

Sexual Health Needs Assessment 2010/11

1.0 Introduction

2.0 Devon Population

This section gives an overview of the Devon population and the different groups within it. It particularly focuses on the population groups that are most likely to need access to sexual health services and also vulnerable groups where people may need services but may not be good at accessing them.

2.1 Demographic breakdown (Age and gender)

The overall population structure of Devon is older than the national average. This is particularly apparent in the 60-64 and over 85 age groups as a result of in migration to the county and increasing life expectancy. The proportion of people aged between 20 and 39 and below 10 is below the national average. There are high levels of out migration in the 20-39 age groups which will largely account for the difference in this age group. The overall pattern of lower proportions of younger people and higher proportions of older people is to the highest extent in East Devon, South Hams and Teignbridge. Exeter shows a different pattern to the rest of Devon, with similar proportions to the national average, but with much higher proportions of young adults due to the student population.

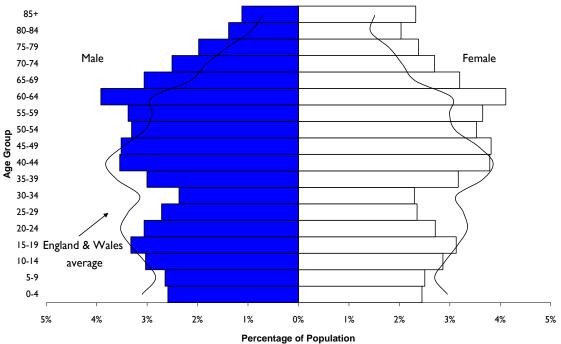


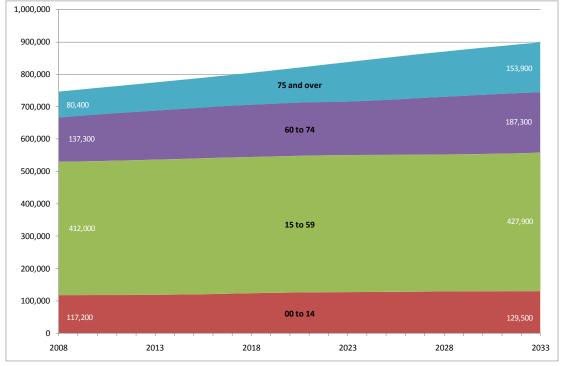
Figure ?? – Mid 2009 Population pyramid for Devon (Source: Office of National Statistics, Crown copyright 2010)

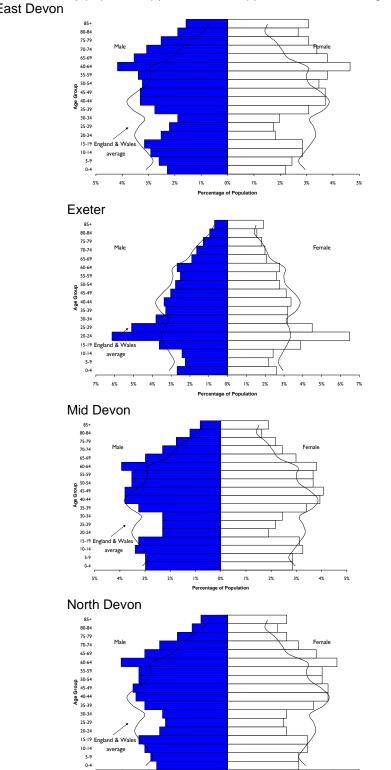
Table ?? Mid 2009 Population pyramid for Devon (Source: Office of National Statistics,Crown copyright 2010)

	Deve	on
	Female	Male
0-4	17700	18700
5-9	18100	19100
10-14	20700	21900
15-19	22600	24000
20-24	19600	22100
25-29	17000	19600
30-34	16600	17100
35-39	22900	21700
40-44	27400	25600
45-49	27600	25400
50-54	25500	23900
55-59	26400	24400
60-64	29700	28300
65-69	23100	22100
70-74	19500	18100
75-79	17200	14300
80-84	14700	10000
85+	16800	8100

2008-based population projections were published by the Office for National Statistics (ONS) in 2010, predicting an increase in the Devon population from 746,800 in 2008 to 898,500 in 2033. Although this is a large percentage increase, the majority of this increase is among the 60 to 74 and over 75 age groups.

Figure ?? – Projected demographic change in the Devon population structure by age group, 2008 to 2033. (Source: Sub national population projections, Office for national Statistics, crown copyright 2010)





Local authority population pyramids – for appendix and formatting?? East Devon

South Hams

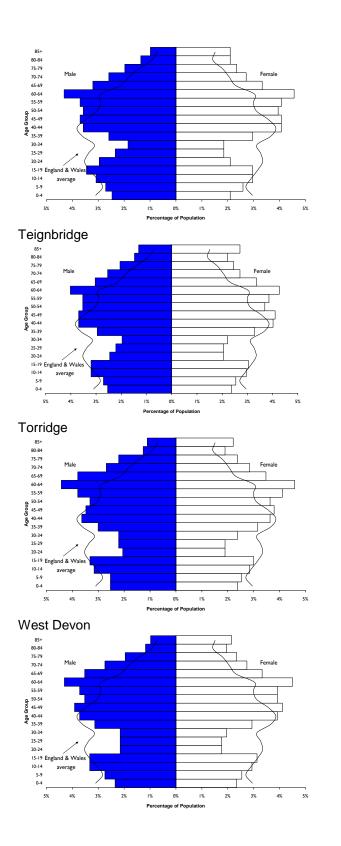
5% 4%

2% 1%

3%

1% 2% 3%

1% 0% 1% Percentage of Population 4% 5%



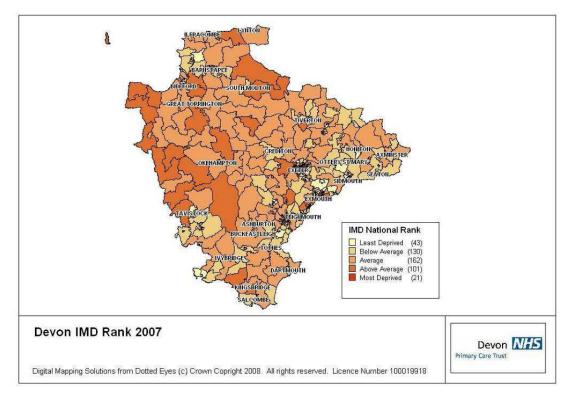
2.2 Deprivation

The map of Devon below shows the Index of Multiple Deprivation (2007) by super output area. There are 457 super output areas across Devon and of these, 21 were found to be in the most deprived quintile in the country, which equates to 5% of the Devon population. These areas are in parts of Exeter, Ilfracombe, Barnstaple, Bideford, Tiverton

and Dartmouth. In comparison to this, 43 super output areas are in the least deprived quintile which equates to 10% of the population.

Whilst levels of deprivation in Devon are generally lower than the national average, there are key issues in relation to rural and urban deprivation. Within Devon rural areas are generally more deprived than similar areas elsewhere in England, whilst urban areas are generally less deprived than similar areas nationally. Whilst urban areas are usually more deprived than rural areas, the rural areas surrounding a number of towns in Devon are more deprived than the centres, including Crediton, Great Torrington, Holsworthy, Honiton, Okehampton, South Molton and Tavistock.

Figure ?? Map of Devon showing Lower Super Output Areas according to Index of Multiple Deprivation, 2007 (Source: Indices of Deprivation 2007, Crown copyright)



2.3 Ethnicity

Devon has a considerably lower proportion of people from non-white ethnic groups compared with England overall. Exeter has higher proportions form non white British ethnic groups compared to other local authorities in Devon.

Table ?? Percentage of population by ethnic group and Devon district, 2007 (Source:Neighbourhood Datatistics, Crown Copyright, 2008)

	White	White	White				Chinese
Area	British	Irish	Other	Mixed	Asian	Black	and other
East Devon	94.7%	0.6%	1.8%	0.8%	0.9%	0.5%	0.7%
Exeter	89.5%	0.6%	4.3%	1.2%	1.8%	0.8%	1.7%
Mid Devon	94.7%	0.5%	2.2%	0.7%	0.8%	0.5%	0.6%
North Devon	94.4%	0.6%	2.0%	0.8%	1.1%	0.6%	0.5%
South Hams	94.0%	0.6%	2.5%	0.9%	0.9%	0.6%	0.6%
Teignbridge	94.3%	0.6%	2.1%	0.7%	0.8%	0.5%	0.9%
Torridge	94.2%	0.6%	1.9%	0.8%	0.9%	0.6%	1.1%
West Devon	94.3%	0.6%	2.3%	0.8%	0.8%	0.6%	0.6%
Devon	93.6%	0.6%	2.4%	0.9%	1.0%	0.6%	0.9%
South West	92.0%	0.7%	2.6%	1.1%	1.6%	0.9%	1.0%
England and Wales	83.6%	1.1%	3.5%	1.7%	5.7%	2.8%	1.5%

2.4 Young People

2.4.1 Educational achievement

2.4.2 NEET

2.4.3 Children in Care

The table below shows the number of children in care living in Devon by local authority.

District council placement	
address at 30 Sep 10	Number
East Devon	81
Exeter	124
Mid Devon	48
North Devon	73
South Hams	30
Teignbridge	78
Torridge	50
West Devon	40
Plymouth	15
Torbay	35

Table ?? Number of children in care by local authority (Source: Devon CYPS)

Evidence shows that looked after young people often have poor sexual health and may be more vulnerable to involvement in unwanted sexual activity,

exploitative and/or abusive relationships, and early parenthood. Effective sex and relationships education (SRE) and access to appropriate services can help to promote and protect their sexual health. School is consistently cited as the main source of SRE for most young people (BRMB International 2003). However, interruptions and gaps in education for looked after young people may lead to them missing SRE at school. Research by the social exclusion unit has shown that looked after children are 2.5 times more likely to become teenage parents than those brought up with both natural parents. Those who do become young parents face similar issues to other young parents but are less likely to have the support of family or another consistent positive adult around them.

2.4.4 Care Leavers

The table below shows the number of young people allocated to Devon County Council care leaver teams at the 30th September 2010. Leaving care is a vulnerable time whilst children who have been in care make a transition in to adult life. This requires a lot of support and having good access to sexual health services is important for this group. There are often issues with low self esteem and risk taking behaviour and care leavers also experience a number of risk factors associated with an increased risk of becoming teenage parents.

Table ?? Number of children alloc	cated to Devon County Council care leavers teams by						
local authority, Sept 2010 (Source: Devon CYPS)							

District Council location of young person's address at 30 Sep 10	Number
East Devon	33
Exeter	61
Mid Devon	31
North Devon	28
South Hams	8
Teignbridge	20
Torridge	14
West Devon	9
Plymouth	9
Torbay	7

2.4.5 Learning disabilities/difficulties

Waiting on data from Gemma Hobson

2.5 Men who have sex with men

NOMIS web Census 2001

2.6 Sex workers

1.3 per 1,000 pop - therefore estimated 1000 across Devon??

Alan Crabb

2.7 Substance misuse

2.8 Prisoners

There are three prisons within Devon. HMP Exeter is a remand prison and has a capacity of 533 (July 2005). It accepts all adult males and young offenders who are committed to Prison from Devon, Cornwall and West Somerset. HMP Channings Wood is just outside Newton Abbott in Teignbridge. It is a category C male prison and has a capacity of 733 prisoners (April 08). The prison houses offenders serving a wide range of sentence lengths, and predominantly receives new arrivals from local prisons across the South West area. Two of the residential living blocks at the prison make up the Vulnerable Prisoners Unit which specialises in delivering sex offender treatment programmes. HMP Dartmoor is in Princetown in West Devon and is a category C prison and has a capacity of 646 (December 07).

2.9 Teenage parents

Do a download from child health? Children centre data from nick owen?

2.10 Homeless

There are a number of different groups of people who together form a homeless population, and the different groups within this will have different needs. The figures given here come from the Devon homelessness JSNA. The overall trend in numbers of statutory homelessness acceptances has fallen over the past few years and this is mainly due to preventative measures that have been put in place. In 2009/10 there were 279. The Supporting People programme provides accommodation based and floating support services to vulnerable people, many of whom are not a priority under homelessness legislation but a significant number of whom have complex needs. Altogether 1,697 people from the social inclusion and recovery groups accessed these services during 2009/10. The population of rough sleepers in Devon during 2009/10 is estimated to be about 336 people, most of whom spend a short time on the streets and others who are entrenched.

2.11 Travellers

The table below gives details of the number of caravans on both authorised and unauthorised sites over the past three years, as collected by the bi-annual caravan count compiled by the Department of Communities and Local Government.

	Jan 2010	Jul 2009	Jan 2009	Jul 2008	Jan 2008
East Devon	60	49	58	40	35
Exeter	12	20	12	12	12
Mid Devon	62	58	64	43	67
North Devon	2	6	4	5	3
South Hams	124	161	133	98	83
Teignbridge	66	0	102	128	146
Torridge	1	5	1	4	2
West Devon	9	6	16	24	21
Devon	336	305	390	354	369

Table ?? Bi-annual count of Gypsy and Traveller caravans – authorised and unauthorised sites by local authority (Source: Department of Communities and Local Government)

Fiona Tolley's JSNA

3.0 National and Local Strategy

3.1 *lain to complete*

4.0 Sexual Health Data

4.1 Incidence of Sexually Transmitted Infections

The tables below present the numbers of cases of sexually transmitted infections diagnosed in GUM clinics. It includes complicated and uncomplicated cases of chlamydia and gonorrhoea, infectious and early latent syphilis and first episodes

of herpes and warts. The numbers are cases in people of all ages, however, the rates are calculated using 15-59 year olds as a denominator as a majority of cases would fall within this age group.

The highest rates of all five STIs are found in Exeter. North Devon also has higher rates of chlamydia, herpes and warts compared to other local authorities.

Look at England Rates.....

Table ?? - Numbers of sexually transmitted infections diagnosed in GUM clinics, by loc	al
authority, 2009 (Source: GUMCAD, Health Protection Agency, Centre for Infections)*	

Local Authority	Syphilis	Gonorrhoea	Herpes	Warts	Chlamydia
East Devon	*	13	27	103	108
Exeter	10	36	85	275	377
Mid Devon	*	*	23	67	76
North Devon	*	6	50	112	129
South Hams	*	5	28	80	98
Teignbridge	*	11	37	133	146
Torridge	*	*	26	57	81
West Devon	*	*	22	53	41
NHS Devon	16	74	299	887	1058

Table ?? – Rates of sexually transmitted infections diagnosed in GUM clinics, all ages per 100,000 population aged 15-59, 2009 (Source: GUMCAD, Health Protection Agency, Centre for Infections)*

Local Authority	Syphilis	Gonorrhoea	Herpes	Warts	Chlamydia
East Devon	*	18.9	39.2	149.5	156.8
Exeter	12.6	45.5	107.5	347.7	476.7
Mid Devon	*	*	51.6	150.2	170.4
North Devon	*	11.0	92.0	206.1	237.4
South Hams	*	10.4	58.3	166.6	204.0
Teignbridge	*	15.4	51.9	186.6	204.9
Torridge	*	*	73.2	160.5	228.1
West Devon	*	*	74.5	179.5	138.9
NHS Devon	3.7	17.2	69.3	205.7	245.3

* Numbers of cases below 5 have been suppressed to ensure confidentiality. Across Devon, 10 records could not be assigned to a local authority but are included in the total for NHS Devon. Patients resident in Devon but who attended Torbay Care Trust Clinics may not be included due to issues with data validation.

Waiting for agreement from HPA to publish this info

4.2 Chlamydia Screening Programme

The national chlamydia screening programme is a control and prevention programme targeted at sexually active young people aged under 25.

Chlamydia is the most common bacterial sexually transmitted infection (STI) in the UK; affecting both men and women. Most people with chlamydia have no symptoms, but left untreated, chlamydia, can lead, in women, to infertility, ectopic pregnancy and chronic pelvic pain. In men it may cause urethritis and epidydimitis. In both sexes it can cause arthritis.

Chlamydia is often asymptomatic so a large proportion of cases remain undiagnosed, but infection can be diagnosed easily (young people can do the test themselves), and treated effectively.

In Devon, screening for young people is offered in a number of different settings that are accessible and many already regularly accessed by young people. A majority of screens are done through contraception services but they are available through GPs, pharmacies, online, youth groups, school drop in clinics and many others. The programme is monitored nationally and the table below shows the numbers and proportions of under 25 year olds screened in 2009/10. It also shows the proportion of those screened who tested positive for chlamydia. In 2009/10, the target for chlamydia screens was 25% of 15 to 24 year olds. Devon did not achieve this target and only two PCTs across the South West region were able to meet this target.

able ? ? Childinyula Scieens by Finilary Care Trust								
	Chlamydia screens and	% of population	Percent of people					
	tests outside GUM	tested	testing positive					
Bath & North East Somerset	5,840	18.8	5.9					
Bournemouth & Poole Teaching	10,924	26.3	4.4					
Bristol	17,466	23.2	7.2					
Cornwall & Isles of Scilly	14,065	22.3	6.5					
Devon	13,739	14.4	7					
Dorset	7,714	17.4	5.2					
Gloucestershire	15,817	21.8	6.7					
North Somerset	4,645	20.4	8					
Plymouth Teaching	6,250	14.5	8.6					
Somerset	13,084	20.8	6.5					
South Gloucestershire	6,890	21.8	7.6					
Swindon	3,139	12.8	6.7					
Torbay	3,963	25.1	7.5					
Wiltshire	7,655	14.2	9					
South West	131,191	19.3	6.8					
England	1,524,339	22.1	6					

Table ?? Chlamydia screens by Primary Care Trust

The table below shows the chlamydia screens and tests outside of GUM by local authority area. The data shows the last financial year and the first two quarters of 2010/11.

		2009/10		2010/11 Q1 & Q2			
	Chlamydia screens and tests outside GUM	% of population tested	Percent of people testing positive	Chlamydia screens and tests outside GUM	% of population tested	Percent of people testing positive	
East Devon	764	5.6	6.2	714	5.3	7	
Exeter	1002	4.2	5.0	667	2.8	4.8	
Mid Devon	304	3.8	6.9	276	3.5	6.5	
North Devon	435	4.3	6.0	341	3.4	5	
South Hams	301	3.1	7.0	214	2.2	4.7	
Teignbridge	592	4.4	8.6	262	2.0	5.3	
Torridge	316	4.8	7.6	197	3.0	9.1	
West Devon	139	2.7	-	106	2.1	10.4	

Table ?? Chlamydia screens by local authority

4.3 HIV

HiV remains one of the most important communicable diseases in the UK. It is associated with serious morbidity, significant mortality and high numbers of years of life lost. There are high costs associated with both treatment and care.

The tables and graph below show the prevalence of HIV by numbers and rate per 1,000 population by PCO. Over the seven years of data available the rate has increased gradually across the whole of the England and this is reflected across the South West and Devon.

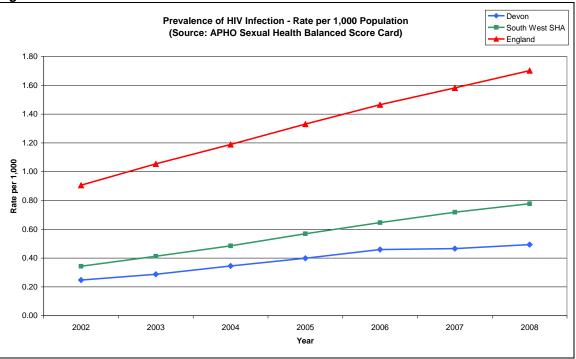


Figure ?? Prevalence of HIV infection

	Number of people living with HIV infection by calendar year								
Primary Care Organisation	2002	2003	2004	2005	2006	2007	2008		
Bath and North East Somerset	23	39	42	43	45	52	52		
Bournemouth and Poole	192	232	251	284	316	354	387		
Bristol	163	213	264	320	386	427	441		
Cornwall and Isles of Scilly	72	70	77	90	94	122	132		
Devon	99	116	141	165	192	196	207		
Dorset	50	62	78	81	91	104	116		
Gloucestershire	113	125	134	167	186	211	241		
North Somerset	29	31	47	60	65	72	72		
Plymouth Teaching	59	74	87	105	116	119	130		
Somerset	54	53	63	82	94	113	129		
South Gloucestershire	34	40	56	75	80	89	101		
Swindon	41	53	64	70	89	112	126		
Torbay	31	48	56	69	82	88	82		
Wiltshire	33	50	69	83	103	106	122		
South West SHA	998	1207	1430	1694	1939	2166	2338		
England	27308	31967	36262	40939	45377	49069	52905		

Table ?? – Numbers of people living with HIV by Primary Care Trust

Table ?? – HIV prevalence rate by Primary Care Trust

	Rate per 1,000 population						
Primary Care Organisation	2002	2003	2004	2005	2006	2007	2008
Bath and North East Somerset	0.22	0.38	0.40	0.40	0.42	0.47	0.47
Bournemouth and Poole	1.09	1.32	1.45	1.63	1.81	2.01	2.19
Bristol	0.65	0.84	1.02	1.20	1.41	1.53	1.56
Cornwall and Isles of Scilly	0.25	0.24	0.26	0.30	0.32	0.41	0.45
Devon	0.25	0.29	0.35	0.40	0.46	0.47	0.49
Dorset	0.23	0.29	0.37	0.38	0.43	0.49	0.55
Gloucestershire	0.34	0.37	0.40	0.49	0.55	0.62	0.71
North Somerset	0.27	0.28	0.42	0.53	0.56	0.62	0.62
Plymouth Teaching	0.40	0.50	0.58	0.69	0.75	0.76	0.83
Somerset	0.19	0.18	0.22	0.28	0.32	0.39	0.44
South Gloucestershire	0.22	0.26	0.37	0.49	0.52	0.57	0.65
Swindon	0.35	0.45	0.54	0.59	0.74	0.92	1.03
Torbay	0.43	0.67	0.77	0.95	1.12	1.21	1.14
Wiltshire	0.13	0.19	0.26	0.32	0.39	0.40	0.47
South West SHA	0.34	0.41	0.49	0.57	0.65	0.72	0.78
England	0.91	1.05	1.19	1.33	1.47	1.58	1.70

The table below shows the rates of new diagnoses of HIV infection by PCO in 2009. Devon has a lower rate than the regional average.

	Rate of new diagnoses per
Primary Care Organisation	100,000
Bath & North East Somerset	12.2
Bournemouth & Poole Teaching	11.9
Bristol	13.5
Cornwall & Isles of Scilly	0.9
Devon	3
Dorset	0.2
Gloucestershire	4.6
North Somerset	0.5
Plymouth Teaching	11.5
Somerset	1.3
South Gloucestershire	0.4
Swindon	8.3
Torbay	6.7
Wiltshire	1.5
South West	5

Table ?? Rates of new HIV diagnoses by Primary Care Trust

The table below shows the proportion of new cases of HIV by mode of transmission in 2009. In Devon new cases were transmitted either heterosexually or by sex between men. This is generally similar to other areas across the south west, although some areas have some new diagnoses where transmission was between injecting drug users where as Devon does not.

	% of all new diagnoses									
РСТ	Heterosexual	Injecting Drug Users	Mother to child	Sex between men	Undetermined					
Bath & North East Somerset	36.4	9.1	0.0	45.5	9.1					
Bournemouth & Poole Teaching	33.3	5.6	0.0	58.3	2.8					
Bristol	38.6	3.5	1.8	42.1	14.0					
Cornwall & Isles of Scilly	40.0	0.0	0.0	60.0	0.0					
Devon	39.1	0.0	0.0	60.9	0.0					
Dorset	0.0	100.0	0.0	0.0	0.0					
Gloucestershire	37.0	0.0	0.0	63.0	0.0					
North Somerset	100.0	0.0	0.0	0.0	0.0					
Plymouth Teaching	44.8	3.4	0.0	41.4	10.3					
Somerset	14.3	0.0	0.0	28.6	57.1					
South Gloucestershire	0.0	0.0	0.0	0.0	100.0					
Swindon	25.0	0.0	0.0	75.0	0.0					
Torbay	44.4	0.0	0.0	55.6	0.0					
Wiltshire	57.1	0.0	0.0	28.6	14.3					
South West	37.9	3.1	0.4	49.8	8.8					

Table ?? – New HIV diagnoses by transmission

The table below shows HIV prevalence by local Authority across Devon in people aged 15-59 in 2009. This includes all people accessing HIV related care across the county. The prevalence is highest in Exeter with 0.96 per 1,000. The other districts range from 0.35 per 1,000 in South Hams to 0.61 in East Devon and Torridge.

Local Authority	Residents accessing HIV related care (aged 15-59)	Diagnosed HIV prevalence per 1,000 (aged 15-59)	
East Devon	40	0.61	
Exeter	74	0.96	
Mid Devon	21	0.5	
North Devon	20	0.41	
South Hams	16	0.35	
Teignbridge	29	0.43	
Torridge	21	0.61	
West Devon	13	0.46	
Devon PCT	234	0.57	

Table ?? – HIV prevalence by local authority (2009)

4.4 Termination of Pregnancy

The table below shows the rate of abortions across Devon and the other primary care organisations across the South West SHA for all women and by age group in 2009. The rate of abortions for all women aged 15-44 across Devon is lower than both the South West SHA and England rates. The rates by age group are also lower or the same as rates for the South West SHA overall and for England.

			Age ¹					
Primary Care Organisation	Total number of abortions	Rate per 1000 women resident aged 15-44 ASR	Under 18	18-19	20-24	25-29	30-34	35 +
Bath & North East Somerset	391	10	13	10 10	14	13	11	6
Bournemouth & Poole Teaching	1,072	18	13	35	28	22	17	7
Bristol	1,539	14	23	29	21	15	12	, 7
Cornwall & Isles of Scilly	1,000	13	12	28	23	16	10	4
Devon	1,571	13	14	25	20	17	10	5
Dorset	807	15	12	31	29	18	13	4
Gloucestershire	1,426	14	14	24	27	18	12	5
North Somerset	445	14	18	20	25	13	14	5
Plymouth Teaching	741	13	14	27	21	17	12	5
Somerset	1,089	13	15	22	23	17	12	5
South Gloucestershire	630	13	13	29	26	15	11	4
Swindon	735	19	18	36	33	25	15	8
Torbay	451	21	28	46	35	24	18	7
Wiltshire	1,061	15	14	26	29	19	11	6
SOUTH WEST SHA	13,035	14	15	27	24	17	12	5
ENGLAND	180,259	17.6	17.7	31.8	30.2	22.9	15.8	6.7

Table?? – Numbers and rates of abortions by age and Primary Care Trust

The table below shows the proportion of abortions by the gestation weeks of the pregnancy. Devon PCT has higher proportions of abortions at 10-12 weeks gestation. The earlier an abortion takes place, the lower the risk of complications and the more cost effective it will be. Nationally the percentage of abortions within 9 weeks ranged from 47-85%. In Devon, 70% of abortions take place between 3 and 9 weeks. This is lower than the proportion of 73% in the South West SHA and 73% in England overall. The proportion of repeat abortions in both women aged under 25 and of all ages is lower than the proportion of repeat abortions in the South West SHA and England overall.

		ation weeks	(%)		
Primary Care Organisation				Repeat abortions in women aged under 25	Repeat abortions in women of all ages
	3-9	10-12	13+	(Percentages)	(Percentages)
Bath & North East Somerset	70	19	11	17	27
Bournemouth & Poole Teaching	76	13	11	23	28
Bristol	80	11	8	21	29
Cornwall & Isles of Scilly	63	27	10	18	26
Devon	70	23	7	18	27
Dorset	72	18	10	19	27
Gloucestershire	68	21	11	19	29
North Somerset	77	11	11	20	31
Plymouth Teaching	72	19	8	20	29
Somerset	67	20	13	19	28
South Gloucestershire	83	10	7	23	31
Swindon	85	7	7	24	37
Torbay	74	17	9	26	30
Wiltshire	78	14	8	18	29
SOUTH WEST SHA	73	17	9	20	29
ENGLAND	75	16	9	25	35

 Table ?? – Abortions by gestation and repeat abortions

The proportion of abortions that are performed medically in Devon is low compared to the rates in both the South West SHA and England. This may be due, in part, to the fact that there is no medical abortion service available at North Devon District Hospital.

Primary Care Organisation	Medical Abortions as % of all Abortions
Bath & North East Somerset	33.2
Bournemouth & Poole Teaching	49.6
Bristol	35.9
Cornwall & Isles of Scilly	13.9
Devon	23.5
Dorset	32.0
Gloucestershire	40.5
North Somerset	34.4
Plymouth Teaching	14.4
Somerset	20.0
South Gloucestershire	37.8
Swindon	66.5
Torbay	33.5
Wiltshire	38.5
SOUTH WEST SHA	33.0
ENGLAND	39.0

Table ?? – Medical abortions as proportion of all abortions

4.5 Teenage Conceptions

The graph below shows the trends of under 18 and under 16 teenage conceptions by local authority area. It also shows the trends for the South West and England over all. All local authorities, apart from Exeter, generally have lower rates of teenage conceptions than both the South West and England overall. The overall Devon rate is below both the South West and England rates overall. However the South West and England rates have shown a slight downward trend, where as the Devon rate has remained relatively stable over the time period shown.

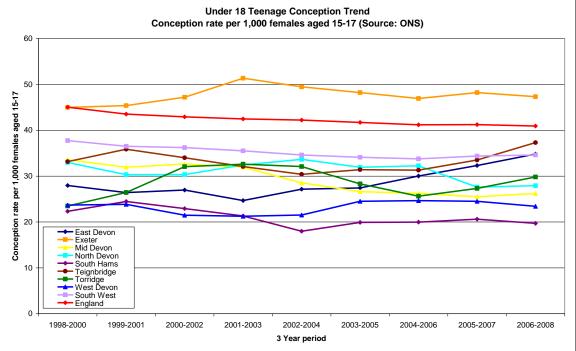


 Table ?? – Trends in Under 18 teenage conception rates

Table ?? - Under 18 teenage conception rates by local authority

	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
East Devon	27.9	26.4	26.9	24.7	27.1	27.4	30.0	32.3	34.8
Exeter	45.0	45.4	47.2	51.3	49.5	48.2	46.9	48.2	47.3
Mid Devon	33.6	31.9	32.6	32.0	28.5	26.6	26.2	25.5	26.2
North Devon	33.0	30.3	30.3	32.4	33.6	31.9	32.2	27.6	27.9
South Hams	22.3	24.5	22.9	21.3	18.0	19.9	20.0	20.6	19.7
Teignbridge	33.2	35.8	34.0	32.1	30.4	31.4	31.3	33.5	37.3
Torridge	23.5	26.4	32.1	32.6	32.1	28.3	25.6	27.3	29.8
West Devon	23.7	23.8	21.5	21.2	21.5	24.5	24.6	24.5	23.4
Devon	31.3	31.2	31.8	31.6	30.8	30.4	30.4	30.9	32.0
South West	37.7	36.5	36.2	35.5	34.6	34.1	33.8	34.4	34.6
England	45.0	43.5	42.9	42.5	42.2	41.7	41.2	41.2	40.9

Table ?? - Under 16 teenage conception rates by local authority

	<u> </u>					
	2001-2003	2002-2004	2003-2005	2004-06	2005-07	2006-08
Devon	5.6	5.4	5.3	5.7	6.0	5.9
East Devon	5.7	6.7	6.5	6.7	7.1	6.5
Exeter	9.5	8.5	7.4	7.2	9.1	9.9
Mid Devon	5.4	5.5	5.0	5.6	3.5	4.4
North Devon	4.4	5.6	5.6	5.1	4.2	4.0
South Hams	3.0	2.7	3.7	3.8	3.9	2.9
Teignbridge	5.9	5.2	5.7	6.5	7.6	7.5
Torridge	6.5	5.0	4.6	5.2	5.1	5.1
West Devon	2.5	1.7	2.0	3.6	4.8	4.9

The tables below shows the percentage of teenage conceptions aged under 18 which lead to abortion. There is fluctuation in these proportions between different local authorities and over different years.

	1998-00	2001-03	2004-06	2005-07	2006-08
	% leading to abortion				
Devon	46	47	49	50	50
East Devon	50	59	59	63	61
Exeter	45	39	38	41	42
Mid Devon	46	46	39	42	43
North Devon	35	46	45	49	47
South Hams	55	45	61	58	54
Teignbridge	51	53	58	54	55
Torridge	31	47	46	42	40
West Devon	46	45	49	52	48

Table ?? – Proportion of under 16 teenage conceptions leading to abortion

	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08 % leading
	% leading	to				
	to abortion	abortion				
Devon	62	57	58	62	63	60
East Devon	54	48	55	60	78	80
Exeter	52	47	41	55	58	60
Mid Devon	59	48	52	58	67	58
North Devon	50	55	52	58	52	-
South Hams	-	-	83	83	78	-
Teignbridge	79	81	75	72	58	57
Torridge	-	56	-	-	-	-
West Devon	-	-	-	-	-	-

The map below shows the difference between under 18 teenage conception rates in Devon electoral wards compared to the national rate. There are 7 wards in Devon where the rate of conceptions is statistically significantly higher than the national rate. These are in parts of Exmouth, Ilfracombe, Teignmouth, Newton and Abbott and Exeter. Ashburton and Buckfastleigh is the only ward in Devon to have a statistically significantly lower rate than nationally.

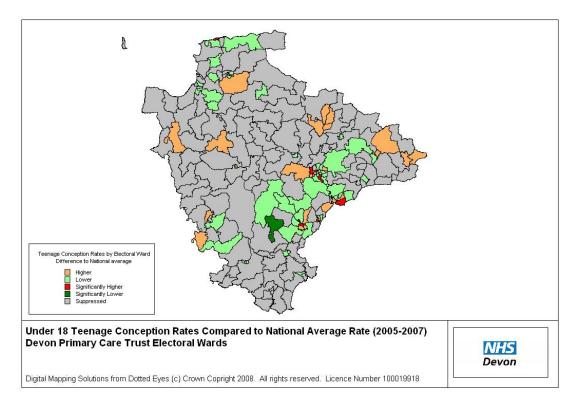


Figure ?? – Map of under 18 conception rates by electoral ward

4.6 Long Acting Reversible Contraceptives

It is estimated that about 30% of pregnancies are unplanned. The effectiveness of the barrier method and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of long-acting reversible contraceptive (LARC) methods does not depend on daily concordance. Expert clinical opinion is that LARC methods may have a wider role in contraception and their increased uptake could help to reduce unintended pregnancy.

The table below shows the rate of long-acting reversible contraception prescribed in GP practices by GP consortia. The rate is per 1,000 females aged 15-44.

Consortia					
	2005/06	2006/07	2007/08	2008/09	2009/10
Exeter	21.6	21.8	23.3	22.6	26.2
Mid Devon	38.5	36.9	36.3	37.8	41.1
North Devon	48.1	49.3	48.6	48.9	52.6
SDCC	42.3	44.2	47.2	46.3	56.0
SH&WD	30.8	32.9	35.2	37.5	43.5
Wakely	49.7	49.5	60.2	55.7	61.8
Web	39.8	36.2	35.9	37.8	40.1
Total	37.4	37.9	39.5	39.3	44.2

Table ?? – Long-acting reversible contraception prescribing rate in general practice by Consortia

The table below shows the rate of long-acting reversible contraception prescribed in GP practices by locality. The rate is per 1,000 females aged 15-44.

Table ?? – Long-acting reversible contraception prescribing rate in general practice by locality

	2005/06	2006/07	2007/08	2008/09	2009/10
East, Exeter and Mid	33.0	32.3	34.3	33.6	37.2
North	48.1	49.3	48.6	48.9	52.6
South	38.2	40.2	43.0	43.2	51.6
Total	37.6	38.0	39.6	39.4	44.3

The table below shows the rate of long-acting reversible contraception prescribed by type in Devon. The rate is per 1,000 females aged 15-44.

Table ?? – Long-acting reversible contraception prescribing rate in general practice by locality

Year	Depo Provera	IUS (Mirena)	Implant (Implanon)	Copper IUD	Grand Total
2005/06	22.4	9.5	1.6	4.1	37.6
2006/07	20.6	10.7	3.3	3.4	38.0
2007/08	18.5	12.0	5.6	3.5	39.6
2008/09	17.1	12.2	6.8	3.2	39.4
2009/10	16.8	13.3	11.5	2.8	44.3

LARC from Lilie for Exeter.....and other areas.....

4.7 Sexual Assault/Violence

4.8 You're Welcome

Emailed Becky Carmichael

5.0 Sexual Health Services and Activity

5.1 Location of sexual health services

Have post coded data – need to identify which tier the different services fall in to.

5.2 Activity levels of services

5.2.1 HIV – Exeter service

Table ?? Activity data - HIV service Exeter

Type of Contact	April	Мау	June	July	August	Sept	Oct
face to face	73	65	71	69	44	70	65
non-face to face	49	42	44	42	30	52	51

HIV services

- Acute activity
- Community activity
- Map care pathway

???

5.2.2 GUM Access

Table ?? Exeter GUM activity – 2010/11 to date

Type of Contact	April	Мау	June	July	August	Sept	Oct
face to face	867	893	991	951	896	1,107	1,069
non-face to face	864	779	1,077	942	828	1,126	1,098

Table ?? Torbay GUM activity (Devon patients) 2010/11 to date

	April	May	June	July	August	September	October	November
Number of Patients Accessing GU services	226	181	192	263	243	256	200	213
Number 1st Appointments for GU Services	145	100	138	182	161	173	130	139
Total Number of Follow-ups	81	81	54	81	82	83	70	74
Total Number of DNA's	15	11	12	17	18	11	2	7
Total Number of under 15 year olds accessing the service	1			7	0	1	0	3
Total Number of 15 and 16 year olds accessing the service	3	2	9	7	0	6	3	12
Total Number of 17 year olds accessing the service	6	4	8	10	0	1	6	10
Total Number of 18 year olds accessing the service	12	16	5	21		16	15	11
Total Number of 19 year olds accessing the service	17	14	16	24		19	20	15
Total Number of 20 - 24 year olds accessing the service	62	53	58	77		87	62	62
Total Number of 25 year old and over accessing the service	123	91	104	125		126	93	94

5.2.3 Contraception services

Table ?? Torbay contraception clinics – Devon Patients 2010/11 to date

	April	May	June	July	August	September	October	November
Number of Patients accessing Contraception services	98	82	91	111	113	107	108	104
Number of 1st Appointments for Contraception services	89	68	63	70	71	61	57	65
Number of Follow-up Appointments for Contraception services	9	14	28	41	42	46	51	39
Number of DNA's								
Number of Patients being given Mirena	0	1	0	1	1	0	1	2
Number of Patients being given Coil	0	0	2	1	0	1	1	0
Number of Patients being given Depo	5	2	9	2	7	2	1	8
Number of Patients being given Implemon	11	11	28	41	24	30	28	21
Number of Patients being given condoms	3	4	6	5	10	8	7	2
Number of Patients being given the Pill	17	13	36	24	17	37	26	23
Total Number of under 15 year olds accessing the service	4	2	1	2	0	0	2	3
Total Number of 15 and 16 year olds accessing the service	11	10	10	14	12	6	3	13
Total Number of 17 and 18 year olds accessing the service	8	9	17	13	12	4	9	14
Total Number of 19 year olds accessing the service	6	4	5	5	4	6	1	4
Total Number of 20 - 24 year olds accessing the service	22	13	21	26	29	19	11	25
Total Number of 25 year old and over accessing the service	47	44	37	51	56	31	25	45

Table ?? Torbay Young Peoples Contraception Outreach clinics – Devon Patients 2010/11

	April	May	June	July	August	September	October	November
Numbers of patients accessing Young Peoples Clinics at Newton Abbot	23	14	14	22	21	22	18	16
Total Number of under 15 year olds accessing the service	1	0	1	0	0	0	0	1
Total Number of 15 and 16 year olds accessing the service	1	5	3	3	4	4	6	3
Total Number of 17 and 18 year olds accessing the service	2	2	4	5	1	3	1	3
Total Number of 19 year olds accessing the service	3	0	3	3	1	5	0	1
Total Number of 20 - 24 year olds accessing the service	7	3		7	11	5	10	3
Total Number of 25 year old and over accessing the service	9	4		4	4	5	1	5
Numbers of patients accessing Young Peoples Clinics at Totnes	5	6	6	1	5	5	4	2
Total Number of under 15 year olds accessing the service								
Total Number of 15 and 16 year olds accessing the service				0				
Total Number of 17 and 18 year olds accessing the service	1	1	1	0	0	0	2	
Total Number of 19 year olds accessing the service	0			0	0	0	0	
Total Number of 20 - 24 year olds accessing the service	1	1	2	0	1	1	0	
Total Number of 25 year old and over accessing the service	3	4	3	1	4	4	2	2
Numbers of patients accessing Young Peoples Clinics at Teignmouth	9	6	5	4	13	6	7	4
Total Number of under 15 year olds accessing the service	0	0	0	0	0	0	0	
Total Number of 15 and 16 year olds accessing the service	0	0	2	1	0	2	0	
Total Number of 17 and 18 year olds accessing the service	0	0	0	0	4	1	2	
Total Number of 19 year olds accessing the service	1	2	0	0	0	1	0	
Total Number of 20 - 24 year olds accessing the service	4	0	1	1	2	0	0	
Total Number of 25 year old and over accessing the service	4	4	2	2	7	2	5	4
Numbers of patients accessing Young Peoples Clinics at Castle Circus	8	8	4	6	3	7	2	7
Total Number of under 15 year olds accessing the service	0	1	0	0	0	0	1	
Total Number of 15 and 16 year olds accessing the service	3	1	0	0	1	3	1	
Total Number of 17 and 18 year olds accessing the service	1	2	2	2	0	0	0	3
Total Number of 19 year olds accessing the service	1	3	0	1	0	2	0	1
Total Number of 20 - 24 year olds accessing the service	3	0	2	3	1	2	0	3
Total Number of 25 year old and over accessing the service	0	1	0	0	1	0	0	

5.3 GUM Access

The South West SHA has an ambition to offer 100% of appointments within 48hrs, 7 days a week. Although 100% of appointments were offered within 48 hours, Devon PCT does not offer a GUM service at the weekend.

Table ?? GUM 48 hour access performance – 2010/11 to date

GUM service		April	Мау	June	July	August	September	October
Royal Devon and Exeter Hospital	Offered	99.4	100	100	100	100	100	100
	Seen	58.4	73.8	74.9	70	66.9	78.8	78.7
North Devon District General Hospital	Offered	100	100	100	100	100	100	100
	Seen	74.5	76.3	73	57	63.2	65.6	67.6
Torbay Hospital	Offered	100	100	100	100	100	100	100
	Seen	86.7	88	88.8	87.7	89.4	82.3	87.0
Derriford Hospital	Offered	100	100	100	100	100	100	100
	Seen	91.7	90.4	92	89.1	90.4	91.1	89.3
Devon PCT	Offered	100	100	100	100	100	100	100
	Seen	69.6	77.9	77.5	71.7	73.1	78.8	77.7

5.4 Budget spend

Info from finance

5.5 Tier2/3 user profile

Age group	All service users	Male service users	Female service users	% by age
<16	639	112	527	1.2%
16-19	8080	2037	6043	15.3%
20-24	16440	6156	10284	31.0%
25-34	15978	7115	8863	30.2%
35-44	6352	3142	3210	12.0%
45+	5487	3012	2475	10.4%

All patient accessing services in Exeter sexual health service (Needs changing as includes all on Lilie)

Data being compiled from North Devon Lilie system

By MOSAIC??

5.6 Sexual Assault services activity

The table below shows the number of referrals to the sexual assault referral centre in Exeter. From February the service will begin to take referrals from North Devon and Torbay.

SARC Activity		April	May	June	July	August	Sept	Oct		Nov
Number of referrals		16	14	14	14	9	6	1	6	19
	Eastern	14	13	14	13		3	5	14	14
of which	Southern	0	1	0) 1	(C	1	2	5
Of which	North Devon	2	0	0	0	, .	1	0	0	0
	Torbay	0	0	0	0) ()	0	0	0

Table ?? – Referrals to the Sexual Assault Referral Centre

5.7 Psychosexual services

Pyschosexual services are offered within the contraception clinic in Exeter. Three 45min appointments are allocated one morning a week and then short appointments are scattered throughout the week within normal contraception clinics depending on need. GPs account for most referrals, although some patients come via Institute of Psychosexual Medicine (IPM) website, others present in Sexual Health Clinics. The waiting list varies from 3 to 6 months for the long appointments.

Info from north Devon Activity data?

- Activity
- Location
- Need
- Demand

5.8 **Prison services**

5.9 Pharmacies

Emergency Hormonal contraception (EHC) is available to girls aged between 13 and 19 through some pharmacies free of charge via a Locally Enhanced Service. Data is

recorded on all consultations with pharmacists and the data below shows the numbers of EHC issued, the ages of the girls and the day and time of the week on which the consultation took place in 2009/10. The highest numbers of EHC are issued in North Devon, and the months with the highest proportions issued were June and December. 16 and 17 year olds were the ages with the highest proportions of EHC issued. Saturday and Monday were the days with the highest numbers of EHC issued, with over 50% of all issued from Friday through to Monday. A majority of EHC is issued between 9am and 4pm and only 20% issued either after 4pm or before 9am.

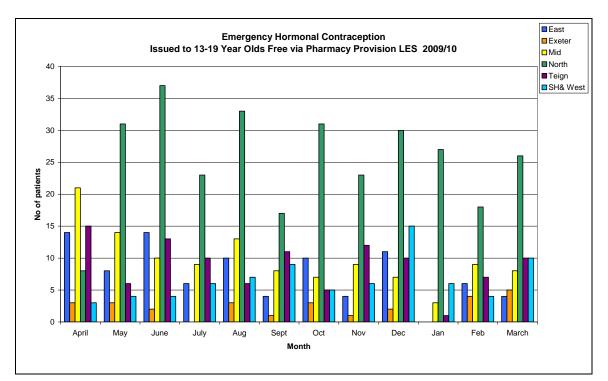


Table ?? Emergency hormonal contraception issued to 13-19 year olds via pharmacy LES 2009/10, by old PCT areas

Table ?? Emergency hormonal contraception issued to 13-19 year olds via pharmacy LES 2009/10

Age	%
13	0.8
14	5.7
15	15.3
16	25.7
17	22.4
18	16.9
19	12.8
20	0.3
21	0.1

2009/10, by day of week		
Day of week issued	%	
Monday	25.9	
Tuesday	13.6	
Wednesday	10.0	
Thursday	12.1	
Friday	12.6	
Saturday	20.6	
Sunday	4.8	

 Table ?? Emergency hormonal contraception issued to 13-19 year olds via pharmacy LES 2009/10, by day of week

Table ?? Emergency hormonal contraception issued to 13-19 year olds via pharmacy LES2009/10, by time of day

Time of day issued	%
09-12	25.9
12-14	23.7
14-16	27.1
16-17	13.3
17-18	5.7
>18	1.3
<09	0.4
Don't Know	2.5

EHC can be purchased from pharmacies by women of all ages. Data is not routinely collected on how many people receive EHC via this method.

5.10 Condom Distribution Schemes

The Condom card scheme in Devon operates in Barnstaple, Exeter, Newton Abbot and Tiverton. The scheme enables young people to register and then collect free condoms from anywhere part of the C card scheme.

Latest data from Amanda Emmett on the way.....

6.0 **Practitioner and Workforce Information**

7.0 Sexual Health Promotion

8.0 Service Users

Qualitative research – knowledge and attitude

Older people:-

The Brook Review 2010 is the only locally commissioned pan Devon qualitative research focusing on adults sexual health. Methodology - focus groups. It identifies key insights to inform service development and commissioning specification.

Service user experience is not gathered in a systematic manner that can inform this process and is not routinely fed into the commissioning cycle.

Brook Review findings:-

- Immediate association of sexual health as a term with sexually transmitted infections and in turn a negative perception.
- Women more receptive to the concept of sexual health and more likely to think broader abortion, pregnancy.
- STI's are the starting point to think about sexual health.
- There is "stigma" associated with a visit to a GUM clinic and coupled with feeling of responsibility.
- See access to specialist clinic as next stage triggered by a crisis point due to exposure or symptoms.
- Negative messages in association with sex in the media identify sexual health campaigns with young people and detach themselves from them
- Less likely to associate advice and information as part of the service.
- Limited knowledge of services not concerned if they needed to find out they would. GP is first point of access. For an STI may want to go direct to a clinic.
- Travel not as issue as it may be perceived that it increases confidentiality.
- Sexual health associated with "couples stuff". Less association with sexual health check up, relationships reduce the need
- Key communications channels internet, GP, pharmacies.
- Staff attitude and environment very important (same for young people) (being judged? Confidentiality?) Desire to be treated by high quality staff with "professionalism" they were concerned that use of a sexual health service would expose them to judgement "we should know better" (self criticism) discretion is key
- Confidentiality integration separate desks announcing to everyone why you are there! At level two.
- Service literature about the environment should state how it supports confidentiality etc
- Tell them all staff are trained, sexual health is a norm, wont judge seen it all before.
- For design of services rec "attitude, discretion and professionalism" online service

• Desire for increased publicity normalising sexual health- re balance publicity for young people which implies "young and foolish" therefore adults have been foolish

Segmentation:

- Age, gender population, geographical, service usage
- Healthy Foundations offers a behavioural segmentation each segment will have a different attitude and need for sexual health services
 - Older Settlers (no dependants) age 40-59
 - Older jugglers (dependants) age 40-59
 - Alone again 45-59 sub groups. Empty nesters, second time singles (without dependents)

Analysis questions:

- How much do older people account for in terms of population and "sexual health market place"
- How can NHS Devon quantify the behavioural segments to inform demand management
- Are Devon's statistics showing an increase in older people. 45 years +
- A literature review on older and sexual health would identify latest research and best practice
- Need to clarify behaviours to focus on and desired behaviour. For example is it condom use? Is it don't go to A&E go to your GP. Understand the influencing factors how can they be tackled. E.g. Back in the dating game? Don't go out first round. Condoms protect from STI's as well as pregnancy.
- Consider how services promote desired behaviours
- Consider who is commissioned to promote desired behaviours outside of services reaching older people in their lifestyles ie. Online, gyms, etc

Younger people:-

Qualitative research has focused on young people through the work of the teenager pregnancy strategy and the Chlamydia screening programme. National market research and behaviour modelling is available to inform commissioning and service development.

Service user experience is not gathered in a systematic manner that can inform this process and is not routinely fed into the commissioning cycle.

Key findings:

 Accounted for nearly 50% STI diagnosed in GUM clinics – attributed to risky behaviours (AR 2010)

- Long days spent travelling to school/college on buses no week day time to access services in community (Chlamydia focus groups)
- Alcohol & drugs risk takers increase under influence
- 83% males
- 80% females report using condoms first time (positive norm)
- Youth Bytes is the only sustained and measured online health promotion taking place.

Brook Review

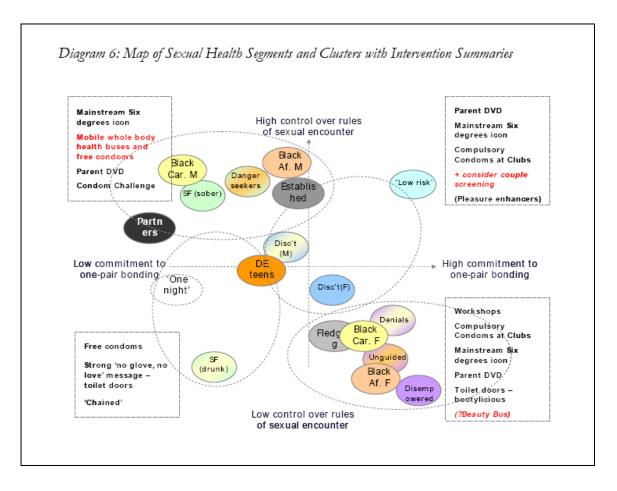
- Understanding focused on protection, prevention and treatment with less focus of emotional aspects
- Perception of negative media message
- Awareness of services, undermined by concern confidentiality of these services either due to bad experiences of word of mouth re: confidentiality
- Associate provision alongside awareness
- Awareness of services outside school and youth groups within community settings low
- Perception of lack of consistent SRE
- Internet, school, friends, parents, Youth Club Connexions as most important avenues for signposting
- Feeling judged is important the environment must offer space for confidentiality
- School settings need to reinforce confidentiality and address fear of being gossiped about in the staff room
- Barriers and attractors match You're Welcome
 - 1. Friendly, welcoming attitudes
 - 2. Clean, relaxed and discreet environment
 - 3. Easy access (location, time male/female staff)
 - 4. Guaranteed confidentiality
 - 5. Appropriate easy to understand info

Segmentation:

- Age, gender population, geographical, service usage
- Healthy Foundations offers a behavioural segmentation each segment will have a different attitude and need for sexual health services
 - Discovery teens
 - Freedom years

Opportunity to apply national behavioural modelling as developed in 2008. This modelling currently underpins the young people joint agency communications strategy developed in 2010 but not resourced to date. Best practice would be for this modelling to inform strategy, commissioning and service development.

Ref: Define Research & Insight July 2008



Note: by looking at older people and younger people potentially missing "Younger settlers" (25-29) and "Younger jugglers" (25-29) Key age group – do they deserve their own segmentation?

9.0 Stakeholder Analysis 10.0 Gap Analysis 11.0 Recommendations