendation Eight

Prevention should be prioritised and sexual health promotion needs to be integral to the delivery of sexual health services to our population.
This should promote relationships that are free of coercion, discrimination and harm with links to other key determinants of health and wellbeing, for example drug and alcohol misuse, smoking and mental health

Outcome Measure

Continued support for participation in the National Healthy School Standard.
The provision of contraceptive services, free condoms and comprehensive HIV services also link with this recommendation.
Evaluation of efficacy through the Healthy Lifestyle and other local surveys.

Priority Groups and Reducing Inequalities

Focusing efforts on individuals known to be most at risk of poor sexual health is both effective and cost-effective. Vulnerable groups include young people under the age of 21 years, lesbian, gay, bisexual and trans (LGBT) people, young offenders, victims of domestic violence and people with learning difficulties, mental health and drug and alcohol problems. It is well recognised that being under the influence of drugs and alcohol can affect an individual's judgment making them vulnerable to risk taking behaviour.

The provision of secure contraceptive and other sexual health services to vulnerable groups needs to be prioritised to reduce sexual health inequalities. In particular, the lack of free contraceptive services, particularly for women under 21 years of age, as well as for vulnerable groups, is a cause for concern. The availability of contraceptive services should be linked with other sexual health services and focus on creating, supporting and sustaining conditions for positive sexual health.

In order to promote positive sexual health and reduce inequalities, a holistic approach to sexual health is essential and should be integral to a sexual health strategy for Guernsey and Alderney. This should reflect the vital importance of work at organisational, institutional, social and community levels and consider the delivery of sexual health services in traditional and non-traditional settings. This "whole Islands" approach to the provision of sexual health services needs to consider services for Alderney, as well as Guernsey and focus on reducing inequalities.

Recommendation Nine

The development of targeted interventions, to reduce health inequalities, focussing on those known to be most at risk.

Outcome Measures

A reduction in the sexual health inequality gap through the provision of targeted services. This should include the provision of free long acting reversible contraception (LARC) and other sexual health services for vulnerable people, the delivery of sexual health services in traditional and non-traditional settings and equitable services for Alderney, allowing for geographical factors.

Financial Context and Cost-Effectiveness

Poor sexual health is costly. Untreated cases of chlamydia can lead to serious health complications. Cost-effectiveness studies of chlamydia screening rely on estimates of the incidence of chlamydia-associated PID and the impact that this infection has on morbidity and decreases in the quality of life. The cost-effectiveness of chlamydia screening programmes was reviewed in February 2014 by the European Centre for Disease Prevention and Control (ECDC) in a technical report entitled "*Chlamydia control in Europe: literature review*". This report conducts a systematic review of the cost-effectiveness of chlamydia screening programmes from ten economic evaluation studies and is important in improving our understanding on the impact of public health interventions targeting chlamydia control across Europe. Nine of the 10 studies showed that at least one of the screening strategies used were within the national threshold for cost-effectiveness in terms of additional quality-adjusted life year (QALY) gained. The cost-effectiveness studies of chlamydia screening rely on accurate estimates of the incidence of chlamydia-associated pelvic inflammatory disease and its sequelae, and of assessments on their impact on quality of life, because chlamydia and its complications are rarely fatal.[20] Chlamydia screening is therefore considered to be an effective screening programme which can contribute to reducing the costs associated with preventable infertility and other complications associated with chlamydial infections.

Effective services for the prevention and treatment of HIV are also cost-effective. The Health Protection Agency (now Public Health England) estimated that each HIV infection prevented would save between £280,000 and £360,000 lifetime treatment costs. If the UK-acquired HIV diagnoses made in 2010 had been prevented, between £1.0 and £1.3 billion lifetime treatment and clinical care costs would have been saved.[17] In Guernsey 24 new diagnoses of HIV were made between 2007 and July 2012. Of these, 7 were diagnosed with AIDS. If we were to use the UK estimate of lifetime treatment costs, preventing all of the diagnoses of HIV in Guernsey between 2007 and July 2012 would have saved the Bailiwick between £6.7 million and £8.6 million in lifetime treatment costs.

It is estimated that the cost of teenage pregnancies to the NHS is around £63 million per year (UK Department for Children, Schools and Families 2006).[21] Although direct comparisons with the UK may be difficult, our under 18 conception rates are broadly similar to the UK[3] and so it would be reasonable to estimate an expenditure of £63,000 per annum in the Bailiwick. In addition to this, it has been estimated that for every £1 spent on contraception, £11 is saved in other healthcare costs.[22] It is also intended that implementation of the recommendation for free contraceptive provision to the under 21's in Guernsey and Alderney will result in a decrease in the number of abortions for young women. The average cost of an abortion is around £680 in the UK and it is estimated that abortions for women aged under 25 cost the NHS approximately £56.4 million in 2011.[21] Analysis of the cost of terminations in the Bailiwick in the under 18's during the three years from 2010 to 2012, using the UK costing of £680 per abortion, indicated that the Bailiwick spent £23,700 on abortions during this period of time (87 under 18 conceptions with 40% of these conceptions ending in abortion). The cost-impact analysis done in the UK includes savings to the NHS as a result of reduced numbers of unintended pregnancies leading to

birth and the number of abortions young women may have. However, UK-based estimates have also suggested that savings in government-funded benefits such as income support, housing benefit, child tax credit and child benefit to young mothers for each pregnancy averted could be as much as £11,000 per year.[21,22] Reducing unintended teenage pregnancies by only 10 per year in the Bailiwick, using this UK-based costing, could potentially result in a saving of £110,000 per annum in benefits to the States of Guernsey. Although not a precise estimate, this extrapolated costing provides us with some baseline information. As well as the costs associated with pregnancy and birth, under-18 conceptions can lead to socioeconomic deprivation, mental health difficulties and lower levels of educational attainment.

The choice of contraceptive method also impacts on cost effectiveness. The National Institute for Health and Clinical Excellence (NICE) Clinical Guideline CG30 demonstrated that the use of long acting reversible contraception (LARCS) is more cost effective than condoms and the pill, and if more women chose to use these methods there would be cost savings.[23] This evidence supports the strategic aim of providing free LARCS for women living in the Bailiwick of under 21 years of age, as well as for vulnerable groups.

The prioritisation of prevention and sexual health promotion is integral to the delivery of sexual health services to our population and is an important recommendation of the Sexual Health Strategy. For example, the provision of free condoms through a Condom Card or equivalent scheme is expected to increase the number of young people who use condoms. This, in turn is expected to contribute to decreasing the number of abortions and unintended pregnancies leading to birth, as well as help to prevent the transmission of sexually transmitted infections.

This Sexual Health Strategy has therefore considered a health economic approach from prevention to outcomes. The right pathways for delivering sexual health services need to be identified to avoid duplication, to meet our service users' needs and to achieve value for money. The focus is on the provision of high quality and cost-effective sexual health services for the Bailiwick.

Summary of Recommendations and Outcomes

Recommendation 1	• A full range of contraceptive choices for women under the age of 21 years, provided free at the point of access, should be available for residents of the Bailiwick
Recommendation 2	• A Chlamydia Screening Programme (CSP) is introduced in the Bailiwick to reduce the burden of long term complications associated with undiagnosed chlamydial infections.
Recommendation 3	• There should be continued monitoring of local trends in sexually transmitted infections to inform local service provision.
Recommendation 4	• Testing for HIV in Guernsey and Alderney should be increased to prevent transmission and reduce late diagnosis of HIV enabling people to live longer and healthier lives.
Recommendation 5	• High quality, cost effective services should continue to be provided for individuals living with HIV enabling them to live a longer and healthier life
Recommendation 6	• Measures should be in place to tackle issues of stigma and discrimination associated with living with HIV.
Recommendation 7	• There should be evidence of partnership working and multi-agency engagement aimed at improving coordination and provision of local sexual health services
Recommendation 8	• Prevention should be prioritised with Sexual Health Promotion integral to the development of sexual health services for the Bailiwick.
Recommendation 9	• Targeted interventions to reduce sexual health inequalities, focussing on vulnerable individuals, need to be introduced.
Outcome Measure 1	• A 50% reduction in under 18 conceptions by 2020.
Outcome Measure 2	• An increase in chlamydia diagnoses from 1,400 per 100,000 to greater than 2,300 per 100,000 by 2020 to be achieved through the introduction of a Chlamydia Screening Programme.
Outcome Measure 3	• Annual analysis of trends in sexually transmitted infections should be used to inform local service provision.
Outcome Measure 4	• The HIV test uptake in people attending for STI screening should be monitored with 97% being offered an HIV test and 80% accepting the offer and opting for HIV testing.
Outcome Measure 5	• On-Island Multidisciplinary Team HIV Clinics with Links to National Centres of Excellence should continue to be provided with benchmarking of services against UK National Standards.
Outcome Measure 6	• An outcome measure for this recommendation will be developed through partnership working (Health, Social Care, Education and Community and Voluntary Organisations, as well as the media).
Outcome Measure 7	• Evidence of partnership working and multi-agency engagement aimed at improving local sexual health services.
Outcome measure 8	• The introduction of a C-Card or equivalent scheme, continued support for participation in the National Healthy School Standard with evaluation of the efficacy through the Healthy Lifestyle and other local surveys.
Outcome Measure 9	• A reduction in the health inequality gap through the provision of targeted services.

Our Vision for 2020

Specific outcome measures in this Sexual Health Strategy underpin all of the individual recommendations and will provide us with the tools to deliver on an improved sexual health service for the Bailiwick. Our vision is to aspire to the outcomes, by 2020, as outlined in Figure 2 and Appendix 1.

Figure 2 Sexual Health in the Bailiwick in 2020: Our Vision for 2020

Next Steps

The next steps are:

- Presentation of the Sexual Health Strategy to the Professional Guidance Group (HSSD), the Corporate Management Team (HSSD) and the HSSD Board.
- Wider public consultation.
- Collation of feedback received from the wider consultation process for presentation to the HSSD Board and preparation of a States Report to be considered by the States of Deliberation.
- Feedback from the States of Deliberation will be considered for inclusion in the Sexual Health Strategy.
- The development and implementation of an operational plan by The Orchard Clinic (Guernsey Sexual Health Unit) and wider Public Health Directorate, in partnership with other States of Guernsey Departments, Primary and Secondary Care Services, other current service providers, as well as community and voluntary organisations. This will build on the knowledge, expertise and examples of best practice locally.

References

1. Sexual Health Needs Assessment for the Bailiwick of Guernsey. Public Health Directorate, Health and Social Services, A States of Guernsey Government Department, 2014.
2. Definition of Sexual Health. World Health Organisation, 2013.
3. Health Profile for Guernsey and Alderney 2010–2012. Public Health and Strategy Directorate, HSSD, 2014.
4. Health Profile for Jersey 2010-12.Health Intelligence Unit, Public Health, Health and Social Services Department. (2014) States of Jersey, 2014.
5. Improving Outcomes and Supporting Transparency. A Public Health Outcomes Framework for England (2013-2016). Department of Health, 2013.
6. A Framework for Sexual Health Improvement in England. Department of Health, 2013.
7. Mavranezouli I, On behalf of the LARC Guideline Development Group. The cost-effectiveness of long-acting reversible contraceptive methods in the UK: analysis based on a decision-analytic model developed for the National Institute for Health and Clinical Excellence (NICE) clinical practice guideline. *Human Reproduction*. 2008: 23: 1338-1345.
8. Contraceptive services with a focus on young people up to the age of 25 years. National Institute for Health and Care Excellence Guidance 51, March 2014.
9. The first steps…Annual report of the National Chlamydia Screening Programme in England, *2003/04.* Department of Health, 2004.
10. Price MJ, Ades AE, De AD, Welton NJ, Macleod J, Soldan K et al. Risk of pelvic inflammatory disease following Chlamydia trachomatis infection: analysis of prospective studies with a multistate model. *Am J Epidemiol* 2013; 178(3):484-492.
11. Number and rates of Chlamydia diagnoses in England, 2002 – 2012. Public Health England.
12. Opportunistic Chlamydia Screening of Young Adults in England: An evidence summary. Public Health England, April 2014.
13. Bridgman S. 114th Annual MOH Report, Bailiwick of Guernsey.
14. Gonorrhoea. www.hpa.org.uk/Topics/InfectiousDiseases/.../Gonorrhoea. Public Health England.
15. Guidelines for the treatment of HIV-1-positive adults with antiretroviral therapy 2012. *HIV Medicine* (2014), 15 (Suppl. 1), 1–85.
16. UK National Guideline for HIV testing. British Association for Sexual Health and HIV, 2008.
17. Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas. Health Protection Agency, April 2012.
18. Standards for the management of sexually transmitted infections (STIs). Medical Foundation for HIV and Sexual Health and British Association for Sexual Health and HIV. January 2014.
19. Strategic Review of Health Inequalities in England Post-2010 (The Marmot Review).
20. Chlamydia Control in Europe: Literature review. European Centre for Disease Prevention and Control. Ref type: Report. 2014.
21. Costing Report: Contraceptive services with a focus on young people up the age of 25 year. National Institute for Health and Care Excellence, March 2014.
22. Montouchet C, Trussell J. Unintended pregnancies in England in 2010: costs to the National Health Service (NHS). Contraception. 2013 Feb;87(2):149-53.
23. Long-acting reversible contraception: the effective and appropriate use of long-acting reversible contraception (CG30), National Institute for Health and Clinical Excellence, 2005.

Appendix A: Representation at the Sexual Health Forum

The Guernsey Sexual Health Unit

Stella Vile: Lead Nurse
Marianne Duquemin: Sexual Health Coordinator
Petra du Plessis: Associate Specialist
Nicola Brink: Consultant Virologist and Assistant Director, Medical Public Health

Public Health and Strategy

Stephen Bridgman: Director of Public Health
Jenny Cataroche: States Epidemiologist

The Guernsey Contraceptive Service

Wilma Edwards: Manager, Guernsey Contraceptive Service
Lucy Joslin: Lead Clinician, Guernsey Contraceptive Service
Leigh Anne Parker, Nurse, Guernsey Contraceptive Service

Institute of Health and Social Care

Fiona Hardy: Lecturer, Institute of Health and Social Care

The Medical Specialist Group

Bryan Lean: Consultant Paediatrician
Heather Reed: Consultant Obstetrician and Gynaecologist

Primary Care

Louise Brook: General Practitioner

Children and Maternity Services, Health and Social Service Department

Anita Harrild: Assistant Director Children and Maternity Services
Helen Kelso: Head of Midwifery

Health Promotion Unit

Yvonne Le Page, Health Promotion Manager

Sexual Health and Relationship Educators

Julie Duquemin: SHARE Coordinator for Primary Schools
Kate Corcoran: SHARE Coordinator for SEN schools and SEN establishment
Sandra Leightly: SHARE Coordinator for Secondary Schools

Youth Commision

Roddy Winser

Education

Amanda Evans: PSHE Advisor

Action 4 Children

Lauren Bray: Project Worker
Erica Sousa: Young People's Practitioner
Jenny Nippers: Action 4 Children Service Coordinator

Guernsey Art Commission

Joanne Littlejohns: Head of Art Development, Guernsey Arts Commission

The Hub (Barnados)

Jane St Pierre: Chair of Young People Guernsey
Emma Cusack: Project Worker

Drug Concern

Tracy Rear: Manager Drug Concern

Community Drug and Alcohol Team

Greg Lydall: Consultant Psychiatrist (General Adult and Substance Misuse)

Anna Williams: CDAT Social Worker

Alderney Representative

Caroline York: Practice Nurse

HSSD: Community Services

Trish MacDermott: Clinical Nurse Specialist, Urology

HSSD: Corporate Team

Ed Freestone, Assistant Director

Clive Walsh, Director of Strategy and Commissioning

HSSD Board

Deputy Elis Bebb

Guernsey Prison Service

Maureen Smith, Nurse, Guernsey Prison Service

School Nursing Service

Deborah Lee, School Nurse

Governance

Vicky Tucker, Governance and Compliance Facilitator, HSSD

Appendix 2: Sexual Health Strategy: Summary

COMMUNITY OUTCOMES

- Fewer unintended pregnancies and sexually transmitted infections. Secure provision of sexual health services to young and vulnerable people
- A reduction in the burden of undiagnosed Chlamydia infections People with HIV live longer and healthier lives
- A holistic approach to sexual health which promotes an attitude to sexual health with relationships free of coercion and harm.

STRATEGY PURPOSE

To set out our priorities for sexual health in the Bailiwick of Guernsey for 2015-2020.

VISION

Our vision is that sexual health services in the Bailiwick will be built on the belief that all people have the right to good sexual health using the WHO definition "*Sexual health is a state of physical, emotional, mental and social well-being related to sexuality.*"

OUTCOMES

- A 50% reduction in under 18 conceptions by 2020
- An increase in chlamydia diagnoses to be achieved through a Chlamydia Screening Programme
- Annual analyses of trends in sexually transmitted infections are used to inform local service provision.
- Increased HIV testing to prevent transmission and reduce late diagnosis enabling people with HIV to live longer and healthier lives.
- Provision of high quality, cost effective sexual health services with multi-agency partnership working.
- A reduction in the health inequality gap in sexual health through the provision of targeted services.

PRIORITY AREAS OF FOCUS

Partnership Working	High Quality Services	Prevention
Promoting a holistic approach to sexual health services addressing social and educational needs, as well as clinical requirements and involving service users in service developments	High quality, cost-effective sexual health services focusing on reducing undiagnosed chlamydial infections, fewer unintended pregnancies and a reduction in STI's. Services should focus on reducing inequalities	Interventions are developed to motivate people to change their behaviour. The preventative role of the wider workforce is key.

STRATEGIC COMMITMENTS

PROTECT
To reduce unintended pregnancies in the under 18's as well as vulnerable groups
To reduce the burden of undiagnosed sexually transmitted infections

PREVENT
To improve the sexual health of the Bailiwick with improved sexual health promotion and disease prevention interventions

ENGAGE
To promote partnership working to maximise positive outcomes
This should include service provision in traditional and non-traditional settings

SCREENING
The introduction of a Chlamydia Screening Programme

CONTRACEPTION
Free contraceptive services for young people under the age of 21 years and for vulnerable groups.

SEXUALLY TRANSMITTED INFECTIONS
Increased HIV screening to reduce transmission and late diagnosis of HIV, together with the provision of high quality cost effective services for people living with HIV. Trends in other sexually transmitted infections should be monitored to inform local service provision.

PREVENTION
Preventative services need to be prioritised. Services should focus on building knowledge and resilience in our local population and support people remaining healthy as they age.

EFFECTIVE AND EVIDENCE BASED SERVICES
The provision of rapid access to high quality evidenced based sexual health services through partnership working and multi-agency engagement. This should include the reduction in health inequalities through the provision of targeted services focusing on young people and vulnerable groups.

KEY ENABLERS

GOVERNANCE
Have collective investment of expertise so as to ensure that the right organisations are involved at the right time. Secure clinical governance

EVIDENCE
Facilitate evidence-based decision-making