

**Kent Sexual Health Needs Assessment**

**Executive Summary**

**November 2024**



**|**

 Version Control

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| --- | --- | --- | --- |
| **Version Number** | **Date** | **Reviewer** | **Change reference and summary** |
| 1 | 19/08/2024 |  | Initial draft submitted |
| 2 | 17/09/2024 |  | Final Draft complete for SMT input  |
| 3 | 04/11/2024 |  | Final Draft with SMT Input Included  |
| 4 | 11/11/2024 |  | External Version Created |
| 5 | 11/11/2024 |  | Executive Summary version created |

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**| Glossary**

DHSC Department of Health and Social Care

DNA Did Not Attend

EoC Emergency Oral Contraception

FRSH Faculty of Sexual & Reproductive Health

GBMSM Gay and Bisexual men who have sex with men

GRT Gypsy Roma and Traveller Communities

GUM Genito-urinary medicine

HIV Human Immunodeficiency Virus

ICB Integrated Care Board

ISHS Integrated Sexual Health Services

IUD Intra Uterine Device

IUS Intra Uterine System

KCC Kent County Council

LARC Long-Acting Reversible Contraception

LGBTQ+ Lesbian, Gay, Bisexual, Transexual, Queer +

MSM Men who have sex with men

NATSAL National Survey of Sexual Attitudes and Lifestyle

PID Pelvic Inflammatory Disease

PreP Pre-Exposure Prophylaxis

RSE Relationship and Sex Education

SARC Sexual assault referral centres

SDI Subdermal Implant

SRH Sexual and Reproductive Health

STI Sexually Transmitted Infection

TV Trichomonas vaginalis

UKHSA United Kingdom Health Security Agency

VAWG Violence Against Women and Girls

WHO World Health Organisation

# 1. Executive Summary

This health needs assessment was undertaken in order to understand the sexual health needs of the Kent population in 2024. The aim of this work was to ensure local sexual health services, one focus of our transformation work underway, are optimally designed to meet the needs of local people.

**1.1 Introduction**

## 1.1.1 The Evolving Landscape

The sexual health landscape has changed since the last sexual health needs assessment in 2018. Significant changes to services were seen in the COVID-19 pandemic resulting in reduced access to sexual health clinics and a shift to using online services[[1]](#footnote-2). Kent’s population has also changed in this time, with a population increase of 14,600 from mid-2021 to mid-2022, of which, 95.7% has been because of migration[[2]](#footnote-3).

There have been several changes to national policies affecting sexual health since 2020. Pre-exposure prophylaxis (PrEP) to reduce HIV transmission in those at a high risk was made available in sexual health clinics[[3]](#footnote-4). An amendment in legislation during the pandemic allowing at-home early termination of pregnancy was made permanent[[4]](#footnote-5), changing the way women access abortion services. Relationship and Sex Education (RSE) became a mandatory subject on schools’ curriculum in 2020, aiming to improve young people’s knowledge about safer sex and sexual health[[5]](#footnote-6). The Women’s Health Strategy[[6]](#footnote-7) was published in 2022, highlighting the disparities in women’s health and setting out an approach to improve this within several priority areas. Pharmacies are now able to prescribe oral contraception[[7]](#footnote-8) and licences for certain intrauterine devices (IUDs) were extended[[8]](#footnote-9), changing the way women access and use contraception services. In September 2024, ‘A blueprint for the future: Sexual and reproductive health and HIV services in England[[9]](#footnote-10)’ was published by the Local Government Association (LGA) aiming to lobby the new Labour Government to prioritise focus on improving the sexual health of the UK population through a 10-year strategy.

## 1.1.2 Kent Population Profile

Kent’s population is growing and is predicted to continue to grow. Migration is a key factor in this. There are more women than men living in Kent, with a higher proportion of young people compared to the England average.

Certain groups of the population are identified as being at higher risk of poor sexual health. Understanding the needs of these groups of people are key to providing inclusive sexual health services that address inequalities in sexual health outcomes.

Young people are at a higher risk of sexually transmitted infections (STIs) and unplanned pregnancy, making this group a key focus for sexual health services. Canterbury has the highest number of young people, corresponding with high rates of STI diagnoses. Insights work with young people in Kent highlighted a lack of awareness of sexual health services and a need to improve education around healthy relationships. It is also recommended that local services and commissioners have an awareness of service proximity to schools and colleges, to ensure outreach services are provided where required, in order to improve young people’s sexual health outcomes.

Those living in deprived areas are more at risk of poor sexual health including higher rates of STIs and under 18 conceptions. Women and girls in deprived areas are especially at risk of violence, including sexual violence and domestic abuse.

The migrant population experience barriers to accessing sexual health services. Difficulty registering with NHS services remain, and in some cultures a perceived lack of risk of poor sexual health is present, preventing people from engaging with services.

LGBTQ+ people make up a greater proportion of those accessing sexual health services in Kent, compared to the population demographics. An increased risk of poor sexual health relating to STIs and chemsex exists, along with the need for better education around healthy relationships and addressing barriers such as stigma and the use of inappropriate language.

Kent also has a higher percentage of Gypsy, Roma and Traveller (GRT) people than the England average. A recent needs assessment highlighted complex issues with access to healthcare and cultural taboos that make discussions about sexual health and contraception more difficult.

Further work is required to understand the local sexual health needs of other groups highlighted as at risk in national literature, including black and ethnic minority populations, people misusing drugs and alcohol and people in contact with the justice system to ensure services are appropriately tailored to their needs.

Women experience poorer sexual health consequences than men and are also more likely to experience sexual abuse and violence. The establishment of Women’s Health Hubs may help to provide more integrated support, including sexual health and contraceptive services for women in Kent. Violence against women and girls (VAWG), including sexual violence, is an area of growing focus across the system in Kent as can be seen in the Kent and Medway Serious Violence Strategic Needs Assessment[[10]](#footnote-11).

## 1.1.3 Sexual Health Needs in Kent

The STI testing rate (excluding chlamydia tests in under 25s) in Kent has increased from 2,844 per 100,000 in 2018 to 3,284 per 100,000 in 2023, although this remains below the England average. There is marked regional variation within Kent with the highest testing rates in Canterbury and Dartford, and the lowest in Sevenoaks. The crude rate of new STI diagnoses (excluding chlamydia tests in under 25s) was 345 per 100,000 in 2023, a 2% increase compared to 2022. Highest diagnosis rates were seen in Canterbury and Dartford, and lowest in Sevenoaks, corresponding with the testing rates. STI test positivity in Kent in 2023 was 5.1% with the highest positivity in Dartford (6.1%). Further understanding of the high diagnosis rates in Dartford is needed.

The chlamydia detection rate in Kent in female 15- to 24-year-olds was 1,712 per 100,000 in 2023. Whilst this is an increase from 1,658 per 100,000 in 2022 it is 20.4% lower than the rate in 2021 (2,152 per 100,000) and 47.3% lower than the target level of 3,250, this suggests that more testing is needed across Kent. Rates in Maidstone have increased, surpassing the national level and exceeding the target rate. The rate for females aged 15 to 24 in Maidstone is 3,612 per 100,000, a 42.7% increase from 2,530 in 2022. This may be due to an increase in numbers of chlamydia tests performed in Maidstone, but more understanding of this rise is needed.

In Kent, the diagnosis rate for gonorrhoea is 78 per 100,000 in 2023 and whilst this is a slight decline from the rate in 2022 (82 per 100,000) it is a 53% increase since 2018 (rate of 51 per 100,000). Gonorrhoea rates within each district have remained fairly stable except for Ashford and Folkestone and Hythe. In Ashford, there has been a 29.7% increase from a rate of 74 per 100,000 in 2022 to 96 in 2023 and Folkestone and Hythe where there is an 8.2% increase from 98 per 100,000 in 2022 to 106 in 2023. Whilst STI testing rates have increased, the rapid increase in diagnoses in these districts may reflect rising gonorrhoea infections in the population.

Use of long-acting reversible contraception (LARC) has decreased, with the total prescribed LARC decreasing from 48.4 per 1,000 in 2018 to 44.6 per 1,000 in 2022. Total prescribed LARC decreased during the pandemic and has not yet returned to the pre-pandemic level both in Kent and nationally. Additionally, short acting hormonal contraception use has decreased steadily.

The under 18s conception rate in Kent in 2021 was 13.9 per 1,000, with the highest rate in Thanet (crude rate: 22.5 per 1,000). Kent’s conception rate was higher than that of the Southeast (10.7 per 1,000) and England (13.1 per 1,000).

The proportion of conceptions leading to abortion in under 18s rose from 55.1% in 2020 to 59.5% in 2021, with the highest proportion in Folkestone and Hythe (84.2%). For females 15 to 44 years, in 2021, the total abortion rate per 1,000 of the population was 19.0 compared to 19.2 for England. Both Kent and England rates have increased since 2012, rising from 15.6 for Kent, and 16.5 for England. The trend in abortion rate varies by age group. Nationally, the rates for abortions have increased for all ages 22 and above, with the largest increase among women aged 30 to 34.

## 1.1.4 Sexual Health Services in Kent

65,362 people accessed the integrated sexual health service (ISHS) in Kent in 2023/24. The service is well received by patients and offer good accessibility, with short wait-times for appointments in East Kent and walk-in-clinic availability in North and West Kent. The ISHS adapted well to COVID-19 impacts on access to services by increasing online provision. First time patients are nearly always offered a STI screen. LGBTQ+ people and women are well represented in attendance to the service. There remain geographical inequalities with no clinic sites in three of the twelve Kent districts – Dover, Sevenoaks and Tonbridge & Malling.

The psychosexual therapy service provides up to six therapy sessions for patients. Despite the service providing space in clinics for face-to-face appointments, the vast majority are virtual. Around 30% of those referred never engage or disengage with the service and it is unclear why this is. Of those completing therapy, high levels of improvement in presenting problems are seen, but it is not clear how this is measured and what the long-term outcome of the service is. More understanding of the psychosexual needs of Kent’s population is key to building a comprehensive service. The HIV service is seeing increasing demand and cost, with an increase in proportions of appointments not attended.

The online STI testing service in 2023/24 had 46,458 orders, resulting in 2,451 STI diagnoses. During the pandemic, online STI testing was expanded to include symptomatic patients, and the service reduces the need for patients to travel to a sexual health clinic, improving accessibility. Of testing kits sent out, around a quarter are not returned, and this proportion is higher in people ordering repeat tests. Insights into how this service is received and why people order multiple tests and do not return them would help to improve the service.

The pharmacy service offers emergency oral contraception (EOC) and simple chlamydia treatment. The recent change to pharmacy dispensing of repeat contraception gives an added opportunity for increasing awareness of the other sexual health services offered. Chlamydia treatment consultations are currently being duplicated by the online STI testing services team who give the result and then again by the pharmacist when the patient collects the treatment. Pharmacies operate throughout the county, but it is unclear if the service is providing equitable coverage.

The Kent condom programme offers free condoms to young people aged 24 and under, facilitates condom distribution sites and has an outreach element. They also provide training sessions for professionals to increase their knowledge and confidence in delivering sexual health education. There have been challenges in signing up sites to become distribution services for condoms and understanding what impact the outreach service has had, and where there may be duplication with the outreach element of the integrated sexual health service.

LARC is primarily available in General Practice (GP), across 103 GP practices in Kent. The use of LARCs declined during the pandemic and has not yet returned to baseline. It is unclear if this is due to shifts in women’s preferences or challenges in access to the service. However, Kent and Medway ICB (Integrated Care Board) have the lowest number of GPs per head of population in England, meaning the demand for this service may be relatively high. Use of LARC for non-contraceptive reasons is funded by the ICB, giving an opportunity to align the services together.

## 1.1.5 What Residents Tell Us

Kent residents have reported that overall, the services that are available to them are meeting their sexual health needs post-pandemic. Options to access services face-to-face or virtually at a time that is convenient to them is met in most circumstances and seen as a positive aspect of the Kent offer. Residents trust the expertise of the medical professionals in Kent, and those that do access the services are satisfied that they are receiving good care and advice.

However, some people report feeling unaware of what support they can access, and whether services available pre-pandemic are still available. Residents responded to say that areas for improvement are in relationship and sex education, support for those who identify as LQBTQ+, and improved cultural understanding to ensure that all cultures feel that they can access sensitive and confidential advice for them with professionals who understand them. Some residents also explained that interactions between their sexual health and other aspects of their life are less understood by professionals which can impact on their willingness to access support, for example drug and alcohol use.

Further insights are needed to include a wider pool of participants and ensure that recent findings are generalisable to more communities in the Kent population.

National insights research indicated that the Covid-19 pandemic altered sexual behaviours and attitudes with less people using contraception than before, access to and accessing of services reduced and increases in sexual violence incidences were reported. NATSAL 4 (National survey of sexual health attitudes and lifestyle) will be released in due course and findings from this will indicate how sexual health behaviours and attitudes have changed since 2020/21.

## 1.2 Key Findings

**1.2.1 Introduction**

* The COVID-19 pandemic resulted in a changed landscape in sexual health. Kent services adapted by introducing more availability of online services, for example by introducing symptomatic testing in addition to the existing asymptomatic testing offer via the online testing route in 2019.
* Since 2020, there have been several national policy changes and strategies that influence sexual health including the Women’s Health Strategy, the addition of oral contraception availability in pharmacies, introduction of statutory relationship and sex education in schools and changes in the way people can access termination of pregnancy services.
* Sexual health attitudes and behaviours have changed, for example with the growth of digital and social media apps and engagement in risky sexual behaviours.
* Reductions in spending for sexual health services has been affected by cuts to the public health grant.

**1.2.2 Kent Population**

* Kent’s population is growing, with an increase of 65,400 people since 2018.
* Certain population groups are at a higher risk of poor sexual health, including young people, people living in deprived areas, black and ethnic minorities, migrants, the homeless population, LGBTQ+ people, those experiencing sexual abuse and violence, people in contact with the justice system, Gypsy, Roma and Traveller people and those misusing drugs and alcohol. Key messages for these groups are summarised below.
* Understanding the needs of these groups of people are key to providing inclusive sexual health services that address inequalities in sexual health outcomes
* Insights work for these groups highlighted a lack of awareness of services, ensuring services have good understanding of various cultures and communities, barriers to access resulting from a lack of openness of discussion of sexual health issues within some communities and ensuring relationship and sex education is inclusive for LGBTQ+ people.

Young People

* Young people are at a higher risk of STIs and unplanned pregnancy, making this group a key focus for sexual health services. Young people have raised a lack of awareness of services and a need to improve education around healthy relationships.

People living in deprived areas

* Deprived areas in Kent should be a targeted focus to reduce under 18 conceptions and find and treat STIs

Black and ethnic minority populations

* Evidence suggests black and ethnic minority populations can be more at risk of some STIs, although local data for Kent is required. Understanding of sexual health issues specific to local communities is key for good sexual health service provision.

Migrant population

* Barriers to accessing sexual health services, such as difficulty registering with NHS services remain, and in some cultures a perceived lack of risk of poor sexual health is present, preventing people from engaging with services.

LGBTQ+

* LGBTQ+ people make up a greater proportion of those accessing sexual health services in Kent, compared to the population demographics. An increased risk of poor sexual health relating to STIs and chemsex exists, along with the need for better education around healthy relationships and addressing barriers such as stigma and the use of inappropriate language.

People who have experienced sexual abuse and violence

* Young people, in particular women and girls in deprived areas of Kent are more at risk of violence, including sexual violence.

Gypsy, Roma and Traveller populations

* Kent has areas of high GRT populations, particularly the Isle of Sheppey, where it is not understood how well engaged ISHS are with this community. GRT populations should be a focus for sexual health to understand more about use of contraception, abortion rates, and identify opportunities to support with improving sexual health outcomes.

Alcohol and drug misuse

* Alcohol and drug misuse can result in an increase in sexually risky behaviours including unprotected sex and inability to give consent to sexual activity. Kent should seek to make links between sexual health and drug and alcohol services to minimise compounded risks between the two factors on sexual health outcomes.

People in Contact with the Justice System

* People in contact with the justice system are at a higher risk of poor sexual health and this is often underreported in national datasets. More understanding is required of sexual health service provision in prisons, along with what support is available to reduce sexual health risks on release from prison.

Homeless Population

* The homeless population of Kent are particularly affected by changes to services, such as shifts to online or virtual services requiring an address. This population should remain a key focus of outreach work.

Women’s Health

* Women experience poorer sexual health consequences than men and are also more likely to experience sexual abuse and violence. Women’s health hubs are anticipated to be set up in Kent and aim to improve access and outcomes in services for women. KCC should continue to work with the ICB on the development of the hubs as well as work with the wider system to reduce violence against women and girls.
* As young people, in particular women and girls in deprived areas of Kent are more at risk of violence, including sexual violence, it will be important to engage with other council and other teams for this also.

Intersectionality

* Whilst these factors have been considered individually in the sections above, but the reality is that people in our communities can be part of more than one group at any one time.

**1.2.3 Kent Sexual Health Needs**

* STI testing rates, which reduced during the COVID-19 pandemic, have increased to higher than pre-pandemic levels. However, there is variation in testing rates within Kent, with the highest testing rates in Canterbury, and the lowest in Swale, Tunbridge Wells, Tonbridge and Malling and Sevenoaks.
* Crude rate of all new STI diagnoses also reduced during the pandemic and has increased since 2021. Dartford has the highest new STI diagnoses rate, and the highest test positivity.
* The proportion of females aged 15 to 24 screened for chlamydia in Kent is lower than the South East and England. Detection rates for chlamydia in 2023 were 47.3% lower than the national target level. Detection rates in Maidstone however have rapidly increased between 2022 and 2023, surpassing the national level and target rate.
* Gonorrhoea rates in Kent in 2023 have increased by 53% compared to 2018, reflecting the rise in gonorrhoea seen nationally. Increases have been seen particularly in Ashford and Folkestone and Hythe, which is not likely to be explained solely by increases in the STI testing rate.
* Use of LARC in both Kent and England has not returned to pre-pandemic levels, and use of short-acting contraception has continued to decline.
* Under 18 conceptions in Kent have been consistently declining, however remain higher than the South East and England figures. Rates are highest in the districts of Thanet, Swale, Dover and Ashford, with Thanet’s conception rate the highest district in the South East.
* Total abortion rates have increased both in Kent and nationally, with the largest rise in females over 35 years.

**1.2.4 Sexual Health Services in Kent**

* Overall, the integrated sexual health service is performing well and meeting multiple sexual health needs of the population, including STI testing, HIV care, provision of contraception.
* First time patients are nearly always offered a STI screen and satisfactory levels of patients accept this offer.
* The integrated sexual health service adapted well to COVID-19 impacts on access to services by increasing online provision.
* Some population groups are well represented in attendance to the service, such as LGBTQ+ people and women. The integrated service has outreach provision, but more understanding of its impact on sexual health outcomes for inclusion groups would be useful.
* The integrated service does not currently provide sexual health clinics in the districts of Dover, Sevenoaks and Tonbridge & Malling.
* The psychosexual therapy service operates separately to the integrated sexual health service and provides psychosexual support.
* Patients report improvements in their presenting problem, but there is a lack of understanding of whether the service is fully meeting the psychosexual needs of the Kent population.
* The HIV service is offered as part of the integrated services, offering a more holistic approach with access to full sexual health services. However, there is a rising demand and cost for the service.
* Online STI testing now provides both symptomatic and asymptomatic testing resulting in increased usage and good user satisfaction.
* Trichomonas vaginalis (TV) testing was introduced as a trial in 2021/22 and has now been integrated into the online service.
* A large number of testing kits aren’t returned, with cost implications for the service and a need to understand why.
* The pharmacy service provides an alternative access route for contraception for the population. However, it is unclear if there is an equitable coverage of pharmacies across the county.
* Pharmacies also provide treatment for chlamydia, however there is a duplication in consultations for the patient, having one with the initial sexual health service and a further one with the pharmacy.
* Get It is a service for young people, providing free condoms and sexual health promotion. They also provide an outreach service which may overlap with the integrated sexual health outreach element.
* LARC services are currently primarily offered within general practice and this may be expanded into Women’s Health Hubs in the future.
* Use of LARC is declining, and it is unclear if there are limitations surrounding equitable access to LARC services in Kent, or a shift in women’s preferences.

**1.2.5 Insights from local communities, service users and residents**

* Insights have shown that KCC is currently offering services that meet the population needs, however, more can be done to raise awareness of what support is available to ensure that those that aren’t currently accessing services have a greater chance of doing so.
* NATSAL reported that the Covid-19 pandemic had changed people’s attitudes to sexual health, access to services and increased sexual violence incidences. The next NATSAL will help indicate if these changes have continued nationally, and further understand of the Kent population’s attitudes is key.
* Further insights would support a more detailed look into areas such as culture and other influences on sexual behaviour, for example drug and alcohol use.
* Kent County Council has recently been able to obtain localised data that was collected as part of the Women’s Health survey. This is currently being analysed and will aim to add further insights into women’s health experiences in Kent.

## 1.3 Call to Action

## 1.3.1 Key overarching recommendations:

* To increase insights from residents, users and non-users of services, and those who have sexual health needs in Kent.
* To continue to develop understanding via collaboration with stakeholders of sexual health needs of inclusion groups in Kent, and ensure services are appropriately tailored and appropriately responsive to changing needs. For example, understanding the impact of chemsex on sexual health outcomes for some groups of the population.
* To spend time establishing a sexual health network or collaborative, including providers, commissioners, mental health, alcohol and drug services, domestic abuse, sexual assault, and prison health services and UK Health Security Agency (UKHSA). Exploring co-location of services would help provide holistic care and integrated access for those with multiple needs.
* Given the wide remit of sexual health there is insufficient influence and collaboration with wider stakeholders. Therefore, it is recommended to increase partnership and system working to improve sexual health outcomes, i.e RSE in education, GRT community leaders
* To collaborate with and contribute to the establishment of women’s health hubs in Kent.
* Engage in further research opportunities to inform and influence policy to promote and prevent poor sexual health outcomes, including liaising with other public health teams in England to understand their sexual health models.
* Increase awareness and visibility of sexual health services in Kent through accelerated efforts in marketing and campaigns
* Understanding the sexual health implications of violence against women and girls as a recommended priority for Kent, and working with partners to reduce sexual violence

## 1.3.2 Key recommendations for the sexual health system

* To continue to understand if trends in sexual health indicators are returning to pre-pandemic levels, we recommend an annual update to the relevant sections of this needs assessment with the release of the latest Fingertips data.
* To increase insights from residents, users and non-users of services, and those who have sexual health needs in Kent.
* Ask for greater engagement with local residents to ensure services are maximally meeting their needs and co-designed where possible for this.
* Building plans for how services can use existing resources to focus their efforts on tackling health inequalities.
* Services align themselves to support geographical areas furthest away from clinics with outreach provision to improve outcomes for young people's sexual health.
* Reinstate the Outreach Provider group in Kent to allow for coordination of the best use of outreach between services. This will enable understanding of which key groups (e.g. Gypsy, Roma, Traveller communities and the homeless population) are supported or should be supported, and how to measure and improve sexual health outcomes for these groups.
* To explore opportunities to work with system-wide partners, such as women’s health hubs, abortion care, mental health and drug and alcohol services to provide a holistic offer of services, tailored to individual’s needs. Including exploring options of co-location across the sexual health estate.
* Given the scale of the financial challenges reviewing needs, ambition and approach to ensure focus against key outcomes in sexual health and reducing health inequalities.

## 1.3.3 Table of recommendations for existing services

|  |  |
| --- | --- |
| All Services  | * KPIs currently activity focused and needs to be more outcome focussed
* NICE Quality Standards are applied robustly and prioritised specifications and delivery.
* All services to aim to promote and increase numbers of people testing for STI’s
 |
| Integrated Sexual Health Services  | * Integrated sexual health services (ISHS) specifications should be updated to include changes to policies and understanding after the pandemic and since the last SHNA.
* Continue with service in the integrated model, with focus on reducing STI’s and access to contraception
* To consider how providers can work closer together and share systems or job roles, ensuring equitable access options for the Kent population.
* To consider the introduction of a clinic in Dover, given the potential transport issues in residents travelling to another clinic.
* To consider the introduction of a clinic in Sevenoaks or Tonbridge & Malling, however these are more affluent areas with better outcomes.
* To understand and coordinate the outreach elements of the services, including which key groups are supported, and what is the impact on outcomes.
* Men who have sex with men (MSM’s) are offered follow up testing every 3 months
 |
| Psychosexual Therapy  | * Looking at whether to move online rather than continue investing in property for this.
* To understand the psychological sexual health needs of the Kent population who may require the psychosexual service, for example the influence of adverse childhood experiences on the sexual health of adults.
* To collect patient insights to understand why a large number of people do not complete the full course of therapy or do not engage following initial referral.
* To collect patient insights and staff insights to understand the impact of the service on psychosexual outcomes to ensure quality service delivery and equity across Kent.
 |
| HIV Services  | * Conduct Deep Dive report into HIV in Kent
* Review of budget for HIV services, considering the rising demand and costs.
* Patient insights data to understand why the DNA proportion is steadily rising. Important to address this given the increasing demand and cost for the service.
* Develop a peer support service, as recommended as best practice.
* Review the options for strengthening of provision of HIV service provided to residents in Swale, Dover, Sevenoaks and Tonbridge & Malling.
* Increase testing coverage given the marked drop in coverage from pre-pandemic levels, including via supporting promotional campaigns.
 |
| Online STI Testing  | * Further insights into online sexual health services. Need more high-quality patient service and ideas for improvement, this could be via mystery shoppers.
* Consider option to bring contract management in house also.
* Need further exploration of digital services that could be included in the online service.
* Understanding why kits aren’t returned, and why some users order multiple tests to reduce costs and better support the population to access an appropriate sexual health service.
* Further investigations into the unexpectedly similar proportions of positives between symptomatic and asymptomatic are warranted, equally a deeper dive into the online ordering process and justification.
* Men who have sex with men are identified and offered following up testing every 3 months
 |
| Pharmacy Services  | * Review of chlamydia treatment patient pathway for duplication of consultations and payment tariff for pharmacies.
* Review of the data submitted for chlamydia treatments, given the low number of prescriptions issue compared to the number of positive tests.
* Review the location of pharmacies offering the service to establish if there is an inequity in coverage of pharmacies across the county.
* Insights data to understand awareness of pharmacy sexual health service.
 |
| Get It Condom Programme  | * Review outreach in order to optimise utilisation for population need alongside system thinking approach. There is an overlap with the outreach service in ISH, and it isn’t clear what impact outreach are having on sexual health.
* Consider whether condom distribution could be provided by other online services such as the online STI testing service.
* Consider extension of free condoms to other groups, not just young people, given the rise in STIs.
* The results of the Young People’s sexual health attitudes survey are analysed and used to inform progressions in the service offer.
 |
| LARC  | * Currently two commissioners for contraception and ICB for IUS devices for women – opportunity to align and streamline the contract management function.
* Clarity and action needed to ensure that appropriate coding is used when submitting claims for LARC procedures to KCC and the ICB.
* Monitoring of impact of the implementation of Women’s Health hubs and ensure a system approach is applied where possible.
* Patient insights – to understand why use of LARC is declining and if there are issues with access to the service, or a shift in sexual health attitudes including use of fem-tech and fertility awareness methods.
* Patient insights into ease of access alongside further analysis of the map of LARC providing GPs in the county to explore areas of low or distant access.
* Deep dive review of LARC to be completed including, exploration of reduction in GP Practices offering LARC services, workforce development and training, and cost modelling.
 |
| Out of Area  | * Review of budget and spend for out of area services.
* Review of the use of sexual health services out of area by Kent residents, along with understanding use of Kent services by out of area residents. This is to identify why people may access services out of area and what measures can be put in place to reduce this.
 |

# 2. Conclusion

This Sexual Health Needs Assessment has explored, reviewed, and set out the landscape of Kent’s sexual health needs post pandemic. It has examined updates to the context surrounding and including sexual health, analysed the latest data and available insights, reviewed current service provision, and explored examples from other councils. Groups of Kent’s population have been highlighted to ensure that the correct emphasis is placed on the focus and support for those groups to tackle health inequalities. Recommendations have been made throughout as a call to action for local stakeholders to propel Kent’s sexual health improvements.

We know now from this assessment that STI rates are increasing. Testing rates have risen across Kent in line with the diagnosis rates which means that we are finding, and therefore able to treat, more infections in Kent. But rates remain below our target levels. The analysis has shown that there are areas of geographic concern, for example Dartford, due to the higher positivity rates and West Kent testing is lower than East Kent areas. Chlamydia testing rates in young women are currently half of the national target, and testing of GBMSM for HIV has fallen by 30%. Gonorrhoea detection is 53% higher than pre-pandemic levels and overall STI’s diagnosis has returned to rates seen pre-pandemic. The message is that there needs to be an increase in testing for infections in Kent. In other aspects of sexual health, the use of LARC is decreasing, as is oral contraception, and abortions are increasing. Under-18 conceptions remain higher than the England average, with Thanet, Swale and Dover having the highest rates.

Whilst Sexual Health services are well-utilised and respected by the population, work to ensure that availability and access is suitable to all groups of the population is recommended, including people who use drug and alcohol services, those in more deprived areas, women, and young people. There is opportunity to strengthen commissioning by reviewing contracts to ensure targets are aligned to the transformation in health outcomes being sought, and there is much greater focus on service alignment, partnership working, streamlining the offer and ensuring it is optimally able to meet the needs of the whole population. That means more focus is needed on cultural adaption and reach as well as focussing efforts on meeting the needs in particular of the more at risk groups identified. Sexual assault and violence against women and girls can lead to poorer sexual health outcomes and an increasing risk of STI’s and unplanned pregnancy. This has been highlighted in the document as a key area of future focus. Opportunities exist through the Women’s Health Hubs being introduced.

Taking actions outlined in this document will also support national efforts and ambitions to improving sexual health and wellbeing. We support a call on Government to set out a 10-year strategy to emphasise the contribution that good sexual health and wellbeing makes to overall health, economy, and growth.

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