TORBAY COUNCIL

Torbay Sexual and Reproductive Health Health Needs Assessment

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Introduction

Aim

This Needs Assessment report sets out the current and future challenges that maintaining good sexual and reproductive health presents to Torbay residents of all ages and stages.

Having a positive state of sexual and reproductive health requires a complex range of conditions and provisions. This needs assessment refers to services which are commissioned and / or delivered by Torbay Council, Devon Integrated Care System, NHS England, voluntary, community and social enterprise organisations (VCSE), and NHS providers in the wider Devon area. It also describes the known health outcomes and indicators at a population level which illustrate sexual and reproductive health. This assessment seeks to guide the development of quality, accessible services with an increased focus on prevention for the population of Torbay.

The intended outcome is to inform future sexual health strategies and commissioning decisions from 2023 -2025.

Context

This needs assessment builds on the 2017 rapid health needs assessment[1] and seeks to develop an understanding of how the local population profile and SRH needs evolve.

The impact of Covid-19 is still being felt by individuals as well as systems and will continue to for some time. The lockdowns of 2020 and 2021 impacted on the ability of providers to deliver a face-to-face model at the volumes prior to March 2020. As intimate relationships moved into increasingly online spaces for some, the health responses and access to services have started to follow suit. The full impact is yet to be understood in terms of the longer-term impact on a range of issues, including pregnancy and contraception choices, dating and intimacy, transmission of STIs, sexual dysfunctions and safer sex practices.

Faculty guidance on clinical practice continues to adapt to national epidemiology, prevalence, and system pressures. This has resulted in changing the model of delivery, in some areas (primary care and satellite clinics) ceasing or reduction of provision, resulting in challenges in access for residents in Torbay, notably Long-Acting Reversible Contraception (LARC).

Audience

The Needs Assessment is intended to inform the policies, strategies, development and commissioning plans and practice amongst stakeholders and organisations. These organisations include teams within the local authority, NHS England, voluntary, community and social enterprise sector and Integrated Care System and local NHS Trusts.

Approach

To develop a deeper understanding of the Torbay resident SRH needs, a mixed methods approach has been taken. This includes presenting an analysis of key health outcomes and indicators. A focus has been taken on comparing Torbay data to Devon and CIPFA[2] neighbours. The rationale is that Torbay has an interdependency with Devon as the only geographical neighbour as well as strategic commissioning partner. The population profile of Devon County is

[1] Sexual Health Rapid Needs Assessment - Torbay Council
[2] Home (cipfa.org)

different in many ways however to Torbay and hence, utilising the CIPFA comparison as well gives a richer profile and comparison.

Further to this initial data-led approach, a process of engagement has been undertaken with focussed conversations, surveys and using wider insights from stakeholders. This element has focussed on contraception access after this was identified during the Covid-19 pandemic phases as being a service area particularly negatively affected.

The intention is to present a rounded view of population needs which deliberately seeks to better engage and hear the voices and views of those often underserved by traditional engagement methods. While these attempts go some way to reaching local populations, feedback from user groups and representatives of Torbay users' groups, particularly groups who experienced multiple or complex needs, who are disabled, have learning disabilities, are deaf or hard of hearing or from Black, Asian, and other minoritized ethnic groups are encouraged and will continue to be further sought after the publication of this HNA.

Scope

The scope of this HNA is informed by the scope of core Public Health responsibilities, as determined by the Health and Social Care Act 2012[3]. However, some data and information presented is wider (such as abortion data), to create actionable intelligence for other stakeholders.

A limitation of the scope of this health needs assessment is regarding the experiences of Children and Young People. The landscape facing adolescents and young adults is shifting at all times, with new challenges as well as changing norms and behaviours. Education in schools, PSHE and RSE is not in scope of this needs assessment. There would be value in collaborating with education and youth providers to understand the needs of young people but also to understand how different providers of education and youth services are responding to this challenge. Torbay has strategies and distinct approaches to child sexual exploitation, harmful sexual behaviour, and sexual abuse. Linking positive sexual health and wellbeing to framing a professional assessment and management of sex-related safeguarding issues, particularly longer term is an area to be further explored and understood in order to break generational trauma and support recovery into a happy and healthy adulthood.

Brief summary of progress since last health Needs Assessment

Improvements

Significant improvements have been made in the Torbay Teenage Conception rates. The rate in 1998 (start of the national teenage pregnancy strategy) in Torbay was 55 per 1000. In 2015 this had reduced to 22.9 per 1000 and since the last health needs assessment in 2017, it is now at 15.9 per 1,000 in 2020. The England average is 13 per 1,000. There remains room for improvement in this area and given the small numbers, Torbay is sensitive to significant rate changes. Teenage conceptions remain high on the agenda in terms of maintaining a downward trajectory and supporting the sexual health and wellbeing of young people and young adults.

To see more on teenage conceptions, maternity, and pregnancy in Torbay, please go to page 35

Challenges

Reproductive health is a continual challenge in Torbay and is the focus of much of this document. Women (and trans and non-binary people with a uterus) tell us that they can struggle to access

[3] Health and Social Care Act 2012 (legislation.gov.uk)

the contraception they want in a convenient location and time. This has a range of consequences, for example resulting in unintended conception.

Torbay has been an outlier for abortion rates amongst all ages for a prolonged period of time. Torbay experiences higher rates than Devon, England and similar CIPFA neighbours. Abortion services are commissioned by NHS Devon Integrated Care Board and delivered in Torbay by MSI (formerly Marie Stopes International) and Torbay and South Devon NHS Foundation Trust. Access is timely and a quality service is delivered. A contributing factor to these high rates could be unmet contraception needs. Knowledge of and crucially, access to appropriate forms of contraception, including emergency contraception could be improved and may support bringing this trend in line with England rates.

Information about LARC provision is on page 32 and the contraception survey summary is in appendix A.

Area for further exploration

As well as areas identified as out of scope, such as children and young people (including RSE), the experiences of Black and minority ethnic groups, the experiences and needs of people with disabilities, other areas will also require deeper consideration in future.

New STI diagnosis are declining in Torbay and have been for some years. This decline accelerated during Covid 19 in line with most areas across England. The decline in STI positivity could be because Torbay has a low incidence of STIs across all populations, or it could be because populations living with an STI or most at risk are not attending testing services. There may be other reasons too, but this is an area for future investigation and a deeper understanding.

For more information on STI testing rates, positivity and other data and intelligence, go to page 20

Funding and commissioning sexual health services responsibilities

Local Authorities	Integrated Care Boards	NHS England
• Comprehensive sexual health services including most contraception services and prescribing costs, but excluding GP additionally -provided contraception • STI testing and treatment, chlamydia screening and HIV testing • Specialist services, including young peoples sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, colleges and pharmacies	• (Previously Clinical Commissioning Groups) • Most abortion services • Sterilisation • Vasectomy • Non-sexual health elements of psychosexual health services • Gynaecology including any use of contraception for non-contraceptive purposes	• Contraception provided as an additional srvices under GP contract • HIV treatment and care (including drug costs for PEPSE) • Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs • Sexual health elements of prison health services • Sexual assault referral centres (SARC) • Cervical screening • Specialist fetal medicine services

This 2012 legislative act split the commissioning of sexual and reproductive health services and created a fragmentation of funding and associated responsibilities across the system. The result has been a tension within sexual and reproductive health national and local systems and potential for an inconsistent system response to the needs of populations. These concerns were highlighted in the PHE review of commissioning in 2017 [4] and was subject of a Health Select Committee report in 2019 [5].

To that extent, this HNA is limited in its understanding of the comprehensive sexual and reproductive health needs of the Torbay population. It does however provide an opportunity to build on this knowledge and intelligence presented in this report and to be extended further in collaboration with both the Torbay population, but also other strategic commissioning partners.

Furthermore, there are opportunities presented by the Health and Care Bill 2022[6], which establishes the transition from STP (Sustainability and Transformation Partnerships) to Integrated Care Boards (ICB). Torbay falls under the NHS Devon ICB, alongside Plymouth and Devon local authorities. This strategic transition sees the transfer of some aspects of sexual and reproductive health responsibilities to transfer from NHSE to local ICB's (notably specialist services for people living with HIV'[7]). This has the potential to create a closer strategic working partnership between Public Health and the ICB at a local level and drive tangible improvements.

[4] Public Health England Sexual Health, Reproductive Health, and HIV A Review of Commissioning Sexual health, reproductive Health, and HIV: a review of commissioning (publishing.service.gov.uk)
[5] House of Commons Health and Social Care fourteenth report of session 2017-19 Sexual Health (parliament.uk)
[6] Health and Care Act 2022 - Parliamentary Bills - UK Parliament
[7] PAR1440-specialised-commissioning-roadmap-addendum-may-2022.pdf (england.nhs.uk)

National drivers and context

Addressing and improving sexual and reproductive health is supported by taking a public health lens. This approach considers the wider determinants of health, including socio-economic status, education, equality, cultural conditions, access to services, social and community networks and individual lifestyle factors.

Understanding that sexual and reproductive health as not just the absence of disease is critical in terms of improving the long-term health of individuals and populations. Promoting agency, wellbeing, health, relationships, and pleasure are just some of the components of any credible approach to sexual and reproductive health promotion and improvement.

Reproductive Health

There are several current policy drivers for reproductive health, particularly centred around contraception and LARC. The 2022 Faculty for Sexual and reproductive Health (FSRH) published the Hatfield Vision[8] which holds as its ambition:

> *By 2030 reproductive health inequalities will have significantly improved for all women and girls enabling them to live well and pursue their ambitions in every aspect of their lives – FSRH 2022*

The report summarises and highlights evidence of significant reproductive healthcare inequalities in the UK across the life course. This inequality results in persistently poor sexual and reproductive health outcomes, with almost half of all pregnancies in the UK being ambivalent or unplanned and poor outcomes which develop over time and across generations. The Hatfield Vision outlines a framework and series of goals to improve outcomes by 2030. There are 16 goals under the broader headings of:

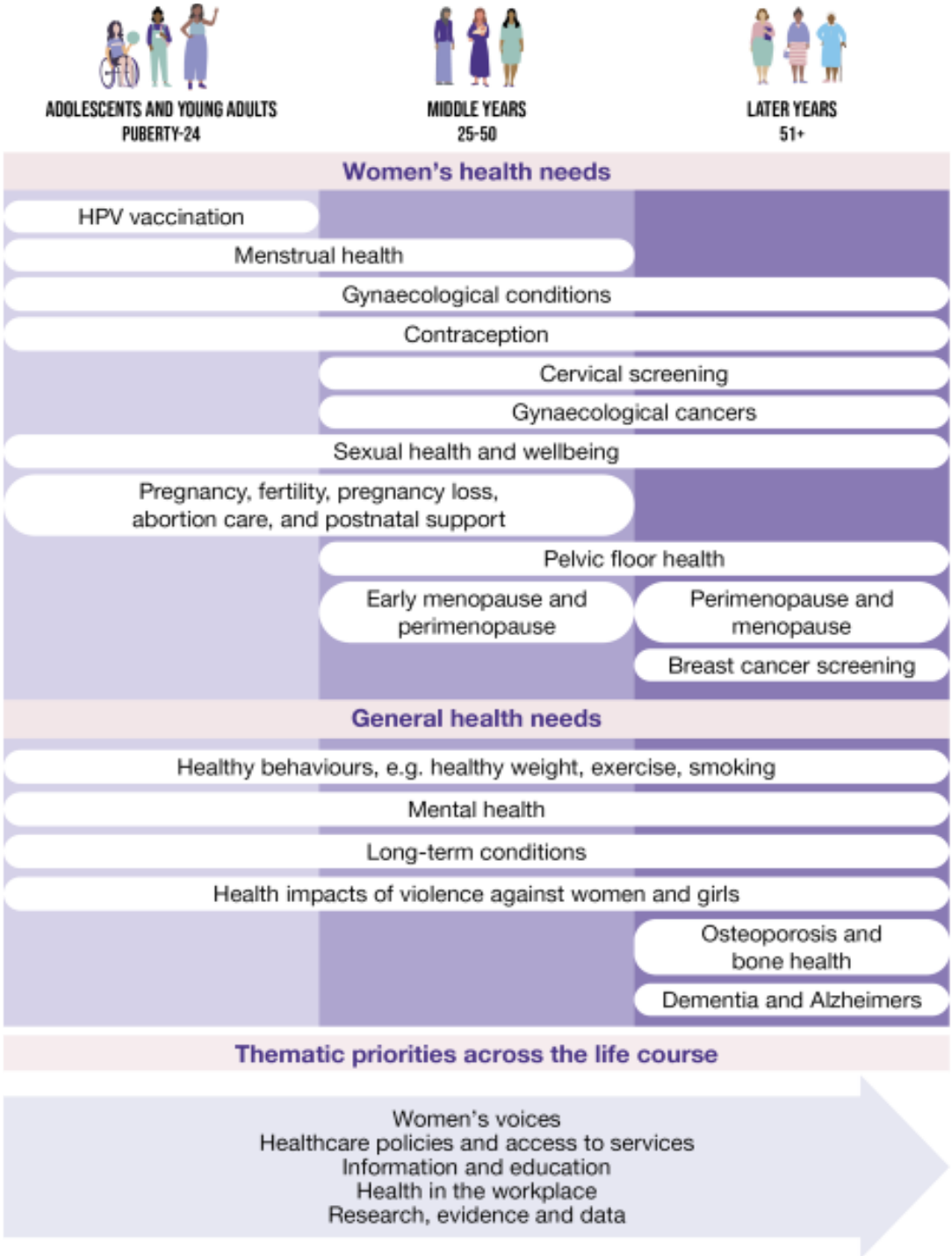
- The ability to choose if and when to have children
- Access and standards of contraceptive care
- Access to preconception care
- Access to menstrual health support
- Access and standards of abortion care
- Access to cervical screening
- Access to menopause care
- Access to cervical screening
- Maternal health outcomes in Black women and women of colour
- Access to information

Many of these relate directly to the scope of responsibilities within the Public Health ring-fenced grant, but all are in the interest of the health of the public. Many areas lay within the commissioning responsibilities of other organisations, notably integrated care systems, which presents opportunities for either fragmented or collaborative system working in Torbay.

The Women's Health Strategy for England[9] was also published in July 2022 and makes a significant contribution to the ambitions for reproductive health, including contraception and

[8] FSRH Hatfield Vision July 2022 - Faculty of Sexual and Reproductive Healthcare
[9] Women's Health Strategy for England - GOV.UK (www.gov.uk)

provision of LARC. In the strategy, further reference is made to a life course approach where it conceptualises a different range of health needs but including sexual and reproductive health needs.



Within the Women's Health strategy, key themes are identified, including hearing women's voices in respect of their experiences of health, and challenges in access to appropriate services that comprehensively meet reproductive health needs.

Issues were particularly highlighted resulting from the fragmented commissioning approaches, notably for access to LARC with many calls for more joined up approaches and holistic provision.

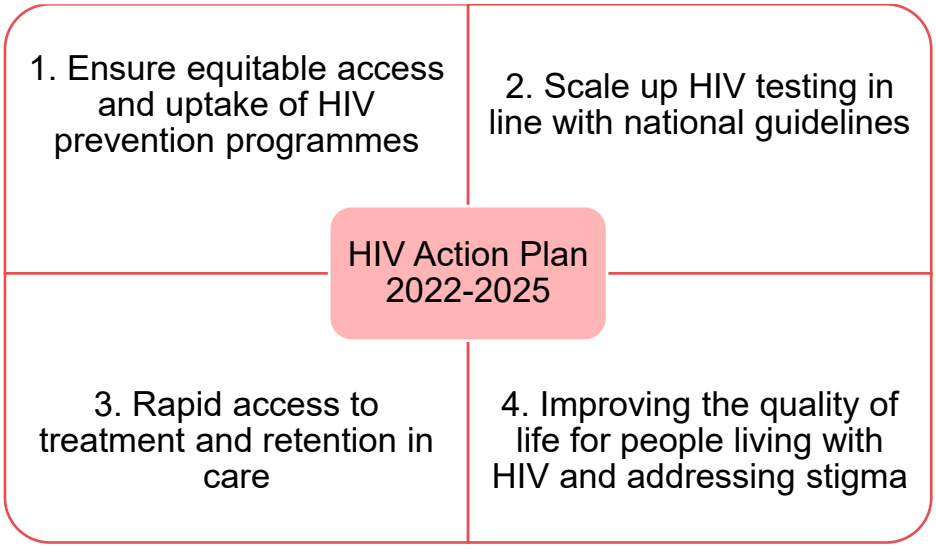
The themes identified in the national strategy continue at a local level in Torbay are further reflected in user views and activity and service provision, outlined later in this needs assessment.

HIV Action Plan

In December 2021, the UK Government outlined its policy paper 'Towards Zero: the HIV Action Plan for England – 2022-2025'[10] which sets out a target for an 80% reduction in all new HIV infections in England by 2025. This is an ambitious plan, but the prevention technologies, including PrEP and anti-retroviral therapies have a high efficacy when used and adhered to well.

While the number of new infections in Torbay each year is low, Torbay is on the cusp of being a high prevalence area (over 2 in 1,000 people) with local rates either at or slightly above this threshold[11]. There is still much work to be done to achieve this strategic ambition and to get to zero new infections in Torbay.

The objectives of the national HIV Action plan are:



At the time of writing this HNA, the English sexual health strategy or action plan is imminently due for release. Other current national guidance includes the 2015 Framework for Sexual Health Improvement in England. This provides a helpful outline of the levels or tiers of service delivery.

Service model description

The current provision of sexual and reproductive health services in Torbay is spanned across primary and secondary care as well as the voluntary, community and social enterprise sector (VCSE). The use and delivery of specialist sexual health services has changed in the last decade, with a move from separate contraception and sexual health clinics to a more integrated approach.

Primary Care provides an essential role in sexual and reproductive health care. Services delivered within general practice nationally include those made up of core contract requirements (for example cervical screening and provision of oral contraception) and additional contracts such as those from Public Health for LARC.

Community Pharmacies also provide an essential role in healthcare and prevention. Locally, Torbay benefits from the majority of pharmacies providing Public Health commissioned additional Emergency Hormonal Contraception (EHC) for under 25-year-olds, which is paired with a chlamydia screening offer.

[10] Towards Zero: the HIV Action Plan for England - 2022 to 2025 - GOV.UK (www.gov.uk)
[11] Overview | HIV testing: increasing uptake among people who may have undiagnosed HIV | Guidance | NICE

Poor sexual and reproductive health outcomes are preventable and health promotion and targeted outreach community interventions are a valued part of the local service provision. A proportionate universalism approach is taken, reaching Torbay communities and individuals most at risk of poor sexual and reproductive health outcomes.

Sexual and reproductive health clinical services are described in three distinct levels[12]. These are:

Table setting out clinical service levels in England

Level 1 sexual health service	▪ Sexual history-taking and risk assessment: Including assessment of need for emergency contraception and Human Immunodeficiency Virus (HIV) post-exposure prophylaxis following sexual exposure (PEPSE) ▪ Signposting to appropriate Sexual Health Services ▪ Chlamydia screening: Opportunistic screening for genital chlamydia in asymptomatic males and females under the age of 25 ▪ Asymptomatic Sexually Transmitted Infection screening and treatment of asymptomatic infections (except treatment for syphilis) in men (excluding men who have sex with men) and women ▪ Partner notification of Sexually Transmitted Infections or onward referral for partner notification ▪ Human Immunodeficiency Virus testing: Including appropriate pre-test discussion and giving results ▪ Point of care Human Immunodeficiency Virus testing: Rapid result Human Immunodeficiency Virus testing using a validated test (with confirmation of positive results or referral for confirmation) ▪ Screening and vaccination for Hepatitis B: Appropriate screening and vaccination for Hepatitis B in at-risk group ▪ Sexual health promotion: Provision of verbal and written sexual health promotion information ▪ Condom distribution: Provision of condoms for safer sex ▪ Psychosexual problems: Assessment and referral for psychosexual problems
Level 2 Sexual health service	All from level 1 and: Sexually Transmitted Infection (STI) testing and treatment of symptomatic but uncomplicated infections in men (except men who have sex with men) and women excluding men with dysuria and/or genital discharge, symptoms at extra-genital sites, e.g., rectal, or pharyngeal, pregnant women, genital ulceration other than uncomplicated genital herpes. Enhanced general Practices Young People's Clinics such as Brook
▪ Level 3 Genitourinary Medicine Service	▪ A Level 3 Genitourinary Medicine Service is a Sexual Health Service that provides Sexually Transmitted Infection (STI) management and includes services provided by Level 1 Sexual Health Services and Level 2 Sexual Health Services. It also includes: ▪ Sexually Transmitted Infection testing and treatment of men who have sex with men ▪ Sexually Transmitted Infection testing and treatment of men with dysuria and genital discharge ▪ Testing and treatment of Sexually Transmitted Infections at extra-genital sites ▪ Sexually Transmitted Infections with complications, with or without symptoms ▪ Sexually Transmitted Infections in pregnant women ▪ Gonorrhoea cultures and treatment of gonorrhoea ▪ Recurrent or recalcitrant Sexually Transmitted Infections and related conditions ▪ Management of syphilis at all stages of infection and blood borne viruses ▪ Tropical Sexually Transmitted Infections

[12] Sexual Health Service (datadictionary.nhs.uk)

	▪ Specialist HIV treatment and care ▪ Provision and follow up of HIV post exposure prophylaxis (PEP), both sexual and occupational ▪ Sexually Transmitted Infection service co-ordination across a network including: ▪ Clinical leadership of Sexually Transmitted Infection management ▪ Co-ordination of clinical governance ▪ Co-ordination of Sexually Transmitted Infection training ▪ Co-ordination of partner notification

The management of STIs are outlined as levels 1-3 as in the BASHH Standards for the management of STIs (2019)[13].

Table setting out the minimum provision of contraception measures by providers

Contraceptive Method	General Practice	Specialist level 3 services	Level 1 or 2
Emergency contraception – progestogen-only	yes	yes	yes
Emergency contraception – ulipristal acetate	yes	yes	yes
Emergency contraception – IUD	referral	yes	referral
Condoms – male	yes	yes	yes
Condoms – female	yes	yes	yes
Diaphragm	referral	yes	yes
Progestogen-only – oral	yes	yes	yes
Progestogen-only – injectable	yes	yes	yes
Progestogen only – subdermal	referral	yes	referral
Progestogen-only – intrauterine	referral	yes	referral
Combined hormonal – oral†	yes	yes	yes
Combined hormonal – transdermal	yes	yes	yes
Combined hormonal – vaginal ring	yes	yes	referral
Copper – intrauterine	referral	yes	referral
Natural family planning	referral	yes	referral
Sterilisation – male	referral	referral	referral
Sterilisation – male	referral	referral	referral

Evidence of what works

Evidence relating to effective, acceptable, and efficient interventions in sexual and reproductive health are wide ranging and well documented within academic and grey literature. This section is not intended to summarise the data and evidence in its entirety but will draw on and highlight key areas.

[13] Standards for the Management of STIs | British Association for Sexual Health and HIV (bashh.org)

What good looks like

The Association of the Directors of Public Health (ADPH) published a guide on 'What good sexual and reproductive health and HIV provision looks like'[14] in 2019. This is part of a series of publications outlining guiding principles for population health systems in local areas. The guidance synthesises existing evidence, examples of best practice, practitioners' experiences, and consensus expert opinions.

The report suggests that a responsive and supportive sexual, reproductive and HIV system will respond to the changing needs across the life course, starting well, living well, and ageing well.

The report acknowledges groups most affected by poor outcomes, notably the impact of STIs is greater in young people, some ethnic minority groups and gay and bisexual men who have sex with men, the disproportionate poor outcomes of people experiencing poverty or social exclusion and women who are already experiencing disadvantage. The Torbay population demographics are outlined further below but reflect this statement.

The report continues to detail the key features of what good looks like, which are:

Successful system leadership

The local 'system' should be well defined, to take a full view of the responsibilities for population level improvements in sexual and reproductive health.

An effective system will:

- Have identifiable leadership and governance that supports local decision making, informed by evidence and population need, whilst considering inequalities and cost-effectiveness.
- Have a clear, shared strategic vision and goals that are agreed by all partners.
- Take a whole system approach which has "buy-in" at all levels and is driven by a local SH, RH and HIV network, strategy group or board. This should draw on local expertise with all members understanding their role.
- Demonstrate how they are putting patient and public voices at the centre of the development of services and interventions.
- Have clear governance that is transparent, accountable, co-owned, and understood by all partners.
- Work together across organisational boundaries to develop and support consistent and coherent services and pathways in response to population need.
- Demonstrate how partners work together to understand local trends and emerging issues e.g., Chemsex (using drugs to enhance sexual experience and reduce inhibitions) and how this informs action.
- Understand unmet demand within the population and seeks to address this.
- Recognise the distinct responsibilities of separate organisation and works across organisational boundaries to achieve a "whole system approach" to developing integrated and cost-effective SH, RH and HIV services and pathways in response to identified population need.
- Agree shared local outcomes and indicators and is responsible for monitoring progress.
- Support the development of new local models of care across primary, secondary, voluntary, and other sectors through collaboration.

[14] ADPH What Good Looks Like - ADPH

- Ensure a “whole system approach” when rises in any STI are observed/suspected; using early alerts, sharing resources, and having a commitment to partnership working with the aim to protect those with or at risk from the consequences of the infections.

Building individual and community resilience

The local system will work together to:

- Support the delivery high quality relationships and sex education in schools, or other education or young peoples’ settings, in line with current legislation to support young people to make informed choices.
- Evidence that key populations are prioritised in local SH, RH and HIV strategies.
- Support and evaluate initiatives across the local system which focus on enhancing individual and community resilience and promoting self-care.
- Ensure that all local work, including campaigns and materials, is evidence based and targeted to local need.
- Provide information and messages that are accurate, up to date, and accessible to all; delivered through channels tailored to the target audience.
- Support parents, carers, and young people to; understand the role of consent and the risks of non-consensual sex, recognise the characteristics of a healthy relationship, understand the risks associated with exploitation online, and know where to seek help.
- Work across the wider system to address barriers to accessing services. This will include identifying the issues that prevent people from seeking help.
- Address stigma and work together to make everyone, including professionals, more comfortable in discussing SH, RH and HIV.
- Address harmful cultural norms regarding sex and relationships at a local level, to contribute to wider societal shift in perception.
- Support people of all ages and backgrounds to have a positive approach to sexuality and sexual relationships.

Safe and effective practice (including services)

Practice (including services) must be safe and should:

- Ensure delivery in accordance with current standards and regulations.
- Demonstrate commitment to the local development and maintenance of an appropriately skilled workforce (generalists and specialists).
- Put safeguarding young people and vulnerable adults at the heart of delivery. This includes working with the wider safeguarding system, and considering Child Sexual Exploitation, Harmful Sexual Behaviour, domestic abuse, coercive relationships, and other safeguarding concerns. Staff should be trained to be able to respond to these issues safely and effectively.
- Maintain client confidentiality, handling all personal information with care and in accordance with recommended standards for confidentiality.[15]

Practice (including services) must be evidence-based and should:

[15] FSRH Service Standards for Confidentiality in Sexual and Reproductive Health Services - May 2020 - Faculty of Sexual and Reproductive Healthcare

- Be developed on evidence-based guidance (see Supporting Evidence) that recognises the three key areas of safety, effectiveness, and patient experience.
- Maintain a focus on primary prevention including the use of condoms and effective contraception and the delivery of vaccinations (including HPV and Hepatitis B as indicated).
- Ensure new areas of innovation are identified, implemented where appropriate and evaluated.
- Offer appropriate digital technologies to support access to services and information.
- Implement evidence-based interventions and new models of service delivery which are flexed to meet the needs of key groups.

Practice (including services) must put patient experience at their centre and deliver:

- Open access (without referral and irrespective of geographical location) to testing, diagnosis and treatment services which are free at point of delivery.
- Open access to a full range of contraceptive choice and timely preconception advice regardless of service type or location.
- Specialist services working to support the wider system including primary care services, education, health promotion services, and the voluntary sector (prevention and health improvement approaches).
- Utilisation of patient feedback to develop and improve practice and service provision on a continual basis

Promoting equity

An effective local system will also:

- Use population health data and service data to identify inequalities in access and uptake of services across the local system and to maximise effectiveness of resources.
- Deliver and evaluate targeted work to address inequalities in SH, RH and HIV, with a
- focus on key populations and appropriately targeted services to meet their needs.
- Ensure that key populations are engaged in the development and delivery of strategies to improve SH, RH and HIV, and in the evaluation and development of local services.

A tool has been developed by the English HIV Sexual Health and HIV Commissioners group, a subgroup of ADPH which adapts this guidance directly into a self-assessment tool.[16]

Demographics

Torbay encompasses the three towns of Torquay, Paignton and Brixham and has an estimated population of 136,218 people (2020)[17]. This consists of 66,424 males (49%) and 69,794 females (51%). It is a beautiful coastal area and a popular tourist and retirement destination. As is the case in many coastal areas Torbay faces challenges with an over reliance on seasonal tourism and a low wage and low skill economy.

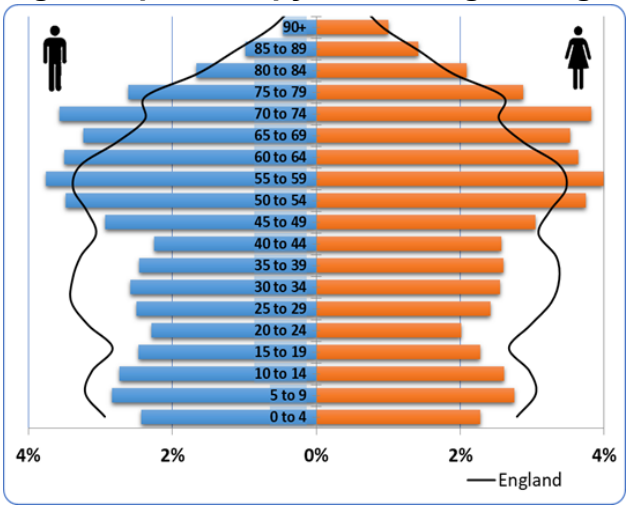
Please note data and information are subject to change by the source. Data and information in this section are correct when accessed in June 2022.

[16] ADPH EHSHCG self-assessment tool for local HIV, reproductive health, and sexual health service provision - ADPH
[17] ONS, mid-year population estimates, 2020

Population

In 2020/21 there were 1,094 births, 13 of these to mothers aged under 18[18]. In this year there were 1,868 deaths[19]. This equates to 3 residents being born and 5 residents dying each day.

Fig 1: Population pyramid of age and gender, 2020



Source: Office for National Statistics (ONS) mid-year population estimates 2020

Overall, Torbay has an ageing population, with proportionately more older people compared to England, shown by the bars that overlap the black line in Fig 1. There are proportionately fewer people up to the age of 45 than the England average.

The population is projected to increase by 6.5% between 2020 and 2030, to 145,120 people (Fig 2). The number of children under the age of 15 is projected to decrease while the 15–24-year-old population is projected to increase by 15.4%. There is an increase of 22.0% projected for Torbay's population aged 65+.

Fig 2: Current and future resident Torbay population by age group

Age group	2020 (actual)	2025	2030	% Change (from 2020 - 2030)
0-14	21,312	20,994	19,756	-7.3%
15-24	12,337	12,937	14,234	15.4%
25-44	27,162	28,448	28,081	3.4%
45-64	38,264	38,599	37,722	-1.4%
65+	37,143	40,561	45,327	22.0%
All ages	136,218	141,539	145,120	6.5%

Source: ONS mid-year population estimates 2020 and population projections (2018 based)

Life expectancy

Life expectancy in Torbay is 78.6 years for males and 82.5 years for females (2018-20).

There is an inequality in life expectancy with those living in deprived areas dying earlier than those in wealthier areas. There are 10.9 years between the life expectancy of males living in the least

[18] Devon Births database, registered births by date of birth
[19] Primary Care Mortality Database, registered deaths by date of death

deprived areas and those living in the most deprived areas, and 7.9 years for females (Fig 3, 2018-20). This places Torbay in the second worst quintile in England for both males and females.

Fig 3: Inequality in life expectancy at birth, number of years, Torbay

	2014 - 16	2015 - 17	2016 - 18	2017 - 19	2018 - 20
Males	8.8	9.3	10.5	11.5	10.9
Females	4.4	6.3	8.1	7.7	7.9

Source: Office for Health Improvement and Disparities (OHID) Public Health Outcomes Framework

Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health). Healthy life expectancy in Torbay is 63.8 years for males and 61.9 years for females in 2018-20.

Population groups

It is acknowledged that the 2021 census data is the contemporaneous data set. For the purposes of this health needs assessment, other sources have been used, including ONS mid-year estimates and previous census data. What is currently known about Torbay population groups is that:

- 5.2% of the Torbay population are of non-white British ethnicity and 2.5% are of non-white ethnicity. This is below the England average where 20.2% are not white British (2011 census)
- 3.1% of the aged 16+ population in the South West are estimated to be lesbian, gay, bi-sexual, or other (2019). This equates to 3,518 people (ONS)
- As recorded in the 2011 census, 47% of Torbay's 16+ population are in a marriage or civil partnership, 3% are separated, 12% are divorced, 9% are widowed and 29% are single
- The 2011 census recorded 12% of the population as having a long-term health problem or disability that limits their day-to-day activities a lot
- It is estimated that 2,599 Torbay residents (2.3% of the 18+ population) have a learning disability in 2021 (PANSI)
- In the 2011 census it was recorded that 65% of people in Torbay have a religion, 35% have no religion or did not state that they have one
- 1% of the population are estimated to be gender variant to some degree- (The Gender Identity Research and Education Society, 2011)

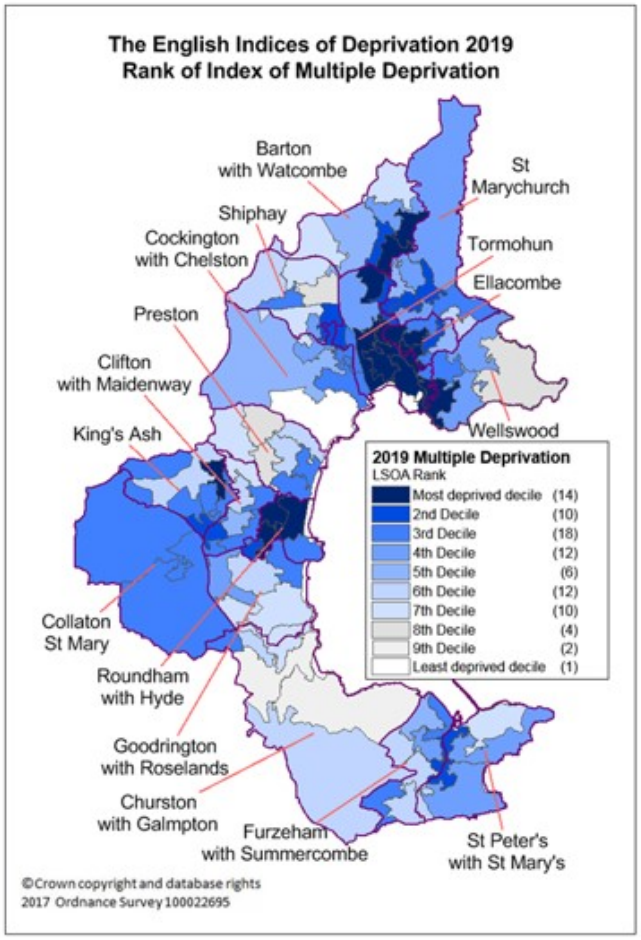
Deprivation

The English Indices of Deprivation measures relative levels of deprivation in small geographical areas in England called Lower-layer Super Output Areas, each having a population of around 1,500.

Torbay is ranked as the 38th most deprived upper-tier local authority out of 151 for 2019. In 2015 it was 37th, and in 2010 it was the 41st.

Torbay is ranked as the most deprived upper-tier local authority in the South West out of 15 for 2019. Torbay has been in this position since 2007.

Fig 4: Deprivation in Torbay Lower Super Output Areas (LSOAs), 2019



27% of Torbay's population lives in the 20% most deprived areas in England.

Areas within the 10% most deprived areas in England are dark blue on the map (the most deprived decile) and within the following wards:

- Torquay- Barton with Watcombe, Ellacombe, Tormohun and Wellswood
- Paignton- King's Ash and Roundham with Hyde which includes Torquay and Paignton town centres.

National picture

Sexual and reproductive health throughout Covid-19

The National Survey of Lifestyles and Attitudes is a unique longitudinal study based on information from the British public, gathered over three decades, and cited in the 2017 Torbay Health Needs Assessment.

A new survey is currently underway, but a unique Natsal survey[20] was achieved during Covid to understand how the pandemic was impacting on sexual health needs and behaviours of the population during this time.

Key issues identified through this process was disruption and inability to access services. Many were offered and received – alternatives to in-person service and some had to use less preferred contraceptive methods. Hesitation in seeking and using services arose from fear of contracting

[20] https://www.natsal.ac.uk/natsal-covid-study

SARS-CoV-2, judgement, and censorship. Respondents to the research faced both insurmountable challenges, whereas others needed tenacity and skills in navigating issues such as uncertainty, reduced choice, reluctance for face-to-face contact, gatekeeping and attending without a partner.[21]

LARC in Covid-19

Intelligence from across the system indicates that RH services have been adversely affected by the impacts of the pandemic, particularly with respect to the fitting and removal of long-acting reversible contraceptives (LARC).

Primary care LARC prescriptions in May 2020 were 85% lower than in May 2019, with declines across all regions following the national lockdown in March 2020. The cumulative impact of the decline in LARC fittings over the 2020-2021 period of lockdowns and Covid-19 restrictions has contributed to national backlogs in demand. Since this time, a range of innovative approaches have been developed across primary, specialist and private providers to recover and adapt to local demands, assets and needs. These include taking a PCN – level approach, increasing inter-practice referrals and increased partnership working between specialist and primary care providers.

STIs in Covid-19

As with LARC, Covid-19 had an impact on prevention, testing, diagnosis, and care of sexually transmitted infections (STI), including HIV. Innovations in service models and delivery were ramped up or mobilised and included increased access via tele-consultations (consultations via telephone), self-sampling kits and online video consultations. Nationally, STI diagnosis observed a sharp decline in most areas, reflecting the changes in demand as well as changes in practice required to respond to the pandemic conditions.

Local picture

This section gives an overall picture of what sexual and reproductive health looks like in Torbay.

COVID restrictions that began in March 2020 resulted in changes in service provision and how people accessed services and will have affected sexual behaviour. This will be reflected in the data for 2020. This needs to be considered when interpreting the data and especially when comparing with previous years.

Torbay's data is compared with that of England, Devon (Local Authority boundary), and 'similar areas.' The similar areas are 15 Local Authorities that are similar to Torbay. The similar areas figures are averages of the data of the 16 Local Authorities (including Torbay).[22]

Data and information are subject to change by the source. Data and information in this section are correct when accessed in June 2022.

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[21] https://www.natsal.ac.uk/sites/default/files/2021-12/P034%20%E2%80%93%20A%20mixed-method%20investigation%20into%20challenges%20in%20accessing%20sexual%20and%20reproductive%20health%20%28SRH%29%20services%20in%20Britain%20during%20the%20COVID-19%20pandemic%20%28Natsal-COVID%29.pdf

[22] Similar areas- see note at the end of Service needs- Local picture section for further details and a list of the 16 Local Authorities (including Torbay)

Sexually Transmitted Infections

Sexually transmitted infections (STIs) can have serious longer-term consequences such as ectopic pregnancy and infertility. Therefore, early detection and treatment is important. Within England there are higher levels of STIs diagnosed in more deprived areas and lower levels in the least deprived areas.[23]

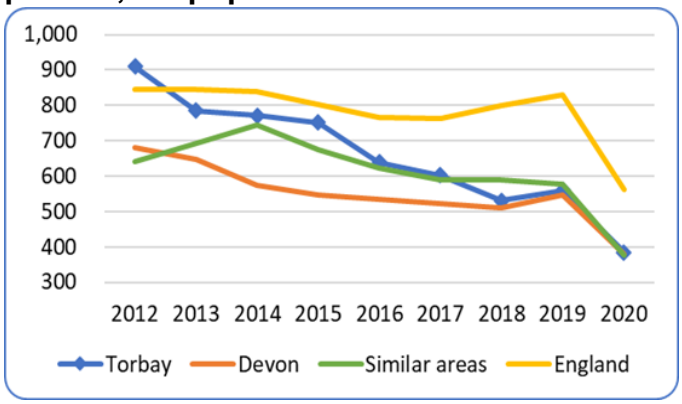
STIs are more commonly diagnosed in people from Black and ethnic minorities, young people, and in gay, bisexual, and other men who have sex with men (MSM)[24].

The delivery of local sexual health services was reconfigured in 2020 in response to and across the duration of the COVID pandemic responses. This included the use of clinician initiated STI home testing and screening kits.

Across all STI indicators, there was a decrease in testing and diagnoses between 2019 and 2020 in England.[25]

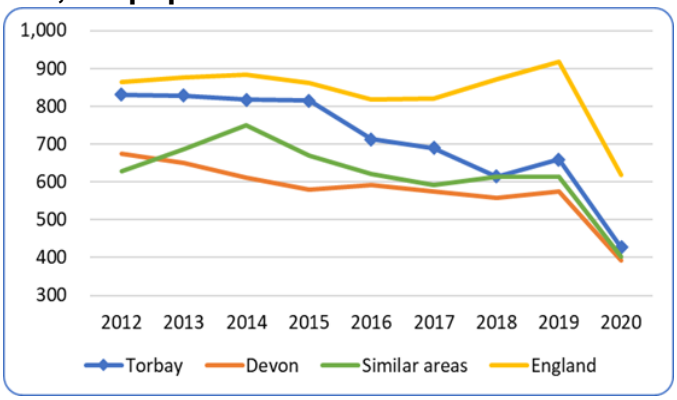
The diagnosis rate for STIs is on a decreasing trend in Torbay (Fig 5) and has a rate of 385 per 100,000 in 2020. Torbay has been significantly below England for a number of years and there is a decrease in 2020 across the four areas, likely due to the Covid-19 responses. Torbay has been more similar in all STI rates to Devon since 2018, which also reflects the commencement of 'Devon Sexual Health'- the integrated service across Devon and Torbay since 2018.

Fig 5: All new STI diagnosis rate, all ages, per 100,000 population



Source: Office for Health Improvement and Disparities (OHID) Sexual and Reproductive Health Profiles

Fig 6: New STI diagnosis rate (excluding chlamydia aged under 25), aged 15-64, per 100,000 population



Source: OHID Sexual and Reproductive Health Profiles

Fig 6 shows that the STI diagnosis rate (excluding chlamydia for those aged under 25) is likewise on a decreasing trend in Torbay (at 427 per 100,000 in 2020) and has been significantly below England for the last five years (2016-2020). In 2020 Torbay is slightly above the similar areas and Devon. As with Fig 5 there was a sharper decrease in 2020. COVID-19 will have impacted on the figures.

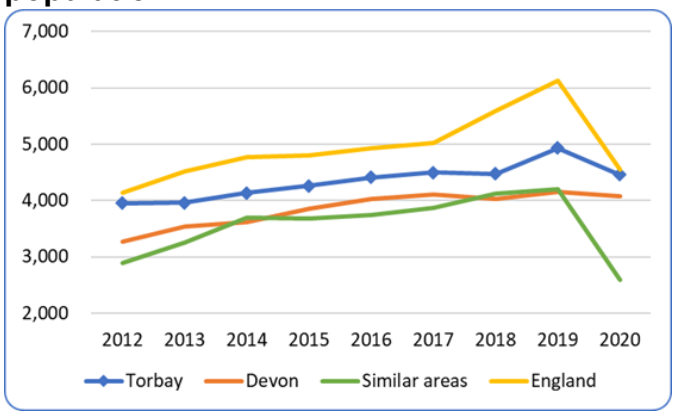
A low diagnosis rate means a lack of identified infections but can also be an indication of other potential issues. Diagnosis rates should therefore be looked at in conjunction with testing rates and testing positivity rates (Fig 7 and 8 below).

[23] OHID Sexual and Reproductive Health Profiles

[24] Public Health England (PHE) Variation in outcomes in sexual and reproductive health in England , P6

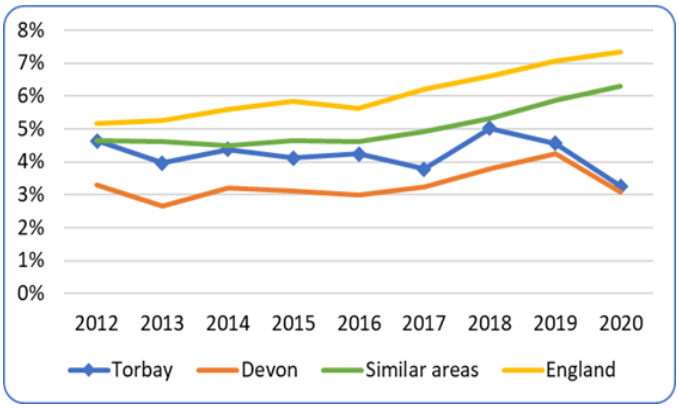
[25] UK Health Security Agency (UKHSA) Summary profile of local authority sexual health Torbay, 2022

Fig 7: STI testing rate (excluding chlamydia aged under 25), aged 15-64, per 100,000 population



Source: OHID Sexual and Reproductive Health Profiles

Fig 8: Percentage of STI testing positivity (excluding chlamydia aged under 25), aged 15-64



Source: OHID Sexual and Reproductive Health Profiles

Fig 7 includes tests for syphilis, Human Immunodeficiency Virus (HIV), gonorrhoea and chlamydia (aged 25 and over) among people accessing sexual health services. The indicator measures the total number of people tested for one or more of these infections at a new attendance. This is a change from previously and all the years have been recalculated to use the new methodology. Previously the indicator measured the total number of tests recommended for routine STI screening in sexual health services.

There has been a decrease in the testing rate in 2020 to 4,455.8 per 100,000 although Torbay's decrease is not as steep as England or the similar areas. COVID measures will have had an impact on these figures. Torbay has been consistently lower than England over the years, although similar to England in 2020 due to England's decrease. Torbay is higher than the similar areas and Devon, and Torbay's rate is showing a general increasing trend.

Fig 8 (as is the case in Fig 7) includes tests for syphilis, HIV, gonorrhoea, and chlamydia (aged 25 and over) only. These are the standard tests recommended for people attending for a new episode of STI related care if indicated by sexual history.[26] The denominator has changed to the total number of people tested for one or more of these infections at a new attendance. All years have been recalculated to use the new methodology.

Torbay's percentage of testing positivity is much lower than England (3.3% compared to 7.3% in England in 2020) and decreasing in 2019 and 2020, whereas the national trend is an increase. This could indicate low levels of STIs, or it could suggest that those most likely to have infections- the most at-risk groups- are not being tested. Fig 7 shows a lower rate of testing than the England average over the years but higher than Devon and the similar areas.

Torbay's percentage of testing positivity is much lower than England and decreasing in 2019 and 2020, whereas the national trend is an increase. This could indicate low levels of STIs, or it could suggest that those most likely to have infections- the most at-risk groups- are not being tested

[26] OHID Sexual and Reproductive Health Profiles

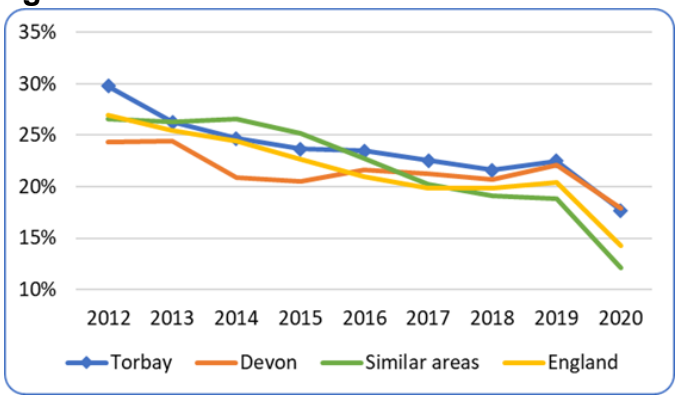
Chlamydia

Chlamydia causes avoidable sexual and reproductive ill health and in England is the most commonly diagnosed bacterial STI. Rates are higher in young adults than in other age groups.[27]

The National Chlamydia Screening Programme[28] offers screening to sexually active under 25-year-olds. Fig 9 encompasses all chlamydia tests in 15–24-year-olds (asymptomatic screens and symptomatic tests) and measures number of tests rather than number of people, as a percentage of the population. These are undertaken in young people attending sexual health services and community-based settings. In 2020 the proportion of 15–24-year-olds tested was 17.7% in Torbay (14.3% in England) which is a drop from the previous year (Fig 9).

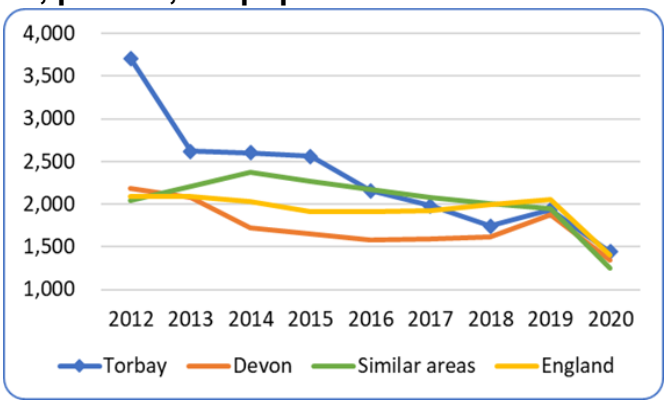
The reconfiguration of sexual health services in 2020 during the COVID pandemic will have also affected the amount of testing that took place.

Fig 9: Chlamydia- proportion screened, aged 15-24



Source: OHID Sexual and Reproductive Health Profiles

Fig 10: Chlamydia detection rate, aged 15-24, per 100,000 population



Source: OHID Sexual and Reproductive Health Profiles

Fig 10 measures all chlamydia diagnoses in 15–24-year-olds attending sexual health services and community-based settings. The detection rate (Fig 10) is a measure of control activity (i.e., screening) in the population, not morbidity[29]. A higher detection rate indicates higher levels of control activity.

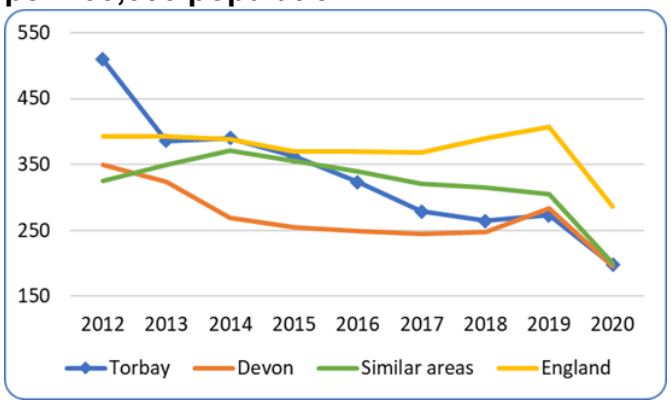
Torbay had a much higher detection rate than England in past years but is on a decreasing trend suggesting decreasing control activity, although it rose in 2019. In the last two years (2019 and 2020) Torbay has been closer to Devon, the similar areas and England but has been beneath the national goal of 2,300 per 100,000 15–24-year-olds since 2016.

In 2020 the rate is 1,443. The detection rate for females is higher than for males as is the case for the England average. Torbay has a higher detection rate for males compared to the England average. Torbay continues to offer Chlamydia screening to males and females aged 15-24 years old. No local decisions have been made to align with the refreshed national guidance[30] to target testing on females (including transgender men and non-binary people assigned female at birth and intersex people with a womb or ovaries) only.

[27] OHID Sexual and Reproductive Health Profiles
[28] National Chlamydia Screening Programme (NCSP) - GOV.UK (www.gov.uk)
[29] OHID Sexual and Reproductive Health Profiles
[30] English National Chlamydia Screening Programme (publishing.service.gov.uk)

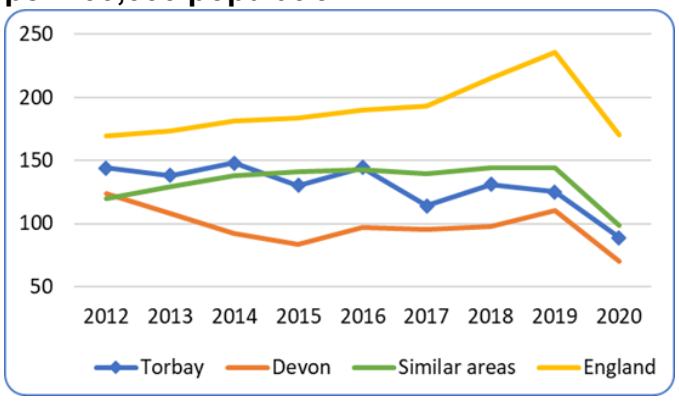
The rate of chlamydia diagnoses for all ages has reduced in Torbay over the years (Fig 11) and is 197 per 100,000 in 2020 which is significantly below England. The rate is higher in more deprived areas of England. It is unknown if this is also the case in Torbay.

Fig 11: Chlamydia diagnostic rate, all ages, per 100,000 population



Source: OHID Sexual and Reproductive Health Profiles

Fig 12: Chlamydia diagnostic rate aged 25+, per 100,000 population



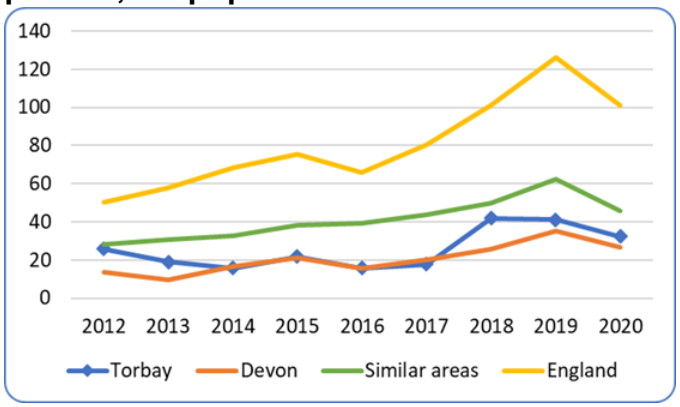
Source: OHID Sexual and Reproductive Health Profiles

For those aged 25 years and over there has been fluctuation in the diagnostic rate (Fig 12) and it is 89 per 100,000 in 2020 which is significantly below England (171 per 100,000). There is not a similar widespread screening offer such as NCMP for adults aged 25 and over. Figs 11 and 12 show a drop in 2020 for all four areas. The reconfiguration of sexual health services during the COVID pandemic will have had an impact on testing.

Gonorrhoea, syphilis, genital herpes, and genital warts

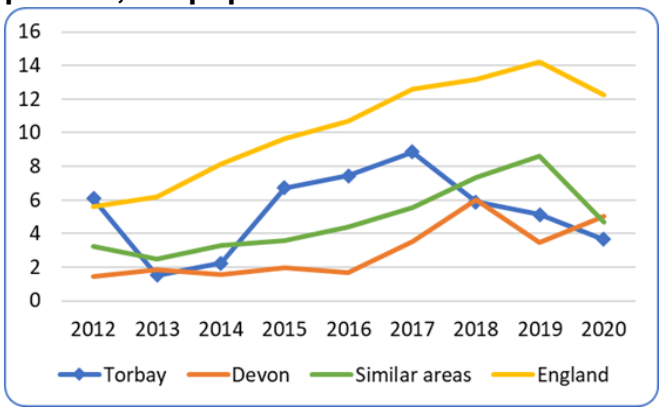
Rates of gonorrhoea are used as a marker for levels of less safe sexual behaviours. Numbers may be a measure of treatment access as most cases are diagnosed in sexual health clinics. Also, gonorrhoea is symptomatic more often than chlamydia.[31] Torbay is significantly lower than the England average over the nine years shown (2012-2020) (Fig 13). Rates are lower than the similar areas but above Devon in the last few years. Rates were higher in 2018 and 2019 but dropped in 2020 to 32 per 100,000 in 2020. The drop is reflected in all areas.

Fig 13: Gonorrhoea diagnostic rate, all ages, per 100,000 population



Source: OHID Sexual and Reproductive Health Profiles

Fig 14: Syphilis diagnostic rate, all ages, per 100,000 population



Source: OHID Sexual and Reproductive Health Profiles

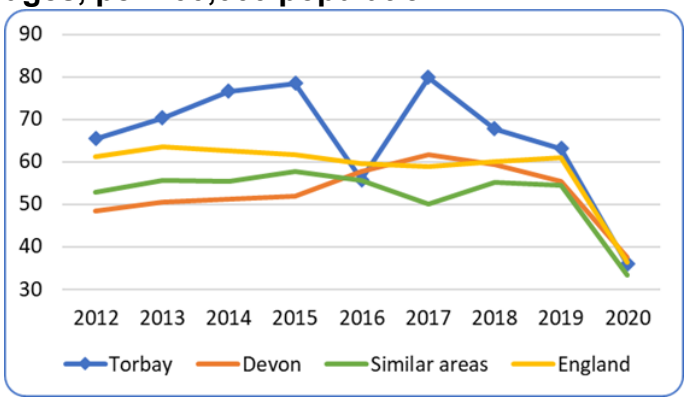
[31] OHID Sexual and Reproductive Health Profiles

Syphilis, like gonorrhoea, is a marker for levels of less safe sexual behaviours. 2019 national STI surveillance showed that most diagnoses of syphilis and gonorrhoea in men are in gay, bisexual, and other men who have sex with men (MSM)- 81% and 66% respectively.[32] This is therefore an important public health issue for this group.

Torbay rates of syphilis have reduced in the last three years (2018-2020) (Fig 14) and Torbay is significantly below England at 3.7 per 100,000 in 2020. Numbers in Torbay are low (7 diagnoses in 2019, 5 in 2020) so rates are prone to fluctuation.

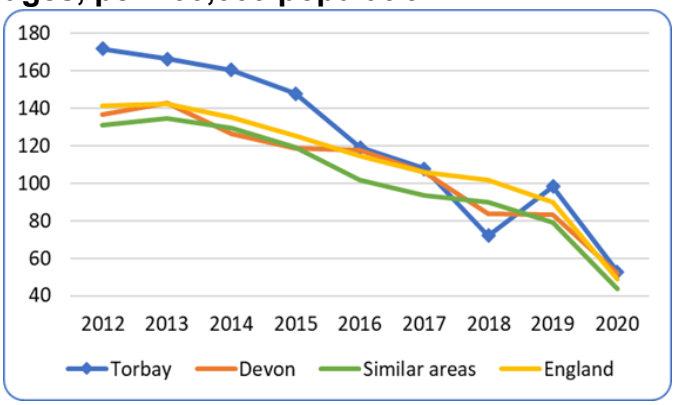
In England genital herpes is the most common ulcerative STI seen. It often recurs leading to people returning to treatment.[33] There has been a steeper drop in first episode infections diagnosed in 2020 (Fig 15). COVID measures are likely to have impacted this. Torbay's rate has become closer to England, Devon, and the similar areas in the last two years (2019 and 2020) and has been reducing since the year 2017.

Fig 15: Genital herpes diagnosis rate, all ages, per 100,000 population



Source: OHID Sexual and Reproductive Health Profiles

Fig 16: Genital warts diagnosis rate, all ages, per 100,000 population



Source: OHID Sexual and Reproductive Health Profiles

Genital warts are a common STI caused by infection with specific subtypes of human papillomavirus (HPV). As with genital herpes it often recurs meaning patients return to treatment.[34] Nationally, vaccination against HPV has reduced the diagnoses of genital warts. There has been a consistent decrease in genital warts first episode diagnoses in Torbay apart from in 2019 (Fig 16). The Torbay rate is 52.9 per 100,000 in 2020.

Human Papillomavirus (HPV)

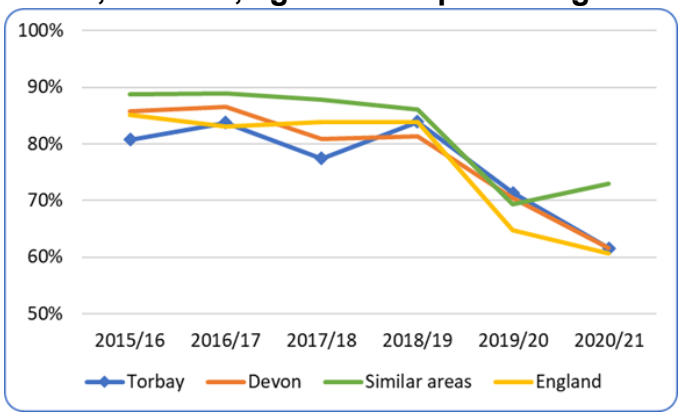
Some types of HPV can cause cancers including cervical, vulval, anal and some types of head and neck cancer[35]. A two-dose immunisation programme is offered to 12–14-year-olds, initially for females since 2008 but extended to males from 2019. Due to the COVID pandemic there were impacts on vaccine coverage in the 2019/20 and 2020/21 academic years across England. The national goal is 90% of young people receiving both doses.

[32] PHE Variation in outcomes in sexual and reproductive health in England , P17 and P6
[33] OHID Sexual and Reproductive Health Profiles
[34] OHID Sexual and Reproductive Health Profiles
[35] NHS Human papillomavirus (HPV)

In Torbay 68.0% of girls received one dose in 2019/20 (higher than the England average) compared to 67.4% in 2020/21 (lower than England which is 76.7%). The England average increased in 2020/21 but not so in Torbay which has remained similar to the previous year. Two doses were received by 71.4% of girls in Torbay in 2019/20 with a drop to 61.6% the following year (Fig 17). England also dropped in 2020/21 but the similar areas coverage has markedly increased.

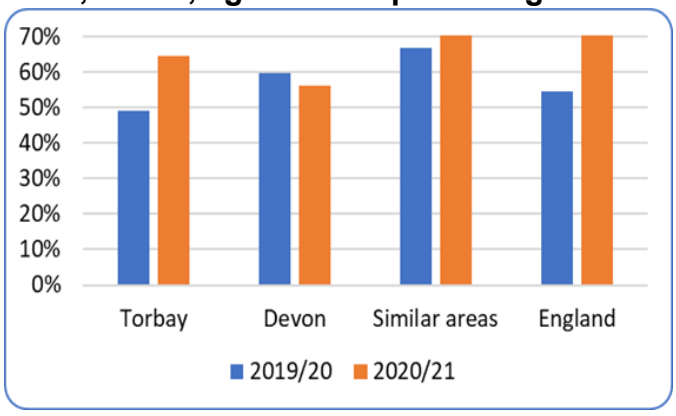
Uptake of the first dose for boys was 64.5% in 2020/21 which was an increase on the year before. In 2020/21, Torbay is lower than the England average and similar areas but higher than Devon (Fig 18).

Fig 17: HPV vaccination coverage for two doses, females, aged 13-14- percentage



Source: OHID Sexual and Reproductive Health Profiles

Fig 18: HPV vaccination coverage for one dose, males, aged 12-13- percentage



Source: OHID Sexual and Reproductive Health Profiles

Reinfection with an STI

Reinfection with an STI is used as a clinical marker of potential ongoing riskier sexual behaviours[36]. In Torbay, a higher percentage of women were reinfected with a new STI within 12 months than the England average (Fig 19).

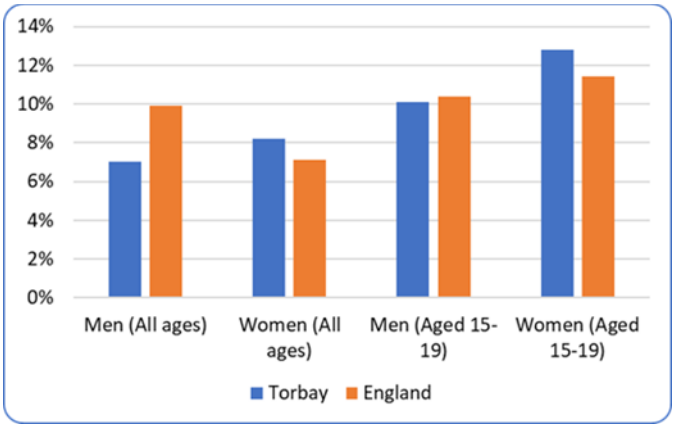
This is the case for both young women aged 15-19 (12.8% in Torbay, 11.4% in England) and all women (8.2% in Torbay, 7.1% in England). This encompasses women who presented with a new STI at a sexual health service in the five-year period 2015-19 and became infected with a new STI within 12 months.

In Torbay, a higher percentage of women were reinfected with a new STI within 12 months than the England average

For men, the Torbay figure is similar to England for 15–19-year-olds (10.1% in Torbay, 10.4% in England) and lower than England for all men (7.0% in Torbay, 9.9% in England).

[36] PHE, Summary profile of local authority sexual health (SPLASH) supplement report, Torbay, 2021, p8

Fig 19: Estimated percentage reinfected with an STI within 12 months, 2015-19

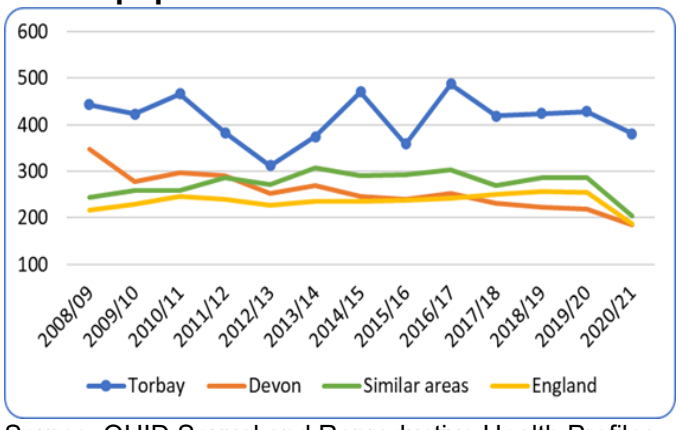


Source: Public Health England (PHE), SPLASH supplement report, Torbay, 2021

Pelvic inflammatory disease and ectopic pregnancy

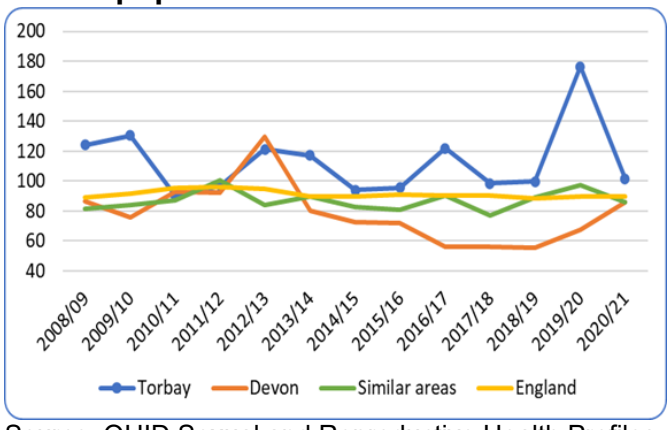
Chlamydial infection and other STIs are considered major causes of Pelvic Inflammatory Disease (PID) and ectopic pregnancy. Increased identification of chlamydia through screening and then successful treatment should lead to a decrease in these conditions. PID does not always lead to a hospital admission and can be treated through primary care and outpatient settings, so the measure does not give a full picture of numbers with the condition. Ectopic pregnancy usually requires a hospital admission.[37]

Fig 20: Pelvic inflammatory disease hospital admission rates, aged 15-44, per 100,000 female population



Source: OHID Sexual and Reproductive Health Profiles

Fig 21: Ectopic pregnancy hospital admission rates, aged 15-44, per 100,000 female population



Source: OHID Sexual and Reproductive Health Profiles

As shown in Fig 20, hospital admissions of PID have been significantly higher than England for the 13 years shown at 381.1 per 100,000 in 2020/21 compared to 186.2 in England. Torbay is also higher than Devon and the similar areas.

Ectopic pregnancy rates in Torbay fluctuate over the years but are at similar levels to England in 2020/21 at 101.6 per 100,000, compared to 89.5 in England, with a spike in 2019/20 (Fig 21).

[37] OHID Sexual and Reproductive Health Profiles

Actual numbers of admissions are 20 in 2018/19, 35 in 2019/20 and a return to 20 in 2020/21. The relatively small numbers cause rate fluctuation.

Human Immunodeficiency Virus (HIV)

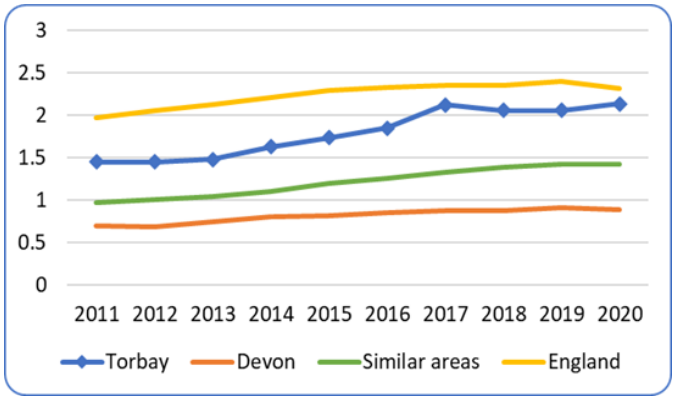
HIV damages cells in the immune system which means that the body's ability to fight everyday infections and diseases is weakened. It is not currently curable but effective drug treatment and early diagnoses allows most people diagnosed with the virus to live long lives.[38]

Measures put in place from March 2020 during the COVID pandemic will have affected HIV data for 2020 due to health service reconfiguration, changes in how people accessed services, and resulting data delays[39].

High prevalence of HIV is defined as a rate of 2-5 per 1,000 population aged 15-59 and extremely high prevalence is defined as a rate of 5 or more. Increased life expectancy and some reduction in transmission will cause a continued rise in this prevalence especially in areas where testing and diagnosis rates are high, and the undiagnosed population is kept to a low level. Therefore, lower diagnosed HIV prevalence rates are not necessarily better than higher rates. They need to be interpreted alongside other information, particularly late HIV diagnosis and rates of undiagnosed infection.[40]

In 2020 Torbay's diagnosed prevalence rate was 2.13 per 1,000 15–59-year-olds (145 residents) and 1.61 per 1,000 people aged 15 and over (185 residents). These rates are increasing as are the England rates, although the England rate slightly dropped in 2020. Torbay is almost at the England level (Fig 22) and higher than Devon and the similar areas.

Fig 22: HIV diagnosed prevalence rate, aged 15-59, per 1,000 population



Source: OHID Sexual and Reproductive Health Profiles

It is important to note that this data is limited to an upper age limit of 59. Torbay has an ageing population profile, and this includes many adults aged 60+ living with HIV, meaning the estimate number of people living with HIV in Torbay is certainly higher.

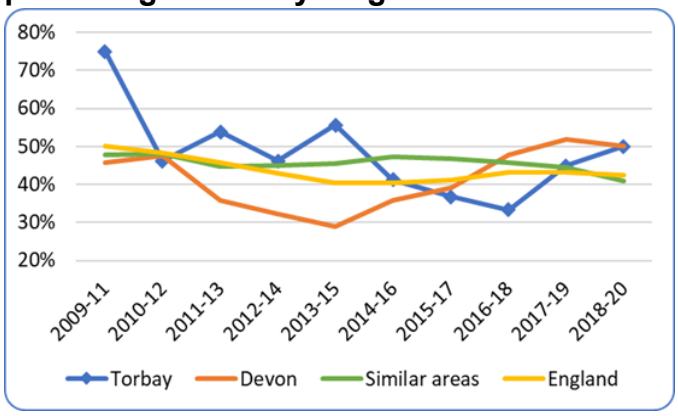
As people living with HIV continue to age, this has implications on older adult health and social care service provision and configuration, including addressing stigma associated with HIV and AIDS.

[38] NHS HIV and AIDS
[39] UKHSA Summary profile of local authority sexual health Torbay, 2022
[40] OHID Sexual and Reproductive Health Profiles

Reducing late diagnosis of HIV is a priority- being diagnosed at a late stage increases the risk of morbidity and mortality[41], and people diagnosed late have a ten times greater risk of dying within 12 months than those with a prompt diagnosis[42]. Late diagnosis is defined as a CD4 count of less than 350 cells per mm^3 (in newly diagnosed adults where it is available within 91 days of diagnosis). Within the UK in 2019 there were higher proportions of late diagnoses within Black ethnic minorities, women, older people, and heterosexual men and women[43].

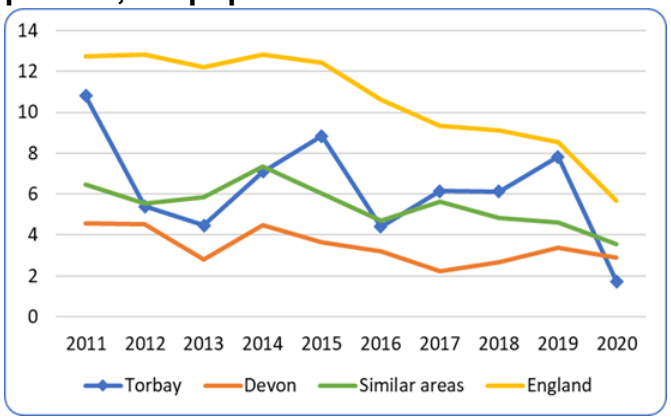
Torbay has seen a decreasing trend in late diagnoses, but it has risen above England in the last two periods to 45.0% in 2017-19 and 50.0% in 2018-20, although numbers are low so will make a significant difference to percentages- there were 8 individuals in 2018-20 (Fig 23).

Fig 23: HIV late diagnosis, aged 15+, percentage of newly diagnosed



Source: OHID Sexual and Reproductive Health Profiles

Fig 24: New HIV diagnosis rate, aged 15+, per 100,000 population



Source: OHID Sexual and Reproductive Health Profiles

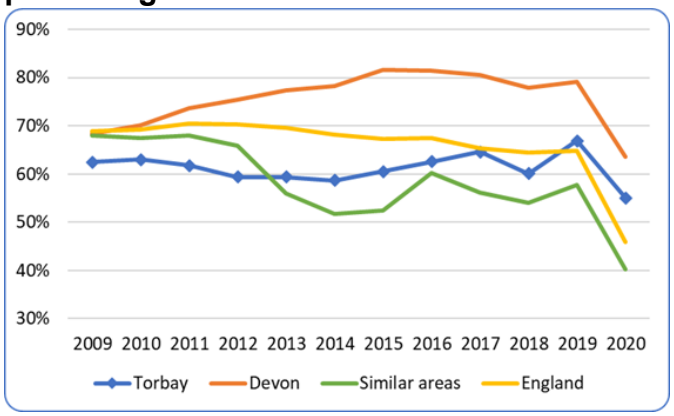
Measuring new HIV diagnoses gives a picture of onward transmission which helps target work to reduce transmission. Fig 24 shows new diagnoses of England residents and includes those who were previously diagnosed abroad.

The rate of new diagnoses has fluctuated in Torbay, dropping in 2020 to 1.7 per 100,000, lower than England and the lowest rate in the ten years shown (2011-2020). Numbers are low (2 in 2020) which causes fluctuations. Rates across Devon, the similar areas and England are decreasing. There is decline across the UK, due to reduction in new diagnoses in gay, bisexual, and other men who have sex with men (MSM)[44]. This has been attributed at least in part to the inclusion of PrEP within open access sexual health services since 2020 and the preceding IMPACT trial.

HIV testing is offered to eligible attendees of specialist sexual health services. In Torbay in 2020 the percentage of people who were tested was 55.1% compared to the 46.0% England figure (Fig 25). There has been a sharp drop in testing in 2020- changes in services due to the COVID pandemic will have affected this. Torbay testing had risen in 2019 to 66.9%. Testing coverage in 2020 is above the England average and the similar areas but below Devon.

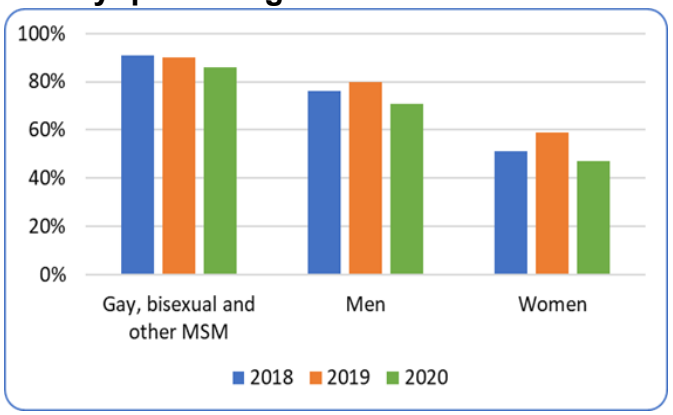
[41] OHID Sexual and Reproductive Health Profiles,
[42] PHE Variation in outcomes in sexual and reproductive health in England , P8
[43] PHE Variation in outcomes in sexual and reproductive health in England , P8
[44] PHE Variation in outcomes in sexual and reproductive health in England , P8

Fig 25: HIV testing coverage, all ages- percentage



Source: OHID Sexual and Reproductive Health Profiles

Fig 26: HIV testing coverage, all ages, Torbay- percentage



Source: OHID Sexual and Reproductive Health Profiles

The proportion of gay, bisexual, and other MSM tested was 85.5% in 2020 and 90.1% in 2019 (Fig 26).

70.7% of men (62.2% England average) and 46.9% of women (36.9% England average) were tested in 2020. This is out of eligible attendees of specialist sexual health services. In 2019 and 2020 Torbay has a higher testing percentage than England and the similar areas for these three groups.

The National Institute for Health and Care Excellence (NICE) recommends that men who have sex with men should be tested for HIV at least once a year, and if they are having unprotected sex with new or casual partners it should be every three months[45]. In 2020 in Torbay, 50.0% of gay, bisexual, and other MSM tested more than once in the year prior to their last test (at the same clinic), rising from 45.1% in 2019. This is similar to the England figure in both years. This is out of gay, bisexual, and other MSM tested for HIV at specialist sexual health services.

Figs 27 and 28 below shows the ethnicity and exposure group of people living with diagnosed HIV in Torbay in 2015 and 2019. Figures, apart from the actual number with diagnosed HIV, have been rounded up to the nearest 5 to avoid deductive disclosure, including 0 (apart from the 'not known' category). Therefore, 0-4 is rounded to 5, 6-9 is rounded to 10 etc. This distorts the figures, particularly where there are small numbers so these tables should be interpreted with caution and can only be used as a basic guide.

Fig 27: People living with diagnosed HIV, by ethnicity, Torbay

Ethnicity	2015	2019	Census 2011 %
White	135	155	97.5%
Black Caribbean	5	5	0.1%
Black African	5	5	0.1%
Other	10	20	2.3%
Not known	0	5	
Actual number with diagnosed HIV	146	177	

Source: PHE, SPLASH supplement report, Torbay, 2021. Ethnicity categories are as shown in the source report. Numbers rounded up to the nearest 5 (including 0 apart from 'not known') except the 'actual number with diagnosed HIV'

[45] NICE guideline [NG60]

The ethnicity of those with diagnosed HIV in Torbay is predominantly white in both 2015 and 2019 (Fig 27). The census shows that 97.5% of Torbay's population are white in 2011. As the number of Black Caribbean and Black African people could be any number from 0-5 it is not possible to know if these figures have increased between 2015 and 2019.

Fig 28 shows that the main probable route of infection of people living with diagnosed HIV in 2015 and 2019 was sex between men. This has increased between the two years. In both years, the numbers in the exposure group of sex between men and women are between 31 and 35 so this has remained stable in 2019. The number infected by injecting drug use is 0-5 so a very low number.

Fig 28: People living with diagnosed HIV, by exposure group, Torbay

Probable route of infection	2015	2019
Sex between men	105	130
Sex between men and women	35	35
Injecting drug use	5	5
Other/Not known	10	15
Actual number with diagnosed HIV	146	177

Source: PHE, SPLASH supplement report, Torbay, 2021. Numbers are rounded up to the nearest 5 (including 0) except the 'actual number with diagnosed HIV'

Antiretroviral therapy (ART) is treatment given to people diagnosed with HIV. It reduces viral load and when this becomes undetectable then onward transmission of HIV does not occur. This is the basis for the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 target by the year 2020[46]. The target was that 90% of people living with HIV know their HIV status, 90% of those diagnosed receive sustained ART, and 90% of those receiving ART are virally suppressed, so greatly reducing transmissibility. These targets are now 95-95-95 by 2025[47].

Fig 29: Measures relating to ART and viral load

Proportion of people (aged 15+) who:	Torbay	England
Started ART promptly, within 91 days of diagnosis (2018-20)	94.4% (17 people)	83.1%
Were prescribed ART, out of those seen for HIV care (2020)	99.5% (184 people)	98.7%
Have an undetectable viral load (<200 copies/ml), out of those seen for HIV care (2020)	99.4% (169 people)	97.4%

Source: OHID Sexual and Reproductive Health Profiles

Torbay is above the England average for indicators relating to ART and viral load within people diagnosed with HIV (Fig 29), a positive outcome.

Contraception

Long-acting reversible contraception (LARC) methods do not rely on daily compliance and include injections, implants, the intrauterine device (IUD) and the intrauterine system (IUS). Higher levels

[46] UNAIDS 90-90-90: Treatment for all

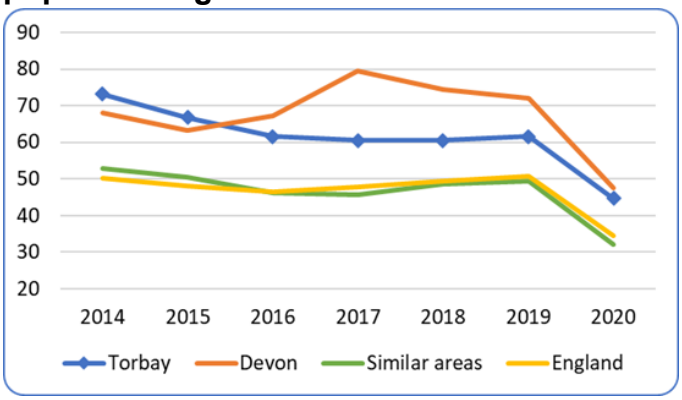
[47] UNAIDS 2025 AIDS targets

of LARC provision are used as a proxy measure for wider access to the range of contraception methods available and can reduce unintended pregnancies[48].

The prescribing of LARC excluding injections (this is prescribing by GPs and Sexual and Reproductive Health Services (SRH)) in Torbay is significantly higher than England and the similar areas but similar to Devon in 2020 (Fig 30) at 44.7 per 1,000 compared to 34.6 in England.

There is a reduction in all these areas in 2020. OHID states that there were fewer attendances across primary care and specialist SRH services due to COVID restrictions and service availability, therefore less provision of LARC in England during the pandemic from April 2020 and levels of provision had not returned to the baseline by December 2020[49].

Fig 30: Total prescribed LARC (excluding injections)- rate, all ages, per 1,000 female population aged 15-44



Source: OHID Sexual and Reproductive Health Profiles

There appears to be a link to deprivation- in England, the more deprived areas generally see less LARC prescribed whereas the wealthier areas see more LARC prescribed. However, at service level there are differences- in England prescribing by GPs is less in more deprived areas whereas conversely prescribing by SRH services is higher in the more deprived areas.

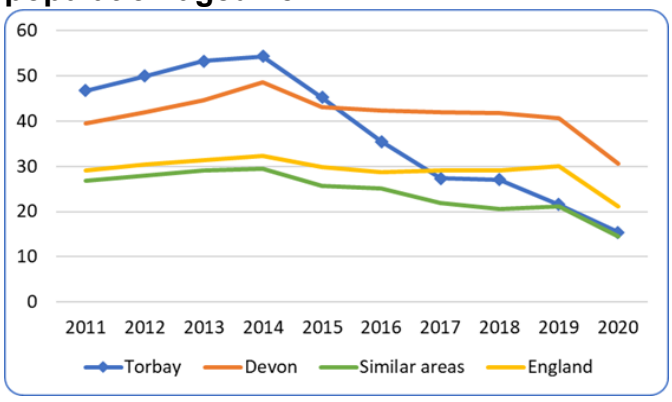
Prescribing by GPs has decreased in Torbay from 2014, unlike England, Devon, and the similar areas (Fig 31) to 15.4 per 1,000 in 2020 compared to 21.1 in England.

Prescribing by GPs has decreased in Torbay from 2014, unlike England, Devon, and other similar areas

In contrast, prescribing by SRH Services has increased in Torbay apart from the usual drop in 2020 that is being seen in the indicators (Fig 32). In 2020 the figure is 29.2 per 1,000 (13.4 in England). This data suggests that the need or demand for LARC has not changed, but the location has shifted from local GP settings to specialist settings.

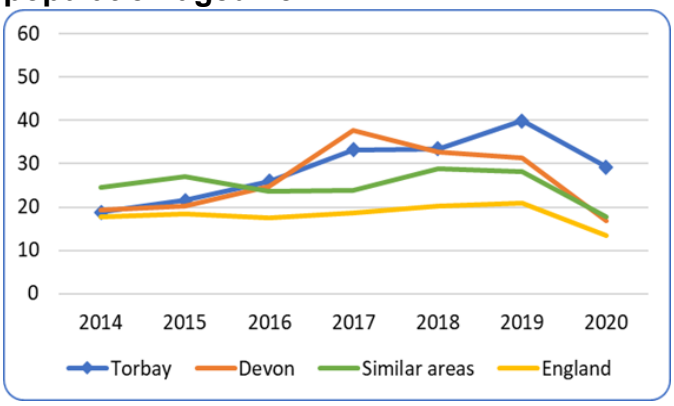
[48] OHID Sexual and Reproductive Health Profiles
[49] OHID Sexual and Reproductive Health Profiles

Fig 31: GP prescribed LARC (excluding injections)- rate, all ages, per 1,000 female population aged 15-44



Source: OHID Sexual and Reproductive Health Profiles

Fig 32: SRH prescribed LARC (excluding injections)- rate, all ages, per 1,000 female population aged 15-44



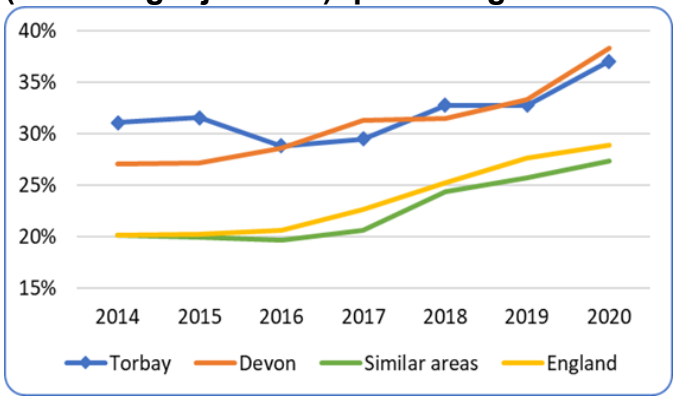
Source: OHID Sexual and Reproductive Health Profiles

Fig 33 shows the percentage of women under the age of 25 in contact with SRH services who have chosen LARC (excluding injections) as their main method of contraception. This has been much higher than England and the similar areas for the seven years shown (2014-2020) and is on an increasing trend at 37.0% in 2020.

The percentage of those aged 25+ in contact with SRH services who are making this choice (Fig 34) is also increasing- 54.2% in 2020. The percentage is higher throughout than for under 25-year-olds and is above the similar areas and England. For under 25s and those aged 25+ Torbay is similar to Devon.

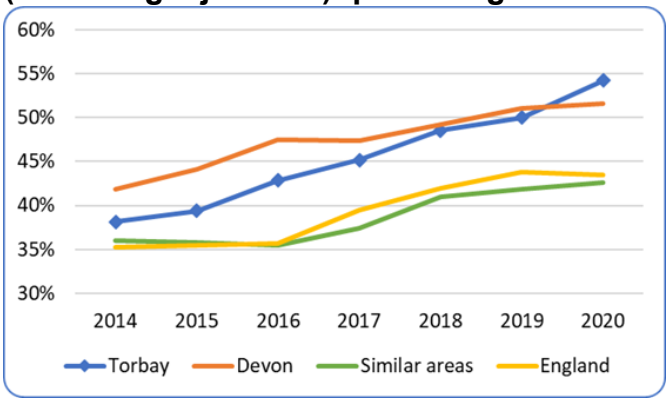
Take-up for long-acting methods of contraception in Torbay is increasing across all ages

Fig 33: Women aged under 25 in contact with SRH services who choose LARC (excluding injections)- percentage



Source: OHID Sexual and Reproductive Health Profiles

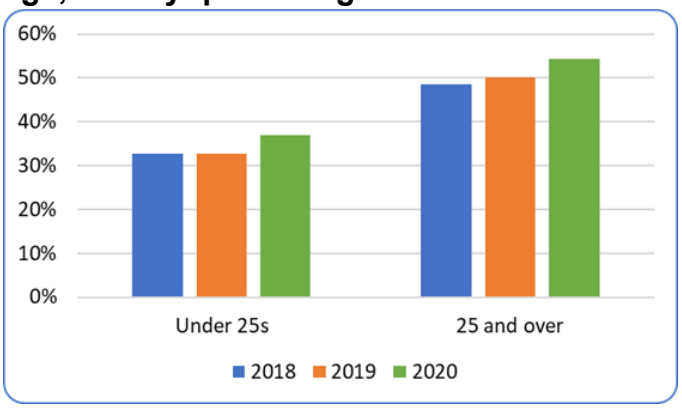
Fig 34: Women aged 25+ in contact with SRH services who choose LARC (excluding injections)- percentage



Source: OHID Sexual and Reproductive Health Profiles

A higher proportion of women aged 25+ choose LARC (excluding injections) than younger women, 54.2% in 2020 compared to 37.0% of under 25s (Fig 35)

Fig 35: Women in contact with SRH services who choose LARC (excluding injections), by age, Torbay- percentage



Source: OHID Sexual and Reproductive Health Profiles

The percentage of women attending SRH services who chose injections as their main method of contraception remains lower than England and the similar areas, and similar to Devon. It has remained at a constant level apart from a drop in 2020- it was 6.2% in 2019 but reduced to 4.4% in 2020.

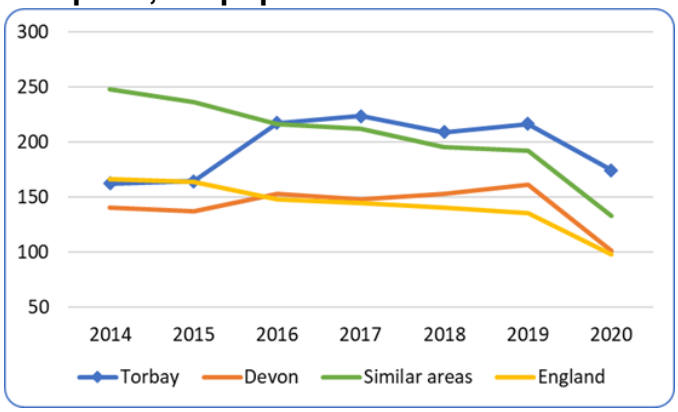
User-dependent methods of contraception include all recorded contraceptive methods that rely on daily compliance. LARC is not a user dependent method.

In Torbay 48.8% of female attendees at SRH services chose user dependent methods in 2020 compared to 54.9% in England. Torbay, England, Devon, and Torbay's similar areas are all on a decreasing trend. However, England and the similar areas levelled off in 2020 whereas Torbay and Devon continued to decrease.

The percentage of female attendees choosing short-acting hormonal contraceptives (contraceptive pill (combined or progesterone only), contraceptive patch and vaginal ring) is also decreasing. As with the figure for all user dependent methods (above) this has been the case over the last few years for Torbay, England, Devon, and the similar areas but England and the similar areas have slightly increased in 2020 by 2% while Torbay and Devon continued to decrease at 36.5% and 35.9% in 2020 respectively compared to 41.7% in England.

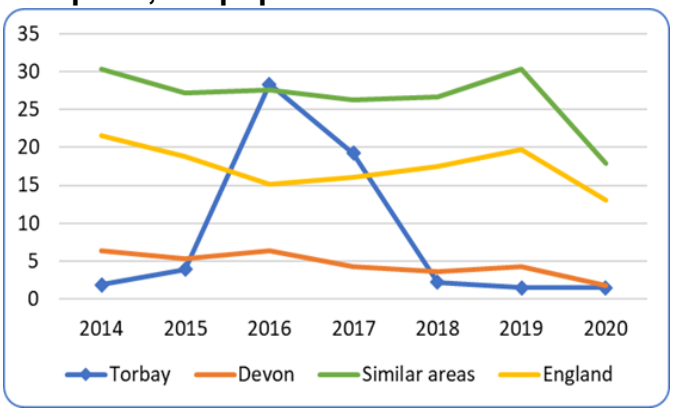
Figs 36 and 37 show unique individuals with at least one face to face attendance at specialist contraceptive services in the year.

Fig 36: Female individuals aged 15-24 attending specialist contraceptive services, rate per 1,000 population



Source: OHID Sexual and Reproductive Health Profiles

Fig 37: Male individuals aged 15-24 attending specialist contraceptive services, rate per 1,000 population



Source: OHID Sexual and Reproductive Health Profiles

Rates of attendances at specialist contraceptive services by younger women (Fig 36) has been much higher than Devon and England for a number of years. The reduction in 2020 is replicated in the four areas shown on the graph. COVID restrictions will have impacted on the figures. There will have been fewer attendances, changes in service availability and potentially changes in sexual behaviour. The rate in 2020 is 174.4 per 1,000 younger women (97.6 in England).

The rate of younger men attending specialist contraceptive services (Fig 37) in Torbay has dropped to exceptionally low in the three years from 2018 with a spike in 2016 and 2017. The rate in 2020 is 1.5 per 1,000. As in England, rates of young male attendance at services are much lower than young females.

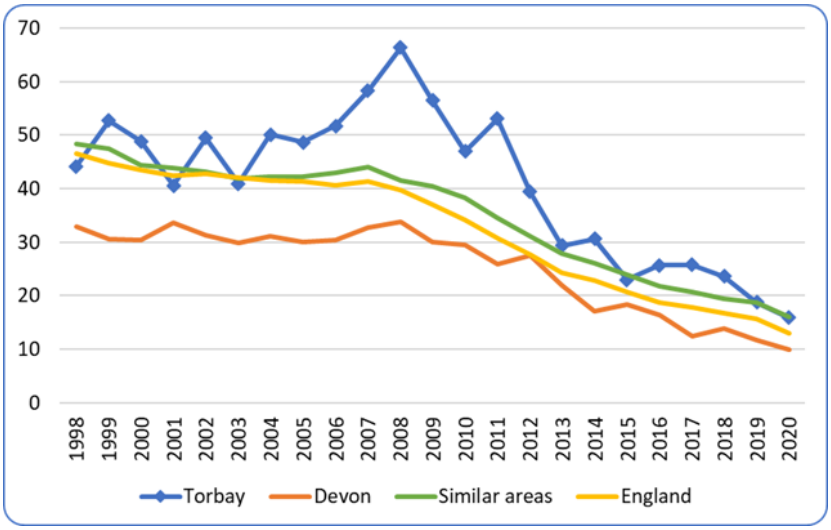
Conceptions

There were 1,570 conceptions in Torbay in 2020, a rate of 79.8 per 1,000 women aged 15-44, compared to 73.7 in England and 63.4 in Devon. In Torbay this is a slight increase from a rate of 76.6 in 2019 (England rate was 74.1). For at least the previous ten years Torbay's annual conception rates were in the 80s.[50]

In Torbay in 2020, 32 of Torbay's 1,570 conceptions were amongst women under the age of 18. Inequality in health and education is a cause and consequence of teenage pregnancy, and children of teenage mothers are more likely to live in poverty[51]. The strongest associated risk factors for under 18s conceptions are eligibility for free school meals, persistent school absence by age 14, academic progress that is poorer than expected between ages 11-14 and being a looked after child or care leaver[52].

Conception data includes pregnancies that resulted in live or stillbirths or a legal abortion. It does not include conceptions that ended in a miscarriage or an illegal abortion.

Fig 38: Under 18s conception rate per 1,000 female population aged 15-17



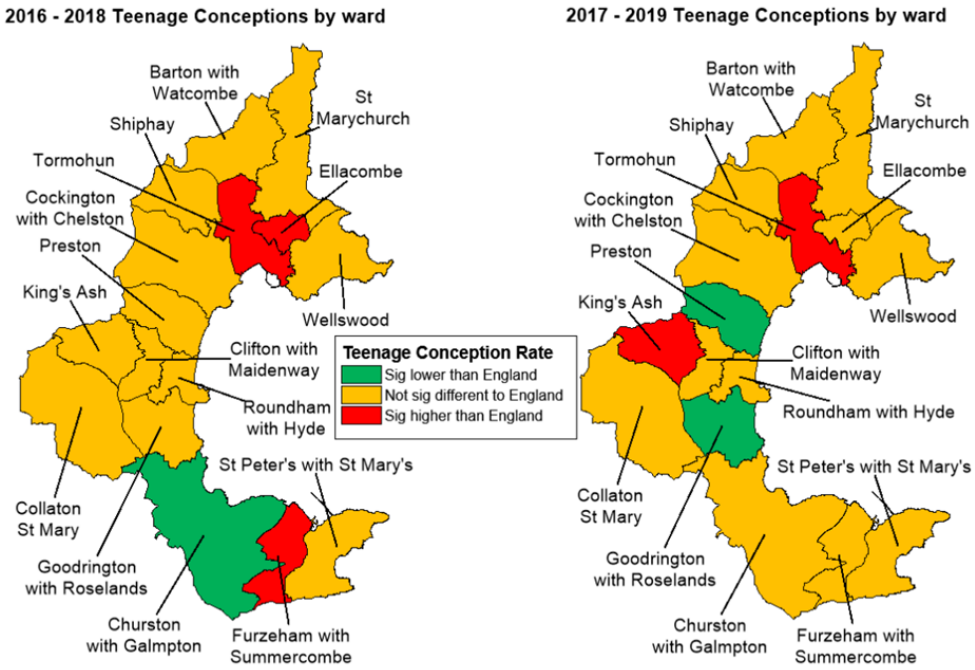
Source: Office for National Statistics (ONS) Conception statistics , ONS mid-year population estimates

Rates of under 18s conceptions are falling in Torbay as they are in Devon, the similar areas and in England as a whole (Fig 38).

[50] Office for National Statistics (ONS) Conception statistics
[51] UKHSA Summary profile of local authority sexual health Torbay, 2022
[52] PHE Variation in outcomes in sexual and reproductive health in England, p11

Torbay's rate remains higher than the England average at 15.9 per 1,000 in 2020 compared to England at 13.0, but Torbay is not statistically significantly different to England in 2019 or 2020. Between 1998 and 2020 the Torbay rate has decreased by 64.0% (72.1% fall in England) and between 2019 and 2020 it has decreased by 15.4% (17.2% fall in England).

Fig 39: Under 18s conception rate, by ward, Torbay

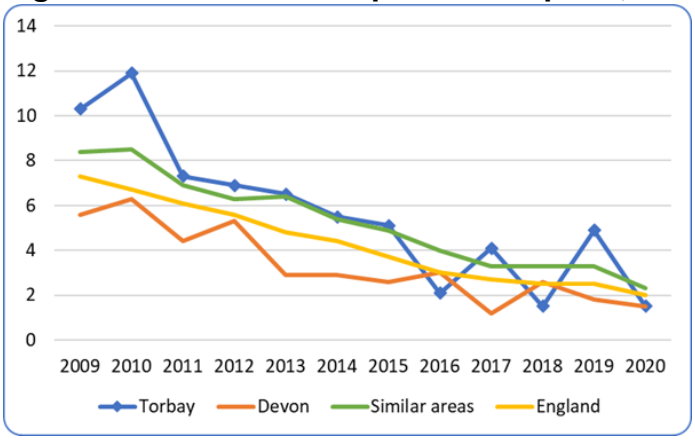


Source: ONS Under 18s conceptions by ward

Fig 39 shows that within Torbay there are inequalities in the rates of under 18s conceptions. The red areas are statistically significantly higher than England's under 18s conception rate. King's Ash and Tormohun wards are red in the right-hand map (2017-19) and these wards contain some areas that are within the most deprived deciles in England according to the English Indices of Deprivation (2019).

There are, however, wards which contain some of the most deprived areas in England that do not have significantly different conception rates to England (some of the yellow areas), wards such as Roundham with Hyde and Barton with Watcombe. Wards will contain a mixture of more deprived and less deprived areas which should be considered when comparing ward under 18s conception rates with deprivation data. It should also be noted that ward under 18s conception numbers can be small even over a three-year period.

Fig 40: Under 16s conception rates per 1,000 female population aged 13-15

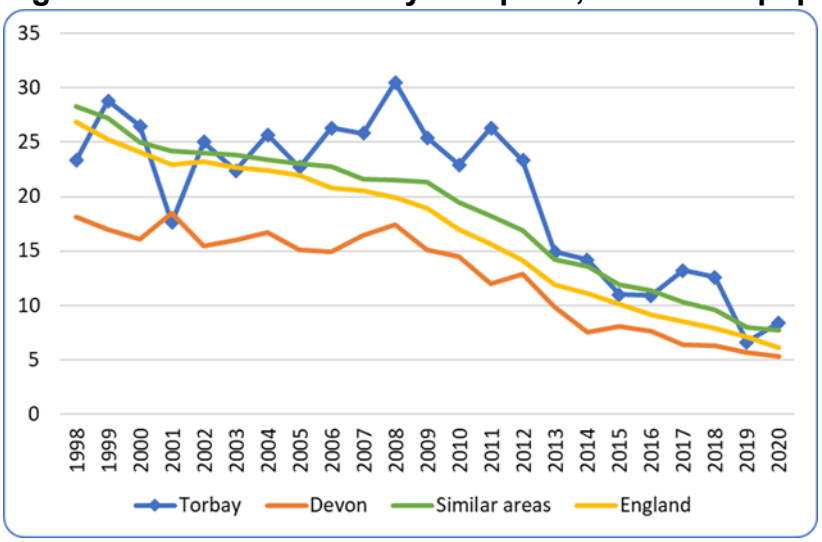


Source: ONS Conception statistics , ONS mid-year population estimates

The rate of under 16s conceptions is generally decreasing in Torbay as it is in Devon, the similar areas and England (Fig 40). In 2020 Torbay's rate was 1.5 per 1,000 (2.0 in England). Torbay's rate has fluctuated in the last five years with small numbers affecting the figures. There were 3 conceptions amongst under 16-year-olds in 2018, 10 in 2019 and 3 in 2020. This shows that the majority of under 18s conceptions are not amongst under 16s but amongst 16- and 17-year-olds.

The majority of under 18 conceptions are amongst 16- and 17-year-olds, not under 16-year-olds

Fig 41: Under 18s maternity rate per 1,000 female population aged 15-17



Source: ONS Conception statistics , ONS mid-year population estimates

A maternity is a pregnancy that results in one or more live or stillbirths. The under 18s maternity rate in Torbay fluctuates (Fig 41) but is following the general downward trend of Devon, the similar areas and England, in line with the reduction in under 18s conception rates. Torbay's rate is 8.4 in 2020 compared to the England average of 6.1.

Abortion rates in Torbay amongst under 18s (Fig 44 in the Abortion section below) are higher than Devon, England, and the similar areas in 2020. Rates are decreasing but since 2017 in Torbay the rate has levelled off and there was no decrease in 2020, unlike nationally which saw a decrease.

Abortion

A third of women in the UK will have an abortion by the age of 45 [53], with 25% of all pregnancies ending in abortion in both the UK [54] and worldwide [55]. Torbay has had consistently higher abortion rates than England, Devon, and Torbay's similar areas over a persistent period of time.

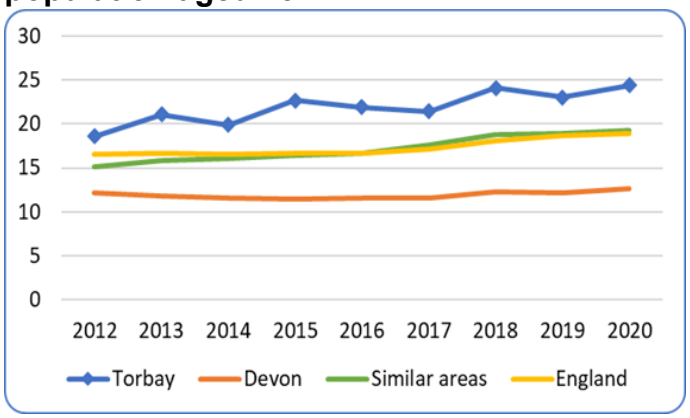
Rates are continuing on an increasing trend at 24.4 per 1,000 in 2020 compared to 18.9 in England (Fig 42). In England, abortion rates are much higher in more deprived areas than in less deprived areas.

In the charts that show abortion rates (Figs 42-45) the crude rate per 1,000 is used. The most up to date population estimates (i.e., 2020 mid-year estimate for the year 2020) is used within this

[53] Who present more than once? Repeat abortion among women in Britain https://srh.bmj.com/content/familyplanning/37/4/209.full.pdf https://srh.bmj.com/content/familyplanning/37/4/209.full.pdf
[54] Conceptions in England and Wales - Office for National Statistics
[55] Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019 - The Lancet Global Health

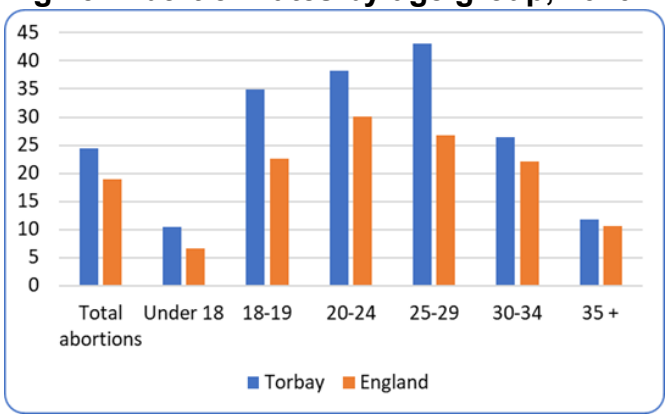
methodology, which is the same as the OHID Sexual and Reproductive Health Profiles. In the Department for Health and Social Care (DHSC) abortion statistics, the rates are age standardised and the population estimates from previous years are used as the 2020 population estimates were not available when the statistics were published.

Fig 42: Abortion rate per 1,000 female population aged 15-44



Source: OHID Sexual and Reproductive Health Profiles
DHSC Abortion statistics , ONS mid-year population estimates

Fig 43: Abortion rates by age group, 2020



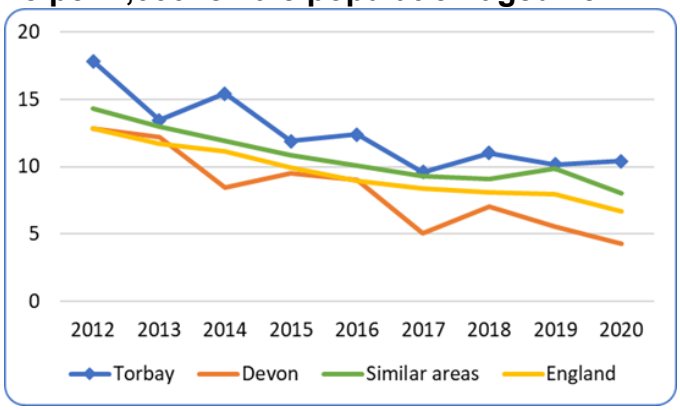
Source: DHSC Abortion statistics , ONS mid-year population estimates

Torbay has higher abortion rates in each age group in 2020. The highest rate is amongst 25–29-year-olds (Fig 43).

Torbay has higher abortion rates in each age group in 2020. The highest rate is amongst 25–29-year-olds

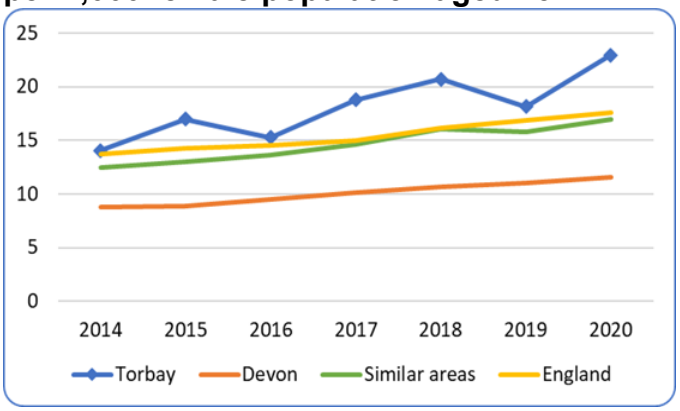
Under 18s conception and abortion rates in Torbay have decreased over the years as they have nationally (Figs 38 and 44). In Torbay, the abortion rate is 10.4 per 1,000 in 2020 compared to 6.7 in England. Since 2017 in Torbay the decrease in abortion rates amongst under 18s has levelled off and there was no decrease in 2020, unlike England which saw a decrease. Numbers in Torbay have remained constant in the last four years- 19 abortions in 2017, 21 in 2018, 20 in 2019, and 21 in 2020.

Fig 44: Abortion rates in women aged under 18 per 1,000 female population aged 15-17



Source: OHID Sexual and Reproductive Health Profiles
DHSC Abortion statistics , ONS mid-year population estimates

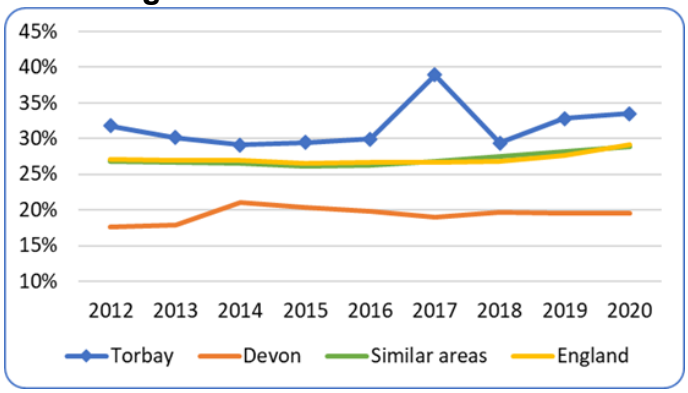
Fig 45: Abortion rates in women aged 25+ per 1,000 female population aged 25-44



Source: OHID Sexual and Reproductive Health Profiles
DHSC Abortion statistics , ONS mid-year population estimates

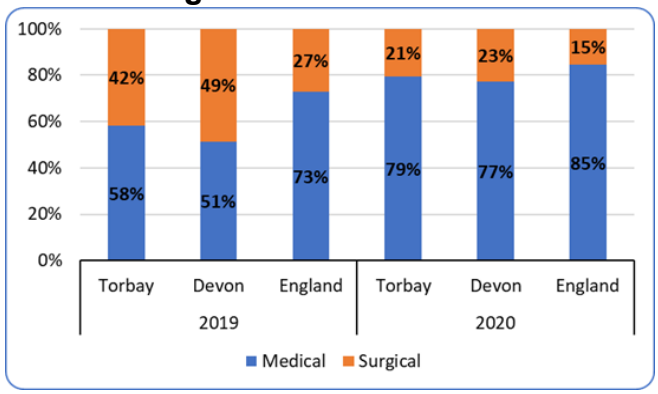
Nationally rates of abortions in women aged 25 and over are increasing. Torbay rates are higher than England, Devon, and the similar areas (Fig 45) with a rate of 22.9 per 1,000 in 2020 (17.6 in England). In Torbay in 2020 a third of abortions amongst under 25-year-olds are repeat abortions- 33.5% in Torbay, 29.2% England average. For repeat abortions Torbay has remained above England and the similar areas, and much above Devon, with a spike in 2017 (Fig 46).

Fig 46: Percentage of repeat abortions in women aged under 25



Source: OHID Sexual and Reproductive Health Profiles
DHSC Abortion statistics

Fig 47: Method of abortion- percentage of medical/surgical



Source: DHSC Abortion statistics

The method of abortion[56] used depends on the length of gestation and other circumstances relating to the individual.

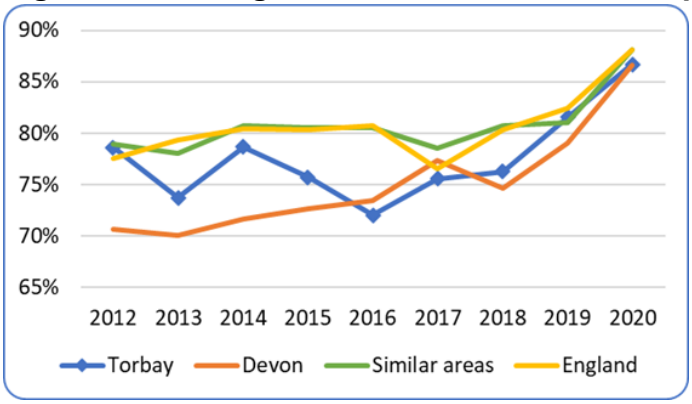
Medical abortion- the principal method involves the drug Mifegyne (mifepristone, also known as RU486). Early medical abortion in the first ten weeks of pregnancy uses two tablets. It is less common for a medical abortion to be carried out after ten weeks.

From 30 March 2020 a temporary measure was put in place in England, due to the COVID pandemic, for both pills to be taken at home for early medical abortions, without needing to at first attend a clinic or hospital. This provision has now been committed into legislation and has continued across England since March 2021.

Surgical abortion- main methods are vacuum aspiration which is recommended at up to 15 weeks of pregnancy, and dilatation and evacuation which is recommended after 15 weeks. These two methods can be used in combination.

The proportion of medical abortions has risen in 2020 in Torbay, Devon, and England (Fig 47). Torbay has a lower proportion of medical abortions than England in both 2019 and 2020.

Fig 48: Percentage of NHS funded abortions performed at under 10 weeks gestation



Source: OHID Sexual and Reproductive Health Profiles , DHSC Abortion statistics

[56] DHSC Guide to abortion statistics, England and Wales: 2020 , section 1.3

The risk of complications is lower the earlier an abortion is performed. Early abortions indicate prompt access to abortion and good quality services and are also cost-effective.[57]

Fig 48 shows that the percentage of abortions performed at less than ten weeks gestation has increased in Torbay to 86.7% in 2020 in line with the England trend.

Fig 49: Abortions in Torbay clinics, ethnicity of clients

	White	Mixed	Asian	Black	Chinese or Other	Total- where ethnicity known
2018-20 (Number)	2,044	29	14	4	4	2,095
2018-20 (%)	97.6%	1.4%	0.7%	0.2%	0.2%	
2011 census, Torbay females	97.5%	1.1%	0.9%	0.2%	0.3%	

Source: DHSC Abortion statistics , 2011 census. Categorising of ethnicity is as on the DHSC clinic tables

The ethnicity of those who have had an abortion is recorded in clinic data. Abortion clinics in Torbay include Castle Circus Health Centre in Torquay, Torbay Hospital, and (from 2020) Marie Stopes International Early Medical Unit in Paignton. Clients include Torbay residents and those who live in other areas.

As described above, in 2020, due to the COVID pandemic, there was a change in legislation, which gave approval for the two tablets to be taken at home for early medical abortions and not associated with a clinic. These women were not able to be included in the data in Fig 49, although abortions where tablets were taken at home were associated with a clinic where possible.

Fig 49 shows the numbers and percentages of ethnicity of the women who had abortions through Torbay clinics in the years 2018-20 and compares this with the ethnicity of Torbay's female population recorded in the 2011 census. The ethnic groups of the clinic clients (residents of Torbay and living outside of Torbay) are broadly in line with the Torbay female population. Numbers of non-white clients in the clinics are low so changes in numbers can have a bigger effect on percentages.

A note on 'similar areas' data

The Chartered Institute of Public Finance and Accountancy (CIPFA) has developed an approach to aid benchmarking and comparing similar local authorities (LAs). These LAs are known as nearest neighbours, and in this report Torbay data is compared to an average of the 16 LAs (including Torbay) and referred to as 'similar areas'. The LAs are:

- Bournemouth, Christchurch, and Poole
- Calderdale
- Darlington
- Dudley
- East Riding of Yorkshire
- Isle of Wight
- North East Lincolnshire
- North Tyneside

[57] OHID Sexual and Reproductive Health Profiles

- Northumberland
- Redcar and Cleveland
- Sefton
- Southend-on-Sea
- St. Helens
- Stockport
- Torbay
- Wirral

Bournemouth, Christchurch, and Poole (BCP) are a new LA and data was not found for this LA previous to the year 2017 for some of the contraception and all of the abortion indicators. For these indicators, where possible, data for the former LAs of Bournemouth and of Poole has been included in the years previous to 2017 and BCP data has been included from 2017 onwards. For some of these indicators, however, data previous to 2017 was not found for BCP or for Bournemouth or Poole so none of these LAs are represented in the 'similar areas' figures for the years affected.

Additionally: HPV vaccine for females (two doses)- BCP data for 2015/16 - 2018/19 was not found for this indicator so Bournemouth and Poole data has been included for these years. Under 16s conceptions- BCP data was listed as confidential so not showing in the data for several years. No BCP, Bournemouth or Poole data has been included for these years for under 16s conceptions.

There are a small number of instances throughout the report where one or more of the LAs in the 'similar areas' group have their data suppressed/not included in the source data for one or more years. In these instances, this data is not represented in the 'similar areas' figures.

Service provision and usage

Current services provided within Torbay are delivered by a range of suppliers and contracted through various commissioning arrangements. This is summarised in the table below.

Sexual and reproductive health services in Torbay commissioned by Torbay Council

Service	Provider	Commissioning arrangement
Specialist integrated sexual and reproductive health services	Devon Sexual Health	Torbay Council Public Health contract with Royal Devon University Hospitals 'Devon Sexual Health.' Joint specification with Devon County Council
Community Prevention Services	The Eddystone Trust	Torbay Council Public Health contract with The Eddystone Trust. Joint specification with Devon County Council
Condom distribution for under 25-year-olds	Devon Sexual Health	Torbay Council Public Health contract with Royal Devon University Hospitals 'Devon Sexual Health.' Joint specification with Devon County Council

Long-Acting Reversible Contraception and Chlamydia Screening	Torbay general practices	Torbay Council Public Health contract / joint specification with Devon County Council
Emergency Hormonal Contraception for under 25year olds	Torbay community pharmacies	Torbay Council Public Health contract / joint specification with Devon County Council

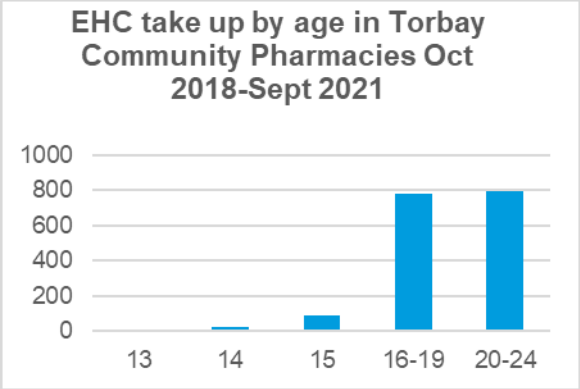
Much of the activities and outcomes relating to GP LARC and SHS has been outlined in previous chapters. Other commissioned service activity is outlined below to give a more complete sense of demand and how local services are currently meeting this.

Emergency Hormonal Contraception (EHC) in Community Pharmacy

Pharmacies in Torbay are commissioned to provide EHC to women under the age of 25 in Torbay. Coverage in Torbay is good with most pharmacies offering this service.

Since 2018, the community pharmacy offer now includes the provision of ulipristal acetate commercially knows as Ella One. This product extends the critical time period from 2 or 3 days to a maximum of 5. From October 2018-September 2021, there were 1687 provisions of EHC from Torbay Community pharmacists. Most women accessing this service are aged 16-24 years of age.

EHC take up by age in Torbay Community Pharmacies Oct 2018 – Sept 2021



Take up was broadly spaced across the week, with Monday being the most in-demand day. The majority of users living in TQ1, TQ2, TQ3 and TQ4 and 5. Chlamydia screening was offered and discussed in 86.8% of interactions and supplied 35.4% of the time.

36.8% of users knew about the service through word of mouth, with 22.6% having used the service before. The service is well used and could benefit from greater health promotion and awareness amongst the target age groups. Pharmacies are often preferred as they are in convenient neighbourhood and town centre or retail locations and often have regular retail opening hours, which suits many women.

Condom distribution for under 25-year-olds

The C-Card condom distribution scheme is a service which offers all young people aged 13–24-year-olds in Torbay access to free condoms, information and guidance around sexual health and relationships.

The scheme has been in Torbay since 2008 and is currently managed by Devon Sexual Health-Royal Devon and Exeter University Trust. The C-Card scheme offers interventions around sexual health and relationships and the scheme activity is broadly split into two areas. The first element is the offer from wider voluntary and statutory bodies. These include GP surgeries, youth settings, children's services departments, nurses, and community pharmacies and register under 18-year-olds to the scheme, including a Fraser assessment for under 16-year-olds.

The second element of the scheme is a digital direct access, designed for 18–24-year-olds to facilitate quick, easy access to safer sex products such as condoms as well as advice and information. This is provided via the Devon Sexual Health website.

The workforce registering young people to the scheme must have up to date and specific training relating to the C-card. The training is provided by The Eddystone Trust and induction to the scheme is provided by C-Card staff. Data collection quality is limited and captured fields have changed in the last 2 years, hence no direct activity data reporting.

Community Based interventions

Promoting positive health and preventing poor sexual health outcomes is central to the prevention offer. This is a service provided by The Eddystone Trust. Interventions are responsive and based on specific local needs and knowledge of trends, behaviours, and networks. Targeted interventions are delivered digitally and face to face to sexually active groups and individuals engaging in higher risk behaviours and most at risk of poor sexual health outcomes.

The interventions include HIV self-testing, campaigns and awareness, advice and information, outreach and netreach as well as co-production and community engagement to promote sexual health and wellbeing.

Groups and individuals who can disproportionately experience poor sexual health outcomes and are the focus of this service in Torbay include:

- Men who have sex with men (MSM)
- Men who have sex with men but who may not identify as gay or bisexual
- People in the LGBTQ+ community especially young LGBTQ+ people
- Groups or individuals with concurrent or overlapping sexual partners
- Commercial sex workers (male, female, transgender) (*and their clients and partners*)
- Transgender women who have sex with men
- People diagnosed with or tested for a sexually transmitted infection
- People who participate in higher-risk sexual practices
- People from a country or group with a high rate of HIV infection
- People who have had sexual contact with someone from a country with a high rate of HIV or someone with a higher risk of HIV (for example, female sexual contacts of men who have sex with men)
- injecting drug users
- Some people living with HIV.

Non-clinical workforce training

The training programme for the nonclinical workforce is currently delivered by The Eddystone Trust. The focus of the programme is on developing the skills and professional practice of the wider Children's workforce.

The training is available to anyone working directly with young people and particularly professionals working with vulnerable people who are most at risk of poor sexual health outcomes. These includes (but is not limited to) youth workers, housing support staff, public health nursing, social workers, support workers, children's centre staff, criminal justice focussed staff, substance misuse service and social care staff.

Take up of the training programme remains strong. Since 2021, the links between C-Card and training delivery have been strengthened to support the universal offer to young adults in particular.

The training offer currently includes as core modules:

- Sex and the Law
- Let's talk about Sexual Health
- Sex in a digital world
- Gender, sexual orientation, and identity

Knowledge and information gaps

This Sexual and reproductive health needs assessment has been a rapid process, highlighting and reviewing currently available data and service activity. It does not offer a comprehensive insight into the whole needs of the population. We acknowledge that patient feedback and pathway experiences could be fuller and illustrate the direct experiences of Torbay residents.

We specifically acknowledge the need to gain greater insights into some of the more at-risk populations, including but not limited to:

- Young People aged 13-16
- Young people aged 16-19
- Young adults aged 20-25
- Women involved in prostitution and sex workers
- The impact of alcohol and substance misuse on sexual health
- Older adults aged 60+
- Children and adults with disabilities
- Deaf and hard of hearing communities
- People most at risk of HIV transmission
- People with learning disabilities

Service user insight: Torbay contraception survey Summer 2022

A decline in LARC provision was identified during the Covid 19 pandemic, particularly in Primary Care settings. To develop an understanding of the impact of the pandemic and changes in local service offers, a survey was designed to understand how this may have impacted on local residents.

The survey ran over 8 weeks during Summer 2022 and received a total of 128 responses. The data and themes coming from this survey have illustrated some key concerns by respondents.

96% of respondents identified as female, with 2.36% as trans/non-binary, and 'transgender / prefer not to say' accounted for the other percentage.

Of these, 82% identified as heterosexual, 14% as bisexual 4% identifying as lesbian / other / prefer not to say. This indicates that not all users identify as either female or heterosexual or

‘straight.’ This is important when considering creating inclusive services which reach the range of contraception and LARC users in Torbay.

74.21% of respondents were confident in their knowledge about different forms of contraception, with the remainder answering wither no or maybe. When asked if they were happy with their current form of contraception, with the remainder who use contraception answering no or unsure.

A full summary of the findings is within appendix A, but key themes emerged throughout the qualitative and quantitative results. 77% of all respondents mentioned access as a key issue for them.

Some quotes from respondents:

“Also, a longer talk with the GP who can discuss the pros and cons of all types, I was just put on the first pill they thought of and that was it, I wish I had known more of the options from the GP first”

“More availability. Could add to local Best Start for Life hubs”

“Make it more accessible i.e. more locations, more often. I have a baby and have to travel from Paignton to Torquay to get my new implant, when my doctor surgery is 10 mins walk away from my house. That inconvenience may put people off doing it. Also, appropriate and honest education of teenagers in school”

“MORE SPECIALIST SERVICES AND DROP IN'S. GPS ARE BUSY AND DIFFICULT TO CONTACT AND ACCESS APPOINTMENTS AND CASTLE CIRCUS IS NOT EASILY ACCESSIBLE IF YOU LIVE IN PAIGNTON OR BRIXHAM AND THEN THE PARKING CAN BE PROBLEMATIC”

“Better information available about options online and easy to book appointments without lots of questions being asked.”

“Education about NOT only different types of contraception but different subgroups within those forms of contraception, such as different types of pills or different types of condoms”

Conclusion

Sexual health is generally positive in Torbay with good levels of access to specialist sexual health services in particular.

Access to contraceptive services is challenged within Primary Care sine Covid and is not recovering to previous levels. Patterns of use are changing from local general practice settings to specialist services. Users of contraception services have expressed a need to improve or maintain localised access to all forms of contraception, including LARC, which is a strong preference for women of all ages in Torbay.

It is important to note that women are also experiencing higher than England average rates of reinfection with an STI, so integration of sexual health and reproductive health services remains essential.

Young people and gay and bisexual men who have sex with men experience the overall burden of disease from STIs, with higher rates of poor outcomes in populations who live in high socio-economic deprivation.

For Torbay to become a lower prevalence area and achieve the zero new transmission ambitions of the HIV action plan, efforts must address both late HIV diagnosis and onward transmission. PrEP can support this in part, but new strategies and approaches may need to evolve to achieve this.

Proportionate universalism principles can support the development of targeted offers, for both prevention interventions and direct clinical service delivery.

Achieving the HIV Action plan and ambitions of the Women's Health strategy feel pertinent to Torbay as while health is generally good, persistent inequalities exist, which these policy drivers and local collaborative strategic partnerships can support.

Recommendations

1. To develop the focus on women's reproductive and sexual health – access to preferred methods of contraception, higher than average rates of abortion (potentially indicating unmet contraceptive needs) and repeat STI infections.

2. To address system-based issues of access to contraception, particularly LARC in community and primary care settings. To reconsider the most suitable model for Torbay which supports improves and sustains local demand and access to contraception. This could include a planned workforce development and capacity approach, variation of models of delivery and collaboration with integrated care boards, primary care, private providers and FSRH faculty directors and other solutions.

3. Complete the EHSHCG self-assessment systems tool alongside providers and system leaders to develop a shared understanding of local strengths, challenges, and opportunities.

4. To develop a local strategy to steer and support the achievement of the HIV action plan and Women's Health strategy and other national drivers.

5. Examine the STI positivity and coverage rates in Torbay and ensure that the most at-risk populations are receiving appropriate sexual health screening, testing and prevention opportunities.

6. Improve the data and reporting of C-Card to better understand the needs, demands and take-up amongst key groups and improve sexual health of sexually active young adults.

7. Develop deeper insights into the behaviours, motivations and hurdles faced by the Torbay population, particularly those most at risk of poor sexual health. To design services which respond to these population needs in a responsive way.

Appendix 1

Contraception survey summary

The survey ran over 8 weeks during Summer 2022 and received a total of 128 responses.

Demographics

96% of respondents identified as female, with 2.36% as trans/non-binary, and 'transgender / prefer not to say' accounted for the other percentage.

Of these, 82% identified as heterosexual, 14% as bisexual 4% identifying as lesbian / other / prefer not to say.

95% of respondents identified as White ethnicity, 1.5% as Asian or Asian British, and 2.5% from mixed or multiple ethnic groups. There were no respondents from Black, Black British, Caribbean, or African groups.

Nearly all respondents were from within the Torbay Local Authority area, with a minority of respondents in nearby areas in South Devon.

The ages of respondents were well spread out and reached the age ranges intended.

3. **What age group are you in?**

Contraception insights

The most predominant method of contraception currently being used amongst survey participants was the **oral contraceptive pill** (31.25%), followed by 'none' (23.4275%). When combined (implant, IUS + IUD and injection), LARC accounted for 30% of current methods used in Torbay.

81% were using their current preferred method of contraception

When those respondents who were not happy with their method of contraception were asked **what is stopping them** from using their preferred method, there were concerns about access, mostly relating to GP surgeries. There were also concerns about the suitability of the method and side effects or respondents not currently having sex.

The most **trusted information sources** for advice and information were 'my GP or Nurse' with over 77% selecting this amongst many options. The next highest rated source was online followed

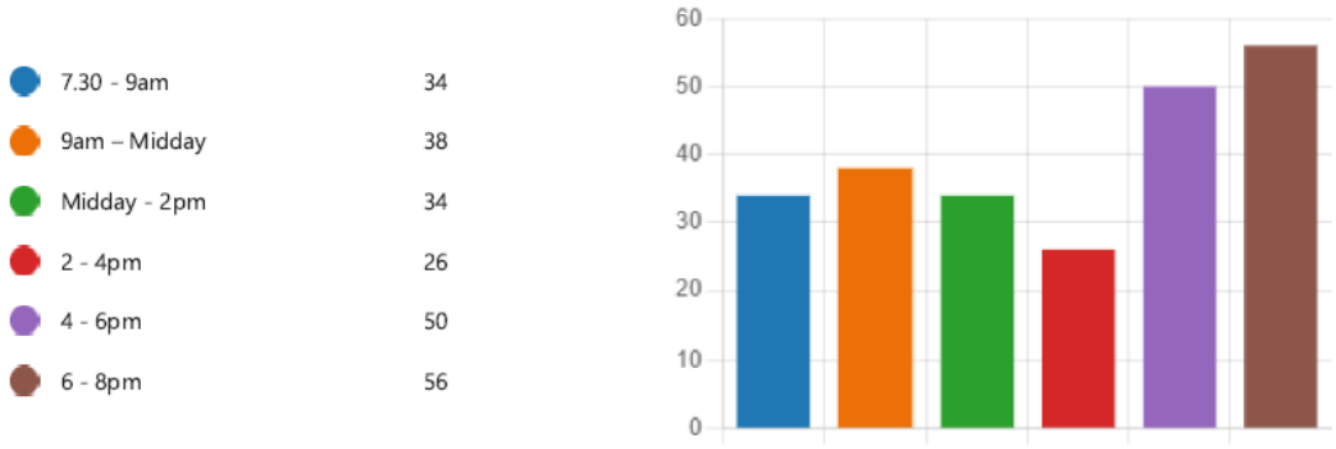
by sexual health clinic (Castle Circus). Friends, family, and pharmacists also featured within these results.

74% of respondents were confident in their **knowledge** of different forms of contraception with the remaining 26% either stating ‘maybe’ or ‘no’.

Of the respondents currently using contraception, (73% or 94/128) 50% usually go to their GP and 26% going to the specialist contraceptive clinic (Castle Circus). This was followed by pharmacy, other and online.

80% of respondents currently using contraception were happy with where they got contraception. When asked where else they may prefer to get their contraception from, 81 of the 94 responded and were split with GP being the most preferred, followed by online, pharmacy then specialist clinic and other.

When respondents were asked at what times they prefer to get contraception, the results were:



When asked about days of the week, they were split fairly evenly.

When choosing a method of contraception, the top three most notable features were safety, reliability and ‘I can get easily’ or access.

The most principal factors in choice of **where** respondents got contraception there was a range of responses, including ability to book an appointment online, distance and location, parking, wait times, convenience and with those who can give advice. Two comments particularly stood out which highlight a range of considerations:

“Accessibility, in reference to how easily I can get somewhere without family knowing. And how I can fit it around work.”

“I’ve resorted to having to buy online as impossible to get a GP appointment”

Contraception within abortion services

On access to contraception within abortion services, respondent thought it would be better if **contraception were discussed**

After the counselling and abortion – 40%

Not sure / no strong view - 29%

At the same time as the counselling – 27%

At the same time as the abortion – 3%

On the same scenario, when asked if contraception would be **better if delivered**:

At the same time as the abortion – 23.57%

After the abortion in a follow up – 53.65%

Not sure / no strong opinion – 22.76%

Wider comments and feedback

When asked to tell us anything else about accessing abortion services in Torbay, views were varied, with 27% of respondents mentioning access in this question.

The final question was a free text response, asking 'what do you think needs to happen to make sure all the people in Torbay can get the contraception that works best for them?'

77% of respondents let us know what they thought.

The most dominant theme was access, particularly access within GP settings.

1. *"Flexibility, different locations, being able access it quickly without need for a prescription"*

2. *"Having a non-judgemental service when you make a decision. More accessible information on different contraception and risks associated with them"*

3. *"Ensure that it address all the needs of all communities and that staff are given proper training"*

Respondents wanted improved access, more available appointments, times, and ways to make an appointment (some finding phone lines and working hours issues a specific challenge)

This theme continued with many comments about GPs in particular and pharmacies too.

4. *"Better access to appointments. GP surgeries seem to want to direct you to castle circus"*

5. *"For the doctors to make it not so hard to get a hold of. I'm currently on nothing because I can't get an appointment"*

6. *"Also, a longer talk with the GP who can discuss the pros and cons of all types, I was just put on the first pill they thought of and that was it, I wish I had known more of the options from the GP first"*

The final main themes were **awareness, knowledge, promotion, and education**. Many respondents did mention contraception education in school. However, many comments indicated promoting awareness of types of contraception, options, accessible locations, and general better education about contraception.

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7. *"Education about not only different types of contraception but different subgroups within those forms of contraception, such as different types of pills or different types of condoms."*

8. *"Education. It needs to be an absolute priority to educate MALES in contraception. Females are already educated fairly well, but male education is relatively limited, and it is often left to the female or 'assumed' that they have dealt with it that leads to unwanted or unplanned pregnancy."*

9. *"Easier to access info points/sources to enable a better compare and contrast of methods"*

There was a great deal of comments, some with difficult stories of access, some crossing multiple themes and revealing strong insights.

"Make it more accessible i.e., *more locations, more often. I have a baby and have to travel from Paignton to Torquay to get my new implant, when my doctor surgery is 10 mins walk away from my house. That inconvenience may put people off doing it. Also,* appropriate, *and honest education of teenagers in school*