

# **Recommissioning BNSSG Integrated Sexual Health Services: North Somerset**

Sexual Health Needs Assessment Summary

9<sup>th</sup> June 2023



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## Sexual Health Needs Assessment (SHNA)

For the first time a sexual health needs assessment has been conducted for the combined Bristol, North Somerset, and South Gloucestershire area.

The BNSSG SHNA aims to identify the sexual health needs of the population and how well these are being met.

The SHNA brings together a wide range of evidence from published outcomes data, local service data, the views of the public, service users and professionals, and national policy and guidelines.

Data analysis by demographics is carried out wherever possible, although the availability of data is sometimes a barrier to this.

The summary provides an overview of the SHNA data that relates to North Somerset. The full SHNA report and findings are available upon request.

## SHNA Findings summary

### SHNA Limitations

- Information on the effect of rurality on sexual health
- Information on older age populations sexual health needs
- Limited demographic data available so information on minority population groups is also limited
- Disease/condition related outcomes related to STI's.
- Gaps in pupil voice / school age children surveys
- Only a 10% response rate from NS for the needs assessment consultation

### Strengths

- Sector Lead Improvement (SLI) tool score of 63% for BNSSG services which indicates an overall mature achievement
- The WISH clinic does well to serve areas of deprivation in NS with higher uptake from areas of deprivation and higher diagnosis in wards near the site (Uphill and South Wards).
- LARC in GP has recovered to pre-pandemic levels, with high rates (15x higher than SRHS prescribing).
- Emergency Hormonal Contraception (EHC) in pharmacy is back to pre-pandemic levels in NS – approximately 30 consultations a month.
- U18 conception rates for NS have decreased (2021).
- U16 conceptions for NS was <5 in 2021 (a reduction from 10 in 2020).
- North Somerset had the lowest rate of new STI diagnoses (significantly better than England\*)

## Areas for action

### Population

- Health promotion work needed on prevention / RSE for young people in WSM / Uphill Ward and South Ward.

- Action to increase service uptake from younger adults (18-24).
- STI prevention work in young men, including action to tackle high-risk sexual behaviours in young men in WSM and action to increase access and desire to test, for asymptomatic infections that are not being picked up.
- Although a greater proportion, still need to increase number of attendances at SRHS from people living in the most deprived parts of North Somerset.
- Focussed assessment of need and development of actions to address the ward-level variability in North Somerset is required.
- Maintain focus on under 18 and 16 conceptions and TOP's in WSM.

#### STI's, Chlamydia and HIV

- Improve chlamydia detection rate. NS has lowest detection rate in BNSSG, and 2<sup>nd</sup> worst detection rate after Solihull.
- Prevention work in young men, as men aged 15-19 in North Somerset have a higher estimated proportion of STI reinfection than in England.
- Focussed efforts in WSM and Uphill Ward as they fall into the highest national category for rates of new STI diagnoses.
- Compared to its nearest neighbours, North Somerset has one of the worst testing coverages across all HIV testing coverage indicators
- North Somerset had the biggest increase in proportion of HIV late diagnoses.

#### Contraception and EHC

- Proportion of women choosing injections in SRHS needs to be reviewed, and usage converted to more effective contraceptive options.
- Increase the number of young people choosing LARC.
- Improve access to emergency IUDs during week days.
- Review of attendances in under 15's for EHC at a pharmacy (more widely known or more young people having unprotected sex?).
- Review the number of condom collections after registering on the C-card scheme as it is low.

#### Under 18's conceptions and abortions

- Action to reduce the number of under-18 conceptions found in Weston-Super-Mare South and Weston-Super-Mare Hillside.
- Action to improve pathways to Public health nursing service and create parity to BNSSG teenage pregnancy outreach nurses.
- Review of the number of abortions after a birth in under-25s, as increased in North Somerset in 2021 despite the total number of abortions in under-25s decreasing (national trend)
- Review findings of the postpartum contraception pilot for business as usual
- Professionals want to improve abortion access / provision in North Somerset

### Unity attendance and deprivation

Unity is the current provider of sexual health services in North Somerset ([www.unitysexualhealth.co.uk](http://www.unitysexualhealth.co.uk)). The chart below shows that the most deprived residents of North Somerset are over-represented in Unity attendances (people living in the most deprived quintile), but there are fewer overall attendances at SRHS from people living in the most deprived parts of North Somerset.

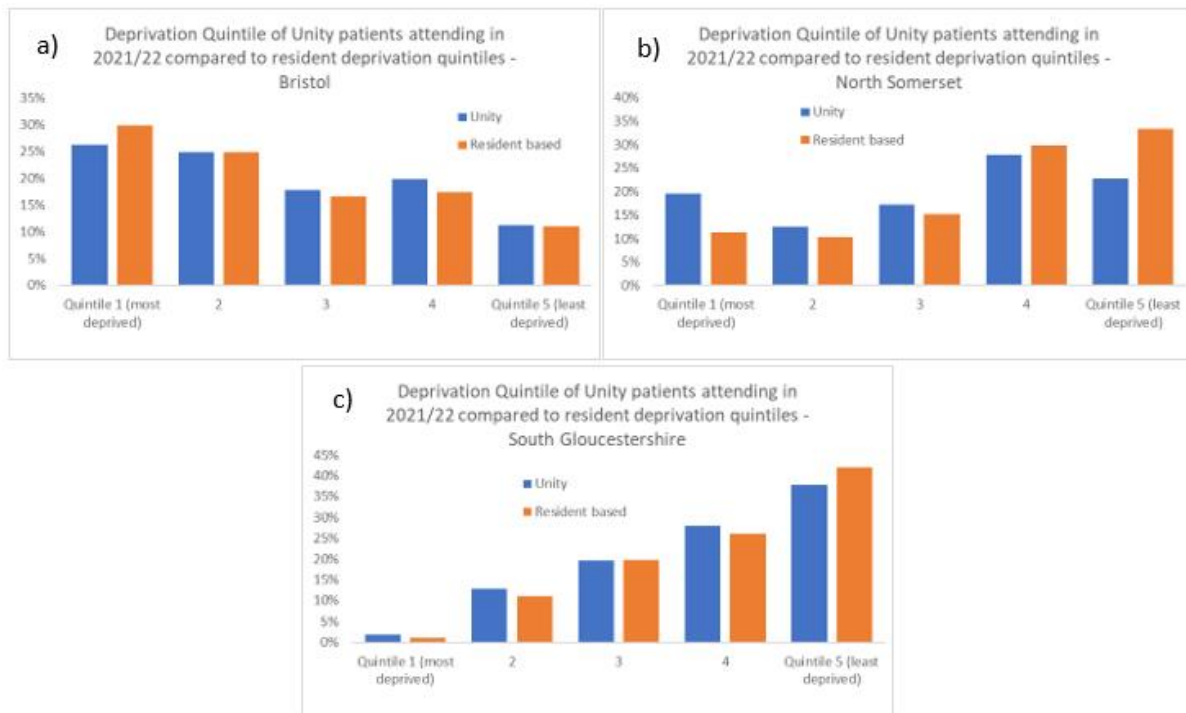


Figure 1. Unity attendances from BNSSG compared to the population as a whole by deprivation quintile, Bristol (a), North Somerset (b), South Gloucestershire (c), 2021-22

## SPOT Tool

The SPOT tool is used to explore the relationship between council spend and associated outcomes. For sexual health, a total of 23 public health outcome indicators are used to map to council spend. These relate to service-level and population-level outcomes. Examples of this include: STI testing and diagnosis rates, spend on sexual health services, as well as outcome measures such as teenage conceptions.

Compared to England, North Somerset Council is also categorised as **‘Same Spend, Worse Outcome’**, with an outcome score that is almost identical to Bristol’s (-0.11).

The categories for North Somerset compared to its 16 CIPFA neighbours are:

- 1 area had ‘Same Spend, Better Outcome’
- 8 areas had ‘Same Spend, Worse Outcome’
- 1 area had ‘Lower Spend, Better Outcome’
- 6 areas had ‘Lower Spend, Worse Outcome’

Of the 8 areas in the ‘Same Spend, Worse Outcome’ category, North Somerset is third from the top in terms of sexual health outcome score (-0.11). The area with comparatively the worst sexual health outcomes is categorised in the ‘Lower Spend, Worse Outcome’ group and had a score of -0.59. To understand how services could be delivered differently, it would be worthwhile contacting the two areas that achieve better outcomes with the same spend or less to find out how they deliver sexual health services locally (Central Bedfordshire and Bedford).

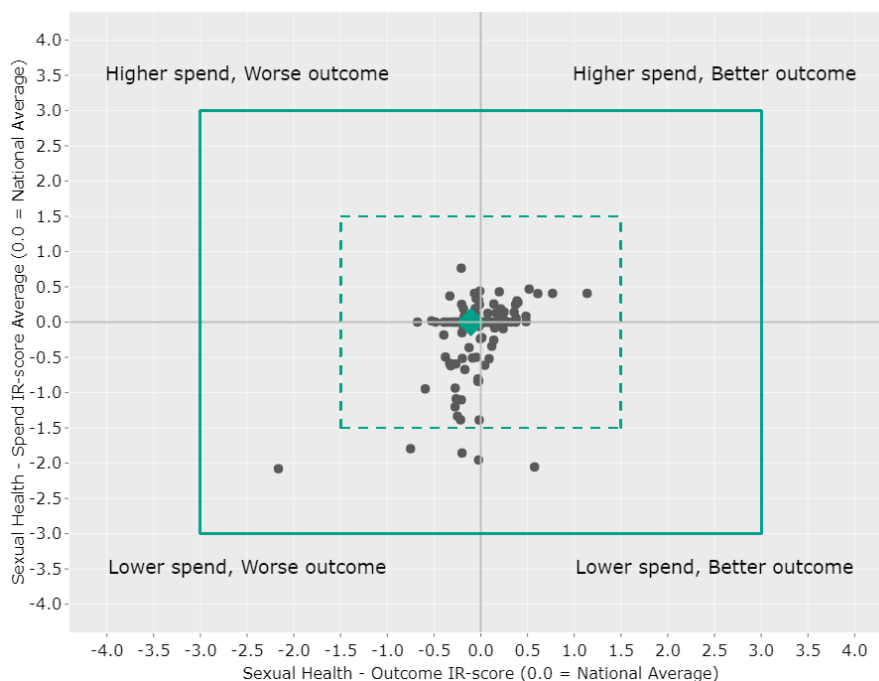


Figure 2: Spend versus sexual health outcomes for North Somerset Council compared to England (OHID SPOT 2022).

## STI Diagnosis

North Somerset had the lowest rate of new STI diagnoses (excl. chlamydia in young people <25) when compared to its 15 nearest neighbours, with a rate of 158 per 100,000 residents of all ages (nearest neighbours range: 158-388 per 100,000), which is significantly better than the England rate.

The number of all new STIs diagnosed among residents of North Somerset in 2021 was 495, of which 153 were chlamydia diagnoses in 15-24-year-olds.

Area		All new STI diagnoses (%) breakdown by age group and gender (male, M; female, F), 2021													
		15-19		20-24		25-34		35-44		45+		N/K		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Bristol	%	5.6	16.3	33.4	40.3	41.6	32.8	11.8	7.5	7.4	2.9	0.1	0.0	100.0	100.0
	n	81	220	485	545	604	443	172	102	108	39	1	0	1,452	1,351
North Somerset	%	9.2	24.8	19.7	40.9	41.7	24.0	14.7	6.3	14.7	3.5	0.0	0.0	100.0	100.0
	n	20	63	43	104	91	61	32	16	32	9	0	0	218	254
South Glos	%	11.7	21.7	26.3	39.8	41.7	24.5	11.2	8.8	9.1	4.6	0.0	0.2	100.0	100.0
	n	45	99	101	182	160	112	43	40	35	21	0	1	384	457
BNSSG	%	7.1	18.5	30.6	40.3	41.6	29.9	12.0	7.7	8.5	3.3	0.0	0.0	100.0	100.0
	n	146	382	629	831	855	616	247	158	175	69	1	1	2,054	2,062
England	%	7.2	20.2	23.9	36.4	39.4	29.7	17.6	9.1	11.8	4.5	0.0	0.0	100.0	100.0

Table 1: All new STI diagnoses (%) made in SRHS and non-specialist SRHS, by age group and gender, BNSSG and England, 2021 (UKHSA GUMCAD)

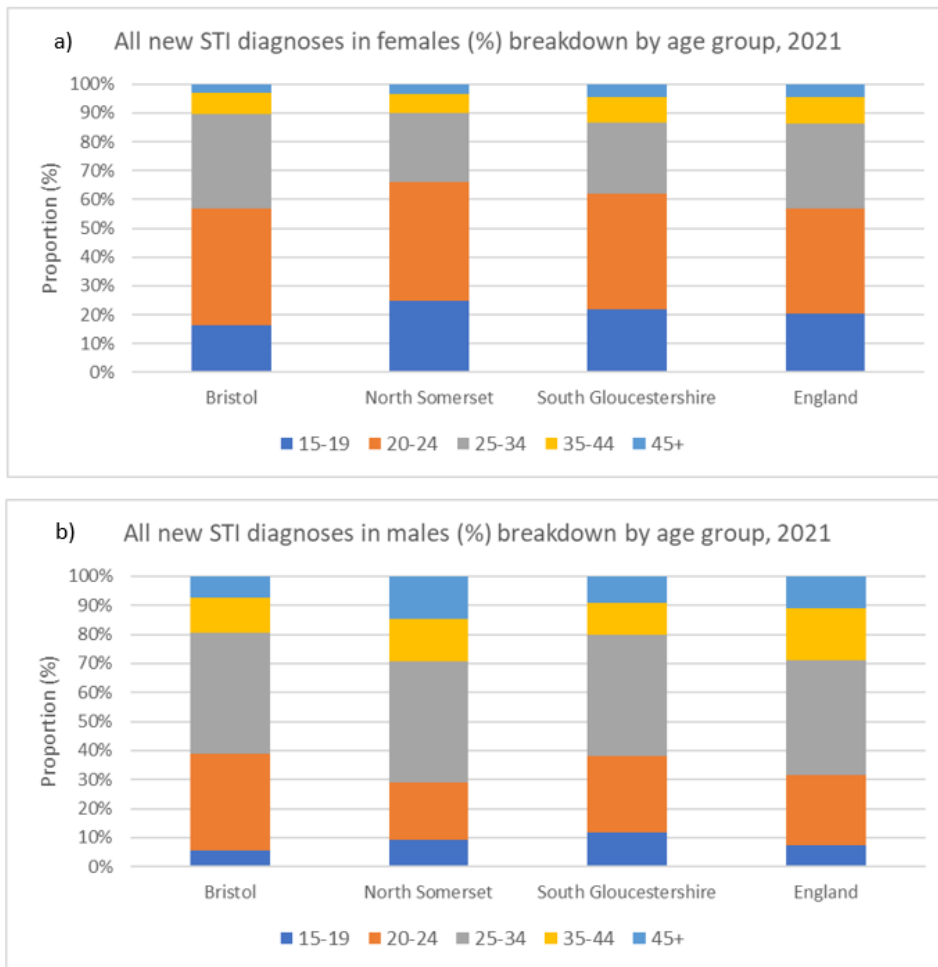


Figure 3: Scarf chart of all new STI diagnoses in a) females and b) males, by age group, Bristol, North Somerset, South Gloucestershire and England (UKHSA)

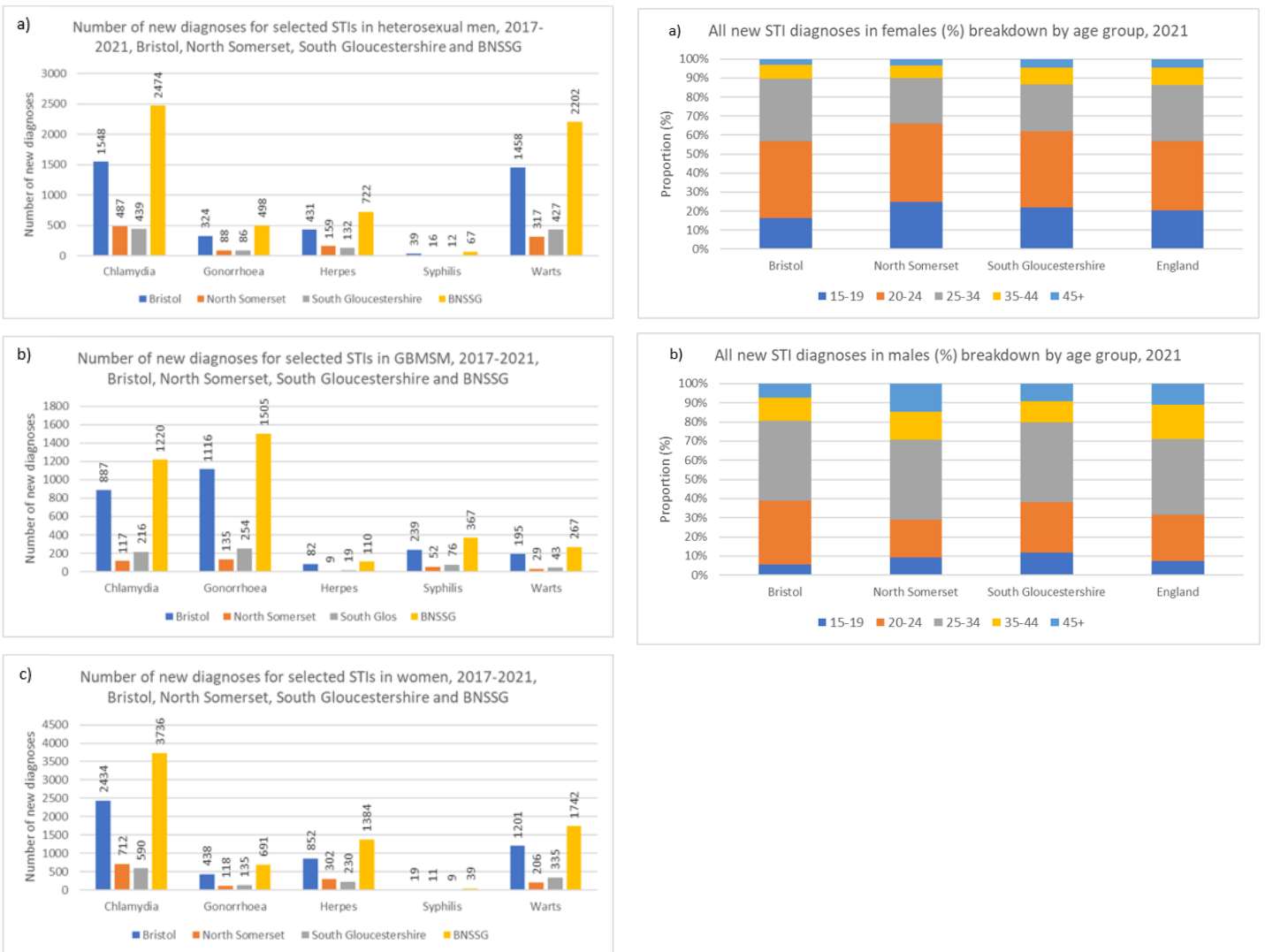


Figure 4: Number of new diagnoses for selected STIs in a) heterosexual men; b) GBMSM; and c) women, Bristol, North Somerset, South Gloucestershire, BNSSG, 2017-2021 (UKHSA GUMCAD)



Deprivation category	Bristol			North Somerset			South Gloucestershire		
	Count	%	Pop. %	Count	%	Pop %	Count	%	Pop %
Most deprived	730	32.5	29.9	120	25.5	11.3	20	3.3	1.1
2 <sup>nd</sup> most deprived	585	26.1	24.9	70	14.9	10.3	80	13.0	11.2
3 <sup>rd</sup> most deprived	390	17.4	16.7	60	12.8	15.1	125	20.3	19.7
4 <sup>th</sup> most deprived	365	16.3	17.4	105	22.3	29.8	170	27.6	26.0
Least deprived	175	7.8	11.1	115	24.5	33.5	220	35.8	42.0

*Table 2: Number and proportion of new STI diagnoses (excluding chlamydia in <25 year olds) in SRHS, by deprivation category and compared to population deprivation, BNSSG 2020 (GUMCAD; IMD 2019)*

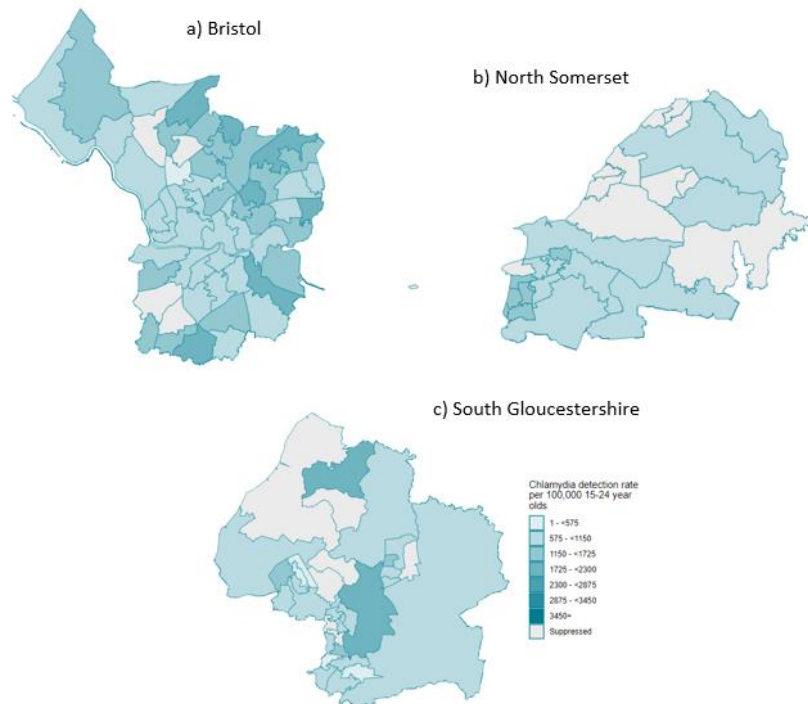
In North Somerset, there were 403 people with repeat infections reported within 12 months (35%) of a total 1,155 diagnosed STIs in 2021. Of note is that men aged 15-19 in North Somerset have a higher estimated proportion of reinfection than in England. Also, in England women aged 15-19 years had the higher proportion of reinfection to men aged 15-19, but the reverse is true for North Somerset. This could suggest greater high-risk sexual behaviours in young men in the area, a lack of access/desire to test, and potentially greater asymptomatic infections that are not being picked up.

### Chlamydia

While North Somerset's positivity rate in 2021 is similar to the England average of 6.1%, Weston-Super-Mare – Uphill Ward falls in to the highest national category for rates of new STI diagnoses with >2,500 per 100,000 in people aged 25 to 64.

In 2021, 9.4% of North Somerset residents aged 15 to 24 years old were tested for chlamydia with an 8.0% positivity rate. Of the three BNSSG council areas, North Somerset has the lowest chlamydia detection rate at 752 per 100,000 in 2021 (153 positives out of 1,921 screened) and, compared to its 15 nearest neighbours (ranging from 735 to 1,768 per 100,000), also has the second worst detection rate after Solihull.

There is variation in detection of chlamydia in 15- to 24-year-olds within each council footprint as illustrated in these maps, which shows detection at ward level in 2021. Variation in rates of chlamydia detection may represent differences in prevalence but are influenced by screening coverage and whether most at risk populations are being reached (i.e. the proportion testing positive).



*Map 1: Chlamydia detection rate per 100,000 population in 15 to 24 years in a) Bristol, b) North Somerset and c) South Gloucestershire by ward, 2020 (UKHSA).*

There is no data presented on the impacts of Chlamydia, such as case rates of pelvic inflammatory disease, ectopic pregnancy, and tubal-factor infertility.

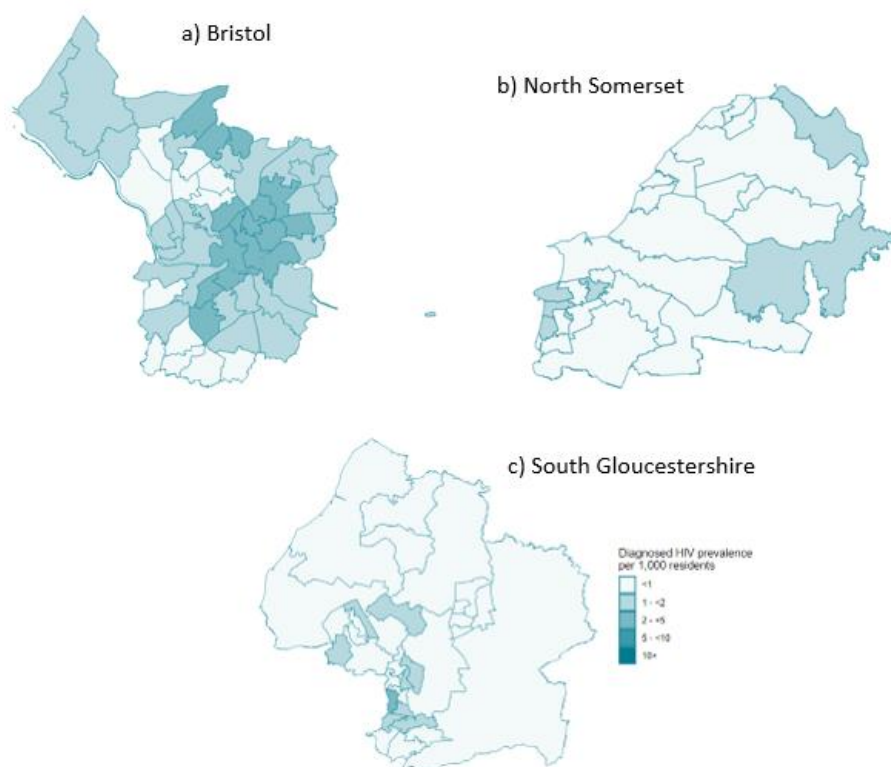
## HIV

All three councils had decreased coverage across all HIV testing coverage indicators. Compared to its nearest neighbours, North Somerset has one of the worst, if not the worst testing coverage across all HIV testing coverage indicators. Of Unity service users attending for a new episode of care who accepted an HIV test in 2021 it was accepted by 26.5%, 1,285 service users, in North Somerset.

HIV testing coverage, 2021	Bristol		North Somerset		South Gloucestershire		BNSSG (calculated)		England
	Tests accepted	%	Tests accepted	%	Tests accepted	%	Tests accepted	%	%
<b>Total</b>	2,830	34.3	558	26.0	698	29.8	4,086	32.1	45.8
<b>Gender</b>									
Male	1,625	51.3	290	40.2	423	48.0	2,338	49.0	62.8
Female	1,120	34.8	236	23.8	252	31.5	1,608	32.1	36.6
<b>Sexual risk</b>									
GBMSM	793	76.3	108	61.0	219	79.9	1,120	75.1	77.8
<b>Repeat testing (testing more than once in the previous year)</b>									
GBMSM	303	38.4	38	36.2	93	42.5	434	39.0	45.3

*Table 3: HIV testing coverage data (tests accepted and percentage of eligible attendees): total, by gender, by sexual risk, and repeat testing, Bristol, North Somerset, South Gloucestershire, BNSSG and England, 2021 (red shading = lower than England; amber shading = similar to England) (UKHSA)*

HIV prevalence North Somerset (0.97 per 1,000 people aged 15-59) means North Somerset is a low prevalence area that is similar to our respective nearest neighbours' average.



Map 2: Maps of diagnosed HIV prevalence among people aged 15 and above in a) Bristol, b) North Somerset, and c) South Gloucestershire by Middle Super Output Area (approx. 7-10,000 population): 2021 (UKHSA)

In heterosexual men, late diagnosis of HIV was 5/7 new diagnoses in North Somerset (71.4%). The proportion of late diagnoses reported in North Somerset for GBMSM was 33.3%. On the whole, BNSSG and North Somerset is doing well in terms of HIV treatment and care.

Indicator, % (n)	BNSSG	South West	England	Bristol	North Somerset	South Gloucestershire
Prompt ART initiation, 2019-2021	85.5% (106)	87.2% (451)	<b>83.5% (6,887)</b>	86.0% (74)	75.0% (9)	88.5% (23)
ART coverage, 2021	99.0% (1,262)	98.9% (5,124)	<b>98.4% (89,926)</b>	99.1% (867)	99.3% (152)	98.4% (243)
Virological success, 2021	98.6% (1,128)	98.6% (4,781)	<b>97.8% (80,254)</b>	98.3% (774)	99.3% (133)	99.1% (221)

Table 4: HIV treatment and care indicators (UKHSA)

In 2021, 58.0% (65) people defined as having PrEP need initiated or continued PrEP use In North Somerset this proportion was higher than Bristol and the same as S.Glos but below the England average at 69.6%.

## Contraceptives

### LARC

In 2021, there was a marked increase in the proportion of women choosing injections in SRHS in BNSSG, largely driven by North Somerset which increased from 10% to 16% of women between 2019 and 2020. This is double the figure for England (8%) and more than double the near neighbours average for North Somerset (7%).

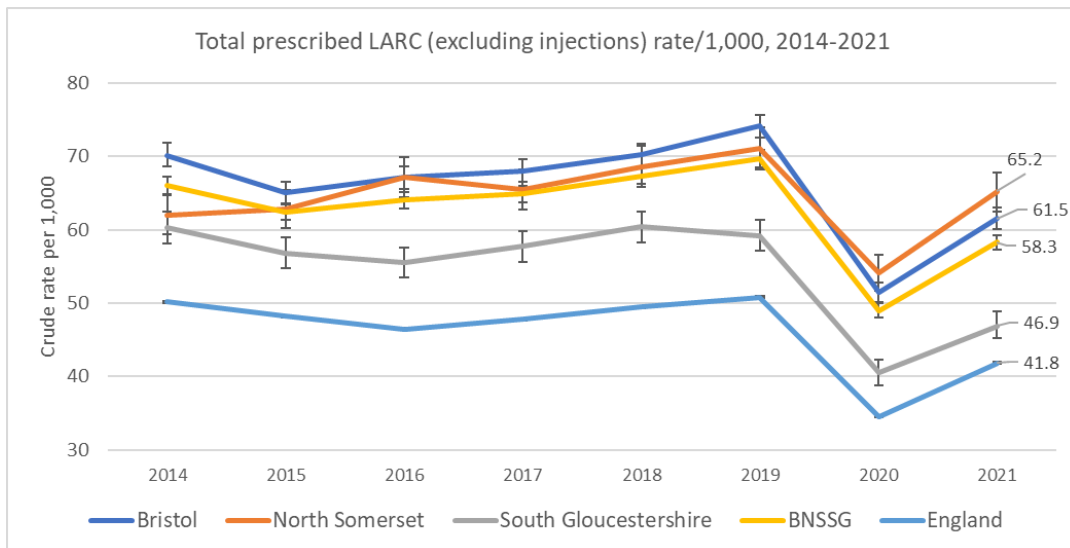


Figure 5: Total LARC prescribed in GP and SRHS (excluding injections) rate / 1,000, 2014-2020, Bristol, North Somerset, South Gloucestershire, BNSSG, SW and England (OHID)

In North Somerset, GP LARC prescribing is now over 15 times higher than SRHS prescribing (61/1,000 in GPs compared to 4/1,000 in SRHS in 2021). This is compared to 1.6 times in England (26/1,000 in GP compared to 16/1,000 in SRHS).

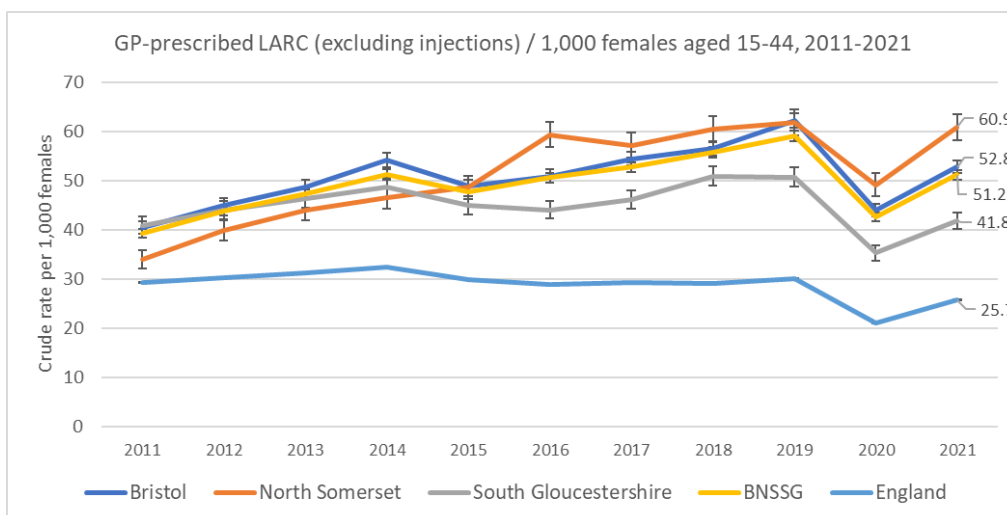


Figure 6: GP-prescribed LARC (excluding injections) / 1,000 females aged 15-44, Bristol, North Somerset, South Gloucestershire, BNSSG, England, 2014-2021 (OHID)

Differences in location of LARC fit are thought to be due to local service design and geography. In more rural locations, GP services may be used more frequently than SRHS as people live further from clinics. This is likely relevant in North Somerset, where the overall population density is 568 people/km<sup>2</sup>, compared to Bristol's 4,026 people/km in 2010. The overall population density of North Somerset is similar to South Gloucestershire's 533 people/km<sup>2</sup> in 2010, but note the proportion of residents living in rural areas is higher in North Somerset (1 in 3 in 2012). North Somerset's high rates may also be secondary to different payment models across the region for GP LARC provision.

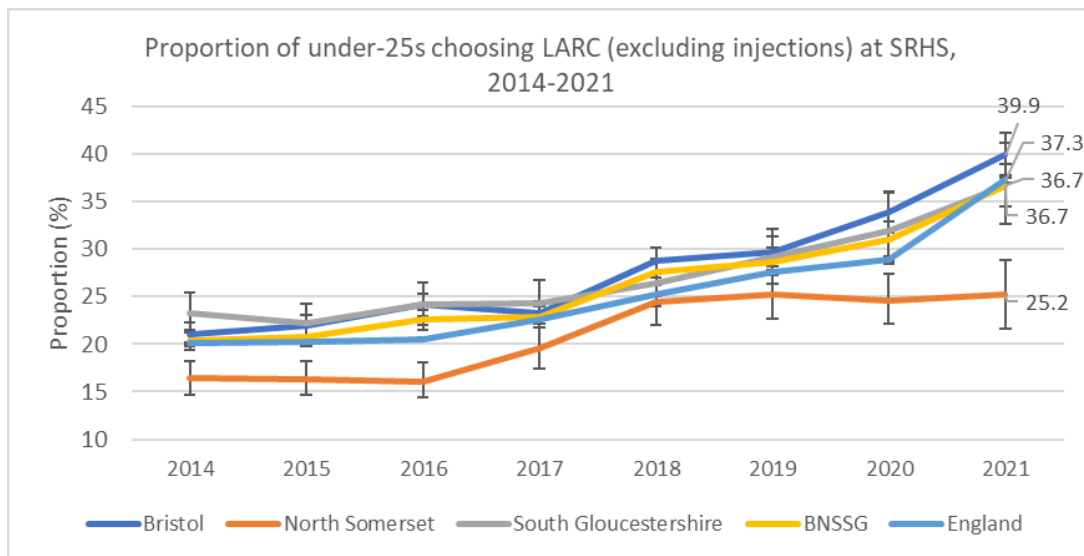


Figure 7: Proportion of under-25s choosing LARC (excluding injections) at SRHS, 2014-2021, Bristol, North Somerset, South Gloucestershire, BNSSG and England (OHID)

Nationally and locally more under 25s are choosing LARC (excluding injections) when they attend SRHS (figure below). A quarter of under-25s (25%) in North Somerset chose LARC (excluding injections) when attending SRHS in 2021, which is lower than the national average (37%) and has not been on an upward trend since 2018. This could suggest that young people are accessing LARC in GP settings, a greater preference for injections in this age group, or they are using user-dependent method or possibly no contraception at all.

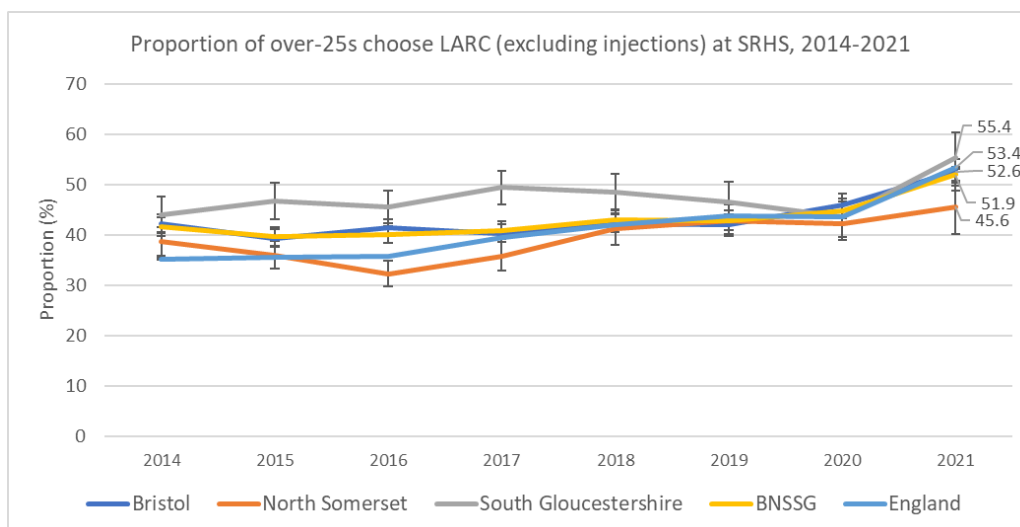


Figure 8: Proportion of over-25s choosing LARC (excluding injections) at SRHS, 2014-2021, Bristol, North Somerset, South Gloucestershire, BNSSG and England (OHID)

Lower proportions of young people are choosing LARC in North Somerset. Of interest, the proportion of LARCs and injections provided to under-25s within the service in 2021-22 as a proportion of all main method contraceptives is particularly high in North Somerset at 53%, but this should be interpreted with caution given small numbers and the inclusion of injections, as previously mentioned.

COVID impacts may have led to a slight increase in the use of user-dependent methods that could be dispensed by post, or LARC requiring lower-intensity clinical interaction (injection). This effect was more pronounced in North Somerset. However, LARC activity in North Somerset practices has already recovered to pre-COVID-19 levels. National LARC recovery strategies focus on improving access in primary care, and LARC prescribing performance for a region is dependent on primary care provision. In BNSSG, GP data suggests good recovery, with North Somerset reporting 101% of expected IUCD insertion activity in 2021/22.

### Emergency Hormonal Contraception (EC)

The emergency contraception (EC) rate of North Somerset has a rate of 2/1,000 in SRHS. 26.0% (26 people) of those living in North Somerset and accessing EC at Unity accepted an emergency IUD. In 2021-22, a total of 5,626 EHC consultations took place within BNSSG pharmacies, with 73% occurring in Bristol, 6% in North Somerset and 21% in South Gloucestershire. The vast majority (5,558, 99%) were with young people aged 15-24 years old. There were a small number of consultations with young people under the age 15 years (29, 0.5%), and those aged 25 years and above (39, 0.7%), the latter of which are at the discretion of the pharmacist. In North Somerset 4% of people attending pharmacy for an EHC consultation were referred for an emergency IUD via a referral pathway into Unity

### Condoms

The table below shows the number of C-Card registrations in North Somerset in 2021/22 and 2022/23 (Apr - Sep).

C-Card scheme data for 2021-22	Bristol		North Somerset		South Gloucestershire	
	2021-22	2022-23 (Apr-Sept)	2021-22	2022-23 (Apr-Sept)	2021-22 <sup>2</sup>	2022-23 <sup>3</sup> (Apr-Sept)
Number of young people registering on to the C-Card scheme	416	309	162	89	81	28
Number of condom collections after registration on the scheme	268	160	35	15	73	44
Number of active C-card outlets (for registration & pick up, and pick up only)	154	128	4*		35	41

\* Does not include pharmacies, who report take-up through PharmOutcomes and not Therapy Audit. Includes Sirona as one active pick-up point covering all North Somerset schools.

*Table 5: C-Card scheme data for Bristol, North Somerset and South Gloucestershire, 2021-22 (Unity / North Somerset Council / South Gloucestershire Council)*



## Under-18s conceptions and abortions

In North Somerset, rates of under-18s conceptions found in Weston-Super-Mare South and Weston-Super-Mare Hillside wards are higher than the England average (2018-2020).

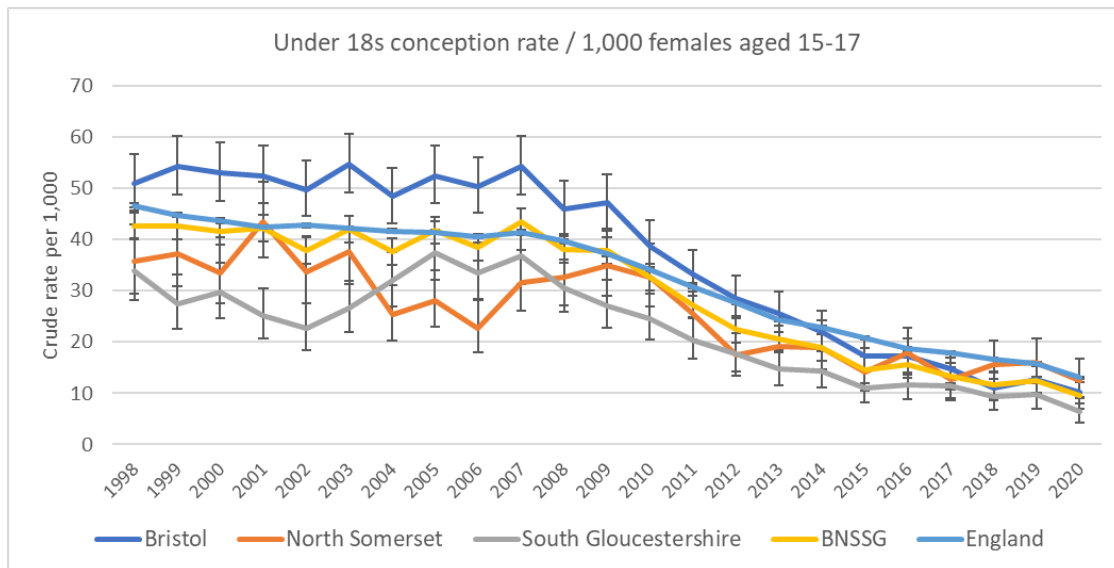
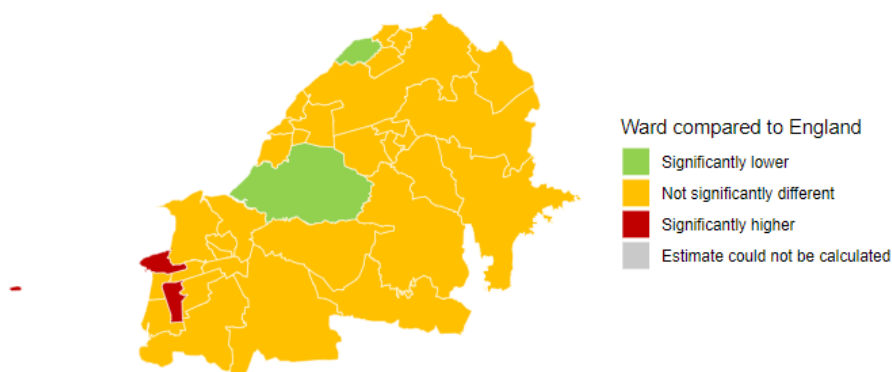


Figure 9: Under-18s conception rate per 1,000 (females aged 15-17) in Bristol, North Somerset, South Gloucestershire, BNSSG, England (OHID)

However, recently published under-18s conception rates for 2021 show North Somerset's rates have decreased. At ward level, further inequalities can be identified. Three-year data on under-18s conceptions in North Somerset from 2018-2020, when compared to the England average, shows that Weston-Super-Mare South and Weston-Super-Mare Hillside wards have higher rate of under-18s pregnancies (see map below).



Map 3: Under-18s conception in North Somerset by ward, compared to England: three-year period between 2018-2020 (OHID)

In North Somerset the rate of conceptions in under-16 year olds (13-15 years) has fallen from 2.8 to 0.8 per 1,000 (a decrease of 7 conceptions). New published data for 2021 shows that the percentage of under-18s conceptions leading to an abortion fell slightly in North Somerset.

Area	Under-18s conceptions leading to an abortion	
	Percentage, 2021	Percentage, 2020
Bristol	45.6	45.5
North Somerset	51.4	53.5
South Gloucestershire	52.3	48.3
<b>England</b>	<b>53.4</b>	<b>53.0</b>

Table 6: Percentage of under-18s conceptions leading to an abortion, 2020 and 2021, Bristol, North Somerset, South Gloucestershire, England (ONS).

### Abortion

There may be an opportunity to improve abortion provision in North Somerset and potentially address lack of teenage pregnancy outreach provision in North Somerset. In 2021, 3,069 abortions were recorded across BNSSG, of these 547 were in North Somerset. Each of the three council areas have one of the lowest total abortion rates, and repeat abortion rates when compared to their respective CIPFA neighbours and are each lower than the England rate.

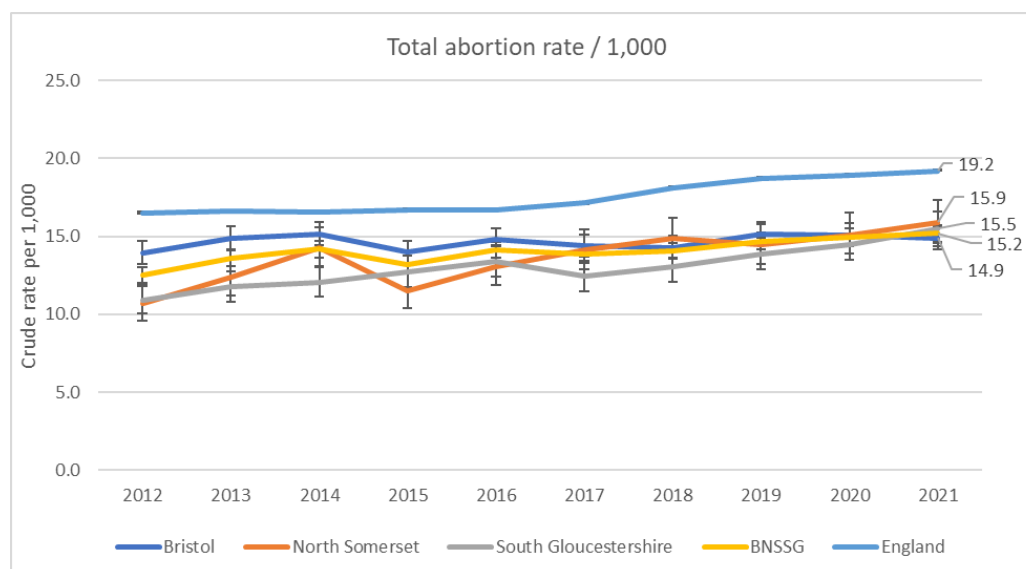


Figure 10: Total abortion rate per 1,000, 2012-2021, Bristol, North Somerset, South Gloucestershire, BNSSG, England (OHID).

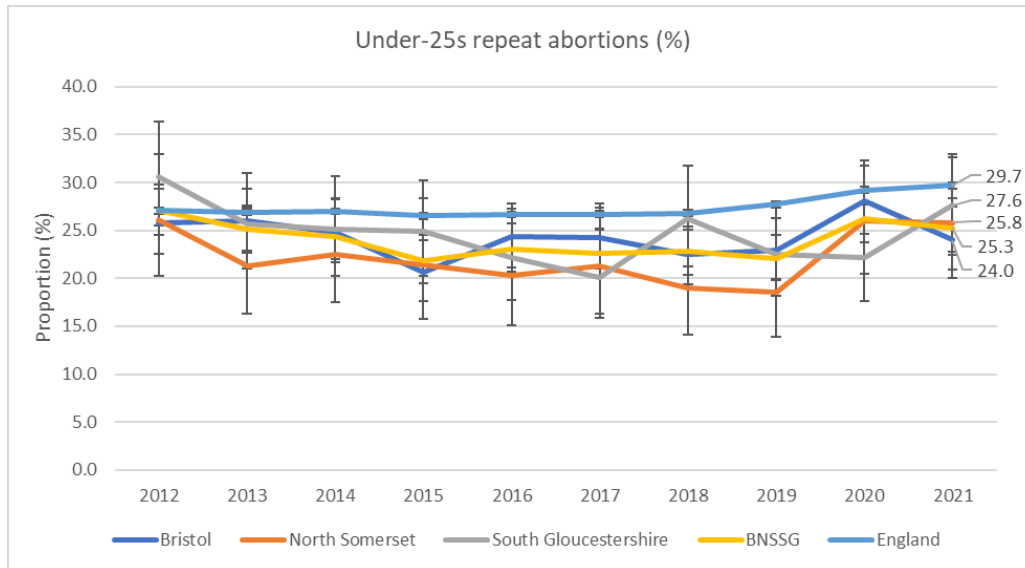


Figure 11: Repeat abortions in under-25s, 2012-2021, Bristol, North Somerset, South Gloucestershire, BNSSG, England (OHID)

Under-25s abortion after a birth

Locally and nationally there has been a general downward trend in the proportion of under-25s having an abortion after a previous birth since 2014, except in North Somerset which has seen an increase over the last couple of years. This may relate to fluctuations in the denominator for this indicator – the number of abortions in under-25s, which has fallen from that reported in 2020 in North Somerset while the number of abortions in under-25s following a birth in 2021 increased by 10 compared to 2020.

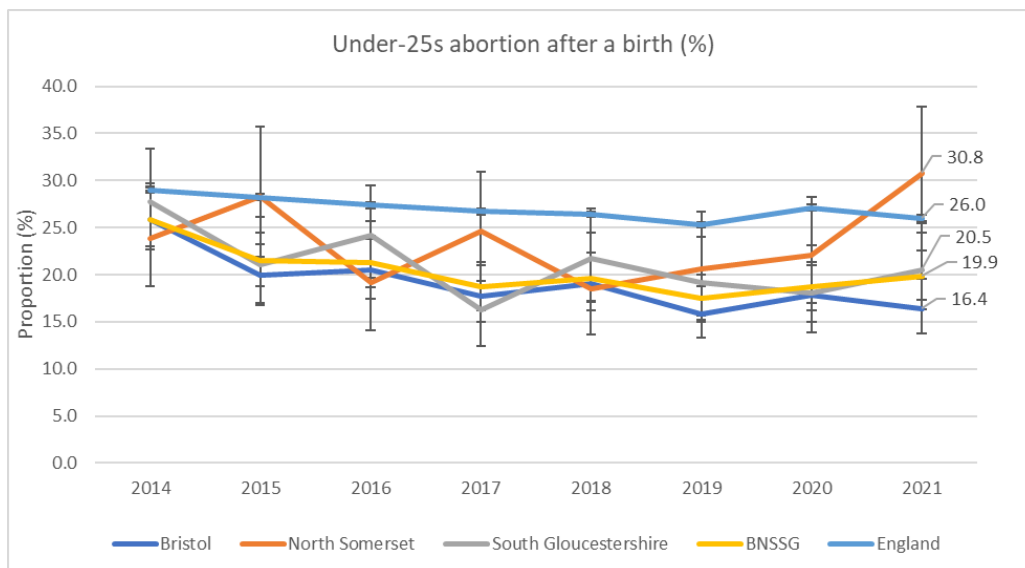


Figure 12: Proportion of women aged under-25 having an abortion who have previously had a birth, 2014-2021, Bristol, North Somerset, South Gloucestershire, BNSSG, England (OHID)

In 2021, North Somerset had the highest proportion of under-25s abortions after a birth of the three councils at 31% (56 abortions), but Bristol had the highest number at 104. In recent years, Bristol and South Gloucestershire have been consistently lower than the England average while North Somerset has been similar.

Area	Abortions under 10 weeks that are medical, 2014		Abortions under 10 weeks that are medical, 2021	
	Number	Percentage (%)	Number	Percentage (%)
Bristol	691	52.5	1,356	92.9
North Somerset	189	45.3	445	94.9
South Gloucestershire	281	55.6	670	95.9
BNSSG	1,161	51.9	2,471	94.1
<b>England</b>	<b>82,185</b>	<b>57.9</b>	<b>169,729</b>	<b>93.1</b>

*Table 7: Abortions under 10 weeks that are medical, 2014 and 2021, Bristol, North Somerset, South Gloucestershire, BNSSG, England (OHID; orange shading means the value is similar to England; red shading means the value is lower than England).*

