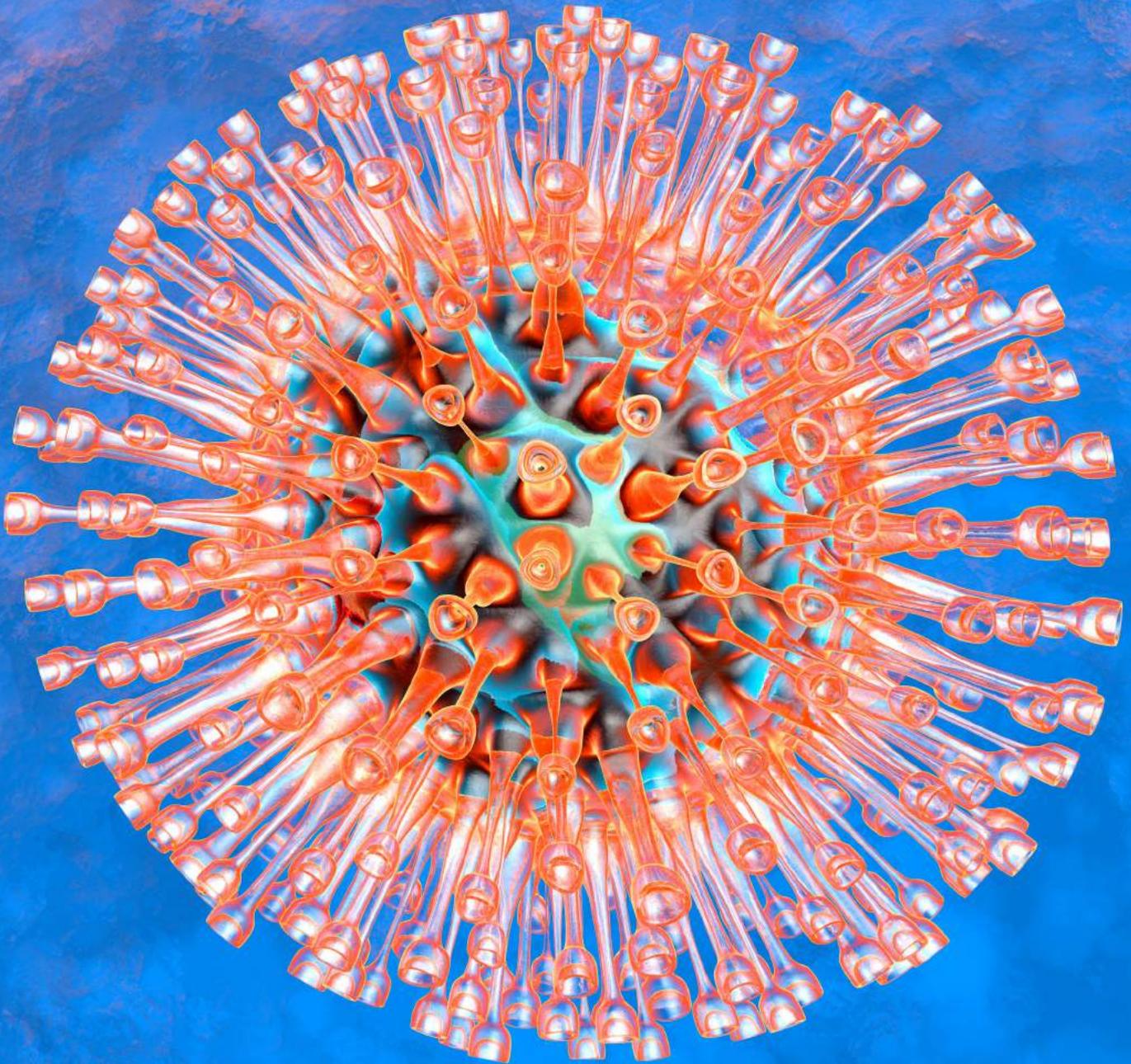
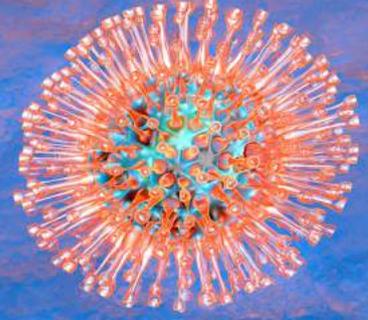


Sexual and Reproductive Health



Annual Public Health Report 2017

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Alternative formats

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This number is monitored during office hours, and there is an answering machine at other times.

Acknowledgement

Thankful to the many organisations and individuals that gave their time and insight into this report, including Andrew Scott-Clark, Director of Public Health, Kent County Council and Dr Allison Duggal, Assistant Director of Public Health, Kent County Council.

The Sexual Health Needs Assessment; the basis for this report was written by Wendy Jeffreys, Public Health Specialist, and Matthew Pateman, Public Health Analyst, Kent County Council, Public Health Department. **This can be accessed on the Kent Public Health Observatory webpage.** This Annual Public Health Report was authored on behalf of Kent County Council's Public Health Department by Mary Okon, Public Health Specialist.

Foreword

I'm pleased to present my 2017 Public Health Annual Report.

This report picks up the highlights and overall findings of a more detailed piece of work the KCC Public Health Department has undertaken over the past 18 months or so looking at the sexual health of the Kent population. This work is carried out as part of our systematic approach to commissioning comprehensive sexual health and community based sexual health services for the population of Kent, a statutory requirement of Local Authorities since the Health and Social Care Act 2012 was implemented.



Andrew Scott-Clark
Director of Public Health
Kent County Council

Many factors are associated with sexual and reproductive health. These factors I've broadly classified into four themes:

- Sexual and reproductive health is not a single issue
- Sexual ill-health is unevenly distributed between and within communities
- The importance of case finding, testing and effective treatment
- Provision of services and utilisation.

This report provides a summary of findings, often presented graphically, with the full needs assessment available that contains more detail and makes recommendations many of which have or are being actioned. **This can be accessed on the Kent Public Health Observatory webpage.**

Executive Summary

Sexual health is not a single issue

- Kent has a growing population with changing demographics and sexual practice
- Sexual and reproductive health is affected by many different factors
- Adverse childhood experiences (ACEs) can have lasting negative effects on health and well being including long term sexual health
- Women are more likely to be victims of domestic abuse and can often experience sexual assault and sexual violence, thereby increasing their risk of poor sexual health
- Excessive alcohol intake and high-risk sexual behaviour can lead to poor sexual health outcomes.
- Poor mental health can often make it difficult to achieve good sexual health

Sexually transmitted infections (STIs) are unevenly distributed

- Poor sexual health is unevenly distributed within the population and anyone who is sexually active risks being exposed to a STI
- Rates of Chlamydia is steadily increasing in the over 25 population and awareness of who is at risk is misunderstood
- Genital warts are the most commonly detected STI in Kent and highest rates are seen in Canterbury and Swale
- Gonorrhoea figures in Kent saw an increase in the districts of Swale, Gravesham, Shepway

-
- Diagnosis rates for genital herpes in Kent remains consistently lower than the England average, and the burden of infection is highest in Canterbury
 - Kent has lower numbers of diagnosed syphilis infections. Both Dartford and Gravesham have the highest incidence per 100 000 population.

Importance of case finding, testing and effective treatment

- The importance of finding and testing for STIs cannot be overstated.
- There is a lack of awareness about the long-term consequences of STIs and people in exclusive relationships are wrongfully viewed as being low risk.
- Gonorrhoea infection rates is on the increase by up to 73% in parts of Kent.
- Maidstone has increased PID and ectopic pregnancy emergency admissions among 15-44-year-old females and overall figures are consistently higher than the England average.
- Detection of Chlamydia amongst young adults remains significantly lower than the England average.
- Many people living with HIV don't know they have been infected and half of all newly diagnosed cases often takes place at the later stage of the disease resulting in delayed treatment.
- Specific groups are not taking up available sexual health services due to the belief they have outgrown them
- 1 in 4 bisexual and gay men have never had an STI test. 30% have never had an HIV test
- People who have unprotected sex with multiple partners are at greater risk of STIs
- People with untreated or undetected STI or HIV put their partners at risk, and these can have long lasting negative consequences if left untreated
- The most effective way to help prevent STIs is to use a condom

Service provision (sexual health services) and utilisation

- Kent operates an integrated model of care which provides open access to sexual and reproductive health services.
- Service provision includes a wide-ranging contraception service, STI testing and screening which includes not only treatment but also partner notification.

Recommended Actions

- Ongoing review of providers approaches to testing for all females at first attendance to ensure equitable screening.
- Introduction of HIV testing amongst all new registrants to general practices in North Kent due to high HIV prevalence rates.
- Research and further engagement with those affected by ACEs to better understand sexual health behaviour and or risks.
- Engage in further research opportunities to inform and influence policy to promote and prevent poor sexual health outcomes.
- Action research is needed to understand how best to engage with and support asylum seekers, migrants and refugees to address their sexual health needs.
- Health promotional campaigns to increase awareness of common STIs, working with PHE national campaigns as deemed appropriate and where possible
- Keeping in line with the principles of making every contact count (MECC); engagement should be with all providers, commissioners (NHS England), clinical commissioning groups (CCGs) and Kent county council (KCC), mental health, alcohol and drug services, domestic abuse, sexual assault, prison health services and Public Health England (PHE)

Introduction

It is the statutory responsibility of local authorities to commission comprehensive open access sexual health services. This includes contraception, including implants and intrauterine, STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing. Furthermore, it includes sexual health aspects of psychosexual counselling. Any sexual health specialist services including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools' colleges and pharmacies also fall under the remit of local authority.

Sexual and reproductive health is an important area of the public's health. Poor sexual health creates a significant burden of disease through sexually transmitted infections; particularly repeat infections occurring over long periods of time, infections diagnosed in later stages or even undiagnosed chronic infections.

Poor contraception management can lead to unplanned and or unwanted pregnancies; and adequate access to emergency contraception can be helpful for women; planned contraception makes for better sexual health.

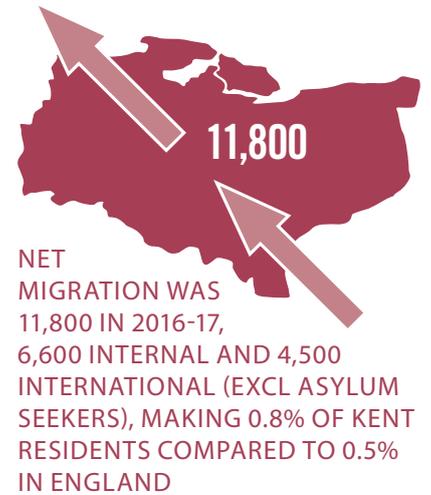
Sexual ill health is not equally distributed within the population and there are different risks to sexual health and well-being for different population groups. In Kent, the integrated sexual health service seeks to improve sexual and reproductive health; by providing easy access to services through 'one stop' shops, where most of the sexual health and contraceptive needs can be met at one site by one health professional, in services with extended opening hours and accessible locations.

This report aims to provide a themed summary of the current sexual and reproductive health picture in Kent. The report concludes with recommended actions.

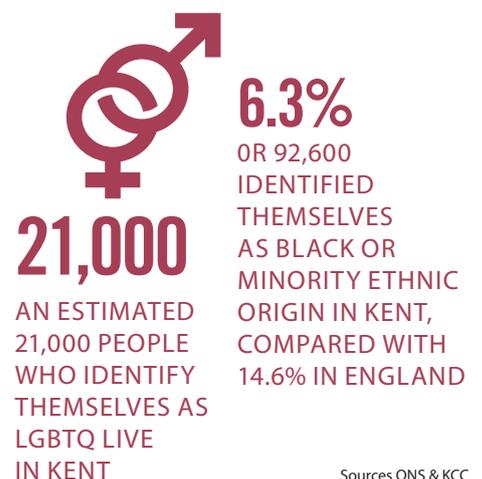
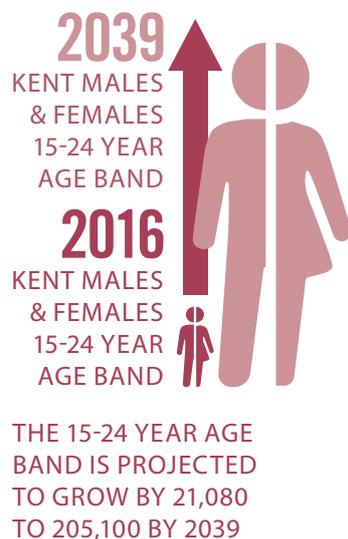
1.0 THEME 1

Sexual Health is not a single issue

Multiple factors impact sexual and reproductive health outcomes. Better understanding of how they each facilitate health harming behaviours in adulthood is essential. Not least because of population growth and changing demographics, ageing population and changing sexual practices. 15-24 age group is projected to grow by over 21,000 by 2039.



KENT DEMOGRAPHY



Sources ONS & KCC

1.0

Pregnancy and Birth: There were over 17,000 live births in Kent and many were to younger women. Reductions in the rates of teenage pregnancy have been greater in some districts; with the districts to the east of the county, Thanet (26.9) and Swale (26.5), having higher under-18 conception rates compared with those in the west Sevenoaks (10.5) and Tonbridge & Malling (9.9) per 1000 females. Nevertheless, conception rates across Kent have been steadily declining and have reduced by 40% since 2011, a similar pattern to England & Wales and the South East rates. Conversely, there is little change in the rate of terminations in Kent.

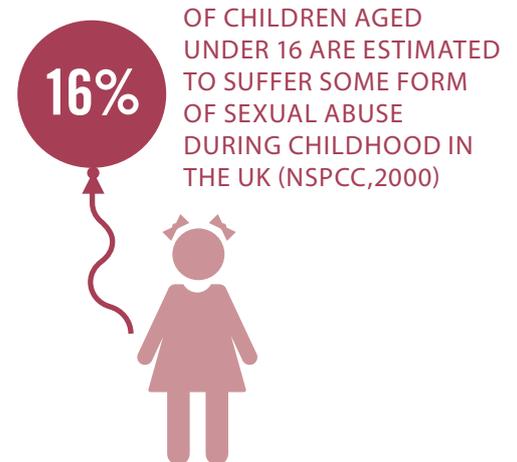
Adverse childhood experiences (ACE): are traumatic events that can have lasting negative effects on health and wellbeing. Having one ACE significantly increases the likelihood of earlier sexual initiation, unplanned teenage pregnancy and suboptimal mental health.

Domestic Abuse: Women are more likely to be victims of domestic abuse and can often experience sexual assault and sexual violence. In 2016, of the 1589 cases reported to Kent police 93% were women, and just under half (47%) were under 25 years of age. Conversely, 50% of gay and bisexual men have experienced domestic abuse from a partner or family member compared to 17% of the male population in general. In contrast, 28% of Trans people in the last year have faced domestic abuse from a partner. One commonality shared by most victims of domestic abuse is the reluctance to disclose it to a health care practitioner. Between 2015 and 2016, the incidence of domestic abuse-related crimes recorded by Kent police was higher than the England average, 22.1 per 1000 population and 23.1 per 1000 population respectively.

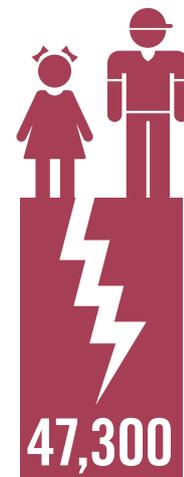
Alcohol and Sexual Health: There is a link between excessive alcohol intake and high-risk sexual behaviour which can lead to poor sexual health outcomes.

Mental Health: Poor mental health can often make it difficult to achieve good sexual health. Suboptimal mental and sexual health often coexists, particularly in individuals and groups with long-term conditions such as Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) who develop enduring mental ill health. Those who experience poor mental health, poor sexual health, sexual abuse or violence can often feel side-lined, not least because of prejudice, misunderstanding and fear.

People with severe mental illness are 2-8 times more likely to experience sexual violence compared to the general population. Lesbian, gay, bisexual



SEXUAL ABUSE



ARE ESTIMATED BY THIS FIGURE TO SUFFER A FORM OF SEXUAL ABUSE BY THE AGE OF 16 IN KENT FROM 296,000 TOTAL

and transgender (LGBT) people are at greater risk of mental health problems compared to heterosexuals; and poor mental health is highest amongst the Trans community. Mental health issues may also be a causative factor of psychosexual problems such as erectile dysfunction in men. Treatment of mental health disorders can also result in sexual dysfunction and some physical health problems.

In Summary:

- Kent has a growing population with changing demographics and sexual practice
- Sexual and reproductive health is affected by many different factors
- Adverse childhood experiences (ACEs) can have lasting negative effects on health and well being including long-term sexual health
- Women are more likely to be victims of domestic abuse and can often experience sexual assault and sexual violence, thereby increasing their risk of poor sexual health
- Excessive alcohol intake and high-risk sexual behaviour can lead to poor sexual health outcomes.
- Poor mental health can often make it difficult to achieve good sexual health

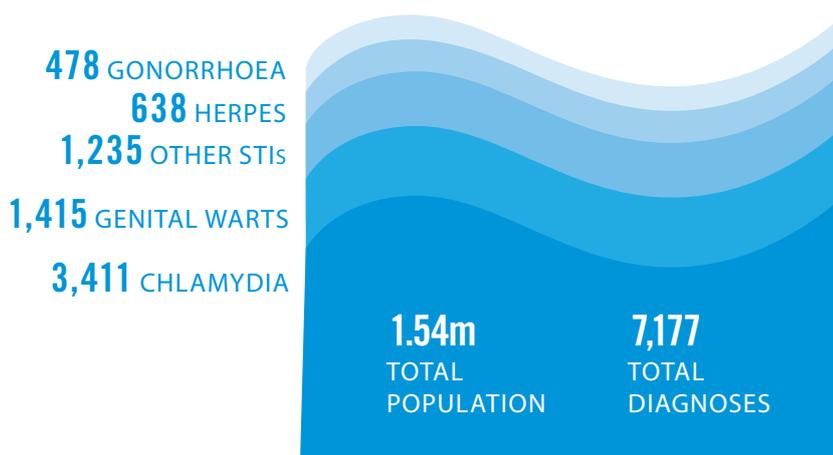
2.0 THEME 2

Sexually transmitted infections (STIs) are unevenly distributed

Sexual ill health is not equally distributed within the population and everyone who is sexually active risks exposure to a STI.

The greatest burden of infections is typically borne by those aged 20-24 years; but also, those at greater risk of poorer sexual health are;

- Men who have sex with men (MSM),
- Individuals who engage in unprotected sex with multiple partners,
- Trans-gender men and women,
- From black and minority ethnic (BME) groups with high HIV prevalence.
- People who are asymptomatic, where infection may be present but without any symptoms and therefore not likely to get treatment or realise that they could infect another person.



DIAGNOSIS OF STIs IN KENT 2017

Source GUMCAD

AGE & GENDER

55.0%

OF ALL STI DIAGNOSES IN 2017 WERE AMONGST 15-24 YEAR OLDS



OF ALL STI DIAGNOSES AMONGST FEMALES WERE IN THE 15-24 AGE GROUP IN 2017; 43.6% OF MALES WERE 15-24



OF OVERALL STI DIAGNOSES WERE AMONGST MALES IN 2017

Chlamydia: Prevalence rates generally have fallen in under 25s; but is steadily increasing in the over 25 population. Evidence from local insight suggests that awareness of who is at risk is misunderstood. By contrast, detection rates are highest amongst 15-24-year olds in the districts of Ashford, Shepway and Canterbury.

Genital Warts: These are the most commonly detected STI in Kent and the highest rates are seen in Canterbury and Swale at 126.8 per 100,000 population and 107.6 per 100,000 respectively.

Gonorrhoea: Prevalence rates for gonorrhoea fluctuated between 2015 and 2016 with rates increasing by almost 65 % nationally in 2015. However, recent figures in Kent saw an increase in the districts of Swale (73%), Gravesham (22%), Shepway (19%), Tonbridge & Malling (15%) and Canterbury (6%).

Genital Herpes: Between 2013 and 2016 diagnoses rate for genital herpes remained consistently lower than the England average. In 2017, the burden of infection in Canterbury surpassed the England average at 56.7 per 100,000 population and 61.5 per 100,000 population respectively.

LGBTQ AND BME IN 2017



58.1%

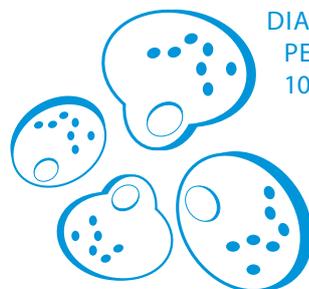
OF TOTAL SYPHILLIS DIAGNOSES AND 38.9% OF GONORRHOEA IN KENT WERE AMONGST MEN IDENTIFYING AS GAY OR BISEXUAL

PEOPLE WHO IDENTIFIED AS BME HAD 14.6% OF TOTAL GONORRHOEA, 10.4% OF CHLAMYDIA AND 8.6% OF SYPHILLIS DIAGNOSES

STI TRENDS

THE RATE OF NEW DIAGNOSES OF ALL STIs DECREASED BY 19.0% BETWEEN 2014 AND 2017, FROM 575 TO 466 PER 100,00 POPULATION IN KENT

BUT, DIAGNOSES OF SYPHILLIS INCREASED BY 122.2% IN THE SAME PERIOD FROM A RATE OF 2.7 TO 6.0 PER 100,000 POPULATION



DIAGNOSES OF GONORRHOEA ALSO ROSE IN THIS PERIOD, BY 24.9%, FROM A RATE OF 24.8 TO 31.0 PER 100,000 POPULATION

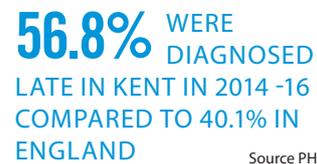
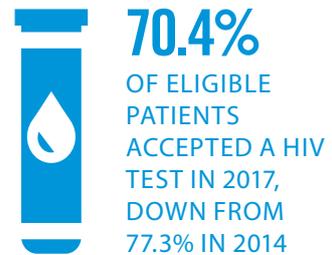
Source GUMCAD

2.0

Syphilis: Generally low numbers of infections detected in Kent; but by districts, Dartford (11.4) and Gravesham (10.4) have the highest incidence per 100,000 population.

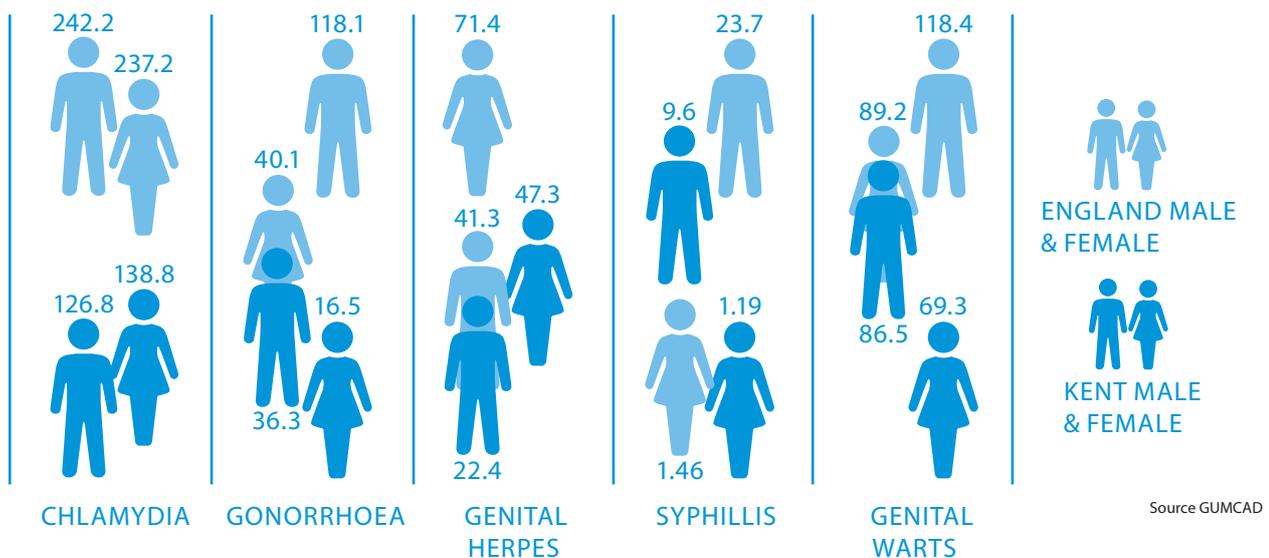
HIV: Overall prevalence rate of HIV is low in Kent but increasing with Dartford (2.11) and Gravesham (2.02) districts having the highest incidence per 1000 population. Access to and availability of testing is improving, but stigma and ignorance continue to influence people's decision to test, which can result in late diagnoses. Kent has a higher percentage of late HIV diagnoses compared to the England average.

HIV TESTING COVERAGE

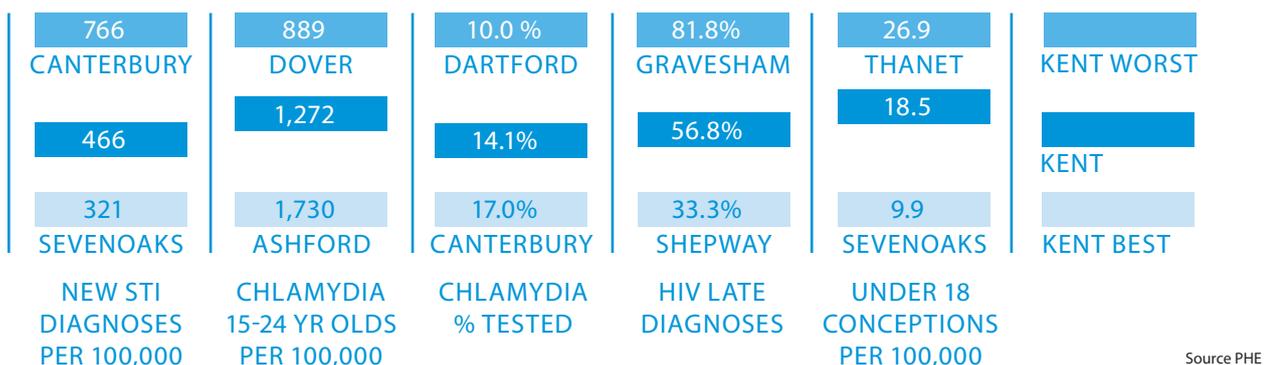


Source PHE

STI DIAGNOSES PER 100,000 POPULATION, ALL AGES, 2017



KENT DISTRICTS, SELECTED PHE INDICATORS, 2017



In Summary:

- Poor sexual health is unevenly distributed within the population and anyone who is sexually active risks being exposed to a STI
- Rates of Chlamydia is steadily increasing in the over 25 population and awareness of who is at risk is misunderstood
- Genital warts are the most commonly detected STI in Kent and highest rates are seen in Canterbury and Swale
- Gonorrhoea figures in Kent saw an increase in the districts of Swale, Gravesham, Shepway
- Diagnosis rates for genital herpes in Kent remains consistently lower than the England average, and the burden of infection is highest in Canterbury
- Kent has lower numbers of diagnosed syphilis infections. Both Dartford and Gravesham have the highest incidence per 100,000 population

3.0 THEME 3

Importance of case finding, testing and effective treatment

The importance of finding and testing for sexually transmitted infections (STIs) cannot be overstated;

Case Finding

- There is a lack of awareness about the long term consequences of STIs. More so, the perception is that STI risk is a consequence of one night stands, that it is possible to tell if a partner has a STI. People in 'exclusive' relationships are often wrongfully viewed as being low risk, particularly when the exclusivity is in doubt
- Between 2015 and 2016 gonorrhoea infection rate increased by up to 73% in parts of Kent
- Prevalence of pelvic inflammatory disease (PID) and ectopic pregnancy emergency admissions amongst 15-44 years old females remain consistently higher than the England average. Highest rates were seen in Maidstone.
- Detection of chlamydia amongst young adults aged over 25 in Kent remains significantly lower than the England average
- Amongst black and minority ethnic groups (BME); lesbian and bisexual women, 1 in 5 (19%) above the age of 25 years have never had a cervical screen compared to 7 % of the general population
- Amongst the prison population the rate of new infection is significantly higher (nearly 10-fold), and frequent engagement in risky sexual activity post release is an issue
- Around a quarter of people alive with HIV don't know they have been infected; and, around fifty per cent of newly diagnosed cases often take place after the point at which treatment should have started. This has implications not only for the care of the individual but more importantly for the onward transmission of the infection. Kent has a higher prevalence rate of late diagnosis compared to the England average.
- There are specific groups not taking up the available services due to the

belief they have outgrown them; sex workers, some migrant communities and Transgender people.

Testing

- From stakeholder insights work with providers, it is evident that variations exist in regards to the people who are offered STI tests. In most cases the provision of STI testing is subjective, and the generally held view of staff is that those who are symptomatic or needing contraception will actively seek out the clinical service they require.
- The establishment and growth of alternative sexual lifestyles through social media marketing has identified people who engage in multiple partnered unprotected sex as a population who are at greater risk of STIs because protection against infection is not prioritised and knowledge of STIs is low amongst this group
- The HIV test is most frequently refused due to stigma
- 1 in 4 bisexual and gay men have never had an STI test. 30% of this same population have never had an HIV test.

Effective Treatment

- The most effective way to help prevent STI is to use a condom, however we know that some communities will not use them
- People with untreated or undetected STI or HIV put their partners at risk of infection.
- Undetected gonorrhoea, chlamydia and HIV can have long lasting negative consequences if left untreated.
- Ectopic pregnancies and pelvic inflammatory disease are associated with STIs and may only become evident when trying to conceive.
- Partner notification is an essential infection control measure to avoid the consequences of untreated infections and protects the wider community from onward transmission.
- It is crucial that partners are offered the opportunity and encouraged to test and obtain any necessary treatment.

In Summary:

- The importance of finding and testing for STIs cannot be overstated
- There is a lack of awareness about the long-term consequences of STIs and people in exclusive relationships are wrongfully viewed as being low risk
- Gonorrhoea infection rates is on the increase by up to 73% in parts of Kent
- Maidstone has increased PID and ectopic pregnancy emergency admissions among 15-44-year-old females and overall figures are consistently higher than the England average
- Detection of Chlamydia amongst young adults remains significantly lower than the England average
- Many people living with HIV don't know they have been infected and half of all newly diagnosed cases often takes place at the later stage of the disease resulting in delayed treatment.
- Specific groups are not taking up available sexual health services due to the belief they have outgrown them

3.0

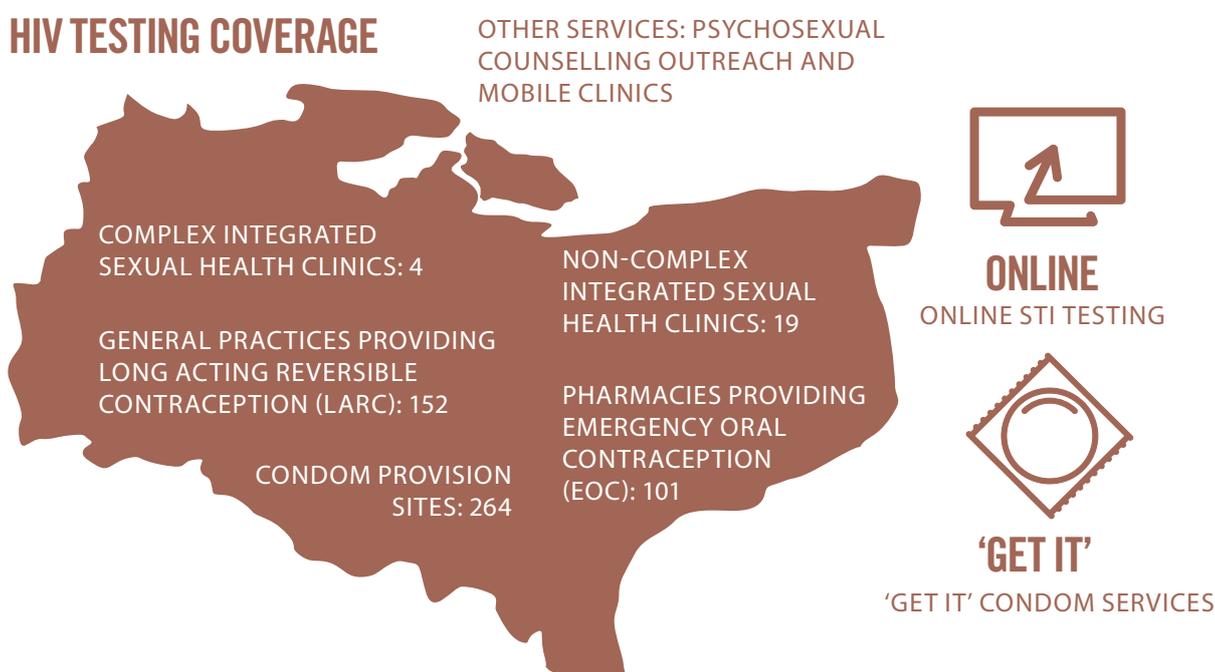
- 1 in 4 bisexual and gay men have never had an STI test. 30% have never had an HIV test
- People who have unprotected sex with multiple partners are at greater risk of STIs
- People with untreated or undetected STI or HIV put their partners at risk, and these can have long lasting negative consequences if left untreated
- The most effective way to help prevent STIs is to use a condom

4.0 THEME 4

Service provision (sexual health services) and utilisation

Sexual and Reproductive Health (SRH) Services: An integrated model of care which provides open access to sexual and reproductive health is in operation in Kent.

HIV TESTING COVERAGE



The move towards this integrated model has impacted positively in the amount of people that can be seen at any one time; and in the various types of services available, particularly appointment run clinics. These provide opportunity for people to see a clinician without delay.

RANGE OF SRH SERVICES PROVIDED IN KENT IN 2017

DIAGNOSIS OF OTHER NEW STIs

NON-SPECIFIC GENITAL INFECTION 590	PID & EPIDIDIMITIS 216	MOLLOSCUM CONTAGIOSUM 198
TRICHOMONIASIS 62	SCABIES 22	PEDICULUS PUBIS 17
HEPATITIS TESTS 3,663	VAGINOSIS & BALANITIS 1,781	SCREENS WITH OR WITHOUT HIV 32,882
ANOGENITAL CANDIDOSIS	URINARY TRACT INFECTIONS 245	MICROSCOPY 5,805

SAFEGUARDING & PREVENTION

PARTNER NOTIFICATIONS 1,799	CERVICAL CYTOLOGY 280
CONTRACEPTION (EXCLUDING CONDOMS) 3,722	HEPATITIS B VACCINATIONS 1,029
POST EXPOSURE PROPHYLAXIS 131	OTHER EPISODES NO TREATMENT 7,733
OTHER CONDITIONS REQUIRING GUM TREATMENT 3,768	TOTAL SERVICES PROVIDED 97,062

OTHER SEXUAL HEALTH RELATED ACTIVITY

TREATMENT

Source GUMCAD



EMERGENCY CONTRACEPTION IN SRH SERVICES

1.7 PER 1,000

16 TO 54 YEAR OLD FEMALES IN KENT RECEIVED EMERGENCY CONTRACEPTION (ORAL AND IUD) IN 2016/17, A DECREASE OF 30.2% FROM 2.4 PER 1,000 IN 2014/15

FOR COMPARISON, ENGLAND DECREASED BY 14.6% OVER THE SAME PERIOD, AND WAS 6.3 PER 1,000 POPULATION IN

2016/17 Source NHS DIGITAL
Please note: GP and pharmacy emergency contraception data not included



INTEGRATED SERVICES ATTENDANCES & CONTACTS 56.764

ATTENDANCES IN 2017 BY 33,739 UNIQUE PATIENTS IN KENT HOSTED SRH SERVICES

MANY OTHER CONTACTS WITH CLIENTS THROUGH TEXT MESSAGING TELEMEDICINE AND OUTREACH ACTIVITY

Source GUMCAD

Contraception: A wide-ranging contraception service in Kent provides a combination of oral and emergency contraception including long acting reversible contraception (LARC), and the demand is increasing. The use of emergency contraception is particularly popular with women aged 30 and under; and usage is consistently higher in Tunbridge Wells, Canterbury and Maidstone.

Overall, condoms remain the most commonly used method of contraception and is the best form of protection from STIs for all age groups. The free condom programme 'Get It' has seen increased access amongst young people aged 17-19 years online.



'GET IT' CONDOM SERVICE

12.765

PACKAGES POSTED OR COLLECTED DURING 2017/18

THE SERVICE IS FREE TO UNDER 24 YEAR OLDS AND ITEMS CAN BE RECEIVED VIA THE POST OR AT ONE OF OVER 250 PICK UP POINTS ACROSS KENT

STI Testing and Screening: Free STI testing service is available in Kent and includes not only treatment, but also partner notification of those who are infected. However, there has been a reduction in the number of women being screened and offered a sexual health test at first attendance.



SERVICE UTILISATION

80% OF MALE HETROSEXUAL SERVICE USERS WERE SCREENED COMPARED TO 54% OF FEMALES IN 2017

78% OF GAY MEN, 81% BISEXUAL MEN, 71% LESBIAN AND 54% BISEXUAL FEMALES ATTENDANCES LED TO SCREENING

Source GUMCAD



CHLAMYDIA TESTING - 15 TO 24 YEAR OLDS

13,686 TESTS DONE IN NON-GUM SETTING IN 2017 **7.2%** TESTED POSITIVE
12,257 TESTS DONE IN INTEGRATED SERVICES IN 2017 **11.1%** TESTED POSITIVE

Source CTAD

CHLAMYDIA TESTING IN KENT

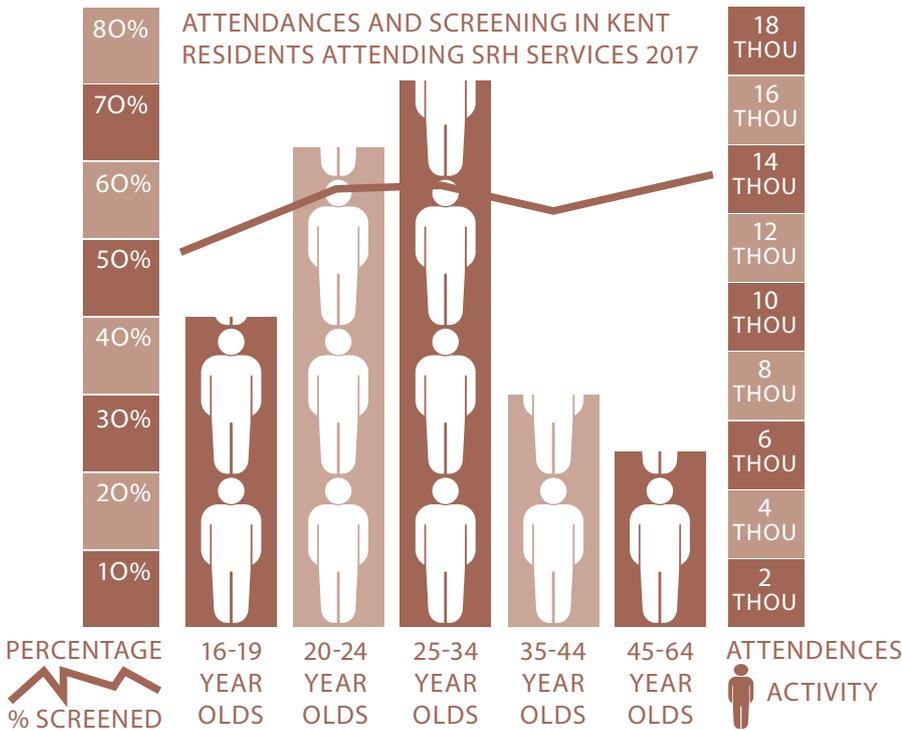


14.1% OF 15 - 24 YEAR OLDS WERE TESTED IN 2017 IN KENT (19,3% ENGLAND). THIS REDUCED BY 8.3% FROM 22.4% IN 2014, ENGLAND REDUCED BY 5.2% IN SAME PERIOD

IN ASHFORD DISTRICT 1,730 PER 100,000 POPULATION WERE DIAGNOSED IN 2017, COMPARED TO 1,882 IN ENGLAND

Source PHE

UTILISATION BY AGE



Source GUMCAD



CERVICAL SCREENING 75.5%

OF ELIGIBLE WOMEN IN KENT AGED 25-64 IN 2017 WERE SCREENED IN THE PREVIOUS 3.5 YEARS, A REDUCTION OF 2.6% FROM 78.1% IN 2012

RATES IN ENGLAND REDUCED FROM 75.4% TO 72.0% OVER THE SAME PERIOD

Source PHE

In Summary:

- Kent operates an integrated model of care which provides open access to sexual and reproductive health services.
- Service provision includes a wide-ranging contraception service, STI testing and screening which includes not only treatment but also partner notification

5.0

Recommended Actions

- Ongoing review of providers approaches to testing for all females at first attendance to ensure equitable screening. The low percentage of sexual health screens amongst 16-19-year olds and 20-24-year olds on first attendances highlight the missed opportunities to screen for chlamydia infection.
- Introduction of HIV testing amongst all new registrants to general practices in North Kent due to high HIV prevalence rates.
- The Commencement of a six-month research programme to introduce and compare chlamydia diagnoses through vulva and rectal swabbing amongst women in Maidstone and Tunbridge Wells (MTW) NHS Trust.
- Explore, introduce, and implement proactive dialogue to help identify service users who are affected by Adverse Childhood Experiences (ACEs). This will help providers better understand sexual health behaviour and or risks
- Health promotion initiative to increase awareness of common STIs, who is at risk of an STI and the fact that they are often not visible. Working with PHE national campaigns as deemed appropriate and where possible
- The already established local sexual health network led by public health should further broaden its scope and reach to focus upon those other aspects which influence sexual health and sexual health outcomes as highlighted in the needs assessment.
- Keeping in line with the principles of making every contact count (MECC) engagement should be with all providers, commissioners (NHS England) clinical commissioning groups (CCGs) and Kent county council (KCC), mental health, alcohol and drug services, domestic abuse, sexual assault, prison health services and Public Health England (PHE)
- Engage in further research opportunities to inform and influence policy to promote and prevent poor sexual health outcomes.
- Action research is needed to understand how best to engage with and support asylum seekers, migrants and refugees to address their sexual health needs.

Abbreviations

ACE – Adverse Childhood Experience

AIDS – Acquired Immune Deficiency Syndrome

BME – Black and Minority Ethnicity

CCGs – Clinical Commissioning Groups

HIV – Human Immunodeficiency Virus

KCC – Kent County Council

LGBTQ – Lesbian, gay, bisexual, transgender, Questioning

LMS – Local Maternity System

MSM – Men Who Have Sex with Men

NHSE – National Health Service England

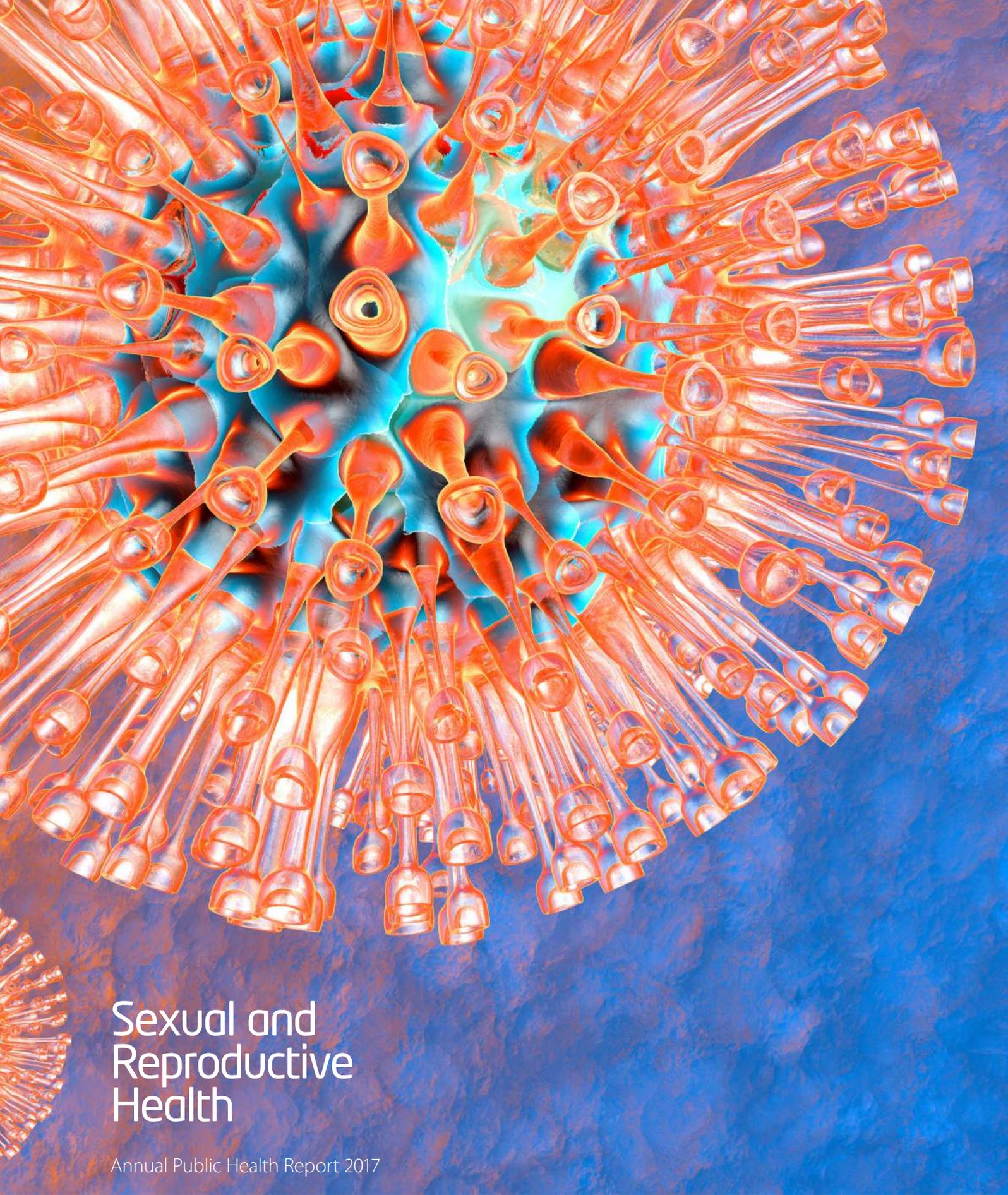
PHE – Public Health England

PID – Pelvic Inflammatory Disease

STI – Sexually Transmitted Infections

MTW – Maidstone and Tunbridge Wells

LARC – Long Acting Reversible Contraception



Sexual and Reproductive Health

Annual Public Health Report 2017

Image: Herpes Virus