

Sexual Health

JSNA Report

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Authorised for publication by Matthew Ashton, Director of Public Health

This report

This report has been prepared jointly by Knowsley Council, the Clinical Commissioning Group (CCG) and partners of the Knowsley Health and Wellbeing Board (HWB).

Its purpose is to provide an analysis of sexual health in order to determine the following:

- How much impact does this issue have on local people?
- Can this impact be reduced through local action?
- Can local action reduce health inequalities?
- Will local action on this help address other issues too?

Understanding these things helps the HWB determine the level of priority that this issue should be given in the Borough's Health and Wellbeing Strategy.

This is one of a series of reports that comprise Knowsley's Joint Strategic Needs Assessment (JSNA).

Further Information

For a PDF copy of this report, and other research intelligence products, visit [Knowsley Knowledge](#) – the website of Knowsley’s JSNA.

Reader Information

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Superseded Documents	‘Joint Strategic Needs Assessment, 2011’
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Related Information	Sexual Health Strategy 2015-2018

A number of acronyms have been used throughout this document and are given below:

BME	Black and Minority Ethnic Group
CCG	Clinical Commissioning Group
CSE	Child Sexual Exploitation
EHC	Emergency Hormonal Contraception
GP	General Practitioner
GUM	Genitourinary Medicine
ISVA	Independent Sexual Violence Advocacy
IUD	Intrauterine Device
IUS	Intrauterine System
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HSV	Herpes Simplex Virus
JSNA	Joint Strategic Needs Assessment
KYM	Knowsley Youth Mutual
LARC	Long Acting Reversible Contraception
MSM	Men who have Sex with Men
NCSP	National Chlamydia Screening Programme
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
PCT	Primary Care Trust
PID	Pelvic Inflammatory Disease
PSHE	Personal Social and Health Education
STI	Sexually Transmitted Infection
THiNK	Teenage Health in Knowsley
UK	United Kingdom
WHO	World Health Organization

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Executive Summary

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.

Sexually Transmitted Infections (STIs)

STIs are passed from one person to another through unprotected sex or genital contact. They can be tested for at a sexual health clinic, genitourinary medicine (GUM) clinic or GP surgery.

Chlamydia is the most commonly diagnosed STI in the country and in Knowsley this is also the case. Both males and females may have chlamydia without having any symptoms and as a result may pass the infection to a partner or become infected without knowing it.

HIV

In 2017, the prevalence rate in Knowsley for people diagnosed with HIV of 0.86 cases per 1,000 residents aged 15-59. Between 2011 and 2017, there was a 64% increase in the number of residents accessing HIV related care in Knowsley which is partly attributed to increased awareness and identification. 2016 saw the first fall in prevalence rate in Knowsley in recent years with all other comparators prevalence continuing to rise.

The proportion of people presenting with HIV at a late stage of infection from Knowsley was 57.1% between 2015 and 2017, higher than the North West region (44.2%) and England (41.1%).

Under 18 Conceptions

The rate of under 18 conception in Knowsley of 26.3 per 1000 females aged 15-17 in Knowsley during 2016 was significantly higher than England (18.8) and higher than the North West region (22.3), Liverpool City Region (25.2) and Knowsley's Statistical Neighbour Group (25.7).

48.5% of under-18 conceptions in Knowsley during 2016 led to a termination in pregnancy. This was lower than England (51.8%) and the North West region (52.7%).

The under-16 conception rate in Knowsley was significantly higher than England (3.7) and higher than the North West region (4.5), the Liverpool City Region (5.7) but lower than Knowsley's Statistical Neighbour Group (6.2).

Abortion

There were 747 abortions in Knowsley during 2017, giving an abortion rate of 26.3 per 1,000 females aged 15-44. This rate has remained relatively stable over the last

six years, however is significantly higher than the North West region (19.5) and England (17.1).

Between 2012 and 2017, the abortion rate in Knowsley has increased by 14.6%, or by 3.4 abortions per 1,000 females aged 15-44. This compares with a rise of 11.2% in the North West region and a fall of 3.9% across the whole of England.

Overall, 47.7% of abortions in Knowsley were repeat abortions in 2017, higher than England (38.8%). The proportion of under-18s conceptions leading to abortions was 48.5% in Knowsley during 2016. This was lower than the Liverpool City region (54.6%), the Statistical Neighbour Group (51.5%), the North West region (51.7%) and England (51.8%).

The proportion of under-16s conceptions leading to abortions was 67.4% in Knowsley between 2014 and 2016. This was lower than the Liverpool City region (68.1%), but higher than the Statistical Neighbour Group (60.9%), the North West region (64.2%) and England (61.6%)

Long Acting Reversible Contraception

The National Institute for Health and Clinical Excellence (NICE) Clinical Guideline CG30 advises that Long Acting Reversible Contraception (LARC) methods, such as contraceptive injections, implants, the intrauterine system (IUS) or the intrauterine device (IUD), are highly effective, as they do not rely on daily compliance.

During 2016, the rate of GP prescribing long-acting reversible contraception in Knowsley was 4.3 per 1,000 females aged 15-44, compared to 20.7 per 1,000 females in the North West region and 28.8 per 1,000 females in England as a whole.

Human papilloma virus (HPV)

HPV is the name for a group of viruses that affect your skin and the membranes lining your body, for example, in your cervix, mouth and throat. HPV is a common and highly contagious infection, with over three quarters of sexually active women acquiring it at some time in their lives. The HPV infection can cause abnormal tissue growth and other changes to cells within your cervix, which can lead to cervical cancer.

The human papilloma virus (HPV) vaccine is administered to females aged 12-13 (year 8 school age) to protect against cervical cancer. Coverage of the HPV vaccine (1 dose) in Knowsley during 2016/17 was 90.5% higher than the national target of 90%. This was higher than England (87.2%), the North West region (88.5%), the Liverpool City Region (87.7%) and Knowsley's Statistical Neighbour Group (90.3%).

Sexual Violence

There were 240 sexual offences recorded by the police in Knowsley during the 2016/17 financial year. The number of offences led to a rate of 1.63 sexual offences per 1,000 population. In the preceding few years, the rate of sexual offences has increased from 0.48 sexual offences in 2010/11 but this increase is mirrored regionally and nationally.

1. WHY SEXUAL HEALTH IS IMPORTANT

The World Health Organisation (WHO) defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction 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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled¹.

Sexual health concerns anyone in the community aged 16 or over, or who are sexually active. Therefore it is important to implement services that are easy to access regardless of age or area of residence, that provide appropriate treatment, good advice and methods of contraception in order to reduce the number of unwanted pregnancies and abortions.

2. LINKS TO NATIONAL AND LOCAL DRIVERS

2.1 A Framework for Sexual Health Improvement in England²

The framework aims to provide the information, evidence base and support tools to enable those involved in sexual health improvement to work together effectively and to ensure that accessible high quality services and support are available to everyone. It acknowledges that sexual health is important for both individuals and communities and to improve sexual health there is a need to reduce inequalities and improve outcomes, to build an honest and open culture where everyone is able to make informed and responsible decisions about relationships and sex, and recognises that sexual ill health can affect all part of society. In order to achieve these ambitions, the Government outlined issues that need to be addressed:

- Tackle the stigma, discrimination and prejudice often associated with sexual health matters.
- Continue to work to reduce the rate of sexually transmitted infections (STIs) using evidence-based preventative interventions and treatment initiatives.
- Reduce unwanted pregnancies by ensuring that people have access to the full range of contraception, can obtain their chosen method quickly and easily and can take control to plan the number of and spacing between their children.
- Support women with unwanted pregnancies to make informed decisions about their options as early as possible.
- Continue to tackle HIV through prevention and increased access to testing to enable early diagnosis and treatment.
- Promote integration, quality, value for money and innovation in the development of sexual health interventions and services.

The framework recognises that some groups of the population are at particular risk of poor sexual health and that certain issues affect various sections of the population including factors such as age, gender, sexuality and ethnicity.

It concludes that effective commissioning of services is key to improving outcomes.

2.2 The Health and Social Care Act (2012)

The Health and Social Care Act (2012) divided the commissioning responsibilities for the whole sexual health pathway between, Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England. Public Health has the health improvement role of commissioning the universal sexual health services that are a prevention service for unwanted pregnancy and prevention and treatment service for sexually transmitted diseases. This includes provision of psycho-sexual services and the commissioning of services that deliver wider contraception services such as long acting reversible contraception and emergency hormonal contraception. Sexual health services are a mandated service.

CCGs play a key role in the sexual health pathway by providing abortion and sterilisation services to support the reduction of unwanted pregnancies.

NHS England deliver specialised services to complement the services delivered by CCG and Public Health and the GP contract, this includes HIV treatment services.

GPs are also a key provider of a range of sexual health services; they are often a first point of contact for patients and provider of choice via the contraception services delivered under the GP contract and service such long acting reversible contraception provided under separate contracts with local authorities.

Pharmacies also have a role in local sexual health care, in the administration of emergency hormone contraception, however this is not a service provided across all pharmacies.

2.3 Knowsley Sexual Health Strategy 2015-2018

The Knowsley Sexual Health Strategy 2015-2018³ sets out the wider context for sexual health services as a whole in Knowsley. It involves a number of partners including commissioners, providers of sexual healthcare, and is made up of the provision of services across primary care, secondary care and voluntary sector organisations.

Public health has the health improvement role of commissioning the universal sexual health service that is both a prevention and treatment service for sexually transmitted diseases. Knowsley Clinical Commissioning Group plays a key role in providing abortion and sterilisation in order to support the

reduction of unwanted pregnancies. NHS England delivers specialised services to complement the services delivered by the CCG and public health, including HIV treatment services. Furthermore, GPs are a key provider of a range of sexual health services and are often the first point of contact for patients and provider of choice. Pharmacies also have a role to play in local sexual healthcare by providing the administration of emergency hormone contraception, although this is not a universal service across Knowsley.

The Knowsley Sexual Health Strategy identifies the following objectives:

- **Young People**

- All children and young people receive good quality sex and relationships education at home, at school and in the community.
- Increased availability and uptake of Chlamydia testing to reduce transmission.
- Young People are increasingly aware of the risks of HIV.
- Individuals with children understand where to access information and guidance on how to speak to their children about relationships and sex.
- All young people's sexual health needs, whatever their sexuality are comprehensively met.
- Appropriate support is available for teenage parents to maximise outcomes for parents and children.

- **Sexual Health and Contraception**

- Individuals understand the range of choices of contraception and where to access them.
- Increase access to all methods of contraception including LARC methods and Emergency Hormonal Contraception.
- Individuals with additional needs are identified and supported.
- People of all ages understand the risks they face and how to protect themselves.
- Increase awareness of sexual health, including CSE, among local healthcare professionals and relevant non-health practitioners particularly those working with vulnerable groups, including those working with people with learning difficulties.
- Reduce unwanted pregnancy after childbirth.
- Reduce repeat abortion rates.
- Ensure that adequate high quality support is available for people experiencing sexual violence.

- **Sexually Transmitted Infections and HIV**

- Individuals understand the different STIs and associated potential consequences.
- Individuals understand how to reduce the risk of transmission of STIs.

- Individuals understand where to get access to prompt, confidential STI and HIV testing and provision allows for prompt access to high quality services, including the notification of partners.
- Individuals attending for STI testing are also offered HIV testing.
- Individuals understand what HIV is and how to reduce the risk of transmission.
- Individuals and communities have information and support to access testing and earlier diagnosis and prevent the transmission of HIV and STIs.
- Individuals diagnosed with HIV receive prompt referral into care and high quality care services are maintained.
- Older people with diagnosed HIV can access any additional health and social care services they need.

Improving sexual health in Knowsley will help the Council to achieve the outcomes in the Corporate Plan⁴, in particular supporting:

- Children get the best possible start in life.
- Everybody has the opportunity to have the best health and wellbeing.
- People are protected from risks that can affect their health and wellbeing.
- More people look after themselves and support others to do the same.

2.4 NICE Public Health Guidance

Public health guidance makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health. The guidance may focus on a particular topic (such as sexual health), a particular population or a particular setting. It is aimed at public health professionals and practitioners and others with a direct or indirect role in public health within the NHS, local authorities and the wider public, voluntary, community and private sectors.

Regarding sexual health, there are a number of guidance documents relating to three broad areas⁵:

Contraception

PH51 Contraceptive services with a focus on young people up to the age of 25.

CG30 Long-acting reversible contraception.

PH3 Prevention of sexually transmitted infections and under 18 conceptions.

HIV and Aids

PH33 Increasing the uptake of HIV testing among black Africans in England

PH34 Increasing the uptake of HIV testing among men who have sex with men

Sexually Transmitted Infections

PH3 Prevention of sexually transmitted infections and under 18 conceptions.

The NICE guidance relating to sexual health is broad and covers a range of different groups within the population. It makes key recommendations around assessing risk when people make contact with services, advice and referral to those identified as high risk, and quality testing and treatment for people with a STI. For some aspects of sexual health, if there isn't specific guidance, advice about issues is given, e.g. pharmaceutical (LARC).

2.5 Public Health Outcomes Framework

The Public Health Outcomes Framework⁶ identifies five outcome indicators which relate to sexual health:

- 1.12iii - Sexual offences rate.
- 2.04 - Under 18 conception rate (including sub-indicator of conceptions in those aged under 16).
- 3.02 - Chlamydia detection rate (15-24 year olds).
- 3.04 - People presenting with HIV at a late stage of infection.
- 3.03xii – Population vaccination coverage – HPV

3. WHO IS MOST AT RISK?

Age: Adults in younger age groups are most likely to be diagnosed with STIs. Nationally, those aged 20-24 are diagnosed with the most STIs, with chlamydia being the most commonly diagnosed STI.

Teenage conceptions and parenthood when young can often be a cause of socio-economic disadvantage. Most teenage conceptions are unplanned and around half end in a termination of the pregnancy.

Sexuality: Men who have sex with men (MSM) are one of the most significant groups of the population contracting HIV. In 2016, around 50% of the people with HIV in the UK were from this group.¹⁰ This same group of the population has almost two-thirds (65%) of male diagnoses of gonorrhoea nationally.¹¹

Other STIs are mostly likely to be contracted by heterosexual men, whilst heterosexual females are the most likely group of the population to be diagnosed with any of the common STIs.

Findings from the Integrated Household Survey in 2013 showed that 1.6% of adults in the UK identified their sexual identity as gay, lesbian or bisexual. The GP Patient Survey in 2014/15 reported that a higher proportion (2.2%) of the adult population in England reported that they were gay, lesbian or bisexual. In comparison, the proportion of adults who stated that they were gay, lesbian or bisexual in Knowsley was lower at 1.5%.

Ethnicity: Black African people living in the UK are most likely to be diagnosed with HIV than any other BME group. 58% of heterosexual people nationally living with HIV are Black African.¹⁰

Knowsley has a small proportion of people living in the borough from BME groups, with 2.8% from ethnic minority groups of the population.

Homelessness: Homeless people are at an increased risk of STIs and unwanted pregnancies and can come under pressure to exchange sex for food, shelter, drugs and money².

4. THE KNOWSLEY PICTURE

4.1 Sexually Transmitted Infections (STIs)

STIs are passed from one person to another through unprotected sex or genital contact. They can be tested for at a sexual health clinic, genitourinary medicine (GUM) clinic or GP surgery. Public Health England routinely monitors several STIs of which four will be included here: chlamydia, gonorrhoea, herpes and genital warts.

The 20-24 age group was the most common age for people being diagnosed with a sexually transmitted disease in Knowsley during 2016, with the exception of Herpes where the highest rate was amongst females aged 15-19, and genital warts where the highest rate was amongst females aged 15-19.

Chlamydia: chlamydia is the most commonly diagnosed STI in the country. It is a bacterial infection that is most often spread through sexual contact. Both males and females may have chlamydia without having any symptoms and as a result may pass the infection to a partner or become infected without knowing it.

Chlamydia was the most common sexually transmitted infection diagnosed in Knowsley during 2017 with 482 cases, a rate of 325.7 per 100,000 population. This rate has decreased by 28% since 2012, and is lower than both the North West region (391.6) and England as a whole (361.3).

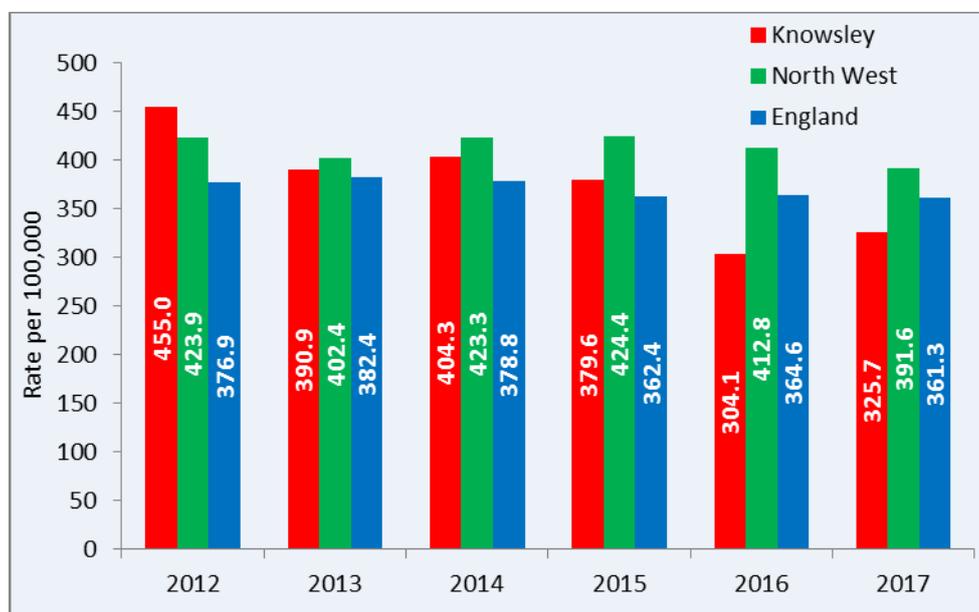


Figure 1: Chlamydia diagnostic rate per 100,000 population, 2012 to 2017
Source: Public Health England

Genital Warts: genital warts are caused by the human papilloma virus (HPV) and are small fleshy growths or bumps. They are the second most common STI in England after chlamydia. Genital warts can be spread by skin-to-skin contact and may cause some itching or redness, but are usually painless.

The number of genital wart cases diagnosed in Knowsley during 2017 was 167 a rate of 112.8 per 100,000 population - a decrease of 38% since 2012. In comparison, Knowsley had a higher rate of people diagnosed with genital warts than the North West region (103.4) and England (103.9).

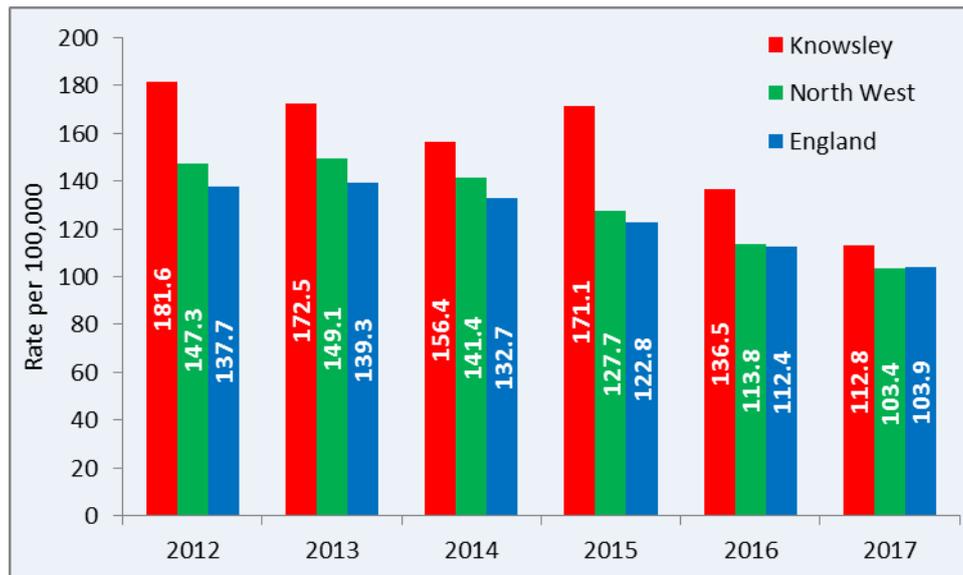


Figure 2: Genital warts diagnostic rate per 100,000 population, 2012 to 2017
Source: Public Health England

Herpes: genital herpes is a common infection caused by the herpes simplex virus (HSV), which is the same virus that causes cold sores. Some people develop symptoms of HSV a few days after coming into contact with the virus. Small, painful blisters or sores usually develop, which may cause itching or tingling, or make it painful to urinate. After infection, the virus remains dormant (inactive) most of the time. However, certain triggers can reactivate the virus, causing the blisters to develop again, although usually smaller and less painful.

The rate of diagnosis for genital herpes in Knowsley was 75.0 cases per 100,000 population during 2017 in Knowsley, this is higher than both the North West region (55.4) and England (56.7). The number of cases of herpes in Knowsley during 2017 was 111, an increase of 73% since 2012 when there were 64 cases.

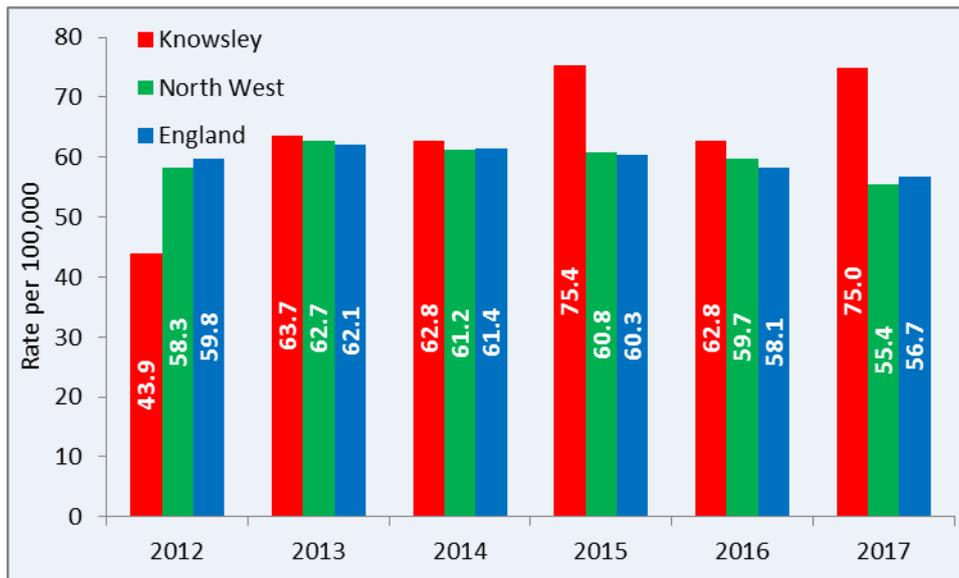


Figure 3: Genital herpes diagnosis rate per 100,000 population, 2012 to 2017
Source: Public Health England

Gonorrhoea: gonorrhoea is most common in young adults and is a bacterial infection that can cause pain when urinating. In males, it can cause problems with the prostate and testicles if left untreated. In females it can lead to pelvic inflammatory disease (PID) which causes problems with pregnancy and infertility.

There were 105 cases of gonorrhoea diagnosed in Knowsley during 2017, a rate of 70.9 cases per 100,000 population - an increase of 82% since 2012. The rate of infection from gonorrhoea in Knowsley was slightly higher than the North West region (64.0) but lower than across the whole of England (78.8).

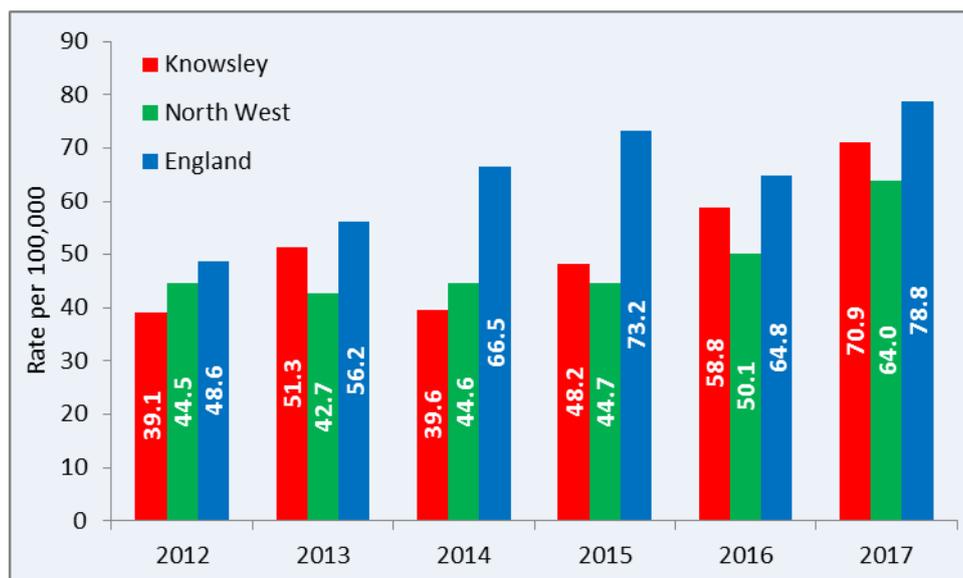


Figure 4: Gonorrhoea diagnostic rate per 100,000 population, 2012 to 2017
Source: Public Health England

4.2 HIV

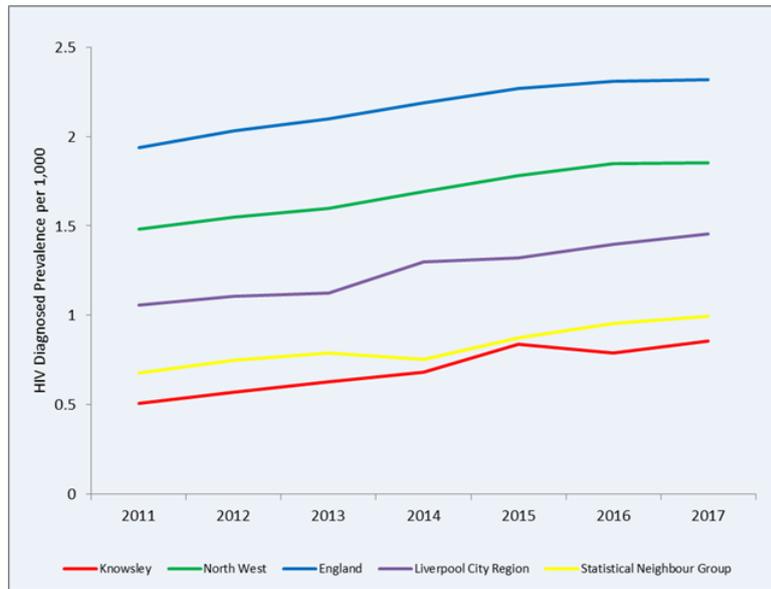


Figure 5: HIV Diagnosed Prevalence, 2011-2017
Source: Public Health England

In 2017, 74 residents in Knowsley accessed HIV related care. This gave a prevalence rate for people diagnosed with HIV of 0.86 cases per 1,000 residents aged 15-59. Between 2011 and 2017, there was a 64% increase in the number of residents accessing HIV related care in Knowsley which is partly attributed to increased awareness and identification. 2016 saw the first fall in prevalence rate in Knowsley in recent years with all other comparators prevalence continuing to rise.

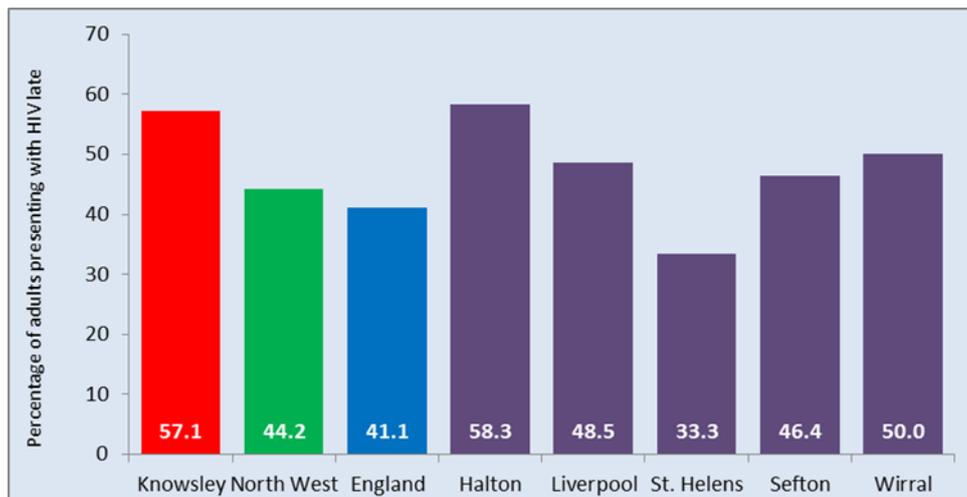


Figure 6: People presenting with HIV at a late stage of infection, 2015-17
Source: Public Health Outcomes Framework

The proportion of people presenting with HIV at a late stage of infection from Knowsley was 57.1% between 2015 and 2017, higher than the North West region (44.2%) and England (41.1%).

4.3 Teenage Conceptions

4.3.1 Under-18 Teenage Conceptions

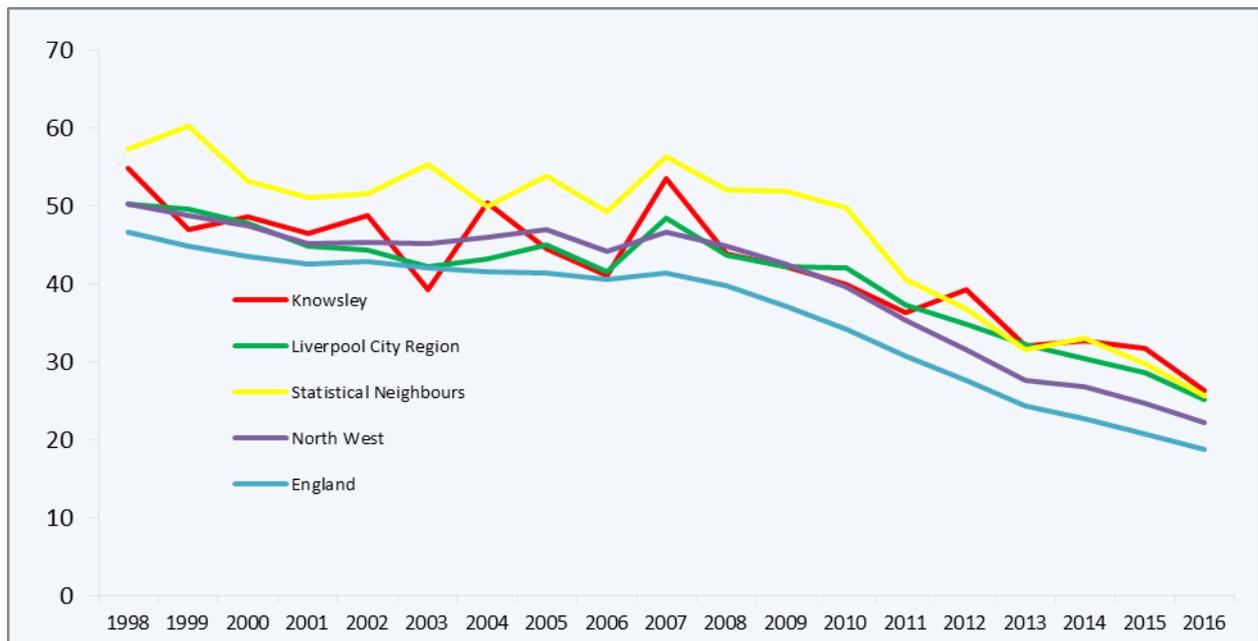


Figure 7: Under-18 Teenage Conceptions, 1998-2016
Source: Office for National Statistics

There were 68 under-18 conceptions in Knowsley during 2016, a rate of 26.3 per 1,000 females aged 15-17. The rate in Knowsley during 2016 was significantly higher than England (18.8) and higher than the North West region (22.3), Liverpool City Region (25.2) and Knowsley's Statistical Neighbour Group (25.7).

Between 1998 and 2016, the rate of under-18 conceptions has fallen by 52% in Knowsley. Over this time period, Knowsley's rate was higher than England by 8.2% (1998) and at 2016 it was higher by 7.5%, therefore the gap has narrowed by 8.5%.

48.5% of under-18 conceptions in Knowsley during 2016 led to a termination in pregnancy. This was lower than England (51.8%) and the North West region (52.7%).

4.3.2 Under-16 Teenage Conceptions

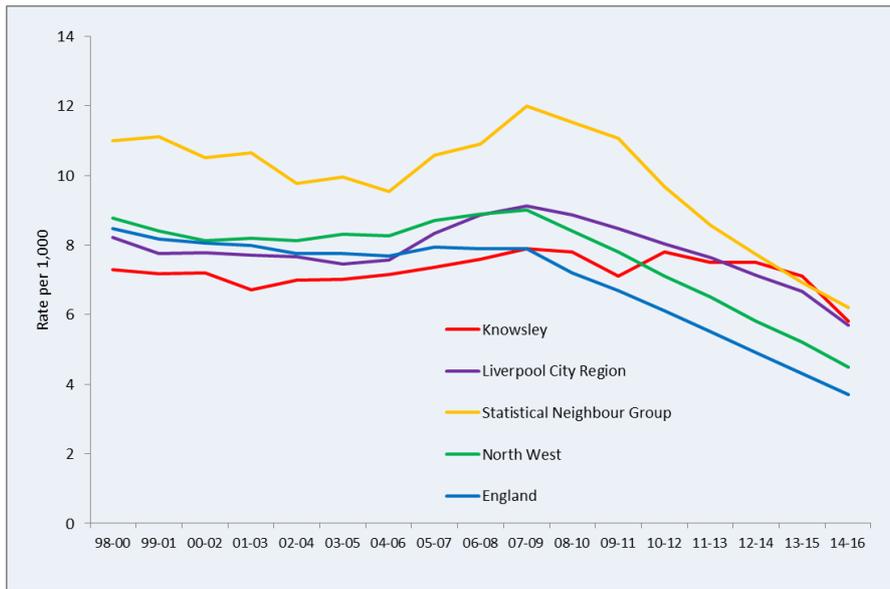


Figure 8: Under-16 Teenage Conceptions, 1998-00 to 2014-16
Source: Office for National Statistics

The rate of under-16 conceptions in Knowsley during 2014-16 was 5.8 conceptions per 1,000 females aged 14-16. There were 14.3 under-16 conceptions on average per year. The under-16 conception rate in Knowsley was significantly higher than England (3.7) and higher than the North West region (4.5), the Liverpool City Region (5.7) but lower than Knowsley's Statistical Neighbour Group (6.2).

The under-16 conception rate has remained relatively stable between 1998-00 and 2013-15 with only a 2.7% decrease in this period. 2014-16 however saw a large decrease in the conception rate in Knowsley of 18.3% from 2013-15. However, it is important to note that figures are small.

The 43 under-16 conceptions in 2014-16 represented 20% of all under-18 conceptions between 2014 and 2016.

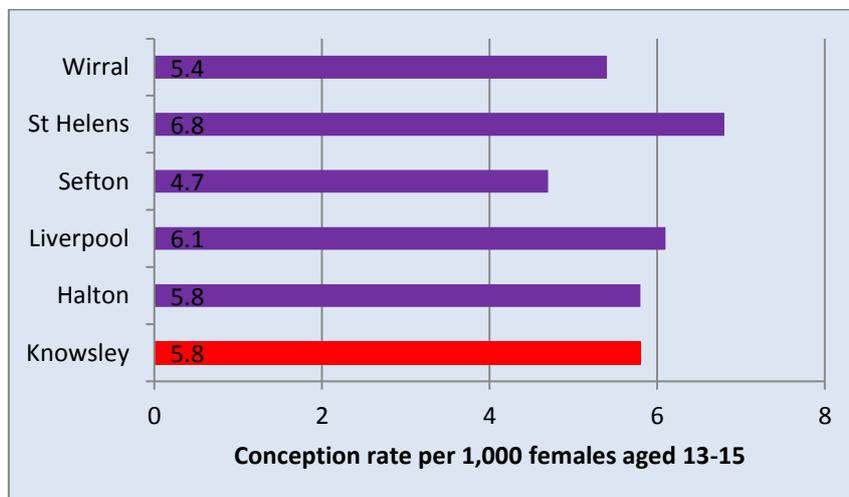


Figure 9: Under-16 Teenage Conceptions in the Liverpool City Region, 2014-16
Source: Office for National Statistics

Knowsley had the joint third highest rate of under-16 conceptions during 2014-16 out of the six local authority areas in the Liverpool City Region. The rate of under-16 conceptions ranged from 4.7 per 1,000 females aged 13-15 in Sefton to 6.8 per 1,000 females aged 13-15 in St Helens.

4.4 Termination of Pregnancy

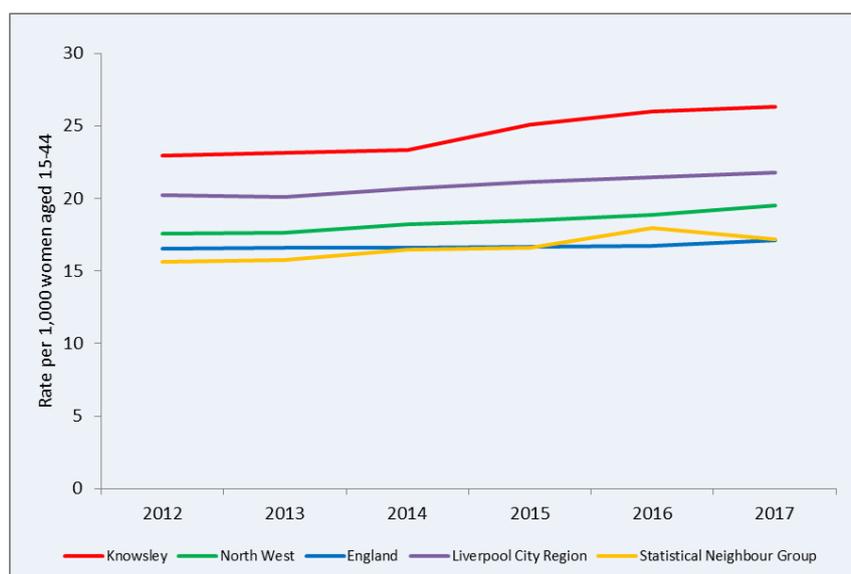


Figure 10: Abortion Rates per 1,000 women aged 15-44 , 2012-2017
Source: Public Health England

There were 747 abortions in Knowsley during 2017, giving an abortion rate of 26.3 per 1,000 females aged 15-44. This rate has remained relatively stable over the last six years, however is significantly higher than the North West region (19.5) and England (17.1).

Between 2012 and 2017, the abortion rate in Knowsley has increased by 14.6%, or by 3.4 abortions per 1,000 females aged 15-44. This compares with a rise of 11.2% in the North West region and a fall of 3.9% across the whole of England.

	Knowsley Abortions	Knowsley Crude Rate	North West Crude Rate	England Crude Rate
Total	747	24.7	18.6	16.5
Under 18	26	10.0	10.1	8.2
18-19	60	32.2	27.0	23.3
20-24	201	42.6	31.9	28.1
25-29	224	41.1	28.2	24.1
30-34	143	28.4	20.4	18.2
35 & Over	93	10.5	8.6	8.5

Table 1: Abortion Rates by Age, 2017
Source: Department of Health

The 20-24 age group had the highest age specific abortion rate in Knowsley during 2017 of 42.6 abortions per 1,000 females aged 20-24. This was substantially higher than the North West region (31.9) and England (28.1). Indeed, for all age groups apart from Under 18, Knowsley had a higher age specific abortion rate than the North West region and England in 2017.

There were a marginally higher proportion of NHS funded abortions in Knowsley during 2017 (99.2%) compared to the North West region (99.5%) and England (97.8%).

4.4.1 Repeat Abortions

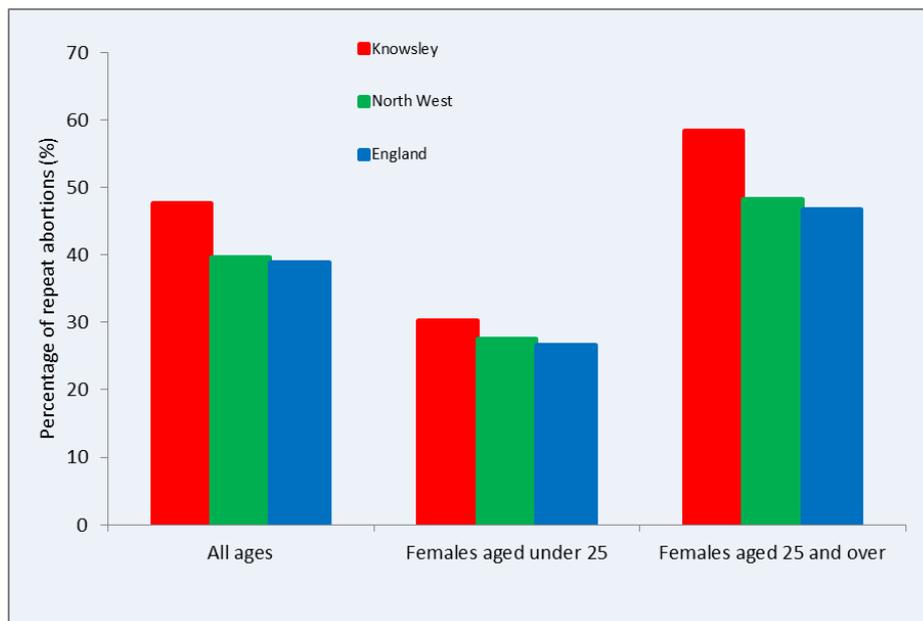


Figure 11: Percentage of Repeat Abortions, 2017
Source: Office for National Statistics

The proportion of abortions in women aged under 25 was 38.4% in Knowsley during 2017, slightly lower than both the North West region (41.6%) and than England (39.2%). Repeat abortions for women aged under 25 in Knowsley was 30.3% (higher than England – 26.7%) and 58.5% for women aged over 25 (higher than England – 46.7%).

Overall, 47.7% of abortions in Knowsley were repeat abortions in 2017, higher than England (38.8%).

4.4.2 Under-18 Conceptions Leading to Abortion

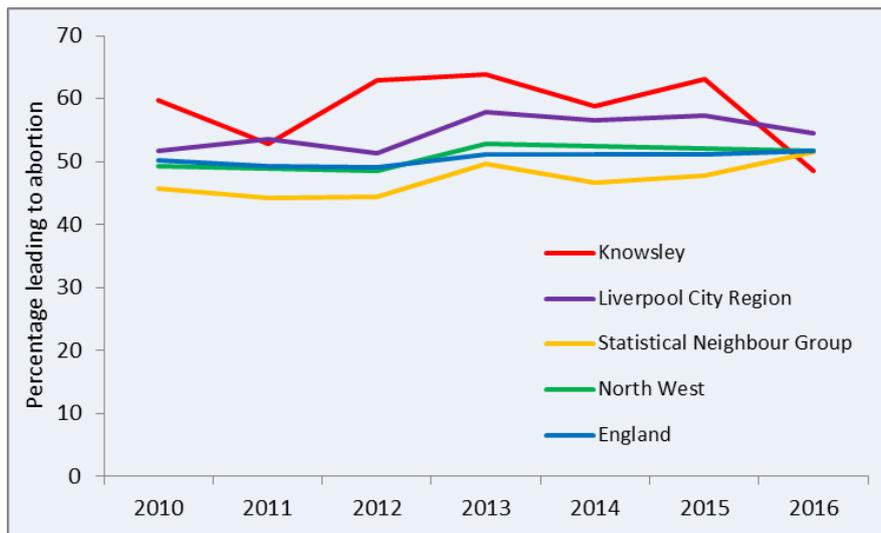


Figure 12: Under-18 conceptions leading to abortion, 2010-2016
Source: Office for National Statistics

The proportion of under-18s conceptions leading to abortions was 48.5% in Knowsley during 2016. This was lower than the Liverpool City region (54.6%), the Statistical Neighbour Group (51.5%), the North West region (51.7%) and England (51.8%). In previous years 2010 to 2015, Knowsley was consistently higher than England, North West and Statistical Neighbour Group.

4.4.3 Under-16 Conceptions Leading to Abortion

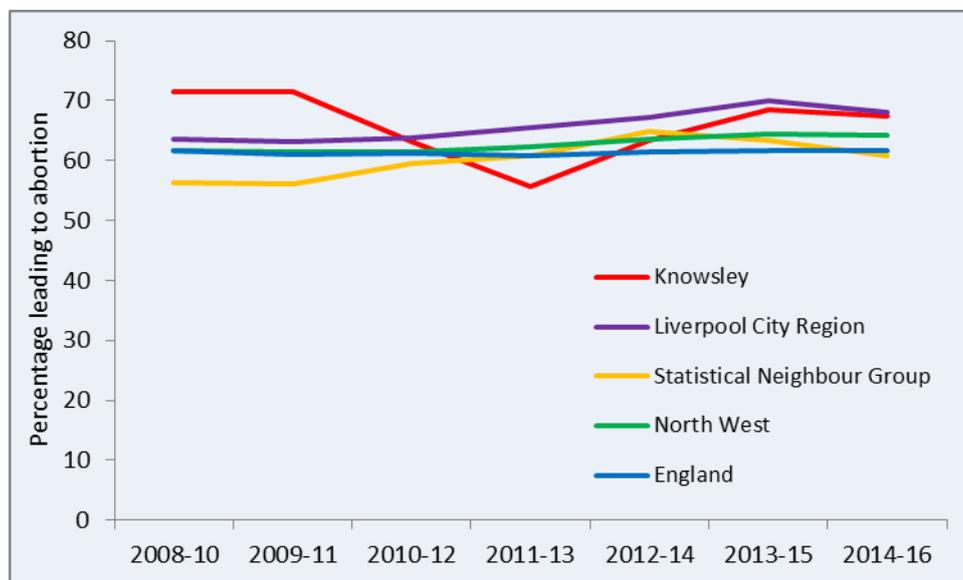


Figure 13: Under 16 conceptions leading to abortions, 2008-10 to 2014-16
Source: Office for National Statistics

The proportion of under-16s conceptions leading to abortions was 67.4% in Knowsley between 2014 and 2016. This was lower than the Liverpool City region (68.1%), but higher than the Statistical Neighbour Group (60.9%), the North West region (64.2%) and England (61.6%)

4.5 Long Acting Reversible Contraception (LARC) – excluding injections

The National Institute for Health and Clinical Excellence (NICE) Clinical Guideline CG30 advises that LARC methods, such as contraceptive injections, implants, the intrauterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill.

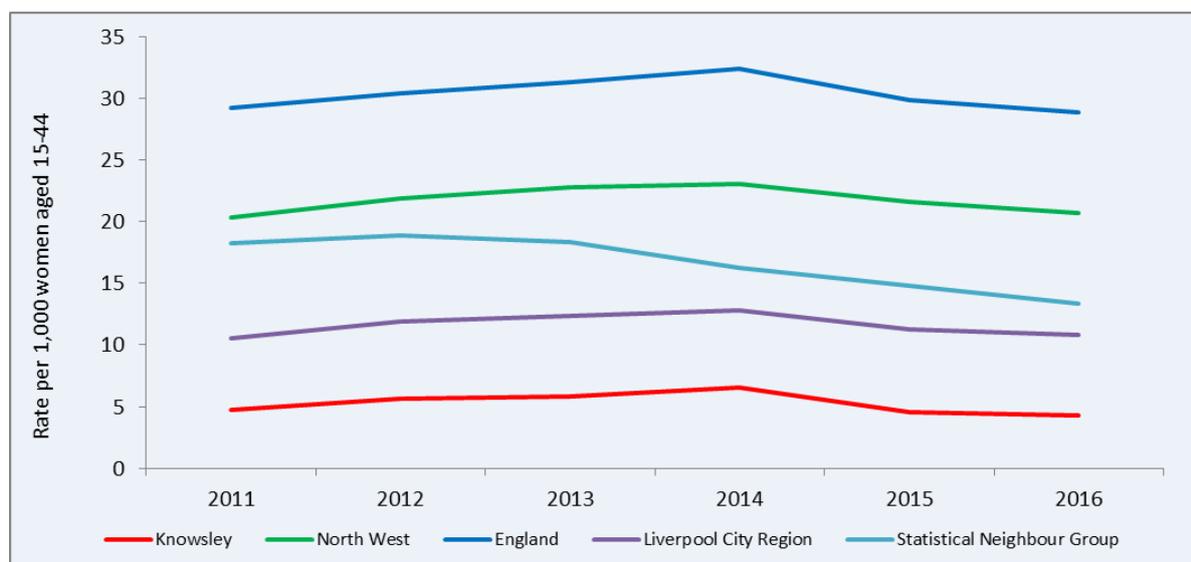


Figure 14: Rate of GP prescribed long-acting reversible contraception – excluding injections (LARC), 2011- 2016
Source: Public Health England

During 2016, the rate of GP prescribing long-acting reversible contraception in Knowsley was 4.3 per 1,000 females aged 15-44, compared to 20.7 per 1,000 females in the North West region and 28.8 per 1,000 females in England as a whole.

4.6 HPV

Human papilloma virus (HPV) is the name for a group of viruses that affect your skin and the membranes lining your body, for example, in your cervix, mouth and throat. HPV is a common and highly contagious infection, with over three quarters of sexually active women acquiring it at some time in their lives. The HPV infection can cause abnormal tissue growth and other changes to cells within your cervix, which can lead to cervical cancer.

The human papilloma virus (HPV) vaccine is administered to females aged 12-13 (year 8 school age) to protect against cervical cancer. The first HPV vaccine dose is usually offered to females in Year 8 (aged 12–13 years) and the second dose 12 months later in Year 9, but some local areas have scheduled the second dose from six months after the first.

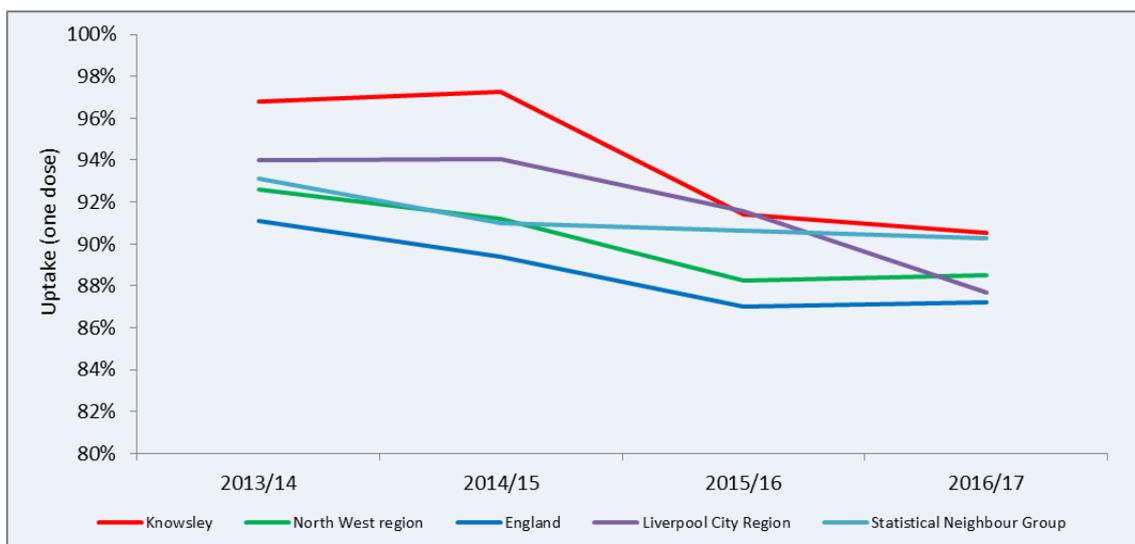


Figure 15 Human Papilloma Virus Vaccine Coverage (1 Dose, females aged 12-13), 2013/14 to 2016/17
Source: Public Health England

Coverage of the HPV vaccine (1 dose) in Knowsley during 2016/17 was 90.5% higher than the national target of 90%. Coverage in Knowsley during 2016/17 was higher than England (87.2%), the North West region (88.5%), the Liverpool City Region (87.7%) and Knowsley's Statistical Neighbour Group (90.3%).

4.7 Sexual Violence

Sexual violence is defined as a sexual act committed against someone without that person's freely given consent⁷. It covers a range of acts including sexual assault, rape, unwanted sexual contact, coercion, unwanted sexual comments or acts against a person's sexuality.

Rape, sexual abuse, sexual exploitation and child sexual exploitation (CSE) are forms of abuse and are highlighted in terms of safeguarding of those at risk of exploitation and ensuring all providers are confident in identifying and supporting, where necessary those exploited. Exploiters have power over children / victims by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

CSE involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' as a result of performing sexual activities and/or another performing sexual activities on them. There is a growing trend in the use of technology and abuse can occur through the use of technology without the child's immediate recognition.

Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised in the main by the child or young person's limited availability of choice⁸. In all cases of CSE there is a power imbalance and those responsible have control over their victims. No matter what their age, the safety and welfare of the young person is the top priority.

CSE exists within all layers of society. Boys as well as girls are sexually exploited, and they come from all ethnic backgrounds, religions and socioeconomic groups. Similarly, the perpetrators can come from all walks of life.

As more is understood about sexual exploitation and its forms, professional training will be key in ensuring the entire workforce is confident in dealing with the issue. Sometimes the young person may be above the age of legal consent and professionals wrongly assume there is nothing they can do. This is often made more complicated by the fact that some young people do not think they are being exploited due to the coercive nature of the abuse.

The rate of sexual offences is based on police recorded crime data per 1,000 population. It is difficult to obtain reliable information on the volume of sexual offences as it is known that a high proportion of offences are not reported to the police. Analysis of this information enables a focus on the interventions that are effective and evidence-based including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response to the issue. The NHS contribution to sexual assault services are a public health function.

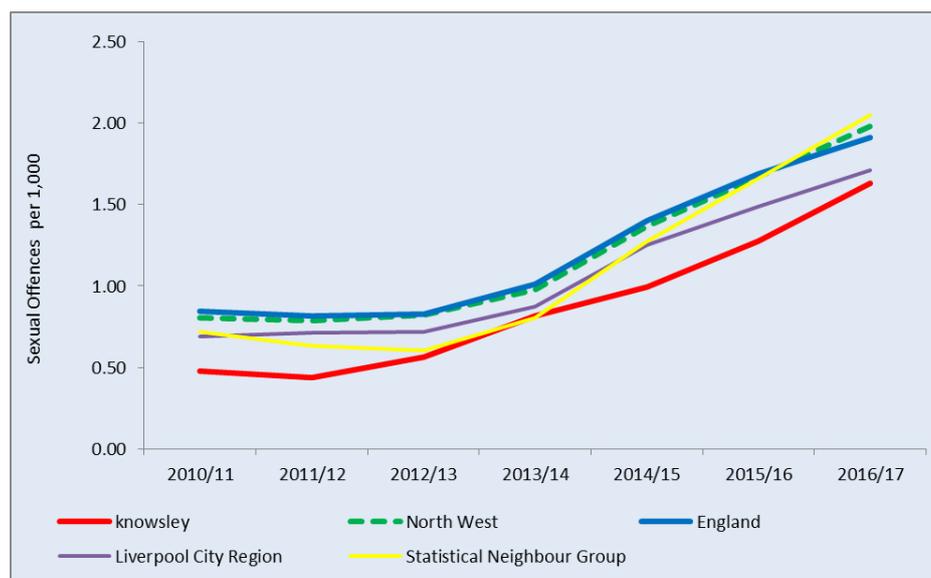


Figure 16: Sexual offences per 1,000 population, 2010/11 to 2016/17
Source: Public Health England

There were 240 sexual offences recorded by the police in Knowsley during the 2016/17 financial year. The number of offences led to a rate of 1.63 sexual offences per 1,000 population. In the preceding few years, the rate of sexual offences has increased from 0.48 sexual offences in 2010/11 but this increase is mirrored regionally and nationally. The rate of sexual offences in the North West region and England have been higher than Knowsley in each of the seven years represented in figure 16, and in 2016/17 were 1.98 and 1.91 sexual offences per 1,000 population respectively.

5. LOCAL SEXUAL HEALTH SERVICES

5.1 Knowsley Sexual Health Service

This local authority commissioned service provides a Level 2 integrated sexual health service within Knowsley.

The mix of sexual health expertise from contraceptive community based care through to GUM based care ensures all patients are delivered a high quality seamless service at all points of access.

Knowsley Contraception and Sexual Health Service operates six days a week, across four locations throughout the borough (Halewood, Kirkby and two in Huyton).

The service operates mainstream clinics; these are for patients of any age to attend together with clinics specifically targeted at Young People. They also operate THiNK (Teenage Health in Knowsley) clinics are aimed specifically at those 19 and under.

Psychosexual therapy is also available via referral to the sexual health service.

5.2 Contraception

Knowsley Sexual Health Service provides all types of contraception including Long Acting Reversible Contraception (LARC). GPs provide all types of contraception, although LARC is provided by four GPs under a contractual arrangement with Knowsley's Public Health Team at the local authority.

5.2.1 Emergency Hormonal Contraception

Emergency hormonal contraception is available from GP practices and from Knowsley's Sexual Health Service. In addition to this, emergency hormonal contraception through pharmacies also provides important access to emergency hormonal contraception for women in Knowsley. Without this service, access would only be available via a GP appointment or sexual health service clinic. This would limit access considerably compared to being able to use pharmacies as an outlet for emergency hormonal contraception. 32 pharmacies provide Emergency Hormonal Contraception (EHC) as a locally commissioned service during the pharmacy's normal opening times. Pharmacists must be accredited to provide the service; the pharmacist also provides advice and signposting in respect of contraception and sexual health. Whilst pharmacies providing EHC can signpost people to other services, they do not provide Chlamydia screening or screening for other sexually transmitted infections (STIs).

5.3 STI Screening

This is available from Knowsley Sexual Health Service at a range of Knowsley locations and in local Genitourinary Medicine (GUM) clinics at Liverpool and Broadgreen University Hospital NHS Trust and at St Helens and Knowsley Teaching Hospital in Whiston. Residents can however attend any GUM clinic at any hospital in the country for testing.

GPs also provide some STI screening, in particular for chlamydia.

The National Chlamydia Screening Programme (NCSP) aims to control chlamydia through early detection and treatment of asymptomatic infection, so reducing onward transmission and the consequences of untreated infection. A substantial proportion of all young adults become infected with chlamydia in a year, which is why the programme focuses on 15-24 year olds.

In support of the NCSP in Knowsley, a large number of sites offer chlamydia screening for 15-24 year olds. This includes 17 GP practices, three NHS Walk in Centres, Knowsley Sexual Health Service, School Nurses and Knowsley Youth Mutual, the Youth Offending Service and the Young Persons substance misuse service. In 2016, 3,622 people aged between 15 and 24 were tested for chlamydia in Knowsley, that is 19% of the population; 8.6% tested positive for the infection.

5.4 HIV Screening

The pathway for HIV screening is complex with public health promoting testing in a number of settings and NHS England commissioning the treatment of services. As per national guidance in areas of low prevalence, GP practices, secondary care, Knowsley Sexual Health Service and the substance misuse service all screen as appropriate for HIV. This includes screening high risk groups and also considering HIV as a cause/ factor in certain illnesses. For other blood borne viruses, hepatitis screening and vaccination are also provided as per recommendations, eg for injecting drug users or high risk occupations. All pregnant women are offered testing for HIV and hepatitis also.

5.5 HIV Information and Support

Knowsley Public Health Team commissions Sahir House to provide information and support to people living with, or affected by or at risk of HIV, and to increase knowledge and reduce stigma related to HIV and sexual health among the wider population. It offers a wide range of services to people living with or affected by HIV; HIV related training; up to date HIV information and opportunities to volunteer.

5.6 Vaccination

Since 2008, as part of the NHS Childhood Immunisation programme, all girls aged 12 to 13 years are routinely offered the human papilloma virus (HPV) vaccine. Two injections are given to Year 8 girls over a 12 month period by the Knowsley Immunisation Team. The national target of 90% uptake has been exceeded locally with 94% of girls aged 12 to 13 being vaccinated.

5.7 Education

The sexual health service delivers outreach provision which educates and supports young people around their sexual health and healthy relationships. Knowsley Youth Mutual (KYM), in conjunction with the service, deliver THinK (Teenage Health in Knowsley) clinics to support young people around their sexual health and contraception needs. To further reinforce the THinK brand within Knowsley, KYM have launched a promotional campaign and website to educate young people around a wide range of health and wellbeing issues, of which sexual health, contraception and healthy relationship education is included.

The school nursing service supports schools around delivery of their PSHE provision and offers regular opportunities for young people to access support within the school setting. With regard to sexual health, the support school nurses are able to offer (e.g. provision of condoms), is dependent on direction from the individual schools. School Nurses work in conjunction with youth workers within the school setting to ensure that the holistic needs of the young person are being met.

The provision of Relationships and Sex Education (RSE) will become a statutory requirement for all maintained schools and academies, both primary and secondary, from September 2019. Delivery of RSE within schools is currently only compulsory for local authority maintained schools from age 11 upwards so it is anticipated that this statutory requirement will ensure a universal approach for all children and young people.

The new guidelines will require all primary schools to deliver age appropriate relationships education and all secondary schools to deliver age appropriate relationships and sex education. The main focus will be on building healthy relationships and staying safe with secondary schools addressing sex education in addition to this.

It is expected that RSE in schools from September 2019 will address the following:

- Different types of relationships, including friendships, family relationships, dealing with strangers and at secondary school, intimate relationships.
- How to recognise, understand and build healthy relationships, including self-respect and respect for others, commitment, tolerance, boundaries and consent, how to manage conflict and how to recognise unhealthy relationships.

- How relationships may affect health and wellbeing, including mental health.
- Healthy relationships and safety online.
- Factual knowledge, at secondary school, around sex, sexual health and sexuality, set within the context of relationships.

Final national guidance will be published during 2018, with schools then required to begin ensuring steps are implemented to prepare for statutory delivery from September 2019.

From 2016 to 2018, Public Health commissioned workforce development training for school and early years staff to support them in confidently providing consistent RSE to children across the borough.

5.8 Rape and Sexual Abuse Support

5.8.1 SAFE Place Merseyside

SAFE Place Merseyside is the Sexual Assault Referral Centre for the Merseyside area. It offers a service for both males and females who have been sexually assaulted both recently and at any time in the past. As well as emergency treatment, emergency contraception and advice on many other services they can offer referrals to local counselling services and can help you if people would like to contact the police.

5.8.2 Independent Sexual Violence Advocacy (ISVA) Service

Supported by a contribution from Knowsley Public Health the Police and Crime Commissioner have commissioned a pan-Mersey all age ISVA service which supports people who have experienced sexual violence and helps them through the criminal justice system. There is also some therapeutic counselling available within this service.

6. COMMUNITY, PATIENT & STAKEHOLDER VIEWS

6.1 Health Related Behaviour Survey

The Health-Related Behaviour Survey, developed by the Schools Health Education Unit, is designed for young people of primary and secondary school age.

The survey is undertaken by Knowsley's Public Health Team as a way of collecting robust information about young people's lifestyles. The survey has been undertaken in Knowsley for over 10 years on either an annual or bi-annual basis, providing trend data for a number of questions.

In 2017 1,425 of Knowsley pupils (anonymously) completed the survey. These results were collected from 25 primary schools (year 6), and 4

secondary schools (years 8 and 10). Following are some of the results for the sexual health related questions:-

- 43% of year 6 boys and 71% of year 6 girls said they didn't know about an illness called AIDS (or HIV).
- *Where would you go first for help or information about sex and relationships?* Overall (years 8 and 10 pupils) 37% responded they would go to family/carers, 28% said they would go to friends whilst 26% said they would keep it to themselves. A small percentage (3%) said they would go to the doctor, nurse or other health visitor.
- Table below shows the responses of all years 8 and 10 pupils to '*Here is a list of sexually transmitted infections*'.

	Never heard of it	Know nothing about it	Can be treated but NOT cured	Can be treated AND cured
Genital herpes	39%	32%	15%	14%
Genital warts (papilloma virus)	42%	31%	10%	17%
Gonorrhoea	45%	32%	11%	11%
HIV/AIDS	14%	31%	44%	10%
Chlamydia	28%	36%	19%	16%
Public lice (crabs)	29%	31%	11%	29%

- *Do you know where you can get condoms free of charge?* 79% of year 8 boys and 86% of year 8 girls responded no. Whereas 43% of year 10 boys and 45% of year 10 girls responded no.
- *Is there a special contraception and advice service for young people available locally?* 12% of year 8 boys and 13% of year 8 girls said yes. Whereas 25% of year 10 boys and 36% of year 10 girls responded yes.
- Table below shows the responses of years 8 and 10 pupils to the question '*Here is a list of methods of contraception (birth control/family planning). For each one, please choose the answer that describes best what you know about them*'.

	Never heard of it	Know nothing about it	Not reliable to stop pregnancy	Reliable to stop pregnancy
Condoms	4%	7%	14%	75%
Diaphragm (cap)	53%	25%	6%	15%
Pill (contraceptive pill or mini pill)	18%	14%	13%	54%
Contraceptive implant	44%	19%	6%	30%
Intrauterine device (coil)	54%	24%	4%	17%
Intrauterine system	62%	24%	4%	9%
Contraceptive injection	51%	21%	6%	20%
Female condom (Femidom)	33%	22%	11%	33%
Morning-after pill	33%	18%	16%	31%
Safe period/Rhythm method	43%	23%	19%	14%
Sex without penetration	41%	21%	16%	21%

- Table below shows the responses to *'Whilst using social media/computer games have you ever?'*

	Yr 8 males	Yr 8 females	Yr 10 males	Yr 10 females
Been asked for personal information from someone you didn't know in real life	19%	15%	24%	23%
Been asked for pictures or videos of you from someone you didn't know in real life	7%	12%	15%	23%
Been asked for nude or partially nude pictures/videos from someone you do know	10%	7%	16%	26%
Been asked for nude or partially nude pictures/videos from someone you don't know	7%	10%	11%	22%
Sent or received nude or partially nude photos or videos to someone you do know	13%	7%	18%	19%
Sent or received nude or partially nude photos or videos to someone you don't know	8%	8%	13%	15%

- Table below shows the responses to *'Whilst using social media/computer games have you ever been encouraged to view/share inappropriate online content?'*

	Yr 8 males	Yr 8 female	Yr 10 males	Yr 10 female
Pornography	16%	2%	29%	6%
Racist/extreme political views	8%	3%	16%	7%
Extreme violence	15%	6%	26%	8%

6.2 Knowsley Sexual Health Service Annual Patient Experience Survey

Between 1/5/17 and 31/7/15 a survey was administered focusing on young people attending the THink clinics at Knowsley Sexual health .

Of those patients responding:

- 83% said they would be extremely likely to recommend the service to another person.
- 17% said they would be likely to recommend it
- No patients said they wouldn't recommend it

Comments:

- 88% of the comments were positive,
- 12% didn't make a comment at all

Comments included:

- Friendly staff and helpful
- Quick friendly reliable
- Friendly and reassuring staff
- Felt comfortable

There were no suggestions made as to how to improve the service

Other ongoing feedback methods include feedback slips(staff and patients) and website feedback. These are not age specific, the data for year April 17-March 18 shows:

- 66% positive comments
- 16.4% mixed positive and negative comments
- 17.8% negative comments

Negative comments are largely about the waiting times which are due to the nature of a walk in service .

Changes made which support patients and reduce waiting times include the introduction of pre-booked appointments for IUD insertion and Cervical smears. The service is also introducing an enhanced online STI testing service.

6.3 Knowsley Sexual Health Insight

In 2017 Agent Marketing were commissioned to undertake insight work in the borough to explore attitudes and awareness around sexual health amongst 16 to 25 year olds. It was intended that this insight would then inform the development of a local sexual health campaign aimed at promoting contraception use and local sexual health services amongst this age group.

74 young people participated in face to face group interviews, 90 young people completed an online survey and interviews were also conducted with a number of local service providers who support local young people around their sexual health needs.

The key themes identified through the feedback were as follows:

- Sex education – this is not as comprehensive or consistent as it should be.
- Gender differences – there is a clear divide between who is responsible for contraception amongst men and women.

- Bad habits – if bad habits are normalised at a young age then they are difficult to reverse.
- Generational difference – there is a divide between younger and older generations and talking openly about sex.

6.4 Improving the Patient Journey: Tailoring Abortion Services to Meet the Needs of Women in the Cheshire and Merseyside Region 2012

This report was commissioned by the Champs Public Health Collaborative Service on behalf of the nine PCT areas from Dr. Edna Astbury-Ward, PhD, M.Sc, Dip. H.Ed, RGN. The aim was to bring together an overview of abortion service provision for women who reside within the boundaries of these PCTs. It was found that the current situation of abortion provision locally reflected the national picture of arbitrary anomaly, chiefly governed by forty-five year old legislation. Key findings:

- PCTs in Cheshire and Merseyside were in line with the rest of the UK in that in the majority of instances (91%) abortions were provided at under 13 weeks gestation.
- Abortions performed at under 10 weeks ranged from 81% in Wirral to 70% in Central & Eastern Cheshire against the UK as a whole where 77% of abortions are performed under 10 weeks gestation.
- There was large variation in provision of abortion on NHS premises in Cheshire and Merseyside PCTs ranging from 85% NHS provision in Liverpool to no provision on NHS premises in Warrington PCT.
- There was variation across PCTs regarding self-referral pathways PCTs with self-referral are Central & Eastern Cheshire, South Sefton, Western Cheshire, Halton & St Helens.
- Cheshire and Merseyside PCTs are no different to all other parts of the UK, which shows huge variation in GP LARC provision. Rates of GP prescribing in Cheshire and Merseyside PCTs vary from 56.4% in Western Cheshire to 17% in Sefton.
- PCTs in Cheshire and Merseyside are representative of the wider GP prescribing picture in the UK as a whole, in that, LARC remains overall a secondary method of contraception (although age associated breakdown of method of choice is not available in this report).
- Cheshire and Merseyside Community Contraception Clinics are also representative of the wider UK picture in that LARC remains overall a secondary method of contraception.
- There is much goodwill evident in all Cheshire and Merseyside PCTs to address these issues and provide equitable care.
- Limitations of these goals are chiefly related to legislative restrictions and Government scrutiny.

7. EVIDENCE OF WHAT WORKS

A review of the effectiveness of non-clinical interventions to prevent sexually transmitted infections concluded that effective interventions include the following features⁹:

- The use of theoretical models.
- Use of behavioural skills training, including self-efficacy.
- Use of basic, accurate information through clear, unambiguous messages.
- Use of targeted and tailored interventions (in terms of age, gender, culture, etc.), making use of needs assessment or formative research.
- Partner notification is an effective means of detecting new infections.
- Small-group work interventions can be effective in reducing sexual risk behaviour.
- School-based sex education can be effective in reducing adolescents' sexual risk behaviour.
- The most successful interventions are multi-component interventions; however, there is insufficient review-level evidence to support or discount the effectiveness of multi-level interventions.

Furthermore there is tentative review-level evidence for improving wider sexual health which concludes that:

- Individual risk counselling can be effective.
- Clinic-based interventions using behavioural skills are an effective way to reduce the sexual risk behaviour of clinic attendees.
- Sex education is more effective if begun before the onset of sexual activity.
- Detached education and outreach work by professionals is effective in reducing sexual risk behaviour.

A Framework for Sexual Health Improvement acknowledges that a range of different factors influence relationships and safer sex including personal attitudes and beliefs, social norms, peer pressure, religious beliefs, culture, confidence and self esteem, misuse of drugs and alcohol and coercion and abuse².

These are important considerations when designing local programmes.

8. FUTURE CHALLENGES

A number of challenges relating to sexual health lay ahead in Knowsley, including the following:

- Funding cuts to public sector organisations will lead to further strains on sexual health services. Cuts to services and also capacity within these services could have a negative impact on the population of Knowsley, particularly if it is allied with increasing prevalence of issues.
- Fragmentation of the sexual health pathway for commissioning across public health, NHS England and clinical commissioning groups presents difficulties in ensuring that patients experience a seamless pathway and that there are no gaps in service provision.
- The late diagnosis of people with HIV needs to be addressed. Not only does an earlier diagnosis improve the health of the individual with HIV, but it also reduces the chances of virus spreading. There is also a financial implication in that late diagnosis generally leads to more expensive treatment being required.
- The relatively high abortion rate in Knowsley and a high proportion of repeat abortions in particular could be addressed by increasing uptake of long acting reversible contraception.
- In response to the rate of some STIs increasing and to continue the reduction in unwanted teenage conceptions, a sexual health campaign encouraging condom use aimed at 16-24 yearolds is planned for summer 2018
- It is important for people to know what services are available, and when and where people can access these services. It is hoped that this will be addressed in some part by the updating of the Knowsley community sexual health website designed with a focus on young people. The website will give details about access sexual health services as well as providing clinical guidance.
- As a low prevalence area for HIV some settings, for example general practices, need to test on suspicion of HIV due to lifestyle or differential diagnosis. It is an on-going challenge to ensure that healthcare staff remember that HIV is a possibility and test as appropriate.

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