

Sexual Health

JSNA Report

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Authorised for publication by Dr Sarah McNulty, Director of Public Health

This report

This report has been prepared jointly by Knowsley Council, the Integrated Care Board (ICB) and partners of the Knowsley Health and Wellbeing Board (HWB).

Its purpose is to provide an analysis of sexual health 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.

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Superseded Documents	'Joint Strategic Needs Assessment, 2019'
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A number of acronyms have been used throughout this document and are given below:

BME	Black and Minority Ethnic Group
ICB	Integrated Care Board
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 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 2022, the prevalence rate in Knowsley for people diagnosed with HIV of 1.34 cases per 1,000 residents aged 15-59. Between 2012 and 2022, numbers of residents in Knowsley diagnosed with HIV have over doubled (140% increase) in the last 10 years which is partly attributed to increased awareness and identification. 2021 saw a fall in prevalence rate in Knowsley but this was similar to the North West, whilst England increased. 2022 saw an increase in the prevalence rate in Knowsley, North West and England. Diagnosed HIV prevalence in Knowsley (1.34 crude rate per 1,000 population) is significantly lower than North West (2.02) and England (2.34).

It is notable that Knowsley HIV prevalence has increased since the pandemic from 1.06 (per 1,000 population) in 2019 to 1.34 in 2022, whilst North West and England have prevalence have remained static.

The proportion of people presenting with HIV at a late stage of infection from Knowsley was 42.9% in the latest reporting three-year period of 2020-22, this is similar to the North West region (42.1%) and England (43.3%).

Under 18 Conceptions

The rate of under-18 conceptions in Knowsley was 21.1 per 1000 females aged 15-17 in Knowsley during 2021 was significantly higher than England (13.1) and higher than the North West region (16.4).

The under-16 conception rate in Knowsley during 2019-21 was (3.2) higher than England (2.2) and North West (2.9).

Abortion

There were 1,178 abortions in Knowsley during 2022, equating to an abortion rate of 36.2 per 1,000 females aged 15-44. This rate has steadily increased over the last eight years. The Knowsley rate is significantly higher than North West region (24.2) and England (20.7). Knowsley in 2022 has the highest rate of abortions in the Country out of 149 upper tier Local Authority areas.

Between 2012 and 2022, the abortion rate in Knowsley has increased by 57.5%, this is higher than 37.8% in the North West region and much higher than the 25.4% across England.

Overall, 47.9% of abortions in Knowsley were repeat abortions in 2022, higher than England (40.9%) and North West (43.3%). The proportion of repeats in women aged under 25 was 34.3% in Knowsley during 2022, higher than both the North West region (30.3%) and England (28.0%). Repeat abortions for women aged over 25 in Knowsley was 54.8%, higher than England 48.1% and North West 51.4%.

60.7% of under-18 conceptions in Knowsley during 2021 led to a termination in pregnancy. This was higher than England (53.4%) and the North West region (56.1%).

The proportion of under-16s conceptions leading to abortions was 88.0% in Knowsley between 2019 and 2021. This was significantly higher than the North West region (65.7%) and England (61.6%). The percentage of under-16s conceptions leading to abortion has been increasing over the past four reporting periods since 2015-17 whilst, regionally and nationally this has remained similar. Numbers are however very small especially at Local Authority level and trends are therefore not smooth as a result.

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 2022, the rate of GP prescribing long-acting reversible contraception in Knowsley was 7.1 per 1,000 females aged 15-44, compared to 20.6 per 1,000 females in the North West region and 26.5 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 girls and boys aged 12-13 (year 8 school age) to protect against cervical cancer. The first HPV vaccine dose is usually offered 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.

Coverage of the HPV vaccine (1 dose) for females in Knowsley during 2022/23 was 61.7% much lower than the national target of 90%. Coverage in Knowsley during 2022/23 was lower than England (71.3%) and the North West region (72.2%). The pandemic has had a significant impact on coverage both locally and nationally. North West and England declined by more than Knowsley in 2019/20 but recovered in partially in 2020/21, however Knowsley has continued to decline since 2018/19. Since 2018/19 Knowsley has declined by -28.2% this is more than the decline in England (-16.7%) and North West (-16.2%)

Sexual Violence

There were 400 sexual offences recorded by the police in Knowsley during the 2022/23 financial year. The number of offences equates to a rate of 2.6 sexual offences per 1,000 population, this is lower than North West and England. Rates of sexual offences have increased locally and nationally over the past thirteen years. In the latest year of 2022/23 rates have increased sharply both locally and nationally from 2020/21, however from 2019/20 to 2020/21 rates fell, with this year heavily affected by the Covid-19 pandemic.

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, by Integrated Care Boards (ICBs) 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.

ICBs 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 ICBs 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 services such as 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 set out the wider context for sexual health services as a whole in Knowsley. It involved 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.

A new strategy will shortly be developed.

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 for under 25 years (2014). This guideline aims to ensure all under-25s are given advice and information for all types of contraception. This includes support to meet the needs of those who are socially disadvantaged or who may find it difficult to use these services.

This guideline has the following recommendations:

- assessing local need and commissioning coordinated and comprehensive services.
- tailoring services for socially disadvantaged young people.
- ensuring young people understand that everything will be kept confidential.
- providing contraceptive services after pregnancy and abortion

- providing condoms in addition to other methods of contraception
- providing school and education-based contraceptive services

CG30 - Long-acting reversible contraception (revised in 2019). This guideline aims to increase the use of long-action reversible contraception by improving the information given to women about their contraceptive choices.

This guideline has the following recommendations:

- Contraceptive provision and prescribing
- Provision of information and informed consent
- Contraception and sexually transmitted infection
- Contraception for special groups
- Training of healthcare professionals in contraceptive care

NG68 - Condom distribution schemes (2017). The aim of this guideline is to reduce the risk of sexually transmitted infections (STIs). Shows how to introduce broader sexual and reproductive health services, especially for younger people, and help prevent unplanned pregnancies.

This guideline has the following recommendations:

- targeting services
- multicomponent condom distribution schemes for young people in health, education, youth and outreach settings
- single component schemes

HIV and Aids

NG60 - HIV testing: increasing uptake among people who may have undiagnosed HIV (2016). The guideline advises how to increase the uptake of HIV testing in primary and secondary care, specialist sexual health services and the community. How to plan and deliver services that will meet the needs of local HIV prevalence, promote awareness of HIV testing and increase ways to offer testing to people who may have undiagnosed HIV.

The guideline has the following recommendations:

- offering and recommending HIV testing in different settings
- increasing opportunities for HIV testing
- promoting awareness and uptake of HIV testing
- reducing barriers to HIV testing

Sexually Transmitted Infections

NG221 – Reducing sexual transmitted infections (2022). The guideline covers what interventions help to prevent sexually transmitted infections (STIs) in people aged 16 and over. The aim is to reduce the transmission of all STIs, including HIV, and ways to help increase the uptake of STI testing and vaccines for human papillomavirus (HPV) and hepatitis A and B.

The guidance has the following recommendations:

- reducing the risk of people getting and transmitting STIs
- improving uptake and increasing the frequency of STI testing

partner notification

- HPV and hepatitis A and B vaccination in gay, bisexual and other men who have sex with men.
- pre-exposure prophylaxis for HIV

2.5 Public Health Outcomes Framework

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

- B12c – Violent crime – sexual offences per 1,000 population.
- C01 Total prescribed LARC excluding injections (Crude rate per 1000 population).
- C02a - Under 18 conception rate (Crude rate per 1000 population).
- C02b – Under 16 conception rate (Crude rate per 1000 population).
- D02a - Chlamydia detection rate per 100,000 aged 15–24-year-olds.
- D02a - Chlamydia detection rate per 100,000 aged 15–24-year-olds (Male).
- D02a - Chlamydia detection rate per 100,000 aged 15–24-year-olds (Female).
- D02b – New STI diagnoses (excluding chlamydia aged under 25) per 100,000 population.
- D04e – Population vaccination coverage – HPV coverage for one dose (12- to 13-year-old) (Female)
- D04e – Population vaccination coverage – HPV coverage for one dose (12- to 13-year-old) (Male)
- D04f – Population vaccination coverage – HPV coverage for one dose (13- to 14-year-old) (Female)
- D07 – HIV late diagnosis in people first diagnosed with HIV in the UK.

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. The UK Health Security Agency 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, except for 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 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 2023 with 376 cases aged 15 to 24, a rate of 239 per 100,000 population. The pandemic has had a significant effect on rates

locally and nationally. Rates in Knowsley are roughly 45% lower than 2019 and is lower than both the North West region (373) and England as a whole (341). Prior to 2020 Knowsley rates have been increasing and was higher than North West and England. In the latest year 2023 rates have remained similar to 2022 but are still significantly lower than the pre pandemic rates of 2019 in Knowsley, whilst North West rates have increased and are now the same in 2023 to 2019.

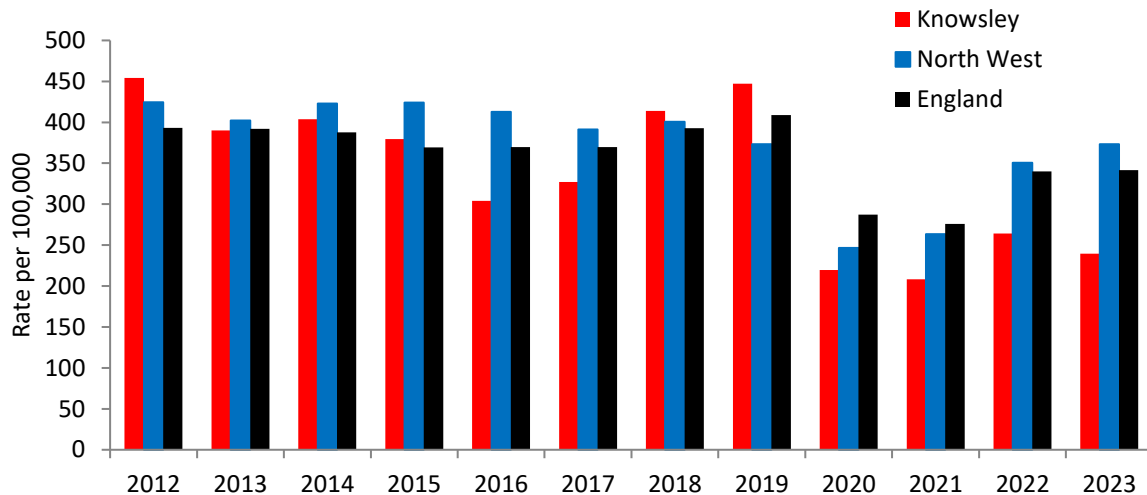


Figure 1a: Chlamydia diagnostic rate per 100,000 population, 2012 to 2022
Source: OHID

The chlamydia detection rate indicator is a measure of chlamydia control activity, an increased detection rate is indicative of increased control activity; the detection rate is not a measure of morbidity.

In 2023 Knowsley had a lower Chlamydia detection rate (1270 crude rate per 100,000 aged 15 to 24 population) than the North West region (1774) and England (1546). The pandemic has had a significant effect on rates locally and nationally, with rates currently 49% lower in Knowsley since 2019. The decline in detection rates is much higher in Knowsley, as before the pandemic in 2019 Knowsley had a higher detection rate than North West and England.

The UK Health Security Agency (UKHSA) recommends that local authorities should be working towards the revised female-only minimum recommended detection rate of 3,250 per 100,000 aged 15 to 24 (Female) from 2022. Currently in 2023 the detection rate in females in Knowsley was 1705 per 100,000, way short of this target, however detection rates have decline significantly since the pandemic. Before the Covid-19 pandemic in 2019 Knowsley was very near this target with 3,227 per 100,000.

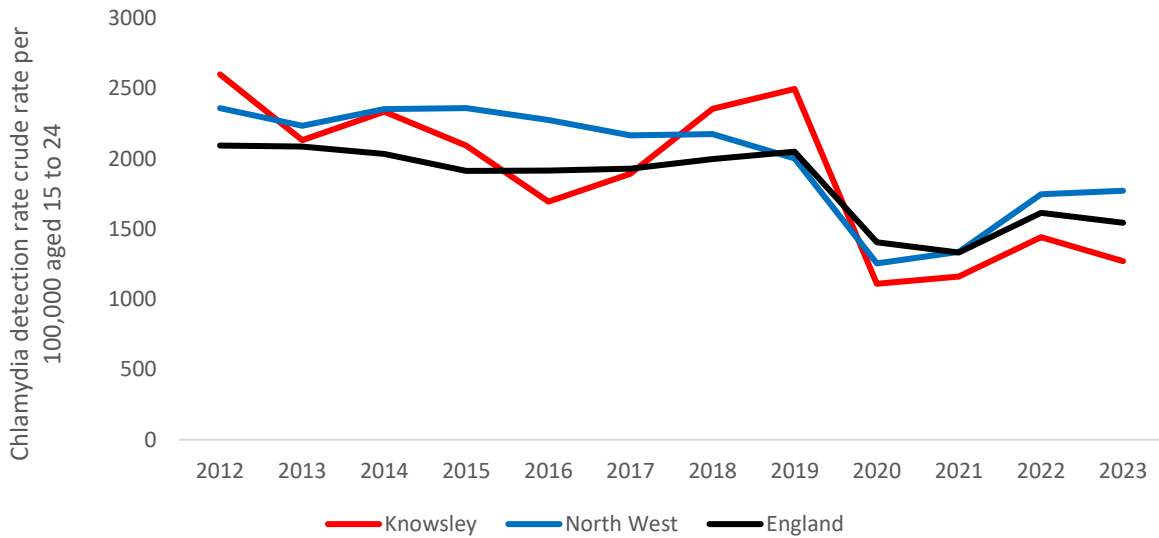


Figure 2b: Chlamydia detection crude rate per 100,000 population, 2012 to 2022 Source: OHID

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 2023 was 58 a rate of 36.9 per 100,000 population. In comparison, Knowsley had a lower rate of people diagnosed with genital warts than the North West region (41.4) and England (45.8). The pandemic has had a significant effect on rates locally and nationally, with rates roughly halving both locally and nationally since 2019. The rates of Genital warts have generally been in decline both locally and nationally over the last 10 years. Since 2012 the Knowsley rate has fallen faster (-80%) than North West (-72%) and England (-68%). In the latest year 2023, rates have remained similar both locally and nationally from 2023.

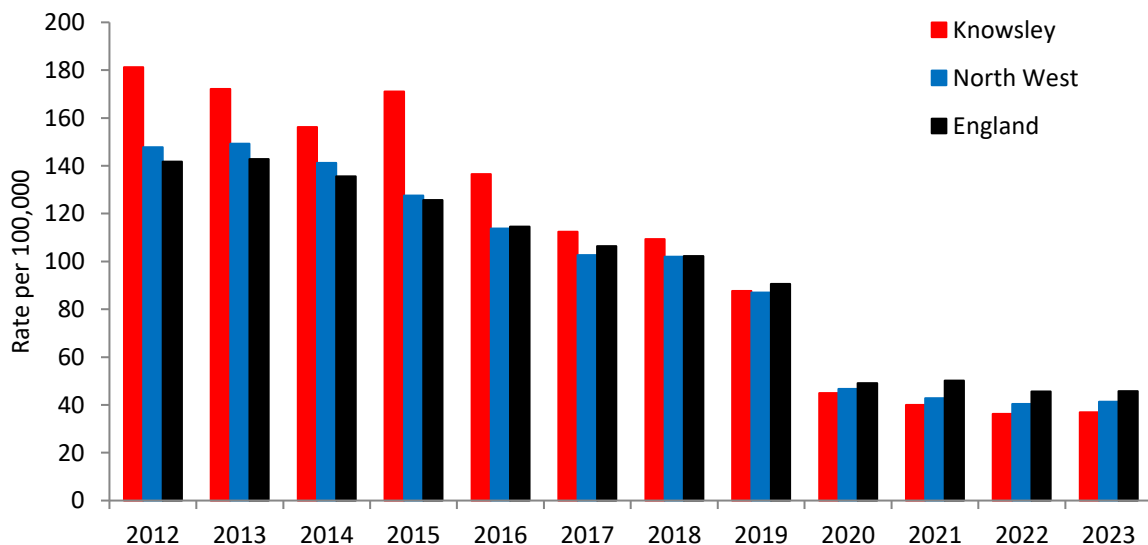


Figure 3: Genital warts diagnostic rate per 100,000 population, 2012 to 2023 Source: OHID

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 encountering 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 pandemic has had a significant effect on rates locally and nationally. Rates in Knowsley roughly halved from 2019 to 2020. The latest rate of diagnosis for genital herpes in Knowsley was 73.8 cases per 100,000 population during 2023 in Knowsley, this is higher than North West region (45.0) and England (47.6). The number of cases of herpes in Knowsley during 2023 was 116, this is similar to the pre-pandemic year of 2019 where there were 109 cases. In the latest year 2023 rates have increased significantly in Knowsley, will much smaller increases seen in North West and England.

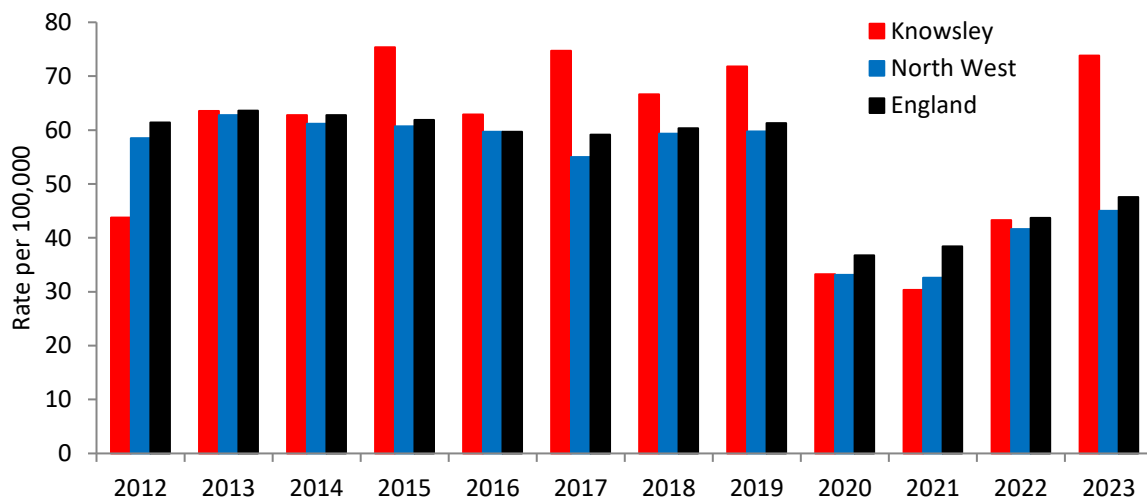


Figure 4: Genital herpes diagnosis rate per 100,000 population, 2012 to 2023 Source: OHID fingertips

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.

The pandemic has had a significant effect on rates locally and nationally and were around a third lower in 2021 than in 2019. Before the pandemic rates of gonorrhoea have been increasing locally and nationally since 2012.

There were 198 cases of gonorrhoea diagnosed in Knowsley during 2023, a rate of 126.0 cases per 100,000 population. The rate of infection from gonorrhoea in Knowsley was similar to North West region (131.9) but lower than England (149.2). Rates are similar in 2023 to that seen in 2022, both locally and nationally. The 2023 rates were the highest seen in the north west and nationally over the last 10 years and are higher than the previous pre pandemic peak of 2019.

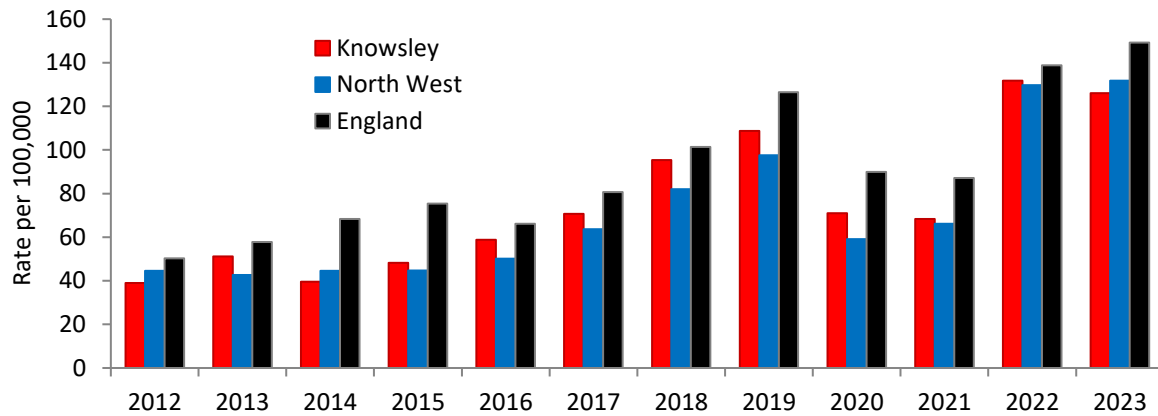


Figure 5: Gonorrhoea diagnostic rate per 100,000 population, 2012 to 2023 Source: OHID fingertips

4.2 HIV

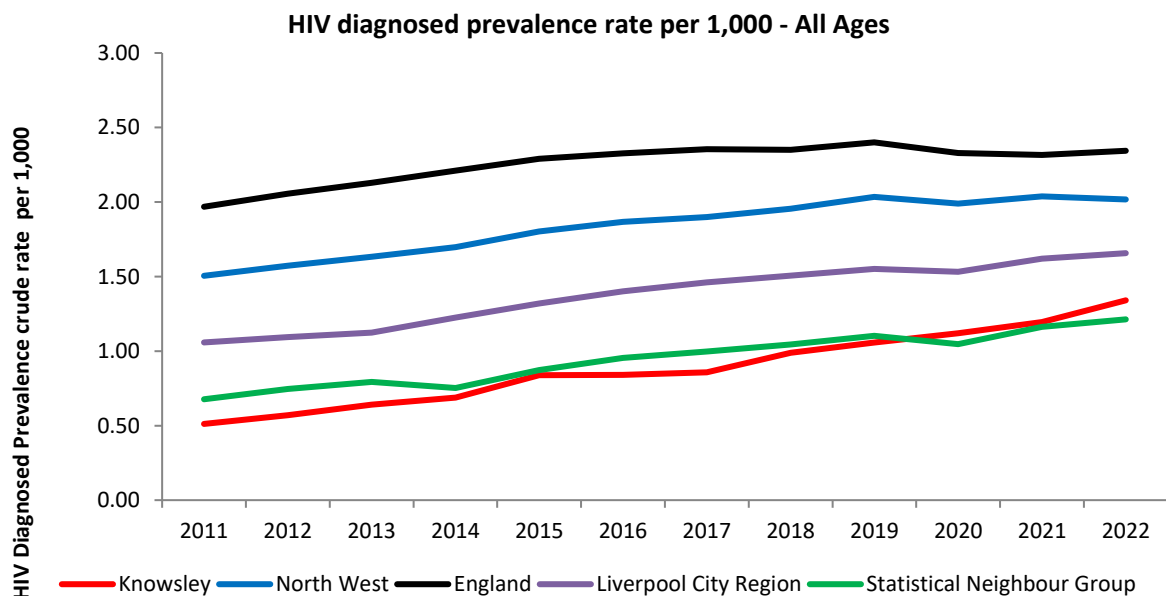


Figure 5: HIV Diagnosed Prevalence, 2011-2022 – All Ages Source: OHID Fingertips

In 2022 there were 120 residents in Knowsley, this equates to a prevalence rate for people diagnosed with HIV of 1.34 cases per 1,000 residents aged 15-59. Between 2012 and 2022, numbers of residents in Knowsley diagnosed with HIV have over doubled (140% increase) in the last 10 years which is partly attributed to increased awareness and identification. 2022 saw an increase in the prevalence rate in Knowsley, North West and England. Diagnosed HIV prevalence in Knowsley (1.34 crude rate per 1,000 population) is significantly lower than North West (2.02) and England (2.34).

It is notable that Knowsley HIV prevalence has increased since the pandemic from 1.06 (per 1,000 population) in 2019 to 1.34 in 2022, whilst North West and England have prevalence have remained static.

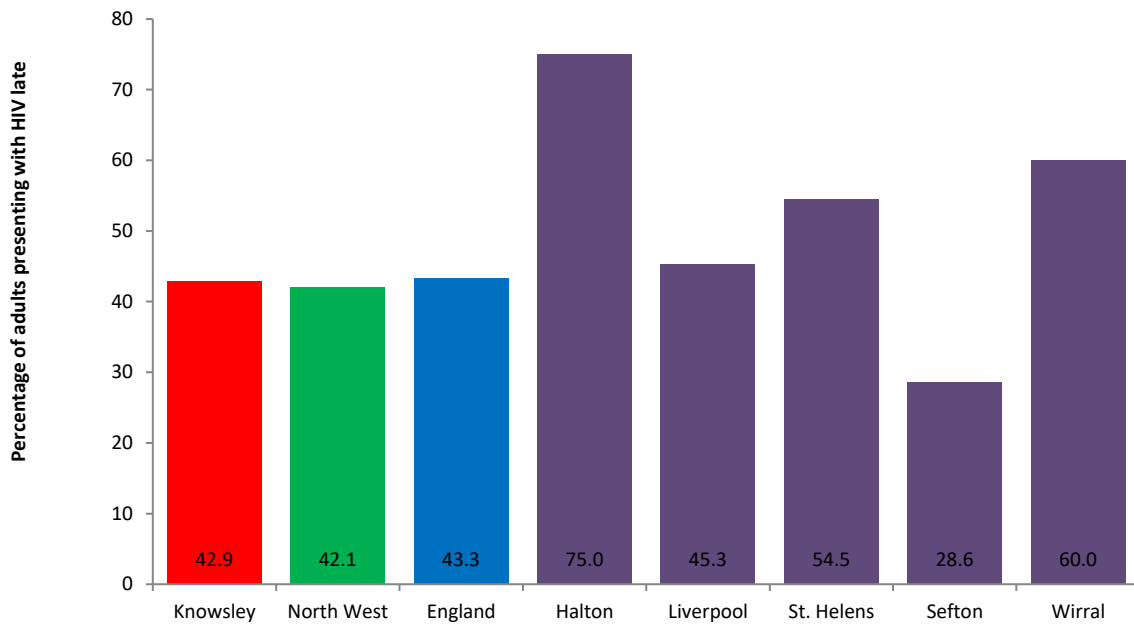


Figure 6: People presenting with HIV at a late stage of infection, 2020-22. Source: OHID Fingertips

The proportion of people presenting with HIV at a late stage of infection from Knowsley was 42.9% in the latest reporting three-year period of 2020-22, this is similar to the North West region (42.1%) and England (43.3%).

4.3 Teenage Conceptions

4.3.1 Under-18 Teenage Conceptions

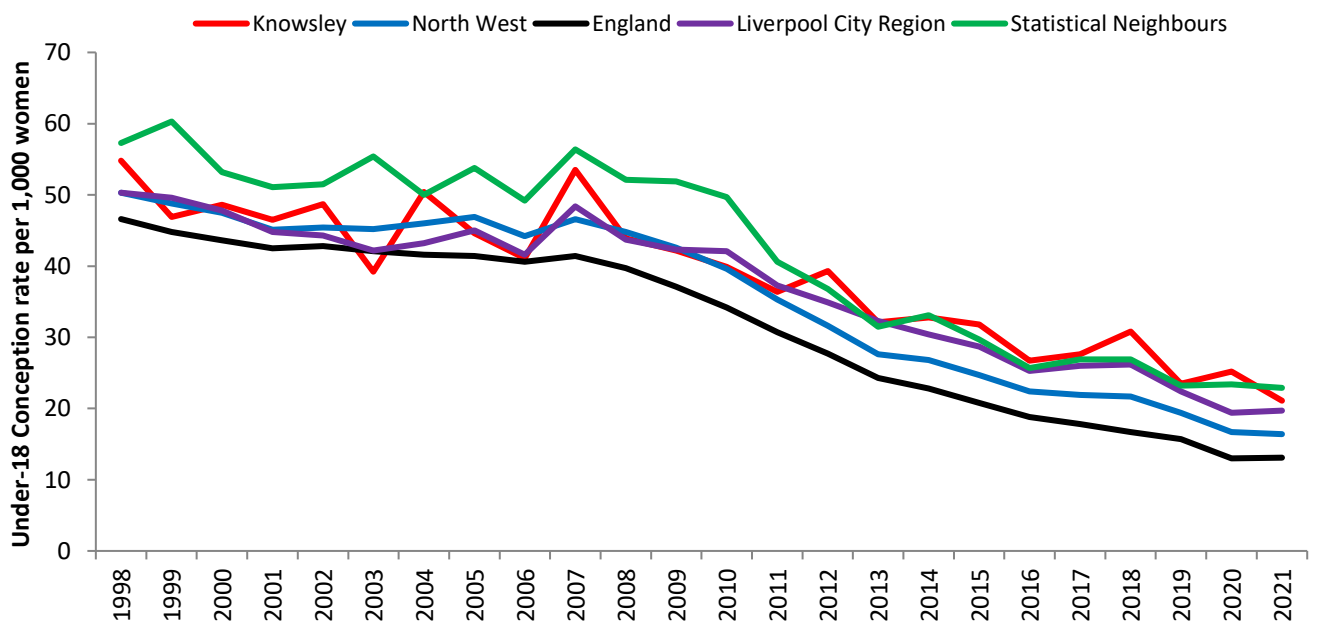


Figure 7: Under-18 Teenage Conceptions, 1998-2021 Source: ONS

There were 56 under-18 conceptions in Knowsley during 2021, a rate of 21.1 per 1,000 females aged 15-17. The rate in Knowsley during 2021 was significantly higher than England (13.1) and North West (16.4) and higher than Liverpool City Region (19.7) and Knowsley's Statistical Neighbour Group (22.9).

Between 1998 and 2021, the rate of under-18 conceptions has fallen by 62% in Knowsley, this is less than North West (67%) and England (72%). The Gap between Knowsley and England and Knowsley and the North West has widened as a result.

4.3.2 Under-16 Teenage Conceptions

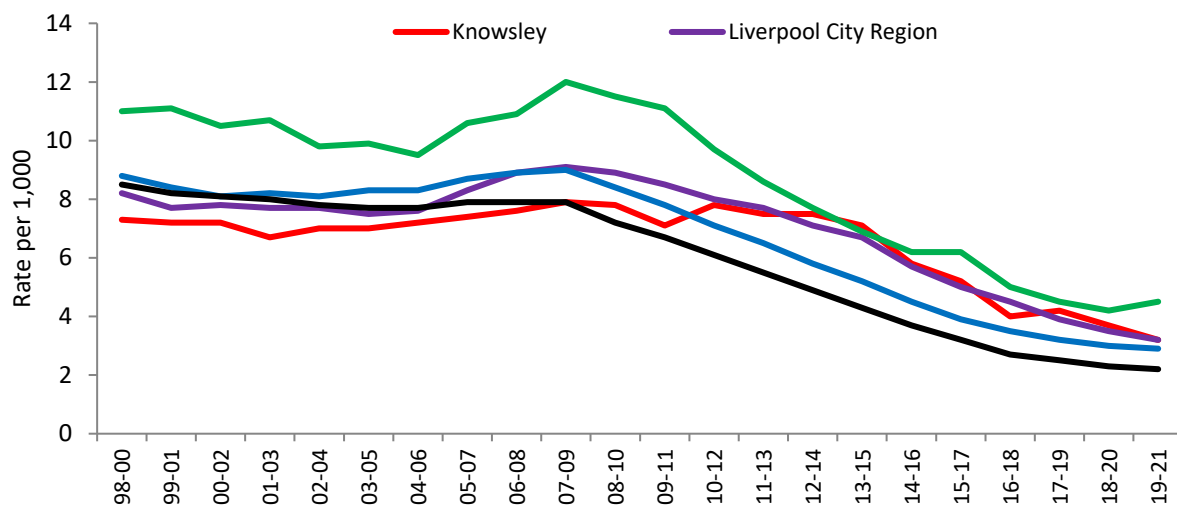


Figure 8: Under-16 Teenage Conceptions, 1998-00 to 2019-21 Source: ONS

The rate of under-16 conceptions in Knowsley during 2019-21 was 3.2 conceptions per 1,000 females aged 14-16. There were 8.3 under-16 conceptions on average per year. The under-16 conception rate in Knowsley was higher than England (2.2), the North West region (2.9), the Liverpool City Region (3.2) but lower than Knowsley's Statistical Neighbour Group (4.5).

The under-16 conception rate remained relatively stable between 1998-00 and 2012-14 with only a 2.7% increase in this period. Since then, however a large decrease in the conception rate in Knowsley of 54.9% from 2013-15. However, it is important to note that figures are small.

The 25 under-16 conceptions in 2019-21 represented 14.1% of all under-18 conceptions between 2019 and 2021.

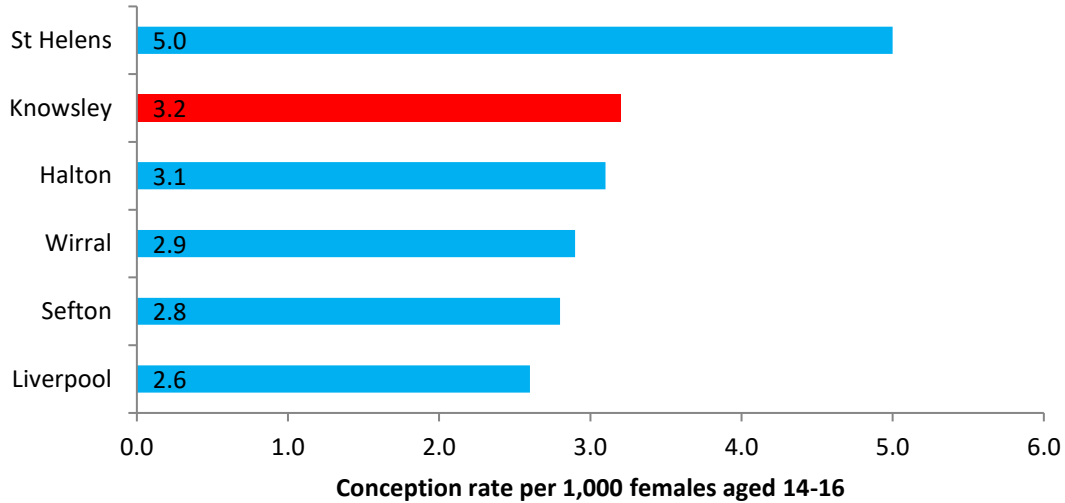


Figure 9: Under-16 Teenage Conceptions in the Liverpool City Region, 2019-21 Source: ONS

Knowsley had the second highest rate of under-16 conceptions during 2019-21 out of the six local authority areas in the Liverpool City Region. The rate of under-16 conceptions ranged from 2.6 per 1,000 females aged 13-15 in Liverpool to 5.0 per 1,000 females aged 13-15 in St Helens.

4.4 Termination of Pregnancy

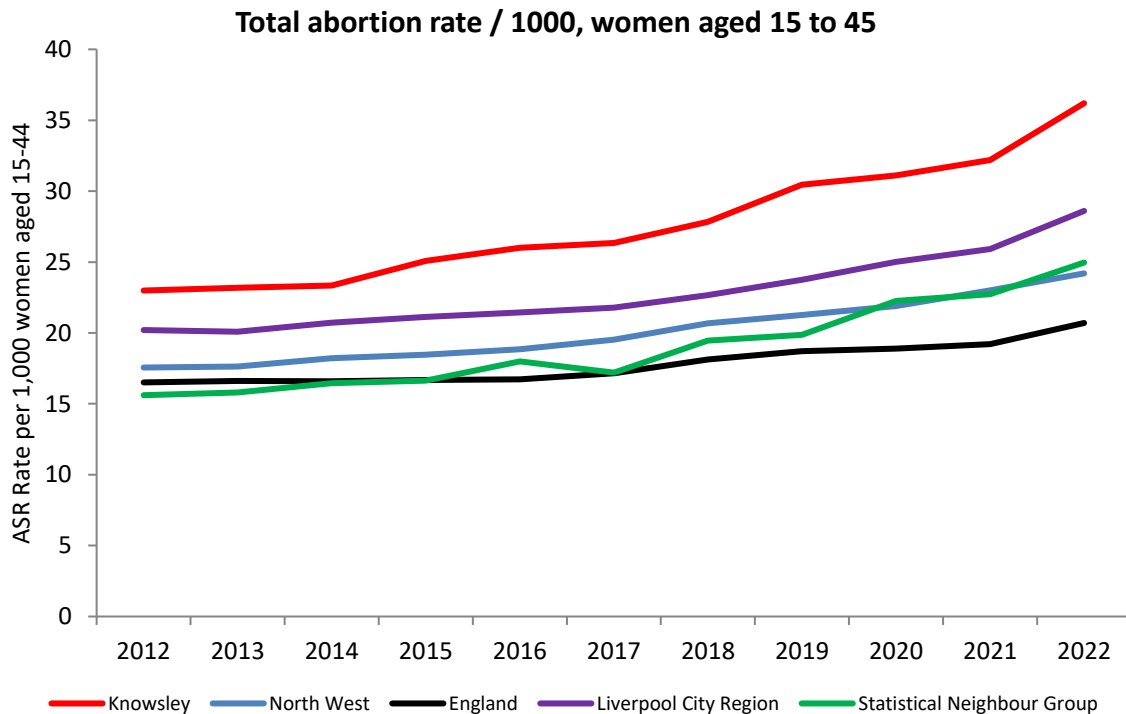


Figure 10: Abortion Rates per 1,000 women aged 15-44, 2012-2022 Source: OHID Fingertips/ONS

There were 1,178 abortions in Knowsley during 2022, equating to an abortion rate of 36.2 per 1,000 females aged 15-44. This rate has steadily increased

over the last nine years. The Knowsley rate is significantly higher than North West region (24.2) and England (20.7). Knowsley in 2022 has the highest rate of abortions in the Country out of 149 upper tier Local Authority areas.

Between 2012 and 2022, the abortion rate in Knowsley has increased by 57.5%, this is higher than 37.8% in the North West region and much higher than the 25.4% across England.

	Knowsley Abortions	Knowsley Crude Rate	North West Crude Rate	England Crude Rate
Total	1,178	36.2	24.2	20.7
Under 18	23	8.6	9.6	7.7
18-19	79	50.1	32.6	27.0
20-24	297	73.1	43.1	36.4
25-29	310	52.9	37.2	31.5
30-34	287	43.9	28.7	24.2
35 & Over	182	17.0	12.2	11.5

Table 1: Abortion Rates by Age, 2022 Source: OHID

The 20-24 age group had the highest age specific abortion rate in Knowsley during 2022 of 73.1 abortions per 1,000 females aged 20-24. This was substantially higher than the North West region (43.1) and England (36.4). Indeed, for all age groups, Knowsley had a higher age specific abortion rate than the North West region and England in 2022, apart from Under 19 where it is below the North West average.

There were a higher proportion of NHS funded abortions (under 10 weeks) in Knowsley during 2022 (94.5%) compared to the North West region (93.3%) and England (92.0%).

4.4.1 Repeat Abortions

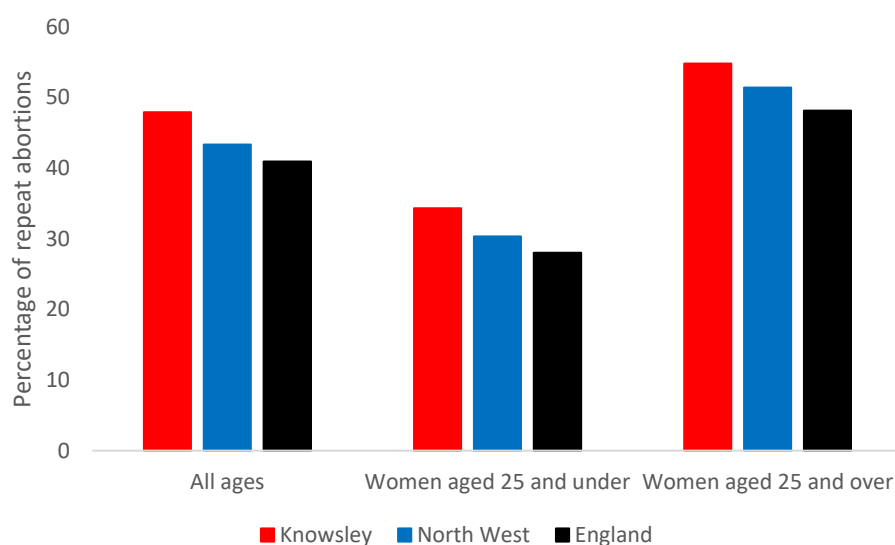


Figure 11: Percentage of Repeat Abortions, 2022 Source: ONS

The proportion of repeat abortions in women aged under 25 was 34.3% in Knowsley during 2022, higher than both the North West region (30.3%) and England (28.0%). Repeat abortions for women aged over 25 in Knowsley was 54.8%, higher than England 48.1% and North West 51.4%.

Overall, 47.9% of abortions in Knowsley were repeat abortions in 2022, higher than England (40.9%) and North West (43.3%).

4.4.2 Under-18 Conceptions Leading to Abortion

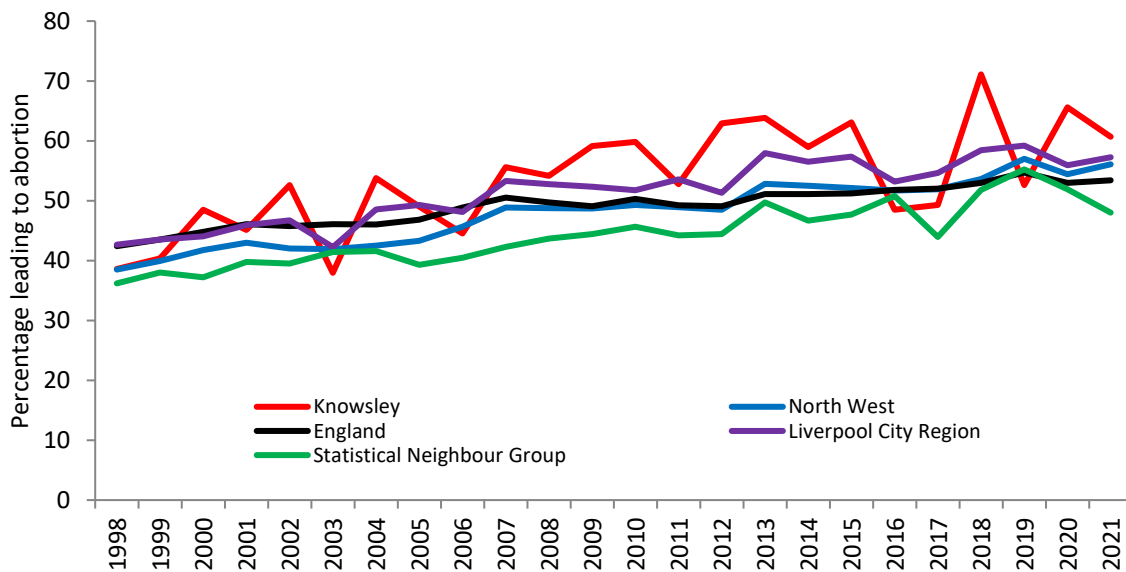


Figure 12: Under-18 conceptions leading to abortion, 1998-2021 Source: Office for National Statistics

The proportion of under-18s conceptions leading to abortions was 60.7% in Knowsley during 2021. This was higher than the Liverpool City region (57.2%), North West region (56.1%) and England (53.4%). Locally and nationally over the past 23 years it is clear that higher proportions of conceptions are leading to abortions.

4.4.3 Under-16 Conceptions Leading to Abortion

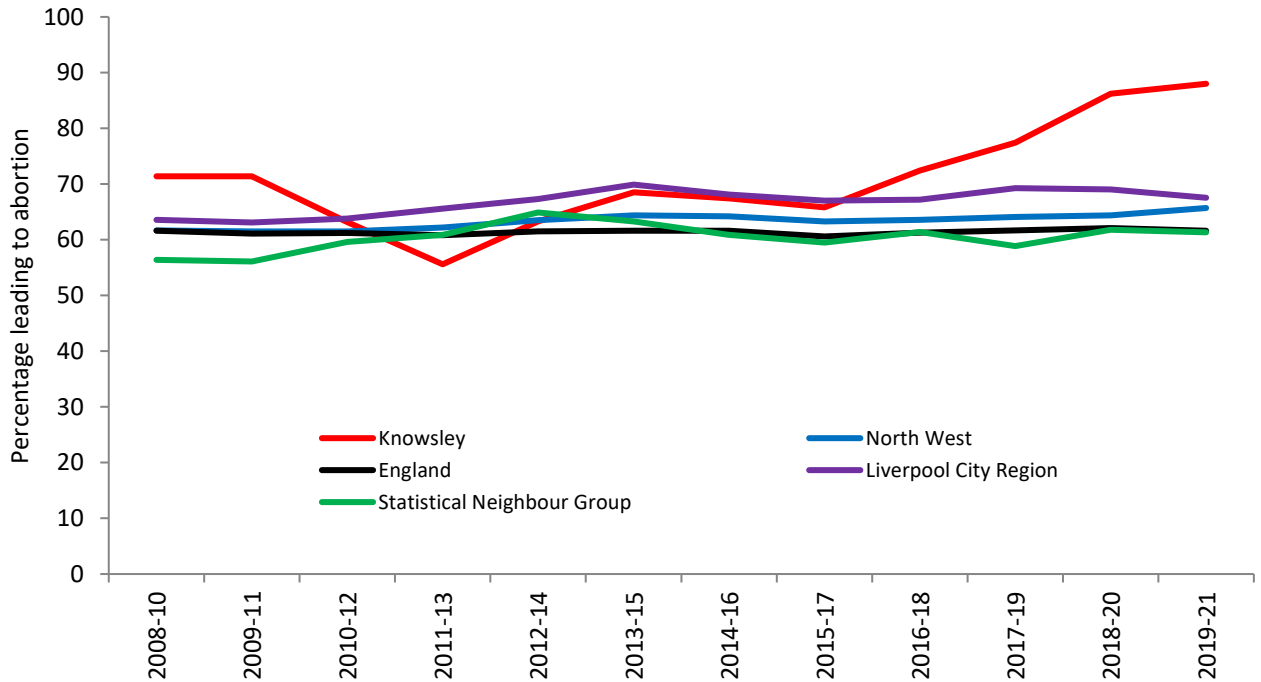


Figure 13: Under-16 conceptions leading to abortions, 2008-10 to 2018-21
Source: Office for National Statistics

The proportion of under-16s conceptions leading to abortions was 88.0% in Knowsley between 2019 and 2021. This was significantly higher than the North West region (65.7%) and England (61.6%). The percentage of under-16s conceptions leading to abortion has been increasing over the past four reporting periods since 2015-17 whilst, regionally and nationally this has remained similar. Numbers are however very small especially at Local Authority level and trends are therefore not smooth as a result.

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.

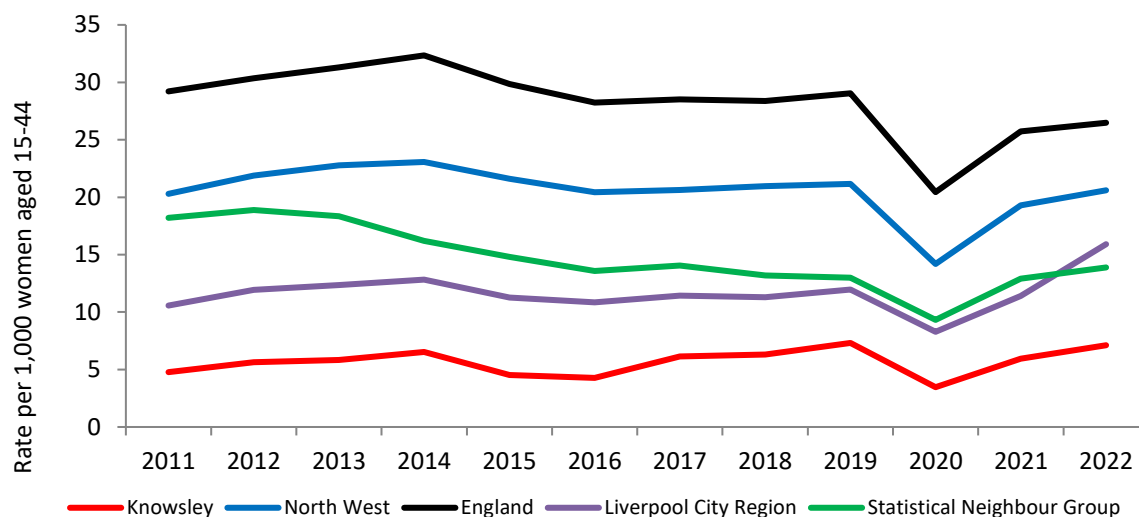


Figure 14: Rate of GP prescribed long-acting reversible contraception – excluding injections (LARC), 2011- 2022
Source: OHID Fingertips

During 2022, the rate of GP prescribing long-acting reversible contraception in Knowsley was 7.1 per 1,000 females aged 15-44, compared to 20.6 per 1,000 females in the North West region and 26.5 per 1,000 females in England as a whole. The rate of GP prescribing long-acting reversible contraception increased both locally and nationally in from 2021 to 2022, however from 2019 to 2020 rates fell, with this year heavily affected by the COVID-19 pandemic.

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 girls and boys aged 12-13 (year 8 school age) to protect against cervical cancer. The first HPV vaccine dose is usually offered 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.

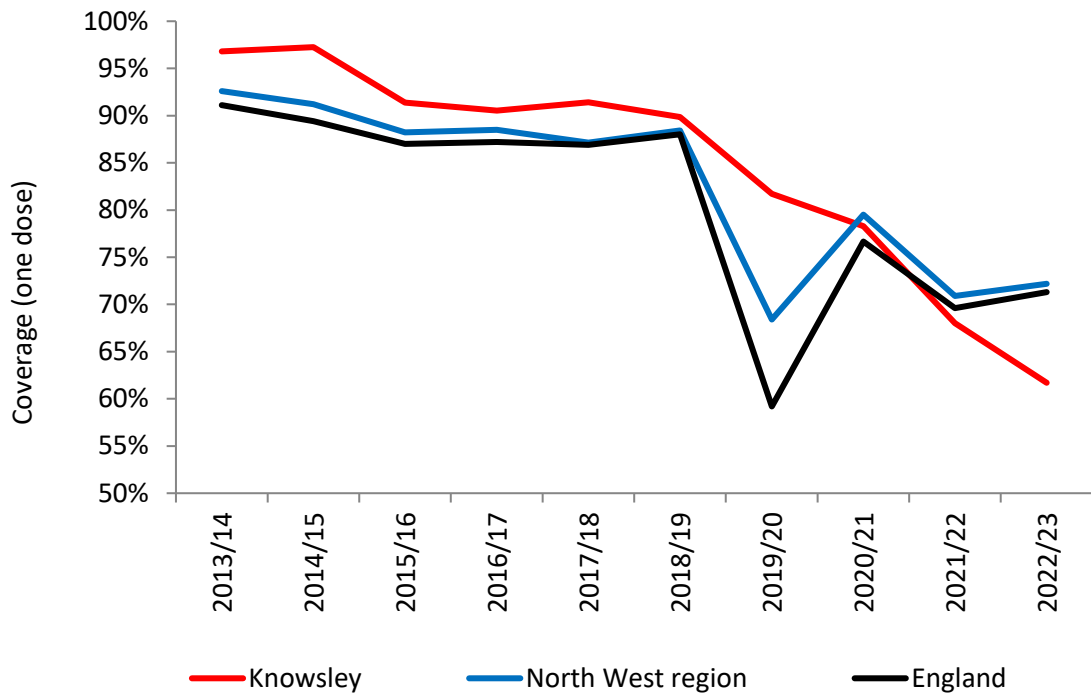


Figure 15a Human Papilloma Virus Vaccine Coverage (1 Dose, females aged 12-13), 2013/14 to 2022/23
Source: OHID fingertips

Coverage of the HPV vaccine (1 dose) for females in Knowsley during 2022/23 was 61.7% much lower than the national target of 90%. Coverage in Knowsley during 2022/23 was lower than England (71.3%), the North West region (72.2%). The pandemic has had a significant impact on coverage both locally and nationally. North West and England declined by more than Knowsley in 2019/20 but recovered in partially in 2020/21, however Knowsley has continued to decline since 2018/19. Since 2018/19 Knowsley has declined by -28.2% this is more than the decline in England (-16.7%) and North West (-16.2%)

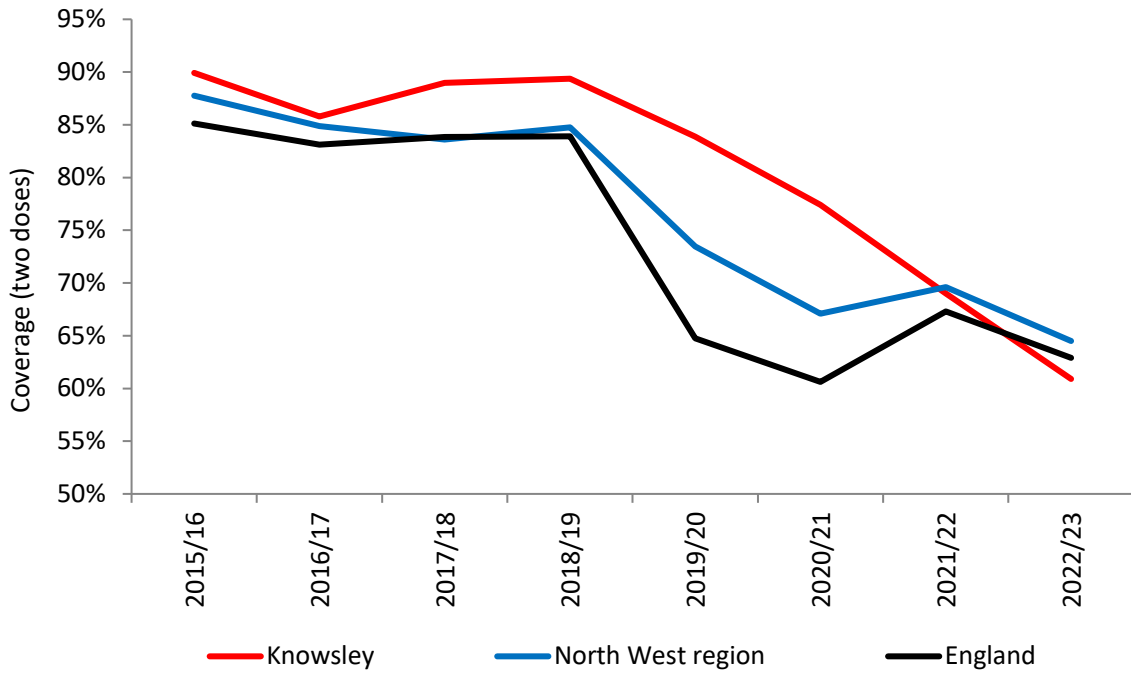


Figure 15b Human Papilloma Virus Vaccine Coverage (2 Dose, females aged 13-14), 2015/16 to 2022/23
Source: OHID fingertips

Coverage of the HPV vaccine (2 doses) for females in Knowsley during 2022/23 was 60.9% was lower than England (62.9%) and the North West region (64.5%). The pandemic has had a significant impact on coverage both locally and nationally. Since 2018/19 Knowsley has declined by -28.5% this is more than the decline in England (-21.0%) and North West (-20.3%)

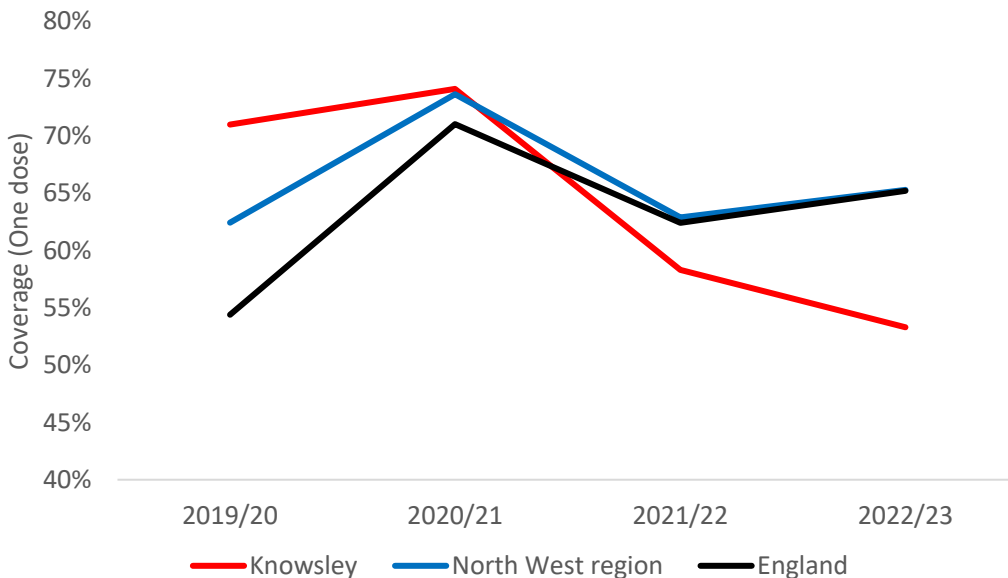


Figure 15c Human Papilloma Virus Vaccine Coverage (1 Dose, males aged 12-13), 2019/20 to 2022/23
Source: OHID fingertips

Coverage of the males HPV vaccine (1 dose) in Knowsley during 2022/23 was 53.3% was much lower than England (65.2%) and the North West region (65.3%). Coverage has seen significant decline in the last couple of years in Knowsley.

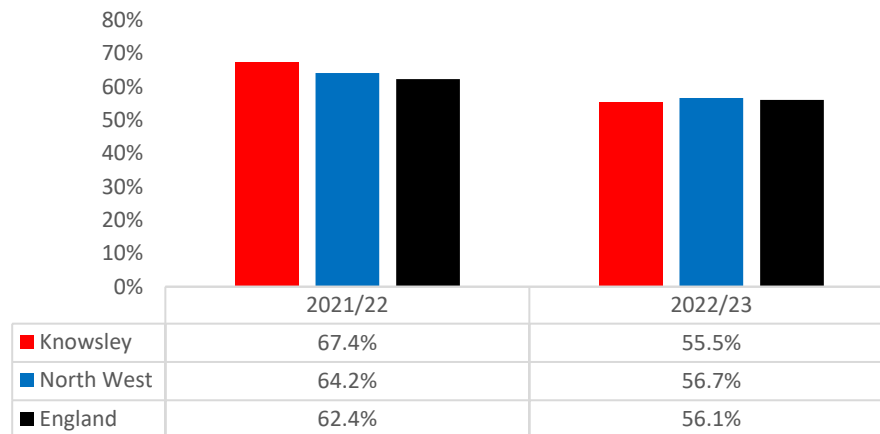


Figure 15d Human Papilloma Virus Vaccine Coverage (2 Doses, males aged 13-14), 2021/22 to 2022/23
Source: OHID fingertips

Coverage of the males HPV vaccine (2 doses) in Knowsley during 2022/23 was 55.5% was similar than England (56.1%) and the North West region (56.7%).

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' because 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 is a public health function.

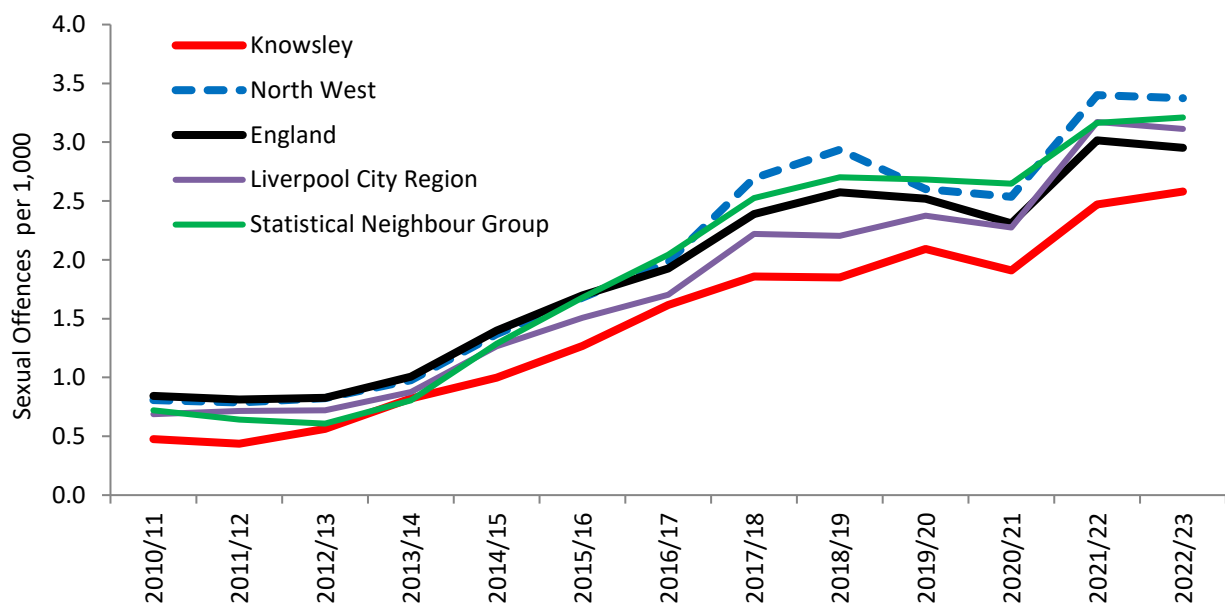


Figure 16: Sexual offences per 1,000 population, 2010/11 to 2022/23 Source: OHID

There were 400 sexual offences recorded by the police in Knowsley during the 2022/23 financial year. The number of offences equates to a rate of 2.6 sexual offences per 1,000 population, this is lower than North West and England. Rates of sexual offences have increased locally and nationally over the past thirteen years. In the latest year of 2022/23 rates have increased sharply both locally and nationally from 2020/21, however from 2019/20 to 2020/21 rates fell, with this year heavily affected by the Covid-19 pandemic. The rate of sexual offences in the North West region and England have been higher than Knowsley in each of the thirteen years represented in figure 16.

5. LOCAL SEXUAL HEALTH SERVICES

5.1 Knowsley Sexual Health Service

Knowsley's Integrated Sexual Health Service (Axess) provides open access sexual health and contraception services for local adults and young people IN Knowsley. The service is provided by Liverpool University Hospitals NHS Foundation Trust (LUHFT) and the current contract has been in place since 2018.

The service offers 3 different levels of support (basic, intermediate, and complex). Services available include contraception provision, sexually transmitted infection testing, pregnancy testing, rapid HIV testing, PrEP clinic, Trans STI screening and support and sexual problems counselling service. Support is offered via a combination of telephone triage, face to face and online communication methods. During the pandemic, the service adopted a hybrid model of delivery and implemented an improved online offer to ensure continuity of service delivery. This proved popular with residents and continues to be well utilised and has therefore remained in place post pandemic.

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's Sexual Health Service operates five days a week, and operates out of a main clinic, The Arch, in Huyton. The service operates via a hub and spoke model with the main hub being located at The Arch, Huyton. Prior to the Covid-19 pandemic, satellite clinics were delivered in Kirkby and Halewood, however, due to the re-location of some NHS services into these buildings during the pandemic, re-establishing appropriate clinical rooms has proven challenging. The service has explored various alternative provisions for the satellite clinics including enhancing the outreach and online offer, introducing telephone triaging, implementing a mobile facility and exploring the availability of alternative, clinically appropriate venues.

The service is an open access service and includes dedicated young people provision. Axess also provide an outreach service to support particularly vulnerable people across Knowsley, as well as an educational outreach offer whereby specialist practitioners provide a range of different training packages to schools, colleges, community organisations and to professionals who work directly with young people and vulnerable adults. They also offer a specific clinic for young people aged below 19 called Axess 4 U which is currently based at The Arch on Wednesday evenings. 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 six GPs across Knowsley 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. 29 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 The Arch in Huyton 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. Knowsley residents can also now order a free online postal STI test through the Axess digital sexual health service, **SH:24**.

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. In 2021, the NCSP changed to focus on reducing reproductive harm of untreated infection in young women. The harmful effects of chlamydia occur predominantly in women so the opportunistic screening (that is the proactive offer of a chlamydia test to young people without symptoms) is now intended to focus on women*, combined with:

- reducing time to test results and treatment.
- strengthening partner notification
- re-testing after treatment

In practice this means that chlamydia screening in community settings, such as GPs and pharmacies, will only be proactively offered to young women. Services provided by sexual health services remain unchanged. Everyone can still get tested if they need, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.

In support of the NCSP in Knowsley, a large number of sites offer chlamydia screening for 15–24-year-olds and screening targeted to 15–24-year-old female residents. This includes 10 GP practices, three NHS Walk in Centres, Knowsley Sexual Health Service, School Nurses, and Merseyside Youth Association (youth service provider), the Youth Offending Service and the Young Persons substance misuse service.

In 2021, 1,800 tests for chlamydia in Knowsley were undertaken, this equates to 10.5% of the 15-24 population screened. Numbers of tests undertaken in 2021 and 2020 were significantly lower than in pre pandemic 2019 and are roughly half of the 2019 level. In 2019 there was 3559 tests undertaken, equivalent to 20.8% of the 15-24 population.

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 considering HIV as a cause/ factor in certain illnesses. For other blood borne viruses, hepatitis screening and vaccination are also provided as per recommendations, e.g., 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 Council 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.

Support includes, but is not limited to, tracked referrals to a broad range of allied services, support with benefits and financial difficulties, assistance with housing matters, general welfare advice and guidance, support with education and employment. The service also includes outreach sessions, group work, 1-1 behaviour change interventions, counselling, family support, peer support groups, ad-hoc self-testing and of distribution of free safer sex supplies. In addition to this support, the provider also delivers health promotion (such as

local events to mark World AIDS Day across Huyton and Prescot), resources and information and HIV stigma awareness training to the Knowsley workforce.

Residents affected by HIV can also access additional support for their health and wellbeing needs through the provider's headquarters in Liverpool City Centre.

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. Merseyside Youth Association (MYA), who are commissioned to deliver youth provision in Knowsley, deliver the Teenage Health in Knowsley (THinK) service, which involves raising awareness around certain risks to health and wellbeing and delivering workshops, groupwork and campaigns etc. to promote young people's health and wellbeing in Knowsley, and sexual health features as part of their service offer. MYA also work closely with Knowsley's Sexual Health Service (Axess) and regularly attend sexual health forums. MYA's website includes information on a wide range of health and wellbeing issues, of which sexual health, contraception and healthy relationship education is included.

Knowsley's school nursing service, delivered by Wirral Community Health and Care NHS Foundation Trust, supports the sexual health agenda and positive outcomes in Knowsley through the support that is offered to pupils. The service offers the local condom distribution service and chlamydia screening within the school drop ins (school drop ins are offered monthly to each school) and signpost for pregnancy testing. Health promotion is offered on a one-to-one basis, including breast self-examination, testicular self-examination, and signposting. The service will also offer a 'body changes' session including hygiene, diet, exercise and will incorporate the normalisation of breast feeding to pupils and Year 5 and they also conduct online health assessments for pupils in Year 9, which includes sexual health questions which will be reviewed and actioned where required. The school nursing service works closely with Knowsley's sexual health service and receives up to date sexual health training delivered by Axess.

The provision of Relationships and Sex Education (RSE) is now a statutory requirement for all maintained schools and academies, both primary and secondary. Since September 2020, RSE became compulsory in England for all primary and secondary school pupils, with the expectation that schools

teach an RSHE curriculum that meets the Department's statutory guidance from September 2021.

[The statutory guidance](#) applies to all schools, whether maintained, non-maintained or independent schools, including academies and free schools, non-maintained special schools, maintained special schools and alternative provision, including pupil referral units. The statutory requirements do not apply to sixth form colleges, 16-19 academies or Further Education (FE) colleges. The subjects are part of the basic school curriculum (as previously for sex education in maintained secondary schools), which allows schools flexibility in developing their planned programme, integrated within a broad and balanced curriculum.

The guidance outlines that the focus in primary school is on Relationship Education and should concentrate on teaching the fundamental building blocks and characteristics of positive relationships, with particular reference to friendships, family relationships, and relationships with other children and with adults. Sex education is not compulsory in primary schools and the content set out in the guidance therefore focuses on Relationships Education.

In secondary school, the focus is on Relationships and Sex Education (RSE). The aim of RSE is to give young people the information they need to help them develop healthy, nurturing relationships of all kinds, not just intimate relationships. The guidance outlines that RSE should enable them to know what a healthy relationship looks like and what makes a good friend, a good colleague and a successful marriage or other type of committed relationship. It should also cover contraception, developing intimate relationships and resisting pressure to have sex (and not applying pressure). It should teach what is acceptable and unacceptable behaviour in relationships.

Schools are free to determine how to deliver the content set out in the guidance, in the context of a broad and balanced curriculum.

As mentioned, Knowsley's integrated sexual health service (Axess), provides an educational outreach service across Knowsley, that offers appropriate RSE training for schools in Knowsley (in addition to the champion and more enhanced training for schools, colleges and community groups and other organisations).

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. 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.

7. 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 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 Integrated Care Boards 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 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-year-olds 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.
- Ensure schools take up the offer from Axess where appropriate in order to enhance the education offer.
- 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.
- A new Sexual Health strategy needs to be developed for Knowsley, with the previous strategy expiring in 2018.

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